

## Best Practice: Health Policy Agenda with Measurable Targets

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**CITY:** NEW YORK CITY

**POLICY AREAS:** PUBLIC HEALTH

### BEST PRACTICE

**Take Care New York** is the New York City Department of Health and Mental Hygiene's comprehensive health policy agenda to help New Yorkers live longer and healthier lives. First launched in 2004, Take Care New York identified 10 steps New Yorkers could take to improve their health and set ambitious goals for 2008. In 2009, the Department assessed progress over a five-year period and launched Take Care New York 2012, with new goals for 10 priority areas. In October 2013, the Department launched Take Care New York 2016, adding a distinct Children and Youth agenda while maintaining its focus on decreasing the leading causes of death and illness for all New Yorkers.

### ISSUE

Take Care New York promotes longer and healthier lives for all New Yorkers. The program recognizes that this effort requires the involvement and support of all New Yorkers, including individuals, health care providers, insurers, community organizations, businesses and government.

### GOALS AND OBJECTIVES

Take Care New York strategies include:

1. *Policies:* initiatives including laws, regulations and other policies that focus on improving environmental, economic and social conditions affecting health.
2. *Prevention, Quality and Access:* initiatives emphasizing preventive health care, improving quality of care and expanding access to care.
3. *Health Promotion:* educational initiatives that encourage New Yorkers to improve their health and their communities' health.

#### Take Care New York 2012

The 10 Take Care New York 2012 priority areas were:

1. Promote Quality Health Care for All
2. Be Tobacco Free
3. Promote Physical Activity and Healthy Eating
4. Be Heart Healthy
5. Stop the Spread of HIV and Other Sexually Transmitted Infections
6. Recognize and Treat Depression
7. Reduce Risky Alcohol Use and Drug Dependence
8. Prevent and Detect Cancer
9. Raise Healthy Children
10. Make All Neighborhoods Healthy Places

The Health Department selected these key areas for intervention because they represent health problems that present a large disease burden and have proven to be amenable to intervention and public action. The Department worked in coordination with other City agencies, public-private partnerships, health care providers, businesses and individuals to address these issues. In each of the 10 areas, the Department reviewed trend data, assessed the health status among all New Yorkers, established baselines where possible and set measurable targets to be reached by 2012.

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The Health Department recognizes that some communities and populations bear a disproportionate burden of health problems and that citywide rates often mask sizable disparities. Take Care New York 2012 focused on reducing persistent health disparities in each priority area, with specific indicators and targets aimed at closing the health gap among New Yorkers of different races, ethnicities, income and education levels.

The Department continuously monitored and evaluated 2012 goals and released a five-year report in 2013 on progress made. Over five years, Take Care New York achieved results in over 75% of the tracked indicators, with goals met or exceeded in 17 of the 42 indicators. The report also highlighted major Department initiatives and case studies that helped promote progress towards meeting 2012 goals.

### Take Care New York 2016

As the Health Department works toward the Take Care New York 2016 agenda, it will focus on an updated set of priority areas while also emphasizing youth and the health issues that emerge in childhood.

The Take Care New York 2016 key areas are:

1. Tobacco-Free Living
2. Healthy Eating
3. Active Living
4. Heart Health
5. HIV Prevention
6. Mental Health Promotion
7. Alcohol and Substance Abuse Reduction
8. Cancer Prevention
9. Healthy Indoor and Outdoor Air
10. Quality Preventive Care

In addition, Take Care New York 2016 tracks selected health criteria specifically among New Yorkers residing in high-poverty neighborhoods. This category is measured as the percentage of residents living below the federal poverty level in a given area and represents the broad socioeconomic conditions that impact residents' health.

### IMPLEMENTATION

From its inception in 2004, Take Care New York has taken broad action to address its original and evolving priority areas, including:

- Building on existing Health Department programs and establishing new initiatives to achieve Take Care New York's goals;
- Developing and promoting a policy agenda to promote broad environmental changes that make healthier choices easier;
- Increasing public awareness through media campaigns and broad distribution of educational materials; and
- Building and engaging a network of partner organizations across the city that support Take Care New York.

Since 2004, more than 600 businesses, community groups, health care organizations and other City agencies have become Take Care New York partners. Each partner works with the Health Department on one or more Take Care New York key areas, increasing the Department's reach.

Numerous initiatives and policies – including the Smoke-Free Air Act, the elimination of trans fats in restaurant foods and the Green Carts and Healthy Bodegas initiatives to increase access to fresh produce in underserved neighborhoods – have

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improved New York City's environment. The Department and City continue to build on this progress to ensure that programs and resources are targeted to high-need neighborhoods and meet Take Care New York goals.

### RESULTS AND EVALUATION

Take Care New York was launched in 2004 and identified 16 objectives in 10 key areas. From 2004 to 2008, significant progress was made in most of the priority areas; by 2007, New Yorkers had surpassed goals in four of the priority areas – increasing regular access to primary care, reducing the number of adults who smoke, increasing colorectal cancer screenings and reducing intimate-partner homicide. The progress of the original Take Care New York initiative was tracked and documented in annual reports available through the Department's [website](#).

Take Care New York 2012 was launched in 2009 and identified 42 indicators in 10 key priority areas. By the end of the 2012 initiative, progress had been made in all priority areas, with improvement in 32 indicators and 17 indicators meeting or exceeding their target. Notably, progress was made in 9 out of the 10 core indicators representing each priority area. As a result of many of these initiatives, life expectancy is at an all-time high (80.9 years), and infant mortality is at a historic low. Take Care New York 2012 findings are available on the Department's [website](#).

### TIMELINE

**March 2004** – Then-Health Commissioner Thomas R. Frieden launched Take Care New York, the city's first comprehensive health policy agenda to help New Yorkers live longer and healthier lives. The four-year policy outlines an agenda of 10 key areas for intervention that were based on New York City's leading causes of preventable illness and death.

**June 2006** – The Department announced the Take Care New York two-year progress report joined by the growing network of nearly 185 Take Care New York partners, including hospitals, clinics, insurers and community-based organizations dedicated to improving New Yorkers' health and well-being.

**March 2009** – The Department released Take Care New York's fourth year progress report. Then-Mayor Michael R. Bloomberg and then-Health Commissioner Thomas R. Frieden announced that New York City had made significant progress in meeting seven out of the 10 key areas and surpassed 2008 targets within four of the program's priority areas. City officials accepted the Citizens Budget Commission's Prize for Public Service Innovation on behalf of Take Care New York, recognizing the initiative as a groundbreaking collaborative effort.

**September 2009** – Then-Mayor Michael R. Bloomberg and then-Health Commissioner Thomas A. Farley launched Take Care New York 2012.

**Spring 2010** – Take Care New York 2012 launched the first partner e-newsletter to notify partners of Health Department news and resources, community health events and policy priorities. The program also unveiled Ideas for Action – innovative, measurable and achievable activities tied to each priority area. Partners can still participate in these activities to expand on the Department's efforts.

**Fall 2010** – The Department launched Take Care Staten Island in collaboration with the Staten Island Partnership for Community Wellness to reduce obesity, tobacco use and alcohol and drug abuse in the borough. The Department also began recognizing Take Care New York partners that demonstrated their commitment to Take Care New York 2012 by implementing three or more activities addressing the 10 agenda items.

**June 2011** – The Department published the Take Care New York 2012 two-year progress [report](#) for 2009-2010. The report highlighted accomplishments in each of the 10 key areas.

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**Spring 2013** – The Department held stakeholder listening sessions in all five New York City boroughs to share the Take Care New York 2016 agenda and gather feedback on improving existing health interventions and achieving public health goals. Summary reports of each individual borough's listening session are available on the Department's [website](#).

**October 2013** – The Department published the Take Care New York 2012 five-year report documenting the Department's progress across priority areas. Findings of the report can be found on the Department's [website](#).

**October 2013** – The Department launched Take Care New York 2016 with broad stakeholder support

### LESSONS LEARNED

Take Care New York was launched nearly 10 years ago as New York City's comprehensive health policy. It has since become the Health Department's organizing principle, unifying the agency with a common set of initiatives, indicators and goals. Social, environmental and economic factors profoundly impact health, and while the Department continues to address these factors, Take Care New York 2012's ambitious goals also required a collaborative effort from all New Yorkers – government agencies, businesses, community- and faith-based organizations, health care providers and insurers, families and individuals. The Department relies on its partners' commitment to implement activities to reach Take Care New York goals and to serve as advocates for the groundbreaking policies and programs for which the Health Department is known.

### TRANSFERABILITY

Take Care New York has served as a model for several other cities' efforts to develop their own comprehensive health policy agenda with measurable targets for improvement, including *Healthy Baltimore 2015*.

### CONTACTS

Camellia Mortezaadeh, MPH  
Executive Director, Take Care New York  
Office of External Affairs  
New York City Department of Health and Mental Hygiene  
42-09 28<sup>th</sup> Street, 12<sup>th</sup> Floor  
Queens, NY 11101

<http://www.nyc.gov/health/tcny>.

Facts and figures in this report were provided by the highlighted city agency to New York City Global Partners.