



City Health Information

September 2009

The New York City Department of Health and Mental Hygiene

Vol. 28(suppl 5):1-8

A Policy for a Healthier New York City

Take Care New York is a comprehensive health policy that sets an agenda of 10 key areas for intervention. First launched in 2004, Take Care New York is now entering its second phase.

- Take Care New York 2012 recommends a comprehensive approach to improving health outcomes through evidence-based interventions and coordinated action by health care providers, City agencies, businesses, public-private partnerships, and individuals.
- Building on the success of the first 4 years, Take Care New York 2012 will save thousands of lives and prevent hundreds of thousands of illnesses.
- The success of Take Care New York 2012 depends greatly on the combined efforts of the Health Department and health care providers like you.



The Challenge for Health Care Providers: A Letter From the Commissioner

Since the 2004 launch of Take Care New York, more New Yorkers have found a regular doctor, have quit smoking, and have been screened for colon cancer.

But with focused efforts, we can do even better.

Take Care New York sets specific goals for 2012 in 10 key areas selected for both their public health importance and amenability to evidence-based intervention and improvement. Take Care New York 2012 places a greater emphasis on reducing health disparities in low-income and minority communities, addresses neighborhood conditions that affect health, and adds a new focus on children's health. The complete policy document is available at www.nyc.gov/html/doh/downloads/pdf/tcny/tcny-2012.pdf.

This issue offers interventions in each of 10 areas that are easily incorporated into everyday practice. They are simple and they work. Many of you are already doing these, but in a busy practice it is easy to overlook preventive measures. *The key to success in prevention is to set up systems to do the simple, proven steps every time.*

Working together, we can make New York City even healthier.

Sincerely,

Thomas Farley, MD, MPH
Commissioner of Health and Mental Hygiene

1. PROMOTE QUALITY HEALTH CARE FOR ALL

High-quality, accessible, and affordable health care can be achieved if the current health care system is reoriented to reward the provision of primary and preventive care, to utilize health information technology, and to ensure health care access for all New Yorkers.

To be successful, we must improve in key areas such as health information technology, consumer awareness and action, and appropriate reimbursement for primary care and prevention. Widespread adoption of health information technology, starting with the use of prevention-oriented electronic health records, can help physicians prevent and manage chronic diseases through clinical decision support systems, which provide reminders for preventive care and help practices adhere to clinical guidelines. Consumers will have better health when they are aware of the importance of preventive care, have a regular primary care provider and health insurance, and take steps to improve their health behaviors, particularly with regard to smoking, physical activity, and nutrition. Finally, policy-makers must work toward refocusing the private and public health care reimbursement systems to reward prevention.

What You Can Do

- Use electronic health records to improve the quality, safety, and efficiency of your primary care practice.
- Encourage patients to have a regular doctor.
- Provide patients with effective, actionable plans to help them become and stay healthy.
- Refer all patients without health insurance to 311 to see if they qualify for public health insurance.

More Information

- Electronic Health Records for the Primary Care Provider:
www.nyc.gov/html/doh/downloads/pdf/chi/chi26-1.pdf
- Patients can call 311 or go to Access NYC (www.nyc.gov/accessnyc) for information on public insurance programs.

2. BE TOBACCO-FREE

Smoking is the leading preventable cause of death in New York City (NYC), killing more than 7,400 people each year. Since a comprehensive tobacco-control program was launched in 2002, the rate of smoking has fallen by 21% in NYC, from 21.5% to 16.9% in 2007—the lowest rate on record. Still, 1 million adult New Yorkers continue to smoke. Studies have consistently shown that physicians can *double* the proportion of patients who quit smoking, achieving long-term quit rates as high as 30%, when counseling, nicotine replacement therapy (NRT), and other drug treatments are appropriately used.

Secondhand smoke increases many health risks. Infants who have a parent who smokes are more likely to die from sudden infant death syndrome, and children who live with a smoker are more likely to have asthma, bronchitis, ear infections, and pneumonia, and are twice as likely to become smokers themselves.

What You Can Do

- Ask all patients if they smoke. Advise every smoker to quit.
- Provide brief counseling and medication to help patients become tobacco-free.
- Educate patients about the risk of secondhand smoke.
- Encourage patients to adopt and maintain a smoke-free home.

More Information

- Treating Tobacco Addiction:
www.nyc.gov/html/doh/downloads/pdf/chi/chi27-1.pdf
- Free help quitting: Patients can call 311 or 1-866-NY-QUITS
- Quit-smoking clinics:
www.nyc.gov/html/doh/html/smoke/smoke-nrtpatch.shtml

3. PROMOTE PHYSICAL ACTIVITY AND HEALTHY EATING

In New York City, 57% of adults and 39% of children are overweight or obese. The key modifiable behavioral factors in obesity—unhealthy diet and physical inactivity—are second only to smoking as causes of premature death in the United States. Being overweight or obese increases the risk of type 2 diabetes, cancer, heart disease, stroke, arthritis, and a host of other physical and mental illnesses.

What You Can Do

- Weigh all patients and calculate their body mass index (BMI)—monitor BMI as you would any other vital sign.
- Recommend that all patients get regular physical activity.
- Recommend that all patients adopt a diet low in sodium, sugar-sweetened drinks, and saturated and trans fats, and high in fruits, vegetables, and whole grains.
- Develop a realistic weight-loss plan with your overweight and obese patients.

More Information

- Preventing Overweight and Obesity in Adults: www.nyc.gov/html/doh/downloads/pdf/chi/chi26-4.pdf
- Helping Children Reach and Maintain a Healthy Weight: www.nyc.gov/html/doh/downloads/pdf/chi/chi28-5.pdf

4. BE HEART HEALTHY

Cardiovascular disease (heart disease and stroke) is the leading cause of death in the United States and in New York City, where it kills almost 23,000 people each year. Maintaining heart health and preventing stroke require guarding against a variety of related conditions such as high blood pressure, high cholesterol, and diabetes. Because smoking, obesity, and physical inactivity increase the risks

of these conditions, lifestyle changes and, when necessary, medication, are essential to the prevention of heart disease and stroke.

What You Can Do

- Counsel all patients about smoking cessation, heart-healthy eating, and physical activity.
- Screen patients 18 years and older for hypertension.
- Prescribe medications to control hypertension or to lower LDL cholesterol and treat to indicated targets.
- Discuss barriers to medication adherence openly with patients.
- Screen for type 2 diabetes in adults with blood pressure greater than 135/80.
- Prevent diabetes-associated complications by monitoring and controlling the **ABC'S** of diabetes (hemoglobin **A1C**, **B**lood pressure, **C**holesterol, **S**moking status).
- Prescribe aspirin to patients with a history of heart disease and stroke and for primary prevention in those meeting recently updated criteria (see below).

More Information

- Lipid Control: Preventing Cardiovascular Events in Patients With Atherosclerotic Disease or Diabetes: www.nyc.gov/html/doh/downloads/pdf/chi/chi25-5.pdf
- Management of Hypertension in Adults: www.nyc.gov/html/doh/downloads/pdf/chi/chi24-7.pdf
- Diabetes Prevention and Management: www.nyc.gov/html/doh/downloads/pdf/chi/chi24-1.pdf
- Aspirin Use for Primary Prevention of Cardiovascular Disease: www.ahrq.gov/clinic/uspstf/uspstf.htm
- Improving Medication Adherence: www.nyc.gov/html/doh/downloads/pdf/chi/chi28-suppl4.pdf

5. STOP THE SPREAD OF HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS

New York City remains the epicenter of the HIV/AIDS epidemic in the United States; more than 100,000 New Yorkers are living with HIV/AIDS and thousands are unaware of their HIV-positive status.

Substantial disparities exist in rates of HIV, AIDS, and other sexually transmitted infections (STI) among different neighborhoods and racial and ethnic groups. Deaths due to AIDS are 6 times higher in New York City's poorest neighborhoods than in its wealthiest neighborhoods. In 2007, more than twice as many Hispanics and 4 times as many blacks were concurrently diagnosed with HIV and AIDS than whites.

Other STIs are common among New Yorkers in general—there are approximately 75,000 case reports of chlamydia, gonorrhea, and syphilis infections each year in the City, and an estimated 28% of adult New Yorkers are infected with genital herpes. These STIs, which often go undiagnosed, can increase the transmissibility of HIV and also lead to infertility, cancer, adverse pregnancy outcomes, and irreversible neurological damage.

What You Can Do

- Offer HIV testing as a routine part of medical care to all patients aged 13 to 64 years.
- Screen sexually active women up to 25 years of age for chlamydia infection annually.
- Administer vaccines against sexually transmitted infections, including hepatitis A and hepatitis B.
- Counsel all patients who are unable to stop injection drug use on safer injection practices (eg, using sterile needles).
- Counsel all patients on safer sex and condom use to prevent unplanned pregnancies, HIV, and other STIs. Counsel all sexually active patients to minimize the number of sex partners.

More Information

- Partner Notification: inSpot NYC (www.inspot.org/newyorkcity) online STI/HIV partner notification service
- NYC Health Department Contact Notification Assistance Program (CNAP): 212-693-1419 for partner notification assistance
- STD clinics: free and confidential HIV testing, and testing and treatment for other STIs in all 5 boroughs: www.nyc.gov/html/doh/html/std/std2.shtml or call 311. To request training to provide rapid HIV testing in your office, call 311.
- STI screening recommendations for HIV-infected individuals and men who have sex with men: www.cdc.gov/STD/treatment/2006/toc.htm

6. RECOGNIZE AND TREAT DEPRESSION

Depression is a common illness that is both serious and treatable. Local data indicate that 8% of adults in New York City may suffer from major depressive disorder, but only about a third receive treatment. Depression is also one of the most common complications during pregnancy and postpartum. Maternal depression not only affects the mother, but can also negatively impact the physical health and behavioral, cognitive, and social-emotional functioning of young children.

When left untreated, depression can limit a person's ability to work or engage in other daily activities. Depression can worsen the course and complicate the treatment of other health conditions such as diabetes and heart disease. In its most serious and tragic form, depression can lead to suicide.

Compared with other age categories, older adults have a higher suicide rate, in part because depressive disorders are widely underrecognized and often are untreated or undertreated among older adults. Psychotherapy and medication, alone or in combination, can help a majority of people with depression.

What You Can Do

- Routinely screen for depression using a simple 2-question tool (see link to PHQ-2 below).
- Explain to patients that depression is treatable, just like many other medical illnesses.
- Prescribe antidepressants when necessary and follow up with patients regularly.
- Treat other medical and psychiatric conditions that often coexist with depression.
- Screen all depressed patients for suicidal ideation; refer to specialized mental health services when needed.

More Information

- Detecting and Treating Depression in Adults (includes PHQ-2): www.nyc.gov/html/doh/downloads/pdf/chi/chi26-9.pdf
- PHQ-9 screen for depression: www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/questionnaire
- Treatment referrals for providers and patients for depression and other mental health problems: 1-800-LIFENET (1-800-543-3638) or call 311

7. REDUCE RISKY ALCOHOL USE AND DRUG DEPENDENCE

Each year, approximately 25,000 New Yorkers are hospitalized and more than 1,500 die from alcohol-related injuries and illnesses. Problem drinking is defined as either “heavy drinking” (an average of more than 2 drinks per day for men, and more than 1 for women) or “binge drinking” (5 or more drinks on one occasion for men and 4 or more drinks for women). Among adult New Yorkers, 6% of men and 4.5% of women report heavy drinking, and 23% of men and 8.5% of women report binge drinking.

The use of opioids and other drugs is also a significant cause of morbidity and mortality in New York City. Each year there are more than 30,000 drug-related hospitalizations and approximately 900 deaths from accidental drug-related overdose; heroin and other opioids are involved in a majority of these deaths.

What You Can Do

- Ask every patient about alcohol using simple screening tools such as AUDIT-C or CAGE-AID (see link below).
- Provide clear, personalized advice about cutting down or abstaining for patients who report problem drinking.
- Ask patients about drug use and discuss the health risks and opportunities to reduce the harmful consequences of drug use.
- Offer office-based interventions for alcohol and drug use (eg, brief intervention, buprenorphine).

More Information

- Brief Intervention for Alcohol Problems: (includes AUDIT-C and CAGE-AID): www.nyc.gov/html/doh/downloads/pdf/chi/chi25-10.pdf
- Improving the Health of People Who Use Drugs: www.nyc.gov/html/doh/downloads/pdf/chi/chi28-3.pdf
- Buprenorphine: An Office-Based Treatment for Opioid Dependence: www.nyc.gov/html/doh/downloads/pdf/chi/chi27-4.pdf

8. PREVENT AND DETECT CANCER

Cancer is the second leading cause of death in New York City, killing more than 13,000 New Yorkers every year. Reducing smoking and obesity, preventing cancers through vaccination or early detection of precancerous conditions, detecting cancer early with routine screenings, and obtaining timely treatment can help reduce cancer-related illness and death.

Two major cancers—cervical and colon—are preventable. Among New Yorkers 50 years and older, 35% have never undergone colonoscopy, and 1 out of 5 women of all ages have not had a Pap test in the past 3 years. As of March 2009, 17% of 13- to 17-year-old girls in NYC had completed the 3-dose human papillomavirus (HPV) vaccine series.

What You Can Do

- Ensure that all patients aged 50 and older undergo colon cancer screening every 10 years, preferably with colonoscopy; high-sensitivity fecal occult blood test is an alternative for patients unwilling or unable to undergo colonoscopy.
- Ensure that all women aged 21 (or within 3 years of beginning sexual activity, whichever comes first) to 64 years receive a Pap smear every 1 to 3 years. For women aged 65 and older, screening can be discontinued if the woman has previous normal smears.
- Give the HPV vaccine to protect against cervical cancer to girls aged 11 and 12, and to girls and women aged 13 to 26 who have not been previously vaccinated.

More Information

- Preventing Colorectal Cancer:
www.nyc.gov/html/doh/downloads/pdf/chi/chi28-suppl2.pdf
- HPV Vaccine Update:
www.nyc.gov/html/doh/html/imm/imm-hpv.shtml

9. RAISE HEALTHY CHILDREN

The major health problems affecting New York City's children include obesity, asthma, mental health, and issues related to sexual activity and risky behaviors. Steps to improve children's health should begin during a mother's pregnancy and continue throughout childhood and adolescence. Only 32% of NYC mothers breastfeed exclusively for 2 months, despite the significant benefits to both mother and baby. Nearly one quarter of children aged 19 to 35 months are not up to date with their immunizations, and teenage girls in NYC have a higher pregnancy rate than girls in the United States as a whole. Many of these problems are worse in neighborhoods where most children come from minority and/or low-income backgrounds.

What You Can Do

- Encourage women to plan their pregnancies. Take a brief sexual history on all women and teens of reproductive age, provide information on contraception, provide or refer for contraceptive services, and offer advance emergency contraception.
- Assess all pregnant women for risk of lead exposure at the first prenatal visit.
- Encourage exclusive breastfeeding for the first 6 months of life and explain the health benefits of breastfeeding for mothers and infants.
- Test all children for lead poisoning at ages 1 and 2; assess children up to age 6 annually for risk of lead exposure.
- Identify children at risk for developmental disorders during each well-child preventive care visit and make appropriate referrals.
- Make sure all children and adolescents in your practice receive all recommended immunizations, on schedule, including an annual flu shot for those 6 months and older. Minor illness is not a contraindication to administering vaccines. Use the Citywide Immunization Registry to look up immunization histories and to record all immunizations that you administer.
- Treat asthma aggressively with controller and rescue medications.
- Screen, educate, treat, and refer all adolescents for sexual and reproductive health issues, alcohol and drug use, and mental health concerns.
- Encourage the use of contraception among all adolescents who are sexually active and provide an advance pill-pack of emergency contraception.

More Information

- Contraception: Encouraging Its Use:
www.nyc.gov/html/doh/downloads/pdf/chi/chi24-3.pdf
- Quick Guide to Contraception:
www.nyc.gov/html/doh/downloads/pdf/ms/Quick_Guide_Contra_Online.pdf

- Encouraging and Supporting Breastfeeding:
www.nyc.gov/html/doh/downloads/pdf/chi/chi27-3.pdf
- Lead Poisoning: Prevention, Identification, and Management:
www.nyc.gov/html/doh/downloads/pdf/chi/chi26-3.pdf
- Identifying and Referring Children with Developmental Delays to Early Intervention Services:
www.nyc.gov/html/doh/downloads/pdf/chi/chi27-2.pdf
- Influenza:
www.nyc.gov/html/doh/html/flu/flu-providers.shtml
- Managing Asthma:
www.nyc.gov/html/doh/downloads/pdf/chi/chi27-10.pdf
- Promoting Healthy Behaviors in Adolescents:
www.nyc.gov/html/doh/downloads/pdf/chi/chi28-2.pdf
- How NOT to Get Pregnant (Health Bulletin #70):
www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews8-03.pdf
- DOHMH teen Web site:
www.nyc.gov/html/doh/html/std/teenhealth.shtml

10. MAKE ALL NEIGHBORHOODS HEALTHY PLACES TO LIVE

Health outcomes vary dramatically among New York City neighborhoods: *where* New Yorkers live can influence how healthy they are. Despite widespread improvements in the health of New Yorkers living in all areas of the City, the residents of some neighborhoods remain, on average, less healthy than others. The economic, social, and physical factors that characterize these places, such as poverty and inadequate access to healthy food, have had a major impact on residents' health.

What You Can Do

- Become informed about health patterns in communities where your patients live.
- Call 311 to learn about community support services available to your patients.
- Participate in community-wide efforts to help address issues that impact neighborhood health, such as access to primary care, access to healthy foods and safe places to exercise, reduction in outdoor tobacco advertising, and eliminating home hazards.

More Information

- District Public Health Offices:
www.nyc.gov/html/doh/html/dpho/dpho.shtml
 - Nutrition in North and Central Brooklyn
 - Food access in Harlem
 - Farmers' markets in the South Bronx
- My Community's Health: data and publications:
www.nyc.gov/html/doh/html/community/community.shtml
 - Community Health Profiles for 42 NYC neighborhoods
 - EpiQuery: interactive health data system
 - Injury statistics
 - Vital Signs: Short data reports on important health topics
- Patient educational materials: NYC health publications:
www.nyc.gov/html/doh/html/pub/pub.shtml?y=alert



City Health Information

NYC
Health
nyc.gov/health

September 2009 The New York City Department of Health and Mental Hygiene Vol. 28(suppl 5):1-8

2 Lafayette Street, 20th Floor, CN-65, New York, NY 10007 (212) 676-2188

PRST STD
U.S. POSTAGE
PAID
NEW YORK, N.Y.
PERMIT NO. 6174

Michael R. Bloomberg

Mayor

Thomas Farley, MD, MPH

Commissioner of Health and Mental Hygiene

Division of Epidemiology

Lorna E. Thorpe, PhD, Deputy Commissioner

Division of Health Care Access and Improvement

Louise Cohen, MPH, Deputy Commissioner

Cynthia Summers, DrPH, Executive Director, Take Care New York

Zaida I. Guerrero, Partnership Director, Take Care New York

Bureau of Public Health Training

Carolyn Greene, MD, Assistant Commissioner

Peggy Millstone, Director, Scientific Communications

Peter Ephross, Medical Editor

Colleen Quinn, Medical Editor

Rhoda Schlamm, Medical Editor

Copyright ©2009 The New York City Department of Health and Mental Hygiene

E-mail *City Health Information* at: nycdohrp@health.nyc.gov

Suggested citation: Cohen L, Ephross P, Guerrero ZI, Millstone P, Summers C.

Take Care New York 2012: a policy for a healthier New York City.

City Health Information. 2009;28(suppl 5):1-8.

SOURCES

This issue was drawn in large part from *Take Care New York: A Policy for a Healthier New York City 2012* and from surveys conducted by the New York City Department of Health and Mental Hygiene. These surveys include the 2007 Community Health Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/CHS/index2007.html>) and the 2007 Youth Risk Behavior Survey (<https://a816-healthpsi.nyc.gov/epiquery/EpiQuery/YRBS/index.html>). Additional sources were Barth J. *Psychosom Med*. 2004;66(6):799-801; Egede LE, et al. *Diabetes Care*. 2005;28(6):1339-1345; Gwynn RC, et al. *Psychiatr Serv*. 2008;59(6):641-647; Knitzer J, et al. *Reducing Maternal Depression and its Impact on Young Children*. www.nccp.org/publications/pdf/text_791.pdf; New York City Department of Health and Mental Hygiene, *Summary of Vital Statistics 2007*; NYC Bureau of Immunization Citywide Immunization Registry; van Melle JP. *Psychosom Med*. 2004;66(6):814-822; Tang PC, et al. *Key Capabilities of an Electronic Health Record System: Letter Report*. National Academy Press; 2003; Thorpe LE, et al. *Am J Public Health*. 2004;94(9):1496-1500.

RECEIVE CHI BY E-MAIL Each time **City Health Information** is published, you will receive a link to the issue in PDF format. To subscribe, visit www.nyc.gov/html/doh/html/chi/chi.shtml.

DOHMH JOB OPENINGS: We seek doctors, nurses, administrators, social workers, and other public health professionals. Visit www.nyc.gov/health/careers to view openings.