



**A Policy for a Healthier
New York City**

**Second Year Progress Report
June 2006**

Table of Contents

Executive Summary	1
Summary of <i>Take Care New York</i> Indicators Status and Goals	2
Overview of <i>Take Care New York</i>	4
2005 Key Activities and Accomplishments	5
1. Have a Regular Doctor or Other Health Care Provider	6
2. Be Tobacco-Free	7
3. Keep Your Heart Healthy	8
4. Know Your HIV Status	9
5. Get Help for Depression	10
6. Live Free of Dependence on Alcohol and Drugs	11
7. Get Checked for Cancer	12
8. Get the Immunizations You Need	13
9. Make Your Home Safe and Healthy	14
10. Have a Healthy Baby	16
Conclusion	17

Executive Summary

Take Care New York, the health policy agenda of the New York City Department of Health and Mental Hygiene (DOHMH), aims to help all New Yorkers lead longer and healthier lives by reducing preventable illness and death. Launched in March 2004, **Take Care New York** prioritizes 10 areas that present a significant health burden but are amenable to intervention. For each of the 10 items, there are steps we can take – are taking right now – to improve the health of New Yorkers.

Take Care New York sets ambitious and achievable targets for 2008. In just 2 years, much progress has already been made in 6 of the 10 priority areas:

- **290,000 more New Yorkers have a regular doctor.** The number of New Yorkers with a regular health care provider rose dramatically between 2002 and 2005, from 4,470,000 to 4,760,000 (75% of the way to the 2008 goal of 4,850,000).
- **13% decline in smoking rates.** The percentage of New Yorkers who smoke decreased from 21.6% in 2002 to 18.9% in 2005 (more than 60% of the way to the 2008 goal of 18%).
- **300 fewer deaths from HIV.** The number of New Yorkers who died from HIV/AIDS-related illness decreased from 1,712 in 2002 to 1,412 in 2005 (more than 40% of the way to the 2008 goal of under 1,000 HIV deaths).
- **107 fewer deaths from alcohol and 69 fewer from drugs.** The number of New Yorkers who died from alcohol-attributable causes decreased from 1,551 in 2002 to 1,444 in 2005 (more than 70% of the way to the 2008 goal of 1,400 deaths) and deaths from drug-related causes declined from 905 in 2002 to 836 in 2005 (28% of the way to the 2008 goal of 655).
- **30% increase in colonoscopy screening rates.** The percentage of New Yorkers over age 50 who received a screening colonoscopy for colon cancer within the last 10 years increased from 42% in 2003 to 55% in 2005 (65% of the way to the 2008 goal of 60% New Yorkers age 50 and over).
- **Fewer young children newly identified with lead poisoning.** Nearly 150 fewer children under age 6 were newly identified with lead poisoning and a lead-based paint violation in 2005 than in 2002 (more than 30% of the way to the 2008 goal of fewer than 260 children).

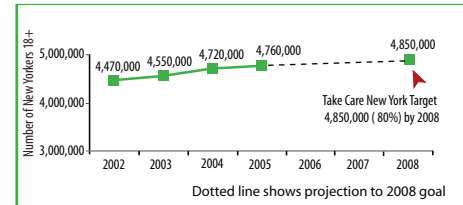
In the last year, DOHMH and its partners continued to build on existing activities while launching several new initiatives including the implementation of structural changes to improve health, broad public education to increase consumer demand for prevention, tools and information to enhance medical providers' delivery of preventive services, and policy interventions to address health system barriers that inhibit optimal use of preventive services.

Despite progress, much more needs to be done to achieve our goals. Data shows that indicators for infant mortality, Pap tests, and domestic violence are approximately equivalent to 2002 baseline data. Further, mammography rates and flu immunization rates have moved in the wrong direction as they have nationally. DOHMH will continue to work with its partners to address these areas and improve the health of New Yorkers.

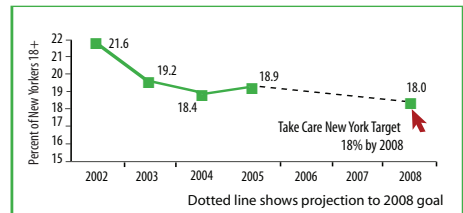
This is the second annual report issued on **Take Care New York** since its March 2004 launch. This report includes:

- An overview of **Take Care New York**.
- DOHMH's approach to implementing **Take Care New York**.
- For each of the 10 priority areas:
 - Updated data on the status and goals of the **Take Care New York** indicators;
 - Key activities and accomplishments for 2005; and
 - Strategic directions for 2006.

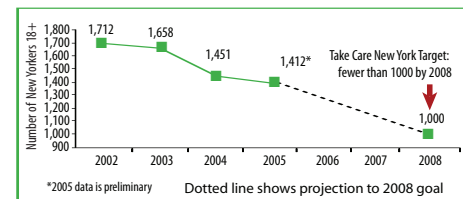
288,000 More New Yorkers Have a Regular Doctor



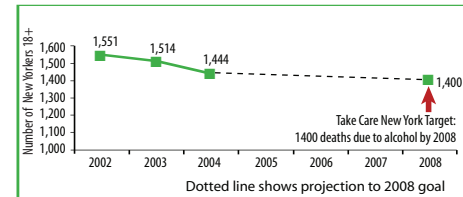
13% Fewer New Yorkers Smoke



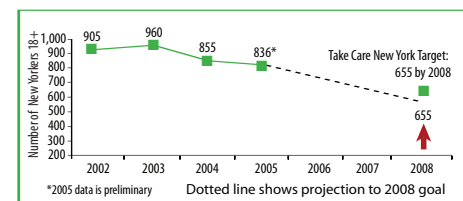
300 Fewer New Yorkers Died from HIV/AIDS



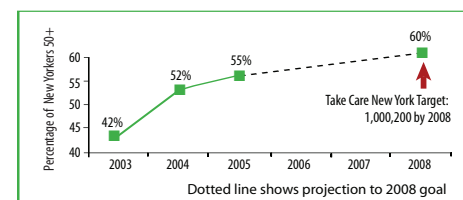
107 Fewer New Yorkers Died Due to Alcohol



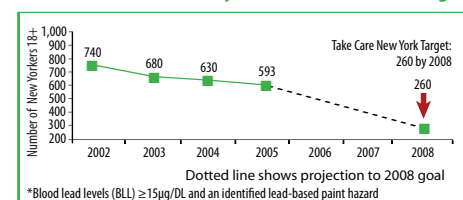
69 Fewer New Yorkers Died from Drug-Related Causes



30% More New Yorkers Had a Screening Colonoscopy in the Last 10 Years



Fewer Children with Newly-Identified Lead Poisoning*



Summary Table of Take Care New York Indicators Status and Goals

TCNY Agenda Item	Indicator	Status: 2002	Status: 2003
1. Have a Regular Doctor or Other Health Care Provider	Adult New Yorkers without a regular doctor	1.6 million adults (25%)	1.5 million adults (24%)* 85,000 additional New Yorkers reported having a doctor
2. Be Tobacco Free	Adult New Yorkers who smoke	1.3 million adults (22%)	1.17 million adults (19%).
3. Have a Healthy Heart	Proportion of New Yorkers with high blood pressure and cholesterol.	**	**
	Proportion of New Yorkers with well-controlled hypertension, cholesterol & diabetes	**	**
4. Know Your HIV Status	Number of New Yorkers who die from HIV/AIDS	1,712 deaths	1656 (56 fewer deaths than 2002)
5. Get Help for Depression	Prevalence of untreated depression	**	**
6. Live Free of Alcohol or Drugs	Alcohol-attributable mortality	1,551 deaths	1514 deaths (37 fewer deaths)
	Drug-related deaths	905 deaths	960 deaths
7. Get Checked for Cancer	Screening rates for breast cancer	77% of women aged 40+ have received mammograms in past 2 yrs (1.3 million women)	Survey data not available for 2003
	Screening rates for cervical cancer	80% of women have received a pap smear in the past 3 years (2.2 million women)	Survey data not available for 2003
	Screening rates for colon cancer	Data not available	42% of New Yorkers age 50 and over (41.7%) had a colonoscopy in the last 10 years
8. Get the Immunizations You Need	Influenza immunizations among New Yorkers age 65+	63% of New Yorkers age 65 and over received a flu shot (590,000*)	63% of New Yorkers age 65 and over received a flu shot (590,000*)
9. Make Your Home Safe & Healthy	Women who die from intimate partner homicide	2000-2002: 3-yr average rate of 1.0 per 100,000 women age 12+ in NYC	2001-2003: 3-yr average rate of 1.0 per 100,000 women age 12+ in NYC*
	Children with newly-identified blood lead levels (BLL) $\geq 15\mu\text{g/dL}$ and an identified lead-based paint hazard	~740 children under 6 yrs	~680 children under 6 (8% decrease)
10. Have a Healthy Baby	Infant mortality rate per 1,000 live births	6.0 per 1,000 live births	6.5 per 1,000 live births (8% increase)

* Revised Estimate: Changes in flu population numbers were calculated by applying the prevalence estimates to the total NYC population of adults 65 and older.

** Baseline data for these indicators comes from the NYC Health and Nutrition examination survey. This data will be made available by the end of 2006.

*** Preliminary number of deaths only, these numbers are expected to change upon finalization of 2005 mortality files. Drug-related deaths in particular are subject to change based upon deaths pending Medical Examiner reports.

Status: 2004	Status: 2005	2008 Goal	Progress
1.29 million adults (21%) (250,000 fewer or 19% decline compared with 2002)	1.26 million adults (20.5%) (290,000 fewer or 21% decline compared with 2002)	More than 300,000 additional New Yorkers with a doctor (20% reduction in NY'ers w/o doctor, or prevalence to drop from 26% to 20% of NY'ers without a doctor)	
1.11 million adults (18.4%) (15% decline compared with 2002)	1.15 million adults (18.9%) (13% decline compared with 2002)	240,000 fewer smokers (18% reduction in number of people who smoke, or drop in prevalence to 18%)	
**	**	Reduce prevalence of high blood pressure by 20%	N/A
**	**	Increase prevalence of controlled hypertension by 20%	N/A
1451 (261 fewer deaths or 15% decline compared with 2002)	1412*** (300 fewer or 18% decline compared with 2002)	Under 1,000 (42% fewer than 2002)	
**	**	Increase the number of New Yorkers treated for depression by 10%	N/A
1,444 (107 fewer than 2002. 7% decline compared with 2002)	Data not yet available	1,400 deaths (10% reduction)	
855 deaths (6% decline compared with 2002)	836*** deaths (8% decline compared with 2002)	655 deaths (250 fewer than 2002)	
77% of women aged 40+ have received mammograms in past 2 yrs (1.3 million)	73% of women aged 40+ (1.2 million) have received a mammogram in the past 2 years. 100,000 fewer women or 8% decline compared with 2002)	1.5 million women age 40+ (85%) who received a mammogram in the past 2 years (10% increase)	
81% of women have received a pap smear in the past 3 years (2.5 million)	80% of women have received a pap test in the past 3 years (2.5 million).	2.8 million women 18 and older who received a Pap test in the past 3 years (2.8 million)	
52% of New Yorkers age 50 and over had a colonoscopy in the last 10 years (27% increase compared with 2003)	55% of New Yorkers age 50 and over had a colonoscopy in the last 10 years (30% increase compared with 2003)	60% of New Yorkers age 50+ screened for colon cancer (20% more than 2002)	
64% of New Yorkers age 65 and over received a flu shot (600,000)	54% of New Yorkers age 65 and over received a flu shot (510,000)	80% of New Yorkers age 65+ immunized against influenza	
2002-2004: 3-yr average rate of 1.0 per 100,000 women age 12+ in NYC	Data not yet available	Less than 1 per 100,000 women age 12+ in NYC (10% reduction)	
~630 children under 6 yrs (110 fewer than 2002; 15% decline)	593 children under 6 yrs (37 fewer than 2004; 147 or 20% decline compared with 2002)	Fewer than 260 children under age 6 (65% reduction compared with 2002)	
6.1 per 1,000 live births (2% increase compared with 2002)	Data not yet available	5.0 per 1,000 live births (17% reduction compared with 2002)	

= Progress made

= Equivalent to baseline

= Trends in wrong direction

N/A = Not Available

Overview of Take Care New York

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

Launched in March 2004, **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.

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

- Present a large disease burden, killing thousands of New Yorkers and causing hundreds of thousands of preventable illnesses or disabilities each year;
- Have been proven amenable to intervention and public action; and
- 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.

We know more than ever about the health of New Yorkers. And we also know more than ever about what really works to improve a person's—and a community's—health. **Take Care New York** compiles this information and puts it into practice to help prevent illness, disability, and death. It 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.
2. Be tobacco-free.
3. Keep your heart healthy.
4. Know your HIV status.
5. Get help for depression.
6. Live free of dependence on alcohol and drugs.
7. Get checked for cancer.
8. Get the immunizations need.
9. Make your home safe and healthy.
10. Have a healthy baby.

Approach to Implementing Take Care New York

Promote Evidence-Based Interventions

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

Build on Existing Programs

Creating an effective citywide health approach did not require starting from scratch. Existing programs have provided an excellent foundation for building even more effective initiatives. For example, the DOHMH District Public Health Program, which places offices in the City's three neighborhoods at highest risk for poor health outcomes, focuses attention and resources on the needs of these communities. Enhancing our efforts to address chronic diseases and the HIV epidemic, continuing to reduce smoking rates, and expanding our programs to improve maternal and infant health, among other areas, have also been key efforts.

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 individuals, City agencies, health care providers, health insurers, community-based organizations, and others, all of which can play key roles in improving the health of New Yorkers.

Take Care New York has created more than 180 partnerships (See Back Cover for complete list) and additional partnerships are being created across a broad spectrum of organizations. Coordination can promote progress in areas that have historically been resistant to effective interventions.

Address Policy Barriers

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

Reduce Health Disparities

DOHMH's annual community health surveys show that many health problems are experienced in widely varying degrees among people in different neighborhoods, income levels and 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 on the 10 **Take Care New York** steps, coupled with initiatives to address systemic root causes of poor health, will be the most effective way to improve health and reduce or eliminate health disparities.

Accelerate Social and Economic Progress

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, including those related to HIV, depression, and substance abuse; economic progress in the poorest communities would greatly improve health. Higher educational levels are a strong correlate to good health; enhancing educational opportunities would also improve outcomes for a range of health conditions. Safe and affordable

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

2005 Key Activities and Accomplishments

Overview

In the past year, DOHMH more fully established **Take Care New York** as New York City's health policy and as the organizing principle for agency programs and activities. **Take Care New York** serves as the framework for implementation of program and policy initiatives that increase consumer demand for prevention, improve individuals' ability to self-manage chronic disease, enhance medical providers' delivery of preventive services, address health system issues, and implement environmental changes that improve health. This report describes activities that focus on addressing specific **Take Care New York** goals.

In the past year, DOHMH implemented a number of initiatives that focus broadly on the concept of prevention and address multiple **Take Care New York** priority areas simultaneously, including:

- Partnering with more than 180 hospitals, health centers, insurers, community-based organizations, and other City agencies (see Back Cover for complete list).
- Establishing the Primary Care Information Project to facilitate the use of health information technology among community-based primary care practices.
- Continuing to expand the Public Health Detailing Program, an innovative approach to improve prevention, diagnosis, and treatment that is modeled on the pharmaceutical sales strategy of delivering brief, targeted messages and tools to medical providers and administrators. In 2005, the Detailing Program implemented 6 campaigns – diabetes, smoking cessation, contraception, influenza, colon cancer, and hypertension – during which thousands of in-person contacts were made with health care providers and their office staff to promote key preventive health messages.

- Establishing the Preventive Services Advisor Program, which works with primary care practices on systematic approaches to increase the delivery of preventive services and improve the quality of chronic disease management.
- Launching a borough-wide campaign on Staten Island to increase consumer demand for preventive services through direct mail and community organizing while working with medical providers to increase the delivery of preventive care.
- Expanding knowledge on the health of New Yorkers by distributing information more widely, for example:
 - Made online epidemiologic data more available through DOHMH's EpiQuery program.
 - Distributed more than 1.3 million Passports to Your Health in 2005, including 6 new translations into Creole, Urdu, Italian, Polish, Yiddish, and Arabic through expanded channels including the New York Public Library System. More than 3 million Passports have been distributed since **Take Care New York** was launched.
 - Published special reports on the health of women and the health of the homeless; issued 8 **Take Care New York**-related issues of City Health Information, the Agency's publication for medical providers; published Vital Signs reports on obesity and on alcohol use; and produced and distributed 11 Health Bulletins on a variety of topics in English, Spanish, Chinese, and other languages to hundreds of thousands of New Yorkers. (All publications are available at nyc.gov/health.)

These initiatives and those that follow are essential components of **Take Care New York** and will continue to be expanded in the coming year.

1. Have a Regular Doctor or Other Health Care Provider

Get regular medical care to help stay healthy.

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

TCNY Objectives

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

2005 Activities and Accomplishments

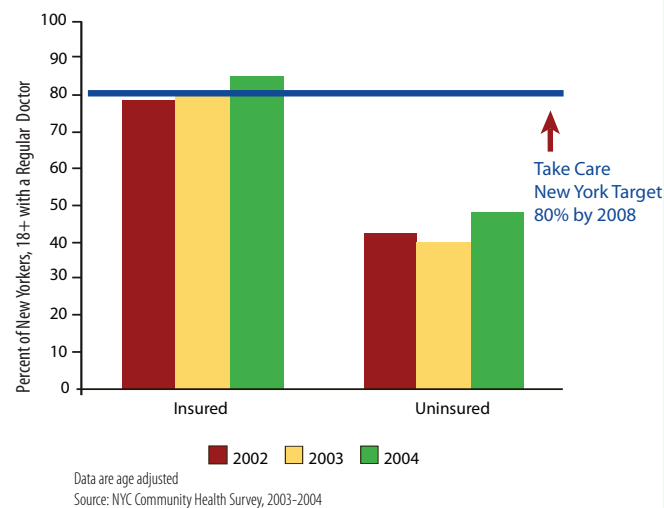
- As part of a citywide effort that involves multiple City agencies and community-based organizations, facilitated enrollment of eligible New Yorkers into public health insurance programs; the number of people covered has increased to nearly 3 million. Enrollment in Medicaid Managed Care insurance programs exceeded 1.5 million (76% of those eligible).
- Incorporated specific requirements into New York City Medicaid managed care contracts to ensure focus on **Take Care New York** preventive care activities.
- Continued pre-screening mentally ill inmates at Rikers Island to expedite their enrollment into Medicaid upon release, completing screening for nearly 6,000 individuals through the end of 2005.
- Continued to educate New Yorkers on the importance of having a regular doctor by distributing “How to Choose a Doctor” pamphlet to health plans, community based organizations, the general public, and DOHMH programs.
- Held discharge planning fairs at 6 City jails to connect inmates with community resources for housing, social services, substance abuse programs, and health services. The events were attended by nearly 100 community-based organizations and served about 5,000 inmates.
- Established more than 150 partnerships, nearly 60 of which have formal linkage agreements with DOHMH, to provide inmates leaving City jails with services including primary health care, substance abuse services, HIV testing and care, and other social services.
- Assisted physicians in providing preventive services by distributing more than 22,000 preventive care flow sheets, a tool that helps

determine which preventive services are needed and tracks results.

Strategic Directions for 2006

- Collaborate with other New York City agencies to achieve Mayor Bloomberg's objective of providing health insurance coverage for all children.
- Continue to advocate for wider Medicaid eligibility and simpler recertification procedures, and reduce “churning” or lapses in coverage.
- Increase enrollment in public health insurance by working with programs and agencies that interact with New Yorkers at high risk of being uninsured to identify those without health insurance and providing follow up facilitated enrollment services.
- Explore opportunities to expand insurance coverage to people who are ineligible for public health insurance.
- Help people incarcerated in New York City jails to more easily apply for Medicaid, public assistance, and food stamps and continue to help them connect with health care providers and mental health and substance abuse treatment services upon discharge from jail.

New Yorkers With Health Insurance Are More Likely to Have a Regular Doctor



TCNY Indicator: Adult New Yorkers without a regular doctor

Status: 2002	Status: 2003	Status: 2004	Status: 2005	TCNY Goal for 2008	HP 2010 National Goal
1.6 million adults (25%)	1.5 million adults (24%). 85,000 additional New Yorkers reported having a doctor	1.29 million adults (21%). 254,00 fewer or 19% decline compared with 2002	1.26 million adults (20.5%). 288,000 fewer or 21% decline compared with 2002	More than 300,000 additional New Yorkers with a doctor (20% reduction in NY'ers w/o doctor, or prevalence to drop from 26% to 20% of NY'ers without a doctor)	<15% without a regular doctor

2. Be Tobacco Free

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

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

TCNY Objectives

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

2005 Activities and Accomplishments

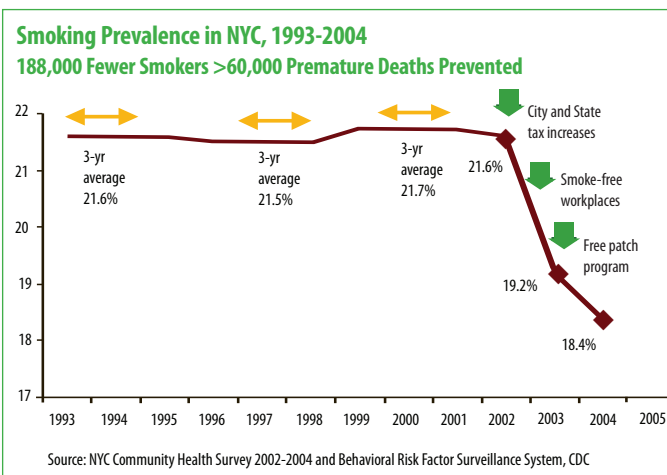
- Distributed 45,000 courses of nicotine replacement therapy (NRT) directly to New York City smokers through 311. Based on results of previous campaigns, it is projected that approximately 15,000 of these people will quit, preventing 5,000 premature deaths.
- Distributed an additional 30,000 courses of NRT through community partnerships and outreach events.
- Expanded smoking cessation partners to 67, including 16 HHC sites, 15 clinic and community sites, 30 one-time distribution sites, and 6 DOHMH sites.
- Targeted high smoking prevalence populations with two anti-tobacco media campaigns targeting foreign-born Chinese and Russian men. The campaigns were supported by HHC's quit-smoking programs in Coney Island and Chinatown and included the distribution of 1,700 courses of NRT.
- As part of a **Take Care New York** preventive services campaign on Staten Island, distributed 1,900 courses of NRT at the Staten Island ferry terminals and through community organizations.
- Achieved and documented a 36% decline in smoking among public high school students since 2001 and a 52% decline since 1997. The decrease in teenage smokers correlates with a decline in adult smokers and is attributed to increased cigarette sales taxes, expanded health education and awareness programs, and implementation of the Smoke Free Air Act.
- Published Health Bulletin #33 "A Smoke-Free Home," to encourage New Yorkers to protect themselves and their

families from second-hand smoke by making their homes smoke-free.

- Collaborated with the NYC Coalition for a Smoke-Free City and other New York State Department of Health Tobacco Control Program-funded partners to run the internationally recognized anti-tobacco broadcast media campaign "Every Cigarette is Doing You Damage," which continued into 2006.
- Conducted a citywide public health detailing campaign to encourage physicians to assist their patients to quit smoking. More than 2,200 health care sites were visited during the course of the campaign and DOHMH representatives had more than 14,500 one-on-one interactions with primary care providers, nurses, medical assistants, and office staff.
- Provided cessation treatment to 300 City employees through the Employee Smoking Cessation Program (ESCAPE).

Strategic Directions for 2006

- Advocate for an additional increase in the New York City excise tax on cigarettes.
- Help more New Yorkers quit smoking by giving them free NRT.
- Continue execution of a large-scale anti-tobacco broadcast media campaign.
- Increase adoption of smoke-free home policies among smokers, especially parents.
- Strengthen collaboration with Reality Check on youth initiatives and with the New York City Coalition for a Smoke-Free City on advocacy.
- Identify sub-populations with high smoking rates for targeted cessation services.
- Continue to educate the public about the risks associated with smoking and second-hand smoke.
- Increase the number of cessation partners and expand the use of the DOHMH tobacco registry, a way to help partners to track smoking status, cessation attempts, and quit rates among their patients.



TCNY Indicator: Adult New Yorkers who smoke

Status: 2002	Status: 2003	Status: 2004	Status: 2005	TCNY Goal for 2008	HP 2010 National Goal
1.3 million adults (22%)	1.17 million adults (19%). 11% decline compared with 2002	1.11 million adults (18.4%). 15% decline compared with 2002	1.15 million adults (18.9%). 13% decline compared with 2002	240,000 fewer smokers (18% reduction in number of people who smoke, or drop in prevalence to 18%)	12% current smokers

3. Keep Your Heart Healthy

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

Heart disease describes a collection of related diseases and conditions. High blood pressure, high cholesterol, and smoking are leading causes of heart disease and stroke. Obesity and physical inactivity can also contribute to heart problems as well as many other health conditions, including diabetes, stroke, arthritis, and certain cancers. Routine screenings, effective control of high blood pressure, cholesterol and diabetes, increasing physical activity, stopping smoking, and eating a heart-healthy diet can help protect your heart. When necessary, safe and effective medications are available for blood pressure, diabetes, and cholesterol control.

TCNY Objectives:

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

2005 Activities and Accomplishments

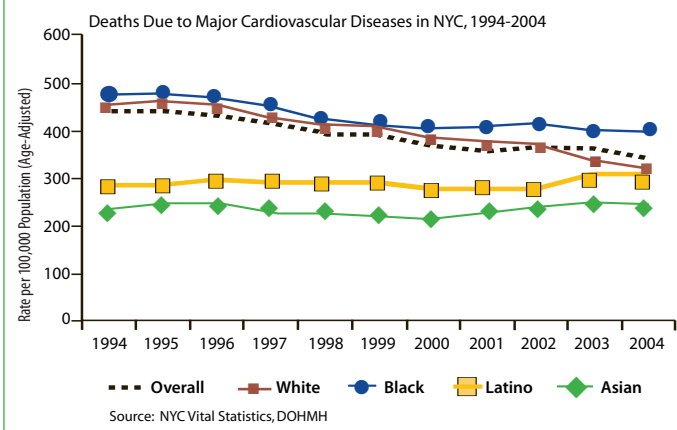
- Introduced a public awareness campaign among restaurants, food suppliers, and consumers to reduce trans fat consumption and begin to make heart-healthy restaurant dining the norm.
- Conducted a hypertension public health detailing campaign to improve clinical care, treatment, and control of high blood pressure in New York City neighborhoods with the highest rates of heart disease.
- Created an A1C registry to better monitor the diabetes epidemic and implement interventions to improve quality of care and quality of life for New Yorkers with diabetes.
- Provided diabetes self-management education in collaboration with senior centers and faith- and community-based organizations.
- Provided physical activity training for 1,500 day care and school-based pre-K staff from 500 sites in New York City's most economically disadvantaged neighborhoods.
- Continued to work with primary care practices to implement systematic and sustainable changes in diabetes care through the New York City Diabetes Collaborative.
- Conducted a diabetes public health detailing campaign to educate providers about how they can better manage their diabetic patients.
- Launched a campaign to increase availability of 1% milk in bodegas in New York City neighborhoods with the highest rates of obesity, cardiovascular disease, and diabetes.
- Expanded worksite-based initiatives to more fully address Take Care New York priority areas, including self-management modules

for hypertension, diabetes, cholesterol, and smoking cessation and implementation of an “eat well at work” food policy.

Strategic Directions for 2006

- Launch gestational diabetes initiative to educate and provide resources for women who develop diabetes during pregnancy.
- Launch initiative to increase access to discounted pharmaceuticals for low-income New Yorkers.
- Provide all New Yorkers with a pharmacy discount card to reduce the cost of prescription and over-the-counter medications.
- Continue to expand physical activity programs in day cares, elementary schools, and community settings.
- Develop policy and environmental interventions to improve physical activity and nutrition in early childhood settings.
- Expand 1% milk campaign with bodegas and develop efforts to increase availability of other healthier food choices, such as fruits and vegetables, in these stores.
- In collaboration with the New York City Department for the Aging, implement a pilot community-based monitoring program to improve self-management of blood pressure among seniors.
- Launch a hypertension awareness media campaign targeting communities at highest risk for associated illness.
- Continue working with New York City restaurants to eliminate trans fats and increase heart-healthy dining.
- Conduct cholesterol control public health detailing campaign.
- Pilot distribution of home blood pressure monitors through clinics in high-risk neighborhoods to support self-management of blood pressure.
- Continue to further expand worksite health promotion programs and evaluate their effectiveness.

While deaths from cardiovascular disease have declined overall, decreased rates have been limited to whites compared with other races/ethnicities



TCNY Indicator: New Yorkers with high blood pressure, hypertension, high cholesterol, elevated LDL, diabetes, HbA1C

Indicator	Status: 2002-2005				TCNY Goal for 2008	HP 2010 National Goal
• Proportion of New Yorkers with high blood pressure and cholesterol	**	**	**	**	Reduce prevalence of high blood pressure and elevated total cholesterol by 20%	<20% with high blood pressure ≤17% with high cholesterol
• Proportion of New Yorkers with well-controlled hypertension, cholesterol & diabetes	**	**	**	**	Increase prevalence of controlled hypertension, high LDL, A1C <7% and A1C >9.5% by 20%	2.5% new cases of diabetes per 100,000 population

**Baseline data for these indicators comes from the NYC Health and Nutrition examination survey. This data will be made available by the year 2006.

4. Know Your HIV Status

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

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

TCNY Objectives

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

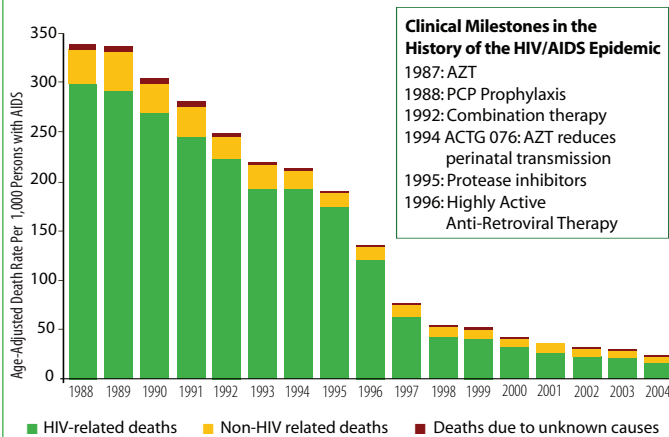
2005 Activities and Accomplishments

- Expanded the availability of HIV rapid testing in New York City in DOHMH Sexually Transmitted Disease and Tuberculosis Clinics, City jails, homeless shelters, community-based organizations, and medical settings, resulting in more than 75,000 rapid HIV tests conducted by DOHMH in 2005.
- Expanded HIV prevention efforts by distributing more than 10,000,000 male and female condoms in New York City.
- Improved linkage to care for inmates with HIV/AIDS in City jails.
- Successfully advocated to change New York State laws so that nurses can perform HIV tests under a standing order from a physician, making it easier for more New Yorkers to know their HIV status.

Strategic Directions for 2006

- Advocate for legal changes to New York State law that would restructure counseling and testing to make testing more accessible, focus provider efforts on care of those who test HIV-positive, link people to care, and facilitate high quality treatment.
- Continue to increase the availability of rapid HIV testing and the proportion of HIV positive people who know their status.
- Continue to strengthen prevention by making male and female condoms and clean syringes more widely available in New York City.
- Increase the number of people living with HIV and AIDS who receive timely medical care and linkage to appropriate social services.
- Expand Prevention With Positives initiatives.
- Expand efforts to combat HIV-related stigma.

Age-Adjusted Death Rate per 1,000 Persons with AIDS New York City 1988-2004



Source: HIV Epidemiology Program 1st Quarter Report January 2006, NYCDHMH

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

Status: 2002	Status: 2003	Status: 2004	Status: 2005	TCNY Goal for 2008	HP 2010 National Goal
1,712 deaths	1656 (56 fewer deaths than 2002)	1451 (261 fewer deaths or 15% decline compared with 2002)	1412* (300 fewer or 18% decline compared with 2002)	Under 1,000 (42% fewer than 2002)	0.7 deaths per 100,000 population

*2005 data is preliminary; this number is expected to change upon finalization of 2005 mortality files.

5. Get Help for Depression

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

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

TCNY Objectives:

- Encourage treatment of depression by educating the public to recognize the symptoms of depression and providing clinical education to medical professionals.
- Promote depression screening, referral, and management in all primary care settings in New York City.
- Advocate for parity of mental health insurance benefits with those provided for physical health, the elimination of limitations on Medicaid mental health services in New York State (the Medicaid mental health neutrality cap), and encourage health insurance purchasers and insurance plans to include depression screening and management as standard practice in primary care.

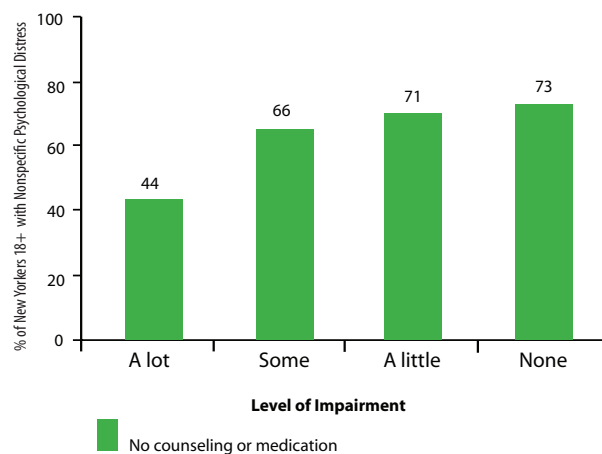
2005 Activities and Accomplishments

- Continued to work with HHC to implement depression screening and management in primary care. Provided continuing medical education to HHC's primary care providers and specialty clinic staff, conducted presentations at HHC facilities, and continued participation with HHC in its pioneering depression screening collaborative.
- In collaboration with the Mental Health Association of New York City and the Department for the Aging, launched a depression screening and management pilot project for Bronx seniors.
- Trained 25 multicultural, multilingual social workers through a Division of Mental Hygiene-sponsored scholarship program at the Hunter College School of Social Work.
- Collaborated with the Nurse Family Partnership program to incorporate depression screening into its home visiting program for first-time mothers in high-risk neighborhoods.

Strategic Directions for 2006

- Continue to expand depression screening and management in primary care practices at HHC facilities, community health centers, university health centers, and other primary care sites. Provide on-site training, educational materials, and technical assistance to medical providers who partner with DOHMH to implement depression screening.
- Conduct a public health detailing campaign to educate primary care physicians in New York City's highest-risk neighborhoods about depression screening and management.
- Issue an updated "Detecting and Treating Depression in Adults" City Health Information for physicians and a Health Bulletin for the public to provide education about the symptoms of depression, depression screening, and the availability of treatment.
- Conduct a media campaign to increase consumer awareness of depression screening.
- Continue to train multicultural, multilingual social workers.
- Continue to support legislation for mental health benefit parity, regulatory changes to eliminate the Medicaid neutrality cap, and coverage for depression screening and management in primary care among health insurers.

Even Among New Yorkers Who Report High Levels of Psychological Distress, Nearly Half Do Not Receive Treatment



Source: NYC Community Health Survey, 2003

TCNY Indicator: Prevalence of untreated depression

Status: 2002-2005			TCNY Goal for 2008	HP 2010 National Goal
**	**	**	Increase the number of New Yorkers treated for depression by 10%	50% of adults with depression receiving treatment

**Baseline data for these indicators comes from the NYC Health and Nutrition examination survey. This data will be made available by the year 2006.

6. Live Free of Dependence on Alcohol and Drugs

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

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

Help is available for alcohol and drug problems. Brief intervention by physicians is successful in reducing alcohol abuse. Buprenorphine, a new medication for opioid dependence, can reduce harm and improve lives of opioid drug users as well as help control infectious blood-borne diseases. Additionally, many lives could be saved by assisting heroin users to avoid overdose.

TCNY Objectives:

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

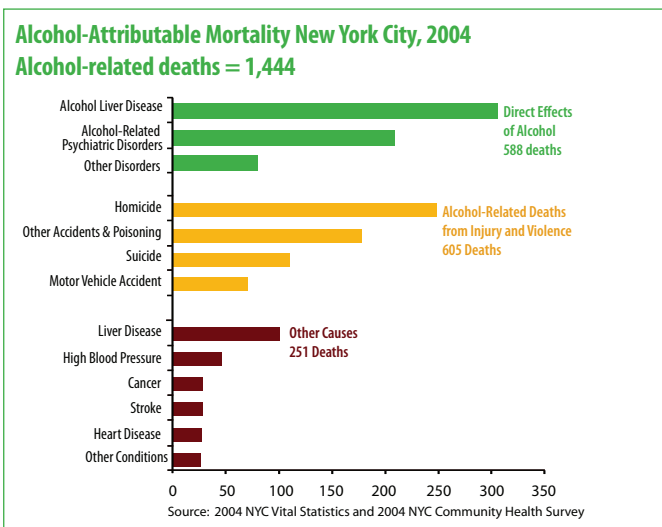
2005 Activities and Accomplishments

- Published "Brief Intervention for Alcohol Problems," a City Health Information providing clinical guidance to physicians and other health care providers.
- Introduced Screening Brief Intervention and Referral for Treatment (SBIRT) for alcohol and substance use problems at 5 HHC emergency departments, trained more than 300 staff in SBIRT techniques, and provided funding to hire a patient advocate.
- Provided start-up funding grants to 11 hospital clinic sites to initiate buprenorphine treatment programs that include increasing the number of physicians certified to prescribe buprenorphine as well as patient awareness and access to it.
- Successfully advocated to change federal law to make buprenorphine easier to prescribe, allowing more New Yorkers to receive treatment for opioid addiction and reducing the likelihood of overdose deaths.

- Conducted 4 free training sessions on buprenorphine, enabling almost 300 medical providers to become certified to prescribe it.
- Worked with medical providers, addiction specialists, and outpatient chemical dependency programs to provide education and training on crystal methamphetamine prevention and treatment.

Strategic Directions for 2006

- Advocate for the removal of additional New York State requirements for certification to prescribe buprenorphine.
- Train homeless shelter case managers to improve detection and referral of substance abuse disorders in their clients.
- Expand the use of brief intervention for alcohol in primary care settings and emergency departments.
- Continue to increase the use of buprenorphine in clinical practice, particularly among physicians with a high volume of drug-using patients and in chemical dependency programs, and among primary care providers.
- Conduct a buprenorphine marketing campaign targeted at heroin users by distributing information through drug treatment programs, designated HIV clinics, and harm reduction organizations.
- Promote distribution of naloxone at syringe exchange programs.
- Continue to educate the public and provide training and support to providers to address crystal methamphetamine prevention and treatment.



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

Indicator	Status: 2002	Status: 2003	Status: 2004	Status: 2005	TCNY Goal for 2008	HP 2010 National Goal
• Alcohol-attributable mortality	1,551 deaths	1514 deaths (37 fewer deaths)	1,444 (107 fewer than 2002. 7% decline compared with 2002)	Data not yet available	1,400 deaths (10% reduction)	Alcohol-attributed mortality not established
• Drug-related deaths	905 deaths	960 deaths	855 deaths (6% decline compared with 2002)	836* deaths (8% decline compared with 2002)	655 deaths (250 fewer than 2002)	1 drug-related death per 100,000 population

*2005 data is preliminary; this number is expected to change upon finalization of 2005 mortality files.

7. Get Checked for Cancer

Colonoscopy, Pap tests, and mammograms save lives.

Cancer kills nearly 15,000 New Yorkers every year. Many of these deaths could be prevented. Screening can prevent many of the deaths caused by 3 major cancers – colon, breast, and cervical.

TCNY Objectives

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

2005 Activities and Accomplishments

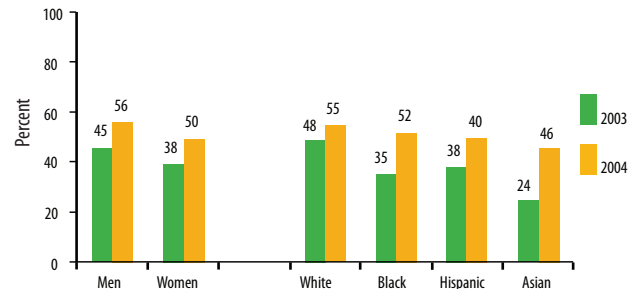
- Continued to work with the American Cancer Society, with support from the New York City Council, to fund colonoscopies for uninsured New Yorkers at several hospitals including Jacobi/NCB, Lincoln, Metropolitan, Woodhull, Harlem, Ralph Lauren, Mt. Sinai, St. Vincent’s Medical Center, Staten Island University Hospital and St. Luke’s. From 2003 to 2005, colonoscopy rates increased 10% in HHC and voluntary hospitals.
- In collaboration with the Citywide Colon Cancer Control Coalition (C5), implemented “Protect New York,” a project to promote screening among employees of the Fire Department of New York. In addition to evaluating methods to promote colorectal cancer awareness and improve screening rates, this initiative will also set the stage for larger projects, extending the colorectal cancer prevention message in New York City.
- Continued working with HHC and the Fund for Public Health in New York, with support from the New York Community Trust, to implement “Patient Navigator” programs at Lincoln, Woodhull, and Elmhurst hospitals to assist patients in obtaining colonoscopies.
- Distributed Colon Cancer Screening Action kits, containing prevention guidelines and education materials for patients, to medical providers in four areas with high rates of colon cancer deaths: East and Central Harlem, the South Bronx, North and Central Brooklyn, and Staten Island.

- As part of a Take Care New York preventive services campaign on Staten Island, conducted a borough-wide colon cancer screening public health detailing campaign. Approximately 250 health care sites were visited and nearly 1,500 one-on-one interactions were conducted with medical providers and their staff.

Strategic Directions for 2006

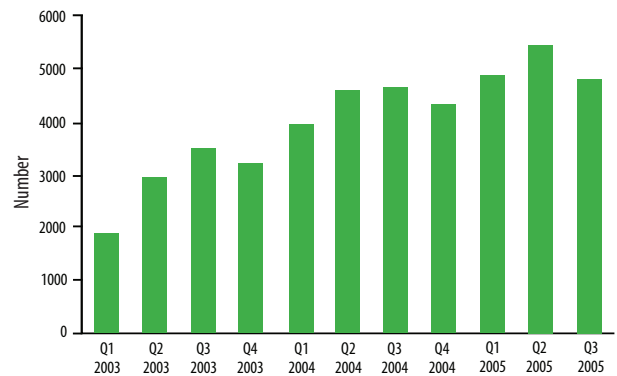
- Further increase colonoscopy rates.
- Continue to improve access to mammography.
- Improve follow-up rates for abnormal Pap tests.

Colonoscopy Screening Rates Have Increased and Racial Disparities Have Decreased



*Colonoscopy in the last 10 years among adults age 50 and older; age adjusted
Source: NYC Community Health Survey, 2003 and 2004

Colonoscopy Screenings in NYC’s Public Hospitals Have More Than Doubled



Note: Q1, 2003 date only provided by 8 Hospitals; for all other quarters, 11 hospitals

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

Indicator	Status: 2002	Status: 2003	Status: 2004	Status: 2005	TCNY Goal for 2008	HP 2010 National Goal
• Screening rates for breast cancer	77% of women aged 40+ have received mammograms in past 2 yrs (1.3 million women)	Data not available	77% of women aged 40+ have received mammograms in past 2 yrs (1.3 million)	73% of women aged 40+ (1.2 million) have received a mammogram in the past 2 years.	1.5 million women age 40+ (85%) who received a mammogram in the past 2 years (10% increase)	70% of women age 40+ screened for breast cancer (mammogram past 2yrs)
• Screening rates for cervical cancer	80% of women have received a pap smear in the past 3 years (2.2 million women)	Data not available	81% of women have received a pap smear in the past 3 years (2.5 million)	80% of women have received a pap test in the past 3 years (2.5 million).	2.8 million women 18 and older who received a Pap test in the past 3 years (2.8 million)	90% of women at high risk screened for cervical cancer (Pap test past 3 years)
• Screening rates for colon cancer	Data not available	42% of New Yorkers age 50 and over had a colonoscopy in the last 10 years	52% of New Yorkers age 50 and over had a colonoscopy in the last 10 years (27% increase compared with 2003)	55% of New Yorkers age 50 and over had a colonoscopy in the last 10 years (30% increase compared with 2003)	60% of New Yorkers age 50+ screened for colon cancer (20% more than 2002)	50% of adults 50+ screened for colon cancer (lifetime)

8. Get the Immunizations You Need

Everyone needs to be vaccinated, regardless of age.

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

TCNY Objectives:

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

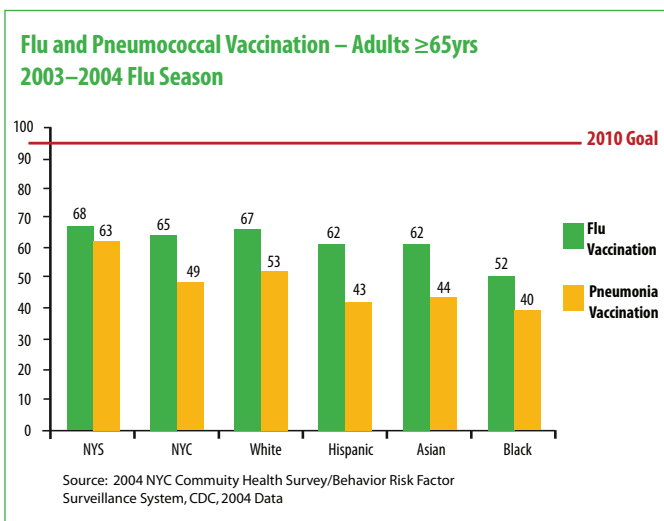
2005 Activities and Accomplishments

- Responded to delays in influenza vaccine shipments by distributing more than 330,000 doses of influenza vaccine to nursing homes, home care agencies, health care institutions, and private physicians, especially those in the City's lowest coverage areas, to ensure adequate vaccine supply.
- Developed an electronic influenza vaccine ordering system enabling physicians who were not able to obtain vaccine through other sources to order it from DOHMH. Nearly 85,000 doses of vaccine were delivered to more than 500 providers.
- Conducted an influenza public health detailing campaign in Fall 2005 in high-risk, low-coverage neighborhoods to inform physicians about the vaccine supply and vaccination guidelines.
- Issued an updated "Influenza Prevention and Control" City Health Information in October 2005 and distributed it to over 90,000 health care personnel.
- Issued regular updates on influenza surveillance, vaccination guidelines, and vaccine supply on the DOHMH website.
- Conducted a study in Central Brooklyn to identify reasons for racial and ethnic disparities in vaccination rates, as well as how to better utilize outreach and education to increase coverage rates.
- Increased senior center participation in influenza vaccination clinics, especially in New York City neighborhoods with the lowest vaccination coverage rates. More than 420 vaccination clinics were held and more than 31,000 vaccinations were administered.

- With elected officials and community- and faith-based leaders, conducted a promotional campaign with Harlem and Kings County Hospitals to promote influenza vaccination and develop strategies to increase coverage rates.
- Integrated the Flu Hotline into 311 to offer 24-hour access and increase the number of languages accommodated.

Strategic Directions 2006

- Increase pneumococcal vaccination rates through enhanced education and outreach efforts.
- Continue to promote standing orders that establish an "opt out" system rather than "opt in" for influenza and pneumonia vaccine administration in hospitals and health centers.
- Continue to advocate for legislation to allow pharmacists to administer flu shots and to mandate influenza vaccination for health care workers.
- Continue to advocate for increased federal action and funding to adequately support adult immunization programs.



TCNY Indicator: Influenza immunizations among New Yorkers age 65+

Status: 2002	Status: 2003	Status: 2004	Status: 2005	TCNY Goal for 2008	HP 2010 National Goal
63% of New Yorkers age 65 and over received a flu shot (590,000)	63% of New Yorkers age 65 and over received a flu shot (590,000)	64% of New Yorkers age 65 and over received a flu shot (600,000)	54% of New Yorkers age 65 and over received a flu shot (510,000)	80% of New Yorkers age 65+ immunized against influenza	90% of adults age 65+ immunized

9. Make Your Home Safe and Healthy

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

LEAD POISONING

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

TCNY Objectives – Lead Poisoning

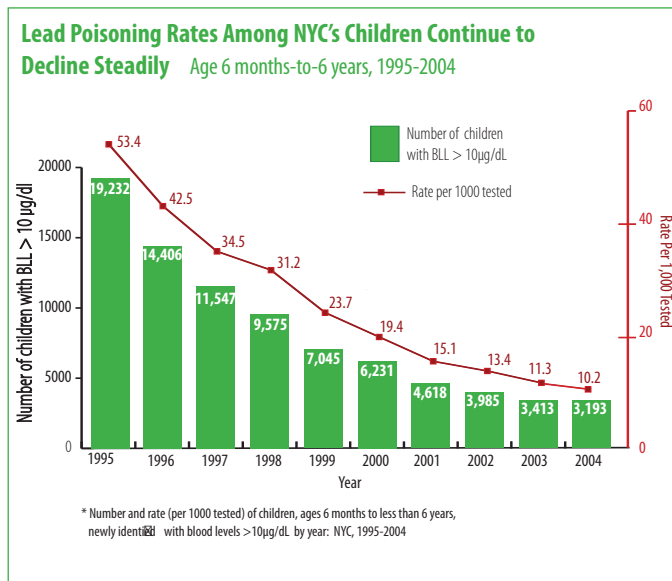
- Promote lead hazard awareness including lead poisoning prevention and safe work practices among property owners, tenants, community organizations, and contractors.
- Reduce lead paint hazards in housing by working with the Department of Housing Preservation and Development to enforce legal requirements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

2005 Activities and Accomplishments

- Continued successful data matching partnership with all 18 Medicaid managed care organizations in New York City to identify 1- and 2-year-olds who have not been tested for lead poisoning.
- Implemented a primary prevention program in high-risk Brooklyn neighborhoods to proactively identify and reduce lead hazards before they result in lead poisoning.
- Identified herbal remedies imported from India and candies imported from Mexico that were contaminated with lead. Issued public warning, removed products from stores and internet sites, and conducted inspections.
- Expanded hardware store campaign to educate contractors and do-it-yourselfers about lead-safe work practices when performing housing renovation and repair.
- Conducted community outreach and education targeted to high-risk groups and neighborhoods to increase awareness and community capacity to reduce lead hazards. Distributed more than 350,000 copies of educational materials.

Strategic Directions for 2006

- Promote lead paint hazard repair in 1- and 2-family homes.
- Continue to proactively identify high-risk buildings for lead poisoning prevention activities.
- Continue to promote lead-safe work practices through the Healthy Homes campaign.
- Increase blood lead testing in children at both ages 1 and 2 by working with health care providers in high-risk areas to identify and address barriers to testing.
- Increase the identification and remediation of non-paint sources of lead exposure.
- Reduce prenatal exposure to lead through outreach to health care providers and women at risk.



TCNY Indicator: Children with newly-identified blood lead levels (BLL) $\geq 15\mu\text{g/dL}$ and an identified lead-based paint hazard

Status: 2002	Status: 2003	Status: 2004	Status: 2005	TCNY Goal for 2008	HP 2010 National Goal
~740 children under 6 yrs	~680 children under 6 (8% decrease)	~630 children under 6 yrs (110 fewer than 2002; 15% decline)	593 children under 6 yrs (37 fewer than 2004; 147 or 20% decline compared with 2002)	Fewer than 260 children under age 6 (65% reduction compared with 2002)	Zero children <6 with a BLL $\geq 10\mu\text{g/dL}$

DOMESTIC VIOLENCE

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

TCNY Objectives – Domestic Violence

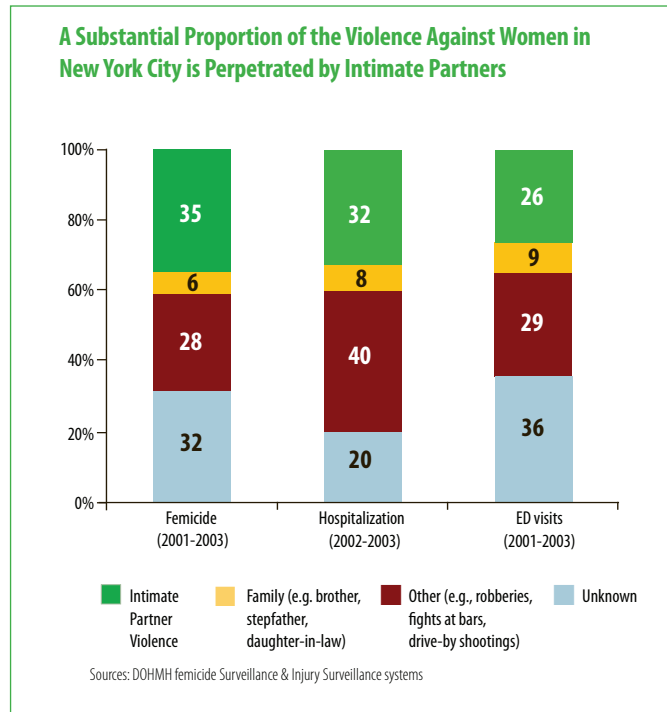
- Educate health care professionals to address domestic violence through regular screening, documentation of domestic violence, and providing appropriate referrals.
- Work with the Mayor’s Office to Combat Domestic Violence, and other agencies to develop domestic violence public health policy and prevention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

2005 Activities and Accomplishments

- Expanded the Injury Surveillance System, a collaboration with 23 hospital emergency departments across NYC, to include surveillance of assault-related hospitalizations in addition to surveillance of assault-related emergency department visits.
- Convened a panel of experts to help set priorities for DOHMH’s domestic violence public health policy agenda.
- With the Mayor’s Office to Combat Domestic Violence, co-published an updated Resource Directory of Domestic Violence Services (available at: http://www.nyc.gov/html/doh/downloads/pdf/tcny/dv_resource_directory.pdf).
- Continued to provide technical assistance and data to community-based organizations to inform domestic violence policy and program development, implementation, and evaluation.

Strategic Directions for 2006

- Publish a comprehensive report on intimate partner violence using multiple data sources to inform policy and program development.
 - Improve domestic violence awareness, education, policies, and services at DOHMH:
 - Implement and evaluate DOHMH workplace domestic violence awareness campaign. Use campaign as a model for other City agencies and employers.
 - Review domestic violence screening and education practices at DOHMH clinics/settings and those of partner organizations.
 - Improve and expand DOHMH staff training related to domestic violence awareness and screening.



- Implement domestic violence screening and referral for women incarcerated on Riker’s Island to improve identification and appropriate referral of domestic violence victims.
- Conduct a community-based media campaign to educate New Yorkers about domestic violence, and to empower bystanders to take a stand against it and to help victims seek services.
- Publish and disseminate a domestic violence guide to all NYC clinicians through DOHMH City Health Information.

TCNY Indicator: Women who die from intimate partner homicide

Status: 2002	Status: 2003	Status: 2004	Status: 2005	TCNY Goal for 2008	HP 2010 National Goal
2000-2002: 3-yr average rate of 1.0 per 100,000 women age 12+ in NYC	2001-2003: 3-yr average rate of 1.0 per 100,000 women age 12+ in NYC	2002-2004: 3-yr average rate of 1.0 per 100,000 women age 12+ in NYC	Data not yet available	Less than 1 per 100,000 women age 12+ in NYC (10% reduction)	Data not available

10. Have a Healthy Baby

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

Planning pregnancy can prevent many problems and help ensure that babies get the best possible start in life. Good care before, during, and after pregnancy reduces the risk for poor health outcomes for both mothers and babies.

TCNY Objectives

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

2005 Activities and Accomplishments

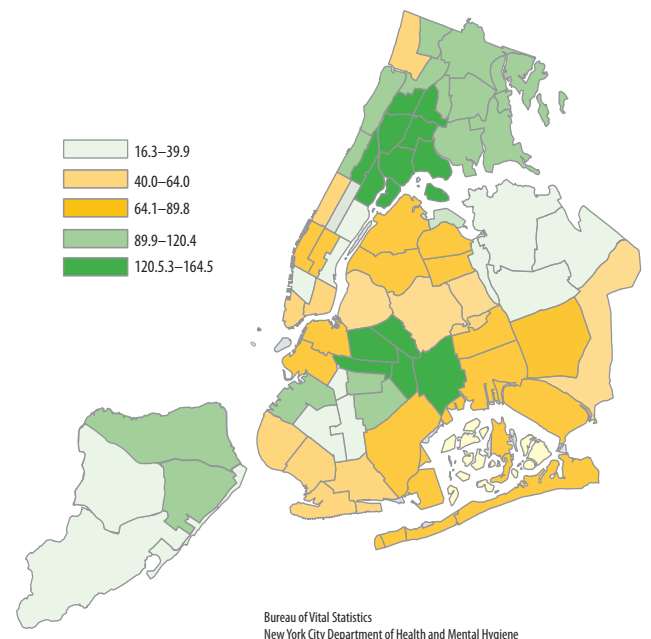
- Introduced the Healthy Women/Healthy Babies Initiative, which will increase access to emergency contraception, increase funding for family planning activities, and expand the number of first-time mothers served by the Nurse Family Partnership to more than 800 clients citywide.
- Continued to expand the Nurse Family Partnership to include a third site in North/Central Brooklyn, in partnership with SCO Family of Services. The NFP sites in Jamaica (Queens), Brooklyn, and Central/East Harlem served 300 new mothers and their babies in 2005.
- Provided home visits to more than 1,700 highest-need new mothers and their babies in Harlem and Brooklyn.
- Conducted a public health detailing campaign on contraception in the District Public Health Office neighborhoods. This was the first detailing campaign to target pharmacists, and to give providers emergency contraception.
- Promoted breastfeeding through hospitals and through distribution of educational materials. Worked with Harlem Hospital Center to seek “Baby-Friendly” status, a WHO/UNICEF designation for facilities that make system changes to support breastfeeding initiation and duration, and conducted a survey of hospitals to determine current breastfeeding practices; results will be used to guide additional breastfeeding initiatives with hospitals in 2006.

- Developed a Sudden Infant Death Syndrome (SIDS) prevention curriculum for implementation by peer educators in communities with higher SIDS mortality rates.
- With SCO Family of Services and Bedford-Stuyvesant Family Health Center, received federal funding for Healthy Start Brooklyn to double the capacity for two home visiting programs in North/Central Brooklyn.
- Integrated Healthy Neighborhood and Newborn Home Visit Program to provide home visits and environmental assessments to all newborns in the Brooklyn DPHO service area.
- Completed an analysis of undetermined and unintentional injury deaths of NYC infants to identify potential areas for intervention; results will guide the development of new initiatives to reduce infant deaths.
- Provided more than 225 educational sessions to nearly 4,000 health care providers, staff of community agencies, and residents on topics including SIDS, maternal and infant mortality, smoking cessation, breastfeeding, contraception, teen pregnancy, nutrition, and DV.

Strategic Directions for 2006

- Continue to support over-the-counter (OTC) availability for emergency contraception (EC) and work to increase access to EC.

Teenage Pregnancy Rate per 1,000 Females Aged 15-19 by UHF Neighborhood New York City, 2004



TCNY Indicator: Infant mortality rate per 1,000 live births

Status: 2002	Status: 2003	Status: 2004	Status: 2005	TCNY Goal for 2008	HP 2010 National Goal
6.0 per 1,000 live births	6.5 per 1,000 live births (8% increase)	6.1 per 1,000 live births (2% increase compared with 2002)	Data not yet available	5.0 per 1,000 live births (17% reduction compared with 2002)	4.5 per 1,000 live births

- Expand Nurse Family Partnership to the Bronx and target additional high risk groups including teen mothers in foster care and homeless women. Continue efforts to seek additional private funding and public funding through Medicaid and other sources to continue expansion and assure program sustainability.
- Launch citywide Healthy Teens Initiative, starting in the Bronx, to provide technical assistance and training to health care providers to reduce sexual risk-taking, and increase access to and promote high-quality sexual and reproductive health care for adolescents.
- Support improved coordination of Nurse Family Partnership with other home visiting programs serving high-risk families.
- Expand efforts to promote breastfeeding-friendly policies in hospitals and increase public education on breastfeeding.
- Implement initiatives to reduce infant deaths, including a community-based peer education model to reduce infant deaths from SIDS and a “Cribs for Kids” education and crib distribution program to reduce death from suffocation.
- Conduct further research and data analysis, including family planning surveillance and factors influencing infant deaths, to identify trends and develop specific programs and policy recommendations.

Conclusion

In the past year, DOHMH more fully established **Take Care New York** as New York City’s health policy and as the organizing principle for agency programs and activities. **Take Care New York**’s partners play an integral role in the success of this initiative and the combined activities of DOHMH, individuals, health care providers, businesses, City agencies, and community-based organizations have resulted in progress in most of the 10 **Take Care New York** priority areas. In the coming years, we will continue to rely on this coordinated effort to achieve the ambitious targets we have set for 2008. By working together in this way, New Yorkers will become healthier and New York City will be a model

Take Care New York Partners (as of May 31, 2006)

1199 SEIU National Benefit Fund	Citiwide Harm Reduction	Gouverneur Healthcare Services	New York City Department of Transportation
Affinity Health Plan	Clinical Directors Network, Inc.	Morrisania Diagnostic and Treatment Center	New York Coalition for a Smoke Free City
African Services Committee	College of New Rochelle	Renaissance HealthCare Network Diagnostic and Treatment Center	New York Hotel Trade Health Centers
Allan School	Committee for Hispanic Children & Families, Inc.	Sea View Hospital Rehabilitation Center and Home	New York Methodist Hospital
American Cancer Society, Manhattan Region	Community Agency for Senior Citizens (CASC)	Segundo Ruiz Belvis Diagnostic and Treatment Center	New York Presbyterian Hospital
American Cancer Society, Staten Island Region	Community Association of Progressive Dominicans	Health and Hospitals Corporation Health and Home Care	New York Public Library
American Heart Association	Community Care Partners	Health Insurance Plan of New York	North General Hospital
American Lung Association of the City of New York, Inc.	Community Choice Health Plan	HealthFirst PHSP, Inc.	Northern Manhattan Perinatal Partnership
Asociacion Tepeyac de New York	Community Health Action of Staten Island	HealthPass	Our Lady of Mercy Medical Center
AmeriChoice	Community Health Care Association of New York State	HHC Home Care Inc	Partners in Health
Bedford Stuyvesant Family Health Center	Community Healthcare Network	HealthPlus	Peninsula Hospital
Betances Polonich Center	Community Premier Plus	Housing Works	Polonich Organized to Minister our Community, Inc [POMOC]
Beth Israel Medical Center	Comprehensive Family Care Center – Montefiore Medical Group	Human Resources Administration Medical Assistance	Primary Care Development Corporation
Boriken Neighborhood Health Center	Department of Citywide Administrative Services [DCAS]	Hunt's Point Multi-Service Center	Puerto Rican Family Institute
Bronx AIDS Services, Inc.	Dominican Women's Development Center	Institute for Puerto Rican/Hispanic Elderly	Queens Public Library
Bronx Community Board 2	Dr. Martin Luther King, Jr. Health Center	Institute for Urban Family Health	Realty House
Bronx Community Board 3	East Harlem HIV Care Network	Interfaith Medical Center	Safe Horizon
Bronx Community Health Network, Inc	El Puento	Inwood House	Safe Space
Brooklyn Public Library	Fidelis Care New York	Jewish Community Center of Staten Island	Saint Vincent Catholic Medical Centers of New York
Brooklyn Plaza Medical Center	Forest Hills Hospital	Jewish Community Council of the Rockaway Peninsula	Samaritan Village
Brownsville Multi-Service Family Health Center	Fund for Public Health in New York	Joseph P. Addabbo Family Health Center	St. Luke's-Roosevelt Hospital Center
Cabrini Medical Center	GHI Health Plan	Korean Community Services Of Metropolitan Area	Staten Island Council on Alcoholism & Substance Abuse
Care for the Homeless	GHI HMO Select, Inc.	La Promesa	Staten Island Mental Health Association
CarePlus Health Plan	Greater New York Hospital Association	Latino Commission on AIDS	Staten Island Partnership for Community Wellness
CASA Mexico	Harlem Directors Group	Lenox Hill Hospital	Staten Island Tobacco Free Action Coalition
Center for Immigrant Health	Harlem Dowling	Long Island College Hospital	Staten Island University Hospital
Central Harlem HIV Care Network	Harlem United Community AIDS Center	Lutheran Family Health Center – Sunset Park	The Columbia Center for Medical Rehabilitation
City Harvest	Harm Reduction Coalition	Maimonides Medical Center	The Medical Letter
City University of New York (CUNY):	Health and Hospitals Corporation:	Manhattan Eye, Ear & Throat Hospital	The New York Presbyterian Community Health Plan Inc
Baruch College	Woodhull Medical and Mental Center	March of Dimes	The Floating Hospital
Borough of Manhattan Community College	Kings County Hospital Center	Mayor's Office to Combat Domestic Violence	Today's Child Communications
Bronx Community College	Queens Hospital Center	Medical and Health Research Association of New York City	United Jewish Organization of Williamsburgh
Brooklyn College	Metropolitan Hospital Center	Mental Health Association of New York City	United Neighborhood House of NYC
City College of New York	Jacobi Medical Center	Mercy Center	Urban Health Plan, Inc.
CUNY School of Professional Studies	Harlem Hospital Center	MetroPlus	Vertex L.L.C
College of Staten Island	Bellevue Hospital Center	Montefiore Medical Center	Victory Memorial Hospital
CUNY School of Law at Queens College	Lincoln Medical and Mental Health Center	Morris Heights Health Center	VidaCare
The Graduate Center	Elmhurst Hospital Center	Morris High School	Visiting Nurse Service of New York, Staten Island Region
Hostos Community College	North Central Bronx Hospital	Muslim Women's Institute for Research and Development	WellCare Health Plans, Inc.
Hunter College	Coney Island Hospital	Narco Freedom, Inc.	Westside Campaign Against Hunger
John Jay College of Criminal Justice	Coler-Goldwater Specialty Hospital and Nursing Facility	Neighborhood Health Providers	William F. Ryan Community Health Center
Kingsborough Community College	Cumberland Diagnostic and Treatment Center	New Concepts Community Support	Wyckoff Heights Medical Center
LaGuardia Community College	Dr. Susan Smith McKinney Nursing and Rehabilitation Center	New York Academy of Medicine	YAI/National Institute for People with Disabilities
Lehman College	East New York Diagnostic and Treatment Center	New York Blood Center	Youth Advisory Board
Medgar Evers College		New York City Department for the Aging	YWCA of Brooklyn
New York City College of Technology (City Tech)		New York City Department of Homeless Services	YWCA of NYC

Acknowledgements

Thank you to the following individuals who contributed to this report and who serve as leadership for **Take Care New York**.

Sonia Angell, Mary Bassett, Diana Berger, Drew Blakeman, Christina Chang, Jennifer Ellis, Alison Jordan, Deborah Kaplan, Scott Kellerman, Bonnie Kerker, Jessica Leighton, Cortnie Lowe, Sandra Mullin, Deborah Nagin, Sarah Perl, Jorge Petit, Andrew Rein, Lynn Silver, Lloyd Sederer, Catherine Stayton, Lorna Thorpe, Edward Wake, Joyce Weinstein, Candace Young, Jane Zucker.

Take Care New York staff:

Louise Cohen, Deputy Commissioner
Erica Desai, Program Director
Zaida Guerrero, Partnership Director
Debbie Roth, Assistant Program and Policy Director
Angie Iturrino, Assistant Partnership Director

For more information,

Call 311 and ask for **Take Care New York**
Or visit nyc.gov/health/tcny

Suggested citation: Desai E, Cohen L, Frieden TR. Take Care New York: Second Year Progress Report. New York City Department of Health and Mental Hygiene, 2006



THE NEW YORK CITY DEPARTMENT
of HEALTH and MENTAL HYGIENE

Michael R. Bloomberg, Mayor
Thomas R. Frieden, M.D., M.P.H., Commissioner

nyc.gov/health

