

**Written Testimony from Dean Ayman El-Mohandes, MBBCh, MD, MPH,
City University of New York Graduate School of Public Health and Health Policy
Joint Legislative Public Health on 2024 Executive Budget Proposal: Health/Medicaid
Tuesday January 23, 2024**

Thank you, Chairpersons Paulin, Rivera, Krueger, and Weinstein, and the members of the Health, Finance, and Ways and Means Committees for the opportunity to submit this testimony on the state of public health and the public health workforce in New York. We wish Assemblymember Weinstein a speedy recovery. I am Dr. Ayman El-Mohandes, Dean of the CUNY Graduate School of Public Health and Health Policy (CUNY SPH). I am also a pediatrician and public health academic focused on improving health outcomes in high-risk populations, particularly during pregnancy and for infants. In 2023, I concluded my tenure as Chair of the Association of Schools and Programs in Public Health Board of Directors (ASPPH).

From this perspective, I consider public health to be the broader framework that encompasses our healthcare system. We are facing a three-part crisis. First, the public – the focus of public health work – does not understand what public health does, making it too easy to cut funding and services that protect populations and prevent disease. This decision increases the pressure and demands on our health care system and its workers who care for individuals when they are sick. Second, there is a workforce shortage in public health and healthcare; fewer people are entering these fields, and more are leaving due to dissatisfaction or retirement. Third, regulatory constraints are limiting what professionals in these fields can do.

I hope this written testimony, along with that of the others testifying or submitting testimony today, will move us toward a much-needed action plan that creates durable solutions using both fiscal and non-fiscal strategies. My remarks are informed by the [Grand Rounds Panel](#) on the public health workforce that our school hosted in December, in which Chairs Paulin and Rivera graciously participated.

What is Public Health?

We are surrounded by threats to our health from food, water, air, places, and activities. The role of public health is to prevent these threats from injuring or making us sick and to maintain our communities' well-being. The [daily activities](#) of our public health workforce are broad and diverse. They identify and fix

sources of lead poisoning, investigate cancer clusters, initiate educational and behavioral campaigns to help us reduce smoking and get cancer screenings, inspect restaurants, visit the homes of newborns, facilitate access to health insurance, collect and analyze data, create dashboards, design, implement, and evaluate programs, develop policy, and conduct research.

Public health is a unique discipline that uses training, science, evidence, data, and community input to recognize patterns and problems, and take collaborative action. You can find public health at the intersection of social, environmental, physical, and economic influences. When housing is in short supply, social services are cut back, and the economy is in recession, people and entire communities end up in situations that are detrimental to their health. These simultaneous conditions increase the demand for public health and public services while these resources dwindle.

As a society and government, we respond to these demands through [influxes of short-term funding in response to emergent threats](#). But once the crisis is over, the funding disappears. This usually does not even leave enough for ongoing prevention efforts, leading to [a cycle of panic and neglect](#) we experience repeatedly. This myriad of challenges is compounded by the need to provide core public health services and conduct enforcement of public health laws, such as preventing underage sales of tobacco and holding landlords accountable for lead or mold or pests in properties, for which local health departments are responsible by statute.

In my own study comparing [COVID vaccination attitudes between New York City and the United States overall](#), we found that COVID fatigue dulled many Americans' attention to the latest information about the disease. Although New Yorkers indicated high levels of support for the initial vaccines, as their attention dwindled, so too did their acceptance of boosters. These findings emphasize the importance of maintaining a high degree of engagement to encourage vaccination, even as the end of federal emergency funding puts the onus back on health departments and healthcare providers. This also underscores the essential need for ongoing [health communication](#) in an effective manner. In the meantime, emerging viral and environmental threats are growing stronger and becoming more frequent while our workforce shrinks, and [immunization rates](#) are falling for [many diseases](#).

Vacancies in our Public Health Workforce

Population growth also drives the demand for public health services. Yet as the US population grew by 8% between 2010 and 2019, the [health department workforce across the nation decreased 17%](#). In New York, the public health workforce is composed of people with bachelor's, master's, and doctoral degrees in

public health – as well as those in traditional medical and nursing fields, social workers, community health workers, mental health workers with and without degrees, and other specialties. They work across agencies, academia, community organizations, and other institutions. However, we currently only have data on public health positions and workers in state and local public health departments. This data tells us that we need to hire at least [80,000 new public health department professionals nationally](#) to provide the most basic public health services right now. It also tells us that [1 in 3 health department employees](#) are considering leaving their organization within the next year due to job dissatisfaction or retirement and [56% report](#) at least one symptom of post-traumatic stress disorder. These factors will create an additional shortage of [129,000 workers by 2025](#); or a cumulative total deficit of 200,000 employees in state and local health departments alone. Local data from the New York State Association of County Health Officials (NYSACHO) show that the overall health department vacancy rate is nearly 20%, with some counties missing as much as one-third of their staff (provided by NYSACHO, November 24, 2023).

[National data](#) also indicate more attrition among younger employees, a lack of public health training among governmental public health workers, and difficulty attaining governmental public health jobs among public health graduates. In our own school, we are seeing an enrollment trend that many schools of public health are experiencing – after a “COVID bump” in enrollment that reached new heights of 922 and 948 respectively in 2021 and 2022 – the number is dropping ([915 in 2023](#)). 96% of our alumni are employed or continuing to pursue further degrees one year after graduation and 85% report working in the area in which they earned their degree. While the proportion of graduates who are actively seeking employment remains small (4%), it doubled from Spring 2022 to Spring 2023. Which, we can hypothesize, may be indicative of changes in hiring practices, including hiring freezes at governmental agencies. Among graduates over the past five years, 19% are employed at public health departments and governmental agencies while 32% are employed at health care organizations. In our Spring 2022 alumni survey, 70% reported being very satisfied or satisfied with their employment, 22% were somewhat satisfied or neutral, and 8% expressed some level of dissatisfaction.

The student body of CUNY SPH, the top ranked public school of public health in the tri-state area, represents not just the composition of New York City, but the marginalized and underrepresented populations both public health and health care need to recruit into the workforce. 60% of our students are Black, Indigenous, or People of Color (BIPOC) and 24% are children of immigrants. Impressively, 30% of our students are the first generation to attend college and 40% the first to attend graduate schools. As the lowest cost school of public health in New York City, we are more accessible than most, yet many of our

students work either full-time or part-time while matriculating and need financial assistance to support their studies.

Regulatory Constraints

Regulatory constraints affect the public health and health care workforce through the limitations of the civil service system and by limiting scope of practice. At public agencies, our master's graduates must take civil service exams that have not been updated to reflect actual job responsibilities, are offered too infrequently, and take too long to produce results and hiring lists. This often leaves professional staff in limbo, either unable to be hired or placed provisionally in positions for which they were trained and are performing well in, knowing they may be replaced when the list is published. For licensed positions, often direct patient health care, the state-regulated scope of practice limits what each role can do. This policy prevents skilled workers from working at the top of their licenses because they are spending time doing tasks that others are trained to do – but are not included in their scope of practice according to state regulations. This contradiction leads to ineffectiveness and inefficiencies, as well as job dissatisfaction.

Solutions

These issues are significant. That said, there are several practical achievable solutions that can bolster the public health workforce and make a tangible impact on the health and well-being of all New Yorkers. The City University of New York overall, and the School of Public Health specifically, are uniquely positioned to be thought and implementation partners in these efforts.

Promote Public Health Infrastructure

- View public health as a core service protecting the public. Maintain staffing levels in health departments and public health agencies during budget cuts, just as police and fire departments are often held harmless or receive reduced cuts.
- Emphasize educational pipelines starting in middle school and high school to encourage students to explore public health, continuing into college and graduate school. We can develop collaborations between schools of public health and local health departments to create certificate programs and further training opportunities for the existing workforce. CUNY SPH and the New York City Department of Health and Mental Hygiene (NYC DOHMH) are currently collaborating on such a certificate in public health emergency preparedness.

- Increase job satisfaction by improving working conditions and flexibility to incentivize the next generation of public health professionals. Public health positions will never be competitive with the private sector for salary, so we need to emphasize quality of life wherever possible and increasing salaries when fiscally possible.
- Enact “Public Health Across New York State,” mirroring existing state programs for doctors and nurses. This program would provide loan forgiveness to public health workers while also increasing diversity in the workforce by encouraging residents of underserved areas and members of marginalized populations to enter public health educational programs and then work in their neighborhoods and communities in exchange for loan reimbursement. Additional loan reimbursement offered in the recently approved 1115 waiver is limited to psychiatrists, primary care physicians, dentists, nurse practitioners, and pediatric clinical nurse specialists. Similar financial support must be extended to public health workers, whose efforts promote good health at the broader population level.

Support Prevention and Expansion through Regulatory Changes

- Implement the proposed expansion of the Department of Civil Service’s (DCS) Hiring for Emergency Limited Placement Statewide (HELPS) to allow faster hiring into state and local public sector positions. In addition, streamline civil service processes and reduce barriers by updating exams to reflect current job responsibilities, exempting more roles and titles from exams, increasing frequency of exams, accepting external licenses and degrees in lieu of exams, and reducing the length of time from exam administration to the publication of results to distributing candidate lists to actual hiring. Furthermore, when reviewing college degree requirements for civil service titles and considering equivalent experience when sensible to do so, as proposed by Governor Hochul, also consider removing civil service exam or “education and experience” applications for titles that require higher level degrees, accepting proof of degrees and resumes instead. This will simultaneously reduce barriers to public sector jobs for candidates facing educational barriers and for candidates facing administrative barriers.
- Expand New York State of Health eligibility to include undocumented individuals. Making care accessible and affordable to those least able to otherwise receive care protects the health of all New Yorkers. Extending the Essential Plan to undocumented beneficiaries would likely reduce fiscal spending on uncompensated care at safety net hospitals and allow for the reallocation of Emergency Medicaid Funds to other pressing needs.

- Enact a “New York State Temporary Work Permit” for migrants and asylum seekers who do not qualify for federal Temporary Protected Status (TPS). Allowing these new arrivals to seek legal employment will enable them to become self-sufficient for shelter and food, contribute taxes, and hopefully enroll in employer-based health insurance.
- Collect data on migrant and asylum seekers’ professional experience and educational training. Many new arrivals have skills that can address workforce shortages in the State, but no entity is currently collecting this information or using it to match migrants to job openings.
- Expand the scope of practice for all licensed healthcare professionals and create structures that encourage and support professionals to work at the top of their license, as proposed in the Governor’s State of the State and Executive Budget. This includes implementing reviews of out-of-state and out-of-country training to identify equivalencies with New York State requirements, along with any additional training that might be needed to meet requirements and maintain quality standards.

Invest in Programs that Address Critical Public Health Needs and Build Capacity

- The Governor’s State of the State proposal and Executive Budget highlight the need to address the ongoing multiple crises across the state in mental health, maternal and infant health, and the intersection of maternal mental health, while also showcasing the imperative to invest in local solutions. I am attaching proposals from CUNY SPH that would enact cost-effective, community-level programs that would enhance statewide capacity to address these needs, build community resiliency, and expand the workforce.

Before I conclude I should also mention CUNY and CUNY SPH’s appreciation of the state and city investment in SPH’s future Kips Bay home – the [CUNY Science Park and Research Campus](#). This new multi-institutional space will provide hands-on learning and interdisciplinary collaboration across state-of-the-art laboratories, research centers, libraries, classrooms, and offices for NYC Health + Hospitals, NYC DOHMH, CUNY health science schools, and industry leaders. We believe this project will create new opportunities for workforce training, employment, and education for our future workforce.

Thank you for allowing me the opportunity to share this testimony with you.

Pipeline for mental health task-sharing certificate based on Harlem Strong model

LEAD OFFICE	Center for Innovation in Mental Health, Harlem Health Initiative
FUNDING	New request
BUDGET ASK	\$500,000

Background

The Harlem Strong Mental Health Coalition (Harlem Strong) is a multisectoral coalition between the Center for Innovation in Mental Health and the Harlem Health Initiative at City University of New York Graduate School of Public Health and Health Policy (CUNY SPH), Harlem Congregation for Community Improvement, and Healthfirst Managed Care. Harlem Strong engages with local community-based organizations (CBOs), primary care, mental health practices, houses of worship, and housing providers to participate in mental health task-sharing and to increase the coordination of care across the system.

Need

Findings from a 2021 community needs assessment conducted by the Harlem Strong team indicate a pressing need for mental health care that is accessible, affordable, and provided with cultural humility and linguistic competence. A significant proportion of respondents were at risk of depression or anxiety or reported signs of loneliness (41.2%, 48.1%, 73%, respectively). Furthermore, 86% reported facing barriers to accessing mental health care. Alarmingly, results from a 2022 survey conducted by the New York State Office of Mental Health reveal a widespread shortage of therapists, physicians, nurse practitioners, and peer workers across the state’s mental health clinics. Specifically, 81% of mental health clinics in New York City reported one or more therapist vacancies, and more than half of the clinics offering peer services reported one or more peer staff vacancies. The New York City Department of Health and Mental Hygiene (NYC DOHMH) recognizes that there is an ongoing mental health crisis exacerbated by a history of disinvestment in mental health systems and the lack of culturally

responsive mental health care and social support services. The City has proposed a public health approach in its recently released comprehensive mental health plan, with guiding principles that include implementing data, lived experiences and community input, as well as strengthening a resilient, adept, and diverse workforce.

Harlem Strong provides a community care model, where mental health support services, such as outreach, screening, psychoeducation, stress management skill building, and care coordination, are integrated into a variety of community accessible settings (housing developments, primary care clinics, community-based organizations, and houses of worship). The model uses a team-based approach, where a range of community providers serve as navigators to task-share mental health services and are supported by a mental health specialist to deliver these services to consumers who may have common mental health challenges, such as depression, anxiety, or loneliness. Supporting lay mental health care providers, non-specialists, and staff in community settings with structured and formalized mental health task-sharing skills will have a significant impact on closing gaps in care and strengthening community mental health resiliency. These community settings are often “gateways,” meaning they are the first places individuals turn to when seeking help. Creating a “no wrong door” approach to mental health care and resiliency building is especially pertinent to communities with high risk, low-income, ethnic, or marginalized populations, and in communities with a history of disinvestment of core resources. Simultaneously, mental health task-sharing has the potential to play a crucial role in addressing workforce shortages.

Certificate Training Proposal

Turning the successful Harlem Strong model into a certificate program will 1) formalize and standardize training in mental health task-sharing; 2) provide community lay providers in community settings with a credential to demonstrate their experience and competency; 3) expand the benefits and scope of the model beyond what can be achieved in a neighborhood-by-neighborhood approach. The curriculum for the proposed mental health task-sharing certificate will be founded on the training curriculum developed by Harlem Strong and several other mental health task-sharing training programs developed by CIMH. The certificate can be completed within approximately six months, though some trainees may require additional time depending on their level of readiness. Components of the certificate program will include:

- Coursework that covers an introduction to mental health, provider self-care, trauma-informed care, the community care model, and care coordination, as well as consumer engagement and outreach, mental health screening, risk assessment, psychosocial intake, and stress management skills and counseling. Specific evidence-based mental health practices, such as motivational interviewing, mindfulness, and behavioral activation, are also supported. Twelve hours of pre-recorded training modules will be accessible online, accompanied by one to two live webinars that follow each module.

- Two in-person training workshops facilitated by mental health professionals and experts in mental health task-sharing. The training workshops will cover topics outlined in the training modules and support in-person practice, role-playing, and case consultations. These workshops will be particularly beneficial for sites that do not have in-house mental health clinicians.
- Practicum opportunity where trainees will be able to apply their skills under the supervision of trained mentors/ mental health practitioners.
- Learning community to support troubleshooting implementation challenges and continuous quality improvement.
- Mental Health Task-Sharing Toolkit (Implementation Manual, Stress Management Skills Building Manual and Worksheets, Implementation Forms, Program Flowcharts, Checklists and Frequently Asked Questions).
- Assessment of learned/practical skills that will signify readiness to engage in mental health task-sharing activities.

Learn more about Harlem Strong

- [Harlem Strong website](#)
- [Harlem Strong Introductory Booklet](#)
- [Harlem Strong One-Pager](#)
- [Harlem Community Mental Health Needs Assessment](#)
- [Harlem Strong Training Calendar](#)

For further reading

- [Mayor's Office of Community Mental Health 2023 Annual Report on Critical Gaps in the Mental Healthcare System in New York City](#)
- [Care, Community, Action: A Mental Health Plan for New York City](#)

The CUNY SPH Community Capacity Building and Infrastructure Program

LEAD OFFICES

Office of Experiential Learning, Office of State and Local Public Health Initiatives, Harlem Health Initiative

FUNDING

New request

BUDGET ASK

\$25,000 per CCBI participant

As New York's top public school of public health, the CUNY Graduate School of Public Health & Health Policy (CUNY SPH) is committed to the health of New York City and the needs of our communities. CUNY SPH has developed the Community Capacity Building and Infrastructure Program (CCBI) to expand and sustain organizational capacity within the ecosystem of community-based organizations (CBOs) that support New Yorkers' health and well-being, while expanding NYC's public health workforce.

Many CBOs dedicated to health, justice, and social services have an array of talented staff who have never considered pursuing further education or have considered it, but cannot afford to. At the same time, the organizations themselves are underfunded, understaffed, and unable to provide, incentivize, and reward staff development. Yet their drive to execute ambitious projects despite a lack of resources and staff bandwidth is often as strong as the community needs itself. To this end, CUNY SPH is creating the CCBI to enable approved CBOs to expand operational capacity and workforce development.

Through the CCBI, each approved CBO would receive \$20,000, which they may use primarily at their discretion across the following types of supports: cover application fees for staff to apply to the [CUNY SPH Advanced Certificate in Public Health](#) or [Master's Degree in Public Health](#); tuition costs for accepted staff to enroll in either program; computer or internet access (if needed) to support staff ability to complete coursework and assignments; organizational infrastructure for administration of the program; bonuses for staff who complete the certificate or degree; and stipends for CUNY SPH fieldwork students placed at the organization.

We will work with the CBOs to understand their medium- and long-term goals, which will guide the collaborative allocation of funds. Some CBOs may recognize the need for advanced training among several staff members and could choose to devote a significant portion of funds to degree program application fees and course credits. Others may recognize the need to support and retain a key staff member, whose CCBI budget could assist that colleague with paying for a larger portion of their degree and providing supplemental support such as laptop and Wi-Fi access. CBO staff who receive CCBI support will commit to working with their organization for one year following certificate/degree conferral, further bolstering the capacity and expertise of the CBOs.

Key aspects of the CCBI are both the flexibility of the funding to meet CBO needs and the ingrained bidirectional partnership between CUNY SPH and CBOs. As the CBOs choose how to support their staff in advancing their public health training, each site will accept the placement of at least one [master's-level fieldwork](#) student to support agency operations. Master's students who conduct their fieldwork with the CBOs can provide new skills and expertise to build CBO capacity, and selecting students who reside in the district in which the CBO is located (when possible) will serve as a strong foundation for shared purpose. Further, staff members participating in the CCBI as master's students will eventually commit their course-required fieldwork project to support their employing CBO in a workstream external to their day-to-day activities.

The CUNY SPH Office of Experiential Learning (OEL) would lead this work under the guidance of the Director of Experiential Learning and Career Services,

Hannah Stuart Lathan, a CUNY SPH alumna with years of experience leading capacity-building efforts and working directly on CBOs' ground operations. In addition to the funding for CBOs, the CCBI will allocate \$5,000 per CBO partner to support OEL's capacity to coordinate with CBO partners, track inputs and outcomes, and help scope both funding allocation decisions and fieldwork projects.

These efforts will be supported by our Office for State and Local Public Health Initiatives and the Harlem Health Initiative, regarding reporting to elected officials, funds transfers, and CBO partner identification. CUNY SPH's Executive Director for State and Local Public Health Initiatives is also Chief Operating Officer for CUNY of the NYC Pandemic Response Institute, and our Executive Director of the [Harlem Health Initiative](#) designs community engagement efforts for many of our [Centers and Institutes](#), including the [Center for Innovation in Mental Health](#) and the [Center for Immigrant, Refugee, and Global Health](#). These interdisciplinary ties will provide a significant additional layer of CBO support and community impact by connecting CCBI partners to existing programming.

Estimated Cost of Menu Options

- SOPHAS (application service for public health schools) application fees to CUNY SPH advanced certificate in public health (\$50) or CUNY SPH master’s programs (\$145 per first application, \$55 for each additional application fee)
- Staff enrollment in advanced certificate or master’s-level course credits toward a CUNY SPH degree (\$470 per certificate credit, total 15 credits; \$620 per master’s in public health credit, total 42 credits)
- Stipend for master’s-level fieldwork student(s) to support agency operations (\$1,500 per stipend)
- Laptop allowance and/or MiFi device for staff through the duration of the degree program (\$500 per laptop; \$200 per MiFi)
- Organizational updates to internal systems that support employee administration, i.e., HR, payroll, etc. (up to \$2,000)
- Bonus among staff who complete their degree program

Example Uses of Funding

ITEM	COST
SOPHAS MASTER’S PROGRAM APPLICATION FEE (X2)	\$290
FIELDWORK STUDENT STIPEND (X2)	\$3,000
TWELVE MASTER’S-LEVEL COURSE CREDITS (X2)	\$14,880
LAPTOP ALLOWANCE (X2)	\$1,000
ORGANIZATIONAL ADMINISTRATIVE SYSTEM UPDATES	\$830
TOTAL TO CBO	\$20,000
OPERATING AND SUPPORT COSTS TO OEL	\$5,000
SOPHAS MASTER’S PROGRAM APPLICATION FEE (X1)	\$145
FIELDWORK STUDENT STIPEND (X2)	\$3,000
TWENTY-SEVEN MASTER’S-LEVEL COURSE CREDITS (X1)	\$16,740
PARTIAL LAPTOP ALLOWANCE (X1)	\$115
TOTAL TO CBO	\$20,000
OPERATING AND SUPPORT COSTS TO OEL	\$5,000

CUNY SPH leaders are building programs to advance the school’s mission of health and social justice in New York City, focusing on scaling sustainability work to support CBOs. By offering this support, CUNY SPH is in turn prioritizing support for underserved communities in New York City.

The Sexual and Reproductive Justice Hub at CUNY SPH

LEAD OFFICE

Dean's Office, Maternal, Child, Reproductive, and Sexual Health Specialization

FUNDING

New request

BUDGET ASK

\$500,000

Since the overturn of *Roe v. Wade*, we are seeing the erosion of reproductive autonomy and the rise of reproductive health injustices disproportionately burdening people of color and marginalized populations. While safeguarding reproductive freedom is critical, the goals of reproductive justice extend far beyond the right to choose, encompassing an intersectional array of rights that collectively influence health outcomes. The core mission of the CUNY Graduate School of Public Health and Health Policy (CUNY SPH)—to advocate for sound policy and practice to advance social justice and improve health outcomes for all—uniquely positions the school to become New York's first hub for sexual and reproductive justice training, scholarship and advocacy.

What is Sexual and Reproductive Justice?

Sexual and Reproductive Justice (SRJ) is a framework that embodies a holistic view of health and strives for the “complete physical, mental, spiritual, political, social, and economic well-being of women and girls” through advocating for and upholding the human rights of all, especially marginalized women and people who can become pregnant.^{1,2} Empowering people to maintain autonomy over their sexual and reproductive lives leads to better overall health outcomes for all.

The SRJ framework recognizes that reproductive autonomy is intrinsically linked to a wide range of factors that affect health and equity, including access to quality healthcare, adequate housing, educational opportunities, clean and safe environments,

nourishing food, affordable childcare, employment and livable wages. Without equitable access to these resources, there cannot be reproductive autonomy. Repeated divestment creates a ripple effect of negative health outcomes that are particularly bleak for Black women and people of color, reinforces structural racism, and prevents the achievement of health justice.

Why create an SRJ Hub at CUNY SPH?

We are witnessing a steady decimation of the right to bodily autonomy across the U.S. The disintegration of these rights is manifesting in censorship of comprehensive sexual and reproductive health education, limitations on gender-affirming care, removal of medical autonomy for women, and exacerbating the maternal morbidity and mortality crisis.

There are currently no coordinated efforts in New York State, and few around the country, to advance SRJ through a centralized academic unit that emphasizes not only scholarship, but also advocacy. The CUNY SPH Sexual and Reproductive Justice Hub (SRJ Hub) strives to change this paradigm through **solutions-oriented scholarship, training, and advocacy** that centers the lived experiences of women of color and elevates and funds their and other marginalized people's work.

What will the SRJ Hub do?

Byllye Avery SRJ Professorship

CUNY SPH has launched the [Byllye Avery Sexual and Reproductive Justice Professorship](#), the nation's first and only endowed professorship addressing this area of public health. Named for the esteemed Byllye Avery, a pioneer in women's health, foremother of the reproductive justice movement, and founder of the Black

Women's Health Imperative, this professorship will centralize SRJ programming, research, and scholarship at the school and will expand experiential learning opportunities for students. The associated research portfolio for this professorship will be unique, **focusing on solutions to longstanding disparities** and building strategic leadership with an emphasis on impacting policy.

Leadership Training

The SRJ Hub will develop the next generation of SRJ leaders who will actively work to challenge the barriers to reproductive justice, develop community-led solutions, and engage with elected officials, policy makers, and state and local agencies to educate and impact legislative changes to make reproductive justice possible. The SRJ Hub will be a central source that can provide the evidence to state and national agencies and not-for-profit organizations that can be used to inform policy change and program modification.

UNFPA Partnership: 16 Days Campaign

CUNY SPH has partnered with the United Nations Population Fund (UNFPA) on the Global 16 Days Against Gender-Based Violence Campaign, an initiative to bring global awareness to the widespread issue of gender-based violence, a pervasive public health threat. For over thirty years this civil society-led campaign has brought together local and global feminist activists and movements to raise awareness of the many forms of gender-based violence, its root causes and impact, and pathways to prevention and accountability. This campaign, which originally kicked off each year on November 25, the International Day for the Elimination of Violence Against Women, and ran for 16 days through December 10, Human Rights Day, will be transformed under CUNY SPH's guidance into a year-round initiative.

1 <https://www.law.berkeley.edu/php-programs/courses/fileDL.php?fileID=4051>

2 <https://forwardtogether.org/wp-content/uploads/2017/12/ACRJ-A-New-Vision.pdf>

SRJ Curriculum

CUNY SPH offers the [Maternal, Child, Reproductive, and Sexual Health \(MCRSH\) specialization](#), which provides graduate students with an understanding of the socio-historical and political contexts that have and continue to shape related health outcomes, as well as a foundation for research and programmatic activities in maternal, child, reproductive, and sexual health. The curriculum embraces a holistic approach to sexual and reproductive health within an SRJ framework that recognizes the diversity of human sexual expression, relationships, and family structures; promotes informed, healthy, respectful, and responsible choices, free from coercion; and supports increased access to elective preventive, screening, treatment, and support services.

The MCRSH specialization currently offers two core courses – MCRSH: A Life Course Perspective and MCRSH in Context. Electives in the program include:

- Social Inequality and Reproductive and Sexual Health, Policy, and Rights
- The Health of Young People
- Sexual Health Promotion
- Special Victims Unit: Child Maltreatment and Its Effects on Child and Family Mental Health
- Adolescent Health
- Advancing an Equity MCRSH Agenda in Health Departments

New course topics under consideration include:

- The nexus of environmental justice and reproductive justice
- Changing abortion policy across the U.S.
- Policy, legislation, and government programs related to MCHRSH and SRJ
- Financing and insurance in MCRSH
- The history of bodily autonomy and race

The SRJ Hub will build on current scholarship and research by CUNY SPH faculty and graduate students, including:

Audit of existing federal funding (NIH, EPA) available to study the role of environmental exposures in Black maternal and infant mortality to establish the need for additional targeted funding

Analysis of maternal meconium samples to establish the role of metal mixtures associated with adverse child outcomes to inform prevention strategies

Advocacy in city land use processes to require more accurate environmental impact statements and a showing of no harm prior to approving industrial sites in overburdened neighborhoods

Investigation of the impact of the *Dobbs* decision on medical integrity

Comprehensive review exposing migrants' lack of access to sexual and reproductive health services

Assessment of safety-net health care utilization among uninsured immigrants in New York City

Qualitative study of East Harlem adolescents and their life goals in the context of personal relationships, risk of pregnancy, and sexually transmitted infections (STIs)

State and national analyses of welfare family-cap policies and violation of reproductive and human rights principles

Support research that identifies the contribution of environmental pollution to neuro-developmental and other health outcomes in children

Large-scale mixed-methods evaluation of a physician training program for advocacy around abortion and other reproductive health issues

Study of the intersectionality of racial and gender discrimination among teens exposed to dating violence

Study of the role of COVID-19, race and social factors in pregnancy experiences, delays to contraception, abortion, and miscarriage care during the pandemic

Evaluation of a multi-center NYC-based Doula program

Randomized controlled trial to identify the efficacy of a model socialization and sexuality education approach for adolescents and young adults with intellectual and development disabilities

Studies exploring needed supports from faculty, administration, and staff for pregnant and parenting students at CUNY

SRJ Expertise

CUNY SPH holds considerable expertise in SRJ among its faculty and leadership. The development of the SRJ Hub is co-led by Terry McGovern, Senior Associate Dean of Academic and Student Affairs, and Dr. Lynn Roberts, Associate Dean of Student Affairs and Alumni Relations and Assistant Professor of Community Health and Social Sciences, along with Dr. Diana Romero, Professor of Community Health and Social Sciences, who leads the MCRSH specialization.

Terry McGovern

Senior Associate Dean of Academic and Student Affairs

Prior to joining CUNY SPH in 2023, Terry McGovern was the Harriet and Robert H. Heilbrunn Professor and chair of the Heilbrunn Department of Population and Family Health at the Columbia University Mailman School of Public Health. At Columbia, McGovern led domestic and global research related to sexual and reproductive justice and human rights. Prior to joining Columbia in 2002, McGovern served as senior program officer in the Gender, Rights, and Equality Unit of the Ford Foundation, where she oversaw global and domestic programming relating to HIV, gender, LGBT, and human rights.

Dr. Lynn Roberts

Associate Dean of Student Affairs and Alumni Relations, Assistant Professor of Community Health and Social Sciences

Dr. Lynn Roberts, a national leader in the reproductive justice movement for over 20 years, is an emeritus board member of the SisterSong Women of Color Reproductive Justice Collective. She is co-editor and contributing author of *Radical Reproductive Justice: Foundations, Theory, Practice Critique* (Feminist Press, 2017). Dr. Roberts' current activism and scholarship examine the intersections of race, class and gender in adolescent dating relationships, juvenile justice, and reproductive health policies, as well as the impact of models of collaborative inquiry and teaching on civic and political engagement. For decades Dr. Roberts has taught the *Community Organizing to Advance Health and Social Justice* course in our MPH program, with the highest student evaluation accolades.

Dr. Diana Romero

Professor of Community Health and Social Sciences

Dr. Diana Romero has over 20 years of experience in research and evidence-based advocacy related to reproductive, maternal and child health experiences affected by race/ethnicity, socioeconomic, and related structural factors such as factors affecting contraceptive decision-making and the differential impact of the COVID-19 pandemic on pregnant persons in NYS. Dr. Romero serves on the NYC DOHMH Advisory Board for the CDC Pregnancy Risk Assessment Monitoring System (PRAMS) survey.