

# NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2016-2018 Community Health Assessment and Community Health Improvement Plan:  
Take Care New York 2020

Executive Summary

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Counties covered: Bronx, Kings, New York, Queens and Richmond.

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## Prevention Priorities

[Take Care New York \(TCNY\) 2020](#) is the New York City Health Department’s blueprint to help everyone achieve a healthier life.<sup>1</sup> Its goal is twofold—to improve everyone’s health and to make greater strides with the groups that have the worst health outcomes so that our city becomes a more equitable place for everyone. TCNY 2020 priorities align with the New York State Prevention Agenda, and it is the core of our Community Health Assessment and Community Improvement Plan.

The NYC Department of Health and Mental Hygiene is collaborating across sectors and agencies to advance TCNY goals, which touch on all Prevention Agenda priorities. This report includes details of our plans to improve on two TCNY indicators. One is hypertension, which has risen by 11% in the last decade and is the leading modifiable risk factor for heart disease and stroke. Hypertension also disproportionately impacts Black populations. The other one is overdose deaths, which have risen by 66% over the past five years and have a disproportionate impact in low-income neighborhoods.<sup>2,3</sup> These two TCNY indicators align with the following Prevention Agenda Priorities: **Prevent Chronic Diseases** and **Promote Mental Health and Prevent Substance Abuse**.

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<sup>1</sup> Mettey A, Garcia A, Isaac L, Linos N, Barbot O, Bassett MT. **Take Care New York 2020: Every Neighborhood, Every New Yorker, Everyone’s Health Counts**. New York City Department of Health and Mental Hygiene. October 2015. <https://www1.nyc.gov/assets/doh/downloads/pdf/tcny/tcny-2020.pdf>

<sup>2</sup> Gresia V, Lundy De La Cruz N, Jessup J, Adjoian T, Debchoudhury I, He F, Bartley K, Di Lonardo S, Deng WQ, Askari M, Chamany S. Hypertension in New York City: Disparities in Prevalence. New York City Department of Health and Mental Hygiene: Epi Data Brief (82); December 2016. <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief82.pdf>

<sup>3</sup> Unintentional Drug Poisoning (Overdose) Deaths Involving Heroin and/or Fentanyl in New York City, 2012-2015. The New York City Department of Health and Mental Hygiene. <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief74.pdf>

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## Changes to the Current Plan

The previous iteration of TCNY identified 10 priority areas for intervention based on burden of disease and potential for prevention, and provided steps New Yorkers could take to improve their overall health, such as increasing their physical activity or quitting smoking. TCNY 2020 places more emphasis on the environmental and social conditions that make good health possible, which is reflected in our inclusion of indicators directly targeting improvements in social determinants of health, such as high school graduation, volume of jail population and social cohesion.

TCNY 2020 has four broad categories that reflect the major goals of our work: Promote Healthy Childhoods, Create Healthier Neighborhoods, Support Healthy Living and Increase Access to Quality Care. These areas are measured through 23 indicators with city-wide and equity targets to focus on narrowing the gap between groups that have the best and worst health outcomes.

## Data

To produce TCNY 2020, the Health Department used a variety of sources to review data on diseases and deaths in New York City, looking for trends that unjustly affect some neighborhoods and/or groups more than others.<sup>4</sup> We looked for differences in health outcomes by age, race/ethnicity, gender, education, neighborhood poverty, immigration status, borough and sexual orientation. We also looked at important aspects of daily life that affect health, such as housing, employment and education.

The Community Health Profiles summarize a large part of the information reviewed as part of the TCNY 2020 process (see 50 [citywide-maps](#) and individual reports capturing the health of the 59 [Community Districts](#) across the city). For the two Prevention Agenda priorities of this [Community Health Assessment and Community Health Improvement Plan](#) (CHA-CHIP), we used population health surveys and clinical data from

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<sup>4</sup> Mettey A, Garcia A, Isaac L, Linos N, Barbot O, Bassett MT. **Take Care New York 2020: Every Neighborhood, Every New Yorker, Everyone's Health Counts**. New York City Department of Health and Mental Hygiene. October 2015. <https://www1.nyc.gov/assets/doh/downloads/pdf/tcny/tcny-2020.pdf>

primary care practices to track hypertension rates, and reviewed local vital statistics data for opioid overdose deaths.

## Partners

The New York City Department of Health and Mental Hygiene works together with hospitals, local pharmacies, primary care providers, community based organizations, city agencies and others to improve public health across the city. We partner with stakeholders and communities to provide direction and evaluation through a variety of advisory boards and initiative-specific coalitions. In our work to reduce hypertension, partner agencies are implementing worksite wellness initiatives, pharmacists are taking an increased role in hypertension control, farmers markets are helping consumers buy and cook healthy food, and national partners are coming together to set volunteer salt reduction targets.

On the overdose prevention front, pharmacies and providers are working to expand naloxone and buprenorphine availability, community-based organizations are working with peer groups to raise public awareness by testing prevention messages, and emergency departments are implementing a nonfatal overdose response system.

Another example of partnerships to achieve TCNY 2020 goals in NYC is the commitment of 15 health systems, representing 30 out of 41 hospitals (see section 8.4 Hospital CSP Alignment with TCNY 2020 Goals in full report), to include at least one of the “Top 5 TCNY Borough Community Priorities” into their 2016 CHNA Implementation Plans and Community Service Plans (CSP).

## Community Engagement

At the Health Department, community engagement is a central element to our planning process; our policies and programs reflect the voices of NYC residents and the changes they want to see in their community. One example of how we capture these voices are the 28 community consultations we hosted across the five boroughs between November 2015 and June 2016 to determine the top TCNY 2020 community priorities at

the community district and borough levels, and the subsequent funding provided to eight communities to develop community-based plans that address those needs.

To engage the community around our two reported Prevention Agenda priorities, we consulted with community members, health care providers and elected officials. These stakeholders included input by representatives on the Mayor’s Task Force on the Opioid Epidemic, which met in the spring of 2016. Going forward, our programs will use a variety of embedded mechanisms to solicit feedback from stakeholders, including community members, people with lived experience, health care providers and public safety partners.

## Strategies and Interventions

The Community Health Improvement Plan includes a portfolio of evidence-based interventions that range from direct education, service provision and public health initiatives. They were selected based on research about the anticipated impact on health and equity outcomes, and informed by community partnerships. To address hypertension, we are implementing public health detailing, promoting worksite wellness programs and agreeing on standards for the national salt reduction initiative. For overdose prevention, we are launching public awareness campaigns, improving the ability to investigate and respond to outbreaks, distributing naloxone rescue kits, and increasing access to medication-assisted treatment.

## Tracking progress

TCNY 2020 uses the Primary Care Information Project Hub Data to track progress in controlled high blood pressure, and data from NYC DOHMH Office of Vital Statistics to track overall progress in overdose deaths. The programmatic process metrics are outlined in the Community Health Improvement Plan section of the full report. They include volume of providers trained, pre- and post-test evaluations, monitoring of salt content, and distribution of naloxone rescue kits.