A Policy for a Healthier New York City

Third Year Progress Report
August 2007

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Executive Summary

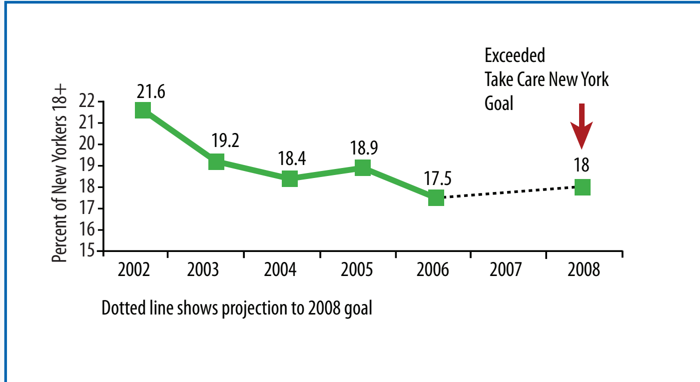
Take Care New York is a comprehensive health policy that serves as the organizing principle for the Department of Health and Mental Hygiene's (DOHMH) efforts to help New Yorkers live longer and healthier lives. Launched in March 2004, **Take Care New York** is an agenda for evidence-based interventions in 10 priority health areas that cause preventable illnesses and deaths each year. For each of the 10 items, there are steps individuals, health care providers, businesses, and community- and faith-based organizations are taking today to improve the health of New Yorkers.

In each of these areas, **Take Care New York** set ambitious goals for 2008, and we are measuring and evaluating our progress along the way. This year – for the first time – baseline data from the New York City Health and Nutrition Study (NYC HANES), a community-based survey that measured the actual health status of adult New York City residents, became available for four **Take Care New York** priorities: diabetes, high blood pressure, cholesterol, and depression. This additional data will enable the Health Department and our partners to target our efforts more effectively in the coming years.

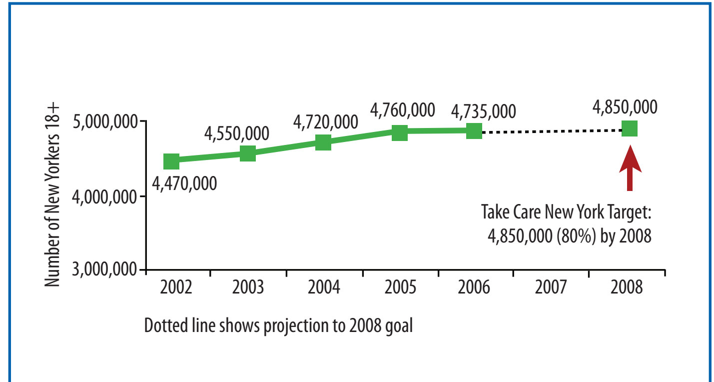
Since 2002, significant progress has been made in 8 of the 10 priority areas, including 2 that have already reached the 2008 goal:

- **Over 240,000 fewer smokers.** The percentage of New Yorkers who smoke decreased from 21.6% in 2002 to 17.5% in 2006, surpassing the 2008 goal of 18%.
- **44% increase in colonoscopy screening rates.** The percentage of New Yorkers over age 50 who received a screening colonoscopy for colorectal cancer within the past 10 years increased dramatically from 42% in 2003 to 59% in 2006 (reaching the 2008 goal of 60% for New Yorkers age 50 and older).
- **265,000 more New Yorkers have a regular doctor.** The number of New Yorkers with a regular health care provider increased from 4,470,000 in 2002 to 4,735,000 in 2006 (more than two-thirds of the way to the 2008 goal of 4,850,000).
- **10% reduction in women who die from intimate partner homicide.** The 3-year average rate of women killed by an intimate partner has decreased from 1.0 per 100,000 from 2000-2002 to 0.9 per 100,000 from 2003-2005.
- **Over 100 fewer deaths from alcohol.** The number of New Yorkers who died from alcohol-attributable causes decreased from 1,551 in 2002 to 1,450 in 2006 (two-thirds of the way to the 2008 goal of 1,400 deaths).
- **508 fewer deaths from HIV.** The number of New Yorkers who died from HIV/AIDS-related illness decreased from 1,713 in 2002 to 1,205 in 2006 (halfway to the 2008 goal of under 1,000 HIV deaths).

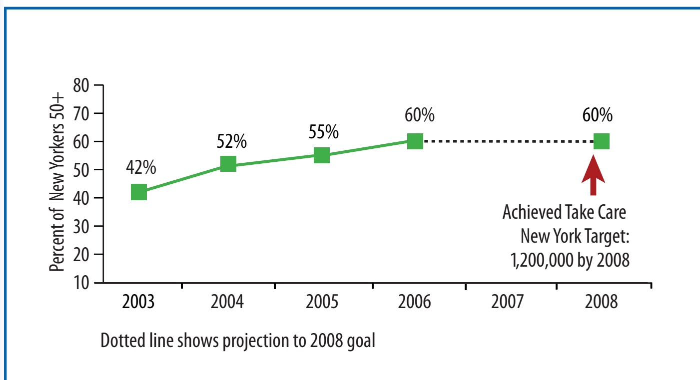
Over 240,000 Fewer New Yorkers Smoke



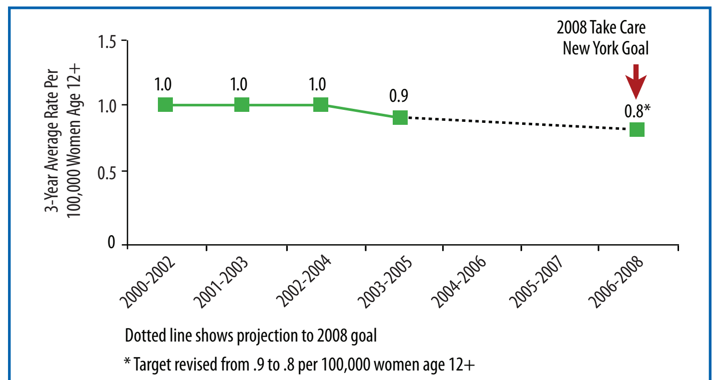
265,000 More New Yorkers Have A Regular Doctor



44% Increase In The Number Of New Yorkers Who Had A Colonoscopy Screening In The Last 10 Years



10% Reduction In Intimate Partner Homicide



- **Fewer young children newly identified with lead poisoning.** 211 fewer children under the age of 6 were newly identified with lead poisoning and a lead-based paint violation in 2006 than in 2002 (more than a third of the way to the 2008 goal of fewer than 260 children).
- **2% decrease in infant deaths.** The infant mortality rate has decreased from 6.0 per 1,000 live births in 2002 to 5.9 per 1,000 live births in 2006 (10% of the way to the 2008 goal of 5.0 per 1,000 live births).

This past year, DOHMH worked with a broad network of partners to expand programs that encourage New Yorkers to access key preventive services, reduce their risk of chronic disease, and encourage health system and environmental changes that improve health.

While DOHMH has made significant progress toward many **Take Care New York** goals, there is more to be done, particularly to reduce infant mortality and drug-related deaths, increase cervical cancer and mammography screenings, and increase flu immunizations. For example,

- **34 additional drug-related deaths.** The number of New Yorkers who died from drug-related causes increased from 905 in 2002 to 939 in 2006.
- **3% decrease in breast cancer screening rates.** The percentage of women aged 40 and over who received a mammogram in the past 2 years declined from 77% in 2002 to 75% in 2006.
- **Fewer New Yorkers aged 65 and over received a flu shot.** Flu immunizations among New Yorkers aged 65 and over decreased from 63% in 2002 to 59% in 2006.

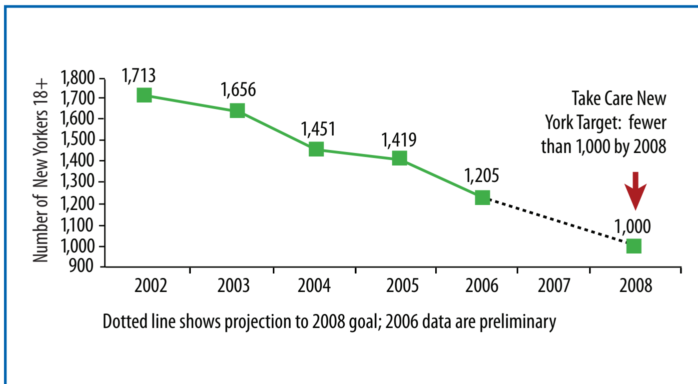
In the coming year, programs that address these issues must be rigorously evaluated to identify and build on those programs that work.

In addition, health disparities persist among economic and racial/ethnic groups in New York City. Focusing on reducing these disparities will reduce inequalities and improve New York City's overall health.

This third **Take Care New York** progress report since the March 2004 launch includes:

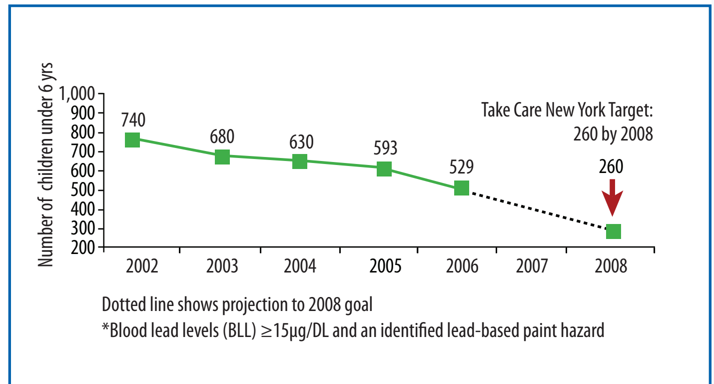
- An overview of Take Care New York.
- DOHMH's approach to implementing **Take Care New York.**
- For each of the 10 priority areas:
  - Updated data on the status and goals of **Take Care New York** indicators;
  - Key activities and accomplishments for 2006; and
  - Strategic directions for 2007.

508 Fewer New Yorkers Died From HIV/AIDS



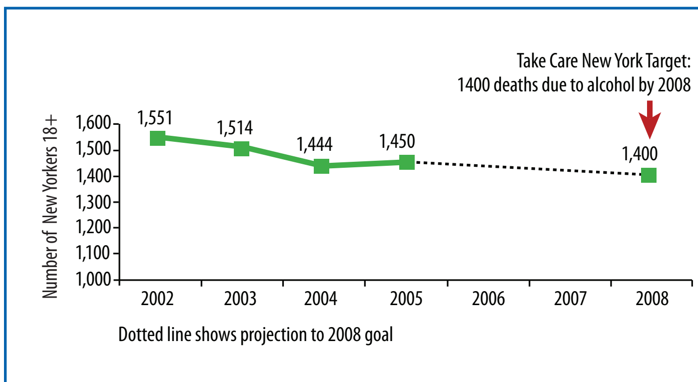
Dotted line shows projection to 2008 goal; 2006 data are preliminary

211 Fewer Children With Newly-Identified Lead Poisoning



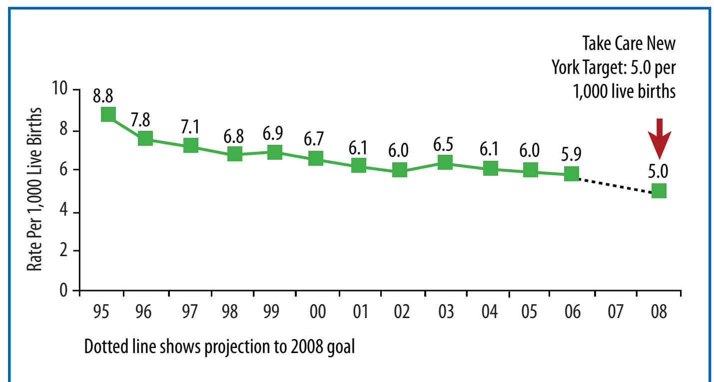
Dotted line shows projection to 2008 goal
*Blood lead levels (BLL) ≥15μg/DL and an identified lead-based paint hazard

Over 100 Fewer New Yorkers Died Due To Alcohol



Dotted line shows projection to 2008 goal

2% Decrease In Infant Mortality Deaths



Dotted line shows projection to 2008 goal

Summary Table of Take Care New York Indicators Status and Goals

TCNY Agenda Item	Indicator	2008 Goal	Status: 2002
1. Have a Regular Doctor or Other Health Care Provider	Adult New Yorkers without a regular doctor	More than 300,000 fewer New Yorkers without a doctor (20% reduction in NY'ers w/o doctor, or prevalence to drop from 26% to 20% of NY'ers without a doctor)	1.6 million adults (25%)
2. Be Tobacco Free	Adult New Yorkers who smoke	240,000 fewer smokers (18% reduction in number of people who smoke, or drop in prevalence to 18%)	1.3 million adults (22%)
3. Have a Healthy Heart	Proportion of New Yorkers with hypertension that is well controlled[1]	134,000 more New Yorkers with hypertension that is well controlled (20% increase)	**
	Proportion of NY'ers with diabetes or cardiovascular disease[2] who have an elevated LDL[3]	85,000 fewer New Yorkers with diabetes or cardiovascular disease who have a high LDL (20% reduction)	**
	Proportion of NY'ers with elevated A1C[4]	22,000 fewer adults with an A1C >9.0% (20% reduction)	**
4. Know Your HIV Status	Number of New Yorkers who die from HIV/AIDS	Under 1,000 (42% fewer than 2002)	1,713 deaths
5. Get Help for Depression	Proportion of NY'ers receiving treatment for their depression[5]	44,000 more adults with depression that are receiving treatment (10% increase)	**
6. Live Free of Alcohol or Drugs	Alcohol-attributable mortality	1,400 deaths (10% reduction)	1,551 deaths
	Drug-related deaths	655 deaths (250 fewer than 2002)	905 deaths
7. Get Checked for Cancer	Screening rates for breast cancer	1.5 million women age 40+ (85%) who received a mammogram in the past 2 years (10% increase)	77% of women aged 40+ have received mammograms in past 2 yrs (1.3 million women)
	Screening rates for cervical cancer	2.8 million women 18 and older who received a Pap test in the past 3 years	80% of women have received a Pap test in the past 3 years (2.5 million women)††
	Screening rates for colon cancer	60% of New Yorkers age 50+ screened for colon cancer (20% more than 2003) Revised target is 80% of NY'ers age 50+ screened by 2011	Data not available
8. Get the Immunizations You Need	Influenza immunizations among New Yorkers age 65+†	80% of New Yorkers age 65+ immunized against influenza	63% of New Yorkers age 65 and over received a flu shot (590,000*)
9. Make Your Home Safe & Healthy	Children with newly-identified blood lead levels (BLL) ≥15µg/dL and an identified lead-based paint hazard	Fewer than 260 children under age 6 (65% reduction compared with 2002)	~740 children under 6 yrs
	Women who die from intimate partner homicide	Less than 1 per 100,000 women age 12+ in NYC (20% reduction)	2000-2002: 3-yr average rate of 1.0 per 100,000 women age 12+ in NYC
10. Have a Healthy Baby	Infant mortality rate per 1,000 live births	5.0 per 1,000 live births (17% reduction compared with 2002)	6.0 per 1,000 live births

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

Status: 2003	Status: 2004	Status: 2005	Status: 2006	Progress
1.5 million adults (24%)*	1.29 million adults (21%) (265,000 fewer or 17% decline compared with 2002)[††]	1.26 million adults (20.5%) (295,000 fewer or 19% decline compared with 2002)[††]	1.29 million adults (21%) (265,000 fewer or 17% decline compared with 2002)	
1.17 million adults (19%)	1.12 million adults (18.4%) (14% decline compared with 2002)[††]	1.15 million adults (18.9%) (12% decline compared with 2002)[††]	1.07 million adults (17.5%) (18% decline compared with 2002)	
**	668,000 adults who have hypertension that is well controlled[1] (43.6%)	**	**	NA
**	423,000 adults with diabetes or cardiovascular disease have an elevated LDL (65%)	**	**	NA
**	108, 000 adults with elevated A1C[4] (1.9%)	**	**	NA
1,656 (56 fewer deaths than 2002)	1,451 (261 fewer deaths or 15% decline compared with 2002)	1,419 (293 fewer or 17% decline compared with 2002)	1,205 (30% decrease or 508 fewer deaths than in 2002)***	
**	166,000 adults with major depression (37.6%) who are receiving treatment[5]	**	**	NA
1,514 deaths (37 fewer deaths)	1,444 (107 fewer than 2002)	1,450 deaths (105 fewer than 2002. 6.8% decline compared with 2002)	Data not available	
960 deaths	855 deaths (6% decline compared with 2002)	906 deaths (0.1% increase compared with 2002)	939 deaths (2% increase or 34 more deaths than in 2002)***	
Survey data not available for 2003	77% of women aged 40+ have received mammograms in past 2 yrs (1.3 million women)	73% of women aged 40+ (1.2 million) have received a mammogram in the past 2 years. 105,000 fewer women or 8% decline compared with 2002)[††]	74.6% of women aged 40+ (1.26 million) have received a mammogram in the past 2 years. 45,000 fewer women or 3% decline compared with 2002	
Survey data not available for 2003	81% of women have received a Pap test in the past 3 years (2.5 million)	80% of women have received a Pap test in the past 3 years (2.5 million).	81% of women have received a Pap test in the past 3 years (2.5 million)	
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 (28% increase compared with 2003)	55% of New Yorkers age 50 and over had a colonoscopy in the last 10 years (29% increase compared with 2003)[††]	60% of New Yorkers age 50 and over had a colonoscopy in the last 10 years (44% increase compared with 2003)	
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)	59% of New Yorkers age 65 and over received a flu shot (550,000)	
~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)	529 children under 6 yrs (211 fewer than 2002; 29% decline)	
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	2003-2005: 3-yr average rate of 0.9 deaths per 100,000 women age 12+ in NYC	Data not available	
6.5 per 1,000 live births (8% increase)	6.1 per 1,000 live births (2% increase compared with 2002)	6.0 per 1,000 live births (no change from 2002)	5.9 per 1,000 live births (2% decrease from 2002)***	

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

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

Overview of Take Care New York

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

Launched in March 2004, **Take Care New York** is a health policy that 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 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** assembles 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 you need.
9. Make your home safe and healthy.
10. Have a healthy baby.

Implementing Take Care New York

Promote Evidence-Based Interventions

We 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 health, based upon the best available scientific evidence.

Build on Existing Programs

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

Identify and Build Partnerships

The public sector cannot and should not address these health problems alone; many are far-reaching and require coordinated efforts among partners. **Take Care New York** requires the involvement of individuals, City agencies, health care providers, health insurers, community-based organizations, and others, all of which can play key roles in improving the health of New Yorkers. **Take Care New York** has involved nearly 270 organizations (*See page 23 for complete list*) and additional partnerships are being created.

Address Policy Barriers

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

Reduce Health Disparities

Many health problems 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, is the most effective way to improve health and reduce or eliminate health disparities.

Accelerate Social and Economic Progress

Broader social and economic forces affect health, and addressing these effectively would have an enormous impact on the health and well-being of New Yorkers. For example, poverty is an underlying cause of many health disparities, including those related to HIV, depression, and substance abuse; economic progress in the poorest communities would greatly improve health. Higher educational levels correlate strongly with good health; enhancing educational opportunities would also improve health outcomes. Safe and affordable housing provides individuals and families with the stability needed to better prevent and manage chronic diseases, overcome mental illness and substance abuse, receive regular health care, and prevent childhood lead poisoning. Greater empowerment of women would result in reductions in HIV, domestic violence, and unintended pregnancy. It is important, while working on the specific issues and initiatives that form **Take Care New York**, to recognize that effective advocacy for broader changes would also have major health benefits.

2006 Key Activities and Accomplishments

Overview

Over the past three years, **Take Care New York** became more fully established as New York City's framework for public health program and policy initiatives to reduce preventable illness and death. These efforts prevent disease by promoting lifestyle changes such as regular physical activity and better nutrition, improve individuals' ability to self-manage chronic disease, and address health care system and environmental issues that limit access to healthier living for all New Yorkers.

This report describes a wide range of interventions undertaken in 2006 for each priority area. As **Take Care New York** priorities have become more fully integrated into the city's overall policy agenda, the Department's efforts to improve the health of New Yorkers have become more coordinated and targeted, often addressing multiple priority areas simultaneously.

Before examining interventions for each priority area, what follows are several overall preventive health initiatives undertaken in 2006 that focus more broadly on the concept of prevention, including:

- More than doubling the number of **Take Care New York** partners to nearly 270 hospitals, community health centers, health plans, community-based organizations, and other City agencies *(See page 23 for complete list).*
- Continuing to establish the Primary Care Information Project (PCIP) to help physicians adopt electronic health record systems to improve quality, efficiency, and safety of medical care. PCIP has:
  - Selected an electronic health record vendor.
  - Identified more than 1,300 health care providers in more than 100 medical practices throughout the City who serve Medicaid and other underserved populations to participate, including community health centers, hospital outpatient departments, and other community physicians as well as DOHMH's Correctional Health Services.
  - Secured more than $45 million in city, state, and federal funding to support implementation of the program.
- Implementing the **Take Care New York** Preventive Services Campaign on Staten Island to increase consumer demand for preventive services. The campaign resulted in 8% of all Staten Islanders contacting their doctor after receiving DOHMH materials in the mail and 13% of all Staten Islanders having a *Passport to Your Health.*
- Expanding the Public Health Detailing program, which provides local physicians with information on best clinical practices and medical practice management. In 2006, the program conducted more than 20,000 physician visits on a range of topics, including Depression Screening, HIV Testing, Influenza Vaccination, Cholesterol Management, Contraception, and Diabetes.
- Increasing awareness on the health of New Yorkers by distributing information more widely; for example, the Department:
  - Released Community Health Profiles, a set of comprehensive reports that detail the health of all New York City neighborhoods. These 42 profiles provide information on major health issues including HIV, smoking, and health insurance access, and serve as a critical resource for improving community health.
  - Created New York City's first ever interactive public database for accessing vital statistics information.
  - Published *The Health of Immigrants in New York City,* a special report documenting the health of foreign-born New Yorkers; issued 4 **Take Care New York**-related issues of *City Health Information,* the Agency's publication for medical providers; published *Vital Signs* reports on childhood obesity, cervical cancer screening, and smoking; and produced and distributed 10 Health Bulletins on a variety of **Take Care New York**-related topics (All publications are available at nyc.gov/health).
  - Distributed nearly 500,000 *Passports to Your Health* in 10 languages through established channels, such as the New York City Public Library System.

These initiatives and those that follow are essential components of **Take Care New York** and will continue to be evaluated and 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.

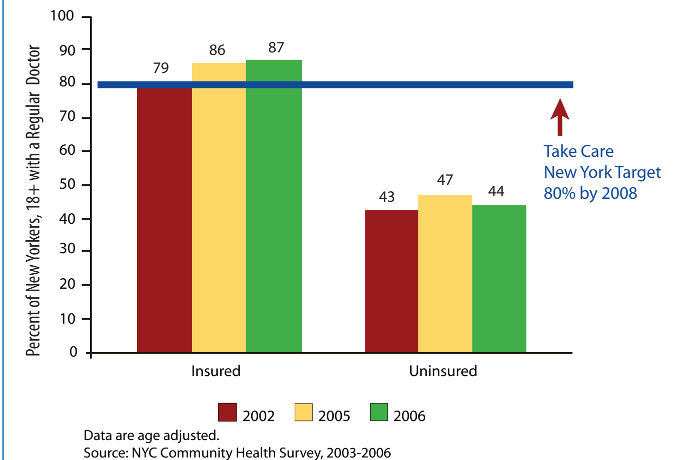
TCNY Objectives

- 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.

2006 Activities and Accomplishments

- Increased the number of SSI recipients – people who are blind, disabled, or over age 65 – enrolled in Medicaid Managed Care to 76,000, up 50% since 2005.
- Screened more than 15,000 children for insurance eligibility and completed applications for the nearly 25% who qualified for Medicaid or Child Health Plus.
- Expanded an initiative to pre-screen inmates at City jails for insurance eligibility to expedite their enrollment into Medicaid upon release, and help connect them to a primary care provider or substance abuse treatment program upon discharge.
- Provided more than 4,500 mentally ill City jail inmates with comprehensive treatment and discharge assessment and planning, with more than a quarter accepting a referral to a community program.
- Continued collaboration with Medicaid Managed Care plans on **Take Care New York** quality improvement activities to address barriers to mammography, management of hypertension, increasing depression screening, and improving immunization coverage.
- Advocated for the creation of a Medicaid suspension category for incarcerated individuals that reinstates coverage upon release from jail.

New Yorkers With Health Insurance Are More Likely To Have A Regular Doctor



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

Strategic Directions for 2007

- Increase enrollment in public health insurance by working with DOHMH outreach programs (Window Guard Program, Nurse Family Partnership, Lead Screening, and Newborn Home Visiting Program) to identify uninsured families for referral for facilitated enrollment follow up.
- Launch initiative to qualify uninsured Early Intervention program children with high medical needs for Medicaid and other public health insurance programs.
- Help the 44,000 SSI recipients with mental illness enroll in a Medicaid Managed Care plan; recipients will receive their medical care through health plan providers and mental health services on a Medicaid fee-for-service basis.
- Launch a campaign to promote the advantages of having a regular doctor and the value of preventive care.
- Support statewide efforts to expand health insurance coverage to all New Yorkers and restructure the health care system to prioritize primary and preventive care.
- Work with more than 1,000 primary care providers in medically underserved communities to facilitate a "medical home" and high quality preventive care through the use of electronic health record.

TCNY Indicator: Adult New Yorkers without a regular doctor

Status 2002:	Status 2006:	TCNY Goal for 2008:	HP 2010 National Goal:
1.6 million adults (25%)	1.29 million adults (21%). 265,000 fewer or 17% decline compared with 2002	More than 300,000 fewer New Yorkers without a doctor (20% reduction in NY'ers w/o doctor, or prevalence to drop from 26% to 20% of NY'ers without a doctor)	<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 more than 8,000 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 twice as likely to become smokers themselves.

TCNY Objectives

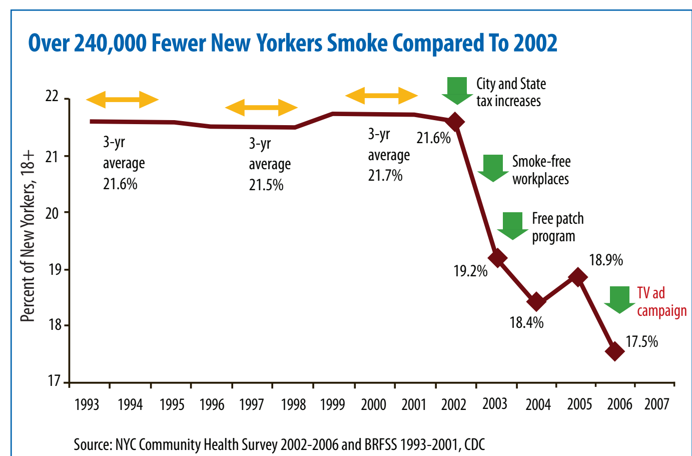
- Reduce the number of New Yorkers who smoke.
- Protect New Yorkers from exposure to second-hand smoke.
- Prevent young people from starting to smoke.
- Educate New Yorkers about the health risks associated with smoking and encourage smokers to quit.
- Help New Yorkers quit smoking by providing free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

2006 Activities and Accomplishments

- Launched the largest hard-hitting anti-tobacco media campaign in NYC history, "Cigarettes Are Eating You Alive," which increased calls to 311 for quit smoking assistance 4-fold compared with the same time period in 2005.
- Published three tobacco-related education materials: NYC Vital Signs: *Youth Smoking in New York City*, NYC Vital Signs: *Teenage Girls and Cigarettes*, and Health Bulletin #46: *Still Smoking?*
- Distributed more than 60,000 courses of nicotine replacement therapy (NRT) to New York City smokers: 35,000 courses directly to the public through 311, and 25,000 courses through partnerships and outreach events.
- Collaborated with the Department of Homeless Services to provide smoking cessation services to New York City smokers in shelters.
- Developed and distributed educational materials to all 12,000 New York City tobacco retail vendors on the laws that prohibit selling to minors and other aspects of cigarette sales.
- Provided cessation treatment to 425 New York City employees through the Employee Smoking Cessation Program (ESCAPE).
- Launched a longitudinal survey of New York City smokers and recent quitters to assess the impact of DOHMH's media campaign.
- Partnered with Con Edison to plan, implement, and evaluate an employee smoking cessation initiative.

Strategic Directions for 2007

- Advocate for an additional 50-cent per pack increase in the New York City cigarette excise tax, which would almost raise the inflation-adjusted cigarette price to the 2003 level.
- Launch a multi-component, community-focused second-hand smoke and tobacco cessation initiative in collaboration with the Harlem DPHO.
- Continue large-scale anti-tobacco media campaigns, including development of new ads.
- Help more New Yorkers quit smoking by giving away 55,000 courses of NRT.
- Enhance collaboration with Reality Check on youth initiatives and with the Coalition for a Smoke-Free NYC on advocacy for smoke-free campuses, smoke-free housing, and voluntary reduction of tobacco advertising in retail stores.
- Continue to educate the public about the risks associated with smoking and second-hand smoke through educational materials such as "Who Still Smokes?" And "Helping Friends and Family Quit."
- Implement a comprehensive tobacco cessation program with the Department of Homeless Services, including training staff and distributing NRT in shelters.
- In partnership with Con Edison, expand the employee smoking cessation initiative to additional Con Edison worksites.



TCNY Indicator: Adult New Yorkers who smoke

Status 2002:	Status 2006:	TCNY Goal for 2008:	HP 2010 National Goal:
1.3 million adults (22%)	1.07 million adults (17.5%). 18% 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.

High blood pressure, diabetes, 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. Stopping smoking, increasing physical activity, control of high blood pressure, cholesterol and diabetes, and eating a heart-healthy diet can help protect your heart. Safe and effective medications are available for blood pressure, diabetes, and cholesterol control.

TCNY Objectives:

- Promote changes in our communities that will improve heart health by making it easier to eat healthy and get regular physical activity.
- Help New Yorkers track their blood pressure, cholesterol, and weight, and take actions to keep them within a healthy range.
- Partner with employers to help them foster a healthy and productive workforce.
- Reduce costs of and increase access to medications necessary for the control of high blood pressure, high cholesterol, and diabetes.

2006 Activities and Accomplishments

- Secured passage of the first regulation in the country to phase out the use of artificial trans fat, which is a significant contributor to heart disease. Artificial trans fat will be phased out of all New York City restaurants by July 1, 2008.
- Passed the first regulation in the country to require some restaurants to prominently post calorie content on menus and menu boards.
- Launched the NYC A1C (a lab test which measures blood sugar control) Registry to better monitor the diabetes epidemic and implement interventions to improve quality of care and quality of life for New Yorkers with diabetes.
- Revised nutrition and physical activity regulations for day care programs licensed by DOHMH to set a minimum of physical activity minutes per day, limit television use, and improve nutrition of foods and beverages served in centers.
- Provided physical activity training for 2,000 day care and pre-K staff at 500 sites in New York City's most economically disadvantaged neighborhoods and expanded availability of trainings citywide, with support from the City Council. To date, more than a third of all day care centers and half of school-based pre-K staff, who collectively care for more than 60,000 children, have been trained.
- Provided Shape Up New York, a free family fitness program, to New Yorkers in neighborhoods most affected by disparities in obesity and related chronic disease.
- Conducted a citywide Diabetes Public Health Detailing campaign to promote better control of the ABCS of diabetes (A1C, Blood Pressure, Cholesterol and Smoking cessation) and inform providers about the new NYC A1C Registry. Representatives visited more than 3,600 health care providers and 5,600 clinical staff.
- Conducted a Cholesterol Public Health Detailing campaign to improve clinical care, treatment, and control of high cholesterol in patients at highest risk. Representatives conducted more than 1,200 one-on-one visits with 380 providers and 825 clinical staff.
- Worked with primary care clinics to implement systematic and sustainable changes in diabetes care, and provided diabetes self-management education to members of community-based organizations.
- Expanded the Healthy Bodegas Initiative's 1% milk campaign and launched a new campaign to promote access to fruits and vegetables in bodegas. Participating bodegas increased from 15 to 200.
- Developed blood pressure monitoring programs to improve self-management and introduced the programs to health care providers and in 6 faith-based organizations in underserved neighborhoods in Brooklyn, in collaboration with the New York City Department for the Aging.
- Conducted a hypertension awareness campaign in New York City's highest risk communities.
- Expanded worksite-based initiatives to more fully address **Take Care New York** priority areas, including self-management modules for nutrition, physical activity, diabetes, hypertension, cholesterol, and smoking cessation.

TCNY Indicator: New Yorkers with hypertension, elevated LDL, elevated A1C

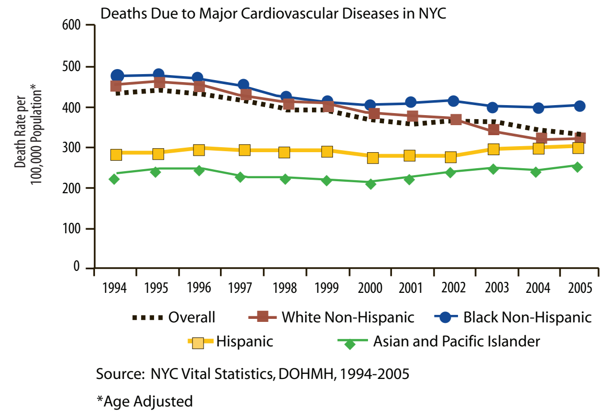
Indicator	Status 2002:	Status 2004:	TCNY Goal for 2008:	HP 2010 National Goal:
• Proportion of New Yorkers who have hypertension that is well controlled[1]	**	668,000 adults who have hypertension that is well controlled[1] (43.6%)	134,000 more New Yorkers have hypertension that is well controlled (20% increase)	>68% with high blood pressure that is under control
• Proportion of NY'ers with diabetes or cardiovascular disease[2] who have an elevated LDL[3]	**	423,000 adults with diabetes or cardiovascular disease have an elevated LDL (65%)	85,000 fewer New Yorkers with diabetes or cardiovascular disease who have a high LDL (20% reduction)	Goal not established for elevated LDL or A1C
• Proportion of NY'ers with elevated A1C[4]	**	108,000 adults with elevated A1C[4] (1.9%)	22,000 fewer adults with an A1C >9.0% (20% reduction)	

[1]Well Controlled Hypertension ≤ 140/90
[2]CVD/Diabetes - Self-Reported Diabetes, CHF, CHD, Angina, MI, or Stroke.
[3]High LDL Cholesterol - LDL ≥100 mg/dL (based on fasting sample).
[4]Elevated A1C -A1C > 9%.
**Data from these indicators come from the 2004 NYC Health and Nutrition Examination Survey.

Strategic Directions for 2007

- Implement and enforce trans fat and calorie labeling regulations in restaurants and document the impact on heart-healthy dining.
- Provide technical assistance to New York City restaurants eliminating artificial trans fat through the development of a Trans Fat Help Center, developed in collaboration with culinary and food service experts and funding from the American Heart Association.
- Implement and enforce new day care regulations.
- Launch an initiative to increase access to discounted pharmaceuticals for low-income New Yorkers.
- Continue citywide expansion of physical activity programs in day cares, elementary schools, and community settings, to reach 65% of school-based pre-K staff and 50% of group day care programs citywide.
- Launch an initiative in the South Bronx to give providers and patients feedback from the A1C Registry to assist them in improving diabetes control.
- Through the A1C Registry, offer participating medical providers and their patients with diabetes access to free or discounted medications and free memberships to New York City Parks Department recreational facilities to promote improved care and increased physical activity among those at highest risk.
- Pilot a lifestyle modification referral program in which providers can enroll their patients with diabetes for intensive support to increase physical activity and healthy eating.
- Complete implementation of a pilot project designed to assess the value of self-blood pressure monitoring though the distribution of approximately 2,000 home blood pressure monitors to patients in high-risk community clinics.
- Conduct a Public Health Detailing campaign on obesity.
- Expand the Healthy Bodegas Initiative to 1,000 bodegas in an effort to increase availability of healthier food choices in local stores.
- Continue to provide diabetes self-management and peer education training in collaboration with clinical sites and community-based organizations, and expand the program to senior centers and faith-based organizations.
- Further expand worksite health promotion programs.

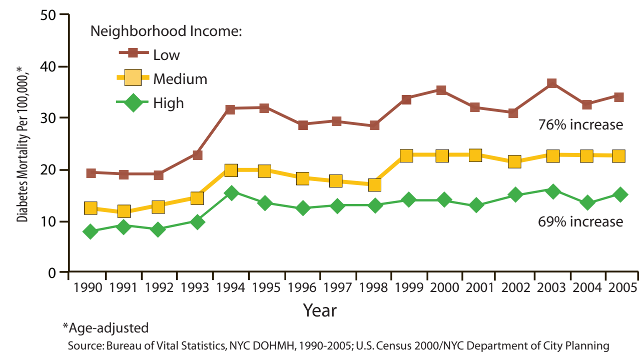
While Deaths From Cardiovascular Disease Have Declined Overall, Rates Have Decreased Fastest Among Whites And Have Increased Among Hispanics And Asians



Source: NYC Vital Statistics, DOHMH, 1994-2005

*Age Adjusted

Low Income New Yorkers Were Twice As Likely To Die From Diabetes As Higher Income Residents



*Age-adjusted

Source: Bureau of Vital Statistics, NYC DOHMH, 1990-2005; U.S. Census 2000/NYC Department of City Planning

4. Know Your HIV Status

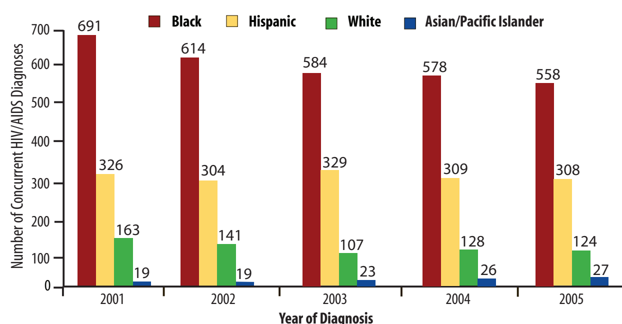
Get tested for HIV. Reduce risky behaviors and use condoms to protect yourself and others.

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

TCNY Objectives

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

The Number Of Concurrent Diagnoses Of HIV And AIDS Has Declined Slightly



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

Source: NYC DOHMH HIV Epidemiology Program 2nd Semi Annual Report for 2006.

2006 Activities & Accomplishments

- Conducted 115,000 voluntary HIV rapid tests in DOHMH clinics and jails, a 50% increase from 2005.
- Expanded HIV rapid testing programs in emergency departments, homeless shelters, and community organizations.
- Expanded HIV prevention efforts by distributing nearly 18 million male and female condoms and 7.2 million packets of lubricant.
- Developed a Field Services Unit, in which DOHMH staff are based in 9 hospitals in high-prevalence neighborhoods to provide partner services and assist with care coordination for newly diagnosed patients with HIV.
- Expanded efforts to combat HIV-related stigma by awarding $1.6 million to support citywide anti-stigma and anti-discrimination campaigns among African immigrants, people involved with the criminal justice system, men who have sex with men, African-American and Latino communities, and medical providers working with injecting drug users.
- Expanded Prevention With Positives initiatives by awarding contracts to support evidence- or theory-based interventions with persons living with HIV/AIDS.
- Conducted an HIV testing Public Health Detailing campaign for health care practices in neighborhoods at highest risk. Representatives conducted more than 1,200 visits with 317 providers and 605 clinical staff.
- Initiated HIV Continuum of Care project for all newly diagnosed and known HIV-positive individuals in City jails to improve identification, treatment, and discharge planning.

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

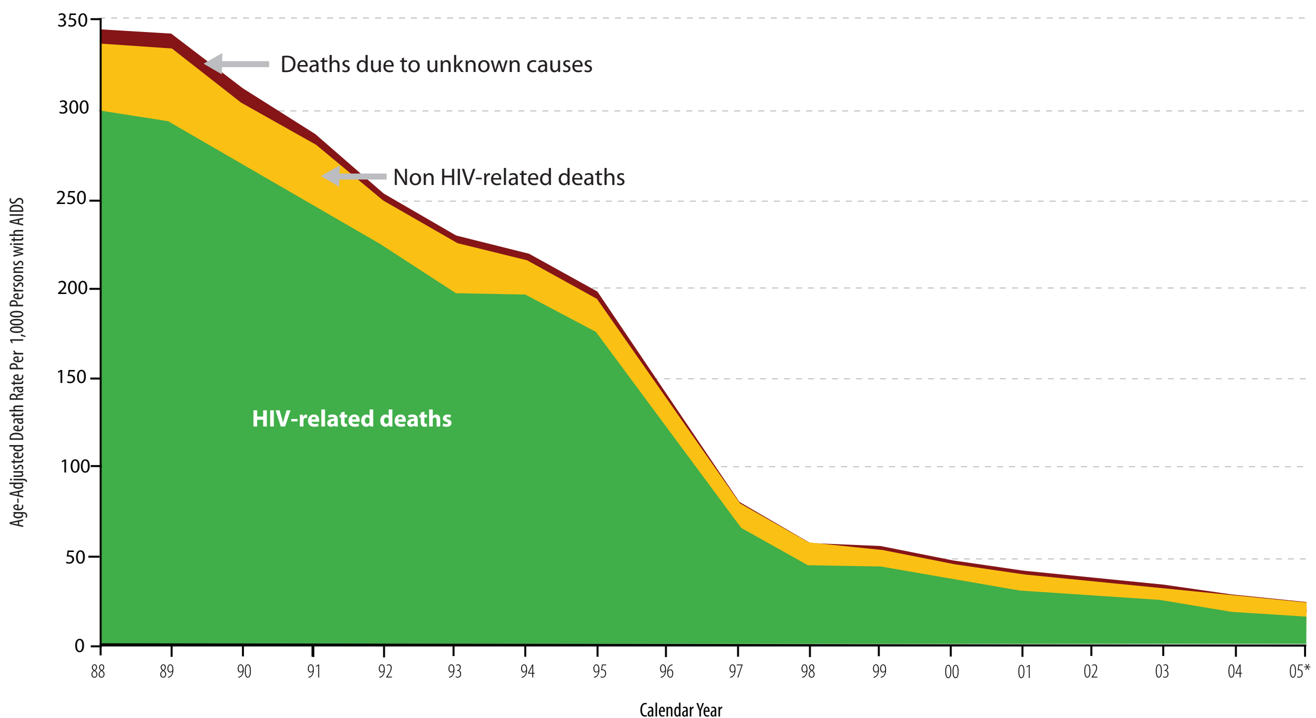
Status 2002:	Status 2006:	TCNY Goal for 2008:	HP 2010 National Goal:
1,713 adult deaths	1,205 adult deaths. 508 fewer or a 30% decline compared with 2002*	Under 1,000 (42% fewer than 2002)	0.7 deaths per 100,000 population

* 2006 data is preliminary; this number is expected to change upon finalization of 2006 mortality data.

Strategic Directions for 2007

- Continue to advocate for legal changes to New York State law to make testing more accessible, 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 promote prevention by reducing risky behavior and further expanding condom distribution.
- Increase the proportion of people living with HIV and AIDS who receive timely medical care and linkage to appropriate social services.
- Expand and support harm reduction initiatives such as syringe exchange and overdose prevention.
- Improve the care and treatment of people living with HIV and AIDS by helping them to stay in care.
- Enhance the care supportive housing programs offer to people living with HIV and AIDS, with a focus on improving overall health status.

People With AIDS Are Living Longer Than In The Earlier Years Of The Epidemic



* 2005 data are incomplete because National Death Index match has not yet been conducted to identify deaths occuring outside NYC.

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 with medication and/or therapy.

TCNY Objectives:

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

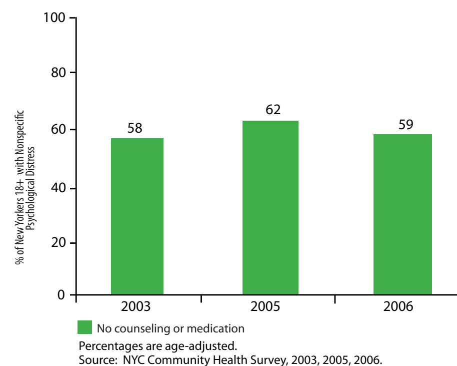
2006 Activities and Accomplishments

- Continued to expand depression screening and management in primary care practices at HHC facilities, community health centers, university health centers, and other primary care sites.
- In collaboration with the Mental Health Association of New York City, the New York City Council, and the Department for the Aging, expanded a depression screening and management project for seniors in Brooklyn, Queens, and Manhattan.
- Continued to collaborate with the Nurse Family Partnership program to incorporate depression screening into its home visiting program for first-time mothers in high-risk neighborhoods.
- Provided on-site training, educational materials, and technical assistance to medical providers who partner with DOHMH to implement depression screening.
- Conducted a Public Health Detailing campaign in New York City's highest-risk neighborhoods to educate primary care providers about depression screening and management; representatives visited more than 200 primary care practices.
- Issued an updated "Detecting and Treating Depression in Adults" *City Health Information* for physicians and a Health Bulletin for the public to educate about the symptoms of depression, depression screening, and the availability of treatment.
- Conducted a media campaign to increase awareness of depression screening in high-risk neighborhoods.
- Established the DOHMH Office of Care Management whose staff will provide direct support to patients diagnosed with depression in several primary care practices.
- Coordinated confidential telephone depression screening for DOHMH employees and their adult dependents.
- Funded an independent evaluation of the DOHMH Depression Screening and Management in Primary Care Initiative to measure the impact of depression screening and management as a routine part of primary care.
- Continued 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.

Strategic Directions for 2007

- Collaborate with the New York Business Group on Health to support "One Voice," a charter signed by New York City health plans agreeing to promote and support depression screening and management in all primary care practices as a routine part of medical care.
- Continue conducting a Depression Public Health Detailing campaign targeting primary care practices in Asian communities in Brooklyn, Queens, and Manhattan.
- Continue geriatric depression screening project with a possible expansion to Russian communities and other targeted neighborhoods.
- Facilitate training for primary care and community providers to support best practices for depression screening and management for senior and other populations.
- Adapt the Three Component Model, a best practice model for adult depression care management, to fit a range of health care settings.
- In partnership with CUNY, expand routine depression screening to student health care facilities.
- Integrate routine depression screening into the electronic health records of over 1,000 primary care providers and develop linkages to additional mental health and case management services for those in need mental health and case management services for those in need.

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



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

TCNY Indicator: Proportion of New Yorkers receiving treatment for depression*

Status 2002:	Status 2004:	TCNY Goal for 2008:	HP 2010 National Goal:
**	166,000 adults with major depression (37.6%) who are receiving treatment*	44,000 more adults with depression that are receiving treatment (10% increase)	50% of adults with depression receiving treatment

*Treated Depression – seen or talked to mental health professional or took prescribed meds for their mental or emotional condition in the past 12 months
**Data from these indicators come from the 2004 NYC Health and Nutrition Examination Survey.

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 (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 time), however, excessive drinking is a major public health problem. Heavy drinking can result in avoidable disease and death. Some people, including pregnant women and people who are driving, shouldn't drink at all.

Help is available for alcohol and drug problems. Brief intervention by physicians reduces alcohol abuse. Buprenorphine, a new medication for opioid dependence, can reduce harm and improve the lives of opioid drug users as well as help control diseases.

TCNY Objectives

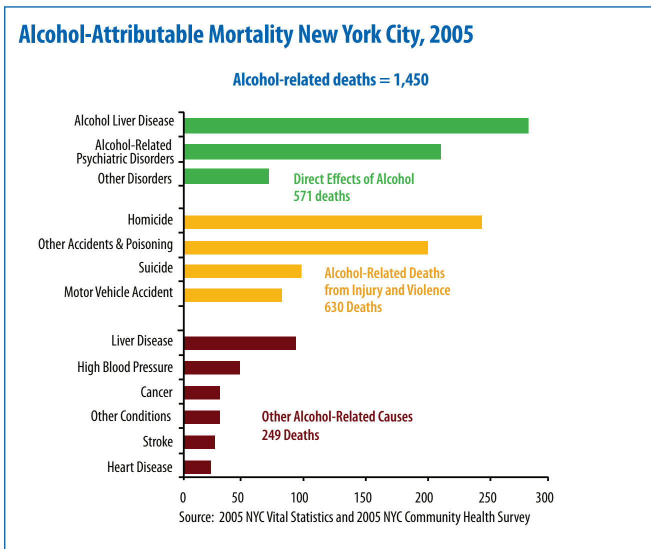
- Help New Yorkers understand the risks associated with excessive alcohol use.
- Prevent the progression of healthy alcohol use to risky or harmful use through provision of screening and brief intervention services.
- Increase the number of emergency department and primary care providers who routinely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

2006 Activities and Accomplishments

- Published updated "Brief Intervention for Alcohol Problems" *City Health Information* providing clinical guidance to physicians and other health care providers.
- Developed three curricula for SBIRT trainings, as well as screening and evaluation instruments to be utilized by professionals trained in and implementing SBIRT.
- Began programs to implement SBIRT in HHC emergency departments, primary care clinics, the Health Department's Chest clinics, and the Department of Homeless Services.
- Successfully advocated the federal government to increase the patient limit per physician for buprenorphine treatment from 30 to 100 patients.
- Sponsored buprenorphine training sessions, enabling 240 additional physicians to become certified to prescribe this medication. By late 2006, approximately 1,000 New Yorkers were receiving this treatment, a 60% increase over the previous year.
- Trained hundreds of medical staff at syringe exchange programs, shelters, jails, and clinical and medical treatment facilities including HHC Chemical Dependency Inpatient Detoxification staff in buprenorphine treatment.
- Initiated naloxone training for inmates undergoing detoxification in city jails.

Strategic Directions for 2007

- Implement SBIRT services in other emergency departments, primary medical/specialty and community health settings such as homeless shelters throughout New York City.
- Train primary care staff including physicians, nurses, social workers, and public health educators on SBIRT methods.
- Promote strategies that help New Yorkers reduce risks associated with alcohol and other drug abuse.
- Develop and implement a Public Health Detailing campaign regarding alcohol use and brief intervention.
- Continue outreach activities to opioid users to educate them about the availability and benefits of buprenorphine.
- Provide buprenorphine training to more physicians and other medical professionals.
- Continue to support and expand overdose prevention strategies.
- Conduct outreach to New York City providers about recent changes in buprenorphine patient capacity.
- Incorporate SBIRT into the electronic health records of over 1,000 primary care providers and develop linkages to case management and substance abuse program.



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

Status 2002:	Status 2005:	Status 2006:	TCNY Goal for 2008:	HP 2010 National Goal:
1,551 alcohol-attributable deaths	1,450 adult deaths	Data not available	1,400 deaths (10% reduction)	Alcohol-attributed morality not established
905 drug-related deaths	NA	939 adult deaths. 34 more or a 2% increase compared with 2002*	655 deaths (250 fewer than 2002)	1 drug-related death per 100,000

* 2006 data is preliminary; this number is expected to change upon finalization of 2006 mortality data.

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 if people received recommended screenings. Screening for 3 major cancers – colon, breast, and cervical – can reduce illness and death through early detection, and can actually *prevent* many cases of colorectal and cervical cancers from ever developing.

TCNY Objectives

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

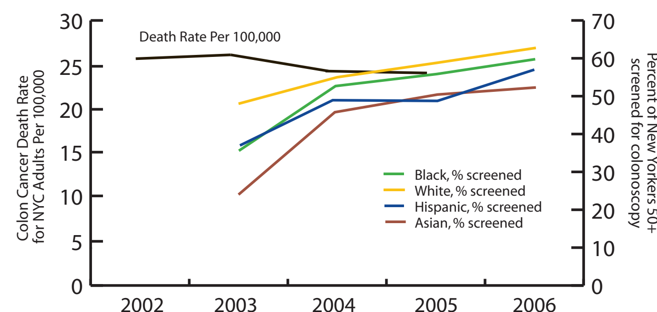
2006 Activities and Accomplishments

- With support from the New York City Council, partnered with the American Cancer Society to fund colonoscopies for uninsured New Yorkers at 11 HHC hospitals and eight private facilities, including Mt. Sinai, Montefiore, and St. Luke's Roosevelt Hospitals and the Ralph Lauren Center for Cancer Care. This supported 1,575 screening colonoscopies, up from 1,048 in 2005.
- Successfully established self-sustaining Patient Navigator programs at 3 HHC hospitals – Elmhurst, Lincoln and Woodhull. During the same time period, colonoscopy rates in HHC hospitals increased 12% in the first 3 quarters of 2006 compared with the first 3 quarters of 2005.
- Published and distributed *A Practical Guide to Increasing Screening Colonoscopy,* detailing evidence-based best practices for safely increasing colonoscopy suite efficiency.
- Completed a Colon Cancer Screening public health detailing campaign on Staten Island, in collaboration with **Take Care New York's** Staten Island Preventive Services Campaign. More than 250 practices and more than 1,000 providers and practice staff were visited.
- Implemented Wellness Challenges at 27 worksite locations throughout New York City representing 10 organizations and more than 40,000 employees, including challenges on getting screened for colon, breast, and cervical cancer.

Strategic Directions for 2007

- Implement Patient Navigator programs at Bellevue, Harlem, Jacobi, Kings County and Metropolitan hospitals to assist patients in obtaining colonoscopies, in partnership with HHC and the Fund for Public Health in New York, and with support from the New York Community Trust.
- Expand colon cancer screening Patient Navigator programs to voluntary hospitals.
- Collaborate with HHC to conduct a media campaign designed to increase colorectal cancer screening in high-risk communities.
- Understand the recent decline in mammography rates and develop tailored initiatives to increase rates.
- Mobilize health plan and wellness at work partners to expand cancer screening.
- Develop a media campaign and other activities to promote the HPV vaccine, which protects against most strains of HPV that cause cervical cancer.

Racial Disparities In Colonoscopy Screening Rates Have Decreased And Colon Cancer Death Rates Have Reached A New Low



Source: NYC Vital Statistics 1995-2005; NYC Community Health Survey, 2006

TCNY Indicator: Get Checked for Cancer

Indicator	Status 2002:	Status 2006:	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)	74.6% of women aged 40+ (1.26 million) have received a mammogram in the past 2 years. 45,000 fewer women or 3% decline compared with 2002	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 2 years)
Screening rates for cervical cancer	80% of women have received a Pap test in the past 3 years (2.5 million women)††	81% 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	90% of women at high risk screened for cervical cancer (Pap test past 3 years)
Screening rates for colon cancer	Data not available*	60% of New Yorkers age 50 and over had a colonoscopy in the last 10 years (44% increase compared with 2003)	60% of New Yorkers age 50+ screened for colon cancer (20% more than 2002) Revised target is 80% of NY'ers age 50+ screened by 2011	50% of adults 50+ screened for colon cancer (lifetime)

†† Udpated numbers
*Baseline data from this indicator is from 2003 (42% of New Yorkers age 50 and over had a colonoscopy in the last 10 years)

8. Get the Immunizations You Need

Vaccines are important for people of all ages.

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

TCNY Objectives

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

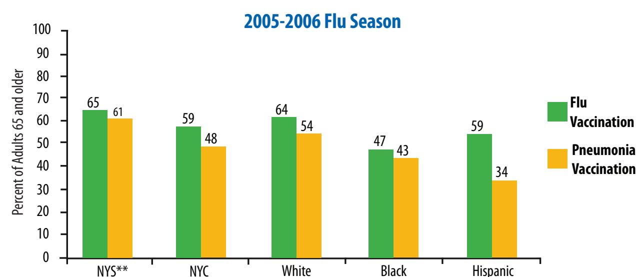
2006 Activities and Accomplishments

- Developed and released a citywide media campaign to promote annual flu shots for adults. This coincided with more than 11,000 calls to 311 from New Yorkers looking for a flu shot clinic.
- Distributed provider educational and promotional tools, including an Influenza/Pneumococcal Resource Guide and vaccination reminder post cards, to more than 1,000 health care facilities.
- Developed influenza and pneumococcal reminder labels and usage protocol for prescription bottles and bags and distributed to all pharmacies in New York City.
- Developed educational materials and intervention strategies for Central Brooklyn residents and local medical professionals to address low flu vaccination rates among Caribbean and African-American residents, in collaboration with the Central Brooklyn Flu Steering Committee, a coalition of community leaders working on health issues.
- Partnered with local radio stations and community organizations to hold special influenza clinic events in areas of low-coverage, including Central Brooklyn, Harlem, and Jamaica.
- Distributed nearly 118,000 doses of influenza vaccine to medical and outreach facilities, including community-based health organizations, home care agencies, homeless shelters, jails, and private providers in New York City's highest-risk neighborhoods.
- Administered more than 42,000 flu shots at 424 locations citywide such as DOHMH clinics, senior centers, and outreach venues in traditionally low-coverage neighborhoods.
- Began assessments and standing order protocol review at Kings County Hospital Center as part of an initiative to improve pneumococcal vaccination coverage in both inpatient and outpatient settings.
- Initiated a study of the impact on private practice vaccination rates of providing free pneumococcal vaccine to providers compared with providing free vaccine, technical assistance, and educational materials.
- Conducted an influenza vaccination Public Health Detailing campaign targeting health care practices in four low-coverage neighborhoods. Representatives visited more than 200 sites in neighborhoods at greatest risk.
- Developed electronic influenza vaccine ordering system to facilitate physicians ordering vaccine from DOHMH if unable to obtain it through other sources.
- Began offering Hepatitis A and B vaccine for high-risk adults and Tdap vaccine (tetanus, diphtheria, and pertussis) in all Health Department immunization clinics in 2006.
- Began distribution of rotavirus vaccine and human papilloma virus (HPV) vaccine through the Vaccines for Children Program.
- Implemented routine Hepatitis A vaccination for children 12-23 months, achieving approximately 28% coverage and a 47% reduction in infection rates for all ages.

Strategic Directions for 2007

- Increase pneumococcal vaccination rates through enhanced education and outreach efforts.
- Provide support and technical assistance to hospitals and health centers implementing standing orders (authorizing certain personnel to offer and vaccinate for influenza all patients meeting certain criteria) for influenza and pneumonia vaccine, and monitor implementation of a new State law requiring implementation of standing orders.
- Continue to advocate for legislation to allow pharmacists to administer flu shots and to mandate influenza vaccination for all health care workers.
- Continue to advocate for increased federal action and funding to adequately support adult immunization programs.

Older Black And Hispanic Adults Are Less Likely To Receive Annual Flu Shots; Overall, NYC's Flu Shot Rate Is Below The State Average



Source: NYC Community Health Survey 2006; 2006 BRFSS data.

* The CHS 2006 asks the following question: 'During the past 12 months, have you had a flu shot in your arm or a flu vaccine that was sprayed in your nose?' The BRFSS asks this question separately for flu shot and FluMist, and only flu shots are presented here. The BRFSS data is for calendar year 2006.

**Includes NYC

All estimates are weighted to the NYC Census population.

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

Status 2002:
590,000 adults age 65+ (63%).

Status 2006:
550,000 adults age 65+ (59%). 40,000 fewer or a 7% decline compared with 2002

TCNY Goal for 2008:
80% of New Yorkers age 65+ immunized against influenza

HP 2010 National Goal:
90% of adults age 65 + immunized

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

9. Make Your Home Safe and Healthy

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

LEAD POISONING

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

TCNY Objectives – Lead Poisoning

- Promote 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.

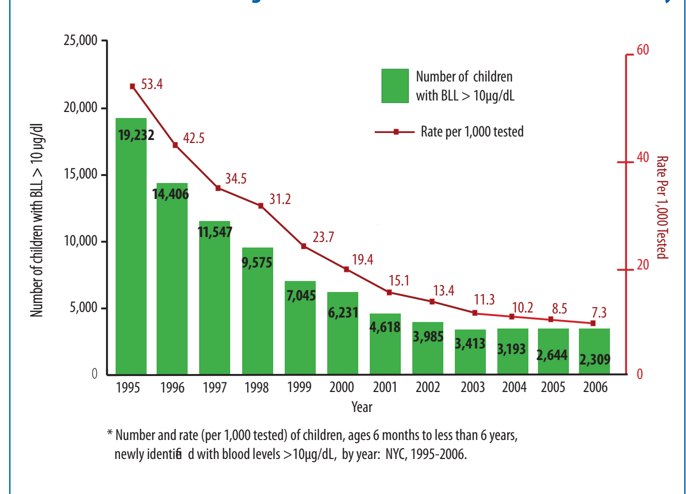
2006 Activities and Accomplishments

- Identified herbal remedies made in China that were contaminated with lead. Conducted inspections, removed products from stores and internet sites, developed educational materials, and worked with key community groups to coordinate public outreach and education.
- Expanded the Healthy Homes 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 distributed more than 185,000 copies of educational materials targeted to high-risk groups and neighborhoods to increase awareness and community capacity to reduce lead hazards.
- Released guidelines for health care providers on the identification, management, and prevention of lead poisoning in pregnant women, and distributed them to more than 30,000 providers.
- Developed a new educational brochure, "Pregnancy and Lead Poisoning," to educate the public about the importance of blood lead testing for pregnant women.
- Expanded the HPD/DOHMH lead hazard reduction project to include 1-and-2 family homes. The program, funded by HPD, provides forgivable loans to owners who safely repair any lead hazards identified.
- Ordered the abatement and remediation of lead paint hazards in 933 apartments.
- Continued successful data matching partnerships with all 17 Medicaid managed care organizations in New York City as well as the DOHMH Early Intervention Program to identify 1- and 2-year-olds who had not been tested for lead poisoning.
- Continued a primary prevention program in high-risk Brooklyn neighborhoods to proactively identify and reduce lead paint hazards before they result in lead poisoning.

Strategic Directions for 2007

- Continue to promote lead paint hazard repair in New York City homes, targeting high-risk buildings and neighborhoods.
- Continue to use DOHMH home visiting programs to promote the reduction of environmental health hazards in the home.
- Continue to promote lead-safe work practices and reduction of home environmental hazards through the Healthy Homes hardware store 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.
- Continue to limit the availability and use of imported products containing lead.
- Reduce prenatal exposure to lead through outreach to health care providers and women at risk.

Childhood Lead Poisoning Continues Downward Trend In New York City



TCNY Indicator: Children with newly-identified blood lead levels (BLL) ≥15µg/dL and an identified lead-based paint hazard

Status 2002:	Status 2006:	TCNY Goal for 2008:	HP 2010 National Goal:
~740 children under 6yrs.	529 children under 6yrs. 211 fewer or a 29% decline compared with 2002	Fewer than 260 children under age 6 (65% reduction compared with 2002).	Zero children < 6 with a BLL ≥10µg/dL

DOMESTIC VIOLENCE

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

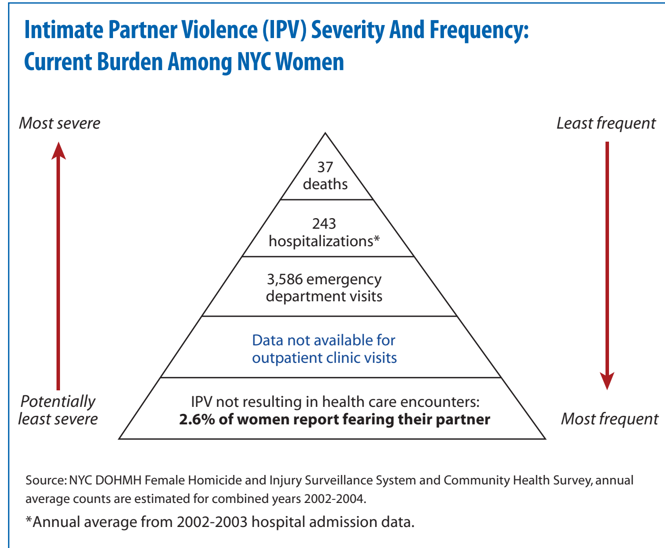
TCNY Objectives – Domestic Violence

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

2006 Activities and Accomplishments

- Conducted domestic violence screening and referrals via the DOHMH Nurse Family Partnership and Newborn Home Visiting Programs, and at all DOHMH STD clinics.
- Trained all health care staff at the women's jail and implemented a screening and referral program for female inmates.
- Created a resource guide of organizations providing domestic violence-related trainings for use by DOHMH client-based programs.
- Continued to provide technical assistance and data to community-based organizations to inform domestic violence policy and program development, implementation, and evaluation.
- Delivered multiple presentations to social service and health care providers on the epidemiology of intimate partner violence and screening recommendations.
- Supported a community-based campaign in Central Brooklyn focused on empowering bystanders to take a stand against domestic violence and to help victims seek services.
- Expanded employee-focused domestic violence awareness activities at DOHMH, including poster campaigns, a presentation series, and announcements to staff, and developed resources for employees including agency guidelines, an intranet resource page, and an informational palm card.
- Produced template domestic violence awareness campaign tools for use by other agencies and organizations.

Intimate Partner Violence (IPV) Severity And Frequency: Current Burden Among NYC Women



Source: NYC DOHMH Female Homicide and Injury Surveillance System and Community Health Survey, annual average counts are estimated for combined years 2002-2004.

*Annual average from 2002-2003 hospital admission data.

Strategic Directions for 2007

- Publish a comprehensive report on intimate partner violence using multiple data sources to inform policy and program development.
- Increase outreach and resources available to providers through dissemination of a *City Health Information* publication on regular screening and referrals in the primary care setting, and through presentations to health care and social service providers.
- Improve staff training and expand client education, screening, and referrals within DOHMH client-based programs.
- Launch an interactive e-learning course, Domestic Violence and the Workplace, and make it available to all DOHMH employees.
- Continue to offer a comprehensive domestic violence awareness campaign for DOHMH employees.
- Work with the Mayor's Office to Combat Domestic Violence and others to increase public awareness and develop and coordinate prevention efforts.

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

Status 2000-2002:	Status 2003-2005:	TCNY Goal for 2008:*	HP 2010 National Goal:
1.0 per 100,000 women age 12+	3-yr average of .9 deaths per 100,000 women age 12+ in NYC	Less than 1 per 100,000 women age 12+ in NYC (20% reduction)	Goal to reduce intimate partner homicide not established

*__Take Care New York__ target revised from 0.9 to 0.8 per 100,000 women age 12+

10. Have a Healthy Baby

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

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

TCNY Objectives

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

2006 Activities and Accomplishments

- Funding for NFP was increased to support program expansion to reach 1,320 first-time mothers in Jamaica East, Queens, South Bronx, East and Central Harlem, and North and Central Brooklyn. Ongoing state funding was obtained through the Office of Children and Family Services, and more than $400,000 in additional private funds were secured.
- Worked with HHC to implement the Breastfeeding Friendly Initiative to increase breastfeeding initiation and continuation rates through implementation of corporate-wide policies and procedures, enhanced parental support, newborn rooming-in, breastfeeding within one hour of delivery, staff education, removing formula company incentives, and introducing incentives supportive of breastfeeding at 11 hospital maternity facilities.
- Worked with the Medical and Health Research Association to pilot routine screening at prenatal visits for substance and alcohol use, domestic violence, child abuse, anxiety and depression, and implemented brief intervention and referrals for women served by several hospitals in Brooklyn and the Bronx.
- NFP program expansion included the opening of a new site to serve families in the South Bronx and implementation of a targeted citywide initiative team of nurses that serve teens in foster care, as well as women in homeless shelters and jails.
- NFP was named by Mayor Bloomberg's Commission for Economic Opportunity as a key program to reduce poverty for children under five.
- Provided more than 240 educational sessions to nearly 5,700 health care providers, staff of community agencies, and residents on topics including breastfeeding, contraception, nutrition, parenting, teen pregnancy, smoking cessation, and domestic violence.
- Honored by the Centers for Disease Control and Prevention for successful implementation of Pregnancy Risk Assessment Monitoring System, a survey that helps us better understand maternal and infant health in New York City.
- As part of the Mayor's Healthy Women/Healthy Babies Initiative:
  - Contracts were awarded to four community health organizations to implement the Emergency Contraception Outreach and Education Initiative to increase access to emergency contraception.
  - Launched the Healthy Teens Initiative to increase adolescents' access to comprehensive sexual and reproductive health services.
  - Developed and disseminated a toolkit for health care providers, Healthy Teens Initiative: Seven Steps to Comprehensive Sexual and Reproductive Health Care for Adolescents in New York City.
  - Conducted an expanded Public Health Detailing campaign on contraception targeting East and Central Harlem, North and Central Brooklyn, and South Bronx neighborhoods. Contraception detailing kits, samples of emergency contraception and condoms were distributed at more than 1,000 health practices.

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

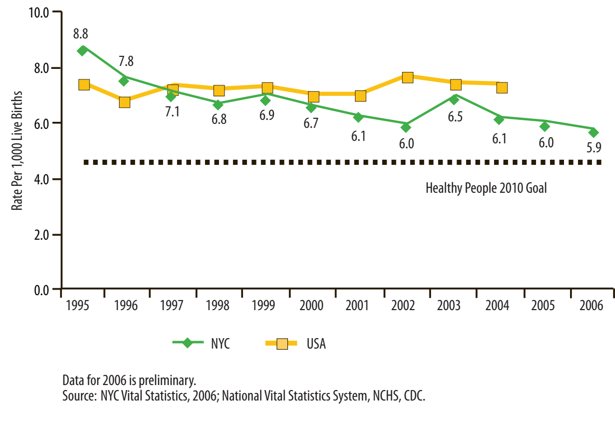
Status 2002:	Status 2006:	TCNY Goal for 2008:	HP 2010 National Goal:
6.0 per 1,000 live births	5.9 per 1,000 live births. A 2% decline compared with 2002*	5.0 per 1,000 live births (17% reduction compared with 2002)	4.5 per 1,000 live births

* 2006 data is preliminary; this number is expected to change upon finalization of 2006 mortality data.

Strategic Directions for 2007

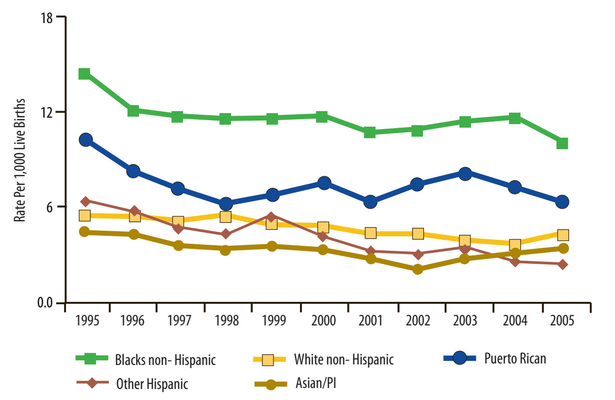
- Continue to expand NFP to serve more low-income, first-time mothers, including efforts to secure sustainable funding through Medicaid and other sources.
- Continue efforts to increase awareness of and access to emergency contraception, including over-the-counter availability for teens and low-income women and men age 18 and older years old in high-risk neighborhoods.
- Launch the Cribs for Kids campaign, a nationally implemented safe sleep education and free crib distribution program to reduce the risk of unintentional infant injuries, coordinated by the DOHMH Newborn Home Visit Program, Nurse Family Partnership, and other city agencies.
- Expand comprehensive evidence-based sex education in middle and high schools, in partnership with the Department of Education.
- Provide training and technical assistance to health care providers serving adolescents, including school-based Health Centers, to increase access to comprehensive sexual and reproductive health services for this population.
- Conduct ongoing analysis of data on family planning, abortion, teen pregnancy, and youth behavior to identify trends and evaluate the impact of program interventions.
- Conduct further research and data analysis to identify risk factors and trends in maternal and infant deaths, poor infant outcomes, and develop specific policy and program recommendations to improve outcomes and reduce disparities.

NYC's Infant Mortality Rate Has Declined Steadily In The Past Decade And Remains Well Below The National Average, But Remains Far Too High



Data for 2006 is preliminary.
Source: NYC Vital Statistics, 2006; National Vital Statistics System, NCHS, CDC.

The Infant Mortality Rate is Consistently Higher Among Non-Hispanic Blacks And Those Of Puerto Rican Descent Compared To Other Ethnic Groups



Conclusion

Since the launch of the **Take Care New York** initiative just three years ago, the DOHMH has learned a tremendous amount about the health status of New Yorkers, and has developed and implemented innovative and effective strategies to improve their health.

This report highlights a wide range of program and policy interventions undertaken in 2006, most with vital support from our **Take Care New York** partners. The success of the **Take Care New York** initiative depends largely on their participation. Our growing list of partners includes hospitals, health centers, insurers, community- and faith-based organizations, and other City agencies, each working with the Health Department on one or more health priorities and increasing our ability to reach New Yorkers in greatest need.

Through partnerships, we have made significant progress in several of the 10 priority areas, including two—smoking and colon cancer screening—that reached our 2008 goal. Five years of tobacco control initiatives have prevented 80,000 premature deaths from tobacco—two years ahead of schedule. Strategies to increase the number of New Yorkers screened for colon cancer since 2003 have prevented thousands of premature deaths.

In the coming years, we will continue to rely on this coordinated effort to achieve and sustain the ambitious targets we have set for 2008 and to continue to reduce premature deaths and save lives. Particular focus is needed to address areas that remain at or below 2002 levels, including infant mortality, drug-related deaths, breast and cervical cancer screenings, and flu immunizations.

By working together, New Yorkers will become healthier and New York City will be a model for the nation.

Take Care New York Partners (as of April 10, 2007)

1199 SEIU National Benefit Fund
Affinity Health Plan
African Services Committee
Allen School
American Cancer Society, Manhattan Region
American Cancer Society, Staten Island Region
American Heart Association
American Lung Association of the City of New York, Inc.
AmeriChoice
Asociacion Tepeyac de New York
Bedford Stuyvesant Family Health Center
Betances Health Center
Beth Israel Medical Center
Boriken Neighborhood Health Center
Bronx AIDS Services, Inc.
Bronx Community Board 2
Bronx Community Board 3
Bronx Community Health Network, Inc
Bronxwood International Church of God
Brooklyn Community Health Partner
Brooklyn Public Library
Brooklyn Plaza Medical Center
Brooklyn West Family Center
Brownsville Multi-Service Family Health Center
Cabrini Medical Center
Calvary Cathedral of Prayer
Care for the Homeless
CarePlus Health Plan
Caribbean Women's Health Association
CASA Mexico
Center for Immigrant Health
Central Harlem HIV Care Network
Central Jewish Council Inc.
Chance for Children, Youth Information Center, Inc.
Charles B. Wang Community Health Center
The Child Center of New York
Church Avenue Church of God
City Harvest
City University of New York (CUNY):
- Baruch College
- Borough of Manhattan Community College
- Bronx Community College
- Brooklyn College
- City College of New York
- College of Staten Island
- The Graduate Center
- Hostos Community College
- Hunter College
- John Jay College of Criminal Justice
- Kingsborough Community College
- LaGuardia Community College
- Lehman College
- Medgar Evers College
- New York City College of Technology (City Tech)
- Queens College
- Queensborough Community College
- York College

Citiwide Harm Reduction
The Clara Cantrell Clemmons Assistance Center, Inc.
Clinical Directors Network, Inc.
Coalition for Hispanic Family Services
College of New Rochelle
The Columbia Center for Medical Rehabilitation
Committee for Hispanic Children & Families, Inc.
Community Agency for Senior Citizens (CASC)
Community Association of Progressive Dominicans
Community Choice Health Plan
Community Health Action of Staten Island
Community Health Care Association of New York State
Community Health Center of Richmond
Community Healthcare Network
Community Premier Plus
Comprehensive Family Care Center - Montefiore Medical Group
Department of Citywide Administrative Services [DCAS]
DeWitt Reform Church
Dominican Women Development Center
Dr. Martin Luther King, Jr. Health Center
East Harlem HIV Care Network
El Puente
Energy Kitchen
Esperanza Center
Evangelical Garifuna Church
Faith Mission Christian Church
The Father's Heart Ministries
Fidelis Care New York
First Central Baptist Church
First Church of the Valley
First Presbyterian Church of Jamaica
First United Methodist Church of Corona
Flatbush Seventh-Day Adventist Church
The Floating Hospital
Forest Hills Hospital
Friendship Baptist Church of NY
Friendship Baptist Church of Queens
Friendship Community Church
Fulton Family Medicine Center
Fund for Public Health in New York
The George & Eva Nell Barbee Family Health Center
GHI Health Plan
GHI HMO Select, Inc.
Good Sheppard-Faith Presbyterian Church
The Gospel Tabernacle Church of Jesus Apostolic
Greater New York Hospital Association
Greater Southern Brooklyn Health Coalition
Harlem Directors Group
Harlem Dowling
Harlem United Community AIDS Center
Harm Reduction Coalition
Health and Hospitals Corporation:
- Woodhull Medical and Mental Center
- Kings County Hospital Center
- Queens Hospital Center
- Metropolitan Hospital Center
- Jacobi Medical Center
- Harlem Hospital Center
- Bellevue Hospital Center
- Lincoln Medical and Mental Health Center
- Elmhurst Hospital Center
- North Central Bronx Hospital
- Coney Island Hospital
- Coler-Goldwater Specialty Hospital and Nursing Facility
- Cumberland Diagnostic and Treatment Center
- Dr. Susan Smith McKinney Nursing and Rehabilitation Center
- East New York Diagnostic and Treatment Center
- Governeur Healthcare Services
- Morrisania Diagnostic and Treatment Center
- Renaissance HealthCare Network Diagnostic and Treatment Center
- Sea View Hospital Rehabilitation Center and Home
- Segundo Ruiz Belvis Diagnostic and Treatment Center

Health and Hospitals Corporation Health and Home Care
Health Insurance Plan of New York
HealthFirst PHSP, Inc.
HealthPass
HealthPlus
HHH Home Care, Inc.
Holy Ghost Pentecostal Faith Church
Holy Innocents RC Church
Holy Trinity Church
Holy Trinity Lutheran Church
Housing Works
Howie the Harp Peer Advocacy Center
Human Resources Administration Medical Assistance
Hunt's Point Multi-Service Center
Iglesia de la Santa Cruz
Immaculate Conception of the Blessed Virgin Mary RC Church
Immaculate Conception RC Church
Institute for Puerto Rican/Hispanic Elderly
Institute for Urban Family Health
Instituto Latino de Cuidado Pastoral, Inc.
Interfaith Medical Center
Inwood House
Jewish Community Center of Staten Island
Jewish Community Council of the Rockaway Peninsula
Joseph P. Addabbo Family Health Center
Korean Community Services Of Metropolitan Area
La Promesa, Inc.
Latino Commission on AIDS
Lenox Hill Hospital
Levantate Mujer Ministry
Long Island College Hospital
Lutheran Family Health Centers
Mailman School of Public Health Columbia University
Maimonides Medical Center
Manhattan Eye, Ear & Throat Hospital
Marathas Seventh Day Adventist Church
March of Dimes
Mayor's Office to Combat Domestic Violence
Medical and Health Research Association of New York City
Medical Letter
Mental Health Association of New York City
Mercy Center
MetroPlus
Montefiore Medical Center
Morris Heights Health Center
Morris High School
Mt. Olivet Gospel Church
Muslim Women's Institute for Research and Development
Narco Freedom, Inc.
Neighborhood Health Providers
New Concepts Community Support
New York Academy of Medicine
New York Blood Center
New York City Department for the Aging
New York City Department of Design and Construction
New York City Department of Homeless Services
New York City Department of Transportation
New York Coalition for a Smoke Free City
New York Hotel Trade Health Centers
New York Methodist Hospital
New York Presbyterian Community Health Plan Inc
New York Presbyterian Hospital
New York Public Library
North General Hospital
Northern Manhattan Perinatal Partnership
Our Lady of the Angeliuss RC Church
Our Lady of Mercy Medical Center
Park Gardens Long Term Health Care Program
Partners in Health
Peninsula Hospital
Polonians Organized to Minister our Community, Inc [POMOC]
Primary Care Development Corporation
Project Samaritan Health Services
Puerto Rican Family Institute
Queens Public Library
Reality House
Reform Church of Prince Bay
Safe Horizon
Safe Space
Saint Luke's Evangelical Lutheran Church
Saint Vincent Catholic Medical Centers of Staten Island
Samaritan Village
Sea of Galilee Church
Second Providence Baptist Church
The S.L.E. Lupus Foundation, Inc.
Springfield Gardens Church of the Nazarene
St. Gabriel's Episcopal/Anglican Church
St. John's Episcopal Hospital
St. John's Evangelical Lutheran Church
St. Luke's-Roosevelt Hospital Center
St. Mark the Evangelist Church
St. Margaret Mary Church
St. Paul's House Inc.
St. Stanislaus Kostka Church
St. Stephens of Hungary Church
Staten Island Council on Alcoholism & Substance Abuse
Staten Island Mental Health Association
Staten Island Partnership for Community Wellness
Staten Island Tobacco Free Action Coalition
Staten Island University Hospital
Today's Child Communications
Union Baptist Church
United Community Baptist Church
United Jewish Organization of Williamsburgh
United Neighborhood House of NYC
University Heights Presbyterian Church
Urban Health Plan, Inc.
Vertex L.L.C
Victory Memorial Hospital
VidaCare
Visiting Nurse Service of New York, Staten Island Region
WellCare Health Plans, Inc.
Westside Campaign Against Hunger
William F. Ryan Community Health Center
Willowbrook Park Baptist Church
Wyckoff Heights Medical Center
YAI/National Institute for People with Disabilities
Youth Advisory Board
YWCA of Brooklyn
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, Marcela Beltzer, Drew Blakeman, Christina Chang, Shadi Chamany, Lisa Green, Charon Gwynn, David Hanna, Mary Huynh, Alison Jordan, Deborah Kaplan, Adam Karpati, Bonnie Kerker, Jessica Leighton, Jenna Mandel-Ricci, Deborah Nagin, Sarah Perl, Jorge Petit, Diana Puccerella, Andrew Rein, Lynn Silver, Catherine Stayton, Lorna Thorpe, Edward Wake, Joyce Weinstein, Jane Zucker.

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

Suggested citation: Roth D, Cohen L, Frieden TR. **Take Care New York**: Third Year Progress Report. New York City Department of Health and Mental Hygiene, 2007

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THE NEW YORK CITY DEPARTMENT
of HEALTH and MENTAL HYGIENE
Michael R. Bloomberg, Mayor
Thomas R. Frieden, M.D., M.P.H., Commissioner