



A Policy for a Healthier New York City

Five-Year Progress Report

September 2013



Michael R. Bloomberg
Mayor

Thomas Farley, MD MPH
Commissioner

From the Commissioner



Dear Fellow New Yorker:

New York City has long been a leader in addressing public health challenges, dating back to the 1800s when the city's Department of Health and Mental Hygiene helped improve water safety and sanitation to combat cholera. The Health Department has since gained international acclaim for its success in developing effective, innovative strategies to address smoking, obesity and other health problems facing large and diverse populations.

While today's health challenges are vastly different than those we conquered three centuries ago, the Department remains dedicated to helping New Yorkers live longer, healthier lives. Take Care New York is a one such innovation designed to mobilize our city against the modern-day health problems.

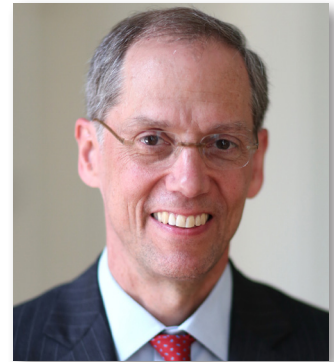
Launched in 2004, Take Care New York set a robust agenda by focusing on the most important issues affecting health and encouraging New Yorkers to adopt proven interventions. Take Care New York 2012 set new priorities and focused on making changes to our physical and social environments, while working to improve health care and promote healthy behaviors.

New Yorkers are living proof of the impact of Take Care New York – life expectancy is at an all-time high and infant mortality is at an historical low. We didn't meet all of our targets for 2012, but important health indicators are moving in a positive direction.

This report documents the progress of the Take Care New York 2012 agenda, and represents years of effort on the part of the Health Department and the more than 600 Take Care New York partners who are committed to a healthier city.

Sincerely,

Thomas Farley, MD MPH
Commissioner





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Introduction



Take Care New York is the Health Department's comprehensive health policy agenda to help New Yorkers live longer and healthier lives. First launched in 2004, Take Care New York identified 10 steps New Yorkers could take to improve their health. Following the success of the first Take Care New York agenda, the Department launched a second iteration, Take Care New York 2012, and set new goals for 10 key areas, selected for their public health importance and potential for improvement. Take Care New York 2012 has established a unifying set of goals for New York City – prompting policymakers, organizations and individuals to take action to make New York a healthier city to live, work and play.

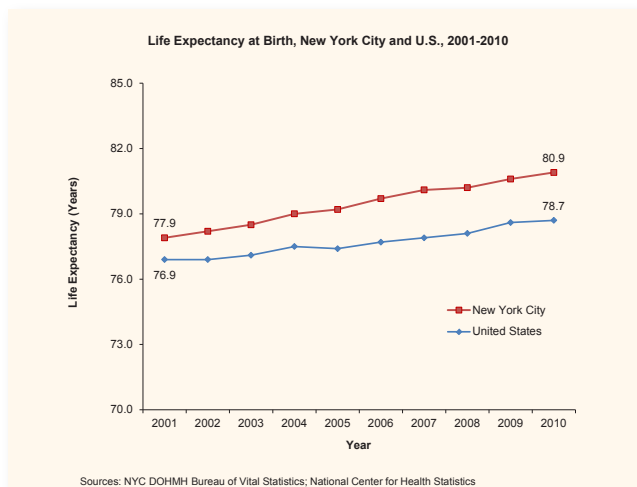
This five-year progress report provides updates on the Take Care New York priority areas since 2007 and the Health Department's efforts to tackle the leading causes of preventable illness and premature death among New Yorkers. Each chapter provides an update on key agency initiatives and indicators measuring progress within these 10 priority areas:

- Promote Quality Health Care for All
- Be Tobacco Free
- Promote Physical Activity and Healthy Eating
- Be Heart Healthy
- Stop the Spread of HIV and Other Sexually Transmitted Infections
- Recognize and Treat Depression
- Reduce Risky Alcohol Use and Drug Dependence
- Prevent and Detect Cancer
- Raise Healthy Children
- Make All Neighborhoods Healthy Places

The Health Department set ambitious targets for more than 45 indicators within the 10 priority areas. Initiatives designed to meet those targets fall within three categories:

- Policies: Initiatives that will improve environmental, economic and social conditions affecting health, including laws, regulations and other policies.
- Prevention, Quality and Access: Initiatives emphasizing preventive health care, improving the quality of care and expanding access to care.
- Health Promotion: Initiatives that inform, educate and engage New Yorkers in improving their health and the health of their communities.

Case studies for each of these categories are featured on pages 15 to 17.



Take Care New York 2012 succeeded in making progress toward the majority of its targets. Thanks to these efforts:

- Life expectancy among New Yorkers is at an all-time high of 80.9 years, and has increased for both males and females, across all racial and ethnic groups and neighborhood-poverty levels, and has outpaced national trends.
- Over 3,100 health care providers across the city have adopted prevention-oriented electronic health records.
- Fewer New Yorkers are smoking – smoking rates decreased 8% since 2007, and 28% since 2002.
- Fewer New Yorkers are drinking one or more sugar-sweetened beverages per day, and more are eating at least one serving of a fruit or vegetable each day.
- The premature cardiovascular death rate for black New Yorkers fell by 19% since 2007, reducing the disparity in death rates between black and white New Yorkers.
- Gaps in HIV/AIDS related deaths among black and white New Yorkers decreased to record lows.
- The unintentional drug-related overdose death rate decreased within high poverty neighborhoods.
- Approximately one-third of all teenage girls in New York City have received the full HPV vaccination series.
- Teen pregnancy rates fell 30% in the last decade and reached a historic low of 69.2 per 1,000 females ages 15-19.
- Air quality improved throughout New York City, narrowing the gap in sulfur dioxide levels between the most polluted neighborhoods and the least polluted neighborhoods.

Health Disparities

Despite progress in citywide rates for many indicators, New Yorkers living in high poverty neighborhoods and of certain racial and ethnic groups disproportionately experience higher rates of preventable illness and premature death. Residents of the city's poorest communities – South Bronx, East and Central Harlem and North and Central Brooklyn – suffer from limited access to healthy food options, poor housing quality, limited safe spaces for recreation and other obstacles.

Take Care New York 2012 was launched with a focus on reducing disparities and promoting initiatives that make all New York City neighborhoods healthier. Several important accomplishments have been made – such as reducing HIV/AIDS death disparities between black and white New Yorkers, reducing deaths from premature cardiovascular disease, reducing colorectal cancer deaths and reducing the gap in teen pregnancy rates between black and white New Yorkers. However, disparities were not reduced in several areas, which means the Department must reconsider how best to narrow these gaps in the future.

Social, environmental and economic factors all impact health, and the Department will work in collaboration with other city agencies and community organizations to improve broad factors that affect health among all New Yorkers.

Core Indicators, 2012 Targets and Five-Year Progress



Take Care New York Area	Core Indicator	Baseline [†]	Five-year Progress [‡]	2012 Target	Progress
1 Promote Quality Health Care for All	Preventable hospitalizations	2,044.2 per 100,000 (2006)	1,772.9 per 100,000 (2010)	1,694.0 per 100,000	+
2 Be Tobacco Free	Adults who currently smoke	16.9%	15.5% ^{††}	12.0%	+
3 Promote Physical Activity and Healthy Eating	Adults who consume one or more sugar-sweetened beverages per day	35.9%	28.2%	29.0%	✓
4 Be Heart Healthy	Premature deaths from major cardiovascular disease	54.3 per 100,000	44.2 per 100,000 (2011)	43.0 per 100,000	+
5 Stop the Spread of HIV and Other Sexually Transmitted Infections	Men who have sex with men who report using a condom every time they have anal sex	56.5%	57.6% ^{††}	66.0%	+
6 Recognize and Treat Depression	Adults with serious psychological distress who did not receive treatment	58.7% (2006)	54.8% ^{††}	56.0%	✓
7 Reduce Risky Alcohol Use and Drug Dependence	Hospitalizations for problems attributable to alcohol	380.0 per 100,000 (2006)	378.0 per 100,000 (2010)	309.0 per 100,000	+
8 Prevent and Detect Cancer	Adults 50 years and older who have had a colonoscopy in the last 10 years	61.7%	68.5%	80.0%	+
9 Raise Healthy Children	Teen pregnancies	84.9 per 1,000	69.2 per 1,000 (2011)	72 per 1,000	✓
10 Make All Neighborhoods Healthy Places	Poor housing quality by neighborhood poverty	Low poverty: 5.5% Very high poverty: 24.5% Gap: 18.9% (2005)	Low poverty: 5.2% Very high poverty: 28.5% Gap: 23.3%	Reduce gap to 16.0%	-

- Trend in wrong direction + Progress made toward target = Equivalent to Baseline ✓ Target met or exceeded

* See technical notes on page 18 for definition of indicators, data sources and methodologies.

† Baseline data are from 2007 unless otherwise noted.

‡ Five-year progress are from 2012 unless otherwise noted.

†† Change from baseline not statistically significant. See technical notes on page 18 for additional information.

Promote Quality Health Care for All



Indicator	Baseline [†]	Five-Year Progress	2012 Target	Progress
Preventable hospitalizations	2,044.2 per 100,000 (2006)	1,772.9 per 100,000 (2010)	1,694.0 per 100,000	+
Adults who did not get needed medical care	11.1%	11.1%	9.4%	=
Household income disparity	Low income: 15.8%	Low income: 13.2%	Reduce gap to 5.0%	✓
	High income: 8.7%	High income: 8.3% ^{††}		
	Gap: 7.1%	Gap: 4.9%		

[†] Baseline data are from 2007 and five-year progress are from 2012 unless otherwise noted.

^{††} Change from baseline not statistically significant. See technical notes on page 18 for additional information.

The Health Department is committed to improving access to high-quality, affordable health care and reducing health disparities citywide. Preventable hospitalizations, or ambulatory care-sensitive hospitalizations, is a measure of health care access and quality based on counting hospitalizations that could, in part, be prevented by better use of clinical preventive services. Between 2006 and 2010, preventable hospitalizations in New York City fell by 13%. The Department is working to implement local and federal health reform provisions that promote prevention and increased health care access, and continues to assist providers in adopting prevention-oriented electronic health records.

Health Disparities

Lower-income New Yorkers are less likely to have access to a regular health care provider and receive primary care and preventive services than higher-income New Yorkers. By 2012, the gap between lower-income and higher-income New Yorkers was reduced, meeting the Take Care New York 2012 target.

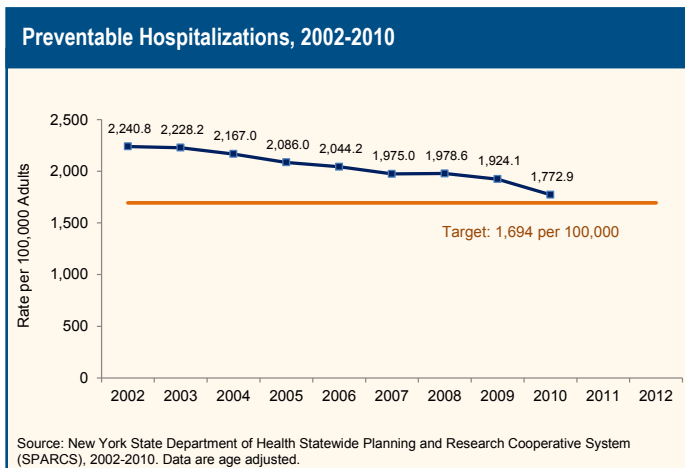
I. Policies

- The Department provided training to more than 2,000 medical and mental health providers citywide on changes to the Medicaid Managed Care population and changes in the Medicaid program.

- The Department's Primary Care Information Project supported 620 providers at 255 practices to become recognized by the National Committee for Quality Assurance as patient-centered medical homes, making them eligible for incentive payments.

II. Prevention, Quality and Access

- Through the Department's efforts, more than 3,100 providers caring for more than three million patients adopted prevention-oriented electronic health records.
- In 2011, the Department launched BigAppleRx, New York City's first official prescription discount card. In its first year, the card saved New Yorkers close to \$6 million in prescription drug costs.
- To date, close to 9,000 health care providers have enrolled in the NYC Regional Electronic Adoption Center for Health (REACH), which helps providers adopt electronic health records, achieve meaningful use criteria and earn incentive payments for adopting electronic health records.
- The Department is building an interface to allow for electronic exchange of health information between city jails and community providers to improve patients' continuity of care and health outcomes.
- The Department successfully implemented Health eQuits, an incentive program to reward primary care practices that used electronic health records and increased smoking cessation services. Between 2010 and 2012, more than 42,000 patients received cessation services.





Indicator	Baseline [†]	Five-Year Progress	2012 Target	Progress
Adults who currently smoke	16.9%	15.5% ^{††}	12.0%	+
<i>Education level disparity, among adults 25 years of age and older</i>	Low education: 20.0%	Low education: 18.9% ^{††}	Reduce gap to 3.0%	-
	High education: 15.1%	High education: 13.8% ^{††}		
	Gap: 4.9%	Gap: 5.1%		
High school students who currently smoke	8.5%	8.5% ^{††} (2011)	6.0%	=

[†] Baseline data are from 2007 and five-year progress are from 2012 unless otherwise noted.

^{††} Change from baseline not statistically significant. See technical notes on page 18 for additional information.

Over the past 10 years, New York City has achieved unprecedented declines in both adult and youth smoking. In 2012, 15.5% of New Yorkers were still smoking. This marks a 28% decline since 2002, when the Health Department launched its comprehensive efforts to reduce tobacco use. In addition, youth smoking in New York City has dropped by more than half since 2001, to 8.5% from 17.6%. Since 2007, however, the percentage of youth smokers has remained stable.

To ensure that smoking rates continue to decline, the Department must continue its efforts to reduce tobacco use through innovative policy initiatives, promotion of smoking cessation services and hard-hitting media campaigns.

Health Disparities

Smoking rates are higher among New Yorkers with less education than among those with at least some college education. The Department is working to narrow this gap through targeted, innovative anti-tobacco education and policy initiatives.

I. Policies

- In February 2011, New York City expanded its Smoke-Free Air Act to prohibit smoking in parks, beaches, marinas, boardwalks and pedestrian plazas. New York City joined more than 100 U.S. cities and counties that have adopted similar smoke-free policies.

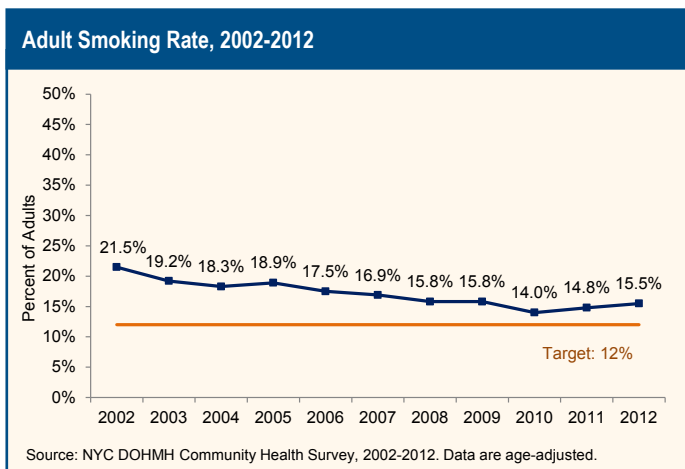
- The U.S. District Court in New York upheld 2009 legislation limiting the sale of flavored smokeless tobacco products, which are often targeted to youth, such as flavored chewing tobacco.
- In 2012, the Department provided technical assistance to City University of New York to expand its system-wide smoke-free policy. The expanded policy prohibits the use of tobacco as well as tobacco industry promotions and sponsorships across all 23 campuses. As a result, more than half a million students and 40,000 staff will benefit through less exposure to secondhand smoke.

II. Prevention, Quality and Access

- Since 2007, the Department has distributed free nicotine patches and gum to more than 212,000 smokers.
- The Health Department continues to work with providers to promote the use of smoking cessation benefits under New York State Medicaid. The smoking rate among New Yorkers covered by Medicaid has dropped dramatically, to 19.0% in 2012 down from 26.2% in 2002.
- Since 2010, the Department worked with the Health and Hospitals Corporation and 15 major New York City hospital systems to create and implement comprehensive tobacco cessation programs for employees and patients through the Tobacco-Free Hospitals Campaign.

III. Health Promotion

- The Health Department continued to develop and implement hard-hitting media campaigns depicting the harmful effects of smoking. Since 2009, the Department's graphic print, television and radio ads have generated 360,000 calls and web requests to 311 and the New York State Smokers' Quitline. From 2009 to 2012, more than 20 campaign ads were televised, averaging 15 weeks of air time per year.





Indicator	Baseline [†]	Five-Year Progress	2012 Target	Progress
Adults who drink an average of one or more sugar-sweetened beverages per day	35.9%	28.2%	29.0%	✓
Adults not eating any fruits or vegetables the previous day	14.1% (2004)	12.5%	10.0%	+
<i>Neighborhood poverty disparity</i>	Low poverty: 10.7%	Low poverty: 9.0% ^{††}	Reduce gap to 3.0%	-
	Very high poverty: 20.0%	Very high poverty: 18.4% ^{††}		
	Gap: 9.3%	Gap: 9.4%		
Adults who are not physically active	29.2% (2005)	22.2%	25.0%	✓
Adults who are obese (BMI ≥ 30)	22.1%	24.2%	No increase	-

[†] Baseline data are from 2007 and five-year progress are from 2012 unless otherwise noted.
^{††} Change from baseline not statistically significant. See technical notes on page 18 for additional information.

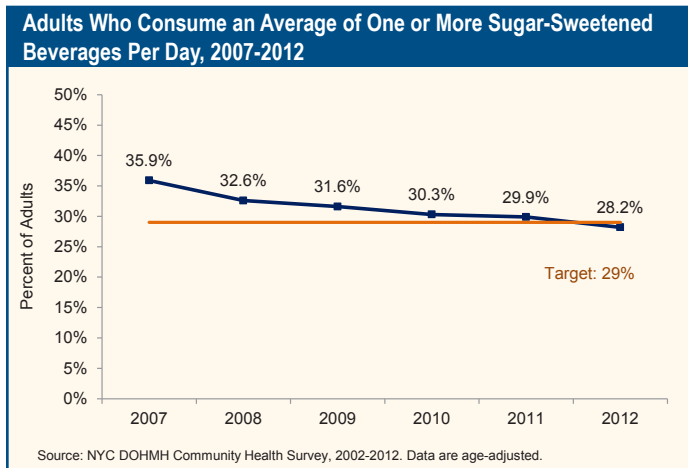
Obesity is a rapidly growing public health problem. In New York City, more than 50% of adults and 40% of children in grades K-8 are either overweight or obese.¹ Obesity is a leading cause of diabetes, heart disease, stroke and other serious conditions, with more than 5,000 New Yorkers dying of obesity-related health problems each year. The Health Department is working to combat obesity in New York City through new approaches and expanded commitments to existing programs to increase access to healthy foods and safe spaces for physical activity. The agency has also focused on reducing consumption of sugary drinks due to increased scientific evidence highlighting their role in the obesity epidemic.

Health Disparities

Obesity strikes hardest in communities already suffering from health and economic disparities. Black New Yorkers are almost three times as likely, and Hispanics twice as likely, as whites to die from diabetes. The Bronx, in particular, is facing an obesity crisis, with 65% of adults – almost 631,000 residents – currently overweight or obese.

I. Policies

- Since 2008, the Department has issued more than 500 Green Cart permits, allowing mobile vendors to sell fresh fruits and vegetables in the city's most underserved neighborhoods.
- More than 1,300 city-contracted vending machines must now carry a healthier mix of products as part of the New York City Food Standards.



- The Department participated in the Mayor's Task Force on Obesity, which proposed initiatives to reduce obesity among adults by 10 percent and among children by 15 percent over the next five years.
- Beginning in 2010, the Department implemented strategies to decrease sugary drink consumption. In addition, the Department proposed a tax, portion size limit and pilot project limiting the use of federal Supplemental Nutrition Assistance benefits to purchase sugary drinks. While these proposals did not pass, the Department continues to pursue unique strategies to decrease sugary drink consumption, and through these efforts declines in sugar-sweetened beverage consumption have surpassed targets.

II. Prevention, Quality and Access

- In 2012, the Department launched an innovative initiative to promote healthier food in hospitals. To date, more than 30 hospitals have committed to making healthy choices readily available for millions of patients and visitors and more than 125,000 employees.
- In 2009, the Department collaborated with other city agencies to establish the Food Retail Expansion to Support Health program, which provides zoning and financial incentives to attract and retain supermarkets in neighborhoods underserved by grocery stores.
- In 2012, the Department's Health Bucks program distributed more than 213,000 vouchers at close to 120 farmers' markets. Food stamp sales at some markets doubled with the introduction of the incentive.
- During the 2012 growing season, the Health Department held more than 1,600 free nutrition workshops and cooking demonstrations at 20 select farmers' markets, reaching more than 40,000 New Yorkers.

III. Health Promotion

- The Department developed media campaigns to encourage New Yorkers to reduce their consumption of sugary beverages, reduce portion sizes and to promote physical activity.
- In 2011, the Health Department collaborated with the Department of Parks and Recreation to enhance the BeFitNYC website, offering New Yorkers more than 3,500 free and low-cost fitness opportunities.
- In 2010, the Department published the Active Design Guidelines as a strategy for architects, urban planners and designers and policy makers to create healthier buildings, streets and urban spaces.



Indicator	Baseline [†]	Five-Year Progress	2012 Target	Progress
Premature deaths from cardiovascular disease	54.3 per 100,000	44.2 per 100,000 (2011)	43.0 per 100,000	+
<i>Racial/ethnic disparity</i>	Black: 90.3 per 100,000	Black: 73.3 per 100,000	Reduce gap to 28.0 per 100,000	+
	White: 48.0 per 100,000	White: 41.0 per 100,000		
	Gap: 42.3 per 100,000	Gap 32.3 per 100,000 (2011)		
Adults with hypertension needing to take medication and taking medication	74.2%	81.3% ^{††}	80.0%	✓
Adults with high cholesterol taking medication	38.1%	35.9% ^{††}	41.0%	-

[†] Baseline data are from 2007 and five-year progress are from 2012 unless otherwise noted.

^{††} Change from baseline not statistically significant. See technical notes on page 18 for additional information.

Cardiovascular disease, which includes heart disease, stroke and hypertension, remains the leading cause of death in New York City, accounting for more than 20,000 deaths in 2011. The Health Department continues to work to prevent and control the modifiable risk factors of cardiovascular disease, including smoking, hypertension, high cholesterol, diabetes and obesity, while improving medication use for hypertension and elevated blood cholesterol. While the premature cardiovascular disease death rate did not meet the 2012 target, the rate fell by 18.6% citywide.

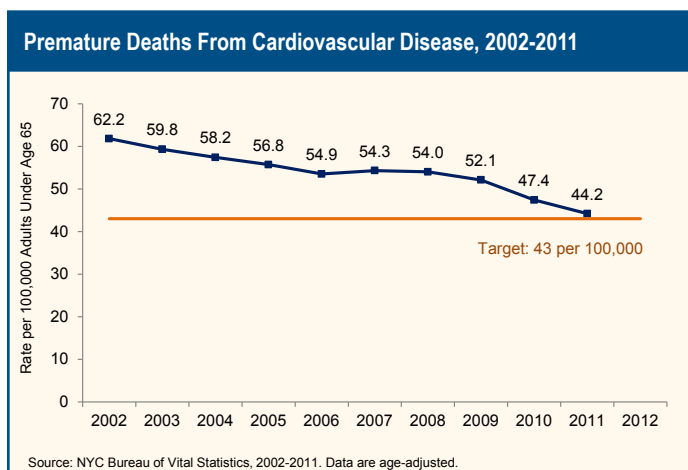
Since 2007, some progress has been made in the percent of New Yorkers taking medication for hypertension while the percent of New Yorkers taking medication for high cholesterol has remained relatively stable. The percent of adults with diabetes or obesity rose during the same time period.

Health Disparities

Black New Yorkers are more likely to die prematurely from cardiovascular disease than whites, Hispanics and Asians. While these disparities still exist, the premature cardiovascular death rate for blacks fell by nearly 19% since 2007, narrowing the disparity.

I. Policies

- As part of the National Salt Reduction Initiative led by the Health Department, 21 national food companies have voluntarily cut salt content in their products by as much as 30% to meet targets established by public health agencies working with the food industry.



II. Prevention, Quality and Access

- Through the Primary Care Information Project's electronic health record system, more than 95,000 identified hypertensive patients received preventive services to help lower blood pressure and reduce stroke risk. In addition, more than 58,000 patients identified as smokers through electronic health records received cessation services. The project reaches more than 600 practices and has increased the percent of patients receiving proven clinical preventive services through on-site quality improvement activities, electronic feedback to providers and population health tools, such as clinical decision support alerts.
- In 2010, through its Health eHearts initiative, the Health Department awarded \$2.8 million to 71 small practices using electronic health records to help patients achieve positive heart health outcomes. As a result, more than 16,000 New Yorkers with hypertension had their blood pressure controlled to recommended levels.
- In 2011, the Department piloted a pharmacist-delivered medication therapy management program to communities at high risk for hypertension, high cholesterol, diabetes and low medication adherence rates.
- The Department installed 108 blood pressure kiosks in community pharmacies across the Department's District Public Health Office neighborhoods. Since 2008, almost one million blood pressure readings have been taken, with more than 300,000 taken in 2011 alone. The Department also distributed more than 7,400 home blood pressure monitors in 47 practices in high-need neighborhoods.

III. Health Promotion

- The Department launched a citywide public awareness campaign, which included subway ads and a multilingual Health Bulletin, encouraging New Yorkers to choose less sodium to help lower blood pressure and reduce the risk of heart attack and stroke.

5

Stop the Spread of HIV and Other Sexually Transmitted Infections



Indicator	Baseline [†]	Five-Year Progress	2012 Target	Progress
Men who have sex with men who report using a condom every time they have anal sex	56.5%	57.6% ^{††}	66.0%	+
HIV/AIDS Related Deaths	13.2 per 100,000	8.7 per 100,000 (2011)	10.0 per 100,000	✓
Racial/ethnic disparity	Black: 31.4 per 100,000	Black: 20.7 per 100,000	Reduce gap to 21.0 per 100,000	✓
	White: 4.6 per 100,000	White 3.0 per 100,000		
	Gap: 26.8 per 100,000	Gap 17.7 per 100,000 (2011)		
Adults ages 18-64 years old who have ever been tested for HIV	63.2%	69.4%	72.0%	+
Sexually active women <26 years old screened for chlamydia infection	51.4%	78.0% (2011)	55.3%	✓

[†] Baseline data are from 2007 and five-year progress are from 2012 unless otherwise noted.

^{††} Change from baseline not statistically significant. See technical notes on page 18 for additional information.

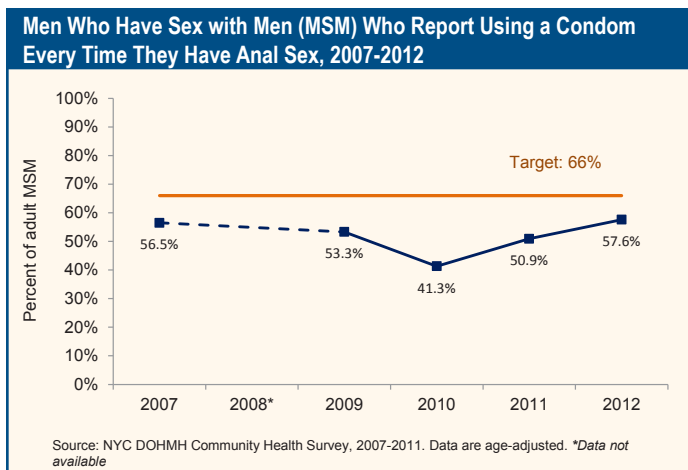
Over the last decade, deaths among people with AIDS have decreased by 45%, reaching a historic low. Major strides have been made to reduce citywide viral loads by encouraging routine HIV testing and ensuring that all newly diagnosed New Yorkers are linked to care. As a result of these efforts, people with HIV/AIDS are living longer, healthier lives and fewer New Yorkers are being diagnosed with HIV. In 2011, about 3,400 new HIV diagnoses were made, a 35% decrease compared to new HIV diagnoses in 2002.

However, New York City remains home to the country's largest population of people living with HIV/AIDS. More than 113,000 New Yorkers are living with HIV/AIDS and thousands more are unaware they are HIV-infected. The Department continues to advocate for routine HIV testing and prompt linkage to appropriate care for individuals infected with HIV.

Other sexually transmitted infections can cause infertility, pregnancy complications and cancer. Additionally, infection with certain sexually transmitted infections may increase the risk of contracting or spreading HIV. Screening and treatment of other sexually transmitted infections can reduce the spread of HIV and link individuals to care.

Health Disparities

While fewer blacks are dying from HIV-related diseases, they remain disproportionately burdened by HIV/AIDS as nearly 45% of New Yorkers living with HIV/AIDS are black.



In 2011, men who have sex with men (MSM) accounted for 66% of new diagnoses among those with known HIV transmission risk. Additionally, nearly 80% of newly diagnosed New Yorkers within the MSM risk group were black or Hispanic and under 30 years of age.

I. Policies

- In 2011, the Health Department issued guidelines recommending providers offer antiretroviral treatment to all HIV-infected New Yorkers. This treatment has been shown to improve individual health outcomes and prevent HIV transmission.
- The revised New York State HIV testing law requires that providers offer patients a voluntary HIV test and ensures all New Yorkers have the option of knowing their HIV status.

II. Prevention, Quality and Access

- Since 2008, The Bronx Knows and Brooklyn Knows HIV testing initiatives have conducted over 1.4 million HIV tests, successfully linking 78% of the more than 3,600 New Yorkers newly identified with HIV to care.
- The Department implemented Expedited Partner Therapy, a program that offers medication, without medical evaluation, to partners of patients being treated for chlamydia.

III. Health Promotion

- As of 2012, 85% of clients in the Department's Ryan White Care Coordination program achieved optimal antiretroviral adherence, and 91% reported visiting a primary care provider in the last 120 days.
- In 2011, the Department launched NYC Condom Finder, a smartphone application that provides the nearest locations that offer free safer sex products. Since its launch, the application has been downloaded more than 32,000 times.
- The Department's "It's Never Just HIV" campaign continued to generate social media attention. A follow-up survey showed that more than one third of gay and bisexual men in New York City saw the ads.
- Nearly 95% of all MSM-identified venues participate in the Department's NYC Condom Availability Program, which distributes free condoms and provides sexual health education.



Indicator	Baseline [†]	Five-Year Progress	2012 Target	Progress
Adults with serious psychological distress who did not receive treatment	58.7% (2006)	54.8% ^{††}	56.0%	✓
<i>Racial/ethnic disparity</i>	Hispanic: 66.7%	Hispanic: 58.3% ^{††}	Reduce gap to 23.0%	✓
	White: 41.7%	White: 35.8%* ^{††}		
	Gap: 25%	Gap: 22.5%		
Suicides	5.8 per 100,000	6.0 per 100,000 (2011)	5.5 per 100,000	-
Adults with serious psychological distress that interferes with their life or activities	3.7 % (2003)	4.4% ^{††}	3.7%	-

[†] Baseline data are from 2007 and five-year progress are from 2012 unless otherwise noted.

* Estimate should be interpreted with caution due to small sample size.

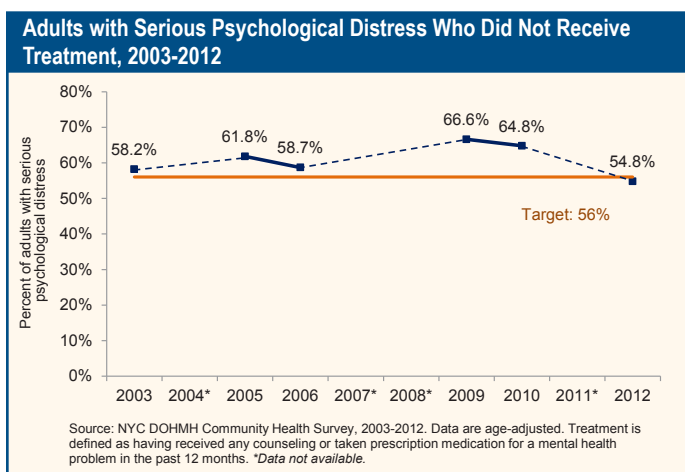
^{††} Change from baseline not statistically significant. See technical notes on page 18 for additional information.

Depression remains a serious and widespread illness, affecting more than 400,000 New Yorkers each year. Despite the effectiveness of treatment, depression is often undetected and untreated for many reasons, including limited capacity of primary and speciality health care providers. Depression is the second leading cause of healthy years of life lost in New York City and challenges remain in reducing rates of untreated depression and suicide.

The Health Department promotes routine depression screenings in primary care settings and fosters collaboration with mental health providers to prevent and treat depression.

Health Disparities

In 2012, more than 50% of black and Hispanic adults had untreated serious psychological distress. The Department continues to investigate these trends and implement best practice prevention and treatment programs.



I. Policies

- The Department advocated for the integration of Medicaid-funded mental health services into primary care settings. As a result, more New Yorkers will be screened for depression and other mental health problems.

II. Prevention, Quality and Access

- As a result of the Department's funding and coordination of 1-800-LIFENET, nearly 100,000 calls were received annually for free mental health resources and referrals.
- Through a New York State Health Efficiency and Affordability Law grant, the Department worked toward improving the quality of care for people with depression by using technology to connect health care providers with mental health providers.
- As a result of the Department's ongoing community-based mental health screening programs, young children and older adults were effectively screened for signs of depression and social and emotional development and provided with appropriate mental health services and referrals.
- In 2012, the Health Department piloted mental health screening programs in 10 Brooklyn middle schools. As a result, mental health problems were identified earlier, students were provided with referrals and access to mental health services and staff were trained on dealing with mental health crises.

III. Health Promotion

- In 2012, the Health Department issued a report that provided data and recommendations to health care providers and community organizations on suicide and self-inflicted injury prevention.
- In partnership with other city agencies, the Health Department launched a website that provides resources on the most common issues affecting New York City teens, including depression and social and emotional health.



Indicator	Baseline [†]	Five-Year Progress	2012 Target	Progress
Alcohol-related hospitalizations	380.0 per 100,000 (2006)	378.0 per 100,000 (2010)	309.0 per 100,000	+
Unintentional drug-related overdose deaths	11.7 per 100,000	9.7 per 100,000	8.4 per 100,000	+
<i>Neighborhood poverty disparity</i>	Low poverty: 6.8 per 100,000	Low poverty: 7.4 per 100,000	Reduce gap to 9.8 per 100,000	✓
	Very high poverty: 22.0 per 100,000	Very high poverty: 14.4 per 100,000		
	Gap: 15.2 per 100,000	Gap: 7.0 per 100,000** (2011)		
High school students who drank alcohol in the past 30 days	33.5%	30.6% ^{††} (2011)	28.0%	+

[†] Baseline data are from 2007 and five-year progress are from 2012 unless otherwise noted.

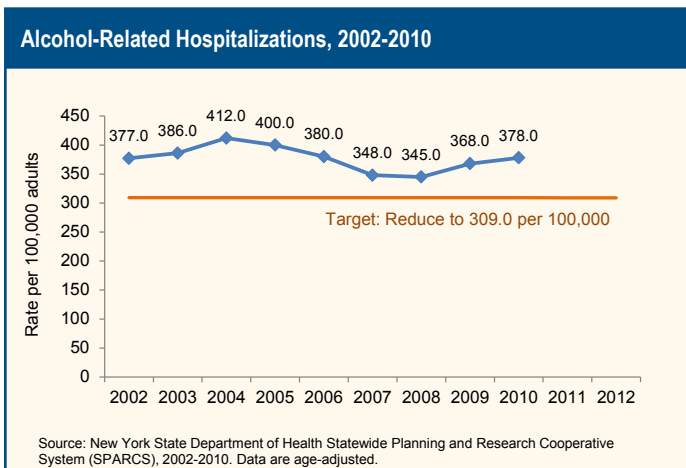
** See technical notes. ^{††} Change from baseline not statistically significant. See technical notes on page 18 for additional information.

Drinking excessively, misusing prescription drugs and using illicit drugs can increase the risk of many physical and emotional problems. Accidental drug poisoning and alcohol-related deaths are among the leading causes of early death in New York City. While the unintentional drug overdose death rate fell since 2007 and data suggest a decline in alcohol consumption among high school students, alcohol-related hospitalizations did not greatly decrease during this time period.

To help reduce risky alcohol and drug use, the Health Department continues to expand the use of screening, brief intervention, referral and treatment (SBIRT) services in primary care and clinical settings. The Department also continues to conduct public education and work with providers and hospitals to reduce the non-medical use of prescription drugs.

Health Disparities

About 17% of New Yorkers report using illicit drugs or prescription drugs other than prescribed, with New Yorkers in high poverty neighborhoods experiencing the highest rates of drug overdose deaths. While the Health Department narrowed the disparity in overdose deaths between low and high poverty neighborhoods, unintentional opioid analgesic-related deaths have been increasing. On Staten Island, opioid overdose deaths increased by more than 150% since 2007. The Department continues to develop and promote evidence-based policies, education campaigns and clinical practice guidelines to address these disparities.



I. Policies

- The Department collaborated with other agencies, health care providers and community groups to provide overdose prevention education and expand access to naloxone, a medication used to reverse the effects of opioid overdose.
- The Department provided technical assistance on the implementation of the New York 911 Good Samaritan drug overdose law, which provides legal protection for people who call 911 if they witness or experience a drug overdose.
- The Department was key participant in the Mayor's Task Force on Prescription Painkiller Abuse, which developed and implements coordinated strategies to respond to the growth of opioid painkiller misuse in New York City.

II. Prevention, Quality and Access

- In December 2011, the Department issued guidelines to providers on how to prescribe prescription pain relievers more judiciously. All Health and Hospitals Corporation emergency department facilities have since adopted these prescribing guidelines.
- In November 2011, the Department trained more than 40 physicians on Staten Island on prescribing buprenorphine to treat opioid addiction.
- As a result of Department SBIRT trainings, clinics, community based organizations and city agencies screened more than 26,000 New Yorkers for alcohol misuse.
- In partnership with hospitals, city agencies and community organizations, the Department has distributed more than 16,500 intranasal naloxone kits to state-registered opioid programs citywide since December 2008.

III. Health Promotion

- The Department provided technical assistance and education to four academic institutions to prevent underage and excessive alcohol use.
- In 2012, the Department launched a comprehensive media campaign on the risks of misusing prescription opioid painkillers.
- The Department launched a subway and print campaign depicting the dangers of excessive drinking.



Prevent and Detect Cancer



Indicator	Baseline [†]	Five-Year Progress	2012 Target	Progress
Adults 50 years of age and older who had a colonoscopy in the last 10 years	61.7%	68.5%	80.0%	+
Colorectal cancer death rate	17.3 per 100,000	16.2 per 100,000 (2011)	15.2 per 100,000	+
<i>Racial/ethnic disparity</i>	Black: 20.7 per 100,000	Black: 18.7 per 100,000	Reduce gap to 2.0 per 100,000	+
	White: 17.9 per 100,000	White: 16.4 per 100,000		
	Gap: 2.8 per 100,000	Gap: 2.3 per 100,000 (2011)		
Girls 13 to 17 years of age who have received three doses of HPV vaccine	15.1% (2008)	33.9%	25.0%	✓

† Baseline data are from 2007 and five-year progress are from 2012 unless otherwise noted.

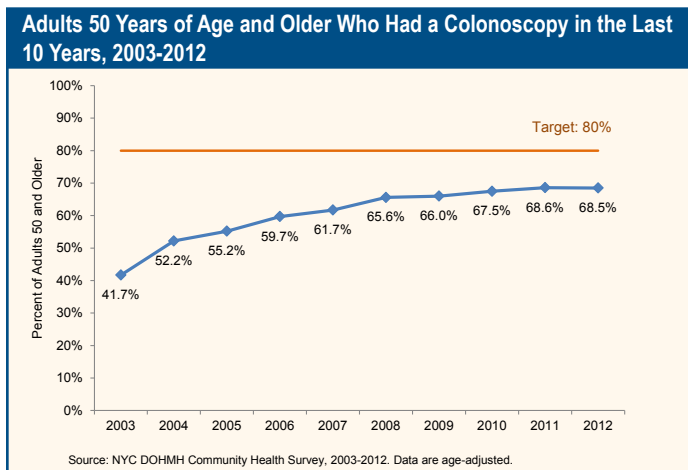
Cancer is the second leading cause of death in New York City, killing about 13,000 New Yorkers every year. Two major cancers – colorectal and cervical – are preventable. Colonoscopies, Pap tests and human papillomavirus (HPV) vaccination are critical to prevention. The Health Department strives to increase colorectal cancer screening among New Yorkers 50 years of age and older and to promote and expand access to routine HPV vaccination for all preteens, teens and young adults.

Health Disparities

New York City's average colonoscopy screening rate increased to almost 69% in 2012, up from 42% in 2003 when the city first began tracking these rates. During this period, a citywide push to increase colon cancer screening rates has eliminated disparities among black, white, Hispanic and Asian New Yorkers.

I. Policies

- In October 2011, the U.S. Centers for Disease Control and Prevention expanded its HPV vaccination recommendation to include boys and young men nine to 26 years of age. The Department promotes HPV vaccination through free vaccine clinics and to providers enrolled in the federal Vaccines for Children Program.



II. Prevention, Quality and Access

- The Department developed real-time communication between the Citywide Immunization Registry and 11 electronic health records systems. At the end of 2012, more than 290 New York City providers were reporting patient immunizations electronically to the Citywide Immunization Registry.
- Through the Citywide Immunization Registry's capacity to identify and recall adolescents whose immunizations are not up-to-date, the percentage of teenage girls who received the full series of HPV vaccine increased significantly in New York City, from just over 15% in 2008 to 34% in 2012.
- In 2009, the Department launched an initiative to improve the quality and increase the number of colonoscopies in New York City. To date, more than 280 gastroenterologists serving more than 10,000 patients are participating.
- The Department and the Health and Hospitals Corporation advocates for increased colonoscopy screenings through the New York Citywide Colon Cancer Control Coalition. The coalition brings together physicians, health care providers, policymakers and community groups committed to preventing colorectal cancer through resource development, policy initiatives and community leadership opportunities.

III. Health Promotion

- The Health Department promotes the use of the Citywide Immunization Registry to identify adolescents in need of HPV vaccination and completion of the three-dose series. Since 2009, the Department has sent feedback reports to more than 1,500 providers each year to encourage HPV vaccination.



Raise Healthy Children



Indicator	Baseline [†]	Five-Year Progress	2012 Target	Progress
Teen pregnancies	84.9 per 1,000	69.2 per 1,000	72 per 1,000	✓
<i>Racial/ethnic disparity</i>	Black: 124.6 per 1,000	Black: 102.4 per 1,000	Reduce gap to 82 per 1,000	+
	White: 23.8 per 1,000	White: 19.7 per 1,000		
	Gap: 100.8 per 1,000	Gap: 82.7 per 1,000 (2011)		
Infant mortality rate	5.4 per 1,000	4.7 per 1,000	5.0 per 1,000	✓
<i>Racial/ethnic disparity: infant deaths due to injuries and sudden infant death syndrome</i>	Black: 13.3 per 10,000	Black: 10.8 per 10,000	Reduce gap to 9 per 10,000	+
	White: 2.8 per 10,000	White: 1.3 per 10,000		
	Gap: 10.5 per 10,000	Gap: 9.5 per 10,000 (2011)		
Mothers who breastfeed exclusively for at least two months	32.2%	25.7% (2011)	45%	-

[†] Baseline data are from 2007 and five-year progress are from 2012 unless otherwise noted.

The Health Department develops and implements innovative strategies and initiatives to improve key factors affecting children’s health. Efforts include promoting breastfeeding, making sure that all children are fully vaccinated, reducing lead paint hazards, controlling childhood asthma, reducing unintended teen pregnancies and integrating reproductive health services into primary care.

Health Disparities

While disparities in teen pregnancy rates still persist, they have decreased. Black teens are five times more likely than white teens to get pregnant, with teens in the lowest income neighborhoods three times more likely to become pregnant than those in the wealthiest neighborhoods. While lead poisoning rates have declined overall, disparities persist due to lead exposures and other home health hazards.

I. Policies

- In May 2012, the Department launched Latch On NYC, a citywide initiative to support breastfeeding mothers by limiting the marketing of infant formula in hospital nurseries. To date, 29 New York City hospitals have joined the initiative.

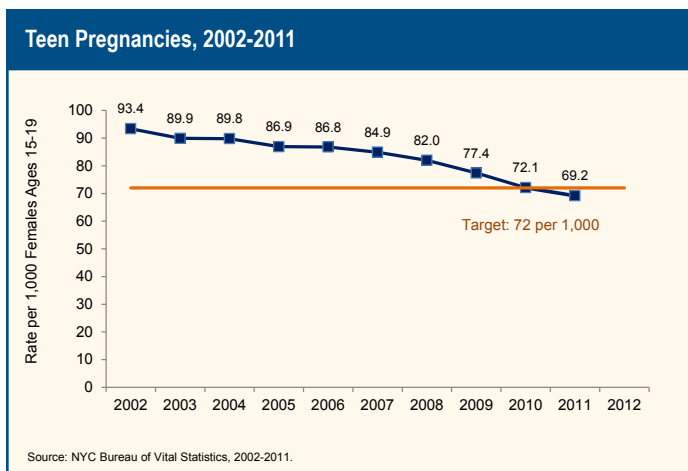
- The Health Department secured stable and increased public funding for the Nurse Family Partnership home visiting program for new mothers to improve early childhood development.
- Through the Department’s Connecting Adolescents to Comprehensive Healthcare program, more than 1,300 students not served by a school-based health center received reproductive health services across 13 participating high schools during the 2011-2012 school year.

II. Prevention, Quality and Access

- More than 98% of the 1.1 million public school children in New York City completed all required immunizations during the 2010-2011 school year.
- Through the Department’s targeted prevention activities in high-risk communities to eliminate exposure to lead hazards, the number of childhood lead poisoning cases in New York City dropped 17% from 2010 to 2011, marking a historic low in New York City.
- In 2012, the Department launched Bronx Teens Connection, a multi-agency, community-wide initiative to improve sexual and reproductive health and reduce unintended teen pregnancies in the South Bronx.

III. Health Promotion

- In May 2012, the Department launched a new subway and hospital poster campaign highlighting the benefits of breast milk. Benefits include reducing the risk of ear infections, diarrhea and pneumonia.
- In 2011, the Department launched NYC Teen, a new website for New York City teens featuring up-to-date information on teen sexual and reproductive health, teen mental health, teen dating violence, and information about afterschool activities and community resources.





Indicator	Baseline [†]	Five-Year Progress	2012 Target	Progress
Housing quality by neighborhood poverty (% of neighborhood households with 3+ maintenance deficiencies that affect health)	Low poverty: 5.5%	Low poverty: 5.2%	Reduce gap to 16.0%	-
	Very high poverty: 24.4%	Very high poverty: 28.5%		
	Gap: 18.9% (2005)	Gap: 23.3% (2011)		
Air quality, fine particulate matter (PM _{2.5}) concentration in air	14.9 µg/m ³ (2008)	12.1 µg/m ³ (2010)	14.2 µg/m ³	✓
Air quality, sulfur dioxide (SO ₂) concentration in air	Most polluted: 7.8 ppb	Most polluted: 5.7 ppb	Reduce gap to 3.9 ppb	✓
	Least polluted: 3.1 ppb	Least polluted: 2.1 ppb		
	Gap: 4.7 ppb	Gap: 3.6 ppb (2011)		
Pedestrian injury hospitalizations among children	Low poverty: 21.6 per 100,000	Low poverty: 17.2 per 100,000	Reduce gap to 20 per 100,000	✓
	Very high poverty: 52.4 per 100,000	Very high poverty: 37.2 per 100,000		
	Gap 30.8 (2006)	Gap: 20.0 (2010)		
Properties with signs of rats	Bronx: 8.5% of indexed properties (2008)	Bronx: 5.5% of indexed properties (2010)	15.0% decrease from baseline	✓
	Manhattan: 7.8% of indexed properties (2010)	Manhattan: 5.9% of indexed properties (2011)		

[†] Baseline data are from 2007 and five-year progress are from 2012 unless otherwise noted.

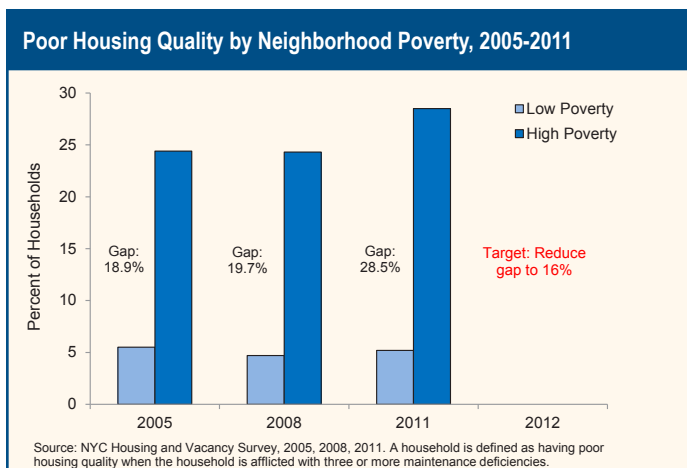
In New York City, health status can vary greatly among neighborhoods. Poorly maintained housing, pest infestations, air pollution, limited access to healthy foods, too few safe spaces to exercise and play and aggressive tobacco and alcohol marketing all affect health. The Health Department implements innovative programs and policies and collaborate with other agencies to improve neighborhood conditions.

Health Disparities

Initiatives to improve air quality have significantly decreased air pollution levels throughout the city. In addition, programs to eradicate rat infestations have led to a significant reduction in properties with signs of rats across the city, especially in the Bronx and Manhattan. However, poor housing quality continues to remain prevalent in high poverty neighborhoods.

I. Policies

- In 2011, the Department helped develop policies to phase out high-polluting heating fuel, which will significantly improve air quality.



- The Department launched its restaurant inspection grading initiative to include frequent inspections with the frequency dependent on restaurant performance, and to require posted inspection grades. During its first year, salmonella infections fell 14%, to the lowest level in 20 years, and currently more than 80% of restaurants earn "A" grades.

II. Prevention, Quality and Access

- The Health Department helped launch NYC Project Ceasefire, an evidence-based violence reduction program in neighborhoods with high rates of gun violence.
- The Department expanded its Rat Indexing initiative to additional boroughs and increased remediation efforts in heavily rodent infested parks, public areas and private properties.

III. Health Promotion

- The Department conducted health risk assessments of climate-related environmental hazards, which were used to assist the National Weather Service in improving heat advisory, warning and alert messaging.
- The Department expanded its Environmental Public Health Tracking Portal, and worked with universities across the city to increase awareness of environmental health problems.
- Through the New York City Falls Prevention Coalition, the Department worked to reduce falls among older adults.
- In 2011, the Department launched its Bed Bug Portal to help New Yorkers prevent and treat bed bugs.
- The Department launched ABCEats, an iPhone application, which offers access to New York City restaurant inspection grades. Since its launch, more than 33,000 New Yorkers have downloaded the application.

Partnership Highlights



Take Care New York 2012 set an ambitious agenda to help New Yorkers live longer, healthier lives. This agenda took the commitment of more than 600 partners, including businesses, community and faith-based groups, health care organizations and other city agencies to improve health outcomes, decrease health disparities and prevent premature illness and death.

Ideas for Action – innovative, measurable and achievable actions tied to each priority area – were adopted by these partners. As of 2012, the majority of Take Care New York partners had implemented one or more Ideas for Action to help the city reach its goals.

Ideas for Action are innovative and achievable actions that partners can implement to help Take Care New York reach its goals. Some activities and ideas include:

- Join the Coalition for a Smoke-Free City to raise awareness about tobacco control issues.
- Adopt a healthy food policy to promote healthy eating in your organization.
- Advertise free mental health helplines to your employees, members and patients.
- Distribute free NYC condoms.

Examples of successful Take Care New York activities and programs:

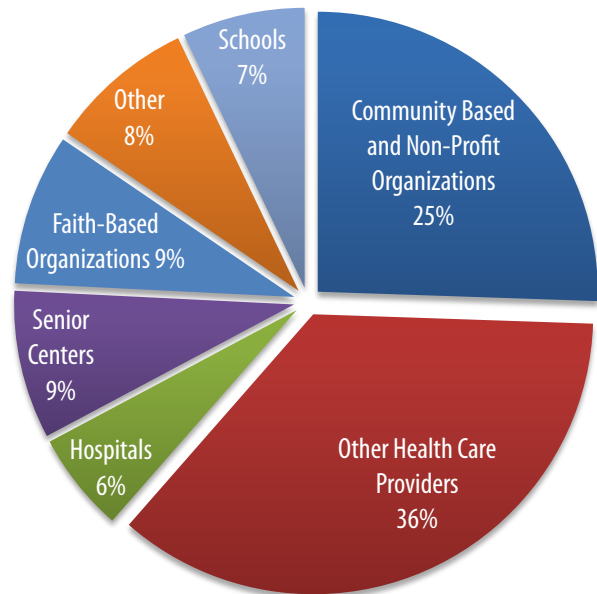
The Bronx Knows and Brooklyn Knows HIV Testing Initiatives

The Health Department launched The Bronx Knows and Brooklyn Knows HIV testing initiatives after data revealed high concentrations of HIV infections and low HIV testing rates across the two boroughs. These initiatives have served as models for partnership and coalition building. They comprise 175 community partners – including hospitals, community health centers, local businesses, educational institutions and faith-based and community-based organizations. Since 2008, more than 1.4 million residents have been tested and over 75% of those newly-diagnosed have been linked to care.

Healthy Hospital Food Initiative

Launched in 2012, the Healthy Hospital Food Initiative is an unprecedented voluntary program that promotes healthier food choices in hospitals. To date, more than 30 hospitals have committed to making healthy choices available for millions of patients and visitors and more than 125,000 employees.

Take Care New York Partnership Profile



Bronx Teens Connection

Launched in 2012, the Bronx Teens Connection was created to improve sexual and reproductive health and reduce unintended teen pregnancy rates in the South Bronx. As part of the initiative, an evidence-based sexual health education curriculum was implemented across 20 Bronx high schools. Emphasis was placed on community engagement, including partnerships with parents, community-based organizations, high schools, community-based clinics, government agencies and youth organizations.

The Department will continue to develop and implement ground-breaking policies and programs on critical health issues affecting New Yorkers. But it takes resources well beyond those of the Department to protect and promote the health of more than eight million New Yorkers. The continued support and collaboration of diverse partners across the city remains critical to ensuring these initiatives are successful.



New York City's Smoke-Free Air Policies Creating Healthier, Cleaner Outdoor Spaces

Smoking is a leading risk factor for preventable death in New York City, killing more than 7,000 New Yorkers annually. New York City's landmark Smoke-Free Air Act of 2002 prohibited smoking in almost all workplaces and indoor public spaces, including all restaurants and bars. As a result of the city's innovative policy and prevention activities, coupled with hard-hitting public education campaigns, the city's adult smoking rate has declined 28% since 2002. This translates to 300,000 fewer New Yorkers who smoke, a decrease that could prevent 100,000 premature deaths in the future.

In 2010, the Health Department worked with Mayor Michael Bloomberg, New York City Council Speaker Christine Quinn and Councilmember Gale Brewer to expand the Smoke-Free Air Act to include all New York City public parks and beaches and pedestrian plazas. A survey of New Yorkers found that the majority (65%) of New Yorkers supported banning smoking in parks and beaches.

New Yorkers enjoyed their first smoke-free summer at parks and beaches after Mayor Bloomberg signed into law the amended Smoke-Free Air Act in February 2011.



The legislation prohibited smoking in all New York City public parks, beaches, boardwalks, marinas, public golf courses, sports stadiums and pedestrian plazas, such as those at Times and Herald Square.

In May 2011, the Department launched a city-wide educational campaign informing New Yorkers about the law and highlighting how the city's many parks and beaches are being made healthier and cleaner through the absence of secondhand smoke and cigarette butts. One year after the smoke-free policy took effect, smoking in select New York City parks declined by two-thirds and fewer cigarette butts were found on beaches and playgrounds.

The expanded Smoke-free Air Act affects the broad physical and social environment by reducing exposure to toxic cigarette smoke, preventing children from seeing adults smoking when they visit parks to play and reducing cigarette butts and other tobacco litter. The Health Department's pioneering approach to tobacco control has yielded unprecedented results, which will continue to have broad, large-scale gains in years of life saved.



Opioid Prescribing Guidelines for Emergency Departments Preventing Misuse of Opioid Pain Relievers

Misuse of prescription painkillers, or opioid analgesics, is skyrocketing in the U.S. Between 1999 to 2010, overdose deaths from prescription opioid painkillers quadrupled – from over 4,000 to more than 16,000 deaths.² In New York City, the number of people using opioids without a prescription has increased by 40%, with over 250,000 New Yorkers reporting misusing prescription painkillers in a survey conducted from 2008 to 2009.³ As a result, New York City emergency departments have seen a significant increase in opioid analgesic-related visits. Between 2004 and 2009, the number of emergency department visits for opioid analgesic misuse in New York City doubled.⁴

To address the growing opioid epidemic, the Department developed and distributed guidelines to the city's physicians on how to prescribe opioids more judiciously. The Department also developed guidelines specifically for hospital emergency departments. In addition, Mayor Bloomberg launched the Task Force on Prescription Painkiller Abuse in 2012. Comprised of representatives from the Police Department, Department of Education, Human Resources Administration and Health Department, the task force was charged with promoting public education and developing strategies to reduce prescription drug misuse, the task force worked with the Health Department to look at additional opportunities to reduce and prevent opioid analgesic-related deaths.

PRESCRIBING OPIOID PAINKILLERS IN THE EMERGENCY DEPARTMENT

People sometimes misuse opioid painkillers, either by taking them in ways they weren't prescribed or by taking someone else's prescription. In New York City, one in four overdose deaths involve opioid painkillers. Our emergency department will only provide pain relief options that are safe and appropriate.

FOR YOUR SAFETY, WE DO NOT:

- * **Prescribe long-acting opioid painkillers.**
Such as oxycodone (OxyContin®), morphine (MSContin®), fentanyl patches (Duragesic®) or methadone.
- * **Prescribe more than a short course of opioid painkillers.**
3 days in most cases.
- * **Refill lost, stolen or destroyed prescriptions.**

Prescription opioid painkillers can be just as dangerous as illegal drugs.

- Opioid painkillers can cause confusion, drowsiness and increased sensitivity to pain.
- People can become dependent on or addicted to opioid painkillers.
- An overdose of opioid painkillers can cause a person to stop breathing and die.

Keep your prescription opioid painkillers safe!

- Keep opioid painkillers in their original labeled containers.
- Keep opioid painkillers out of sight and out of reach of children, preferably in a locked cabinet or on a high shelf.
- Get rid of opioid painkillers you are no longer using by flushing them down the toilet.

Problem with painkillers?
Help is available – call 1-800-LIFENET

NYC
Health

City Health Information
December 2011 The New York City Department of Health and Mental Hygiene Vol. 30(4):23-30

PREVENTING MISUSE OF PRESCRIPTION OPIOID DRUGS

- Physicians and dentists can play a major role in reducing risks associated with opioid analgesics, particularly fatal drug overdose.
- For acute pain:
 - If opioids are warranted, prescribe only short-acting agents.
 - A 3-day supply is usually sufficient.
- For chronic noncancer pain:
 - Avoid prescribing opioids unless other approaches to analgesia have been demonstrated to be ineffective.
 - Avoid whenever possible prescribing opioids in patients taking benzodiazepines because of the risk of fatal respiratory depression.

TRENDS IN OPIOID ANALGESIC USE AND CONSEQUENCES, NEW YORK CITY, 2004-2010

Opoid Analgesic Prescriptions Filled

Year	Hydrocodone	Oxycodone
2007	~100,000	~100,000
2008	~150,000	~150,000
2009	~200,000	~200,000
2010	~250,000	~250,000

Emergency Department Visits for Opioid Misuse/Abuse

Year	Annual Estimated Visits
2004	~2,000
2005	~4,000
2006	~6,000
2007	~8,000
2008	~10,000
2009	~12,000
2010	~14,000

Unintentional Opioid Analgesic Poisoning Deaths

Year	Oxycodone	Hydrocodone
2004	~10	~10
2005	~20	~20
2006	~30	~30
2007	~40	~40
2008	~50	~50
2009	~60	~60
2010	~70	~70

- New guidelines recommend that emergency physicians:
- do not prescribe long-acting opioid painkillers
 - do not prescribe more than a short course of opioid painkillers
 - do not refill lost, stolen or destroyed prescriptions

Preventing prescription drug misuse and reducing opioid-related deaths requires coordinated strategies among hospitals, health care providers, pharmacists and law enforcement. The Health Department's opioid emergency department guidelines encourage safe and responsible prescribing of opioid painkillers when patients are discharged, help prevent and reduce misuse of these medications and reduce the likelihood of overdose or death. To date, 20 hospital emergency departments across New York City, including the city's 11 public hospitals, have adopted the opioid guidelines.



Sugar-Sweetened Beverage Media Campaigns Informing New Yorkers of the Dangers of Sugary Drink Consumption

Sugar-sweetened beverages are a major contributor to the growing obesity epidemic, both nationally and in New York City. Americans now consume 200 to 300 more calories per day than they did 30 years ago, with the largest increase in calories coming from sugary drinks. More than 50% of adult New Yorkers and nearly 40% of children in grades K-8 are either overweight or obese – leading to increased diabetes, heart disease, stroke and other conditions contributing to premature death and years of life lost.

As of 2012, 28% of adult New Yorkers reported drinking one or more sugar-sweetened beverages per day. While rates have been declining, consumption of sugary drinks still remains high. To combat the rise of obesity due to sugar-sweetened beverage consumption, the Health Department launched Pouring on the Pounds, a multi-year, hard-hitting public education campaign using television and print media to educate New Yorkers about the health consequences of sugary drinks.

Health Consequences of Sugar-Sweetened Beverages

Beginning in 2010, the Health Department ran television ads and YouTube videos depicting the amount of sugar a New Yorker consumes when drinking one 20-ounce sugary beverage, asking: “If you wouldn’t eat it, why drink it?” The Department also placed full-length posters in subway cars across the city.

The television and subway ads were viewed more than 1.5 million times. More than half of those who saw the ads reported a decrease in sugary drink consumption.

ARE YOU POURING ON THE POUNDS?

You're drinking **68** PACKETS OF SUGAR in just 4 sugary drinks a day.

All those extra calories can bring on obesity, type 2 diabetes and heart disease. To learn more, call 311.

NYC Health
Michael R. Bloomberg, Mayor
Thomas Farley, M.D., M.P.H., Commissioner

In 2011, the Department ran subway posters that mapped the number of miles needed to walk across New York to burn off the calories from one 20-ounce soda.

In 2012, the Department launched a subway campaign that highlighted the importance of portion control and the health problems associated with excessive calorie consumption from larger portion sizes. The subway ads were viewed more than 400 million times, and had the most social media exposure of any Health Department ad campaign.

A Model for Success

Through clear messaging and strong visuals, the Department’s campaigns were successful in shaping both local and national conversations about sugary drink consumption and its role in the obesity epidemic. Campaign components have been replicated in eight U.S. states and internationally in Australia, and the campaign continues to gain attention. Through messaging recall studies, the Department found 40% of those surveyed recalled core ad messaging and between 2007 to 2012 the percent of adult New Yorkers drinking one or more sugary drinks per day dropped by 21%.

You have to walk the **3 MILES** from Yankee Stadium to Central Park

to burn off the calories from **ONE 20oz. SODA**

ARE YOU POURING ON THE POUNDS?
Sugary drinks can bring on obesity, type 2 diabetes and heart disease. FOR HEALTHY ALTERNATIVES go to nyc.gov and search for Eating Healthy or call 311.

NYC Health

Looking Forward



Since its launch in 2009, Take Care New York 2012 has served as a unifying framework to promote concerted, citywide actions and initiatives to ensure New Yorkers live longer and healthier lives. Take Care New York 2012 set ambitious goals in 10 priority health areas that are key to preventing illness and death.

While Take Care New York 2012 has made strides in improving the health of New Yorkers, more work remains to be done. Rates of some diseases, such as diabetes are rising while rates of others, such as HIV infections are not falling as quickly as the Department would like. Disparities persist and the health care system has not yet fulfilled its potential to deliver quality preventive health services to all. By setting a citywide health agenda all sectors can coordinate efforts to tackle these public health battles.

The Department owes much of the progress in Take Care New York 2012 to its partners. The Department works with a broad network of government agencies, community-based organizations and individuals to help promote evidence-based public health interventions and initiatives.

This fall, the Department will launch its third iteration of Take Care New York – Take Care New York 2016 – with a renewed focus on the leading causes of preventable illness and death. Take Care New York 2016 will also emphasize the importance of partnerships that have enabled the past successes of Take Care New York and the role they play in ensuring continued progress in improving the health of New Yorkers.

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Endnotes

Chapter 3: Promote Physical Activity and Healthy Eating

¹ Olsen C, Berger M, Day S, Konty K. Childhood Overweight, Physical Activity and “Screen-time” in New York City. *Epi Data Brief*. 2010; 1:1.

Case Study: Prevention, Quality and Access

² Centers for Disease Control and Prevention. Primary care and public health initiative: balancing pain management and prescription opioid abuse: educational module. <http://www.cdc.gov/primarycare/materials/opoidabuse/>. Published October 24, 2012.

^{3,4} Paone D, Bradley O'Brien D, Shah S, Heller D. Opioid analgesics in New York City: misuse, morbidity and mortality update. *Epi Data Brief*. 2011;3:1-2.



With the exception of the items below, all data definitions, sources, and methodologies are the same as those listed on pages 34 to 40 of Take Care New York 2012: A Policy for a Healthier New York City and page 19 of Take Care New York 2012: Tracking the City's Progress, 2009-2010.

* Estimate should be interpreted with caution due to small sample size.

** While progress was made towards reducing the gap, it was reduced as a result of one group's rate trending in the wrong direction.

†† Survey data from the Community Health Survey and Youth Risk Behavior Survey were tested for statistically significant differences between baseline and five-year progress. Unless noted as not significant (††) all other percents were significant at $\alpha < 0.05$.

1. Promote Quality Health Care For All

Preventable hospitalizations: Rates from 2002 to 2010, including the Take Care New York 2012 baseline (2006) rate, have been updated to reflect interpolated intercensal population estimates, modified from the U.S. Census Bureau, updated June 2013. Due to the change in the baseline (2006) rate, the target for 2012 was updated to reflect an approximate 17% decrease from the new baseline rate, as per the original Take Care New York 2012 goal.

2. Be Tobacco Free

Deaths from smoking-related illnesses: Methodology for this indicator is currently being updated and rates were not available at time of publication.

3. Promote Physical Activity and Healthy Eating

Neighborhood poverty disparity definition was updated. Neighborhood poverty (based on zip codes) based on percent of residents with incomes below 100% federal poverty level (FPL). In 2004, based on poverty data from Census 2000; in 2012, based on poverty data from American Community Survey, 2007-2011. Low poverty defined as <10% of residents below FPL; very high poverty defined as $\geq 30\%$ of residents below FPL. Zip codes with zero people for whom poverty status is determined are excluded from analysis.

4. Be Heart Healthy

Premature deaths from cardiovascular disease: Rates for 2010 and earlier use Census Bureau intercensal population estimates from October 2012; 2011 rates use 2011 vintage Census population estimates. Due to the change in the baseline (2007) rate, the target for 2012 was updated to reflect an approximate 20% decrease from the new baseline rate for overall citywide rates and an updated gap reduction target, as per the original Take Care New York 2012 goal.

5. Stop the Spread of HIV and other Sexually Transmitted Infections

HIV/AIDS related deaths: Rates for 2010 and earlier use Census Bureau intercensal population estimates from October 2012; 2011 rates use 2011 vintage Census population estimates. Due to the change in the baseline (2007) rate, the target for 2012 was updated to reflect an approximate 22% decrease from the new baseline rate for overall citywide rates and an updated gap reduction target, as per the original Take Care New York 2012 goal.

Sexually active women <26 years old screened for chlamydia infection: Baseline (2007) rate revised to reflect updated estimates. Due to the change in the baseline (2007) rate, the target for 2012 was updated to reflect an approximate 8% increase from the new baseline rate, as per the original Take Care New York 2012 goal.

6. Recognize and Treat Depression

Suicides: Rates for 2010 and earlier use Census Bureau intercensal population estimates from October 2012; 2011 rates use 2011 vintage Census population estimates. Due to the change in the baseline (2007) rate, the target for 2012 was updated to reflect an approximate 5% decrease from the new baseline rate, as per the original Take Care New York 2012 goal.

7. Reduce Risky Alcohol Use and Drug Dependence

Alcohol-related hospitalizations: Rates from 2002-2011, including the Take Care New York 2012 baseline (2006) rate, have been updated to reflect a revised definition of the indicator and have been updated to reflect new Health Department intercensal population estimates, as of June 2013. Because of the change in the baseline (2006) rate, the target for 2012 has been updated to reflect an approximate 19% decrease from the new baseline rate, as per the original Take Care New York 2012 goal.

Unintentional drug-related overdose deaths: Rates for 2010 and earlier use Census Bureau intercensal population estimates from October 2012; 2011 rates use 2011 vintage Census population estimates. Age-adjusted rates are specific for the 15 to 84 year old population. Due to the change in the baseline (2007) rate, the target for 2012 was updated to reflect an approximate 28% decrease from the new baseline rate for overall citywide rates and an updated gap reduction target, as per the original Take Care New York 2012 goal.

Neighborhood poverty disparity: Updated definition of neighborhood poverty defined as percent of residents in Census tracts below 100% of federal poverty level (FPL) per 2000 Census poverty assessment for baseline (2007) and per American Community Survey 2007-2011 rates. Very high poverty defined as $\geq 30\%$ of residents below FPL and low poverty <10% of residents below FPL.

8. Prevent and Detect Cancer

Colorectal cancer death rate: Rates for 2010 and earlier use Census Bureau intercensal population estimates from October 2012; 2011 rates use 2011 vintage Census population estimates. Due to the change in the baseline (2007) rate, the target for 2012 was updated to reflect an approximate 12% decrease from the new baseline rate for overall citywide rates and an updated gap reduction target, as per the original Take Care New York 2012 goal.

Girls 13 to 17 years of age who have received three doses of HPV vaccine: 2008 percentage revised to reflect updated baseline. Due to the change in the baseline (2008) percentage, the target for 2012 was updated to reflect an approximate 75% increase from the new baseline percentage, as per the original Take Care New York 2012 goal.

9. Raise Healthy Children

Teen pregnancies: Rates for 2010 and earlier use Census Bureau intercensal population estimates from October 2012; 2011 rates use 2011 vintage Census population estimates. Due to the change in the baseline (2007) rate, the target for 2012 was updated to reflect an approximate 16% decrease from the new baseline rate for overall citywide rates and an updated gap reduction target, as per the original Take Care New York 2012 goal.

10. Make All Neighborhoods Healthy Places

Housing quality by neighborhood poverty: Updated definition of neighborhood poverty defined as percent of residents below 100% of federal poverty level (FPL) per United Hospital Fund Neighborhood: very high poverty defined as $\geq 30\%$ of residents below FPL and low poverty defined as <10% of residents below FPL.

Pedestrian hospitalization rates for children, by neighborhood poverty: Updated definition of neighborhood poverty defined as percent of residents in zip codes below 100% of federal poverty level (FPL) per American Community Survey 2007-2011. Rates were calculated using Census 2010 population counts for 2006 and 2010. Very high poverty defined as $\geq 30\%$ of residents below FPL and low poverty defined as <10% of residents below FPL. Due to the change in the baseline (2006) rate, the target for 2012 was updated to reflect an approximate 12% decrease from the gap reduction target, as per the original Take Care New York 2012 goal.

Properties with signs of rats: Data reflect indexing among Bronx and Manhattan properties.

Take Care New York Partners as of August 2013



- 1199 SEIU National Benefit Fund
3C Systems
57th Street Adult Primary Care Center
AARP-New York
Addiction Research & Treatment Corporation - Bushwick
Addiction Research & Treatment Corporation - East New York
Addiction Research & Treatment Corporation - Fort Greene
Addiction Research & Treatment Corporation - High Bridge
Addiction Research & Treatment Corporation - Kaleidoscope
Addiction Research & Treatment Corporation - Starting Point
Addiction Research & Treatment Corporation - Third Horizon
Affinity Health Plan
African Services Committee
AHRC Health Care, Inc. - Mayflower Clinic
AHRC Health Care, Inc. - Pelham
AHRC New York City
Allen School
Alzheimer's Foundation of Staten Island
American Cancer Society, Manhattan Region
American Cancer Society, Staten Island Region
American Heart Association
American Indian Community House
American Lung Association of the Northeast
AmeriChoice Health Plan
AMERIGROUP
Amida Care
Arturo Schomburg Senior Center
Asian American Accountable Care Organization
Asociación Tepeyac de New York
Associates in Internal Medicine
Association to Benefit Children
Audubon Primary Care Urgicare Center
Baruch Houses Health Center
Basics, Inc.
Bay Ridge Family Health Center
Bayside Senior Center
Bedford Stuyvesant Early Head Start
Bedford Stuyvesant Family Health Center
Bedford Stuyvesant Restoration Corporation
Behavioral Health Program - Child and Adolescent Clinic
Behavioral Health Program - Adult Clinic
Bella Vista Health Center
Benson Ridge Senior Services
Bensonhurst Clinic Treatment Center
Betances Health Center
Betances Senior Center
Beth Israel Medical Center
Beth Israel Medical Group
Bishop Orris G. Walker, Jr. Health Care Center
Bonifacio Cora Texidor Senior Center
Boriken Neighborhood Health Center
Borinquen Plaza Senior Center
Bowery Residents' Committee
Broadway Family Health Center
Broadway Primary Care Practice
Bronx AIDS Services, Inc.
Bronx Community Board 2
Bronx Community Board 3
Bronx Community Health Network
Bronx Family Health Center
Bronx Health Center
Bronx River Senior Center
Bronx-Lebanon-Fulton Family Medicine Center
Bronxwood International Church of God
Brookdale University Hospital and Medical Center
Brooklyn Chamber of Commerce
Brooklyn Chinese Health Center
Brooklyn Partnership to Drive Down Diabetes
Brooklyn Plaza - Whitman, Ingersoll, Farragut Center
Brooklyn Plaza Medical Center
Brooklyn Public Library System
Brooklyn West Family Center
Brownsville Health Center
Brownsville Multi-Service Family Health Center
Burnside Medical Center
Bushwick Communicare
Bushwick Health Center
- CABS Health Center
Callen-Lorde Community Health Center
Calvary Cathedral of Prayer
Canarsie Family Health Center
Care for the Homeless
Caribbean American Health Center
Caribbean House Health Center
Caribbean Women's Health Association
Casa Mexico
Catherine Sheridan Senior Center
Catholic Charities Neighborhood Services, Inc.
Center for Immigrant Health
Center for Mental Health (Learning Center)
Center for Mental Health
Central Baptist Church
Central Jewish Council, Inc.
Centro Dental Dominicano
Chance for Children, Youth Information Center, Inc.
Charles B. Wang Community Health Center
Charles B. Wang Community Health Center (Walker Street)
Charles B. Rangel Community Health Center
Chemical Dependence Outpatient Services
Child Health Center at Glebe Avenue
Chinese American Independent Practice Association
Choices Women's Medical Center
Church Ave. Church of God
Citicare, Inc.
Citwide Harm Reduction
Citizens Committee for New York City
City Harvest
City University of New York
Baruch College
Borough of Manhattan Community College
Bronx Community College
Brooklyn College
College of Staten Island
Graduate School
Hostos Community College
Hunter College
John Jay College of Criminal Justice - Health Services
Office
Kingsborough Community College
La Guardia Community College
Lehman College
Medgar Evers College
New York City College of Technology
Queens College
Queensborough Community College
York College - Health Services Office
- Clara Cantrell Clemmons Assistance Center
Claremont Family Care Center
Clinic (Clinica) Nueva Esperanza
Clinical Directors Network, Inc.
Clutch Divaz MC
Coalition for Hispanic Family Services
Coalition of Institutionalized Aged and Disabled
College of New Rochelle
Columbia Center for Medical Rehabilitation
Columbia University Mailman School of Public Health
Committee for Hispanic Children and Families, Inc.
Common Ground - The Prince George Hotel
Common Ground Community - Times Square Hotel
Community Agency for Senior Citizens
Community Association of Progressive Dominicans, Inc.
Community Board 3 - Bedford Stuyvesant
Community Health Academy of the Heights
Community Health Action of Staten Island
Community Health Care Association of New York State
Community Health Center of Richmond
Community Healthcare Network
Community League Health Center
Community Service Society
Concourse Medical Center, Inc.
Conscious Contact of New York
Continuing Day Treatment Program
Continuum Health Partners
Cornell Internal Medicine Associates - Helmsley Medical Tower
- Cornell University-Cooperative Extension NYC
Corona Wellness Center
Covenant House - New York
Davidson Community Center, Inc.
Daytop Village
De Witt Reformed Church
Delany Sisters Health Center
Diallo Medical Center
Dominican Women Development Center
Downtown Brooklyn Family Health Center
Downtown Health Center
Dr. Betty Shabazz Health Center
Dr. Martin Luther King, Jr. Health Center
Dyckman Clinica de la Americas
East 13th Street Family Practice
El Nuevo San Juan
El Puente
Elderplan, Inc.
Eleanor Roosevelt Houses Child Health Clinic
Elmhurst Senior Center
EmblemHealth
Energy Kitchen
Esperanza Center
Esprit/Medical Care at Home PC
Evangelical Garifuna Church
Excellence Foundation for Parents and Children Inc.
Ezra Medical Center
Faith Mission Christian Church
Family Physician Health Center
Federation of Protestant Welfare Agencies
Fidelis Care of NY
First Central Baptist Church
First Church of the Valley
First Presbyterian Church of Jamaica
First United Methodist Church of Corona
Flatbush Family Health Center
Flatbush Seventh Day Adventist Church
Florence E. Smith Senior Services
Flushing Hospital Medical Center
Forest Hills Hospital
Fort Greene Health Center
Fort Hamilton Clinic Treatment Program
Fort Washington Geriatric Practice
Fourth Presbyterian Church
Friends In Deed
Friendship Baptist Church - Manhattan
Friendship Baptist Church - Queens
Friendship Community Church
Front Line, Inc. Motorcycle Club
Fund for Public Health in New York
Geriatric Mental Health Alliance of New York
Geriatric Services, P.C.
Ghanaian Professionals Association at New York City Health
and Hospitals Corporation
Glenwood Senior Center
Good Companions Senior Center
Good Shepherd-Faith Presbyterian Church
Graham Windham Child Welfare Agency
Grameen Research, Inc.
Greater Brooklyn Health Coalition
Greater New York Hospital Association
Greenpoint Community Health Center
Groundwork, Inc.
Harlem Dowling - West Side Center for Children and Family
Services
Harlem Independent Living Center
Harlem United Community AIDS Center
Harm Reduction Coalition Training Institute
Harriet Rothkopf Heilbrunn - Academic Nursing Center
Haitian-American Community Coalition
Health Corps Care of FACT, Columbia University MC
Health Education on Wheels, Inc
Health Plus Amerigroup
HealthFirst PHSP, Inc.
HealthPass
Helen B. Atkinson Health Center
Help Ministries International, Inc.
- Helper Ministries International, Inc.
Heritage HealthCare Center
HHH Home Care, Inc.
Hillcrest Senior Center
Hispanic Federation
Holy Ghost Pentecostal Faith Church
Holy Innocents Roman Catholic Church
Holy Trinity Health Ministry
Holy Trinity Lutheran Church
Homecrest Child Health Center
Housing Works - Keith D. Cylar House
Housing Works Adult Day Care Center
Housing Works, Inc
Howie the Harp Peer Advocacy Center
Hunts Point Multi Service FHC
I.C.L. Healthcare Choices, Inc.
Iglesia de la Santa Cruz
IlluminArt Productions
Immaculate Conception Roman Catholic Church
Institute for Community Living - Health Care Choices
Institute for Family Health
Institute for Puerto Rican/Hispanic Elderly
Institutes of Applied Human Dynamics
Instituto Latino de Cuidado Pastoral, Inc.
Intensive Psychiatric Rehabilitation Therapy Program
Interfaith Medical Center
Interfaith Medical Center Primary Care Center/Designated
AIDS Center
International Center for the Disabled
Inwood House
IPR/HE Corona Senior Center
IPRO
Jamaica Hospital Medical Center
James Monroe Senior Center
Jewish Community Center of Staten Island
Jewish Community Council of the Rockaway Peninsula
Joseph P. Addabbo - Children's Day Treatment Program
Joseph P. Addabbo Family Health Center
Joseph P. Addabbo Family Health Center - Far Rockaway
Joseph P. Addabbo Family Health Center - Jamaica
Judson Health Center
Kingsbrook Jewish Medical Center
Korean American Senior Center of Corona
Korean American Senior Center of Flushing
Korean Community Services of Metropolitan New York, Inc
La Casa De Salud
La Clinica Del Barrio
La Marca Family Health Center
La Nueva Esperanza
Lafayette Houses Health Center
Latino Commission on AIDS
Lenox Hill Hospital
Leonard Covello Senior Center
Local Development Corporation of West Bronx
Long Island City Community Practice
Long Island City Health Center
Long Island College Hospital
Long Island University School of Nursing
Lord Memorial Building Clinic
Luna Park / Ida G. Israel Community Health Center
Lutheran Church of the Redeemer
Lutheran Family Health Centers
Maimonides Medical Center
Manhattan Eye, Ear & Throat Hospital
Manhattan HIV Care Network
Manhattan Smoke-Free Partnership
Manhattanville / St. Nicholas Houses
Mapleton Family Health Center
Mapleton Treatment Program
Marathas Seventh Day Adventist Church
March of Dimes
Mariner's Harbor Houses Health Center
Mayor's Office to Combat Domestic Violence
Melrose Houses Health Center
Mental Health Association of New York
Mentoring in Medicine
Mercy Center



Mentally-Ill Chemical Abuser Continuing Day Treatment Program
Milbank Medical Group
Millennium - Abe Stark Senior Center
Millennium - Bergen Beach Senior Program
Millennium - Midwood Active Adults Program
Millennium - Vandalia Active Adults
Millennium Development
Methadone Maintenance Treatment Program
Modell's II, Inc.
Montefiore Comprehensive Family Care Center
Montefiore Comprehensive Health Care Center
Montefiore Family Health Center
Montefiore Medical Center
Montefiore Medical Group - Comprehensive Family Care Center
Montefiore School Health Program - South Bronx High School Health Center
Morris Heights Health Center
Morris High School
Mount Sinai Medical Center
Mt. Hope Family Practice
Mt. Olivet Gospel Church
Mt. Zion CME Church
Muslim Women's Institute for Research and Development
Narco Freedom Neighborhood and Family Health Center
Narrows at the Lodge
Narrows Senior Center
National Alliance for Medication Assisted Recovery
NE Queens Senior Services
Neighborhood & Family Health Center - Bridget Plaza
Neighborhood & Family Health Center - Bronx
Neighborhood & Family Health Center - Red Hook
Neighborhood Health Providers
New Direction Services
New Generation Kids Fitness
New York Academy of Medicine
New York Association on HIV Over 50
New York Blood Center
New York City Coalition for a Smoke-Free City
New York City Department for the Aging
New York City Department of Citywide Administrative Services
New York City Department of Design and Construction
New York City Department of Homeless Services
New York City Department of Transportation
New York City Health and Hospitals Corporation
Bellevue Hospital Center
Coler-Goldwater Specialty Hospital and Nursing Facility
Coney Island Hospital
Cumberland Diagnostic and Treatment Center
Dr. Susan Smith McKinney Nursing and Rehabilitation Center
East New York Diagnostic and Treatment Center
Elmhurst Hospital Center
Gouverneur Health Care Diagnostic & Treatment Center
Harlem Hospital Center
Health and Home Care
Jacobi Medical Center
Kings County Hospital Center
Lincoln Medical and Mental Health Center
MetroPlus Health Plan
Metropolitan Hospital Center
Morrisania Diagnostic and Treatment Center
North Central Bronx Hospital
Queens Hospital Center
Renaissance Health Care Diagnostic & Treatment Center
Segundo Ruiz Belvis Diagnostic and Treatment Center
New York City Human Resources Administration/Department of Social Services
New York Hotel Trades - Brooklyn Health Center
New York Hotel Trades - Harlem Health Center
New York Hotel Trades - Midtown Health Center
New York Hotel Trades - Queens Health Center
New York Hotel Trades Health Centers, Inc.
New York Medical and Diagnostic Center, Inc.
New York Methodist Hospital

New York Presbyterian Hospital
New York Public Library
New York Road Runners Club
New York University College of Nursing Faculty Practice
New York University College of Nursing Mobile Health Program
New York University Student Health Center
Newkirk Family Health Center
Northeast Business Group on Health
Northeast Queens Friendly Visiting Program
Northeast Queens Home Delivered Meals Program
Northern Manhattan Perinatal Partnership
Northside Center for Child Development
Northside Senior Center
ODA Primary Health Care Center, Inc.
ODA Professionals OB/GYN Services
Options for Community Living
Our Lady of Mercy Community Care Health Center
Our Lady of the Angelus Roman Catholic Church
Ozone Park Senior Center
Parent Job Net
Park Gardens Long Term Home Health Care Program
Park Ridge Family Health Center
Park Slope Family Health Center
Parkchester Family Practice
Parthian Hospital Program
Partnership in Care - MetroPlus
Pediatric Health Care PC
Peninsula Hospital
Pete McGuinness Senior Center
Peter J. DellaMonica Senior Center
Phase Piggy Back, Inc.
Planned Parenthood of New York City
Planned Parenthood of New York City - Borough Hall Center
Planned Parenthood of New York City - Bronx Center
Plaza del Castillo Health Center
Polonian Organized to Minister Our Community, Inc.
Port Richmond High School
Primary Care Center of Flushing
Primary Care Development Corporation
Primary Care Services
Project Renewal, Inc.
Project Renewal, Inc. - Fort Washington
Project Renewal, Inc. - Med Van
Project Renewal, Inc. - ScanVan
Project Renewal, Inc. - Street Smart Van
Project Renewal, Inc. - Third Street
Project Samaritan
Project Samaritan - 53rd Street Clinic
Project Samaritan - Damian Family Care Center
Project Samaritan - Ellenville Clinic
Project Samaritan - Help PSI Services
Project Samaritan - Highbridge Clinic
Project Samaritan - Inwood Clinic
Project Samaritan - Starhill Clinic
Project Samaritan Health Services
Promesa
Promesa - Claremont Family Health Center
Promesa - Clay Avenue Primary Care Practice
Promesa - Park Avenue Family Health Center
Public Health Solutions
Puerto Rican Family Institute
Quality Health Center
Queens College Soccer
Queens Health Center
Queens Health Network Medical Center at Corona
Queens Health Network Medical Center at Junction Blvd
Queens Health Network Medical Center at Parsons Blvd
Queens Health Network Medical Center at Ridgewood
Queens Health Network Medical Center at Woodside
Queens Health Network Women's Medical Center
Queens Public Library System
Realty House
Reformed Church of Prince Bay
ReServe Elder Service, Inc.
Rhythms Soul Dance Studio
Richmond University Medical Center

Riverbay Fund
Russian American Health Coalition
Saeview Medical Care
Safe Horizon
Safe Space
Salem Missionary Baptist Church
Samaritan Village
Samaritan Village - Forbell Treatment Program
Samaritan Village - Highbridge Residential Treatment Program
Samaritan Village - Jamaica Intensive Outpatient Facility
Samaritan Village - Van Wyck Treatment Program
Samuel Field YM-YWHA
Sea of Galilee Church
Sea View Hospital Rehabilitation Center and Home
Seamen's Society for Children and Families
Seaside Senior Center
Second Providence Baptist Church
SelfHelp - Prince Street Senior Center
SelfHelp - Benjamin Rosenthal Jr. Senior Center
Senior Citizens League of Flatbush
Services Now for Adult Persons, Inc.
Sheepshead Bay NORC
Shore Road Family Health Center
Silver Lake Support Services Inc.
SiLE Lupus Foundation
Smith Communicare Health Center
Soundview Healthcare Network
South Brooklyn Alzheimer's Adult Day Care Center
South Brooklyn Health Center
South Queens Multi-Service Center
Southwest Queens Home Delivered Meals Program
Southwest Queens Senior Services
Spanish Speaking Elderly Council - RAICES
Springfield Gardens Church of the Nazarene
St. Anthony Baptist Church
St. Barnabas Hospital
St. Charles Jubilee Center
St. Gabriel's Episcopal/Angelica Church
St. John's Episcopal Hospital
St. John's Evangelical Lutheran Church
St. Louis Intergenerational Program
St. Louis Senior Center
St. Luke's Lutheran Church and Academy
St. Luke's-Roosevelt Hospital Center
St. Margaret Mary Church
St. Mark the Evangelist Church
St. Mary's Center, Inc.
St. Pascal Baylon Roman Catholic Church
St. Paul's House Inc.
St. Stanislaus Kostka Church
St. Stephens of Hungary Church
Stapleton Health Center
Star America Day Care
Star America Pre-School
Star America Pre-School (Queens)
Star America, Inc.
Star Paradise Pre-School
Staten Island Community Television
Staten Island Council on Alcoholism & Substance Abuse
Staten Island Mental Health Society, Inc.
Staten Island Partnership for Community Wellness
Staten Island Slim Down
Staten Island Smoke-Free Partnership
Staten Island University Hospital
Staten Island YMCA Broadway Branch
Steinway Senior Services
StreetSquash
Sunmer Avenue Health Center
Sunset Road Park Family Health Center
Sunset Terrace Health Center
SUNY State College of Optometry/University Eye Center
Sutter Avenue Health Center
The Bay Senior Center
The Child Center of New York
The Children's Aid Society
The Epoch Times

The Father's Heart Ministries
The Floating Hospital
The George and Eva Nell Barbee Family Health Center
The Gospel Tabernacle Church Of Jesus Apostolic, Inc.
The Grace Foundation of New York
The Happy Medium Ensemble
The Health Center at Gunhill
The Health Center at Tremont
The Healthy Tummy Initiative
The Herman "Denny" Farrell, Jr. Community Health Center
The Medical Letter
TheraCare
Therapeutic Imprints, Inc.
Today's Child Communications
Touro College of Osteopathic Medicine
Touro College of Pharmacy
Trabajamos Community Head Start
Union Baptist Church
Union Community Health Center
United Community Baptist Church
United Hospital Fund
United Jewish Organization of Williamsburg
United Neighborhood House
University Heights Presbyterian Church
UPACA Houses Senior Center
Urban Health Plan, Inc.
VersaCare Diagnostic & Treatment Center, Inc. (Human First, Inc.)
Vertex LLC
Veterans Mental Health Coalition of NYC
Village Care of New York
Violence Intervention Program
VIP Community Services
VISIONS - Services for the Blind and Visually Impaired
Visiting Nurse Services
VNS NY Choice Health Plan
Wagner College
Walton Family Health Center
Walton High School Health Center
Washington Heights Child Health Center
Washington Heights Family Health Center
WellCare Health Plan
West Brighton Senior Center
Westside Campaign Against Hunger
William F. Ryan Community Health Center
Williamsburg Community Health Center
Williamsburg Health Center
Willowbrook Park Baptist Church
Women In Need, Inc.
Women's Health Services at Astoria
Women's Health Services at Bushwick
Women's Health Services at Eastern Parkway
Women's Health Services at Fort Greene
Women's Health Services at Jamaica
Women's Health Services at Manhattanville
Women's Health Services at Tremont
Women's Health Services at Williamsburg
Woodhaven-Richmond Senior Center
Woodside Mental Health Clinic
Wright Center on Aging
Wyckoff Gardens Houses Health Center
Wyckoff Heights Medical Center
YAI/National Institute for People with Disabilities
YMCA of Staten Island Counseling Service
Young Women's Leadership School of Astoria
Youth Advisory Board
YWCA of Brooklyn
YWCA of New York City

