



A Policy for a Healthier
New York City

First Year Progress Report
April 2005

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Executive Summary

Launched in March 2004, *Take Care New York* sets an ambitious agenda to prioritize actions that can help New York City to improve health. *Take Care New York* identifies 10 key areas, each of which causes significant illness and death but is amenable to intervention. For each of the 10 items there are steps we can take today to live longer and healthier lives.

During the first year, *Take Care New York* has:

- Increased public awareness through media campaigns and broad distribution of educational materials, including more than 1.7 million *Passports to Your Health*, a tool to help New Yorkers know their numbers and talk with their doctor about preventive health.
- Established a network of nearly 100 partner organizations, including hospitals, health clinics, insurers, community-based organizations and other City agencies working to improve the health of New Yorkers.
- Built on existing activities and began new program and policy initiatives to achieve the *Take Care New York* goals. Key examples include:
 - Expanded the public health detailing program, which directly engages individual health care providers by giving them information and tools for prevention, diagnosis, and treatment for *Take Care New York* topics including smoking, colonoscopy, flu vaccination, and diabetes.
 - In 2003 and 2004, provided free nicotine replacement therapy (NRT) directly to 60,000 New Yorkers, in addition to many thousands more through HHC and community providers, helping tens of thousands of New Yorkers to quit smoking and preventing thousands of premature deaths.
- Established a cardiovascular disease prevention and control program to spearhead Department of Health and Mental Hygiene (DOHMH) efforts to improve heart health.
- Implemented rapid HIV testing in all DOHMH Sexually Transmitted Disease clinics, in Tuberculosis clinics and on Rikers Island, providing more than 24,000 tests in 2004.
- Provided start-up funding to 12 chemical dependency programs to implement buprenorphine treatment programs.
- Continued to work with the Health and Hospitals Corporation (HHC) and other hospitals to increase colon cancer screening through colonoscopy.
- Redistributed more than 535,000 doses of flu vaccine to organizations and providers serving high-risk populations.
- Expanded the Nurse Family Partnership, a program to improve the health of first-time mothers and their babies.

In each of the 10 *Take Care New York* areas, DOHMH assessed the current health status among all New Yorkers and, where possible, established baselines with 2002 data and set measurable targets to be reached by 2008. This report provides 2003 data, the most recent year available, for the indicators set forth by *Take Care New York*. For some of these items, real progress has been made. For other items, the trend is in the wrong direction. These data, summarized in the following table, provide a snapshot of our progress.

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Agenda Item	Indicator	Status: 2002	Status: 2003	Goal for 2008	Progress
1. Have a Regular Doctor of Other Health Care Provider	Adult New Yorkers without a regular doctor	1.6 million adults*	1.5 million adults (97,000 additional New Yorkers reported having a doctor)	300,000 fewer than 2002	
2. Be Tobacco-Free	New Yorkers who smoke	1.3 million smokers*	1.17 million (130,000 fewer than 2002)	240,000 (18%) fewer smokers than 2002	
3. Keep Your Heart Healthy	Proportion of New Yorkers with well-controlled hypertension, high cholesterol, and diabetes	Baseline data not yet available	Baseline data not yet available (to be determined in 2005 based on NYC HANES)	Increase New Yorkers with well-controlled hypertension to 20% more than baseline	N/A
				Increase New Yorkers with well-controlled high cholesterol to 5% more than baseline	N/A
				Increase New Yorkers with A1c<7 by 10% more than the baseline and decrease the number of New Yorkers with an A1c >9.5 by 20%.	N/A
4. Know Your HIV Status	Number of New Yorkers who die from HIV/AIDS	1,712 deaths	1,656 (56 fewer deaths than 2002)	Under 1,000 (42% fewer than 2002)	
5. Get Help for Depression	Prevalence of untreated depression among New Yorkers	Baseline data not yet available	Baseline data not yet available (to be determined in 2005 by NYC HANES)	Increase the number of New Yorkers treated for depression by 10% more than baseline	N/A
6. Live Free of Dependence on Alcohol and Drugs	Alcohol-attributable mortality	1,551 deaths	1,514 deaths (37 fewer deaths)	150 fewer deaths than 2002	
	Drug-related deaths	11.3 per 100,000 population	12.0 per 100,000 (6% increase)	8 per 100,000 (29 % fewer than 2002)	
7. Get Checked for Cancer	Screening rates for colon, breast, and cervical cancer	971,000 (50%) New Yorkers age 50+ have received colon cancer screening (lifetime)	1 million people (50%) have received colon cancer screening	60% of New Yorkers age 50+ screened for colon cancer (20% more than 2002)	
		1.3 million (77%) women age 40+ have received a mammogram in the past 2 years	2003 data not available	85% mammography screening in past 2 years among women age 40+ (10% more than 2002)	N/A
		2.2 million (80%) women have received a Pap test in the past 3 years	2003 data not available	85 % pap test in past 3 years among women age 18 and older (6% more than 2002)	N/A
8. Get Immunizations You Need	Influenza immunization among New Yorkers age 65+	564,000 (63%)	605,000 (63%)	80% of New Yorkers age 65+ immunized against influenza	
9. Make Your Home Safe and Healthy	Children with newly-identified blood lead levels (BLLs) ≥15µg/dL and an identified lead-based paint hazard	Approximately 740 children under 6 years	Approximately 680 children under 6 years (8% decrease)	Fewer than 260 children under age 6 (65% reduction compared with 2002)	
	Women who die from intimate partner homicide	Status 2001-2003: 3-year average rate of 1.1 per 100,000 women age 12+ in NYC		Less than 1 per 100,000 women age 12+ in NYC (10% reduction)	
10. Have a Healthy Baby	Infant mortality rate per 1,000 live births	6.0 per 1,000 live births	6.5 per 1,000 live births (8% increase)	5.0 per 1,000 live births (17% reduction compared with 2002)	

* Baselines modified based on updated weights in statistical analyses.

Introduction

New Yorkers are living longer than ever and the health of New Yorkers has never been better. We have made dramatic progress in life expectancy, lead poisoning prevention, HIV prevention for newborns, and control of communicable diseases, among many other advances. However, New York City continues to face significant health challenges. Each year, there are hundreds of thousands of illnesses and thousands of deaths from preventable causes in New York City. Health disparities exist among racial, ethnic, socioeconomic and geographic subpopulations. New York City remains at the nation's epicenter of the HIV/AIDS epidemic and of opiate addiction.

Launched in March 2004, *Take Care New York* sets a health agenda to prioritize actions that can help New York City improve health, identifying 10 key areas for intervention, each of which causes significant illness and death but is amenable to intervention. For each of the 10 items, there are steps we can take today to live longer and healthier lives. The 10 areas are also best addressed by coordinated action, and *Take Care New York* establishes a framework for health care providers, government agencies, community organizations, businesses, insurers, and individuals to work together to improve the health of New Yorkers.

The 10 priority areas of *Take Care New York* represent important and winnable battles—*important* because they affect every New Yorker and *winnable* because we know which actions work to prevent illness and death, and because these actions are within our reach. The 10 steps to a healthier New York are:

1. Have a Regular Doctor or Other Health Care Provider.
2. Be Tobacco-Free.
3. Keep Your Heart Healthy.
4. Know Your HIV Status.
5. Get Help for Depression.
6. Live Free of Dependence on Alcohol and Drugs.
7. Get Checked for Cancer.
8. Get the Immunizations You Need.
9. Make Your Home Safe and Healthy.
10. Have a Healthy Baby.

In each of these areas, *Take Care New York* assessed the current health status of New Yorkers and, where possible, established baselines and set measurable targets to be reached by 2008. For the areas for which adequate baseline data were not available, data collected during 2004 will be used to determine appropriate baselines and targets in the coming year.

In This Report

Since the launch of *Take Care New York*, DOHMH and its partners have worked aggressively to build on existing activities and begin new program and policy initiatives to successfully implement *Take Care New York* and achieve its goals.

This report provides highlights of efforts undertaken last year for each priority area. The report provides 2003 data, the most recent year available, for the indicators set forth in *Take Care New York*. Because *Take Care New York* was not launched until 2004, however, the data presented in this report measure outcomes of efforts already in place. Some activities, particularly tobacco control, expansion of access to primary care, colon cancer screening, and lead poisoning prevention reflect priority initiatives which began prior to the introduction of *Take Care New York*.

Adequate baseline data were not available for several *Take Care New York* priorities when the initiative was launched. This report provides targets for these items;

baselines will be established using results of the New York City Health and Nutrition Examination Study (NYC HANES) when the data become available.

In addition to reviewing our progress over the past year, we also identify strategic policy and programmatic directions for the second year of the *Take Care New York* initiative.

NYC Health and Nutrition Examination Survey (NYC HANES)

NYC HANES is a community-based survey that measures actual health conditions of NYC adult residents and includes an interview plus a brief physical exam. From this survey, we will learn how many New Yorkers suffer from key conditions such as diabetes, high blood pressure, high cholesterol, and depression. This is the first survey to physically measure health conditions among NYC residents. The valuable data we collect will enable the Department of Health and Mental Hygiene to better direct health resources to the real public health needs of City residents.

Implementing *Take Care New York*

Successful implementation of *Take Care New York* requires a citywide effort. During the first year our goal was to build a foundation by:

- Increasing public awareness through media campaigns and broad distribution of educational materials.
- Building a network of partner organizations around the City who support the *Take Care New York* agenda and are committed to improving the health of their employees, constituents, patients, and communities.
- Developing and promoting a policy agenda that focuses on addressing health system issues that present barriers to health care access and optimal use of preventive health services.
- Building on existing DOHMH programs and establishing new initiatives that focus the Health Department's efforts to achieve the *Take Care New York* goals.

Public Health Detailing Program

In 2003, DOHMH established the Public Health Detailing Program in East and Central Harlem, Southern Bronx, Bushwick and Bedford Stuyvesant, the three neighborhoods covered by the District Public Health Offices (DPHO). This innovative approach is modeled on the pharmaceutical sales strategy of delivering brief, targeted messages to doctors, nurse practitioners, nurses, and administrators in their practice settings to influence their prescribing practices and prevention messages. DOHMH representatives visit health care providers to market a product line of priority interventions and tools to improve prevention, diagnosis, and treatment. In 2004, the Public Health Detailing Program implemented four campaigns: colon cancer screening, smoking cessation, asthma, and influenza vaccination. During each campaign, representatives visited between 150 and 200 sites, averaging between 3 to 4 contacts with physicians, nurses and other practice staff. Upcoming campaigns include HIV prevention, family planning, alcohol counseling and hypertension.

Increasing Public Awareness

Take Care New York increases individuals' awareness and use of key preventive services, provides tools to help them track health information, and encourages New Yorkers to work with their medical providers to ensure they receive the preventive services they need. Over the last year, *Take Care New York* has:

- Distributed more than 1.7 million *Passports to Your Health*.
- Conducted a subway media campaign promoting the 10 steps to a longer and healthier life as well as the availability of the *Passport to Your Health*.
- Developed health education materials available to the public which, in addition to the *Passport to Your Health* include a 24-page brochure detailing steps that individuals can take to improve their health, a one-page Health Bulletin on the 10 *Take Care New York* steps, and a dedicated website (nyc.gov/health/tcny). More than 2 million pieces of *Take Care New York* literature have been distributed since the initiative's launch.
- Issued a *City Health Information* (CHI) regarding the *Take Care New York* program. CHI is a publication designed to improve clinical practice that is accompanied by continuing medical education (CME) activities for medical providers. This issue was sent to 185,000 medical providers; 1,915 participated in the CME credit program.
- Conducted dozens of presentations to community groups, faith-based organizations, professional associations, health care and social service providers, health insurers, elected officials, community boards, and corporations.

In the coming year, we will focus on promoting prevention by increasing consumer demand, improving medical provider attention to preventive services, implementing health system improvements and policy changes to support prevention.

Wellness at Work

The Wellness at Work Program helps businesses establish health promotion programs for their employees. Wellness at Work can assist organizations by providing information, and helping to set up exercise, nutrition, smoking cessation, and other health awareness programs for employees. Each organization can customize the programs to meet its specific needs. In addition, Wellness at Work can help businesses with coalition building and policy formulation.

The Passport to Your Health

The *Passport to Your Health*, the centerpiece of the *Take Care New York* materials, is a tool to help New Yorkers “know their numbers” as well as a prompt for consumers to discuss the 10 *Take Care New York* items with their medical provider. More than 1.7 million *Passports*, available free by calling 311, have been distributed to date.

In the coming year, we will:

- Translate and distribute the *Passport to Your Health* in several additional languages. Currently available languages are English, Spanish, Russian and Chinese.
- Distribute a large-print health record for older New Yorkers, sponsored by the NYC Department for the Aging.
- Distribute the *Passport to Your Health* and other materials through additional channels including the New York City Public Library system.

Identifying and Building Partnerships

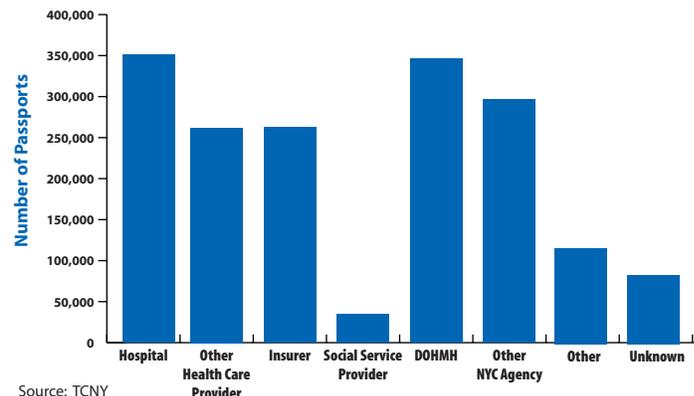
The success of *Take Care New York* depends largely on the participation and support of health care providers, health insurers, government agencies, community- and faith-based organizations, businesses and employers, and individuals. These groups all have a stake in and are making important contributions to improving the health of New Yorkers.

Establishing partnerships has been a key priority during the first year of the *Take Care New York* initiative. Nearly 100 organizations, including hospitals, health clinics, insurers, other City agencies, and community-based organizations have formally signed on as partners and are contributing to achieving the *Take Care New York* goals. For a complete list of *Take Care New York* partners or for information on how to become a partner, visit nyc.gov/health/tcny.

In the coming year, we will:

- Provide opportunities for partners to participate in specific *Take Care New York* programs.
- Increase technical assistance from DOHMH to support partners in implementing *Take Care New York*.
- Recruit more partners to participate in *Take Care New York*.

**Distribution of the *Passport to Your Health*
April–December 2004**



Source: TCNY

District Public Health Offices (DPHO)

The District Public Health Offices work in concert with communities to address public health priorities. Located in the South Bronx, East and Central Harlem, and Central Brooklyn—three geographic areas where disease and mortality rates are higher than in many other parts of the city—the DPHOs are working to:

- Develop innovative public health programs in partnership with community and faith institutions, residents, health care providers, government agencies, businesses, unions, schools, and others;
- Improve communication and coordination among community partners to enhance program planning and implementation;
- Target and coordinate DOHMH programs and resources in these neighborhoods; and
- Serve as a community resource for information on health statistics, health care services and health education materials.

Headed by a physician, each DPHO has a staff of public health educators, community health workers and public health scientists. Current DPHO priorities include: promoting physical activity, improving asthma and diabetes management, addressing housing conditions that influence health, promoting tobacco cessation and preventing teen pregnancy, along with all of the *Take Care New York* priority areas.

1. Have a Regular Doctor or Other Health Care Provider

Get regular medical care to stay healthy.

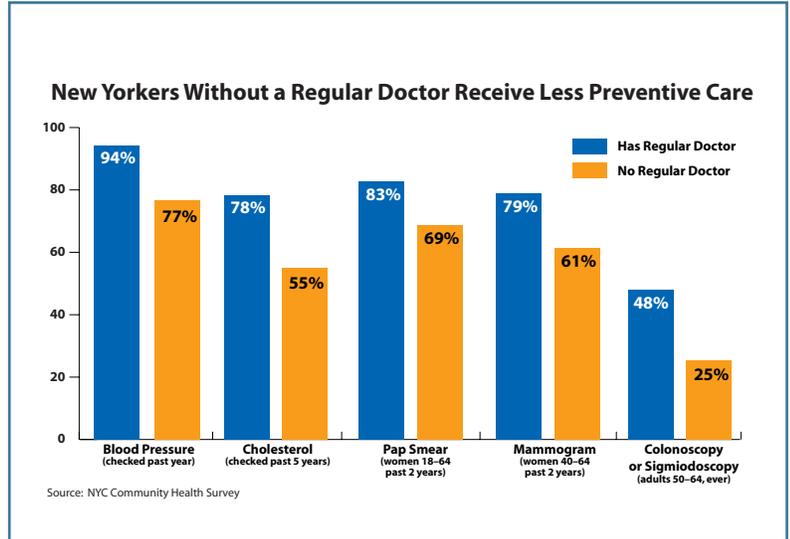
Having a regular doctor or other health care provider—often referred to as “having a medical home”—improves medical care, and increases the likelihood of receiving preventive services.

TCNY Objectives

- Almost 70% of New Yorkers aged 18 - 64 who do not have a regular doctor do have health insurance. For this group, *Take Care New York* aims to educate New Yorkers about the importance of having a regular doctor and help people who don't have a doctor to find one.
- According to the United Hospital Fund, more than 500,000 adult New Yorkers qualify for public health insurance but are not enrolled. For this group, *Take Care New York* aims to help people enroll and stay enrolled in Medicaid, Child Health Plus, and Family Health Plus.
- For uninsured New Yorkers who do not qualify for public health insurance, the City will assist them in getting a doctor at a Health and Hospitals Corporation (HHC) clinic or a community health center.

Activities and Accomplishments

- Educated New Yorkers on the importance of having a regular doctor and issued the “How to Find a Regular Doctor” Health Bulletin.
- Issued an updated Medicaid managed care provider directory that now includes Family Health Plus and Special Needs Population providers.
- Incorporated education on preventive health and the value of health care utilization into the Medicaid facilitated enrollment process and trained organizations contracted to enroll members on *Take Care New York* issues in conjunction with the Community Service Society.



- Established an initiative to refer New Yorkers deemed ineligible for public health insurance to the most accessible HHC facility or community health center.
- Initiated program to connect Rikers Island inmates, visitors, and those leaving jail to health care providers in the community.
- Administered a survey on health and health insurance needs of small businesses in cooperation with HealthPass. Results will be used to develop strategies to address these needs and encourage more small businesses to offer health insurance and wellness programs to their employees.

Strategic Directions for Year 2:

- Advocate for wider Medicaid eligibility and simpler recertification procedures.
- Collaborate with Medicaid managed care plans to educate members and providers about *Take Care New York* preventive services and evaluate the effectiveness of interventions.
- Incorporate education on how to choose a doctor into facilitated enrollment procedures.
- Continue to establish linkages to health providers and obtain health insurance for inmates released from Rikers Island.

TCNY Indicator: *Adult New Yorkers without a regular doctor.*

Status: 2002	Status: 2003	TCNY Goal for 2008	HP 2010 National Goal
1.6 million (25% with no doctor)	1.5 million -97,000 fewer than 2002 (24%)	1.2 million -300,000 fewer than 2002 (20%)	<15% without a regular doctor

2. Be Tobacco-Free

Quit smoking and avoid second-hand smoke to prolong your life and protect those around you.

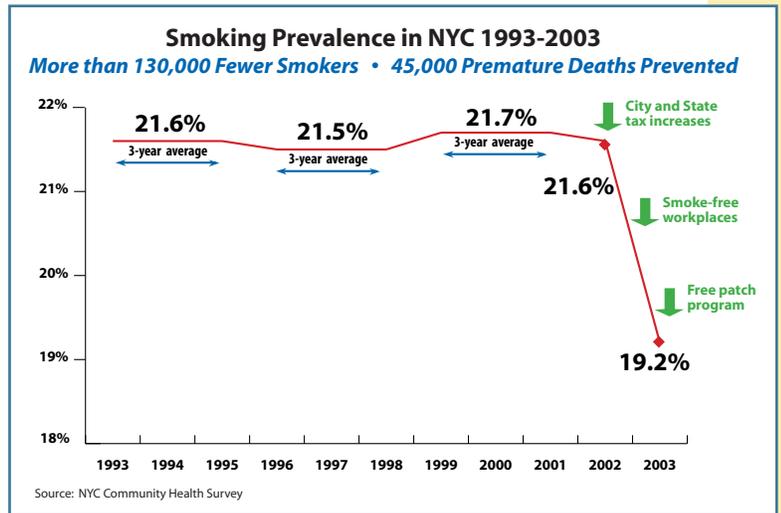
Smoking is the number one cause of preventable death in New York City, killing nearly 10,000 New Yorkers every year. One in 3 smokers is killed by smoking. On average, smokers die 14 years earlier than non-smokers. Smoking greatly increases a person’s risk of heart disease, stroke, cancer, and many other illnesses. Second-hand smoke is also dangerous and can lead to many of the same health conditions. Babies with a parent who smokes are more likely to die from Sudden Infant Death Syndrome, and children who live with a smoker are more likely to have asthma, bronchitis, ear infections, and pneumonia than other children, and are more likely to smoke as adults.

TCNY Objectives

- Support New Yorkers who want to quit smoking by providing free medications and assisting organizations to implement and evaluate smoking cessation programs.
- Educate New Yorkers about the health risks associated with smoking and encourage smokers to quit.
- Increase the number of health care providers who routinely recommend and support quit attempts among their patients.
- Prevent young people from starting to smoke.
- Protect New Yorkers from exposure to second-hand smoke.

Activities and Accomplishments

- Developed and implemented a program that distributed nearly 25,000 free courses of nicotine replacement therapy (NRT) to uninsured patients through HHC, providers in District Public Health Office (DPHO) neighborhoods (South Bronx, East and Central Harlem and Central Brooklyn) and community-based organizations.
- Reported the results of the 2003 NRT program which showed that more than 11,000 smokers—nearly a third of the 35,000 New Yorkers who received free NRT—quit smoking.
- Continued to monitor compliance with the Smoke-Free Air Act, implemented in March 2003.
- Conducted a tobacco public health detailing campaign from June to September 2004 which reached 150 medical providers.
- Conducted the “Everybody Loves a Quitter” media campaign on buses, subways, and billboards in Fall 2004.



- Expanded use of the tobacco registry, a tracking system designed to help medical providers follow the number of patients who smoke, who are offered smoking cessation counseling and medication, and who successfully quit smoking. Sixteen HHC facilities participated, enrolling more than 16,000 patients in 2004.

Strategic Directions for Year 2:

- Reduce cigarette tax evasion.
- Consider New York State legislation to require taxation of cigarettes on Indian reservations when sold to non-tribal members.
- Propose that the New York State cigarette tax be increased so that it is equivalent to the New York City tax.
- Develop and promote anti-smoking public education campaigns for group with high smoking prevalence such as the Russian and Chinese immigrant communities.
- Further expand use of the tobacco registry.
- Continue initiatives to make NRT easily accessible or free to New York City smokers who want to quit.

TCNY Indicator: Adult New Yorkers who smoke.

Status: 2002	Status: 2003	TCNY Goal for 2008	HP 2010 National Goal
1.3 million smokers (22%)	1.17 million –130,000 fewer than 2002 (19%)	1.06 million –240,000 fewer than 2002 (18%)	<12% current smokers

3. Keep Your Heart Healthy

Keep your blood pressure, cholesterol, and weight at healthy levels to prevent heart disease, stroke, diabetes, and other diseases.

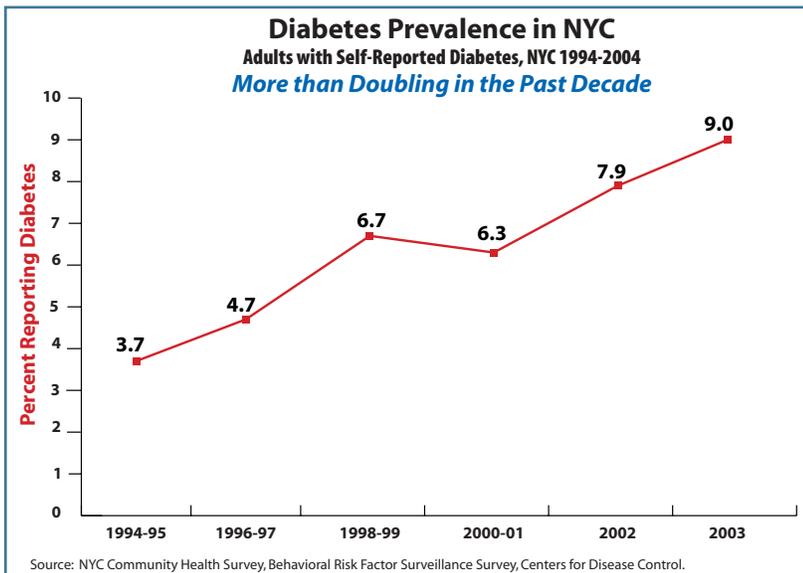
Heat disease describes a collection of diseases and conditions. High blood pressure and high cholesterol are leading causes of heart disease and stroke. Obesity can also lead to heart problems as well as many other health conditions, including diabetes, stroke, arthritis, and certain cancers. Routine screenings, effective control of high blood pressure and cholesterol, increasing physical activity, and maintaining a healthy diet can all improve heart health. Safe and effective medications are available for blood pressure and cholesterol control.

TCNY Objectives

- Help New Yorkers track their blood pressure, cholesterol and weight, and take actions to keep them within a healthy range.
- Help New Yorkers engage in regular physical activity and improve their nutrition to improve heart health.
- Partner with employers to help them foster a healthy and productive workforce.
- Reduce costs and increase access to blood pressure- and cholesterol-lowering medications.

Activities and Accomplishments

- Established a DOHMH cardiovascular disease prevention and control program.
- Partnered with NYC Department of Education to improve fitness and nutrition programs in schools, trained and equipped day care facilities and elementary schools to increase fitness activities for children, operated exercise programs for adults, and published physical activity resource directories in the DPHO communities.



- Conducted a diabetes public health detailing campaign to promote better control of the ABCS (A1c blood sugar level, blood pressure, cholesterol, and smoking cessation).
- Provided technical assistance to more than 20 primary care practices to improve diabetes care, including patient registries, patient education and self-management approaches, and clinical guidelines and tools.
- Expanded the Wellness at Work Program to include 16 new businesses with more than 36,000 employees.

Strategic Directions for Year 2

- Implement a trans fat awareness campaign among restaurants, and publish educational material on trans fats to help New Yorkers make healthier food choices.
- Increase access to blood pressure, cholesterol, and diabetes medications, and promote insurance coverage for home blood pressure monitors.

TCNY Indicator: *Adult New Yorkers with well-controlled hypertension, high cholesterol, and diabetes.*

Status: 2002	Status: 2003	TCNY Goal for 2008	HP 2010 National Goal
Data not available to set baselines	N/A –not measured	Increase number of New Yorkers with well-controlled hypertension to 20% more than baseline	<20% with high blood pressure, ≥50% of whom are well-controlled
Data not available to set baselines	N/A –not measured	Well-controlled high cholesterol to 5% more than baseline	≤17% with high cholesterol
Data not available to set baselines	N/A –not measured	A1c <7 by 10% more than the baseline and decrease the number of New Yorkers with an A1c >9.5 by 20%.	2.5% new cases of diabetes per 100,000 population

- Pilot distribution of home blood pressure monitors and determine if it improves blood pressure control.
- Implement email/phone message system with individualized preventive service reminders.
- Expand physical activity programs in day care facilities and elementary schools.
- Further expand worksite health promotion programs and evaluate their effectiveness.
- Improve diabetes clinical care.

4. Know Your HIV Status

Get tested for HIV. Reduce risky behaviors and use condoms to protect yourself and others.

More than 100,000 New Yorkers are living with HIV, but as many as 1 in 4 don't know they are infected. By knowing your HIV status, you can protect yourself, your partners, and, if you're pregnant or planning pregnancy, your baby.

TCNY Objectives

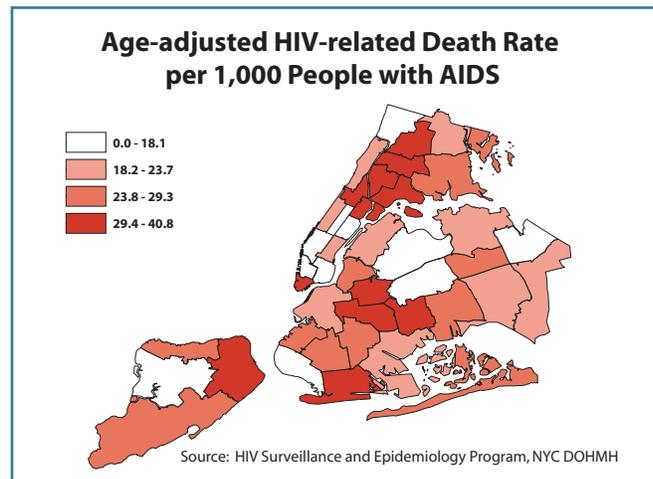
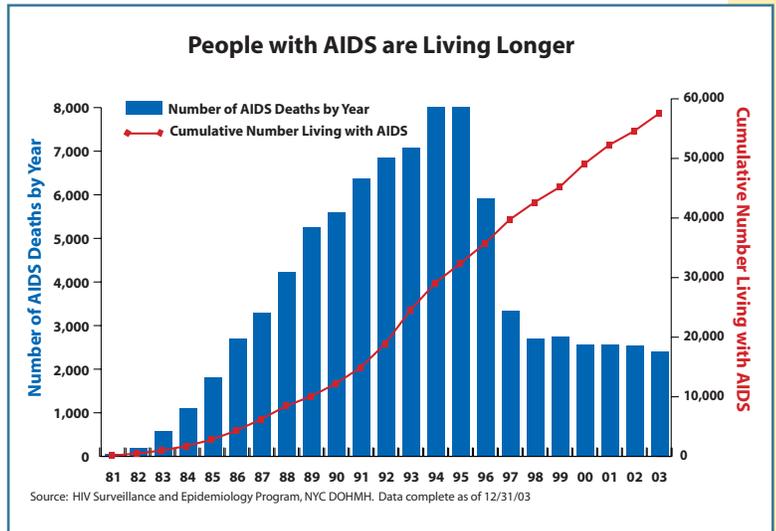
- Help all New Yorkers know their HIV status by providing free, confidential HIV testing and counseling and expanding the use of rapid HIV testing throughout the City.
- Help New Yorkers protect themselves and others from HIV infection by distributing free condoms and increasing the availability of syringe exchange and other harm reduction programs.
- Ensure access to high-quality treatment and case management services to people living with HIV and AIDS.
- Improve the quality and efficiency of housing and other social services for people living with HIV and AIDS.

Activities and Accomplishments

- Established HIV rapid testing in all DOHMH Sexually Transmitted Disease clinics, Tuberculosis clinics, and at Rikers Island, providing more than 24,000 tests in 2004.
- Initiated a pilot program to provide rapid HIV testing in two emergency departments at HHC and at a homeless shelter in conjunction with the Department of Homeless Services.
- Expanded harm reduction initiatives through community approval of three new syringe exchange programs in Queens for a total of 18 program sites citywide; these were the first new syringe exchange programs established in NYC in more than a decade.

Strategic Directions for Year 2

- Reduce barriers to HIV testing.
- Further expand use of rapid testing throughout NYC.



- Reduce delayed diagnosis of HIV infections.
- Increase the proportion of HIV positive people who know their status.
- Improve coordination of HIV/AIDS treatment and care.
- Expand Prevention With Positives initiatives.
- Make condoms much more readily available to reduce the frequency of unsafe sex.

TCNY Indicator: *Number of New Yorkers who die from HIV/AIDS.*

Status: 2002	Status: 2003	TCNY Goal for 2008	HP 2010 National Goal
1,712 deaths (21.4 per 100,000 population) (A decrease from 7,102 at peak in 1994)	1,656 deaths (20.7 per 100,000 population) (A 3% decline in deaths, or 56 fewer deaths than 2002)	Fewer than 1,000 deaths (<12.5 deaths per 100,000 population) (42% decrease in deaths, or 700 fewer deaths than 2002)	0.7 deaths per 100,000 population.

5. Get Help for Depression

Depression can be treated. Talk to your doctor or mental health professional.

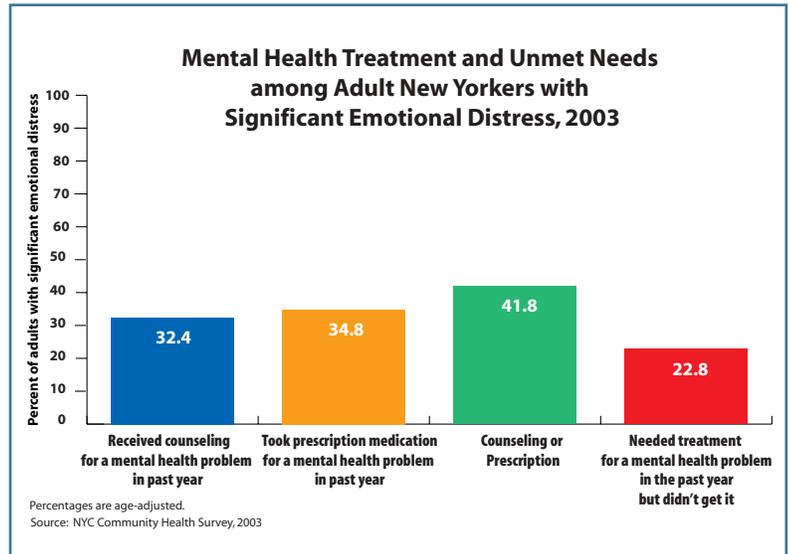
It is normal to feel down once in a while. But if the sadness doesn't stop for more than two weeks or a person loses interest in work or family, it might be depression. Depression exacerbates other health problems but can be effectively treated with medication and therapy.

TCNY Objectives

- Encourage treatment of depression by educating the public to recognize the symptoms of depression and providing clinical education to medical professionals.
- Promote depression screening, referral, and management of depression in primary care settings.
- Promote recognition of depression and referral at work sites.
- Advocate for mental health insurance parity and the elimination of the Medicaid neutrality cap.

Activities and Accomplishments

- Issued the *Depression City Health Information (CHI)* in February 2004 and sent to 50,000 physicians, medical institutions, and other health care professionals. 848 doctors participated in the continuing medical education (CME) program.
- Continued to work with HHC to implement depression screening and management in primary care practices.
- In collaboration with the New York City Housing Authority (NYCHA) and the Visiting Nurse Service, assessed 2,000 elderly residents in 4 NYCHA housing developments for depression and anxiety, and provided workshops and group sessions that focused on depression and anxiety for 1,000 residents.
- In collaboration with the Mental Health Association of New York City, established a depression awareness and screening campaign for the geriatric population in the Bronx.
- Trained 48 multi-cultural, multi-lingual social workers through a Division of Mental Hygiene-sponsored scholarship program at the Hunter College School of Social Work.



Strategic Directions for Year 2

- Expand depression screening and management in HHC primary care practices.
- Implement depression screening and management at primary care sites, such as voluntary hospitals and university student health centers.
- Implement an automated depression screening tool for DOHMH employees and worksite wellness program employers; encourage implementation by *Take Care New York* partners.
- Expand Bronx depression awareness and screening campaign to serve additional Bronx seniors.
- Train an additional 25 multi-cultural, multilingual social workers.
- Support New York State and federal legislation for parity of mental health benefits.
- Support regulatory efforts in New York State to eliminate the Medicaid neutrality cap.

TCNY Indicator: *Prevalence of untreated depression among New Yorkers.*

Status: 2002	Status: 2003	TCNY Goal for 2008	HP 2010 National Goal
Data not available to set baselines.	Data not available.	Increase prevalence of treated depression by 10% from NYC HANES baseline	50% of adults with depression receiving treatment

6. Live Free of Dependence on Alcohol and Drugs

Get help to stop alcohol and drug abuse. Recovery is possible.

Most adults are able to drink safely and many may benefit from moderate alcohol use (on average, no more than 1 drink a day for women or 2 drinks a day for men, and no more than 4 at one time). Heavy drinking, however, can result in avoidable disease and death. Some people, including pregnant women and people who are driving, shouldn't drink at all.

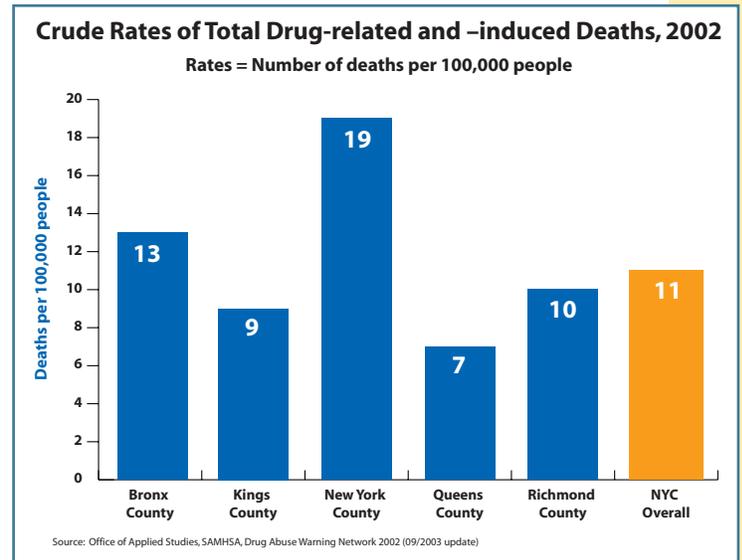
Help is available for alcohol and drug problems. Brief intervention by physicians is successful in reducing alcohol abuse. Buprenorphine, a new medication for opioid dependence, can reduce harm and improve lives of opioid drug users as well as help control diseases such as HIV/AIDS and hepatitis B and C.

TCNY Objectives

- Encourage healthy drinking behavior by educating the public about the risks and benefits of alcohol use.
- Provide public information about how to recognize alcohol and drug use problems and how to obtain treatment.
- Promote new treatments for substance abuse, such as buprenorphine for opioid addiction.
- Train health care providers in screening and brief intervention techniques for alcohol and substance use problems.

Activities and Accomplishments

- Provided start-up funding to 12 chemical dependency programs to implement buprenorphine treatment programs.
- To facilitate referrals for buprenorphine, developed and provided a list of certified buprenorphine providers who accept Medicaid, and sent to all New York City syringe exchange programs and HIV/AIDS prevention programs.



- Provided start-up funds to 5 HHC emergency departments to implement a peer education model for people who use emergency departments for alcohol-related reasons.
- Issued Buprenorphine *City Health Information* (CHI) that was sent to more than 80,000 medical providers in June 2004. 1,354 physicians participated in the CME program.
- Streamlined the registration process for physicians to become certified to prescribe buprenorphine in conjunction with the New York State Office of Alcohol and Substance Abuse Services.

Strategic Directions for Year 2

- Expand use of brief intervention for alcohol use in primary care settings.
- Support legislation to remove the limit of 30 buprenorphine patients per group practice.
- Implement automated alcoholism screening tool for DOHMH employees and worksite wellness program worksites; encourage implementation by TCNY partners.
- Increase the use of buprenorphine in clinical practice, particularly among physicians with a high volume of drug-using patients.
- Continue to explore distribution of naloxone at syringe exchange programs.

TCNY Indicator: *Rates of alcohol-attributable mortality and drug-related death rates among adult New Yorkers.*

Status: 2002	Status: 2003	TCNY Goal for 2008	HP 2010 National Goal
1,551 alcohol-attributable deaths	1,514 alcohol-attributable deaths (2.4% reduction)	1,400 alcohol-attributable deaths (150 fewer deaths or a 10% reduction)	National target for alcohol-attributable mortality not established
11.3 drug-related deaths per 100,000 population	12 drug-related deaths per 100,000 pop. (6% increase)	8 drug-related deaths per 100,000 population	1 drug-related death per 100,000 population

7. Get Checked for Cancer

Colonoscopy, Pap tests, and mammograms save lives.

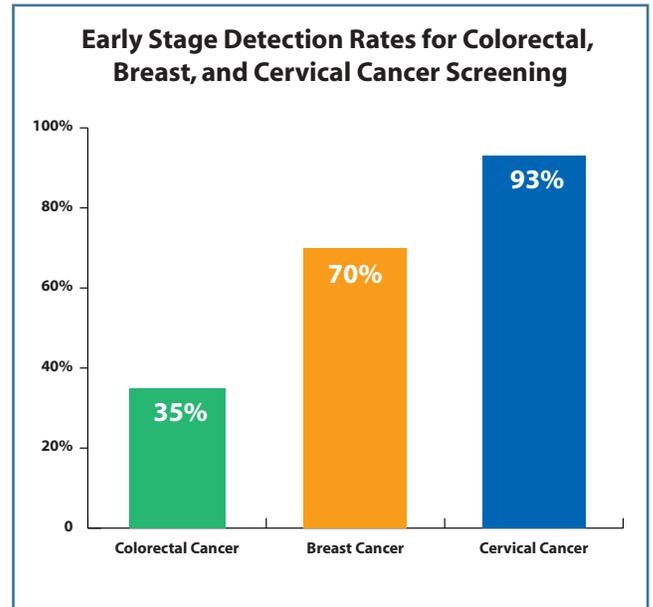
Cancer kills nearly 15,000 New Yorkers every year. Many of these deaths could be prevented. Screening has been shown to prevent death from 3 major cancers—colon, breast, and cervical.

TCNY Objectives

- Increase cancer screening by conducting media campaigns to increase public awareness of the value of cancer screening, particularly colonoscopy.
- Promote strategies to increase referral for colonoscopy screening.
- Promote free or low-cost cancer screenings.
- Promote reimbursement policies to increase colonoscopies.
- Promote increased access to quality mammography and Pap tests for all women.

Activities and Accomplishments

- Continued to work with Lincoln and Woodhull Hospitals, supported by the New York Community Trust, to increase colonoscopy rates by implementing patient navigator model and direct endoscopy referral. Lincoln Hospital has more than quadrupled its colonoscopy rates since implementing this model in April 2003.
- Increased colonoscopy rates, with funding from the New York Community Trust, the New York City Council, and the American Cancer Society, by providing more than 1,000 colonoscopies to uninsured New



Yorkers at Lincoln, Harlem, Jacobi, Metropolitan, Ralph Lauren Cancer Center/North General and St. Luke’s hospitals. System-wide, HHC colonoscopy rates increased 42% between 2003 and 2004.

- Distributed more than 500,000 brochures and other educational materials as part of the “Get Checked” cancer screening awareness campaign.
- Conducted a public health detailing campaign for more than 200 primary care sites in the DPHO neighborhoods from February to April 2004 to promote colonoscopy as a colon cancer screening tool.

TCNY Indicator: *Screening rates for cervical, breast, and colon cancer.*

Status: 2002	Status: 2003	TCNY Goal for 2008	HP 2010 National Goal
971,000 New Yorkers age 50+ screened for colon cancer (50% lifetime)	1 million adults age 50+ (50%) received colonoscopy screening	60% of adults age 50+ screened for colon cancer —200,000 more than 2002	50% of adults age 50+ screened for colon cancer (lifetime)
1.3 million women age 40+ (77%) screened for breast cancer (mammogram past 2 yrs)	N/A —not measured	85% of women age 40+ screened for breast cancer (mammogram past 2 yrs) —130,000 more than 2002	70% of women age 40+ screened for breast cancer (mammogram past 2 yrs)
2.2 million adult women (80%) screened for cervical cancer (Pap test past 3 yrs)	N/A —not measured	85% of women at high risk screened for cervical cancer —140,000 more than 2002 (Pap test past 3 yrs)	90% of women at high risk screened for cervical cancer (Pap test past 3 yrs)

- Continued coordination of the C5 Coalition (Citywide Colon Cancer Control Coalition) to promote colonoscopy. Held first annual Colon Cancer Challenge fundraiser which had more than 5,000 participants.

Strategic Directions for Year 2

- Further increase colonoscopy rates.
- Continue to improve access to mammography.
- Improve follow-up rates for abnormal Pap tests.

8. Get the Immunizations You Need

Everyone needs to be vaccinated, regardless of age.

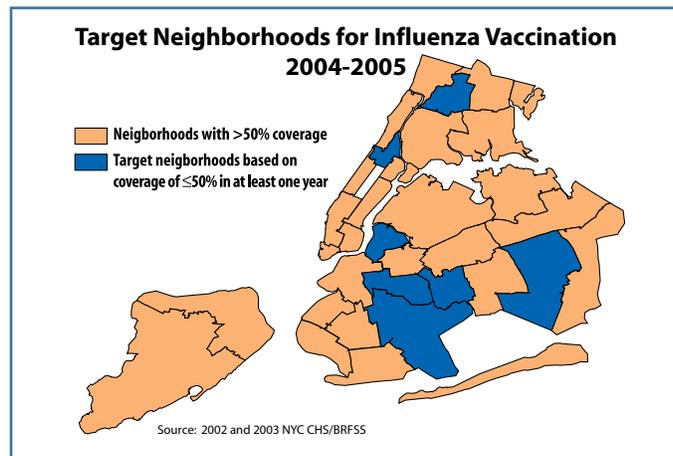
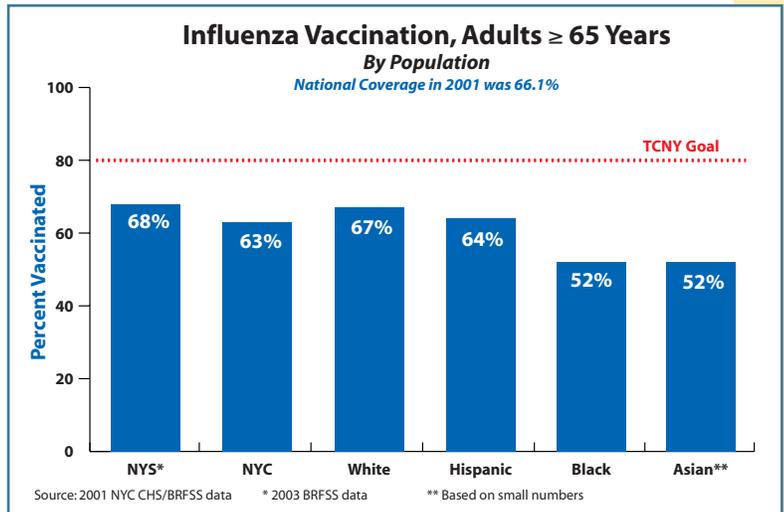
Immunizations aren't just for kids. In New York City and throughout the U.S., more than 99% of deaths that could be prevented by vaccination now occur in adults. All people—regardless of age—need regular immunizations to stay healthy.

TCNY Objectives

- Increase the number of New Yorkers, especially those at high risk of complications, who receive needed influenza and pneumococcal immunizations.
- Increase the number of health care workers who receive annual influenza vaccinations.
- Advocate for additional funding for adult vaccination and work to ensure an adequate supply of flu vaccine.

Activities and Accomplishments

- Provided more than 36,000 flu vaccinations at DOHMH immunization clinics and at 32 large-scale point-of-distribution clinics set up to meet increased demand throughout NYC among high-risk patients (compared with 9,000 vaccinations in the 2003-4 flu season).
- Distributed more than 535,000 doses of flu vaccine to nursing homes, assisted living/adult homes, home care agencies, health care institutions and private physicians, and sites that serve high-risk individuals such as HIV/AIDS clinics, dialysis centers, correctional facilities, and homeless shelters.
- Operated the Flu Hotline to provide up-to-date information to the general public on adult immunization issues and service delivery. Received more than 115,000 calls compared with 24,000 in previous year.
- Issued regular updates on influenza surveillance, vaccination guidelines, and vaccine supply on the DOHMH website.
- Issued an Influenza Prevention and Control *City Health Information* (CHI) in October, 2004.



- Conducted a Public Health Detailing campaign around influenza in Fall 2004 in high-risk (or low coverage neighborhoods) to inform physicians about the vaccine supply and vaccination guidelines.

Strategic Directions for Year 2

- Implement standing orders for flu vaccine administration in hospitals and health centers.
- Support NYS legislation to allow pharmacists to administer flu shots.
- Introduce NYS legislation to mandate flu vaccination for health care workers.
- Support increased federal action/funding to adequately support adult immunizations.

TCNY Indicator: *Influenza immunization rates among New Yorkers age 65 and older.*

Status: 2002	Status: 2003	TCNY Goal for 2008	HP 2010 National Goal
564,000 adults age 65+ received flu shot during past year (63%)	605,000 adults age 65+ received flu shot during past year (63%)	716,000 -152,000 more than 2002 (80%)	90% of adults age 65+ immunized

9. Make Your Home Safe and Healthy

Have a home that is free from violence and free of environmental hazards.

Good health depends on a healthy environment.

Domestic Violence

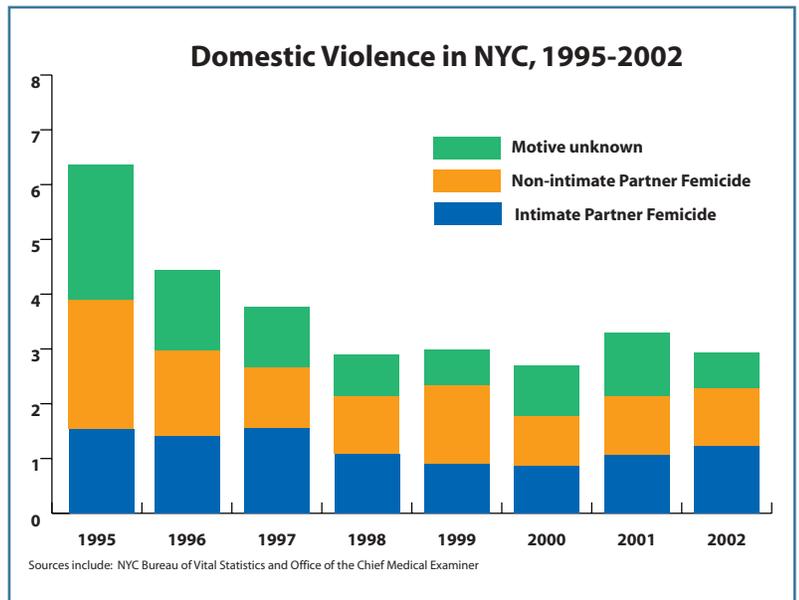
Domestic violence is a major cause of injury and death for women, increases the risk of child abuse, contributes to poor pregnancy outcomes, and is a leading cause of hospital emergency department visits for women.

TCNY Objectives—Domestic Violence

- Educate health care professionals to address domestic violence through regular screening, documentation of domestic violence, and providing appropriate referrals.
- Work with the Mayor’s Office to Combat Domestic Violence and other agencies to develop domestic violence prevention programs and provide services to survivors and their families.
- Promote stronger relationships between health care professionals and community-based organizations dedicated to stopping domestic violence.

Activities and Accomplishments

- Issued report “Femicide in New York City: 1995-2002” in October 2004, which identified trends and major risk factors in both intimate and non-intimate partner homicides.
- Trained DOHMH medical providers, nurses, and others working with families on intimate partner violence recognition and implemented screening of all patients seen at DOHMH Sexually Transmitted Disease clinics.
- Maintained the Injury Surveillance System, a collaboration with 23 hospital emergency depart-



ments and the DOHMH to improve documentation in order to improve identification and appropriate treatment of domestic violence victims.

- Continued to provide technical assistance and data to community-based organizations to inform domestic violence program and policy development, implementation, and evaluation.

Strategic Directions for Year 2

- Issue report describing the epidemiology of intimate partner violence to inform policy and program development.
- Launch community-based domestic violence media campaign.
- Expand domestic violence screening, documentation, and referral in emergency rooms.
- Develop domestic violence public health policy agenda.

TCNY Indicator: *Women who die from intimate partner homicide.*

Status: 2001-2003

TCNY Goal for 2008*

1 deaths for every 100,000 women aged 12 and older in NYC

Reduce intimate partner homicide by 10%, or < 1 death per 100,000 women aged 12 and older in NYC.

*Note: *Take Care New York* goal will examine the average death rates across 2006-2008.

Lead Poisoning

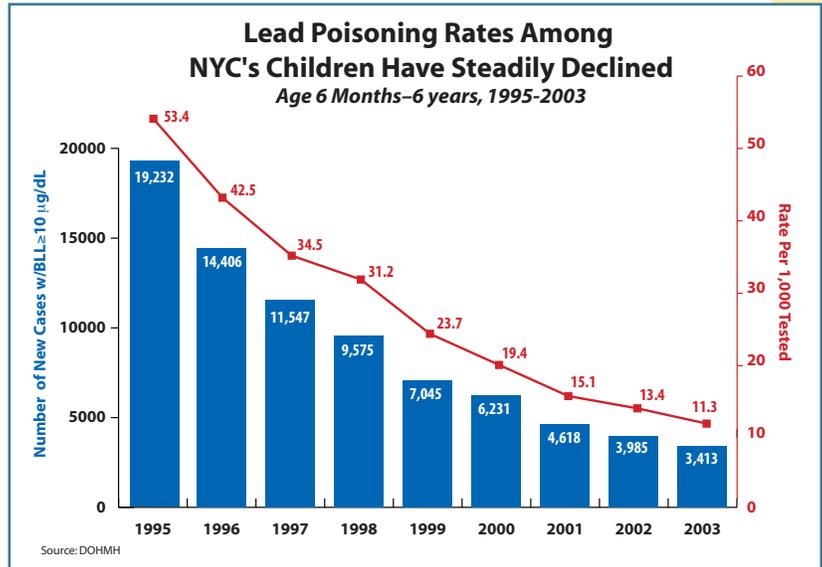
Although significant progress has been made reducing childhood lead poisoning, it remains a significant problem especially in poor and minority communities. Even small amounts of lead in a child's blood are associated with learning and behavioral problems.

TCNY Objectives—Lead Poisoning

- Promote lead hazard awareness including lead poisoning prevention and safe work practices among property owners, tenants, community organizations and contractors.
- Reduce lead paint hazards in housing by working with the Department of Housing Preservation and Development to enforce legal requirements to make homes of young children lead-safe.
- Increase rates of blood lead testing for all children at both age 1 and age 2, which is required by law.

Activities and Accomplishments

- Implemented requirements of NYC's new lead poisoning prevention law (Local Law 1 of 2004) including development of educational materials for tenants, property owners, and contractors; revision of NYC Health Code; and inspection of homes of children at lower blood lead levels.
- Conducted an English and Spanish media campaign using buses, subways and billboards to raise awareness about tenant rights and to promote blood lead testing.
- Developed a hardware store campaign to educate contractors and do-it-yourselfers about lead-safe work practices when performing housing renovation and repair.



- Developed and distributed more than 40,000 Healthy Homes brochures and 282 Action Kits to businesses and community-based organizations including 131 hardware stores in high-risk neighborhoods.
- Collaborated with Medicaid managed care organizations and DOHMH's Early Intervention Program to identify children not yet tested for lead poisoning to support appropriate health care provider follow-up.

Strategic Directions for Year 2

- Implement intensive targeted outreach to high-risk areas in Brooklyn to reduce lead hazards in housing as well as promote blood lead testing.
- Continue implementation of NYC's comprehensive Lead Poisoning Prevention Plan to eliminate lead poisoning by 2010.
- Continue to promote lead-safe work techniques through the Healthy Homes campaign.

- Identify new avenues to reduce lead paint hazards and improve blood lead testing rates, especially among high-risk populations.

TCNY Indicator: Children under age 6 newly identified with blood lead level (BLL) ≥15 µg/dL and an identified lead-based paint hazard.

Status: 2002	Status: 2003	TCNY Goal for 2008	HP 2010 National Goal
~ 740 children <6 newly identified with a BLL ≥15 µg/dL and an identified lead paint hazard	~ 680 children < 6 newly identified with a BLL ≥15 µg/dL and an identified lead paint hazard	Fewer than 260 children under 6 newly identified with a BLL ≥15 µg/dL and an identified lead paint hazard	Zero children < 6 with a BLL ≥10 µg/dL

10. Have a Healthy Baby

Planning pregnancy helps ensure a healthy mother and a healthy baby.

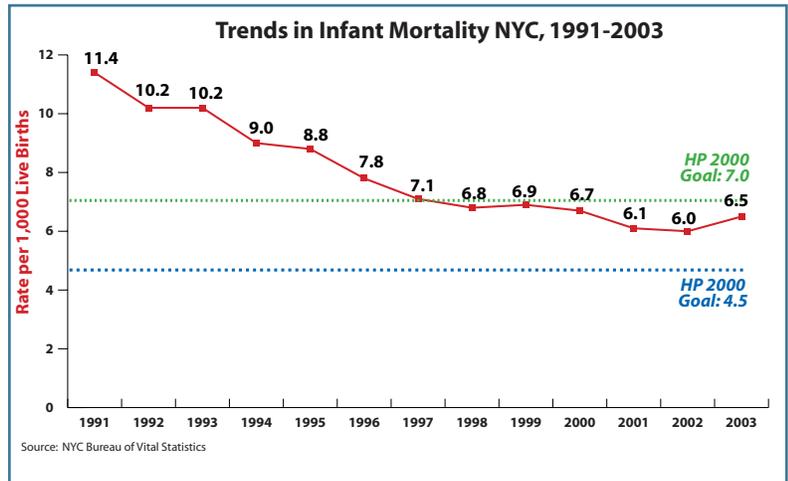
Planning your pregnancy and taking care of yourself before, during and after pregnancy reduces the risk for poor health outcomes for you and your baby.

TCNY Objectives

- Reduce poor birth outcomes by providing high-quality, accessible sexual, reproductive, and perinatal health services, including contraception and prenatal, neonatal, and postpartum care for women in all NYC communities.
- Decrease the number of unintended pregnancies by increasing access to contraception, including emergency contraception.
- Educate women who are pregnant or considering pregnancy about how to improve birth outcomes.
- Reduce teen pregnancies.
- Improve the health of mothers, infants and children through home visiting programs for all first time mothers in high-risk neighborhoods, implementing the Nurse-Family Partnership (NFP), and encouraging breastfeeding and putting babies on their backs to sleep.

Activities and Accomplishments

- Expanded a demonstration program of the NFP in Jamaica, Queens, to include a second site in Central/East Harlem, in partnership with HHC.
- Received more than \$500,000 in private funding from the Robin Hood Foundation to expand the NFP to Central Brooklyn, in partnership with SCO Family of Services.
- Provided a home visit to nearly 2,000 highest-need new mothers and their babies in Harlem and Brooklyn.
- Established the Maternal Mortality Review Committee (MMRC), to review maternal deaths and make recommendations to improve outcomes. In 2004, MMRC identified a high number of maternal deaths in NYC due to hemorrhage. A citywide health alert was issued in conjunction with the NYS Department of Health and the American College of Obstetricians and Gynecologists, and technical assistance was offered to hospitals.



- Provided 330 educational sessions to 5,000 health care providers, community agencies and residents on Sudden Infant Death Syndrome, maternal mortality, infant mortality, smoking cessation, breastfeeding, contraception, and teen pregnancy.
- In partnership with Planned Parenthood of NYC and the NYC Department of Education, implemented a comprehensive sexuality education program in 4 Bronx middle schools.
- Implemented a family planning public awareness campaign, and developed and distributed educational materials on birth control and breastfeeding.
- Established the NYC Breast Feeding Promotion Leadership Council, jointly coordinated with the NYS Health Department, to promote and increase breastfeeding.

Strategic Directions for Year 2

- Support over-the-counter (OTC) availability for emergency contraception (EC) and work to increase access to EC regardless of OTC status.
- Further expand the Nurse-Family Partnership through private and public funding. Open site in North/Central Brooklyn in Spring 2005.

TCNY Indicator: *Infant mortality rate (infant deaths per 1,000 live births).*

Status: 2002	Status: 2003	TCNY Goal for 2008	HP 2010 National Goal
6.0 infant deaths per 1,000 live births	6.5 per 1,000 live births — 8% higher than 2002	5.0 per 1,000 live births — at least 100 fewer infant deaths than 2002, a 17% reduction	4.5 per 1,000 live births

- Secure reimbursement for nurse home visiting programs for first-time mothers.
- Increase access to comprehensive reproductive health services for adolescents.
- Reduce the high rate of teen pregnancy in the Bronx.

Conclusion

Take Care New York has become an important organizing principle not only of the work of the Department of Health and Mental Hygiene, but also of our many partners in New York City. We have set ambitious goals for 2008. In this first year we have faced the challenge of establishing the health policy, setting baselines and targets for many of the items, identifying evidence-based best practices, bringing together partners, and creating many *Take Care New York* tools and educational materials.

Over the next four years, *Take Care New York* will focus on implementing policies and programs that will specifically and concretely take us closer to achieving our goals. *Take Care New York's* success will rely on its many partners, including the combined activities and focus of individuals, health care providers and institutions, businesses, City agencies, and community-based organizations. By working together in this way, New Yorkers will become healthier and New York City will be a model for the nation.

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