A Policy for a Healthier New York City

Forth Year Progress Report
December 2008

Table of Contents

Executive Summary

Take Care New York (TCNY) is a comprehensive health policy crafted by the Department of Health and Mental Hygiene (DOHMH) to help New Yorkers live longer and healthier lives.

Launched in March 2004, **TCNY** provides a policy for evidence-based interventions in 10 priority health areas that are key to prevent illness and death. The policy outlines steps that individuals, health care providers, businesses and community- and faith-based organizations can take to improve the health of New Yorkers.

Take Care New York advises that every New Yorker take these 10 steps to lead a healthier life:

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.

TCNY set ambitious goals for 2008 in each of the 10 priority areas; progress has been measured annually, and, since 2002, the Health Department has made progress in eight priority areas outlined in **TCNY** (See **Figures 1-8** and **Figure 9** on page 21) as well as reaching or surpassing the original 2008 goals by 2007 in four areas.

1. **364,000 more New Yorkers have a regular doctor.** The number of New Yorkers with a regular health care provider increased from 4,469,000 in 2002 to 4,833,000 in 2007. In 2002, 26% of New Yorkers did not have a regular doctor. The TCNY goal was to reduce this to 20% of New Yorkers without a regular doctor, which was surpassed. (See **Figure 1** below)
2. **300,000 fewer New Yorkers smoke.** The percentage of New Yorkers who smoke decreased from 21.5% in 2002 to 16.9% in 2007, surpassing the 2008 goal of a reduction to 18%. (See Figure 2).
3. **609 fewer deaths from HIV.** The number of New Yorkers who died from HIV/AIDS-related illness decreased from 1,713 in 2002 to 1,104 in 2007, on track to reach the TCNY goal of fewer than 1,000 by 2008. (See **Figure 3**)
4. **143 fewer deaths from alcohol.** The number of New Yorkers who died from alcohol-attributable causes decreased from 1,551 in 2002 to 1,408 in 2006, almost reaching the 2008 goal of a reduction to 1,400 deaths. (See **Figure 4**)

Figure 1. 364,000 More New Yorkers Have a Regular Doctor

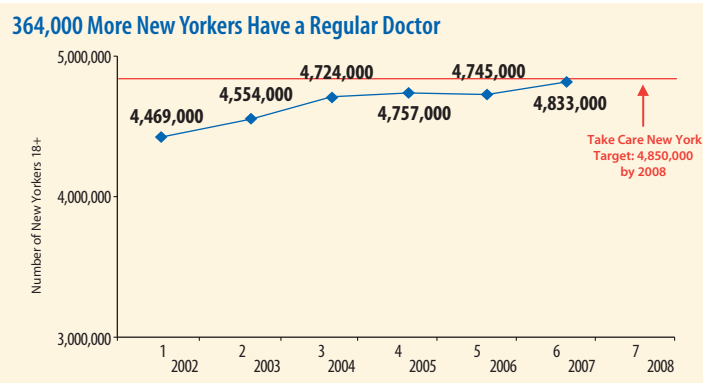


Figure 2. 300,000 fewer New Yorkers smoke.

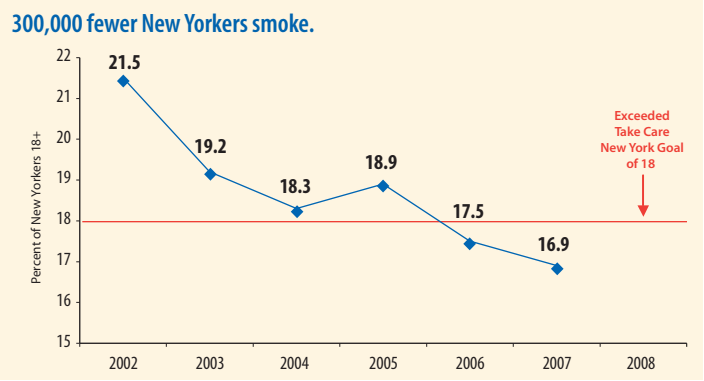


Figure 3. Number of New Yorkers who died from HIV/AIDS-related causes, 2002-2007.

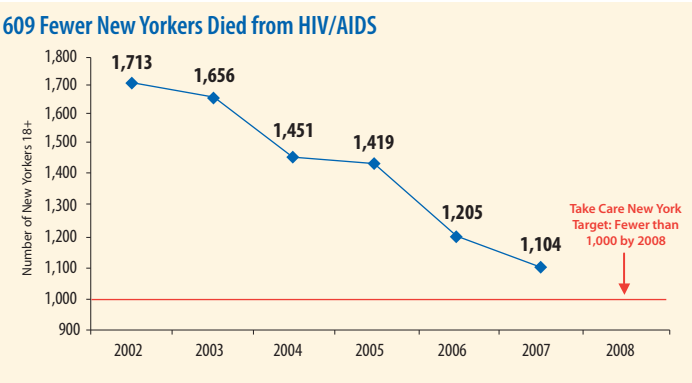
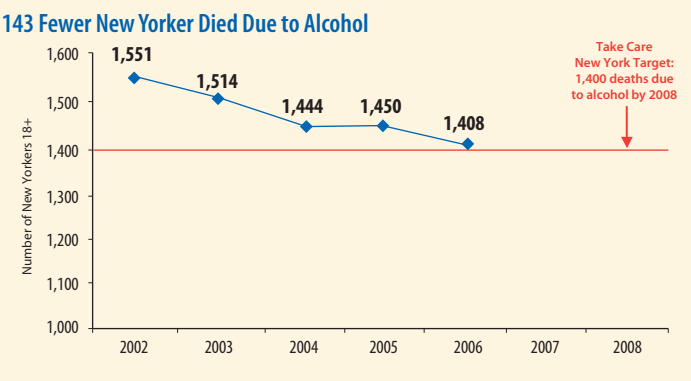


Figure 4. Number of New York deaths due to alcohol, 2002-2006.



5. **73 fewer drug-related deaths.** The number of New Yorkers who died from drug-related causes decreased from 905 in 2002 to 832 in 2007. (See **Figure 5**).
6. **319 fewer young children were newly identified with lead poisoning.** In 2006, there were 319 fewer children under the age of six years newly identified with lead poisoning and an associated lead-based paint violation than in 2002, more than two-thirds of the way to the 2008 goal of fewer than 260 children. (See **Figure 6**)
7. **20% reduction in women (ages 12+ years) who died from intimate partner homicide.** The three-year average rate of women killed by an intimate partner decreased from 1.0 death per 100,000 women for 2000 to 2002, to 0.8 per 100,000 for 2004 to 2006, meeting the revised 2008 goal. (See **Figure 7**)
8. **10% decrease in infant deaths.** The infant mortality rate has decreased from 6.0 per 1,000 live births in 2002 to 5.4 per 1,000 live births in 2007, almost two-thirds of the way to the 2008 goal of a reduction to 5.0 per 1,000 live births. (See **Figure 8**)

The progress resulting from the **Take Care New York** initiative has come in part due to the many outside agencies and individuals who are involved. This past year, DOHMH worked with a broad network of partners to expand programs that encourage New Yorkers to use preventive services, reduce their risk of chronic disease and adopt health behaviors and environmental changes improved their health.

While there has been considerable progress toward many **TCNY** goals, more remains to be done, particularly in reducing infant mortality, increasing cervical cancer and mammography screenings, and increasing flu immunizations. In addition, health disparities persist among economic and racial/ethnic groups in New York City. Focusing on reducing these disparities will improve the city's overall health.

This fourth **TCNY** progress report since the March 2004 launch includes an overview of the Take Care New York policy, updated data on the status and goals of **Take Care New York** indicators, and key activities and accomplishments for 2007–2008.

Figure 5. Number of New Yorkers who died due to drug-related causes, 2002-2007.

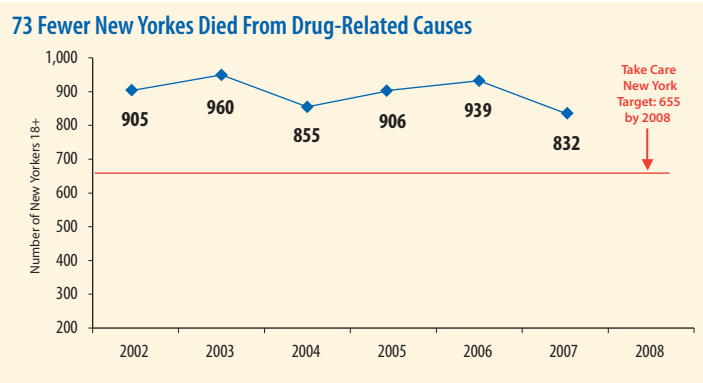


Figure 6. Number of children newly identified with lead poisoning in New York City, 2002-2007.

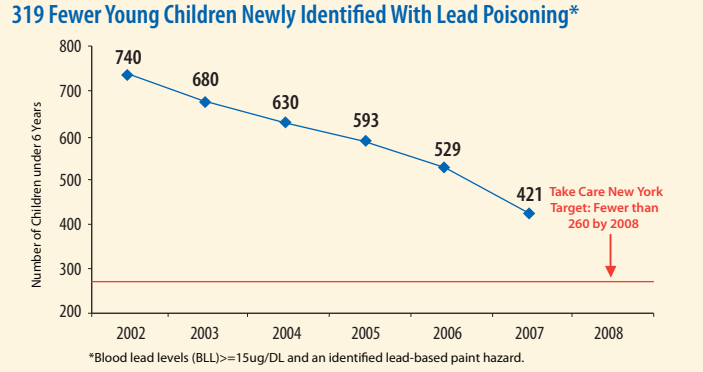


Figure 7. Rate of women killed by an intimate partner in New York, 2000-2006.

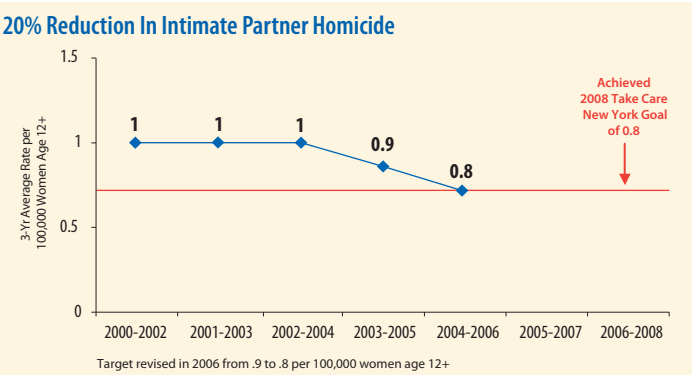
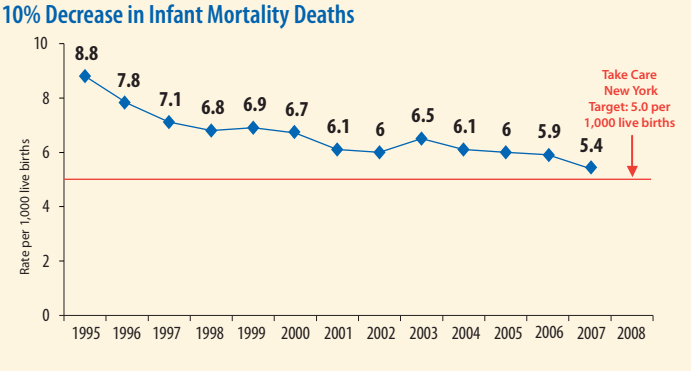


Figure 8. Infant mortality in New York City, 2002-2007.



Summary Table of **Take Care New York** Indicators Status and Goals

TCNY Agenda Item	Indicator	2008 Goal
1 Have a Regular Doctor or Other Health Care Provider	Adult New Yorkers without a regular doctor	More than 300,000 fewer New Yorkers without a doctor (20% reduction in NY'ers w/o doctor, or prevalence to drop from 26% to 20% of NY'ers without a doctor)
2 Be Tobacco Free	Adult New Yorkers who smoke	240,000 fewer smokers (18% reduction in number of people who smoke, or drop in prevalence to 18%)
3 Have a Healthy Heart	Proportion of New Yorkers with hypertension that is well controlled[1]	134,000 more New Yorkers with hypertension that is well controlled (20% increase)
	Proportion of NY'ers with diabetes or cardiovascular disease[2] who have an elevated LDL[3]	85,000 fewer New Yorkers with diabetes or cardiovascular disease who have a high LDL (20% reduction)
	Proportion of NY'ers with elevated A1C[4]	22,000 fewer adults with an A1C >9.0% (20% reduction)
4 Know Your HIV Status	Number of New Yorkers who die from HIV/AIDS	Under 1,000 (42% fewer than 2002)
5 Get Help for Depression	Prevalence of untreated depression[5]	44,000 more adults with depression that are receiving treatment (10% increase)
6 Live Free of Alcohol and Drugs	Alcohol-attributable mortality	1,400 deaths (10% reduction)
	Drug-related deaths	655 deaths (250 fewer than 2002)
7 Get Checked for Cancer	Screening rates for breast cancer	1.5 million women age 40+ (85%) who received a mammogram in the past 2 years (10% increase)
	Screening rates for cervical cancer	2.8 million women age 18+ who received a Pap test in the past 3 years (2.8 million)
	Screening rates for colon cancer	60% of New Yorkers age 50+ screened for colon cancer (20% more than 2003) Future target is 80% of NY'ers age 50+ screened by 2011.
8 Get the Immunizations You Need	Influenza immunizations among New Yorkers age 65+[†]	80% of New Yorkers age 65+ immunized against influenza
9 Make Your Home Safe & Healthy	Children with newly-identified blood lead levels (BLL) ≥15mg/dL and an identified lead-based paint hazard	Fewer than 260 children under age 6 (65% reduction compared with 2002)
	Women who die from intimate partner homicide	Less than 1 per 100,000 women age 12+ in NYC (20% reduction)
10 Have a Healthy Baby	Infant mortality rate per 1,000 live births	5.0 per 1,000 live births (17% reduction compared with 2002)

[1]Well Controlled Hypertension ≤ 140/90
[2]CVD/Diabetes - Self-Reported Diabetes, CHF, CHD, Angina, MI, or Stroke.
[3]High LDL Cholesterol - LDL ≥100 mg/dL (based on fasting sample).
[4]Elevated A1C -A1C > 9%.
[5]Treated Depression – seen or talked to mental health professional or took prescribed meds for their mental or emotional condition in the past 12 months

Baseline: 2002	Status: 2007	Progress
1.6 million adults (25%)	1.2 million (19%) (370,000 fewer or 24% decline compared with 2002)	✓✓
1.31 million adults (21.5%)	1.01 million adults (16.9%) (23% decline compared with 2002)	✓✓
**	**	NA
**	**	NA
**	**	NA
1,713 deaths	1,104 deaths (609 fewer deaths or 36% decrease from 2002)***	✓
**	**	NA
1,551 deaths	Data not available	✓
905 deaths	832 deaths (8.1% decrease or 73 fewer deaths than in 2002)***	✓
77% of women aged 40+ have received mammograms in past 2 yrs (1.3 million women)	74% of women age 40+ (1.33 million) have received a mammogram in the past 2 years. (4% decline compared with 2002)	–
80% of women have received a Pap test in the past 3 years (2.49 million women)††	80% of women have received a Pap test in the past 3 years (2.48 million)	=
42% of New Yorkers age 50+ had a colonoscopy in the last 10 years (2003)	62% of New Yorkers age 50+ had a colonoscopy in the last 10 years (52% increase compared with 2003)	✓✓
63% of New Yorkers age 65 and over received a flu shot (590,000*)	55% of New Yorkers age 65+ received a flu shot (470,000)	–
~740 children under 6 yrs	421 children under 6 yrs (43% decrease from 2002)	✓
2000-2002: 3-yr average rate of 1.0 deaths per 100,000 women age 12+ in NYC	Data not available	✓✓
6.0 per 1,000 live births	5.4 per 1,000 live births (10% decrease from 2002)***	✓

*Revised Estimate (Due to the limited sample size, changes in flu population numbers were calculated by applying the prevalence estimates to the total NYC population of adults 65 and older).
**Data from these indicators come from the 2004 NYC Health and Nutrition Examination Survey.
*** Preliminary number of deaths only, these numbers are expected to change upon finalization of 2006 mortality files. Drug-related deaths in particular are subject to change based upon deaths pending Medical Examiner reports.
† Data from this indicator is for the flu season only.
†† Updated numbers.

✓ = Progress made ✓✓ = Achieved – = Trends in the wrong direction NA = Not Available = = Equivalent to baseline

Overview of Take Care New York

By many measures, the health of New Yorkers has never been better. The city has made dramatic progress in life expectancy, tobacco control, infant survival, colon cancer screening and control of communicable diseases, among many other advances. But with focused effort, we can do much more.

Launched in March 2004, **Take Care New York** is a health policy that recommends and prioritizes actions to help individuals, health care providers and New York City as a whole improve health.

Take Care New York sets an agenda of **10 key areas for intervention** that were selected because they represent health problems that:

- Present a large disease burden, killing thousands of New Yorkers and causing hundreds of thousands of preventable illnesses or disabilities each year
- Are proven to be amenable to intervention and public action
- Can be best addressed through coordinated action by city agencies, public and private partnerships, health care providers, businesses and individuals

These are important and winnable battles—important because they affect every New Yorker, winnable because it is known what actions work to prevent illness and death, and because these actions are achievable.

We know more than ever about the health of New Yorkers, and know more about what really works to improve a person's—and a community's—health. **TCNY** assembles this information and puts it into practice to help prevent illness, disability and death. The policy provides a framework for improving the relationships between individuals and their health care providers, and for helping New Yorkers lead longer and healthier lives.

Implementing Take Care New York

Promote Evidence-Based Interventions

We base our interventions on what has been proven to work. **Take Care New York** promotes best practices that, based on the strongest available scientific evidence, are known to improve health.

Build on Existing Programs

Existing programs have provided an excellent foundation to build even more initiatives that are effective. For example, the DOHMH District Public Health Office (DPHO) program, which gives the Health Department a direct presence in the City's three neighborhoods at highest risk for poor health outcomes, focuses attention and resources on the needs of these communities. Enhancing our efforts to address chronic diseases and the HIV epidemic, continuing to reduce smoking rates, and expanding our programs to improve maternal and infant health, among other areas, are also key efforts.

Identify and Build Partnerships

The public sector cannot address these health problems alone; many are far-reaching and require coordinated efforts among partners. **Take Care New York** requires the involvement of individuals, City agencies, health care providers, health insurers, community-based organizations, and others, all of which can play key roles in improving the health of New Yorkers. **Take Care New York** has involved over 400 organizations (See page 21 for complete list) and additional partnerships are being created.

Address Policy Barriers

Take Care New York also focuses on health care system and other public policy issues that are barriers to health, health care access, and optimal use of preventive health services. To address these barriers, **Take Care New York** provides a framework for a city, state, and federal policy agenda with legislative, regulatory, and administrative proposals to improve health.

Reduce Health Disparities

Many health problems occur in widely varying degrees among people in different neighborhoods, income levels, and racial/ethnic groups. In recognition of this fact, **Take Care New York** prioritizes populations in greatest need of public health and health care services. Progress on the 10 **Take Care New York** steps, coupled with initiatives to address systemic root causes of poor health, (especially among disadvantaged populations), is the most effective way to improve health and reduce or eliminate health disparities.

Accelerate Social and Economic Progress

Broader social and economic forces affect health, and addressing these effectively would have an enormous impact on the health and well-being of New Yorkers. For example, poverty is an underlying cause of many health disparities, including those related to HIV, depression, and substance abuse; economic progress in the poorest communities would greatly improve health.

Higher educational levels correlate strongly with good health; enhancing educational opportunities would also improve health outcomes. Safe and affordable housing provides individuals and families with the stability needed to better prevent and manage chronic diseases, overcome mental illness and substance abuse, receive regular health care, and prevent childhood lead poisoning. Greater empowerment of women would result in reductions in HIV, domestic violence, and unintended pregnancy. It is important, while working on the specific issues and initiatives that form **Take Care New York**, to recognize that effective advocacy for broader changes would also have major health benefits.

2007–2008 KEY ACTIVITIES AND ACCOMPLISHMENTS

Since the inception of TCNY, the DOHMH has created programs and implemented policies to inform the public about health, to improve medical providers' delivery of services and to encourage policy and environmental changes that improve health. Many new programs targeted the sickest communities in New York City in order to reduce racial disparities in infant mortality, teen pregnancy, lead poisoning and influenza immunization rates. Initiatives in 2007 and 2008 included:

- Enforced the implementation of the new Trans fat regulation to phase out artificial Trans fat in all NYC restaurants and other food service establishments. The DOHMH provided detailed information to all 32,000 food service establishments in New York City on how to comply with the regulation and established a Trans Fat Help Center to offer NYC food service establishments free information on how to replace artificial trans fat, 0 grams trans fat products, Trans Fat 101 classes, and Web resources in multiple languages.
- The adoption by the Board of Health of the calorie-posting proposal that requires chain restaurants to prominently display calorie information on menus and menu boards. The new regulation, which took effect on March 31, 2008, applies to any New York City chain restaurant that has 15 or more outlets nationwide – about 10% of all New York City restaurants.
- Launched *The Bronx: The First Borough That Knows*!, a targeted initiative aimed at testing every Bronx resident aged 18-64 who does not already know his or her HIV status
- Completed two original anti-tobacco media ad campaigns displaying graphic warnings of the negative health effects of smoking. Calls to 311 for smoking cessation assistance reached the highest level to date and were four times greater than before the 2005 pre-campaign call volume
- Increased awareness of the benefits of buprenorphine in treating opioid dependence. Peer-education programs were implemented in shelters and drug-treatment settings and over 220 providers received certification training to support patients undergoing buprenorphine treatment.
- Improved access to colon cancer screening and treatment through expansion of the Patient Navigator System to six HHC and six voluntary hospitals. This program continued to assist uninsured New Yorkers and other medically underserved communities navigate the health care system and receive coordinated care.
- Expanded the Nurse Family Partnership (NFP) program, providing more than 1,400 families with skills and resources to ensure a healthy pregnancy, baby, and home. Outreach efforts were expanded to include pregnant teens in foster care, women and teens in homeless shelters, and women in city jails.
- The expansion of the Primary Care Information Project (PCIP) so that it now includes helping physicians adopt electronic health record (EHR) systems to improve the quality, efficiency and safety of medical care. As part of this project, we have:
  - Developed a prevention-enabled electronic health record for Correctional Health Services at New York City jails and for local medical practices that treat underserved populations. This record system uses a **Take Care New York** version of eClinical Works, an EHR vendor
  - Secured $1.6 million dollars in grants from the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ), and an additional $2 million in City Council funds; these funds have been used to build technical infrastructure for community health centers
  - Recruited 1,400 health care providers (in more than 230 medical practices at over 300 locations throughout New York City) to adopt the city's EHR initiative. The City is on track to meet its goal of equipping more than 1,000 local health care providers with secure EHR systems by the end of 2008. This effort has already created the nation's largest community-based EHR network.
  - Developed and distributed an EHR *City Health Information* publication along with other tools and resources for health care providers interested in adopting an electronic health record (visit www.nyc.gov/html/doh/downloads/pdf/chi/chi26-1.pdf))
- Increased the number of **Take Care New York** partners to include more than 400 hospitals, community health centers, health plans, community-based organizations and other city agencies. (*See page 20 for complete list.*) TCNY partners participated in several campaigns in 2007, including distributing condoms, certifying health care providers to prescribe buprenorphine, conducting Healthy Homes Workshops for New York City employees and providing free pneumoccocal vaccine to providers.
- The Health Department increased awareness of New Yorkers' health by widely distributing information:
  - Published *Health Care Access Among Adults in New York City* (visit: http://home2.nyc.gov/html/doh/downloads/pdf/hca/hca-nyc-adults.pdf) a special report documenting the effects that having a regular source of care and health insurance have on an individual's ability to receive critical preventive services and quality care
  - Issued **Take Care New York** related issues of City Health Information, the agency's publication for medical providers, on childhood and adult immunizations, overweight and obesity, domestic violence, depression, lead poisoning, and electronic health records
  - Published *Vital Signs* reports on smoking, the health of people with disabilities, safety, substance use and sexual activity among teens in the city
  - Produced and distributed *Health Bulletin* publications for consumers on immunizations, hypertension, weight, lead poisoning, alcohol, condoms, and smoking (publications are available at nyc.gov/health); public health agencies in several cities and states across the country have reproduced DOHMH *Health Bulletins*
  - Distributed nearly 1.3 million *Passports to Your Health* in 10 languages

Have a Regular Doctor or Other Health Care Provider

Get regular medical care to help 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.

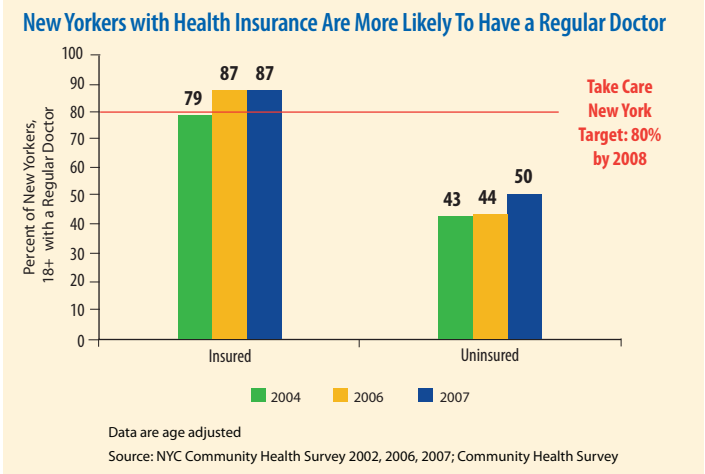
TCNY Objectives

- Increase the number of New Yorkers with health insurance who have a regular doctor and help people who do not have a doctor to find one.
- Help eligible New Yorkers to enroll and stay enrolled in public health insurance programs (Medicaid, Child Health Plus, and Family Health Plus).
- Assist uninsured New Yorkers who do not qualify for public health insurance to get a doctor at a Health and Hospitals Corporation (HHC) clinic or community health center.

2007–2008 Activities and Accomplishments

- Surpassed the TCNY 2008 goal by reducing the prevalence of New Yorkers without a regular doctor to 19%
- Screened nearly 17,000 inmates for their health insurance status, identifying those with active Medicaid in order to qualify them for comprehensive medical care upon release from city jails
- Screened nearly 12,000 uninsured and underinsured children in the early intervention (EI) program for public health insurance eligibility, and enrolled over 2,100 children and nearly 200 uninsured EI parents and siblings
- Added 115,000 or 69% new Supplemental Security Income (SSI) recipients to Medicaid managed care since the start of mandatory enrollment for this population in November 2005.
- Worked with Medicaid Managed Care plans, HIV Special Needs Plans (SNPs) and DOHMH subject experts on the second cycle of "Take Care New York" Quality Improvement projects. Topics include improving management of diabetes; improving monitoring and control of LDL-C past cardiovascular events; improving management of asthma, including identification and abatement of environmental triggers; improving screening for domestic violence during pregnancy; improving rates and timeliness of postpartum care visits; improving rates of screening for colon cancer; improving screening rates for breast cancer; improving screening for depression among adolescents and among adults with chronic diseases; and improving continuity of care for persons with HIV/AIDS who are enrolled in SNPs.
- Revised the Medicaid managed care contract to increase the emphasis on member retention and to improve marketing efforts in communities that have high rates of uninsured New Yorkers who are eligible for public health insurance

Figure 10. New Yorkers with health insurance who had a regular doctor, 2002, 2006, 2007.



Data are age adjusted

Source: NYC Community Health Survey 2002, 2006, 2007; Community Health Survey

TCNY Indicator: Adult New Yorkers without a regular doctor

2002: 1.6 million adults (25%)

2007: 1.2 million (19%)—achieved TCNY goal.

TCNY Goal for 2008: A reduction by more than 300,000 in the number of New Yorkers who lack a doctor (a 20% reduction, or prevalence drop from 26% to 20%)

Healthy People 2010 National Goal: Fewer than 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 leading cause of preventable death in New York City, killing 8,000 New Yorkers every year, or about one every hour. One in three smokers dies from a smoking-related illness, an average of 14 years earlier than a non-smoker. Smoking greatly increases a person's risk of heart disease, stroke, cancer and many other illnesses. Second-hand smoke also poses dangers and can lead to many of the same health problems. 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 than other children to have asthma, bronchitis, ear infections and pneumonia. They are also more likely to become smokers themselves.

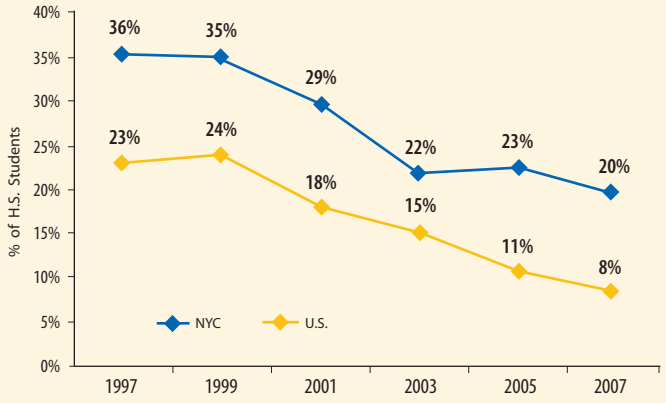
TCNY Objectives

- Reduce the number of New Yorkers who smoke.
- Protect New Yorkers from exposure to second-hand smoke.
- Educate New Yorkers about the health risks associated with smoking and encourage smokers to quit.
- Prevent young people from starting to smoke.
- Help New Yorkers quit smoking by providing free nicotine replacement and other medications, which significantly increase chances of a successful quit attempt.
- Assist organizations to provide and evaluate smoking cessation programs.
- Increase the number of health care providers who routinely recommend and support quit attempts among their patients.

2007–2008 Activities and Accomplishments

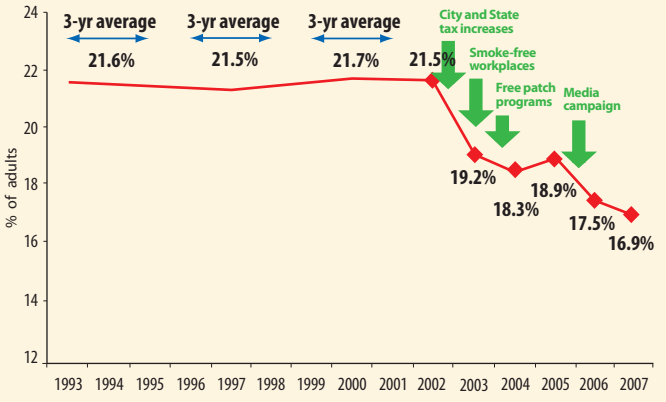
- Continued the hard-hitting anti-tobacco media campaign launched in 2006 including two original ad campaigns: "Cigarettes are Eating You Alive" and "Marie" featuring a woman who has undergone multiple amputations due to a smoking-related disease. Calls to 311 for quit smoking assistance reached their highest level to date at about 50,000 annually, more than four times the 2005 pre-campaign call volume of about 11,000 calls
- Distributed almost 100,000 courses of nicotine replacement therapy (NRT) to New York City smokers: more than 60,000 courses directly to the public through 311, and about 40,000 courses through partnerships and outreach events, such as the Staten Island Ferry Terminal giveaways and the Great American Smoke-Out
- Launched a multi-component, community-focused media and education campaign in East and Central Harlem encouraging smokers to make their homes smoke free
- Conducted a qualitative study with families in Harlem to better understand the social context of smoking in households. Recruitment for a similar study in Staten Island is underway
- Trained 3,000 DHS staff and funded contractors to provide cessation aids and assistance to New York City smokers in shelters
- Provided in-person education to 700 tobacco retail vendors who sold cigarettes to minors at least twice, and distributed educational materials to all 14,000 New York City tobacco retail vendors about the restrictions on selling tobacco to minors and the negative impact of tobacco advertising
- Expanded the treatment available to city employees through the Employee Smoking Cessation Program (ESCAPE) to include more counseling sessions and various kinds of nicotine replacement therapies. The program served over 1,100 clients in 2007 and the first half of 2008
- Completed three waves of a longitudinal survey of New York City smokers and recent quitters to assess the impact of the Health Department's media campaign. More than 90% of respondents reported having seen at least one ad, and among respondents who had seen at least one ad, more than 50% reporting it had increased their motivation to quit
- Published three tobacco-related publications: "How to Make Your Home Smoke-Free" *Health Bulletin*, "Who's Still Smoking?" *Vital Signs*; and "Treating Tobacco Addiction" *City Health Information*;
- Published four tobacco-related articles: "Decline in Smoking Prevalence – New York City, 2002-2006" (MMWR), "Progress in Smoking and Health Research: Smoking Cessation Strategies in New York City: 2002-2006" (book chapter); "Gender differences in smoking and cessation behaviors among young adults after implementation of local comprehensive tobacco control" (AJPH); and "Do Medical Students Know Enough about Smoking to Help their Future Patients?" (Academic Medicine)

Figure 11. High school smokers in New York City, 1997-2007



Source: NYC DOHMH and Education (DOE): NYC Youth Risk Behavior Survey 1997-2007, CDC

Figure 12. Adult smokers in New York City, 1993-2007



TCNY Indicator: Adult New Yorkers who smoke

Status 2002: 1.3 million adults (22%)

Status 2007: 1 million adults (17%)

TCNY Goal for 2008: 330,000 fewer smokers (a drop in prevalence to 16%)

Healthy People 2010 National Goal: 12% who are 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.

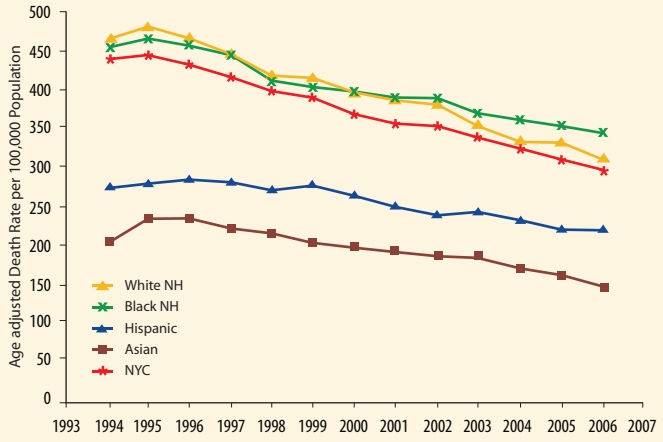
High blood pressure, diabetes, high cholesterol and smoking are leading causes of heart disease and stroke. Obesity and physical inactivity also contribute to heart problems as well as many other health conditions, including diabetes, stroke, arthritis and certain cancers. Quitting smoking, increasing physical activity, eating a heart-healthy diet, and controlling high blood pressure, cholesterol and diabetes can help protect your heart. In addition, safe and effective medications can help control blood pressure, diabetes and cholesterol.

TCNY Objectives

- Promote changes in our communities that will improve heart health by making it easier to eat healthy and get regular physical activity.
- Help New Yorkers track their blood pressure, cholesterol, and weight, and take actions to keep them within a healthy range.

Figure 13. Deaths by race/ethnicity in New York City, 1993-2007.

Overall Death Rates From Cardiovascular Disease Have Declined; There is Less of a Decline for Hispanics and Asians



TCNY INDICATOR: New Yorkers with hypertension, elevated ldl, elevated A1C

Proportion of New Yorkers with well-controlled hypertension[1]
- **Status 2002:** Data not available*
- **Status 2004:** 668,000 adults1 (43.6%)
- **Status 2007:** Data not available*
- **TCNY Goal for 2008:** 134,000 more New Yorker (20% increase)
- **Healthy People 2010 National Goal:** More than 68%

Proportion of New Yorkers with diabetes or cardiovascular disease[2] who also have an elevated LDL[3]
- **Status 2002:** Data not available*
- **Status 2004:** 423,000 adults (65%)
- **Status 2007:** Data not available*
- **TCNY Goal for 2008:** 85,000 fewer New Yorkers (20% reduction)
- **Healthy People 2010 National Goal:** Goal not established for elevated LDL

Proportion of New Yorkers with elevated A1C[4]
- **Status 2002:** Data not available*
- **Status 2004:** 108,000 adults4 (1.9%)
- **Status 2007:** Data not available*
- **TCNY Goal for 2008:** 22,000 fewer adults (20% reduction)
- **Healthy People 2010 National Goal:** Goal not established for elevated A1C

* Data from this indicator comes from the 2004 NYC Health and Nutrition Examination Survey. A follow-up survey is expected in 2009.

[1] Well controlled hypertension ≤ 140/90 • [2] CVD/Diabetes – Self-Reported Diabetes, CHF, CHD, Angina, MI or Stroke • [3] High LDL Cholesterol – LDL ≥ 100 mg/dL (based on fasting sample)

[4] Elevated A1C – A1C > 9%

- Partner with employers to help them foster a healthy and productive workforce.
- Reduce costs of and increase access to medications necessary for the control of high blood pressure, high cholesterol, and diabetes.

2007–2008 Activities and Accomplishments

- Enforced the implementation of the first phase of the trans fat regulations, which achieved 99% restaurant compliance 11 months after the first deadline; established the Trans Fat Help Center, providing free technical assistance to all food service establishments
- The adoption by the Board of Health of the calorie-posting proposal that requires chain restaurants to prominently display calorie information on menus and menu boards.
- Continued a pilot program of the New York City Diabetes A1C Registry to assist healthcare providers in managing care of their patients with diabetes by providing information on the patients' A1C test results. Since inception of the program, 3,000 reports have been sent to more than 1,000 providers covering more than 73,000 patients, including nearly 9,000 individuals with A1C test results that indicate poor control of blood sugar levels and high risk of complications due to diabetes. Letters are sent on behalf of the health care provider to those patients with A1C test result >9% informing them of the result, why lowering the A1C is important, and suggest the patient bring back the letter to their provider to discuss next steps.
- In collaboration with 19 community clinics, completed a pilot a program to distribute 2,000 free self-blood pressure monitors to patients in underserved communities with poorly controlled hypertension. The program demonstrated improved control of blood pressure among patients with previously uncontrolled blood pressure.
- Launched a pharmacy-based pilot to increase blood pressure monitoring at community pharmacies in the East and Central Harlem and the South Bronx. Over 70 pharmacies are participating including 37 pharmacies that received new blood pressure machines from the DOHMH. To date, over 27,000 measurements have been taken.
- Secured $1 million in federal funding through the USDA's Food Stamp Nutrition Education program to initiate nutrition education in New York City day care centers
- Launched the Healthy Bodegas Initiative to increase the availability of and demand for healthier foods in bodegas in DPHO neighborhoods
- With support from the New York City Council, provided physical activity training to 1,100 day care and pre-k teachers in nearly 400 sites throughout New York City
- Provided 140,000 visits of Shape Up New York, a free family fitness program, in neighborhoods most affected by obesity and related chronic disease
- Worked with the New York City Food Policy Task Force's procurement workgroup to develop and implement nutrition standards on all foods purchased by New York City government agencies
- Reached out to nearly 5,000 women with gestational diabetes, providing informational packets on how to stay healthy and avoid Type II Diabetes after pregnancy
- Passed legislation to allow permits for 500 Greencarts, mobile food vendors who are only allowed to sell fresh produce, to be established in those neighborhoods that most need them
- Expanded volunteer-run blood pressure monitoring programs, healthy eating and cooking classes, and other community-wide activities related to heart healthy eating to 44 faith and community based institutions in DPHO neighborhoods

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 thousands don't know they are infected. If you find out your HIV status, you can better protect yourself, your partners, and, if you're pregnant or planning pregnancy, your baby.

TCNY Objectives

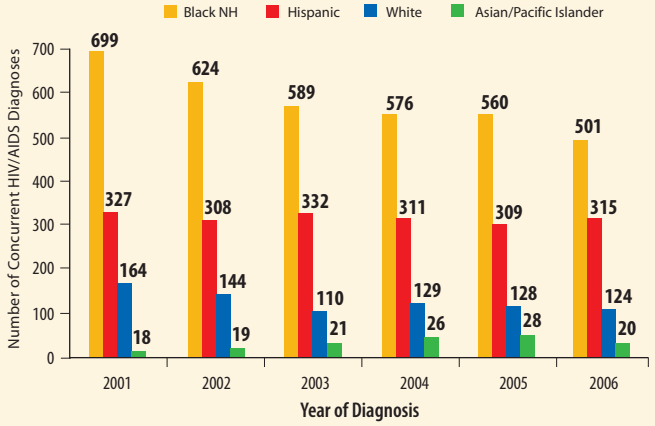
- Help New Yorkers protect themselves and others from HIV infection by reducing risky behavior, distributing free condoms, and increasing the availability of syringe exchange and other harm reduction programs.
- Help all New Yorkers know their HIV status by providing free, confidential HIV testing and counseling and expanding the use of rapid HIV testing throughout the City.
- 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 (PLWAs).

2007–2008 Activities and Accomplishments

- Conducted 213,211 voluntary HIV rapid tests in DOHMH clinics, jails and DOHMH-funded programs, a 49% increase from fiscal year 2007
- Continued expansion of HIV rapid testing programs in emergency departments, homeless shelters and community organizations
- Expanded HIV prevention efforts by launching the first ever, city-branded condom campaign on Valentine's Day 2007, distributing 40.3 million free New York City male condoms; 665,000 female condoms; and 10 million packets of lubricant in the year following the launch
- Expanded the Field Services Unit (FSU), a program that places DOHMH staff in hospitals in neighborhoods with a high HIV-prevalence. FSU provides anonymous partner notification, testing services and assistance with care coordination for patients newly diagnosed with HIV
- Funded 12 agencies to screen for cofactors of HIV transmission, including sexually transmitted infections, substance abuse and depression. More than 7,500 individuals were screened for these cofactors, with more than 400 individuals referred for treatment and care
- Expanded Prevention With Positives initiatives by awarding contracts to support evidence- or theory-based interventions with persons living with HIV/AIDS. Over 1,500 individuals enrolled in evidence or theory-based interventions in 2007, more than 300 of whom were HIV positive
- Completed a citywide Public Health Detailing campaign about HIV testing aimed at health care practices in neighborhoods at highest risk. Representatives conducted more than 14,000 visits with more than 3,600 providers and 5,300 clinical staff
- Continued implementation of the HIV Continuum of Care for all newly diagnosed and known HIV-positive individuals in city jails, helping to improve identification, treatment and discharge planning, including connecting over 1,200 HIV positive people to medical services upon release from jail.

Figure 14. Number of New Yorkers diagnosed with concurrent HIV and AIDS, 2001-2006

The Number of Concurrent Diagnoses of HIV and AIDS Has Declined Slightly

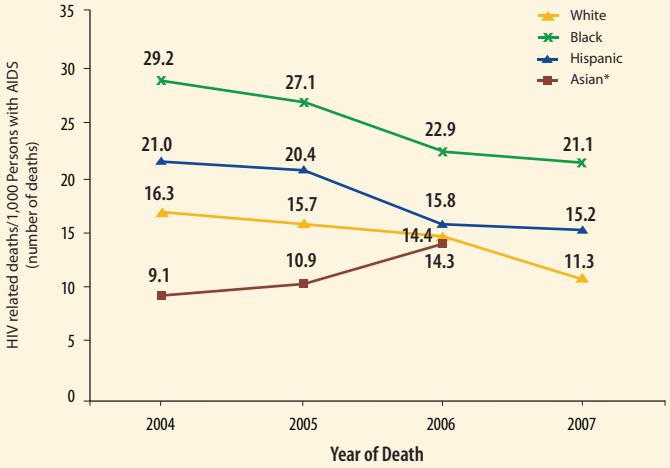


The number of people citywide who are diagnosed with HIV and AIDS at the same time is an indicator of how well HIV testing initiatives are reaching those at risk for HIV infection before they have AIDS. Late diagnosis results in poorer health outcomes for infected persons and more inadvertent transmission of HIV infection by persons who do not know their status.

Source: NYCDOHMH HIV Epidemiology Program

Figure 15. Disparities in HIV deaths by race

Age-adjusted death rates due to HIV related causes by race, NYC, 2004-2007



*2007 rate among Asians not shown due to small cell count
Source: NYC DOHMH HIV/Epidemiology Program

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

- **Status 2002:** 1,713
- **Status 2007:** 1,104 (35.6% decrease from 2002)*
- **TCNY Goal for 2008:** Under 1,000 (42% fewer than 2002)
- **Healthy People 2010 National Goal:** 0.7 deaths per 100,000

*2007 data is preliminary and is expected to change upon finalization of 2007 mortality data.

Get Help for Depression

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

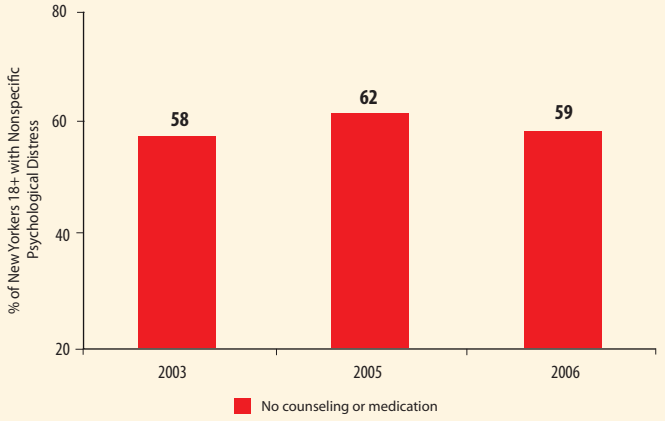
It is normal to feel down once in a while. But if sadness continues for more than two weeks or a person loses interest in work or family, it might be depression. Depression exacerbates other health problems but can be effectively treated with medication and/or therapy.

TCNY Objectives

- Encourage treatment of depression by educating the public to recognize the symptoms of depression and providing education to medical professionals.
- Promote depression screening, referral, and management in primary care and other health care settings in New York City.
- Encourage health insurance purchasers and insurance plans to include depression screening and management as standard practice in primary care.

Figure 16. Percent of New Yorkers reporting psychological distress who did not receive treatment, 2003, 2005, 2006.

Among New Yorkers Who Report Significant Levels of Psychological Distress, Over Half Do Not Receive Treatment



Percentages are age-adjusted.
Source: NYC Community Health Survey, 2003, 2005, 2006.

TCNY Indicator: Number of New Yorkers with depression who are receiving treatment*

- **Status 2002:** Data not available**
- **Status 2004:** 166,000 (37.6%)*
- **TCNY Goal for 2008:** 44,000 adults (a 10% increase)
- **Status 2007:** Data not available**
- **Healthy People 2010 National Goal:** 50%

* Treated depression—seen or talked to a mental health professional or took prescribed meds for their mental or emotional condition in the past 12 months

**Data from this indicator comes from the 2004 NYC Health and Nutrition Examination Survey. A follow-up survey is expected in 2009.

2007–2008 Activities and Accomplishments

- Revised and updated "Detecting and Treating Depression in Adults" *City Health Information* publication (see http://home2.nyc.gov/html/doh/downloads/pdf/chi/chi26-9.pdf). As part of the "One Voice" Campaign, a collaborative effort of DOHMH, The New York Business Group on Health and all area health plans, to support and promote depression screening and management as a routine part of medical care, 25,000 copies were distributed to primary care providers, family practices, and obstetrician-gynecologists
- Conducted a Depression Public Health Detailing campaign reaching more than 400 primary care practices serving Asian communities in Sunset Park, Flushing, and Manhattan's Chinatown.
- Trained primary care providers and family practice residents at Lutheran Medical Center, Institute for Urban Family Health, and Maimonides Medical Center in a depression care management model for primary care settings.
- Provided training and education on depression screening for staff of DOHMH contract agencies working with high-risk populations including people with HIV and perinatal mothers.
- Coordinated citywide National Depression Screening Day activities, including the training of behavioral health specialists to administer the Patient Health Questionnaire (PHQ-9), a screening tool for depression. Over 4,000 people received depression education, screening, and where necessary, referred to appropriate services for follow-up.
- Working with the Mental Health Association of New York City and the Department for the Aging, expanded a depression education, screening and referral program in Senior Centers to reach more older New Yorkers. The project has successfully educated and screened seniors in all five boroughs including those in Asian, Hispanic and Russian communities. This program received the "Aging Innovations Award" by the National Association of Area Agencies on Aging and the award for "Innovation and Quality in Healthcare and Aging 2008, American Society on Aging".

6. Live Free of Dependence on Alcohol or Drugs

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

Most adults are able to drink safely (on average, no more than one drink a day for women or two drinks a day for men, and never more than four at a time), however, excessive drinking is a major public health problem. Heavy drinking can result in avoidable disease and death. Some people, including pregnant women, youth, and people who are driving, should not drink at all. Help is available for alcohol and drug problems. Brief intervention by physicians reduces alcohol abuse. Buprenorphine, a new medication for opioid dependence, can reduce harm and improve the lives of opioid drug users as well as help control diseases.

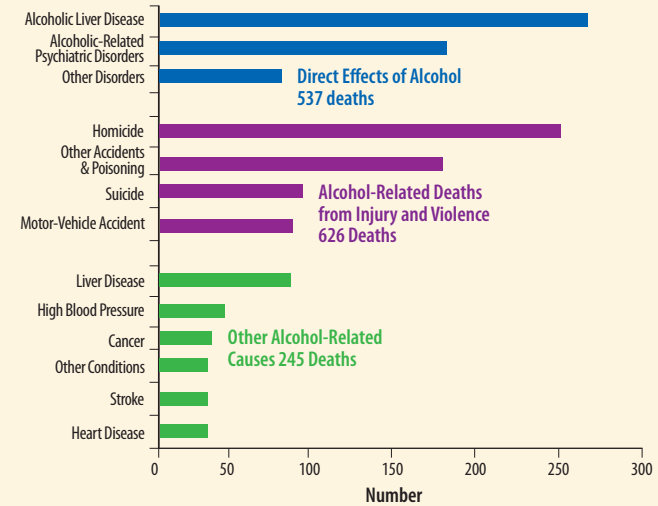
TCNY Objectives

- Help New Yorkers understand the risks associated with excessive alcohol use.
- Prevent the progression of healthy alcohol use to risky or harmful use through provision of screening and brief intervention services.
- Increase the number of emergency department and primary care providers who routinely screen for alcohol and drug use problems, and offer SBIRT (Screening, Brief Intervention, Referral, and Treatment) interventions.
- Promote buprenorphine treatment for opioid dependence by educating the public about the medication and increasing the number of physicians certified to prescribe it.
- Promote overdose prevention strategies including education and distribution of naloxone kits.

2007–2008 Activities and Accomplishments

- Implemented Managed Addiction Treatment Services (MATS), a statewide Medicaid-reform that provides intensive case management to Medicaid recipients who face high costs for substance-use-treatment services. In its first year, the program had 700 participants and an 80% retention rate
- Conducted a SBIRT Public Health Detailing campaign for 297 primary care providers to improve screening rates in neighborhoods at highest risk for alcohol-use problems
- Developed and implemented an electronic health record tool prompting providers to conduct a brief screening for alcohol use problems, in collaboration with the DOHMH Primary Care Information Project
- Trained clinical staff at a community health center and two HHC emergency rooms to implement a brief screening to identify alcohol use problems among patients, and to provide brief interventions appropriate to the risk level of use assessed, implemented SBIRT demonstration programs at the following venues:
  - Work Readiness program contracting with Human Resources Administration, at first program counseling session
  - Correctional Health Services at Riker's Island, in follow-up to medical intake
  - Newborn Home Visiting, at program intake
  - Transitional Health Care Coordination, at program intake
- Initiated a peer-education program in community-based organizations, shelters and drug-treatment programs to educate opioid users and other substance abusers about the benefits of buprenorphine
- Provided buprenorphine certification training to approximately 160 physicians, and trained 80 mid-level providers and other service providers to provide counseling and other support for patients undergoing buprenorphine treatment
- Established and hosted a physician mentoring network, to support physicians interested in or seeking support for prescribing buprenorphine to patients in their practice
- Completed a comprehensive case review and data abstraction study of all accidental psychoactive drug-related fatalities in 2006 from the City Medical Examiner files
- Continued overdose prevention and naloxone prescribing and dispensing in 14 harm-reduction programs serving injecting drug users
- Continued funding support for sterile syringe access and harm reduction services, for injecting drug users at syringe exchange programs
- Trained staff working in New York City jails to incorporate overdose prevention education into treatment plans for inmates participating in the methadone maintenance treatment program
- Printed and distributed educational materials promoting overdose prevention and response at city jails, STD clinics, chemical dependency programs and homeless shelters
- Printed and distributed educational materials:
  - "Take Charge, Take Care: 10 Tips for Safer Use," promoting overdose prevention and response, injecting hygiene, and related injecting drug use issues, was distributed to city jails, STD clinics, chemical-dependency programs and homeless shelters
  - "Help to Stop Using: Drug Problems Can Be Treated" *Health Bulletin*, promoting self-referral for drug treatment, was distributed via 311 and the call center
  - "Bureprenorphine: A New Office-Based Treatment for Opioid Dependence" *City Health Information* was revised and re-released to providers

Figure 17. Deaths attributed to alcohol in New York City, 2006.



*2005 alcohol prevalence estimates applied to 2006 mortality data
Source: 2006 NYC DOHMH Vital Statistics and 2005 NYC Community Health Survey

TCNY Indicator: Alcohol-attributable mortality and drug-related deaths

Alcohol-attributable deaths

- **Status 2002: 1,551**
- **Status 2006: 1,408 (143 fewer than 2002; a 9.2% reduction)**
- **Status 2007: Data not available**
- **TCNY Goal for 2008: 1,400 (a 10% reduction)**
- **Healthy People 2010 National Goal:** Alcohol-attributable mortality goal not established

Drug-related deaths

- **Status 2002: 905**
- **Status 2007: 832 (73 fewer than 2002; an 8.1% decrease from 2002)***
- **TCNY Goal for 2008: 655 (250 fewer than 2002)**
- **Healthy People 2010 National Goal:** One drug-related death per 100,000

*2007 data is preliminary; this number is expected to change upon finalization of 2007 mortality data.

Get Checked for Cancer

Colonoscopy, Pap tests and mammograms save lives.

Cancer kills over 13,000 New Yorkers every year. Many of these deaths could be prevented if people received recommended screenings. Screening for 3 major cancers – colon, breast, and cervical – can reduce illness and death through early detection, and can actually *prevent many* cases of colorectal and cervical cancers from ever developing.

TCNY Objectives

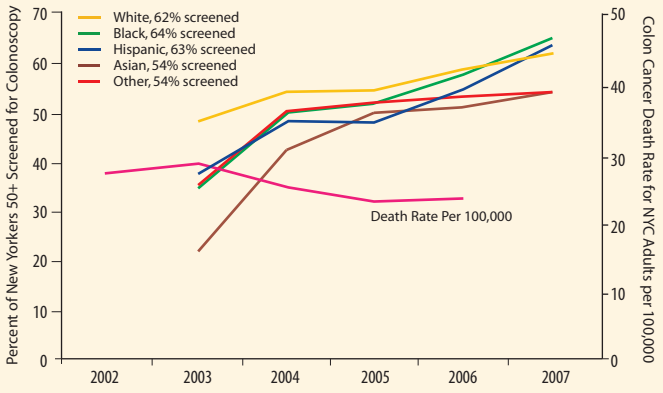
- Increase cancer screening by increasing public awareness of the value of cancer screening, particularly colonoscopy.
- Promote strategies to increase referral for colonoscopy screening.
- Increase the capacity of colonoscopy facilities to screen patients.
- Promote free or low-cost cancer screenings.
- Promote reimbursement policies to increase colonoscopy screening.
- Promote increased access to quality mammography, Pap tests, and Human Papilloma Virus (HPV) vaccine for women.

2007–2008 Activities and Accomplishments

- Worked with the American Cancer Society to fund nearly 3,000 colonoscopies for uninsured New Yorkers at HHC hospitals and six private facilities with support from the New York City Council, including Mt. Sinai and St. Luke's-Roosevelt Hospitals, Lutheran Medical Center, Staten Island University Hospital, Richmond University Medical Center and the Ralph Lauren Center for Cancer Care
- Launched Patient Navigator Programs at six HHC hospitals—Bellevue, Harlem, Jacobi, Kings County, Metropolitan and Queens—to help patients get colonoscopies; supported Patient Navigator Programs through training, community outreach and program evaluation; worked with HHC and the Fund for Public Health in New York, and received support from the New York Community Trust
- Expanded Patient Navigator programs to six voluntary hospitals, including Columbia Presbyterian, Montefiore, Brookdale, Richmond, Jamaica and Flushing
- Conducted an in-depth, cost-benefit analysis of the Patient Navigator Program to demonstrate the program's potential return on investment for hospitals considering the program for their endoscopy suites
- Conducted a media campaign featuring subway hero Wesley Autrey, which promoted colorectal cancer screening to New Yorkers in high-risk communities in collaboration with HHC
- Convened 2 annual Citywide Colon Cancer Control Coalition (C5) Summits, in June 2007 and 2008. C5 working groups reviewed NYC CRC guidelines, focused on strategies to increase colonoscopy referrals; surveyed non-hospital based gastroenterology practices to identify barriers to colonoscopy, and launched a Navigator Program Network
- Created a flow sheet for primary care physicians to provide direct colonoscopy referrals. Evaluation is underway in a Medicaid managed care health plan and a voluntary hospital
- Determined that the length of wait times and facility capacities at mammography-screening facilities throughout New York City did not contribute to the recent decline in mammography rates
- Conducted an assessment of best practice in cancer screening among New York City health insurance plans, including an evaluation of the use of patient navigators and reminders, and of payment practices for certain screening types.
- Implemented pilot navigator models in four health plans to increase mammography and colonoscopy rates
- Implemented a pilot intervention to increase Pap tests through pediatric recommendations to adult guardians
- Revised key publications to support colonoscopy screening including a Health Bulletin, a CHI, a navigator launch tool kit, and a brochure explaining the Patient Navigator Program
- Launched an initiative to promote breast cancer screening, including 22 Breast Cancer Risk Reduction Workshops that reached over 1,000 New York City employees, in partnership with the New York City Commission on Women's Issues and the Maurer Foundation
- Continued Wellness Challenges at 27 worksites representing 10 organizations and more than 40,000 employees. The programs included challenges about being screened for colon, breast and cervical cancer.

Figure 18. Colonoscopy screenings by race/ethnicity in New York City, 2002-2006

Racial Disparities in Colonoscopy Screening Rates Have Decreased and Colon Cancer Death Rates Have Reached a New Low



Source: NYC Vital Stats 1995-2006; NYC Community Health Survey, 2006

TCNY Indicator: Get Checked for Cancer

Screening rates for breast cancer— Proportion of women aged 40+ who received mammograms in past two years

- **Status 2002:** 77% (1.3 million women)
- **Status 2007:** 74% (1.3 million women)
- **TCNY Goal:** 85% (1.5 million, a 10% increase)
- **Healthy People 2010 National Goal:** 70%

Screening rates for cervical cancer—Proportion of women aged 18 or older who received a Pap test in the past three years

- **Status 2002:** 80% (2.5 million women)
- **Status 2007:** 80% (2.5 million women)
- **TCNY Goal:** 85% (2.8 million women)
- **Healthy People 2010 National Goal:** 90% of women at high risk screened

Screening rates for colon cancer—Proportion of New Yorkers aged 50 and older who received a colonoscopy in the past 10 years

Status 2003*: 42%

Status 2007: 62%

TCNY Goal: 60% (20% more than in 2003). Revised target is 80% of New Yorkers aged 50+ screened by 2011.

Healthy People 2010 National Goal: 50% of adults aged 50+ screened for colon cancer (lifetime)

* Data not available for 2002

8. Get the Immunizations You Need

Vaccines are important for people of all ages.

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 to receive regular immunizations to stay healthy.

TCNY Objectives

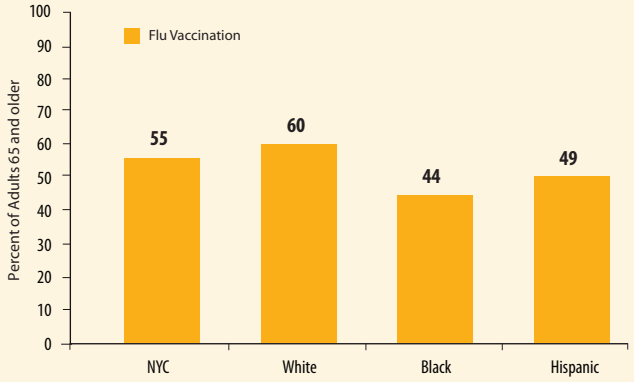
- Increase the number of New Yorkers, especially those at high risk of complications, who receive influenza and pneumococcal immunizations.
- Increase the number of health care workers who receive annual influenza vaccinations.
- Advocate for additional funding for adult vaccination and work to ensure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

2007–2008 Activities and Accomplishments

- Successfully advocated for passage of legislation allowing pharmacists to give influenza and pneumococcal shots. The bill was signed into law and goes into effect on December 4, 2008
- Issued and distributed the 2008 publication, "Prevention and Control of Influenza" *City Health Information* to nearly 90,000 New York City health care providers
- Conducted a Standing Orders Survey to learn of best practices among facilities and help monitor the effect of the NYS Public Health Law Amendment #2805-h and the new JCAHO requirement that was developed for distribution to acute care health care facilities in NYC. Preliminary data shows that 86% of hospitals have a standing orders policy, and 98% promote health care workers vaccination
- Completed the second year of the Pneumococcal Immunization Initiative with providers at Kings County Hospital Center, achieving a 12% increase in pneumococcal vaccination rates through outpatient standing orders in 2007. Three additional medical facilities are now participating in the initiative, including Forest Hills Hospital, Ralph Lauren Center for Cancer, and Richmond University Medical Center
- Expanded a study to examine the comparative effects on private-practice vaccination rates of providing free pneumococcal vaccine to providers vs. providing free vaccine, technical assistance and educational materials. Twenty provider sites are now participating in the project
- Continued outreach in collaboration with the Brooklyn Flu Steering Committee, a coalition of community leaders working to address low flu vaccination rates by organizing public education campaigns and free flu clinics.
- Distributed over 300,000 doses of influenza vaccine to medical facilities, pediatric provider offices, gratis providers, Department of Homeless Services and Visiting Nurse Services.
- Awarded a Merck Adult Vaccine Patient Assistance Program Public Sector Pilot grant in May 2008, that will provide the Bureau with free HPV vaccine to offer to adult women (19-26 years of age) who meet specific insurance and income level status.
- Began offering meningococcal conjugate vaccine at all Bureau of Immunization walk-in clinics to all patients between the ages of 11-18 years.
- Began work with Primary Care Information Project to encourage vaccination administration in provider offices through usage of electronic medical records
- Advocated for improved and increased national infrastructure for adult immunization administration with the National Vaccine Advisory Committee.

Figure 19. New Yorkers 65+ vaccinated against influenza by race/ethnicity, 2007

Black And Hispanic Adults Aged 65+ Are Less Likely To Receive Annual Flu-Shot



Source: NYC DOHMH Community Health Survey 2007; 2007 BRFSS data

*The CHS 2007 asks the following question: "During the past 12 months, have you had a flu shot in your arm or a flu vaccine that was sprayed in your nose?" The BRFSS asks this question separately for flu shot and FluMist, and only flu shots are presented here. All estimates are weighted to the NYC Census population.

TCNY Indicator: Influenza immunizations among New Yorkers aged 65+*

- **Status 2002:** 590,000 (63%)
- **Status 2007:** 470,000 (55%)
- **TCNY Goal for 2008:** 80%
- **Healthy People 2010 National Goal:** 90%

* Data from this indicator is for the flu season only.

9 Make Your Home Safe and Healthy

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

LEAD POISONING

New York City has made dramatic progress reducing childhood lead poisoning, yet lead poisoning remains a significant public health problem. Young children, especially those who are poor and live in deteriorated housing, are at greatest risk. Children of color are also disproportionately affected. Lead poisoning is associated with learning and behavioral problems.

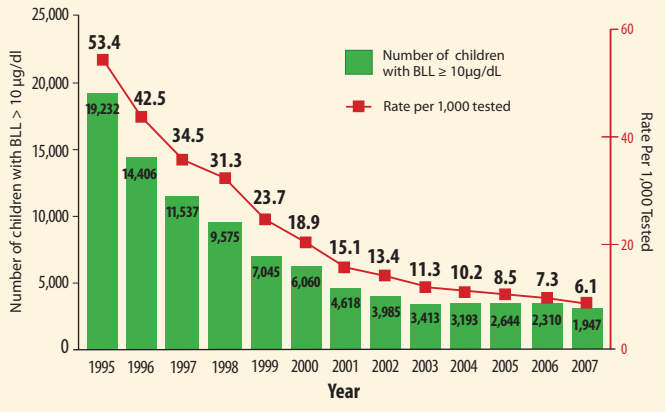
TCNY Objectives – Lead Poisoning

- 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 ages 1 and 2, which is required by law.
- Promote lead poisoning prevention and safe work practices among property owners, tenants, community organizations, and contractors.

2007–2008 Activities and Accomplishments

- Ordered the abatement and remediation of lead-paint hazards in 739 homes
- Continued a primary prevention program in high-risk Brooklyn neighborhoods to identify and reduce lead-paint hazards before they result in lead poisoning
- Continued the Healthy Homes hardware store campaign in more than 400 participating stores to educate contractors and do-it-yourselfers about lead-safe work practices when performing housing renovation and repair
- Enforced the removal of more than 2,000 units of lead-contaminated Kohl, Kajal and Surma eye makeup in retail stores in South Asian neighborhoods
- Mailed more than 300 orders to wholesalers and regional/district managers of toy stores and drug stores found to sell lead contaminated toys
- Launched an EPA-funded project to assess the use of imported herbal medicine products among high-risk South Asian communities in NYC.
- Educated more than 20,000 healthcare providers about lead poisoning risks from toys and other consumer products via the Health Alert Network
- Educated acupuncturists, ayurvedic practitioners and other healers about the lead hazards of herbal remedies
- Developed multilingual fact sheets intended for consumers and retail stores on lead hazards identified in imported consumer products
- Conducted community outreach and distributed more than 107,000 copies of educational materials targeted to high-risk groups and neighborhoods to increase awareness of lead poisoning and community capacity to reduce lead hazards
- Issued *City Health Information*: "Lead Poisoning: Prevention, Identification and Management" providing clinical guidance to health care providers about lead poisoning screening and prevention in children and pregnant women
- Continued successful data-matching partnerships with all Medicaid managed care organizations in New York City and the DOHMH Early Intervention Program to identify one- and two-year olds who had not been tested for lead poisoning

Figure 20. Childhood lead poisoning inNew York City, 1995-2007



* Number and rate (per 1,000 tested) of children, ages 6 months to less than 6 years, newly identified with blood levels >10µg/dL, by year: NYC, 1995-2006.

TCNY Indicator: Children younger than six with newly identified, blood-lead levels (BLL) ≥ 15 g/dL and an identified, lead-based-paint hazard

- **Status 2002:** ~740
- **Status 2007:** 421 (a 43% reduction from 2002)
- **TCNY Goal for 2008:** Fewer than 260 (a 65% reduction from 2002)
- **Healthy People 2010 National Goal:** No children younger than six with a BLL ≥ 10µg/dL

DOMESTIC VIOLENCE

Domestic violence is an important cause of injury and death among women. It also increases the risk of child abuse, contributes to poor pregnancy outcomes, compromises physical and mental health, and is a leading cause of emergency department visits for women.

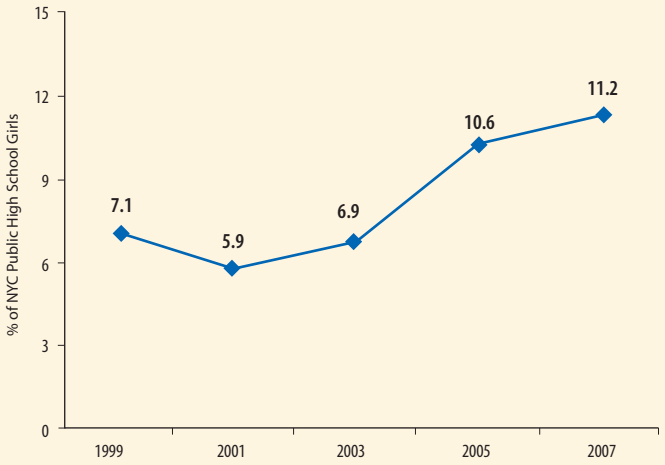
TCNY Objectives – Domestic Violence

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

2007–2008 Activities and Accomplishments

- Promoted routine domestic violence screening, documentation and referral in primary care settings through dissemination of "Intimate Partner Violence: Encouraging Disclosure And Referral In The Primary Care Setting" *City Health Information* publication.
- Published a *Vital Signs* report, in conjunction with the Department of Education and the Mayor's Office to Combat Domestic Violence, entitled *Teen Safety in New York City*, which highlighted a rise in teen dating violence since 1999 and increased awareness of the problem.
- Expanded domestic violence resources available to the public on the DOHMH website.
- Launched an interactive e-learning course, *Domestic Violence and the Workplace*, and made it available to all DOHMH employees.
- Continued to provide technical assistance and data to community-based organizations to inform domestic violence policy and program development, implementation, and evaluation.
- Expanded domestic violence screening and referral efforts in the Newborn Home Visiting Program in Harlem and the South Bronx, and continued screening efforts in the Nurse Family Partnership Program, STD clinics, and City jails.
- Encouraged Medicaid managed care organizations to require member physicians to routinely screen for domestic violence.
- Published a *Health Bulletin* entitled *How to Keep Yourself Safe – Intimate Partner Violence*, which explained the negative impacts of partner violence and detailed resources for getting and staying safe.
- Reached out to teens in a pilot internet social networking project to increase general awareness about dating violence, encourage help seeking and promote healthy relationships.
- Released a comprehensive report, Intimate Partner Violence Against Women in New York City, to inform policy and program development.

Figure 21. Dating violence among New York City's public high school girls, 1999-2007.



Source: NYC DOHMH and Education (DOE): NYC Youth Risk Behavior Survey, 1999-2007

TCNY Indicator: Women who die from intimate partner homicide (3-year average rate)

Status 2000-2002): 1.0 deaths per 100,000 women age 12+ in NYC

Status (2004-2006): 3-yr average rate of 0.8 deaths per 100,000 women age 12+ in NYC

TCNY Goal for 2008: Less than 1 death per 100,000 women age 12+ in NYC (20% reduction)*

HP 2010 National Goal: Goal to reduce intimate partner homicide not established

* In 2007, the goal was revised to 0.8 death per 100,000 women age 12+

10. Have a Healthy Baby

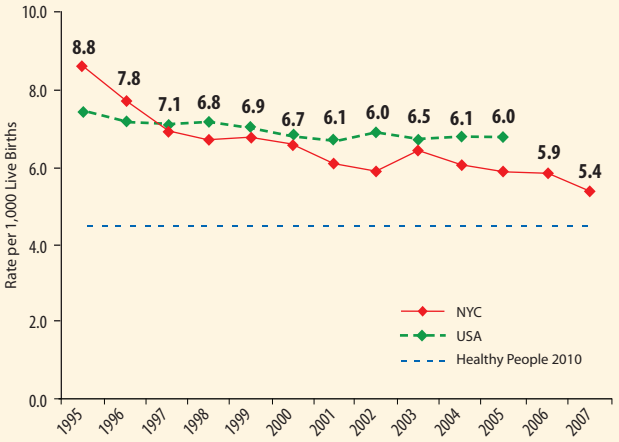
Planning pregnancy helps ensure a healthy mother and a healthy baby.

TCNY Objectives

- Reduce poor birth outcomes by providing high quality and accessible reproductive and primary health care services, including contraception, prenatal, and postpartum care for women and neonatal and infant care for children in all New York City 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 mothers in high-risk neighborhoods, implementing the Nurse-Family Partnership (NFP) for high-risk, first-time mothers, and encouraging drug-free pregnancy, breastfeeding, smoking cessation, and safe sleep practices, including always putting babies on their backs to sleep.

Figure 22. Infant mortality rate in New York City, 1995-2007

NYC's Infant Mortality Rate Has Declined Steadily In The Last Decade And Remains Well Below The National Average



Source: NYC DOHMH Vital Statistics, 1995-2007; Preliminary data
National Vital Statistics System, NCHS, CDC.

TCNY INDICATOR: Infant Mortality Rate per 1,000 Live Births

Status 2002: 6.0 per 1,000 live births

Status 2007: 5.4 per 1,000 live births (10% decrease from 2002)*

TCNY Goal for 2008: 5.0 per 1,000 live births (17% reduction compared with 2002) HP Healthy People 2010 National Goal: 4.5 per 1,000 live births

*2007 data is preliminary; this number is expected to change upon finalization of 2007 mortality data.

2007–2008 Activities and Accomplishments

- Expanded the NFP Program three-fold in the past year, serving more than 1,400 additional families in Jamaica East, Queens, South Bronx, East and Central Harlem, and North and Central Brooklyn. Outreach efforts were also expanded to include teens in foster care, women and teens in homeless shelters, and women at city jails
- Secured funding for NFP, including ongoing state funding through the Office of Children and Family Services, and more than $900,000 in additional private funds
- Launched the Cribs for Kids Initiative, a safe sleep education and free crib distribution program that aims to reduce infant deaths due to Sudden Infant Death Syndrome (SIDS) and unintentional injury. To date, over 1,000 cribs have been distributed through the program
- Partnered with HHC to implement the Breastfeeding Initiative to increase breastfeeding initiation and continuation rates through the implementation of corporate-wide policies and procedures such as enhanced parental support, newborn rooming-in, breastfeeding within one hour of delivery, staff education, replacing formula company incentives with incentives supportive of breastfeeding
- Provided more than 354 educational sessions to nearly 6,700 health care providers, staff of community agencies, and community residents on topics including breastfeeding, contraception, nutrition, parenting, teen pregnancy, smoking cessation, and domestic violence
- As part of the Mayor's Healthy Women/Healthy Babies Initiative:
  - The Healthy Teens Initiative provided training and support to 29 clinics in the Bronx to integrate sexual and reproductive health care into routine adolescent primary care
  - Expanded primary care and reproductive health services at school-based health centers throughout New York City, including dispensing contraceptives
  - Through the Emergency Contraception (EC) Education and Outreach Project, provided a total of 19,672 EC pill packs and prescriptions through community-based partners and 35 high school school-based health centers. 52 percent of the total provision of emergency contraception was to women ages 19 and younger
- Secured $8 million in private funding to provide training, technical assistance and purchase of contraceptive methods to implement and sustain quality reproductive health services at high school school-based health centers
- Distributed approximately 500,000 condoms at high school Health Resource Rooms and provided students with 387 referrals to "teen friendly" clinics through school-linked health care
- Provided more than 10,000 home visits to new mothers living in North and Central Brooklyn, the South Bronx, and East and Central Harlem through the Newborn Home Visit Program
- Established the DOHMH's first lactation room and a breast pump loaner program to support employees who want to continue breastfeeding when they return to work after giving birth, allowing them to pump while at work

Looking Ahead: The Next Phase of Take Care New York

Launched in 2004, **Take Care New York** was the first health policy agenda for New York City. It articulated a clear set of preventive health priorities and set specific, measurable targets that if met, would dramatically improve the health of New Yorkers. Over the last four years, much has been accomplished under the framework of Take Care New York. As outlined in this and previous year's reports, we have seen declines in infant mortality, HIV mortality, and tobacco use, as well as increases in colon cancer screening and having a regular doctor.

Take Care New York was originally conceived of as a four-year initiative that set 2008 goals for New York City. With 2008 upon us, however, much remains to be done. Despite many improvements in the health of New Yorkers, health disparities persist throughout New York City, the health care system has not fulfilled its potential to deliver quality preventive health services, and additional structural and policy changes are needed to continue to improve health outcomes at the population level. With this in mind, the NYC Health Department plans to issue a second iteration of **Take Care New York** at the start of 2009 that will set new preventive health priorities for the City.

Over the past several months, DOHMH and a number of its community partners have engaged in a planning process for the second phase of **Take Care New York**. This process has included a review of data on leading causes of morbidity, mortality, quality adjusted life years (QALYs), and disability adjusted life years (DALYs); a critical analysis of the strengths and weaknesses of the original **Take Care New York** initiative; and numerous discussions on how to best approach and impact public health challenges. The result of this process is a revised Take Care New York with a greater emphasis on primary prevention, a stronger focus on children, and includes neighborhoods as a population-level target of interventions.

In addition to an updated list of 10 priority health areas, the second **Take Care New York** framework is structured around three domains that are critical to improved health: structural/policy change; the health care system; and community engagement/public education. DOHMH's strategic objectives for each of the 10 items and the actions planned for each area will be organized according to these domains. The intention of this revised framework is to clearly articulate the areas where we believe we can have the greatest impact on health and to define specific actions the agency and its partners intend to undertake to improve the health of New Yorkers. The next iteration of **Take Care New York** will include aspirational yet achievable goals and explicitly address issues such as health disparities and primary and secondary prevention. It will reflect the synergistic changes that are necessary to affect health care reform and improve health outcomes.

The next phase of **Take Care New York** will continue to serve as a framework for individual, community, health care system, and government action to improve health. We look forward to continuing to work with our hundreds of partners around the City to achieve the goals **Take Care New York** sets forth and to forming new relationships to collaborate on improving the health of New Yorkers.

Take Care New York Partners

(As of October 1, 2008)

1199 SEIU National Benefit Fund
Affinity Health Plan
African Services Committee
Allan School
American Cancer Society, Manhattan Region
American Cancer Society, Staten Island Region
American Heart Association
American Lung Association of the City of New York, Inc.
AmeriChoice
Asociacion Tepeyac de New York
Basics, Inc.
Bay Ridge Alzheimer's Senior Center
The Bay Senior Center
Bedford Stuyvesant Family Health Center
Betances Health Center
Beth Israel Medical Center
Bonifacio Cora Texidor Senior Center
Boriken Neighborhood Health Center
Borinquen Plaza Senior Center
Bowery Residents' Committee
Bridge Street Senior Citizen Center
Bronx AIDS Services, Inc.
Bronx Community Board 2
Bronx Community Board 3
Bronx Community Health Network, Inc
Bronx River Senior Center
Bronxwood International Church of God
Brooklyn Community Health Partner
Brooklyn Public Library
Brooklyn Plaza Medical Center
Brooklyn West Family Center
Brownsville Multi-Service Family Health Center
Cabrini Medical Center
Calvary Cathedral of Prayer
Care for the Homeless
CarePlus Health Plan
Caribbean Women's Health Association
CASA Mexico
Catherine Sheridan Senior Center
Catholic Charities Alzheimer Adult Day Care Center
Catholic Charities Neighborhood Services, Inc.
Center for Immigrant Health
Central Harlem HIV Care Network
Central Jewish Council Inc.
Chance for Children, Youth Information Center, Inc.
Charles B. Wang Community Health Centers
The Child Center of New York
Church Avenue Church of God
City Harvest
City University of New York:
Baruch College
Borough of Manhattan Community College
Bronx Community College
Brooklyn College
City College of New York
College of Staten Island
The Graduate Center
Hostos Community College
Hunter College
John Jay College of Criminal Justice
Kingsborough Community College
LaGuardia Community College
Lehman College
Medgar Evers College
New York City College of Technology
Queens College
Queensborough Community College
York College
Citiwide Harm Reduction
The Clara Cantrell Clemmons Assistance Center, Inc.
Clinica Nueva Esperanza
Clinical Directors Network, Inc.
Coalition for Hispanic Family Services
College of New Rochelle
The Columbia Center for Medical Rehabilitation
Committee for Hispanic Children & Families, Inc.
Common Ground – The Prince George Hotel
Common Ground Community – Times Square Hotel
Community Agency for Senior Citizens
Community Association of Progressive Dominicans
Community Care Partners
Community Choice Health Plan
Community Health Action of Staten Island
Community Health Care Association of New York State
Community Health Center of Richmond
Community Healthcare Network
Community Premier Plus
Community Service Society
Comprehensive Family Care Center –
Montefiore Medical Group
Department of Citywide Administrative Services
DeWitt Reform Church
Dominican Women Development Center
Dr. Martin Luther King, Jr. Health Center
East Harlem HIV Care Network
El Puente
Energy Kitchen
Elmhurst Senior Center
The Epoch Times
Esperanza Center
Evangelical Garifuna Church
Faith Mission Christian Church
The Father's Heart Ministries
Federation of Protestant Welfare Agencies
Fidelis Care New York
First Central Baptist Church
First Church of the Valley
First Presbyterian Church of Jamaica
First United Methodist Church of Corona
Flatbush Seventh-Day Adventist Church
The Floating Hospital
Forest Hills Hospital
Friendship Baptist Church of NY
Friendship Baptist Church of Queens
Friendship Community Church
Fulton Family Medicine Center
Fund for Public Health in New York
The George & Eva Nell Barbee Family Health Center
GHI Health Plan
GHI HMO Select, Inc.
Glenridge Senior Center
Glenwood Senior Center
Good Sheppard-Faith Presbyterian Church
The Gospel Tabernacle Church of Jesus Apostolic
Greater Brooklyn Health Coalition
Greater New York Hospital Association
Harlem Directors Group
Harlem Dowling –
Side Center for Children and Family Services
Harlem United Community AIDS Center
Harm Reduction Coalition
Health and Hospitals Corporation:
Woodhull Medical and Mental Center
Kings County Hospital Center
Queens Hospital Center
Metropolitan Hospital Center
Jacobi Medical Center
Harlem Hospital Center
Bellevue Hospital Center
Lincoln Medical and Mental Health Center
Elmhurst Hospital Center
North Central Bronx Hospital
Coney Island Hospital
Coler-Goldwater Specialty Hospital and Nursing Facility
Cumberland Diagnostic and Treatment Center
Dr. Susan Smith McKinney Nursing and
Rehabilitation Center
East New York Diagnostic and Treatment Center
Governeur Healthcare Services
Morrisania Diagnostic and Treatment Center
Renaissance HealthCare
Network Diagnostic and Treatment Center
Sea View Hospital Rehabilitation Center and Home
Segundo Ruiz Belvis Diagnostic and Treatment Center
Health and Hospitals Corporation Health and Home Care
Health Insurance Plan of New York
HealthFirst PHSP, Inc.
HealthPass
HealthPlus
HHH Home Care, Inc.
Hillcrest Senior Center
Hispanic Federation
Holy Ghost Pentecostal Faith Church
Holy Innocents RC Church
Holy Trinity Church
Holy Trinity Lutheran Church
Housing Works
Howie the Harp Peer Advocacy Center
Human Resources Administration Medical Assistance
Hunt's Point Multi-Service Center
Iglesia de la Santa Cruz
Immaculate Conception of the
Blessed Virgin Mary RC Church
Immaculate Conception RC Church
Institute for Community Living – Health Care Choices
Institute for Puerto Rican/Hispanic Elderly
Institute for Urban Family Health
Institutes of Applied Human Dynamics
Instituto Latino de Cuidado Pastoral, Inc.
Interfaith Medical Center
International Center for the Disabled
Inwood House
IPR/HE Corona Senior Center
James Monroe Senior Center
Jewish Community Center of Staten Island
Jewish Community Council of the Rockaway Peninsula
Joseph P. Addabbo Family Health Center
Korean Community Services of Metropolitan Area
Korean Community Services Corona Senior Center
Korean Community Services Flushing Senior Center
La Promesa
Latino Commission on AIDS
Lenox Hill Hospital
Levantate Mujer Ministry
Long Island College Hospital
Lutheran Family Health Centers
Mailman School of Public Health Columbia University
Maimonides Medical Center
Manhattan Eye, Ear & Throat Hospital
Marathas Seventh Day Adventist Church
March of Dimes
Mayor's Office to Combat Domestic Violence
Medical Letter
Mental Health Association of New York City
Mercy Center
MetroPlus
Millennium Development Senior Centers
Montefiore Medical Center
Morris Heights Health Center
Morris High School
Mt. Olivet Gospel Church
Muslim Women's Institute for Research and Development
Narco Freedom, Family Health Centers
Narrows at the Lodge Adult Care
Narrows Senior Center
North East Queens Senior Center
Neighborhood Health Providers
New Concepts Community Support
New York Academy of Medicine
New York Blood Center
New York City Department for the Aging
New York City Department of Design and Construction
New York City Department of Homeless Services
New York City Department of Transportation
New York Coalition for a Smoke Free City
New York Hotel Trade Health Centers
New York Methodist Hospital
New York Presbyterian Community Health Plan Inc
New York Presbyterian Hospital
New York Public Library
New York University College
of Nursing Mobile Health Program
North General Hospital
Northern Manhattan Perinatal Partnership
Northside Senior Center
Our Lady of the Angeliuss RC Church
Our Lady of Mercy Medical Center
Park Gardens Long Term Health Care Program
Partners in Health
Peninsula Hospital
Polonian Organized to
Minister our Community, Inc [POMOC]
Primary Care Development Corporation
Project Samaritan Health Services
Public Health Solutions
Puerto Rican Family Institute
Queens Public Library
Reality House
Reform Church of Prince Bay
ReServe Elder Services
Richmond University Medical Center
Safe Horizon
Safe Space
Saint Luke's Evangelical Lutheran Church
Samaritan Village
Sea of Galilee Church
Seaside Community Adult Services
Second Providence Baptist Church
SelfHelp Benjamin Rosenthal Jr. Senior Center
SelfHelp Prince Street Senior Center
Senior Citizens League of Flatbush
Services Now for Adult Persons, Inc.
Sheepshead Bay Naturally
Occurring Retirement Community
The S.L.E. Lupus Foundation, Inc.
South West Queens Ozone Park Senior Center
South West Queens Richmond Hill Senior Center
South West Queens Wakefield Senior Center
South West Queens Woodhaven Senior Center
Spanish Speaking Elderly Council - RAICES
Springfield Gardens Church of the Nazarene
St. Charles Jubilee Center
St. Gabriel's Episcopal/Anglican Church
St. John's Episcopal Hospital
St. John's Evangelical Lutheran Church
St. Louis Senior Center
St. Luke's-Roosevelt Hospital Center
St. Mark the Evangelist Church
St. Margaret Mary Church
St. Paul's House Inc.
St. Stanislaus Kostka Church
St. Stephens of Hungary Church
Staten Island Council on Alcoholism & Substance Abuse
Staten Island Mental Health Association
Staten Island Partnership for Community Wellness
Staten Island Tobacco Free Action Coalition
Staten Island University Hospital
Steinway Senior Services
Today's Child Communications
Touro College of Osteopathic Medicine Health Center
Union Baptist Church
United Community Baptist Church
United Jewish Organization of Williamsburgh
United Neighborhood House of NYC
University Heights Presbyterian Church
UPACA Houses Senior Center
Urban Health Plan, Inc.
Vertex L.L.C
Victory Memorial Hospital
VidaCare
Visiting Nurse Service of New York, Staten Island Region
WellCare Health Plans, Inc.
West Brighton Senior Center
Westside Campaign Against Hunger
William F. Ryan Community Health Center
Willowbrook Park Baptist Church
Woodside Senior Assistance Center
Wyckoff Heights Medical Center
YAI/National Institute for People with Disabilities
Youth Advisory Board
YWCA of Brooklyn
YWCA of NYC

Technical Notes and Acknowledgements

Data sources

Vital Statistics data

HIV/AIDS deaths, drug-related deaths, and infant mortality: NYC DOHMH/Office of Vital Statistics 1995-2006.

New York City Community Health Survey (CHS)

Regular care provider, current smokers, cancer screening, influenza immunization, NYC DOHMH Division of Epidemiology/Bureau of Epidemiology Services/CHS, 2002-2007. CHS is an annual random-digit-dial telephone survey of approximately 10,000 adults in New York City.

New York City Health and Nutrition Self Examination Survey (CHANES) data

Proportion of New Yorkers with well controlled hypertension, elevated A1C, diabetes or cardiovascular disease and an elevated LDL, in treatment for depression: NYC DOHMH Division on Epidemiology/Bureau of Epidemiology Services/CHANES, 2004. CHANES measured key health indicators in a sample of 1,999 randomly selected NYC adult residents through a detailed health interview and brief physical exam.

Intimate partner homicide: NYC DOHMH Division of Epidemiology/Female Homicide and Injury Surveillance System. List of all female homicides is obtained from the DOHMH Office of Vital Statistics for the previous year and is matched with files from the Office of the Medical Examiner. Homicide counts are pooled over three years and then averaged to stabilize relatively small numbers. The rate was age-adjusted to the National Center for Health Statistics Year 2000 Standard population.

Alcohol-attributable mortality: NYC DOHMH CHS, 2005 and NYC DOHMH Vital Statistics, 2006. Alcohol-attributable mortality includes New York City adults age 20 years and older and calculation excludes deaths non-NYC residents.

Children with newly-identified blood lead levels (BLL) ≥ 15 µg/dL and an identified lead-based paint hazard: NYC DOHMH Lead Poisoning Prevention Program.

Adolescent behaviors such as youth smoking rate and dating violence: New York city Department of Health and Mental Hygiene (DOHMH) and Education (DOE): New York City Youth Risk Behavior Survey1997-2007. The YRBS is a survey of public high school students.

Newly diagnosed with HIV or AIDS: NYC DOHMH HIV Epidemiology and Field Services Program, 1988-2007.

Influenza vaccination rates for New York State: Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is an ongoing cross-sectional survey that samples adults aged 18 and older throughout New York, tracking health conditions and risk behaviors.

Insurance and Regular Care Provider

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

Do you have one person or more than one person you think of as your personal doctor or health care provider? (2007)

Screenings, Immunizations, and Health Status

Mammogram: "A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? If yes, how long has it been since you had your last mammogram?"

Pap test: "A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? If yes, how long has it been since you had your last Pap smear?"

Colon cancer screening: "Colonoscopy is an exam in which a tube is inserted into the rectum to view the bowel for signs of cancer or other health problems. Have you ever had a colonoscopy? If yes, when was the most recent colonoscopy performed?"

Influenza immunization: "During the past 12 months, have you had a flu shot?"

Adjustments

For the Community Health Survey, data are age-adjusted to the U.S. 2000 Standard Population.

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For More Information, call 311 and ask for **Take Care New York** or visit nyc.gov/health/tcny.

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