A Policy for a Healthier New York City

March 2004

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New York City Department of Health and Mental Hygiene

Contents

Executive Summary

New Yorkers are living longer and healthier lives than ever, but there is much more we can do to improve the health of all New Yorkers. **Take Care New York** is a health policy that prioritizes actions to help individuals, health care providers, and New York City as a whole to improve health.

New York City has long been a trendsetter, and health is no exception. We were the first city in the United States to create a municipal public health department, establish a municipal hygiene code, operate a public hospital, implement mandatory disease reporting, and establish a municipal public health laboratory.

New York City leads national trends and has undertaken major policy initiatives in crime reduction, public education, and housing. By addressing key health problems, New York City can be at the forefront of improving the health of the public in the 21st Century.

By some measures, the health of New Yorkers has never been better. We've made dramatic progress in life expectancy, infant survival, lead poisoning prevention, and control of communicable diseases, among many other advances. However, New York City continues to face significant health challenges, particularly with regard to chronic disease. With focused effort, we can do much more.

Take Care New York addresses the preventable causes of illness/death on which we most need to focus. Each year, thousands of New Yorkers become sick, miss work and school, are hospitalized, pay high medical care costs, and die from illnesses that could have been averted. Economically disadvantaged New Yorkers, as well as people of Black and Hispanic race/ethnicity, face a disproportionate burden of preventable illness and death. Addressing these disparities is essential to citywide progress in improving health.

We know more now than ever about the health of New Yorkers. And we know more than ever what really works to improve a person's—and a community's—health. **Take Care New York** puts this information together to prevent avoidable illness, suffering, and death.

Take Care New York sets an agenda of **10 key areas for intervention**. These areas were selected because they represent health problems that meet all the following criteria:

- They present a large disease burden, killing thousands of New Yorkers and causing hundreds of thousands of preventable illnesses or disabilities each year;
- They have been proven amenable to intervention and public action; and
- They can be best addressed through coordinated action by City agencies, public-private partnerships, health care providers, businesses, and individuals.

These are important and winnable battles. Important because they affect every New Yorker. Winnable because we know which actions work to prevent illness and death, and because these actions are within our reach.

Take Care New York will help people take action to improve their health. This health policy includes:

- Specific programs conducted by public and private agencies, including the New York City Department of Health and Mental Hygiene (DOHMH), Health and Hospitals Corporation (HHC), other City agencies, health care providers, and community-based organizations;
- Print and electronic educational resources for individuals and health care providers;
- Tools, including a **Take Care New York** "Passport to Your Health" for individuals and a public health detailing project for health care providers;
- Strategies to improve City, State, and Federal policies to better promote health; and
- Rigorous measurement of progress toward established goals.

Take Care New York provides a framework to improve the relationship between individuals and their health care providers and to help New Yorkers lead longer and healthier lives.

The 10 steps to a healthier New York are:

1. **Have a Regular Doctor or Other Health Care Provider.**
   Get regular medical care to help stay healthy.

2. **Be Tobacco-Free.**
   Quit smoking and avoid second-hand smoke to prolong your life and protect those around you.

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

4. **Know Your HIV Status.**
   Get tested for HIV. Reduce risky behaviors and use condoms to protect yourself and others.

5. **Get Help for Depression.**
   Depression can be treated. Talk to your doctor or a mental health professional.

6. **Live Free of Dependence on Alcohol and Drugs.**
   Get help to stop alcohol and drug abuse. Recovery is possible.

7. **Get Checked for Cancer.**
   Colonoscopy, Pap smears, and mammograms save lives.

8. **Get the Immunizations You Need.**
   Everyone needs to be vaccinated, regardless of age.

9. **Make Your Home Safe and Healthy.**
   Have a home that is free from violence and free of environmental hazards.

10. **Have a Healthy Baby.**
    Planning pregnancy helps ensure a healthy mother and a healthy baby.

Status and Goals for 10 Priority Interventions

	Agenda Item	Indicator	Current Status (2002)	Goal for 2008	Comment
1	Have a Regular Doctor or Other Health Care Provider	Adult New Yorkers without a regular doctor	1.5 million	More than 300,000 additional New Yorkers with a doctor	Success would reduce the number of New Yorkers not receiving ongoing health care by 20%, increasing the proportion with regular care from 75% to 80% by 2008.
2	Be Tobacco-Free	New Yorkers who smoke	1.4 million smokers	240,000 fewer smokers	Reducing tobacco use by adults from 22% to 18% by 2008 would represent an 18% decrease in the number of people who smoke, and would prevent 80,000 premature deaths.
3	Keep Your Heart Healthy	Proportion of New Yorkers with well-controlled hypertension, high cholesterol, and diabetes	Baselines will be established in 2004	Targets for blood pressure, cholesterol, and diabetes control will be determined in 2004	Current status is based on interview. An accurate baseline survey will be done in 2004.
4	Know Your HIV Status	Number of New Yorkers who die from HIV/AIDS	1,712[1] *(7,102 at peak in 1994)*	Under 1,000	Decreasing the number of HIV/AIDS related deaths by 42% will mean at least 700 fewer deaths per year.

	Agenda Item	Indicator	Current Status (2002)	Goal for 2008	Comment
5	Get Help for Depression	Prevalence of untreated depression among New Yorkers	Unknown	Baselines and targets will be determined in 2004	An in-depth interview survey in 2004 will provide critical baseline data.
6	Live Free of Dependence on Alcohol and Drugs	Rates of unhealthy drinking	Alcohol: 21% of men age 18+ and 9% of women age 18+ report they binge drink; 6% of men and 4% women report heavy drinking	Baselines and targets for alcohol-related interventions will be determined in 2004	Potential monitoring of interventions for alcohol abuse is under review, and more accurate baselines are being determined.
		Drug-related death rates	Drugs: 11.3 per 100,000 deaths[2]	Drugs: 8 per 100,000 deaths	Reducing the drug-related death rate by 29% would mean 250 fewer deaths among New Yorkers per year.
7	Get Checked for Cancer	Screening rates for colon, breast, and cervical cancer	50% of New Yorkers age 50+ have been screened for colon cancer (lifetime)	Colon cancer screening: 60% (200,000 more New Yorkers age 50+ screened)	Increasing the proportion of New Yorkers age 50+ screened for colon cancer to 60% would prevent at least 200 premature deaths each year.
			77% of women age 40+ have received mammograms in the past 2 years	Mammograms: 85% among women age 40+	Increasing the proportion of women age 40+ screened for breast cancer to 85% would mean an additional 90,000 women would have received recent mammograms.

	Agenda Item	Indicator	Current Status (2002)	Goal for 2008	Comment
			80% of women have received a Pap smear in the past 3 years	Pap smears: 85% among women at high risk	Targets for screening to prevent cervical cancer deaths (151 in 2002) will be determined in 2004.
8	Get the Immunizations You Need	Influenza immunization among New Yorkers age 65+	63%	80%	Increasing the proportion of adults age 65+ who are immunized against influenza to 80% would mean that an additional 160,000 individuals would be immunized against flu each year, reducing their risk of death during the flu season by 50% and preventing more than 1,000 deaths each year.
9	Make Your Home Safe and Healthy	Women who are unsafe or receive injuries due to violence from current or former intimate partners	Unknown	To be determined	Enhanced injury surveillance and improved reporting of domestic violence will enable establishment of baselines and goals.
		Children with newly identified blood lead level (BLL) an identified lead-based paint violation	Approximately 740 children under 6 years[3]	Fewer than 260 children under age 6	This would represent a two thirds decrease in the number of children under age 6 who have a BLL $\geq$15 µg/dL and a lead paint violation.

Agenda Item	Indicator	Current Status (2002)	Goal for 2008	Comment
10 Have a Healthy Baby	Infant mortality rate per 1,000 live births	6.0[2]	5.0	Reducing the citywide infant mortality rate by 17% would result in at least 100 fewer infant deaths each year.

The Health of New Yorkers

Progress

By many measures, New Yorkers are healthier today than ever. We are living longer and, for the first time in 60 years, even longer than the national average.[2] AIDS deaths have fallen by more than two thirds in the past 10 years.[2] Lead poisoning among children has decreased by nearly 80% in the past 8 years.[3] Tuberculosis cases have decreased by more than 70% and the incidence of multidrug-resistant tuberculosis (MDR-TB) has dropped by nearly 95% since the peak of the recent epidemic a decade ago.[4] The homicide rate has fallen by 70%, to the City's lowest level in more than 40 years.[2]

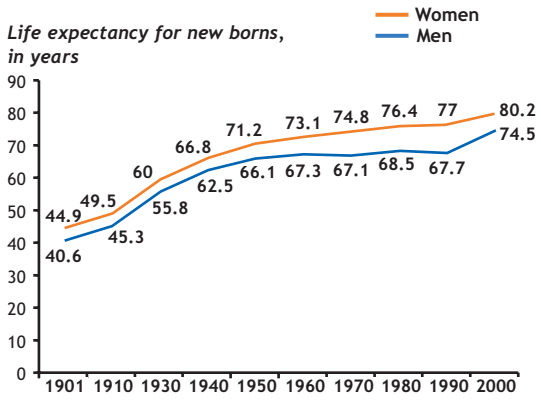
Persistent Problems

New Yorkers continue to suffer from preventable illness and risk premature death. Data from the New York City Department of Health and Mental Hygiene and other sources now provide, often for the first time, in-depth information on these health problems.* Based on these data, it is possible to quantify the health burdens and determine amenability to intervention for each of the 10 priority intervention areas of **Take Care New York**. *(See Annex for summaries of burden of disease and amenability to improvement.)*

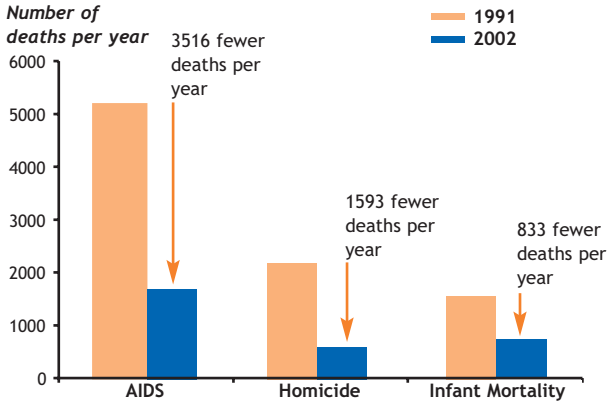
* Much of the data contained in this document is from the 2002 New York City Community Health Survey (CHS); other sources are referenced in the endnotes. The 2002 CHS was a telephone survey of 9,674 New Yorkers, age 18 years and older, conducted by the New York City Department of Health and Mental Hygiene. Participants represented the age, sex, and race/ethnicity distribution of all adults in New York City.

Improvements in Selected Key Health Indicators in New York City

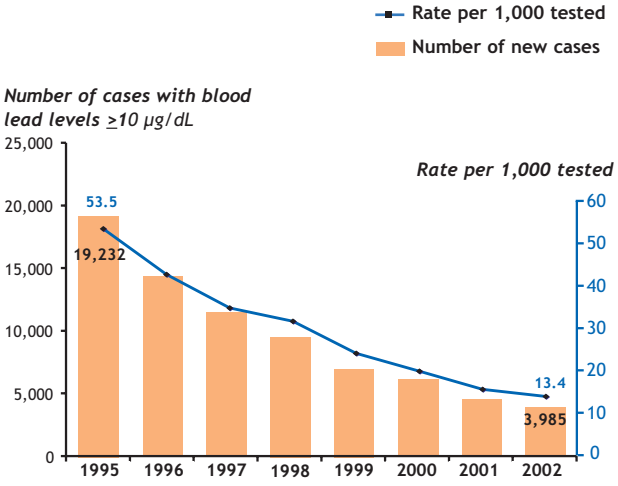
Life expectancy for newborns, NYC, 1901–2000[2]



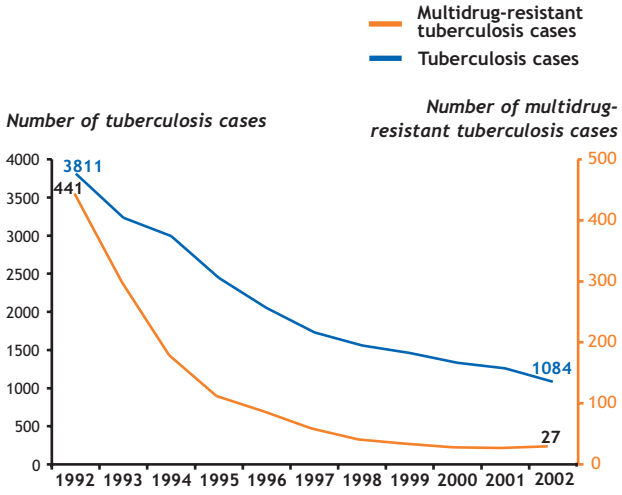
Leading contributors to increased life expectancy, NYC, 1991–2002[2]



Newly identified lead poisoning cases among children age 6 months to 6 years with blood lead levels ≥10 µg/dL, NYC, 1995–2002[3]



Number of tuberculosis cases and cases of multidrug-resistant tuberculosis, NYC, 1992–2002[4]



Health Disparities

Take Care New York is a broad health policy that identifies activities to improve the health of all New Yorkers. However, health problems are not experienced to the same degree among all neighborhoods or racial/ethnic groups. Recognizing that some communities and populations are in greater need of public health and health care services than others, **Take Care New York** prioritizes populations in greatest need. Progress in the 10 priority areas identified by **Take Care New York**, coupled with initiatives to address root causes of poor health, will be the most effective way to improve health and reduce or eliminate health disparities.

Health Disparities by Community

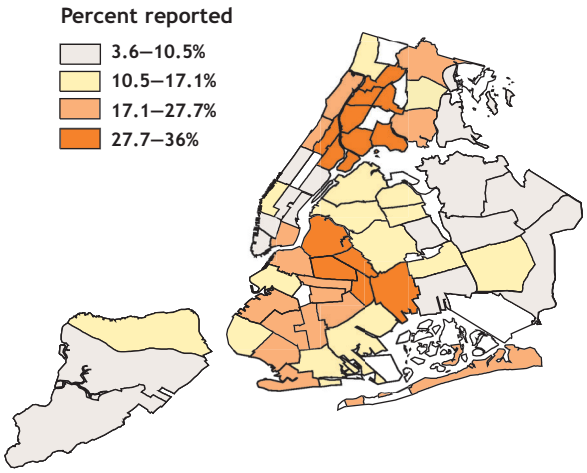
People in some neighborhoods bear considerable burdens from multiple health problems. Rates of illness and premature death are highest in East and Central Harlem, the South Bronx, and North and Central Brooklyn, which are also the poorest communities in the City. The New York City Department of Health and Mental Hygiene's new District Public Health Offices are a step toward addressing these geographic disparities, and bring greatly needed public health resources into these three neighborhoods.

Health Disparities by Race/Ethnicity

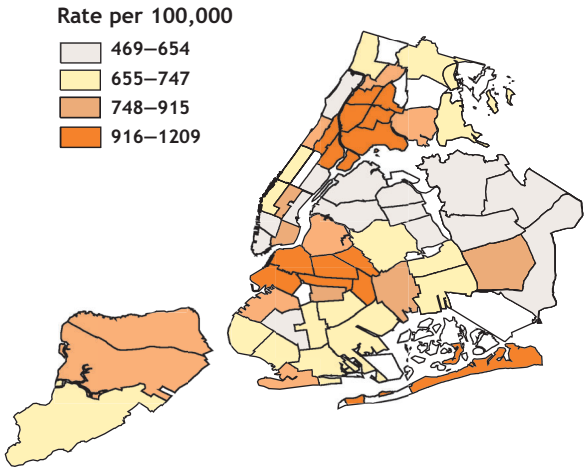
Significant health disparities in the rates and incidence of disease also exist among racial and ethnic groups. These disparities are not genetic in nature, but rather are the result of complex interactions among social and economic factors. Compared with Whites, Black and Hispanic New Yorkers have, for example, poorer overall health status, less access to health care, higher rates of diabetes and obesity, and lower rates of colon cancer screening. Asian New Yorkers generally do not experience health disparities to the same extent, but still have, for example, less access to health care, lower rates of flu vaccination among adults 65 and older, and higher levels of childhood lead poisoning than do Whites. Disparities negatively affect Whites in some health measures, particularly youth smoking.

Geographic Disparities in Selected Health Indicators

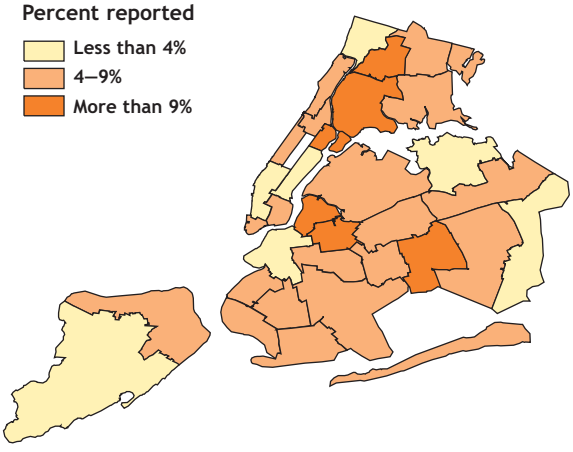
Percent of population living below poverty level[5]



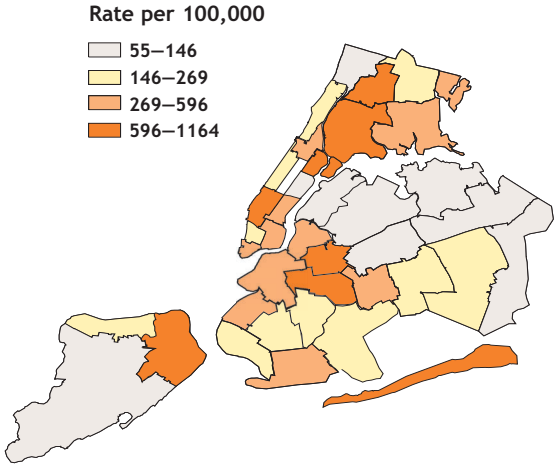
All-cause mortality rate (age adjusted)



Adults reporting significant emotional distress

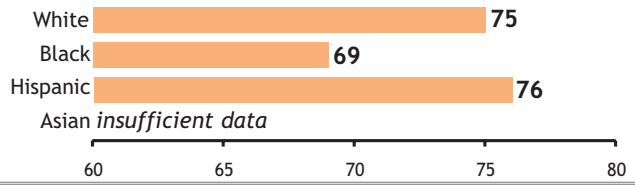
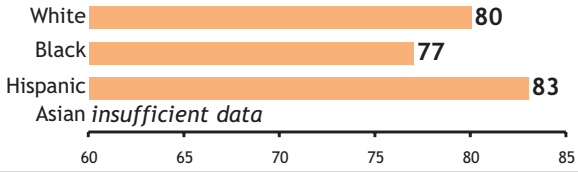
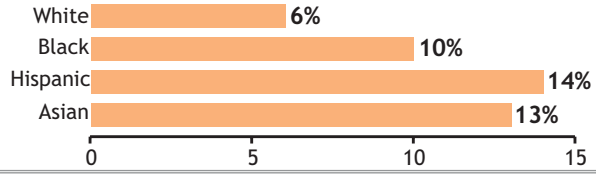
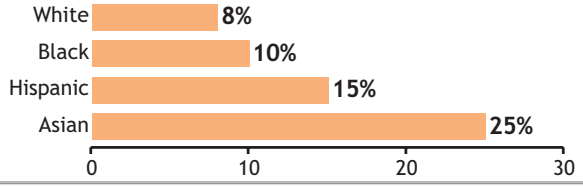
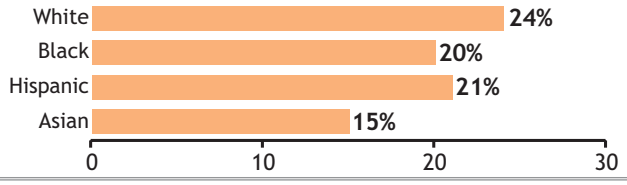
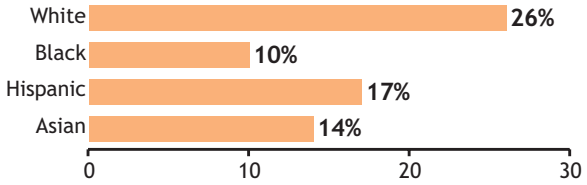
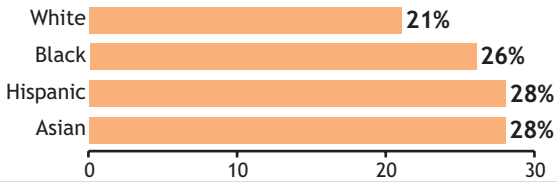
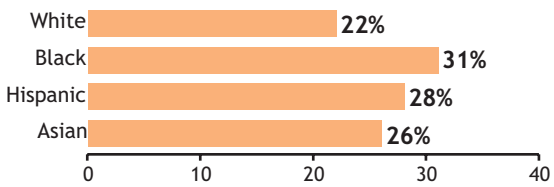


Hospitalizations for drug use[6]

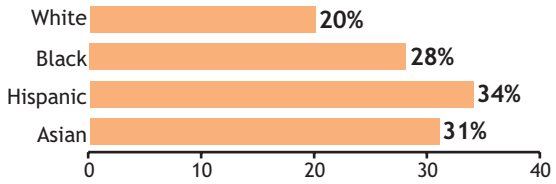
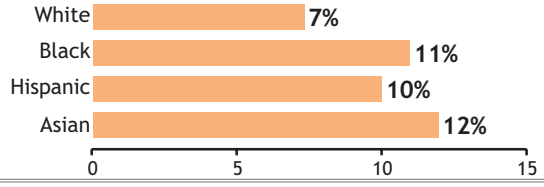
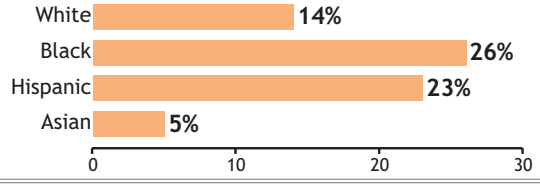
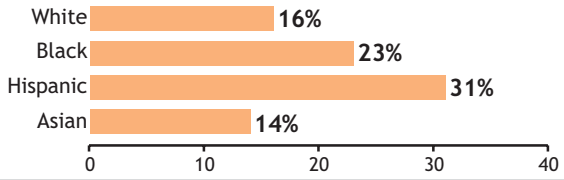
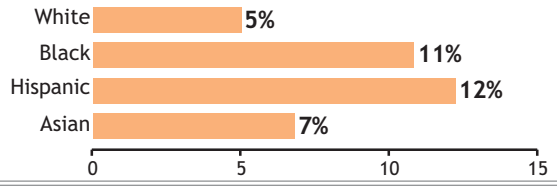
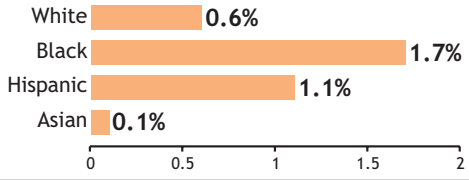
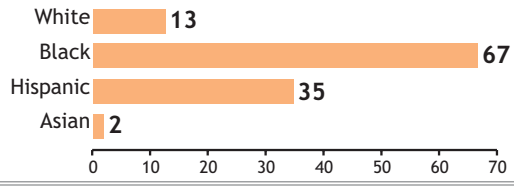
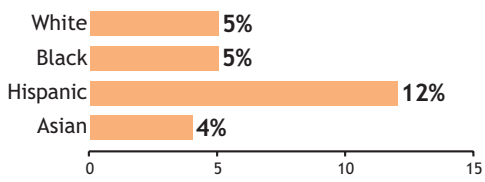


Racial/Ethnic Disparities in Selected Health Indicators

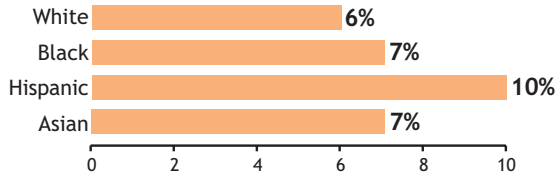
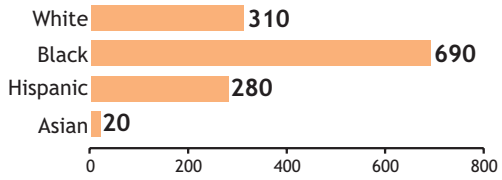
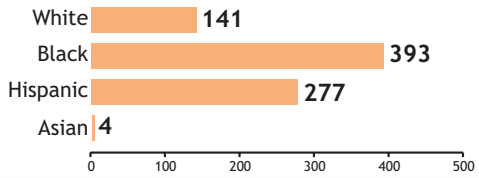
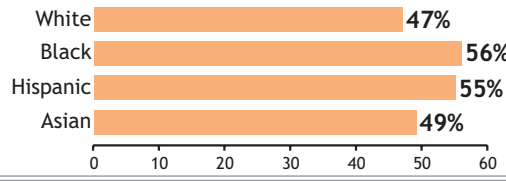
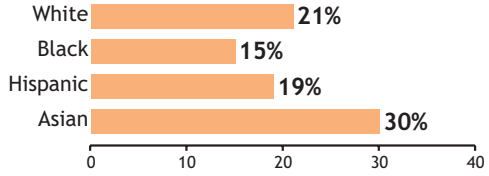
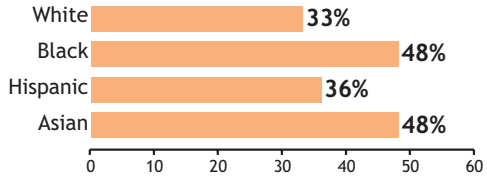
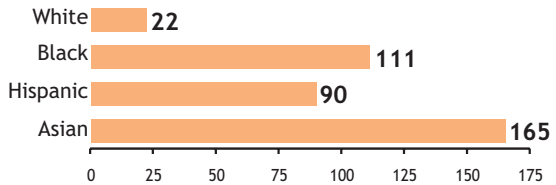
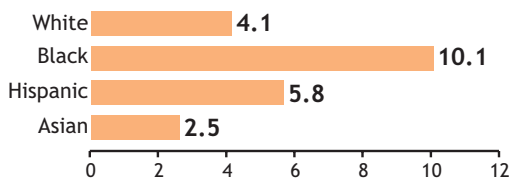
(where shown, percentages indicate the proportion of each racial/ethnic group with the specified health indicator)

Health Indicator	Racial/Ethnic Disparities
Life expectancy in years, men (at birth)[2]	
Life expectancy in years, women (at birth)[2]	
Unable to obtain needed medical care in past 12 months (adults)	
No health insurance, either public or private (adults)	
Current smokers (adults)	
Current smokers (high school students)[7]	
Not screened for cholesterol in past 5 years (adults)	
Hypertension (diagnosed adults)	

Racial/Ethnic Disparities in Selected Health Indicators *(continued)*

Health Indicator	Racial/Ethnic Disparities
No physical activity in past 30 days (adults)	
No physical activity in past 7 days (high school students)[7]	
Obesity (adults, BMI ≥30)	
Obesity (children, grades K-5)[8]	
Diabetes (diagnosed adults)	
Diagnosed and reported HIV infection rates (age 13 and older)[1]	
HIV/AIDS death rates (per 100,000 population, 2002)[1]	
Significant emotional distress (adults)	

Racial/Ethnic Disparities in Selected Health Indicators *(continued)*

Health Indicator	Racial/Ethnic Disparities
Attempted suicide in past 12 months (high school students)[7]	
Alcohol-related hospitalization rate (adults, per 100,000 population)[6]	
Drug-related hospitalization rate (adults, per 100,000 population, 2001)[6]	
No colon cancer screening, ever (age 50+)	
No Pap smear in past 3 years (women, age 18—64)	
No flu vaccination in past 12 months (age 65+)	
Newly identified lead poisoning rate per 100,000 population, EIBLL* cases (children age 6 months—6 years), 2002	
Infant mortality rate (per 1,000 live births, 2002)[2]	

* Environmental Intervention Blood Lead Levels (EIBLLs) are defined as ≥20 µg/dL, or 2 blood lead levels 15—19 µg/dL that were drawn at least 3 months apart where the second test was a venous sample.

Approach to Developing and Implementing a Health Policy

Identify Issues and Focus the Agenda

The 10 priority areas of **Take Care New York** represent health problems that present the greatest overall burden to New Yorkers ***and*** are most amenable to intervention. These 10 areas are significant not only to affected individuals and their families and friends, but also, more broadly, to schools, businesses, the economy, and society in general.

This health agenda is based on the best available medical and scientific evidence, as well as on actions that can improve health the most for the greatest number of people. It clarifies the most important health issues, based upon numbers of preventable deaths, disabilities, and hospitalizations *(see Annex)*, as well as steps that can be taken to avoid these illnesses and deaths. Rigorous evaluation will determine the success of the interventions outlined in **Take Care New York**.

In addition to specific goals for New York City, this document lists Healthy People 2010 (HP 2010) goals, which are targets for various health measures established for the U.S. population as a whole by the Centers for Disease Control and Prevention. They are included here where applicable for comparison; national targets are not always relevant for New York City because of differences in baseline rates.

Promote Evidence-Based Interventions

The public, and even some health care providers, may not be aware of evidence-based interventions that best address specific health issues. We must base our strategy on what has been proven to work. **Take Care New York** is designed to promote best practices known to have the ability to improve the health of New Yorkers, based upon the best available scientific evidence.

Coordinate Services

Public services are not always coordinated as efficiently as possible. For example, until recently, the School Health system was split between the New York City Department of Health and Mental Hygiene (DOHMH) and the (then) Board of Education. This bifurcation of responsibility resulted in each

agency promoting different and uncoordinated agendas and services, which limited their effectiveness.

As another example, DOHMH and the Health and Hospitals Corporation (HHC) both provide essential health services to New Yorkers. Synchronization of efforts between the agencies is improving New York City's ability to prevent disease. Better coordination and cooperation among City agencies would result in more efficient use of resources; **Take Care New York** promotes coordinated action.

Build on Existing Programs

Creating an effective citywide health approach does not require starting from scratch. Existing programs provide an excellent foundation for building even more effective initiatives. The new District Public Health Program, which places DOHMH offices in the City's three highest-risk neighborhoods, has already begun to focus attention and resources on the needs of these communities.

A groundbreaking public health detailing project is also underway. It directly engages individual health care providers and provides them with information and tools for prevention, diagnosis, and treatment for specific health issues. Detailing has or will encompass influenza immunization, colon cancer prevention, tobacco cessation, HIV testing, diabetes prevention and control, and other areas.

HHC serves 1.4 million New Yorkers each year. HHC facilities perform more than 70,000 mammograms and more than 10,000 colonoscopies; treat tens of thousands of New Yorkers for hypertension, high cholesterol, diabetes, and other conditions; provide expert HIV/AIDS care to a substantial proportion of people living with HIV and AIDS in New York City; and operate state-of-the-art smoking cessation clinics. Other City agencies, including the Human Resources Administration, also play key roles in important health and health-related programs.

The recently formed Health and Mental Hygiene Advisory Council, the advisory body to the DOHMH, includes representatives from key public health partners, including citywide coalitions of community-based organizations, provider organizations, and academics. The Advisory Council has already started to provide key input into DOHMH programs, and will be instrumental in building consensus and strengthening alliances to help drive **Take Care New York** activities.

Identify and Build Partnerships

The public sector cannot and should not address these health problems alone; many of them are far-reaching and require coordinated efforts among partners. **Take Care New York** requires the involvement of health care providers and many public and private sector organizations, all of which have a stake in improving the health of New Yorkers and can play key roles in the success of this health policy.

Partnerships with other City agencies, health care providers, business organizations, and community and non-profit groups already exist. Additional partnerships are being created across a broad spectrum of organizations, many of which are working together for the first time. Coordination can promote progress in areas that have historically been resistant to effective interventions.

Individuals

Government, businesses, and communities all have responsibilities to provide an environment that is conducive to good health. A healthy environment requires an accessible health care system as well as education to motivate people and give them the tools they need to take control of their own health. Individuals should not be expected to bear this load alone; however, no health intervention can work if people do not take significant personal responsibility for their own health and that of their families.

Public education will encourage individuals to become more actively involved with their medical care. Promoting a sense of partnership between individuals and their doctors will foster an informed public and improve the quality of care.

City Agencies

Partnerships among City agencies are crucial to success. Crosscutting programs are being created to address many of the 10 **Take Care New York** priority agenda items, with emphasis on neighborhoods and populations that bear the greatest burden. One key partner is the Health and Hospitals Corporation. Significant coordination has already taken place; DOHMH and HHC have worked closely on tobacco cessation projects and are synchronizing programs to increase colon cancer screening in the Bronx and elsewhere. These programs will serve as models for activities in other areas.

Another key partnership is between DOHMH and the Department of Education. Establishing a joint School Health program has laid the groundwork for building a common health agenda of the agencies, and a citywide health agenda will further this. For example, new nutrition guidelines for New York City public school students should help confront the epidemic of childhood obesity. Other partnerships (e.g., with the Department for the Aging on flu immunization, the Department of Parks and Recreation on physical activity, and the Human Resources Administration on wellness programs for public assistance recipients) already exist and will be expanded. Additional partnerships will be formed. **Take Care New York** provides a framework that establishes priority activities and coordinates targeted action throughout many levels of City government.

Health Care Providers

Health care providers play a vital role in **Take Care New York**. The medical community has the responsibility for patient care, from initial contact and diagnosis through treatment. The public health sector must support these efforts by disseminating information on best medical practices and by assisting with implementation of effective monitoring systems.

Many of the activities promoted in this document focus on the clinical care encounter as an opportunity for prevention. More can be done to use the power of the clinical setting and the influence of medical advice to promote prevention. A key focus of this policy is to ensure that the more than $50 billion spent each year on health care in New York City is increasingly effective at preventing illness and death. We have the diagnostic and treatment capacity, and key interventions are relatively simple, inexpensive, and effective.

HHC, community health clinics, medical schools, and voluntary hospitals and facilities all play important roles in the delivery of health care. They are valuable resources that constitute the health care infrastructure of New York City.

Businesses and Employers

Businesses also play a key role. Most people obtain health insurance through employer-sponsored plans. Whatever the level of benefits provided, employers have a self-interest in ensuring that employees and their dependents understand the health care to which they are entitled—healthy employees are more productive. Human resource policies, such as flexible work schedules or time off allowed for medical appointments, can facilitate timely receipt of preventive care; implementation of worksite wellness programs can increase productivity and reduce medical costs.

Some employer-sponsored programs might include: encouraging the use of stairs rather than elevators; promoting physical activity and adult vaccination; providing tools for the identification and treatment of depression and substance abuse; developing guidelines on vending machines in the workplace; providing space for fruit and vegetable vendors; allowing wellness days for preventive health interventions; and including DOHMH and other health links on corporate intranets.

Employers should also learn about the economic benefits that come from a healthy and productive workforce, and how to evaluate the success of employee health insurance plans and their contribution to corporate profitability. Individual companies, as well as umbrella business organizations, can help ensure that the corporate community plays its part in contributing to the success of **Take Care New York**.

Unions

Labor unions can provide educational materials about healthy workplace practices and health promotion activities, and promote progress on these 10 items. By including wellness activities in member benefit programs, unions can improve member health and reduce costs.

Community-Based and Non-Profit Organizations

Other key partners include the vast array of community-based organizations (CBOs), non-profit groups, and faith-based organizations that serve New York City's diverse communities. These groups are often closest to the populations that they serve, can communicate key health messages and provide a highly accessible entry point for health information and services, and help educate the public on what they can and should expect from their doctors.

Whether facilitating direct provision of medical care or providing referrals to other sources, CBOs have historically played an important health care role, especially for harder-to-reach populations. Non-profits have traditionally provided health education and advocacy functions that can advance the **Take Care New York** agenda.

Social and Economic Progress

Take Care New York focuses on specific and proven actions that can be taken today to improve health in New York City. There are, of course, broader social and economic forces that 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, such as those related to HIV, depression, and substance abuse; economic progress in the poorest communities would greatly improve health. Safe and affordable housing can provide individuals and families with the stability needed to better manage chronic diseases, overcome mental illness and substance abuse, receive regular health care, and prevent lead poisoning. Greater

empowerment of women in all parts of our society would result in reductions in HIV, domestic violence, and unintended pregnancy.

National policy is also crucial to health. Lack of access to health care is an urgent national issue. The absence of systems to monitor and ensure the provision of effective preventive services (cancer screening, immunizations, etc.) is another key barrier to improving health. Universal health care would greatly improve health if it were to include:

- Effective and free provision of preventive services;
- Financial incentives for preventive services;
- Provider accountability for performance;
- Affordable basic medications (e.g., for blood pressure, cholesterol, depression, and diabetes treatment); and
- Accessible and affordable treatment for drug and alcohol abuse.

Smoking-related sickness and death would decrease sharply through implementation of national tobacco control actions to:

- Increase prices;
- Eliminate marketing and promotion of tobacco products;
- Reduce children's exposure to positive media portrayals of smoking;
- Fund extensive public education;
- Fund cessation programs; and
- Regulate the nicotine content of cigarettes.

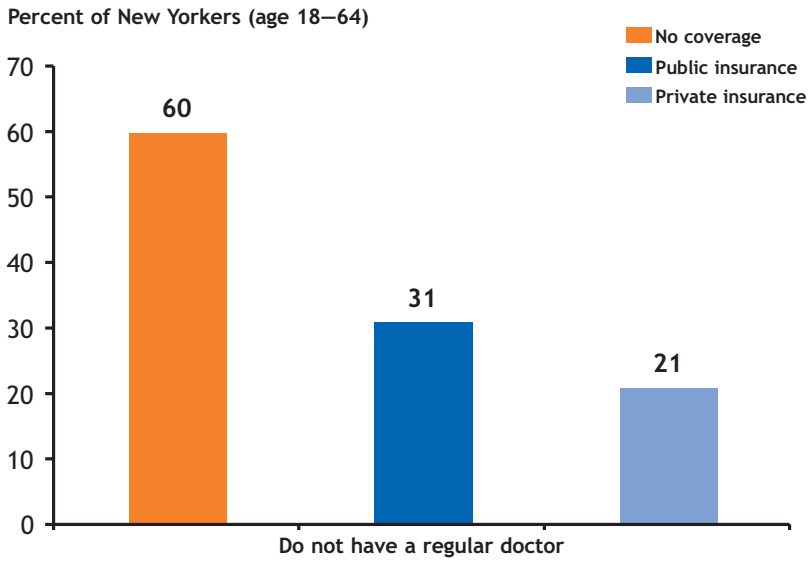
The epidemic of obesity could be addressed in part by:

- Restructuring economic incentives relating to food;
- Ensuring greater access to fresh fruits and vegetables;
- Restricting food advertising to children;
- Increasing access to safe and attractive parks and recreation areas; and
- Improving design of communities, buildings, and worksites to promote physical activity.

These are examples of social and economic change that would produce substantial health benefits. It is important, while working on the specific issues and initiatives that form **Take Care New York**, to recognize that advocacy for broader changes, if effective, would also have major health benefits.

1. Have a Regular Doctor or Other Health Care Provider

New Yorkers Without Health Coverage Are Much Less Likely to Have a Regular Source of Medical Care



Get regular medical care to help stay healthy.

The Problem

Current Status

- Millions of New Yorkers lack health insurance.
- 1.5 million adult New Yorkers do not have a regular doctor.

Burden

- Having a primary care physician as a regular source of medical care decreases overall costs of medical care and reduces the likelihood of dying.[9]
- 27% of New Yorkers without health insurance coverage said they were unable to obtain needed medical care.
- New Yorkers without a doctor are less likely to be screened for cancer and effectively treated for heart disease, and much less likely to be vaccinated.

Amenability to Intervention

- Almost 70% of New Yorkers age 18 to 64 who do not have a regular doctor do have health insurance.
- 61% of those who were unable to receive needed medical care had health insurance.
- Health and Hospitals Corporation (HHC) facilities and community health clinics have additional capacity to serve the uninsured.

Examples of City and Partner Activities

- Most New Yorkers who were unable to receive needed medical care already have or are eligible for health insurance. For New Yorkers with health insurance but who do not have a regular doctor, the City will:
  - Provide a directory for all public health insurance program enrollees that can be searched by location, language, and health plan to help them find a doctor.
  - Provide public education materials and advertising campaigns on the availability of public health insurance programs, as well as on the need for individuals and families to recertify their eligibility.
  - Educate the public with written materials and through activities of community groups on how to access health services.
  - Assist insurance carriers in efforts to encourage covered individuals to utilize preventive care appropriately.
- For New Yorkers who qualify for but do not have health insurance, the City will:
  - Help them enroll and stay enrolled in public insurance plans, such as Medicaid, Child Health Plus, and Family Health Plus.
  - Support citywide initiatives through the Mayor's Office of Health Insurance Access to improve citywide health coverage.
- For uninsured New Yorkers who do not qualify for public insurance, the City will assist them in getting a doctor at an HHC clinic or a community health clinic.

Policy Directions

Note: Some of these policy proposals are drawn from recommendations for public health insurance reform developed by the Human Resources Administration.

- Work to close gaps in eligibility for public health insurance.
- Investigate barriers to obtaining regular medical care among insured as well as uninsured populations, and propose solutions to eliminate those barriers.

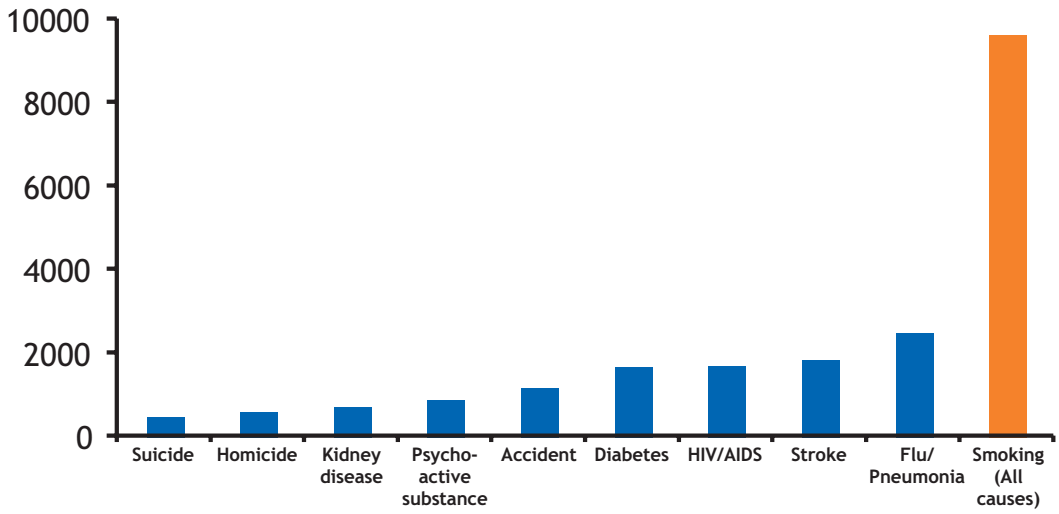
- Promote an adequate supply of health care professionals who are culturally competent to treat diverse ethnic populations in New York City.
- Promote continuity in doctor-patient relationships (e.g., provider continuity in Medicaid re-enrollment, continuity in care when switching private insurance coverage).
- Promote expansion of private insurance opportunities for employees of small businesses (e.g., HealthPass).
- Advocate for simpler enrollment and re-certification in public health insurance programs.
- Consider automatically enrolling children whose families receive food stamps but are not on public assistance into Medicaid managed care plans.
- Consider outreach programs to uninsured individuals who utilize hospital emergency department visits regarding availability of public health insurance, and provide assistance with application.
- Review options to enhance services to help non-English speakers, those with limited literacy, and other vulnerable populations to gain access to public health insurance.
- Advocate for elimination of waiting periods for public insurance coverage to begin once applications have been submitted.
- Investigate the expanded use of technology to increase public access to public health insurance application and renewal, including implementing an interactive telephone application process and a guided web-based application process.
- Advocate for New York State to implement presumptive eligibility for public health insurance for all children for whom application is filed.
- Advocate the federal government to extend the Medicaid eligibility recertification period to two years.
- Provide private employers with guidance on selection and evaluation of health insurance contracts that provide the greatest health benefits at the best cost.
- Advocate for incentive payments and tax breaks in Medicaid managed care contracts and Medicare for demonstrated adherence to clinical preventive guidelines and implementation of prevention-focused clinical information systems.
- Advocate for health insurance coverage of routine preventive care at no charge to patients.
- Consider advocating for waivers of patient charges for treatment of preventable conditions for which patients received recommended screenings.
- Investigate requiring companies that contract with New York City to provide employees with at least basic health coverage.

Evaluating Our Efforts

- Increase the proportion of adults with a specific source of ongoing health care from 75% to 80% by 2008.
  - This would represent a 20% decrease in the number of New Yorkers who do not receive ongoing health care (more than 300,000 individuals). (The federal Healthy People 2010 target is 96%.)

2. Be Tobacco-Free

Annual Deaths from Smoking Compared with Other Causes, NYC, 2002[10]



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

The Problem

Current Status

- In 2002, 1.3 million adult New Yorkers and an additional 80,000 adolescents were smokers.

Burden

- Smoking killed approximately 10,000 New Yorkers in 2002 (more than alcohol, suicide, homicide, motor vehicle accidents, illegal drugs, and breast cancer *combined*).[10]
- Smoking has disabled an estimated 240,000 New Yorkers, primarily from chronic bronchitis, emphysema, stroke, and heart disease.[10]
- Smoking costs New York City an estimated $4.7 billion annually—$2.7 billion in direct medical costs and an additional $2.0 billion in lost future earnings.[10]
- Exposure to second-hand smoke also contributes to heart disease and cancer, and in 2002 caused more than 40,000 New Yorkers to become ill with asthma, ear infections, and respiratory infections.[11]

Amenability to Intervention

- Other jurisdictions have far lower rates of smoking than does New York City;[12,13] progress is possible.
- 7 in 10 smokers want to stop; 63% of New York City smokers tried to quit in the past year.
- Counseling, nicotine replacement therapy, and other medications double quit rates.[14,15,16]
- Smoking among New York City high school students has declined substantially, from 23% in 1997 to 15% in 2003;[7] increased taxation and targeted education campaigns are effective.

Examples of City and Partner Activities

- To support New Yorkers who want to quit smoking, the City will:
  - Provide free medications through the Health and Hospitals Corporation, community clinics, and other participating health care providers for those who do not have insurance coverage.
  - Assist health care providers, employers, churches, and community organizations to implement and evaluate smoking cessation programs for their patients, workers, or members.
- To educate New Yorkers about the health risks associated with smoking and to encourage smokers to quit, the City will:
  - Provide educational materials documenting the evidence of health risks.
  - Provide educational materials targeted to specific communities with high rates of smoking and gaps in knowledge of tobacco-related diseases, e.g., immigrant populations from China (especially men) and Russia, and residents of Harlem, the South Bronx, West Queens, and Staten Island.
  - In collaboration with New York State, the Legacy Foundation, and other partners, use public information techniques to expose tobacco industry strategies that keep people addicted.

- To increase the number of health care providers who routinely recommend and support quit attempts among their patients, the City will:
  - Disseminate guidelines and best practices to health care providers.
  - Give providers tools and information to help their patients quit smoking through continuing education opportunities and public health detailing.
- To protect New Yorkers from exposure to second-hand smoke, the City will:
  - Continue educating employers, business owners, and the public about the dangers of second-hand smoke.
  - Enforce the Smoke Free Air Act to ensure that virtually no worker has to breathe second-hand smoke on the job.
- To prevent young people from starting to smoke, the City will:
  - Support youth-based programs in the community and in schools (coordinating with the Department of Education).
  - Develop youth leadership in the creation of youth-oriented advertising and marketing efforts, promotion of events, and other grassroots activities.
  - Prevent youth access to tobacco products by performing inspection and compliance checks of licensed cigarette vendors by the Department of Consumer Affairs.

Policy Directions

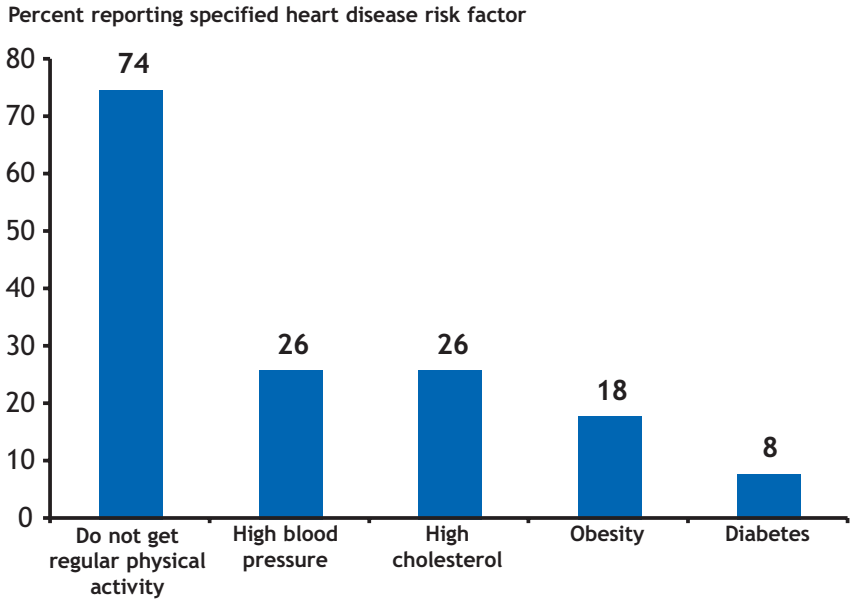
- Encourage medical facilities to implement a smoking cessation registry to document and improve patient outcomes, and consider mandating participation in systemic cessation effectiveness monitoring.
- Advocate for health insurance coverage of cessation counseling and programs, as well as nicotine replacement therapy and other medications (e.g., bupropion), in private insurance and Medicaid plans with no charge to patients.
- Promote stronger enforcement of laws prohibiting illegal internet and mail order tobacco sales.
- Advocate for the elimination of reduced-price tobacco.
- Advocate strengthening of labeling provisions of the Federal Cigarette Labeling and Advertising Act and the Comprehensive Smokeless Tobacco Health Education Act, and repeal preemption provisions to give local jurisdictions authority to regulate tobacco advertising and labeling practices.
- Advocate for federal Food and Drug Administration jurisdiction over tobacco products.

Evaluating Our Efforts

- Reduce tobacco use by adults from 22% to 18% by 2008.
  - This would represent an 18% decrease in the number of people who smoke (an additional 240,000 non-smokers), and would prevent 80,000 premature deaths. (The federal Healthy People 2010 target is to reduce the prevalence of smoking among adults to less than 12%.)

3. Keep Your Heart Healthy

Percent of Adult New Yorkers With Heart Disease Risk Factors, 2002



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

The Problem

Current Status

- ***High Blood Pressure***: 1 in 4 New York City adults has been diagnosed with high blood pressure; another 700,000 people are estimated to have undiagnosed high blood pressure.
- ***High Cholesterol***: 1 in 4 New York City adults has been diagnosed with high cholesterol; another 1.4 million are estimated to have undiagnosed high cholesterol.
- ***Weight***: 1 in 6 New York City adults is obese; three fourths of New Yorkers do not get at least 30 minutes of physical activity at least 4 days a week.

Burden

- Cardiovascular disease (CVD) is the leading cause of death among New Yorkers;[2] many of the 27,000 CVD-related deaths each year could be prevented.
- More than 450,000 adult New Yorkers (8%) have been diagnosed with diabetes; this rate has more than doubled in the past 8 years.
  - Another 225,000 New Yorkers may have diabetes and not know it.
  - 700,000 more New Yorkers with pre-diabetes are likely to develop diabetes.

Amenability to Intervention

- Blood pressure and cholesterol can be controlled with diet and medications.
  - Control of blood pressure with medications reduces the incidence of stroke by a third to half, heart attack by 20–25%, and heart failure by more than half.[17]
  - Treatment of high cholesterol reduces deaths by 25%.[18]
- Most overweight people are capable of reducing to a healthier weight.
  - Even modest weight loss (5–10%) and increased physical activity reduces the risk of developing diabetes by 60% in people at high risk.[19]

Examples of City and Partner Activities

- To help New Yorkers track their vital signs (blood pressure, cholesterol, weight) and take actions to keep them within a healthy range, the City will:
  - Offer a free "Passport to Your Health" to all New Yorkers to help them know and track their vital signs *(see "Promoting the Heath Policy," p. 52)*.
  - Provide an interactive "My Health" website that supplies feedback on actions to improve health.
  - Offer screenings at City health clinics for people who want them, and provide appropriate counseling or treatment as indicated.
  - Promote better screening of people who are overweight for pre-diabetes, pre-hypertension, and other early indicators of developing cardiovascular disease.
  - Promote screening at worksites and in the community, as appropriate.
  - Promote better diabetes management (including blood pressure, cholesterol, and weight management), through public health detailing and partnering with health care providers, including the Health and Hospitals Corporation, community clinics, and the Greater New York Hospital Association.

- To help employers have a healthy and productive workforce, the City will:
  - Partner with larger New York City employers to assist them in initiating worksite wellness and fitness programs for their employees.
  - Provide guidance to other employers, including smaller businesses, so they can easily initiate their own worksite wellness and fitness programs.
  - Provide data to employers regarding the economic benefits of a healthy workforce.

Policy Directions

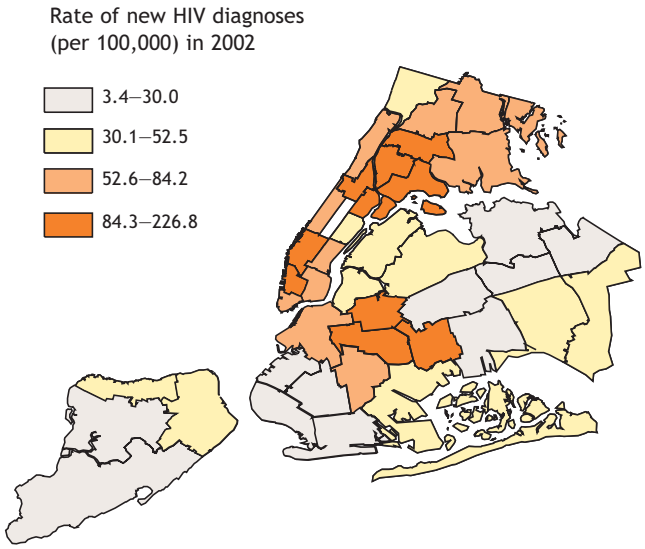
- Work to reduce costs and increase access to prescription drugs, particularly blood pressure- and cholesterol-lowering medications.
- Advocate for mandatory performance standards for managed care and Medicaid providers, tracking each plan's rates of achieving blood pressure, cholesterol, and blood sugar control.
- Advocate for polices that provide incentives to employers who subsidize the cost of health club memberships for employees.
- Promote use of stairs instead of elevators.
- Consider changes to building codes to increase availability of safe and accessible stairs.
- Promote a comprehensive transportation network of safe bicycle lanes and walking paths.
- Explore nutritional labeling guidelines for restaurant and other out-of-home prepared meals.
- Encourage fast food restaurants to use healthier ingredients and cooking/ preparation techniques.

Evaluating Our Efforts

- Reduce the proportion of adults with uncontrolled or poorly controlled high blood pressure, high cholesterol, and diabetes.
  - Baselines and targets will be determined in 2004. (Nationally, only 34% of people with diagnosed high blood pressure have adequate control,[20] only 27% of people with high cholesterol have adequate control,[21] and only 37% of people with diagnosed diabetes have adequate control.[22])

4. Know Your HIV Status

New HIV Diagnoses per 100,000 Population, by NYC Neighborhood, 2002[1]



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

The Problem

Current Status

- More than 100,000 New Yorkers are living with HIV/AIDS.[1]
- As many as 25,000 New Yorkers are HIV-positive but do not know their status.[1]
- More than 5,000 New Yorkers are newly diagnosed with HIV infection each year, with 1 in 4 first learning they are HIV-positive at the time they are diagnosed with AIDS.[1]
- Only 1 in 4 New Yorkers age 18–64 report having a recent HIV test (within the past 18 months); among those with more than 3 sex partners in the past year, only 1 in 3 had an HIV test within the past 18 months.
- Condom use is low; even among New Yorkers with multiple sex partners, only half use condoms consistently.

Burden

- New York City has the highest AIDS case rate of any city in the country, with more cases than Los Angeles, San Francisco, Miami, and Washington, D.C., combined.[23]
- AIDS is the fifth leading cause of death among all New Yorkers and the leading cause of death for New Yorkers age 25–44.[2]
- HIV infection is 3 times more prevalent among Blacks than among Whites, and twice as prevalent among Hispanics than among Whites.[1]
- In some of the neighborhoods most heavily affected by the epidemic, as many as 1 in 4 men who have sex with men are HIV-positive.[1]

Amenability to Intervention

- HIV is preventable through reduction in risky behaviors, use of latex or polyurethane condoms, and not sharing needles for injection drug use.[24]
- Increased awareness of HIV status and improved risk reduction initiatives can substantially reduce risky behaviors, HIV transmission, HIV-related illness, and AIDS deaths.[24]
- Syringe exchange programs reduce HIV transmission among intravenous drug users,[25] with no increase in crime or drug use.[26]
- Effective medical treatment of people with HIV infection, coupled with appropriate housing and social support, can suppress viral load, prevent hospitalizations, prevent drug resistance, prolong life, improve quality of life, and reduce the risk of HIV transmission.[24]

Examples of City and Partner Activities

- Every New Yorker should know their HIV status. To accomplish this, the City will:
  - Provide free, confidential HIV testing and counseling at DOHMH and Health and Hospitals Corporation (HHC) clinics.
  - Expand the use of HIV rapid testing, which provides test results in less than 1 hour, to all DOHMH STD clinics and HHC facilities.
  - Provide rapid HIV testing in various settings, which could include Rikers Island, emergency departments, and community-based organizations, particularly those serving homeless populations and other high-risk groups.

- Strengthen partner notification programs so that people exposed to HIV are offered counseling and testing.

- To help New Yorkers protect themselves and others from HIV infection, the City will:
  - Offer free HIV counseling, testing, and treatment to all pregnant women to prevent HIV transmission to their babies.
  - Provide free condoms to community-based and non-profit organizations for distribution (based on availability), as well as to businesses with high numbers of customers with HIV risk factors (e.g., gay bars, sex venues).
  - Increase availability of syringe exchange and other harm reduction programs to injection drug users, both to prevent the spread of HIV and to move individuals into treatment for chemical dependency and HIV.
  - Provide or ensure access to high-quality treatment and case management services to people living with HIV and AIDS, through coordination among medical and social service providers, the Human Resources Administration, and other City agencies.
  - Improve the quality and efficiency of housing and other social services so that more persons can be effectively served.

Policy Directions

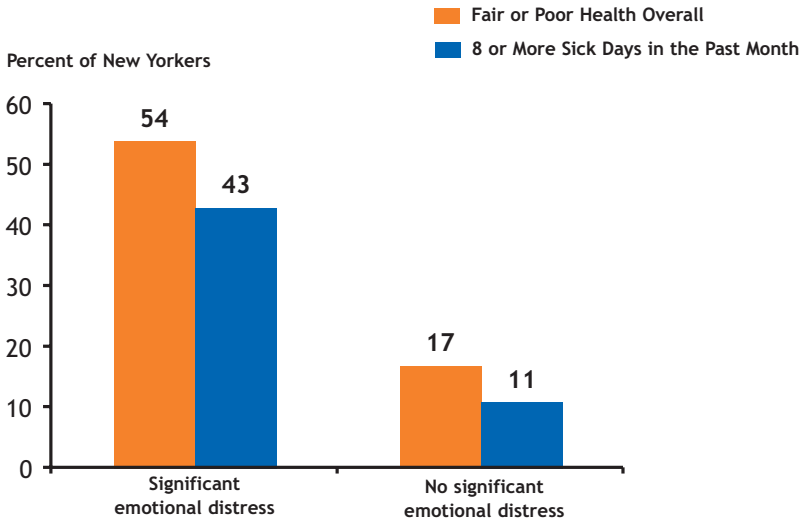
- Advocate for increased federal Ryan White funding for care services and expanded housing support for people living with HIV and AIDS.
- Require Medicaid managed care plans to provide free and expanded HIV testing.
- Mandate data collection in Medicaid managed care plans and other health plans to track the proportion of patients who receive HIV counseling and testing and the proportion of HIV-infected persons who are adequately treated.
- Advocate for HIV and AIDS treatment to be fully covered by all public and private health insurance plans.
- Advocate for local community boards to support the creation of syringe exchange programs in underserved neighborhoods.
- Advocate for expanded prevention, testing, and treatment programs for inmates at correctional facilities, homeless populations, and other groups that are difficult to reach.
- Advocate for health insurance to cover HIV testing at no charge to patients.

Evaluating Our Efforts

- Reduce the annual AIDS death rate by 42%, from 21 per 100,000 population to 12 per 100,000, by 2008.
  - This would reduce the number of AIDS deaths in New York City each year to fewer than 1,000 (preventing at least 700 deaths each year).

5. Get Help for Depression

Poor Health Is Much More Common Among New Yorkers Reporting Significant Emotional Distress



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

The Problem

Current Status

- 6% of adult New Yorkers (380,000 individuals) report experiencing clinically significant levels of emotional distress within the past 30 days.

Burden

- Emotional distress is strongly correlated to poor health outcomes. While 54% of adult New Yorkers reporting significant emotional distress report fair or poor health overall, only 17% of other New Yorkers say that their health is fair or poor.
- Nationally, only a third of those who need mental health treatment receive it.[27]
- The cost of depression to New York City employers is estimated at $1.2 billion annually.[28]

Amenability to Intervention

- Medication and counseling, alone or in combination, can provide significant relief to 70% of people with depression.[29,30]
- Counseling is affordable; many providers use a sliding fee scale based on ability to pay.

Examples of City and Partner Activities

- To encourage treatment of depression, the City will:
  - Educate the public to recognize the symptoms of mental health disorders and to seek treatment if needed.
  - Provide clinical education to medical professionals about recognizing depression, prescribing antidepressants and counseling, and providing referrals for specialty mental health care.
  - Assist primary care practices in the training of clinical personnel in screening techniques for depression, and improve screening, referral, and management of depression in primary care and hospital facilities.

Policy Directions

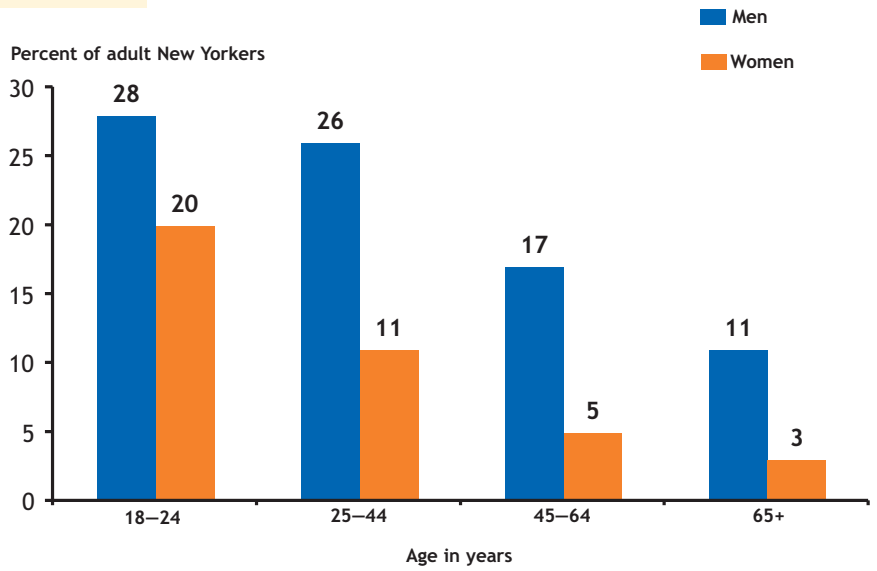
- Increase access to mental health treatment for children and adults.
- Advocate for elimination of the Medicaid neutrality cap, which prevents expansion of mental health services to those in greatest need.
- Advocate for parity for mental health coverage in health insurance plans.
- Promote an adequate supply of mental health professionals who are culturally competent to treat ethnic minorities in New York City.
- Promote recognition of depression and referral at work sites.
- Work to increase local governmental control over provision of mental health services in order to improve the quality of community-based services.
- Promote depression education and screening and quantitative disease management in primary care settings.

Evaluating Our Efforts

- Increase the proportion of adults with depression who receive treatment.
  - Baselines and targets will be determined in 2004 based on data to be collected as part of the New York City Health and Nutrition Examination Survey, which is designed to collect information on the health and nutritional status of New Yorkers. (The federal Healthy People 2010 target is 50%.)

6. Live Free of Dependence on Alcohol and Drugs

One or More Episodes of Binge Drinking Within the Past 30 Days, by Age and Gender, NYC, 2002



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

The Problem

Current Status

- 1 in 6 adult New Yorkers is at risk for a problem with alcohol (i.e., heavy or binge drinking).
- Approximately 200,000 New Yorkers are addicted to heroin or other opiates.[31]

Burden

- More than 1,500 New Yorkers die from alcohol-related causes each year.[32]
- About 900 New Yorkers die from drug overdoses (primarily from heroin and cocaine) every year.[2]
- Opiate addiction costs New York City more than $600 million per year in lost productivity, crime, and medical expenses.[33]

Amenability to Intervention

- Alcoholism can be effectively treated with counseling, 12-step programs, and other techniques.[34,35]
- Brief physician interventions and counseling are effective in helping people reduce harmful drinking.[36]
- Methadone has long proven to be an effective treatment for opiate addiction.[37]
- Buprenorphine, recently approved by the FDA to treat opiate addiction, has shown good initial results in rapidly decreasing overdose deaths,[38,39] and has the potential to greatly increase the number of people receiving treatment for opiate addiction.[31]

Examples of City and Partner Activities

- To encourage alcohol and drug abuse treatment, the City will:
  - ❑ Provide information to the public about recognizing alcohol and drug abuse problems and obtaining treatment.
  - ❑ Train health care providers throughout the City in screening techniques for alcoholism and substance abuse, as well as referral procedures for chemical dependency services.
  - ❑ Pursuant to New York State law, refer applicants for public assistance to drug and alcohol abuse treatment and, where appropriate, mandate participation in treatment programs.
  - ❑ Promote new treatments for substance abuse, such as buprenorphine for opiate addiction, by:
    - Establishing buprenorphine detoxification and treatment centers in high-need communities, at Rikers Island, and in partnership with other programs.
    - Providing clinical treatment information to health care providers.

Policy Directions

- Promote alcohol abuse screening and brief alcohol counseling in primary care settings and work sites.
- Promote the use of buprenorphine among physicians, and advocate for its coverage (for both medication and counseling) in health benefit plans.

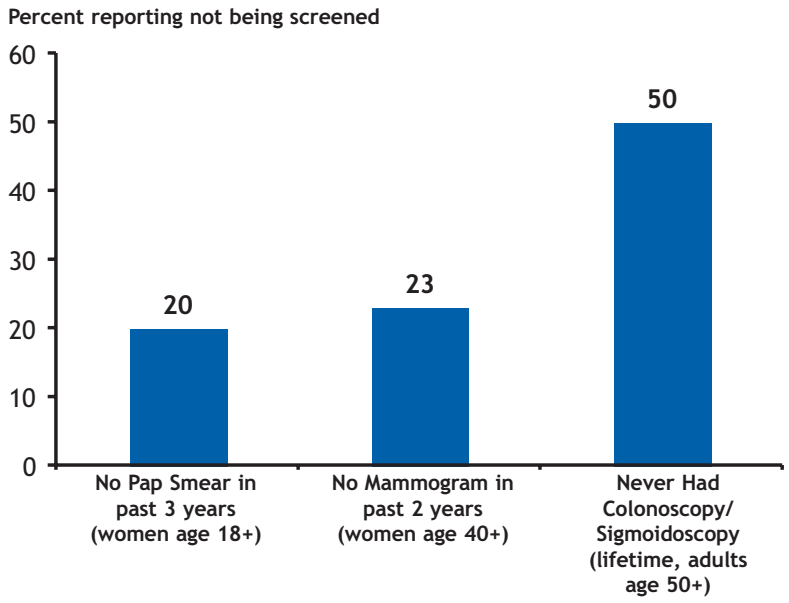
- Advocate for chemical dependency/ substance abuse treatment parity in public and private health insurance coverage for chemically addicted individuals, including those also diagnosed with mental illness.
- Promote expansion of syringe exchange programs and other harm reduction interventions in high-need areas.
- *Also see Policy Directions for treatment of depression (page 35).*

Evaluating Our Progress

- Baselines and targets for screening and treatment of alcohol abuse will be determined in 2004. (National targets are in development.)
- Reduce the death rate from drug-induced causes from 11.3 per 100,000 population to 8 per 100,000 by 2008.
  - This would represent a 29% decrease in the death rate from drug-induced causes—250 fewer drug-related deaths among New Yorkers per year. (The federal Healthy People 2010 target is 1 per 100,000.)

7. Get Checked for Cancer

Adult New Yorkers Not Screened for Cancer, 2002



Colonoscopy, Pap smears, and mammograms save lives.

The Problem

Current Status

- Only 50% of New Yorkers age 50 and older report ever having undergone colon cancer screening via sigmoidoscopy or colonoscopy.
- 1 in 4 women age 40 and older has not had a mammogram in the past 2 years.
- 1 in 7 women report they have never had a Pap smear.

Burden

- More than 1,500 New Yorkers die of colon cancer each year.[2]
- Each year, more than 1,200 New York City women die of breast cancer and more than 150 die of cervical cancer.[2]

Amenability to Intervention

- Colon cancer is among the most preventable cancers.
  - Colonoscopy not only prevents colon cancer by finding pre-cancerous lesions that can be removed easily, it also completely removes the majority of early-stage cancers before they can spread.[40]
- Almost all cervical cancer deaths can be prevented by screening and early detection.[41]
  - Cervical cancer screening can be made more effective by targeting women at higher risk (those who have cervical cancer risk factors or who are not screened regularly).

Examples of City and Partner Activities

- To increase cancer screening, the City will:
  - Increase colon cancer screening in the Bronx through an innovative pilot program in partnership with the Health and Hospitals Corporation/ Lincoln Hospital and the American Cancer Society, and in all three DPHO neighborhoods through public health detailing, community outreach, and professional education.
  - Continue to coordinate a citywide Colon Cancer Coalition to:
    - Coordinate resources to expand colon cancer screening capacity.
    - Educate the public and health care providers on appropriate colon cancer screening guidelines.
    - Monitor the use of colonoscopy procedures to ensure the optimal use of facilities.
  - Provide "envelope stuffers" for corporate and governmental partner mailings, such as employee paychecks and utility bills, with reminders for colon, breast, and cervical cancer screening.
  - Promote free or low-cost cancer screenings.
  - Implement media campaigns to increase public awareness of the value of cancer screening, particularly colonoscopy.

Policy Directions

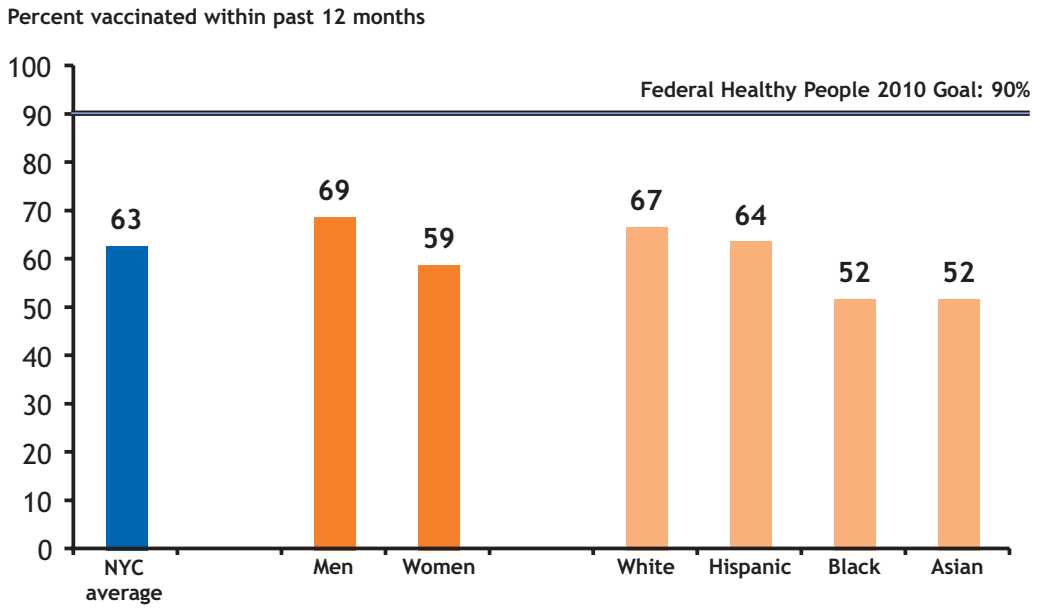
- Promote reimbursement policies to increase colonoscopies.
- Recommend private insurance policies for colonoscopy that will encourage more procedures to be offered.
- Consider making outpatient colonoscopy a reportable procedure to improve tracking of interventions and monitoring of citywide capacity.
- Advocate for public and private health insurance to cover cancer screening, including colonoscopy, Pap smears and mammograms, with no charge to patients.
- Promote easy access to quality mammography and Pap smear for all women.

Evaluating Our Progress

- Reduce the colorectal cancer death rate from 19.9 per 100,000 to 16 per 100,000 by 2008.
  - This would represent a 20% decrease in the death rate, or an additional 300 deaths that would be prevented each year. (The federal Healthy People 2010 target is 13.9 per 100,000 population.)
- Increase the colorectal cancer screening rate for individuals age 50 and older from 50% to 60% by 2008.
  - This would represent an additional 200,000 individuals screened for colon cancer.
- Increase the proportion of women age 40 and older who have had a mammogram within the past 2 years from 77% to 85% by 2008.
  - This would represent an additional 90,000 women receiving up-to-date screening for breast cancer.
- Identify the groups at highest risk for cervical cancer and the barriers to screening these groups via Pap tests, and increase screening rates to at least 85% among these groups.
  - Baselines and targets will be determined in 2004.

8. Get the Immunizations You Need

Influenza Vaccination Rates, NYC Adults 65 Years and Older, 2002



Everyone needs to be vaccinated, regardless of age.

The Problem

Current Status

- Only 63% of New Yorkers 65 years and older received an influenza vaccination during the 2002–2003 flu season.
- Only 50% of New Yorkers age 65 and older have ever received a pneumococcal vaccination.

Burden

- Annually, more than half a million New Yorkers get influenza.[42]
- Several thousand New Yorkers are hospitalized each year from influenza and pneumonia,[6] and more than 2,000 die from related complications.[2,43]
- Hundreds of thousands of New Yorkers 65 and older who are at high risk for flu complications do not get a flu shot each year, making them twice as likely to die during the flu season.[44]

Amenability to Intervention

- Much of the illness and death related to influenza and pneumonia is easily preventable by immunization.
- People 65 and older who are immunized against flu experience 20% fewer cardiac- and stroke-related hospitalizations, 30% fewer hospitalizations for pneumonia or other influenza complications, and 50% lower risk of death from all causes during flu season.[44]
- Virtually all children attend school, enabling complete documentation of their immunization status and facilitating all necessary and legally required immunizations.

Examples of City and Partner Activities

- To increase the number of New Yorkers who receive needed influenza and pneumococcal immunizations, the City will:
  - ❑ Ensure that both the public and health care providers know the groups for which flu and pneumonia shots are recommended (i.e., people 50 and older, people with chronic medical conditions, children age 6 months to 2 years, and health care workers).
  - ❑ Provide free or low-cost flu and pneumonia vaccination for high-risk patients at DOHMH and Health and Hospitals Corporation (HHC) clinics, as well as at community-based sites (in partnership with Department for the Aging, NYC Housing Authority, and others).
  - ❑ Remind health care providers each year about the importance of offering flu shots to their patients through:
    - Public health detailing.
    - Issuing standing vaccination orders for use by medical practices.
    - Collaborative work with hospitals and nursing homes in New York City to improve vaccination performance.
    - Provider resource guides.
    - Public awareness media campaigns.
- To increase the number of New Yorkers who receive other needed immunizations, the City will:
  - ❑ Provide the full schedule of age-appropriate vaccines and immunizations to underinsured children through HHC Child Health

Clinics, and maintain an online Immunization Registry so that health care providers can easily determine if a child's shots are up-to-date.

- Provide hepatitis B vaccinations to high-risk individuals (e.g., close contacts of cases and carriers) free of charge or at cost at DOHMH clinics and HHC facilities.

Policy Directions

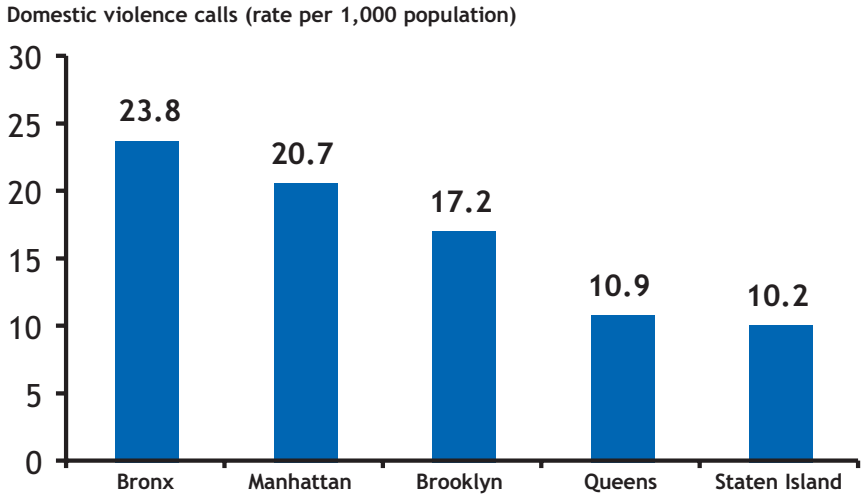
- Advocate for sufficient funding for the National Immunization Program and Vaccines for Children (VFC).
- Advocate for extended eligibility of VFC to children in the State Children's Health Insurance Program.
- Advocate for mandates for provider accountability through public provision of data regarding flu shot administration.
- Advocate for VFC-like programs for adult flu, pneumonia, and hepatitis vaccination to increase access to affordable vaccines.
- Work with New York State to consider requiring health care workers in hospitals and nursing homes to receive annual influenza vaccines, with rare exemptions allowed (as is the case in school vaccination programs), to help prevent spread of flu within these institutions and to set a positive example that encourages individuals to be immunized.
- Advocate for improved influenza vaccine supply nationally.
- Advocate for private health insurance to cover flu and pneumonia vaccines at no charge to patients.
- Work with New York State to consider requiring all health insurance policies in the State to provide complete coverage for immunizations recommended by the federal Advisory Committee on Immunization Practices for adults as well as for children.

Evaluating Our Progress

- Increase the proportion of adults age 65 and older who are vaccinated annually against influenza from 63% to 80% by 2008.
  - This would represent an additional 160,000 individuals immunized against flu each year, which would prevent more than 1,000 deaths annually. (The federal Healthy People 2010 target is a vaccination rate of 90%.)

9. Make Your Home Safe and Healthy

Calls to NYC Domestic Violence Hotline, 2002, by Borough, Rate per 1,000 Population[45]



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

The Problem: Domestic Violence

Current Status

- One out of every 4 women treated for assault injury in hospital emergency departments in New York City is injured by her intimate partner.[46]
- New York City's Domestic Violence Hotline receives 400 calls per day.[45]
- In 2002, there were 78 homicides caused by intimate partner or other family violence; in 65% of these cases, there was no prior police report.[45]

Burden

- Domestic violence is a major cause of injury and death, and accounted for 30% of all homicides among New York City women in 2002.[46] Domestic violence increases the risk of child abuse, contributes to poor pregnancy outcomes, and is a leading cause of hospital emergency department visits.[47]

Amenability to Intervention

- Effective interventions for domestic violence can reduce assault, injury, and death.
- Several factors increase the likelihood that a woman will be killed by an intimate partner.
  - These factors include whether the abuser has access to a gun or is unemployed, whether a child from the victim's previous relationship lives in the household, and whether the abuser forces the victim to have sex.
  - Researchers have developed the Danger Assessment Tool to make domestic violence victims and survivors, as well as health care workers and other service providers, aware of the danger signals of severe abuse that can lead to homicide.[48]

Examples of City and Partner Activities

- Educate health care professionals about recognizing domestic abuse through regular screening, documentation of domestic violence, and providing appropriate referrals.
- Work with the Mayor's Office to Combat Domestic Violence, the Human Resources Administration, and other City agencies, as well as with Safe Horizon and other non-profit service providers, to:
  - Develop domestic violence prevention programs for vulnerable populations.
  - Provide services to victims and families in situations where violence has already occurred or is threatened.
- Continue to work with the Mayor's Office to Combat Domestic Violence in distributing multilingual public education materials as well as training materials for health care professionals.
- Collaborate with the Health and Hospitals Corporation, as well as with private medical facilities, to increase identification of domestic violence victims in the health care system.

Policy Directions

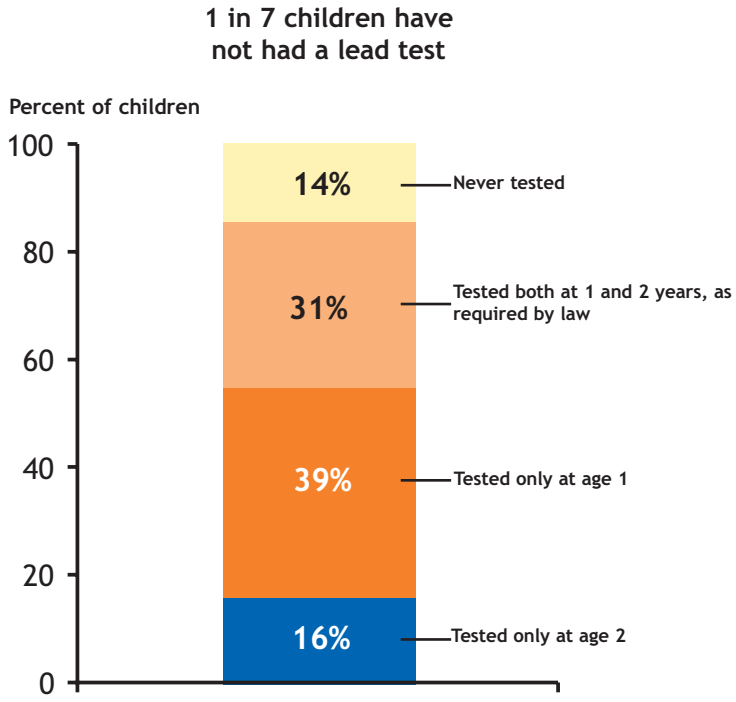
- Promote domestic violence screening and interventions in primary care settings.
- Advocate for all hospitals to have a comprehensive Domestic Violence Program, including designation of a Program Coordinator.
- Clarify coding of suspected cases of domestic violence on hospital emergency department visit reports to facilitate improved monitoring.
- Promote the use of the Danger Assessment Tool.

- Promote stronger relationships between health care professionals and local community-based organizations providing domestic violence services.

Evaluating Our Progress

- Enhanced injury surveillance and improved reporting of domestic violence will enable establishment of baselines and goals.

Proportion of NYC Children Born in 1999 Tested for Lead Poisoning Before Their Third Birthday[3]



The Problem: Childhood Lead Poisoning

Current Status

- 1 in 7 children is not tested for lead poisoning by age 3, despite a New York State law requiring that all children be screened for lead poisoning with a blood lead test at both ages 1 and 2.[3]

Burden

- In 2002, nearly 4,000 New York City children age 6 months to 6 years were newly identified with elevated blood lead levels;[3] this can impair their health, learning, and behavior.[49,50]

Amenability to Intervention

- Because most children are exposed at home, lead-safe homes could prevent most cases of lead poisoning.[51]
- Increased testing of children for lead poisoning as required by law, particularly among high-risk populations, will allow for more rapid intervention and prevention of poisoning.[52]

Examples of City and Partner Activities

- To reduce lead poisoning among children, the City will:
  - Work with the Department of Housing Preservation and Development to enforce legal requirements to make homes lead-safe, including inspections and abatement of properties as required.
  - Continue to educate health care professionals on legal requirements for blood lead testing of all children at ages 1 and 2.
  - Continue to educate parents and families about the importance of blood lead testing.
  - Advocate for, promulgate, and enforce effective legal means to prevent lead poisoning.

Policy Directions

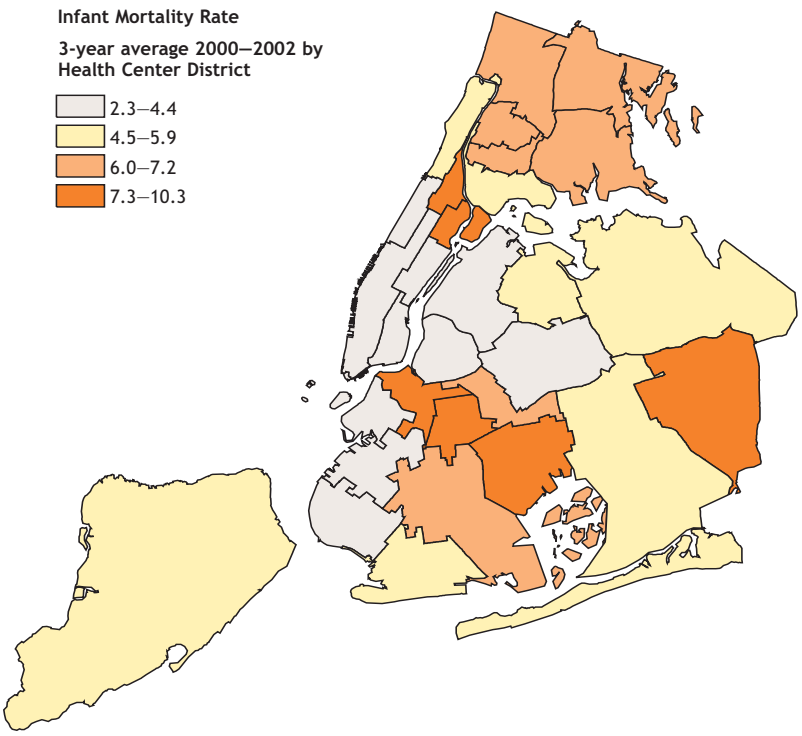
- Explore making lead-paint manufacturers pay the costs of abatement and reimburse the medical costs resulting from exposure to lead-based paint hazards.
- Advocate for federal agencies to strengthen plans to eliminate environmental lead hazards.

Evaluating Our Progress

- Reduce the number of children under age 6 with newly identified blood lead levels (BLL) ≥15µg/dL and an identified lead-based paint violation by two thirds by 2008.

10. Have a Healthy Baby

New York City Infant Mortality Rate, by Health Center District, 3-Year Average, 2000–2002[2]



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

The Problem

Current Status

- Only 4 of 10 pregnancies in New York City are intended.[53]
- More than 9,000 live births (8% of the NYC total) and nearly 20,000 induced terminations of pregnancy (18% of the NYC total) were among women age 19 or younger.[2]
- While the citywide infant mortality rate is at an all-time low of 6.0 per 1,000 live births, the rate by neighborhood ranges widely, from a low of 2.0 to a high of 13.9.[2]

Burden

- There are about 130,000 unintended pregnancies per year, of which more than 90,000 result in induced termination of pregnancy.[2]
- Unintended pregnancy increases the risk of low birth weight, infant mortality, abuse, and deprivation of resources essential to healthy development.[54]
- Infant mortality rates in New York City's poorest communities are up to 7 times higher than those in the wealthiest communities.[2]
  - Eliminating these disparities would prevent more than 200 infant deaths per year.[10]
- Nationally, about two thirds of women who become pregnant do not take folic acid,[54] resulting in estimated annual medical costs of $200 million.[55]
  - In New York City, there are estimated to be more than 50 stillborn children and more than 100 children with severe and preventable neurological disabilities born annually as a result of insufficient folic acid intake.[56]

Amenability to Intervention

- Planning pregnancy helps ensure healthy birth outcomes.[57]
- Taking folic acid supplements could prevent as many as 70% of certain serious birth defects.[58]
- Age-appropriate sexuality education for school children in grades 6–12 reduces sexual risk-taking by delaying initiation of sex, reducing the frequency of sexual activity, reducing the number of sexual partners, and/or increasing use of condoms or other forms of contraception.[59]

City and Partner Activities

- To decrease the number of unintended pregnancies and reduce poor birth outcomes, the City will:
  - Work with the Health and Hospitals Corporation (HHC), the Medical and Health Research Association, and other partners to ensure high-quality, accessible prenatal, neonatal, and postpartum care for women and infants in all NYC communities.
  - Provide public education about important health issues for women who are pregnant or considering pregnancy, including not smoking, not using alcohol or drugs, taking folic acid supplements, avoiding partner violence, and family planning (including emergency contraception).
  - Provide education to health care providers on improving assessment of women's reproductive health care needs.
  - Work with HHC, the Medical and Health Research Association, Planned Parenthood, and other partners to improve consumer and provider education on family planning and women's health.

- Provide emergency contraception at no charge to all women without insurance, upon request.
- Establish a family planning surveillance program to collect data and monitor trends on access to family planning and methods used.

- To reduce pregnancies among teenagers 19 and younger, the City will:
  - Implement comprehensive, age-appropriate sexuality education to school children as part of the health education curriculum.
  - Provide pregnancy prevention counseling and contraception to high school students who request these services, through partnership with the Department of Education and with the involvement of parents, teachers, and other members of the school community.
- To improve the health of newborns, the City will:
  - Coordinate with HHC and other hospitals to initiate a program of home visits by public health workers to first-time mothers in high-risk neighborhoods within the first month after delivery.
  - Continue to provide prenatal care and other health services to eligible lower-income or undocumented women through enrollment in the state Prenatal Care Assistance Program, facilitated by the Human Resources Administration.
  - Establish demonstration projects of the nurse-family partnership, an evidence-based intervention to reduce poor perinatal and neonatal outcomes.
  - Encourage breastfeeding for at least the first 4–6 months of an infant's life, through public education campaigns and interventions by health care providers.
  - Educate parents and other caregivers, as well as health care providers, about preventing Sudden Infant Death Syndrome (SIDS) by putting children on their backs to sleep.

Policy Directions

- Advocate for changes in Medicaid benefits coverage to include all forms of emergency contraception, family planning for undocumented women, and nurse-family partnership programs.
- Implement more comprehensive sexuality education programs in schools, and consider expanding programs as appropriate to the ages of students.
- Expand coverage for visiting nurse services for pregnant and postpartum women and their infants.
- Advocate for over-the-counter availability of oral contraception, including emergency contraception, while preserving Medicaid and other insurance reimbursement.

Evaluating Our Progress

- Reduce the citywide infant mortality rate from 6 infant deaths per 1,000 live births to 5 per 1,000 by 2008.
  - This would represent a 17% decrease in the infant mortality rate, resulting in at least 100 fewer infant deaths per year. (The federal Healthy People 2010 target is 4.5.)

Promoting the Health Policy

Promoting **Take Care New York** and its components will be important to the success of the health policy. Since progress will depend on many City agencies, outside partners, and individual New Yorkers, public understanding of the policy and identification with its goals will be critical to fostering the success of its associated programs.

While this is a unified health agenda intended to focus key health programs and activities, each of the 10 priority intervention areas should also be publicized and promoted on its own. Promoting each issue as part of a package will reinforce the idea that there are key actions that New Yorkers can take to make themselves healthier.

Take Care New York and its components should be communicated to all constituent groups—individuals, health care providers, businesses, government agencies, and community/non-profit groups—in a manner that speaks directly to their specific needs, interests, and concerns. Different constituencies will require different communications, some of which will be developed for large-scale distribution and some uniquely tailored for more focused purposes.

A few key products will communicate information on the agenda as well as provide the public with useful tools that can help individuals improve their health.

- ***Passport.*** A "Passport to Your Health"—a fill-in card for individuals and their health care providers to record information about current health status that can be tracked (blood pressure, weight, immunizations, cancer screening)—to facilitate improved primary and preventive care (accessible online at nyc.gov/health/tcny/tcny-passport.html). The Passport serves as a tool for individuals to learn about key preventive health services that they can discuss with their health providers as they actively monitor their own health status. It should be widely distributed, for example:
  - To patients through health care providers;
  - Through point-of-purchase or "take one" displays in pharmacies and libraries;

- To employees through workplace pay envelope stuffers; and
- To City residents through mass mailings.

- ***Take Care New York Brochure for Individuals.*** "10 Steps to a Longer and Healthier Life" (available online at nyc.gov/health/tcny/tcny-brochure.html) identifies specific actions people can take to be healthier and provides resources for additional information and services.

- ***Take Care New York Health Bulletin.*** An issue of the monthly *Health Bulletin* series will summarize the more comprehensive preventive health messages contained in the brochure.

- ***Provider Information***. Materials will include a guide to best practices for all 10 agenda items, patient education materials, and resources for more detailed information on prevention, diagnosis, and treatment.

- ***Employer Information.*** To promote the adoption of **Take Care New York** elements by employers and corporate partners, materials will stress the business case for this health policy. A brief executive summary on the benefits of adopting policies that promote a healthier workforce will be prepared for CEOs and other high-ranking corporate decision-makers, with more detailed operational information provided for human resources officers.

- ***Website.*** The DOHMH website will post a **Take Care New York** sub-site, takecarenewyork.org, featuring information and web links to additional resources. A variety of links will provide resources for a range of audiences. The website will in addition link to "My Health Survey" (also accessible via a direct link on the DOHMH internet page, nyc.gov/health), where users can obtain customized health information based on information they provide.

- ***311.*** City 311 operators will refer callers as needed for specific agenda items.

Getting More Health from Medical Care Dollars

In the United States, spending on health care accounted for 14.9% of national Gross Domestic Product (GDP) in 2002 (the largest share of the national economy in history) and is expected to increase to 17.7% of GDP by 2012.[60] Total health spending in the United States is now $1.55 trillion, representing a $5,440 per capita average.[60] Health care spending in New York City is even higher—$53 billion per year, or $6,600 per capita in 1999 (the most recent data available).[61]

Many patients do not receive optimal care; a recent study shows that people in the United States receive only about half of recommended medical care. This holds for preventive, acute, and chronic care; for screening, diagnosis, treatment, and follow-up.[62] For example, two thirds of New Yorkers with diagnosed high cholesterol do not take cholesterol-lowering medications, and a third of those who have been told by a doctor that they have high blood pressure do not receive medical treatment. Nationally, only a third of people with hypertension have adequately controlled blood pressure,[20] and only a quarter with high cholesterol have adequate cholesterol control.[21]

We must receive more value for our health care dollars. Health care providers, who are on the front lines in providing health services, play a critical role in protecting and improving their patients' health. Most people really do listen to their doctors and try to follow their advice. Still, appropriate counseling and interventions often do not occur. To maximize the success of **Take Care New York**, provider practices must be synchronized with the policy. For example:

- As people change health insurance plans and doctors over time, continuity of care must be the norm to maximize the health benefits derived through continuous care and uninterrupted interventions.
- Smoking status should be documented during each patient encounter, with brief counseling and offers for referral to more in-depth cessation counseling and/or pharmacological treatment provided to every patient who smokes.
- Vital signs (including blood pressure, cholesterol, and weight) should be taken and discussed with each patient, with

lifestyle modification counseling and/or treatment offered as appropriate. Patients with high blood pressure, high cholesterol, and diabetes should be treated optimally to prevent heart attack, stroke, and premature death.

- HIV testing must become the norm for all patients, especially those with HIV risk factors, with providers offering HIV testing confidentially to every adult, as well as frank discussions of risk factors and prevention activities for HIV.

- Patients should be screened briefly for depression, with medication or counseling provided as needed, or with the offer of referral to mental health services as warranted.

- Patients should be screened briefly for alcohol and substance abuse at primary care visits, with brief physician intervention or referral to more comprehensive services as warranted.

- All patients should receive age- and gender-appropriate screenings for cancer, either in the primary care clinical setting or through referral to diagnostic specialists.

- All patients, especially those in high-risk groups, should be offered flu shots, pneumococcal vaccines, and other needed immunizations at every opportunity, unless contraindicated.

- All children should be tested for lead poisoning at both 1 and 2 years, as required by law.

- Patients should be screened for domestic abuse, with referrals provided as appropriate.

- All women of childbearing age should be counseled about pregnancy prevention, take prenatal vitamin supplements, and receive early prenatal care.

Both individuals and health care providers have a responsibility to improve health. **Take Care New York** will help providers give patients the highest possible level of health care. Because guidelines and policies change rapidly and can be complex, an important function of **Take Care New York** will be to provide better access to key and evolving health guidelines, as well as to facilitate improved communications between health care providers and patients.

However, this must be balanced against findings that if primary care physicians were to perform all the preventive health services and counseling recommended for their patients in an average office visit, they would have only a few minutes remaining each day to treat acute medical problems.[63] Preventive care is essential to good health, but without assistance, it will be extremely difficult for doctors to follow recommendations for preventive services and still provide quality care to their patients. A goal of **Take Care New York** is to provide governmental and community-based support for preventive care in a way that does not compromise the health care system's ability to provide acute and emergency care.

Conclusion

Take Care New York is not the answer to every health care problem. It is an initial attempt to develop and implement a health policy designed to focus efforts, implement evidence-based programs, and monitor the impact of measures that will have the greatest health benefits for New Yorkers. Some programs are in place but need to be expanded; other programs need to be established.

Many **Take Care New York** goals are ambitious, but all are within reach. The greater the involvement of partners, the more likely and rapid progress will be. This health policy is a first step toward fundamental change in the health landscape of New York City. As it progresses, aspects will evolve to ensure that the primary goal—maximizing health—remains the top priority.

Annex

Cause of Death or Illness, New York City, 2002, and Amenability to Intervention

Cause of death or illness	Number of deaths in NYC, 2002[2]	Number of years of life lost prematurely (under age 75) in NYC, 2002[10]	Annual hospitalizations in NYC or other indicator of burden of illness[6]	Examples of how these illnesses and deaths could be avoided
Heart and related cardiovascular/ cerebrovascular disease	27,638	117,000	>145,000 hospitalizations	■ Smoking causes about a third of heart disease deaths[64] and doubles the risk of stroke.[65] Quitting reduces the risk almost immediately, and the risk returns to near baseline after 1–2 years.[66] ■ Effective treatment of high blood pressure and high cholesterol drastically reduces risk of heart attack and stroke.[17,18]
Smoking	9,636 (est.)[10]	62,000	Estimate not available	■ Most New Yorkers who smoke want to quit. ■ Counseling, nicotine replacement therapy, and other medications double quit rates.[14,15,16]
Influenza and pneumonia	2,508	10,000	>28,000 hospitalizations	■ Both influenza and pneumonia are largely preventable with vaccines. ■ Adults age 65+ who receive flu vaccine are half as likely to die during flu season.[43] ■ Smoking greatly increases risk of illness and death from influenza and pneumonia.[67]

Cause of death or illness	Number of deaths in NYC, 2002[2]	Number of years of life lost prematurely (under age 75) in NYC, 2002[10]	Annual hospitalizations in NYC or other indicator of burden of illness[6]	Examples of how these illnesses and deaths could be avoided
Cancer (all forms)	13,742	124,000	>50,000 hospitalizations	■ Risk for many types of cancer is greatly reduced by not smoking, maintaining a healthy diet, and getting regular physical activity.[68]
Lung cancer	*3,121*	*25,000*	*>4,000*	■ 80—90% of lung cancers are directly attributable to smoking.[69]
Colorectal cancer	*1,577*	*12,000*	*>4,000*	■ Colorectal cancer is almost entirely preventable through colonoscopy.[40]
Breast cancer	*1,227*	*14,000*	*>3,900*	■ Regular mammography reduces risk of death from breast cancer.[41]
Cervical cancer	*151*	*3,000*	*>600*	■ Virtually all deaths from cervical cancer could be prevented if all women were screened appropriately.[41]
HIV Disease (AIDS)	1,712	50,000	>10,000 hospitalizations	■ HIV transmission is almost completely preventable through behavior change, condom use, and clean needles.[24] ■ HIV treatment significantly improves the length and quality of life.[24]
Diabetes	1,704	13,000	>19,000 hospitalizations	■ Diabetes can be prevented or delayed by maintaining a healthy weight and getting sufficient physical activity.[19] ■ Diabetes can be successfully managed through lifestyle changes and medical treatment.[70]

Cause of death or illness	Number of deaths in NYC, 2002[2]	Number of years of life lost prematurely (under age 75) in NYC, 2002[10]	Annual hospitalizations in NYC or other indicator of burden of illness[6]	Examples of how these illnesses and deaths could be avoided
Chronic Lower Respiratory Disease (includes Asthma)	1,702	10,000	>37,000 hospitalizations	■ 80—90% of cases of emphysema and chronic obstructive pulmonary disease are caused by smoking.[71] Asthma is also made worse by smoking and exposure to second-hand smoke.[72]
Alcohol Abuse	1,574 (est.)[32]	7,000	>26,000 hospitalizations	■ Alcohol dependence can be effectively treated with counseling, 12-step programs, and other techniques.[34,35]
Accident and Injury	1,216	26,000	>97,000 Each year, more than 2,500 women require emergency care because of assault injuries inflicted by intimate partners[48]	■ Alcohol and/or drug use is a contributing factor to many accidents.[73,74] ■ Not drinking and driving, using seat belts, and driving safely can reduce motor vehicle accident deaths.[75] ■ Strength and balance training, a safe and well-lit living environment, and partnering with health care providers on medication use can reduce falls among the elderly.[76] Group exercise programs for seniors help to maintain physical functioning and prevent falls.[77] ■ Women in abusive relationships who are aware of services and the importance of safety planning can make themselves and their children safer.[78]

Cause of death or illness	Number of deaths in NYC, 2002[2]	Number of years of life lost prematurely (under age 75) in NYC, 2002[10]	Annual hospitalizations in NYC or other indicator of burden of illness[6]	Examples of how these illnesses and deaths could be avoided
Drug Overdose	869	28,000	>36,000 hospitalizations	■ Many forms of drug dependence can be effectively treated.[79] ■ Dependence on heroin and other opiates can be successfully treated with buprenorphine or methadone.[37,38,39]
Infant Mortality	742	56,000	More than 100 babies are born in NYC each year with severe but preventable neurological birth defects[56] There are an estimated 130,000 unintended pregnancies in NYC each year[2]	■ Planning pregnancy improves birth outcomes.[57] ■ Comprehensive sexuality and reproductive health education in school delays the start of sexual activity and increases the use of contraception among teens who are sexually active.[59] ■ Folic acid supplements prevent 50—70% of certain serious birth defects.[58] ■ Putting babies to sleep on their backs decreases deaths due to SIDS.[80] ■ Access to family planning, including emergency contraception, decreases the number of unintended pregnancies.[81]
Homicide	616	26,000	>6,000 assault-related hospitalizations	■ An unknown but large number of homicides have alcohol and/or drugs as a significant contributing factor.[82,83] ■ 78 homicides (1 in 8) were caused by intimate partner or other family violence.[45]

Cause of death or illness	Number of deaths in NYC, 2002[2]	Number of years of life lost prematurely (under age 75) in NYC, 2002[10]	Annual hospitalizations in NYC or other indicator of burden of illness[6]	Examples of how these illnesses and deaths could be avoided
Homicide *(continued)*				■ More than 400 homicides were committed with firearms;[2] curtailment of illegal gun possession could significantly reduce this number.
Suicide	495	16,000	>3,000 suicide attempts 14% of high school students considered suicide and 8% attempted suicide (2003)[7]	■ >90% of people who commit suicide have a diagnosable depressive or other mental health or substance abuse disorder;[84] depression and substance abuse can be successfully treated.
Depression	Virtually all suicide deaths plus deaths from other causes	Virtually all premature years lost from suicide plus others	About 6% of adults experience a major depressive episode in a given year[32] Depression costs NYC more than $1.2 billion annually[28]	■ Up to 70% of people with depression can be successfully treated with therapy and/or medications.[29,30]
Lead Poisoning	—	—	Nearly 4,000 NYC children age 6 months to 6 years are newly identified each year with blood lead levels ≥10 µg/dL[3] Elevated lead levels can impair children's health, learning, and behavior[49,50]	■ Lead-safe housing prevents lead poisoning.[51] ■ Screening children at both ages 1 and 2, as required by New York State law, can detect lead poisoning early enough for corrective actions and prevention of additional exposure.[52]

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