

Gender Racial Equity Advisory Board Report
New York City Department of Health and Mental Hygiene
December 11, 2025



CONTENTS

LETTER FROM THE ACTING COMMISSIONER AND CHIEF EQUITY OFFICER	3
EXECUTIVE SUMMARY	5
BACKGROUND	5
Gender and Racial Inequities Among Health Care Professionals	5
Gender and Racial Inequities Among Patients	6
Establishment of the Gender and Racial Equity Advisory Board	6
Overview of the Board	7
Vision for 2026 and Beyond	7
NYC HEALTH DEPARTMENT IMPLEMENTATION OF THE BOARD	8
Board Staff	8
MEMBERSHIP	9
SUMMARY OF MEETINGS	14
NEXT STEPS	15
APPENDIX.....	16
The New York City Administrative Code	16

LETTER FROM THE ACTING COMMISSIONER AND CHIEF EQUITY OFFICER

To our fellow New Yorkers,

It is our steadfast commitment to protect the health of *all* New Yorkers and provide equitable opportunities for everyone to lead healthy lives no matter who they are, where they're from, or where they live. In promoting the health of New Yorkers, we must also prioritize diverse and inclusive work environments in our health systems, ensuring health care staff can work free from discrimination and harassment in an environment that prioritizes person-centered comprehensive care, equity, diversity, disability rights, and all forms of justice. We know all too well – from personal experience, professional interactions, research, and data – that health care injustice can only be solved by addressing both the workforce and service delivery.

The urgent need for the Gender and Racial Equity Advisory Board was brought to the forefront when several brave victims of harassment and discrimination filed a [federal lawsuit in 2019](#) after exhausting internal processes at Mount Sinai to no avail. Victims of similar treatment across the nation subsequently shared their stories, underscoring the importance of this work. This Board will foster the necessary but often-difficult conversations on gender and race, conduct thoughtful analyses, and provide recommendations to create meaningful change in our health care system, recognizing that supporting providers and health care staff of any race, gender identity, or background is a core ingredient to achieving optimal health and wellness for every New Yorker.

The Gender and Racial Equity Board's launch complements the Agency's ongoing commitment and programming to eliminate discrimination and bias from health care services. Through the Coalition to End Racism in Clinical Algorithms (CERCA), the Department supported nine hospitals to remove race-based clinical algorithm through coalition building and technical assistance. As part of the Citywide Doula Initiative & the Maternity Hospital Quality Improvement Network (MHQIN), the Department developed a [Hospital Doula-Friendliness Guidebook](#) to help hospitals improve collaboration between hospital staff and doulas, increase respectful care during birth, and reduce inequitable birth outcomes for Black and Latino people. In March 2025, we published our inaugural Healthcare Accountability report, shining a light on the business practices of health care that make services unaffordable for many New Yorkers, exacerbating the city's two-tiered health system. This Board will hold health care institutions accountable from a unique and too-often overlooked perspective – focusing on the experiences and treatment of their providers and patients.

As the NYC Health Department's Acting Commissioner of Health and Chief Equity Officer, we strive to build power and cultivate community within the Agency and across New York City, with equity at the core of everything we do. In our efforts to achieve this mission, we are constantly reminded of the importance of solidarity. We must stand by, learn from, and work to do better by health care professionals and staff who dedicate their lives to keeping New Yorkers healthy. Recognizing and honoring groups that have experienced and continue to experience discrimination and oppression is more important than ever. We are humbled to be

tasked with the role of convening a diverse group of passionate advocates, dedicated providers, brilliant experts, and courageous survivors from across NYC to share expertise informed by their advocacy, community engagement, and first-hand experiences.

Together, we can fight against the most pressing gender and racial inequities threatening the health and wellbeing of our community and work towards a truly equitable NYC.

Michelle Morse, MD, MPH

Acting Commissioner and Chief Medical Officer, NYC Department of Health and Mental Hygiene

Zahirah McNatt, DrPH, MHSA

Chief Equity Officer, NYC Department of Health and Mental Hygiene

Deputy Commissioner, Center for Health Equity and Community Wellness

EXECUTIVE SUMMARY

Prepared by the New York City Department of Health and Mental Hygiene (the NYC Health Department) pursuant to Local Law 30 of 2021, the inaugural report of the Gender and Racial Equity Advisory Board (the Board) provides background on the history of the Board's creation, discusses the requirements of the Board, presents the members of the Board, and previews the Board's role for Calendar Year 2026. Board members were appointed based on their specific role in city government, representation within a professional group, or experience in gender and racial equity. The members equip the Board with expansive knowledge and experience, creating a diverse group unified in their passion to advance equity. The NYC Health Department convened the Board for its inaugural meeting in September 2025. This inaugural report represents the culmination of years of advocacy in response to devastating gender and racial discrimination in the provision of health care across New York City and builds on the NYC Health Department's work to drive out inequitable treatment and practices from New York City's health care system.

BACKGROUND

Gender and Racial Inequities Among Health Care Professionals

Gender and racial discrimination are worsening experiences and outcomes for both providers and patients in New York City. Research nationwide has documented sexual harassment and its adverse effects among students, staff, and faculty in academic sciences, engineering, and medicine.¹ Organizational climate is the strongest predictor of sexual harassment, and sexual harassment is more likely in environments that are male-dominated.¹ Women of color are victims of harassment more frequently than their white counterparts, and adverse impacts may be more severe when individuals are simultaneously subject to both sexual harassment and racial discrimination.¹ Compared to their white or male colleagues, racial and ethnic minorities and women experience pay gaps and are less likely to hold leadership roles in health care.²⁻⁷

These harmful patterns and inequities are unfortunately all too familiar among providers in New York City. In 2019, former employees of Mount Sinai's Arnhold Institute of Global Health (AIGH) filed a federal lawsuit, *Atkinson et al. v. Mount Sinai, Inc.*, against Mount Sinai for age, sex, and racial discrimination.⁸⁻¹⁰ The complaint described experiences of unequal access to pay and bonuses, demotions, retaliation, and a workplace culture that included disparaging comments, derogatory names, and violent screaming; it also detailed the emotional trauma and barriers to career advancement that ensued.^{9,11} Women in health care across NYC and the country reached out to the Plaintiffs to share their own experiences of sexual harassment and discrimination, along with their fears of retaliation for reporting these offenses.¹⁰⁻¹² The Plaintiffs subsequently created the group Equity Now to support victims of sex discrimination in health care, share information about the prevalence of discriminatory practices, and fight for systemic change.^{8,12}

Gender and Racial Inequities Among Patients

The impacts of inequitable workplace practices and harassment extend to patients as well. Language, race, and gender concordance between patients and providers can foster positive health outcomes and increase trust in the health care system.¹³ However, when harassment and workplace inequities push healthcare workers to exit the field, the damage can be amplified through harm to patients. Patients face direct harassment and discrimination.

In NYC, one of the clearest examples of how pervasive discrimination impacts health outcomes is the city's maternal mortality crisis. The city's Maternal Mortality Review Committee identifies discrimination as a contributing factor in half of pregnancy-associated deaths.¹⁴ These findings support extensive research demonstrating that racism is a driving force in disparities in maternal health, pregnancy outcomes, and trust patients have in their providers.¹⁵

Establishment of the Gender and Racial Equity Advisory Board

Action is urgently needed to eliminate pervasive inequitable practices and outcomes in New York City's health care institutions.¹¹ In February 2021, New York City Council passed Local Law 30, which directs the NYC Health Department to establish a Gender and Racial Equity Advisory Board (the Board). The many advocates who testified in support of the bill included some of the plaintiffs from *Atkinson*.¹⁶ Testimonies highlighted how harassment has an enduring and negative impact on workplace culture, career opportunities, patient experiences, and health outcomes across NYC hospitals, particularly for gender and racial minorities.¹⁶ Under Local Law 30, the Gender and Racial Equity Advisory Board is tasked with discussing racial and gender inequities in health care, evaluating what social determinants and factors cause these inequities, and providing recommendations on remedies to local leaders.¹⁷

Along with Local Law 30, City Council simultaneously passed Resolution 512A which called on the State to require medical schools across New York to implement implicit bias training.¹⁸ Since 2019, both the NY State Senate and Assembly have introduced bills that would require anti-bias training for all medical students, medical residents, and physician assistant students.^{19,20} During the 2025 legislative session, the Senate version passed, but the Assembly version did not make it out of committee.^{19,20} This Resolution complements the creation of the Board in advancing City Council's vision of an equitable health care system for both patients and providers across New York.

This Board is a critical first step in addressing and evaluating the ways in which gender and racial discrimination harm individuals – most notably patients and providers – and the overall healthcare system in NYC.⁸ The Board creates a safe space for multi-disciplinary professionals, experts, and advocates to call out harassment and discrimination in health care, analyze how inequities are created and perpetuated, evaluate how discrimination impacts promotions, pay equity, burnout, decisions to exit the field, and unethical patient treatment practices, and propose practical strategies to achieve an equitable health care system for all.²¹

Overview of the Board

The Board comprises of members from a diverse range of subject matter expertise and personal backgrounds, but all with a unifying commitment to ensuring equity in the city's health care systems. Quarterly meetings are facilitated by the NYC Health Department Co-Chair, Zahirah McNatt, DrPH, MHSA, Chief Equity Officer and Deputy Commissioner at NYC Health Department, and the Board Facilitator, Donna Castelblanco, MBE, Strategic Partnerships Manager at the NYC Health Department. The Board held its inaugural meeting on September 16, 2025, and will hold quarterly meetings beginning in 2026.

As the Board has only held one meeting, this inaugural report describes the realities that make this work necessary, the people who have made this work possible, and the vision this Board will strive to achieve. The Board represents an unprecedented opportunity for members to critically evaluate factors contributing to gender and racial inequities in health care and foster meaningful policy change. Discussion topics will include those named in the law:

1. **Factors that contribute to gender and racial inequity in hospitals and other covered health care services**, especially in relation to employment decisions and patient care, including but not limited to factors that result in observed disparate patient treatment and outcomes;
2. **Existing protocols hospitals and other covered health care services use to address such inequity**, including, but not limited to, actions taken by hospital and health care leadership to promote gender and racial equity for hospital and health care staff;
3. **Recommended measures to address gender and racial inequity in hospitals and other covered health care services**; and
4. **Methods for raising awareness about gender and racial inequity in hospitals and other covered health care services and ways to address it at the local, state and national levels**, including but not limited to strategies to support legislation addressing such inequity.¹⁷

The Gender and Racial Equity Advisory Board complements efforts across the NYC Health Department, including work pursuant to the Board of Health's landmark October 2021 resolution declaring racism a public health crisis²² and Race to Justice, the NYC Health Department's internal campaign educating staff on how they can improve health outcomes and decrease racial health gaps.²³ The NYC Health Department recognizes that centuries of racist policies and discriminatory practices have created deep-rooted health inequities that we must fight to eliminate.²⁴ It is an honor to convene brilliant and passionate minds through this Board in the pursuit of eliminating gender and racial inequities in health care for New Yorkers.

Vision for 2026 and Beyond

The Gender and Racial Equity Advisory Board's long-term vision is to address the root causes of

gender and racial inequities within New York City’s health care system.

As the Board’s work deepens in 2026 and beyond, it will amplify lived experiences of health care providers and patients to inform evidence-based solutions. The Board’s goal is to recommend meaningful policy and systemic changes that translate into more equitable health care experiences for health care workers, patients, and all New Yorkers.

NYC HEALTH DEPARTMENT IMPLEMENTATION OF THE BOARD

In preparation for the September 2025 meeting, the NYC Health Department established the foundational structures and processes needed to support the Board’s launch. This work included:

- Developing a two-year timeline to guide the Board’s formation and subsequent activities
- Appointing members through City Hall approval and inviting them to join the Board
- Assembling onboarding and engagement resources, including an overview of the Board, details about the Chairperson role, and membership commitments
- Establishing by-laws outlining member responsibilities and meeting procedures
- Planning and hosting the inaugural meeting, co-led by the Co-Chair and Board Facilitator

During calendar year 2026, the Board will move from building infrastructure to conducting substantive analyses and developing recommendations to address gender and racial inequities in New York City’s health care system. The Board will identify impactful policies and strategies to improve outcomes for both patients and health care workers. Recommendations will be shaped by the members’ diverse expertise and lived experiences, grounded in research and data, and enriched by insights from subject matter experts and community voices.

Board Staff

The Board is facilitated by Donna Castelblanco, MBE, Strategic Partnerships Manager at NYC Health Department.



Donna Castelblanco (she/her/ella) is a daughter of Colombian-Ecuadorian immigrants who supports population health equity initiatives in primary care and maternal and child health. She

serves as a Strategic Partnerships Manager at the NYC Health Department. She earned her Master of Bioethics from the University of Pennsylvania and is a doctoral student in the Johns Hopkins Doctor of Public Health: Health Equity and Social Justice program.

MEMBERSHIP

The Gender and Racial Equity Advisory Board is made up of 13 members, including seven appointed by the Mayor and one appointed by the Speaker of the New York City Council. Below are biographies for attendees of the Board's inaugural meeting.



Zahirah McNatt, DrPH, MHSA Chief Equity Officer and Deputy Commissioner at NYC Health Department

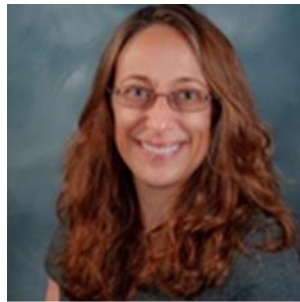
Dr. McNatt (she/her) has more than 15 years of experience in global public health, humanitarian systems, and human rights. At the NYC Health Department, she oversees the agency's equity portfolio and provides direct oversight and management of programs and initiatives that work to increase visibility of the harm perpetuated by centuries of racist, socially unjust policy while pushing towards redress for the most impacted NYC communities. She received her DrPH from Columbia University Mailman School of Public Health. Dr. McNatt serves as the Gender and Racial Equity Advisory Board's Co-Chair.



Ana Barreto, President of Libera

Barreto (she/her) is a recognized leader working at the intersection of race, gender, reproductive justice, and cultural resistance, with over 15 years of experience confronting systems of oppression through global and community-grounded collaboration. She is the President of Libera, a newly formed global organization advancing reproductive dignity through transnational solidarity, legal knowledge-sharing, and movement-driven strategies. Her work challenges dominant power structures by centering the lived realities, wisdom, and leadership of racialized and historically excluded communities. Barreto received an International Affairs

degree from Pontifica Universidad Catolica de Sao Paulo.



Danielle Greene, Executive Director of State and Local Public Health Initiatives at CUNY School of Public Health

Dr. Greene (she/her) has dedicated her public health career to enacting change at the intersection of scholarship, practice, and policy. The breadth of her research and advocacy is diverse, but the underlying commonalities are the social factors that impact marginalized communities, particularly women and children. Dr. Greene has served in senior roles in academia and governmental agencies and currently leads government relations, public health practice, and public health preparedness efforts and helped spearhead the formation of CUNY SPH's Sexual and Reproductive Justice Hub. She completed her MPH in Health Promotion Disease Prevention and DrPH at Columbia University Mailman School of Public Health.



Elizabeth (Betty) Kolod, MD, MPH, MA, Physician at Mount Sinai

Dr. Kolod (she/her) MD, MPH is a board-certified internist, preventive medicine physician, and primary care doctor for people who use drugs. Dr. Kolod is active in physician organizing and advocacy, with an emphasis on community-leadership and collaboration. She is on the Health Justice Steering Committee of Northwest Bronx Community and Clergy Coalition and chair of Physicians for a National Health Program-NY Metro Chapter, a leading organization in the struggle for universal health care. She trained in the Primary Care and Social Internal Medicine Residency Program at Montefiore Medical Center and Albert Einstein College of Medicine and the Public Health and General Preventive Medicine Residency at Mount Sinai.



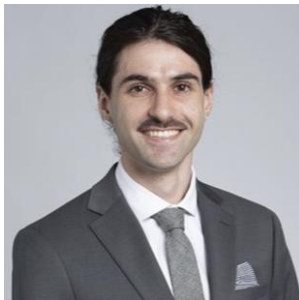
JoAnn Kamuf Ward, Esq, Deputy Commissioner for Policy and External Affairs at Commission on Human Rights

Kamuf Ward (she/her) has litigated in the private and public sectors, representing individuals and institutional clients. She is the Deputy Commissioner for Policy and External Affairs at the NYC Commission on Human Rights, where she works to advance equity and address all forms of discrimination, with a focus on housing, employment, and public places. Kamuf Ward attended Fordham University School of Law.



Julia Goldsmith-Pinkham, Esq, NYC Council

Goldsmith-Pinkham (she/her) is the Senior Legislative Counsel to the Committee on Women and Gender Equity at New York City Council. She advises City Council Members on legal issues around City legislation and works with City Council Members and Mayoral agencies to negotiate and pass legislation. She graduated from NYU Law in 2022, where she studied the criminalization of substance use by pregnant women in NYU's Reproductive Justice Clinic and supported young people with their affirmative visa applications at an internship with the Door.



George Danias, MD, Resident Physician at Bellevue Hospital

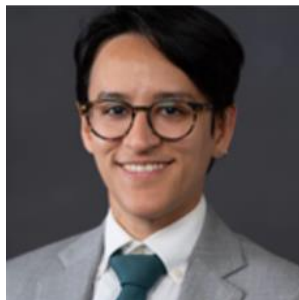
Dr. Danias (they/them) is a lifelong New Yorker who testified in support of resolutions protecting gender-affirming care in New York City. They emphasize the importance of maintaining NYC's status as a haven for LGBTQ+ individuals and the critical role of gender-

affirming care in improving the wellbeing of transgender youth. They are a PGY-3 Psychiatry resident at NYU/Bellevue Hospital.



Lloyd Bishop, Senior Vice President and Executive Director at Greater New York Hospital Association

Bishop (he/him) provides policy analysis and member support on community and public health and patients' rights. He has worked at Greater New York Hospital Association since 2001 where he now serves as the Senior Vice President and Executive Director. He earned a BA in Political Science from the State University of New York at Albany.



Priya Nair, Executive Director at NYC Commission on Gender Equity

Priya Nair (they/them) is a proud New Yorker, public servant, and nationally recognized leader in LGBTQ advocacy and equity policy. As the newly appointed Executive Director of the NYC Commission on Gender Equity (CGE), Nair brings nearly a decade of experience advancing inclusive, mission-driven policy across New York State and City government. Nair graduated with a Bachelor of Arts in Psychology from Vassar College.



Roona Ray, MD, MPH, Physician at Elmhurst Hospital and Vice Chair of Physicians for a National Health Program

Dr. Ray MD MPH (she/her) is a family physician in New York City and lifelong advocate for

gender and racial justice. She is the vice chair of Physicians for a National Health Program NY Metro and a parent advocate with Mother Forward and New Yorkers United for Childcare. She teaches at CUNY School of Labor and Urban Studies on health care labor issues. Clinically, she has practiced primary care, HIV and LGBT care, urgent care, and telemedicine. She attended UMass Chan Medical School and received an MPH from Johns Hopkins Bloomberg School of Public Health.



Ronald Porcelli, Esq, Director at NYC Unity Project

Porcelli (they/them) serves as the Director of the NYC Unity Project. Under their leadership, the NYC Unity Project has expanded services across all five boroughs in the areas of economic and community development, health equity, and acceptance and antidiscrimination with a focus on advancing equity for the LGBTQ+ community, particularly LGBTQ+ youth, LGBTQ+ people of color, and the TGNCNB community. Porcelli has a Juris Doctor degree from the University of California, Los Angeles (UCLA) School of Law and is a member of the Florida and New York State Bar.



Stella Safo, MD, Founder of Just Equity of Health

Dr. Safo (she/her) has experience in clinical transformation and health care redesign, and a commitment to population health and care model design, and to equity within health care. She is a board-certified HIV primary care physician, public health advocate, and the founder of Just Equity for Health, a health care improvement company that uses advocacy, education, and care model design to ensure equitable care delivery across all sectors of medicine. Dr. Safo attended Harvard Medical School and completed her residency and fellowship at Montefiore/Albert Einstein College of Medicine Rheumatology.



Uché Blackstock, MD, CEO of Advancing Health Equity

Dr. Blackstock (she/her) has nearly two decades at the intersection of clinical care, systems transformation, and health equity. She is an emergency medicine physician, equity strategist, and the Founder & CEO of Advancing Health Equity (AHE), a New York-based strategic consulting firm that partners with health care and public health systems to embed equity into leadership, strategy, operations, and care delivery. Dr. Blackstock attended Harvard Medical School and completed her residency at SUNY Downstate Medical Center.

SUMMARY OF MEETINGS

On September 16, 2025, the Gender and Racial Equity Advisory Board held its inaugural meeting, bringing together advocates and experts dedicated to advancing equity. Co-Chair Dr. Zahirah McNatt, DrPH, MHSA and Board Facilitator Donna Castelblanco, MBE led the meeting, presenting information on the Board's history, purpose, and member responsibilities.

Members emphasized the importance of focusing the Board discussions on the current public health context, including the political and financial feasibility of future recommendations. They discussed engaging with local advocates and elected officials, and the role of the public sector in protecting gender and racial equity. Members explained the need to ensure employers comply with civil rights and labor laws, with an emphasis on the rights of immigrant populations. They also called for inclusive framing of public health messaging to empower the public to champion racial and gender equity.

Guest Speaker Dr. Sheela Maru, MD, MPH, Departments of Global Health and Obstetrics, Gynecology and Reproductive Science at the Icahn School of Medicine at Mount Sinai, and Departments of Global Health and Obstetrics and Gynecology at H+H/Elmhurst Hospital presented on community health systems for gender and racial equity. Dr. Maru highlighted the intersection of race, poverty, and immigration status on maternal health and the important role that community health workers play, from Nepal to NYC. With an eye to rising mortality and morbidity in NYC, especially among women of color, Dr. Maru shared the NYC HOPE Community Doula Program, which provides critical support from a trained non-medical companion during pregnancy, labor, delivery, and parenting.²⁵ Members reflected on challenges of integrating non-medical staff in the labor room and ensuring safety and dignity for patients.

Dr. Maru ended her presentation with a quote from Audre Lorde in 1977:

"I began to ask each time: 'What's the worst that could happen to me if I tell this truth?' Unlike women in other countries, our breaking silence is unlikely to have us jailed, 'disappeared' or run off the road at night. Our speaking out will irritate some people, get us called bitchy or hypersensitive and disrupt some dinner parties. And then our speaking out will permit other women to speak, until laws are changed and lives are saved and the world is altered forever."

Below is the biography of guest speaker Dr. Sheela Maru.



Sheela Maru, MD, MPH, Physician at Elmhurst Hospital

Dr. Sheela Maru and her team aim to improve the health and wellbeing of communities served by the public health system in Queens through developing community partnerships, building community resilience, and addressing social determinants of health. She is an Associate Professor in the Departments of Global Health and Obstetrics and Gynecology at the Icahn School of Medicine at Mount Sinai. She is an attending physician at Elmhurst Hospital where she practices as a generalist Obstetrician Gynecologist. Dr. Maru is the Director of the NYC partnership at the Arnhold Institute for Global Health at Mount Sinai and the Director of Global Health at H+H/Elmhurst Hospital. Dr. Maru is the mother of twin teens and lives in Jackson Heights with her family. She trained at Yale School of Medicine and earned an MPH from Harvard T.H. Chan School of Public Health. Dr. Maru completed OB/GYN residency at Boston University.

NEXT STEPS

Building on the foundational work completed in 2025, the NYC Health Department will continue supporting the Board's development through the following activities and next steps:

1. **Second Meeting and Chairperson Election:** The next Board meeting will take place in the first quarter of 2026. During this meeting, members will elect the Board's first Chairperson through a two-thirds quorum vote. The elected Chairperson will serve a two-year term, working alongside the Board's Co-Chair to plan meeting agendas and identify guest speakers, facilitate discussions, and serve as a representative voice for the Board.

2. Incorporating Member Feedback: After the inaugural meeting, the NYC Health Department shared a survey to gather members' feedback, reflections, and priorities moving forward. In their feedback, members emphasized the value of connecting with each other in this space, their commitment to advancing actionable recommendations to address equity, and the importance of centering voices of patients and providers with lived experiences of discrimination.

APPENDIX

The New York City Administrative Code

[§ 17-199.15 Gender and racial equity advisory board.](#)¹⁷

a. Definitions. For the purposes of this section, the following terms have the following meanings:

Covered health care services. The term "covered health care services" means professional medical services by primary care practitioners, including preventive, primary, diagnostic and specialty services; diagnostic and laboratory services, including therapeutic radiological services; prescription drugs, excluding drugs for uncovered services; and any other services determined by the department.

Direct care worker. The term "direct care worker" means any employee of a hospital that is responsible for patient handling or patient assessment as a regular or incident part of their employment, including any licensed or unlicensed health care worker.

Doctor. The term "doctor" means a practitioner of medicine licensed to practice medicine pursuant to article 131 of the education law.

Hospital. The term "hospital" means an institution or facility operating in New York City possessing a valid operating certificate issued pursuant to article 28 of the public health law.

Nurse. The term "nurse" means a practitioner of nursing licensed to practice nursing pursuant to article 139 of the education law.

Physician assistant. The term "physician assistant" means a person licensed as a physician assistant pursuant to article 131-b of the New York state education law.

b. There shall be a gender and racial equity advisory board to advise the mayor and the council on issues relating to gender and racial equity in the provision of covered health care services and healthcare services in hospitals. Factors that such advisory board may consider include, but need not be limited to:

1. Factors that contribute to gender and racial inequity in hospitals and other covered health care services, especially in relation to employment decisions and patient care, including but not limited to factors that result in observed disparate patient treatment and outcomes;

2. Existing protocols hospitals and other covered health care services use to address such inequity, including, but not limited to, actions taken by hospital and health care leadership to promote gender and racial equity for hospital and health care staff;

3. Recommended measures to address gender and racial inequity in hospitals and other covered health care services; and

4. Methods for raising awareness about gender and racial inequity in hospitals and other covered health care services and ways to address it at the local, state and national levels,

including but not limited to strategies to support legislation addressing such inequity.

c. The advisory board shall consist of 13 members, as follows:

1. The speaker of the council or their designee;
 2. The commissioner of the department or their designee;
 3. The executive director of the commission on gender equity or their designee;
 4. The chair of the New York city commission on human rights or their designee;
 5. Executive Director of NYC Unity Project or their designee;
6. Eight public members, seven of whom shall be appointed by the mayor and one of whom shall be appointed by the speaker of the council. Public members shall represent a diverse range of individuals, of whom:
- (a) at least two members shall represent advocates who specialize in gender equity;
 - (b) at least two members shall represent advocates who specialize in racial equity;
 - (c) at least two members shall be representatives from labor unions representing nurses, doctors, physician assistants or direct care workers employed by a hospital;
 - (d) at least one member shall be a representative from a labor union representing interns and residents; and
 - (e) at least one member shall be a representative from a trade association representing hospitals.
- d. The advisory board shall hold its first meeting no later than 60 days from the appointment of all its public members and at such meeting shall elect a chairperson.
- e. The advisory board shall meet quarterly and keep a record of its proceedings, and determine the rules of its own proceedings with special meetings to be called by the chairperson upon his or her own initiative or upon receipt of a written request signed by at least four members of the board. Written notice of the time and place of such special meetings shall be given to each member at least two weeks before the date fixed by the notice for such special meeting.
- f. No later than December 1, 2021, and annually on December 1 thereafter, the advisory board shall submit to the mayor and the speaker of the council; post on the department's website; and share with a trade association representing hospitals, for distribution to its members operating in New York city, a report including the results of its review and recommendations pursuant to this section.

(L.L. 2021/030, 3/14/2021, eff. 3/14/2021)

¹ National Academies of Sciences, Engineering, and Medicine; Policy and Global Affairs; Committee on Women in Science, Engineering, and Medicine. Sexual harassment of women: climate, culture, and consequences in academic sciences, engineering, and medicine. Johnson PA, Widnall SE, Benya FF, editors. Washington (DC): National Academies Press; June 12, 2018. doi: 10.17226/24994

² Yearby R. When equal pay is not enough: the influence of employment discrimination on health disparities. *Public Health Reports*. 2019;134(4):447-450. doi: 10.1177/0033354919847743

- ³ AMWA GETF. Leadership roles in healthcare: Addressing underrepresentation and its implications. American Medical Women's Association. Published March 18, 2025. Accessed October 2, 2025. <https://www.amwa-doc.org/leadership-roles-in-healthcare-addressing-underrepresentation-and-its-implications/>
- ⁴ Boyle P. Women in medicine make gains, but obstacles remain. AAMC. Published July 9, 2024. <https://www.aamc.org/news/women-medicine-make-gains-obstacles-remain>
- ⁵ Lautenberger DM, Dander VM. The state of women in academic medicine 2023-2024: Progressing toward equity. AAMC; 2024. <https://store.aamc.org/the-state-of-women-in-academic-medicine-2023-2024-progressing-toward-equity.html>
- ⁶ Saizan AL, Douglas A, Elbuluk N, Taylor S. A diverse nation calls for a diverse healthcare force. *E Clinical Medicine*. 2021;34:100846. Published April 14, 2021. doi: 10.1016/j.eclim.2021.100846
- ⁷ American College of Healthcare Executives. Increasing and sustaining racial diversity in healthcare management. Ache.org. Published November 16, 2020. <https://www.ache.org/about-ache/our-story/our-commitments/policy-statements/increasing-and-sustaining-racial-diversity-in-healthcare-management>
- ⁸ Who we are. Equity Now at Mount Sinai. Published 2019. <https://www.equitynowatmountsinai.com/>
- ⁹ Atkinson et. al v. Mount Sinai, Inc., No. 1:19-cv-03779 (S.D.N.Y. Apr. 26, 2019). <https://mcolaw.com/wp-content/uploads/2020/08/2019-08-06-McO-Press-Release-Mount-Sinai-Amended-Complaint.pdf>
- ¹⁰ Harlem World Magazine. City council passes legislation combating racial & gender discrimination in NYC healthcare. *Harlem World Magazine*. Published February 12, 2021. <https://www.harlemworldmagazine.com/city-council-passes-legislation-combating-racial-gender-discrimination-in-nyc-healthcare/>
- ¹¹ Creation of an advisory board for gender and racial equity in hospitals, New York City Council Committee on Health and Committee on Women and Gender Equity: 13-14. (October 30, 2020) (testimony of Holly G. Atkinson, MD). <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=4624912&GUID=664AC4AA-3328-4968-B434-A0F12DD7C70F&Options=ID%7CText%7C&Search=gender+equity>
- ¹² Creation of an advisory board for gender and racial equity in hospitals, New York City Council Committee on Health and Committee on Women and Gender Equity: 49-53. (October 28, 2020) (testimony of Natasha Anushri Anandaraja, MD, MPH). <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=4624912&GUID=664AC4AA-3328-4968-B434-A0F12DD7C70F&Options=ID%7CText%7C&Search=gender+equity>
- ¹³ Kenan J. Why the US needs a racially and ethnically diverse health care workforce. *Milbank Memorial Fund*. Published August 7, 2025. <https://www.milbank.org/news/why-the-us-needs-a-racially-and-ethnically-diverse-health-care-workforce>
- ¹⁴ Maternal Mortality Review Committee. *Pregnancy-Associated Mortality in New York City, 2016-2020*. New York City Department of Health and Mental Hygiene; September 2024.
- ¹⁵ Maternal Mortality Review Committee. *Pregnancy-Associated Mortality in New York City, 2016-2020*. New York City Department of Health and Mental Hygiene; September 2024. Citing Geronimus AT, Hicken M, Keene D, Bound J. "Weathering" and age patterns of allostatic load scores among Blacks and whites in the United States. *Am J Public Health*. 2006;96(5):826-833. doi: 10.2105/ajph.2004.060749 and Vedam S, Stoll K, Taiwo TK, et al. The giving voice to mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reprod Health*. 2019;16. Article No. 77. doi: 10.1186/s12978-019-0729-2
- ¹⁶ Testimonies in support of Int. 2064-2020. Committee on Women and Gender Equity, The New York City Council. (2020, October 30). (Testimonies before the Committee on Women and Gender Equity). <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=4624912&GUID=664AC4AA-3328-4968-B434-A0F12DD7C70F&Options=ID%7CText%7C&Search=gender+equity>
- ¹⁷ Gender and racial equity advisory board. New York City Administrative Code § 17-199.15, Local Law 30 (2021). <https://codelibrary.amlegal.com/codes/newyorkcity/latest/NYCAadmin/0-0-0-131912>
- ¹⁸ Res. 512-2018A, New York City Council (as passed by the New York City Council February 11, 2021). <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=3673454&GUID=2684571E-7638-488D-A246-F2F6BD8A9EE2&Options=&Search=>
- ¹⁹ S. 317, 2025-2026 Senate Reg. Sess. (N.Y. 2025). <https://www.nysenate.gov/legislation/bills/2025/S317>
- ²⁰ A. 4116, 2025-2026 Assembly Reg. Sess. (N.Y. 2025). <https://www.nysenate.gov/legislation/bills/2025/A4116>
- ²¹ Lee BY. New NYC legislation to protect health care professionals from discrimination, harassment. *Forbes*. Published February 21, 2021. <https://www.forbes.com/sites/brucelee/2021/02/21/new-nyc-legislation-to-protect-health-care-professionals-from-discrimination-harassment/>

²² *Resolution of the NYC Board of Health Declaring Racism a Public Health Crisis*. (2021, October 18).

<https://www.nyc.gov/assets/doh/downloads/pdf/boh/racism-public-health-crisis-resolution.pdf>

²³ NYC Health. *Race to Justice*. <https://www.nyc.gov/site/doh/health/health-topics/race-to-justice.page>

²⁴ The race to justice communications and community engagement workgroups. *Race to Justice Action Kit Cover Letter*. Race to Justice. <https://www.nyc.gov/assets/doh/downloads/pdf/dpho/race-to-justice-action-kit-cover-letter.pdf>

²⁵ HOPE Program. HOPE Community Doula Program. Published 2019. <https://www.hopedoulaprogram.org/>