

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

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

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1 Executive Summary

1.1 Prevention Priorities

[Take Care New York \(TCNY\) 2020](#) is the New York City Health Department’s blueprint to help everyone achieve a healthier life.¹ 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.^{2,3} These two TCNY indicators align with the following Prevention Agenda Priorities: **Prevent Chronic Diseases** and **Promote Mental Health and Prevent Substance Abuse**.

¹ 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>

² 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>

³ 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>

1.2 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.

1.3 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.⁴ 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

⁴ 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.

1.4 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), to include at least one of the “Top 5 TCNY Borough Community Priorities” into their 2016 CHNA Implementation Plans and Community Service Plans (CSP).

1.5 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.

1.6 Strategies and Interventions

The Community Health Improvement Plan in this document 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.

1.7 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 this document. They include volume of providers trained, pre- and post-test evaluations, monitoring of salt content, and distribution of naloxone rescue kits.

2 Community Served

New York City is a city of 8.6 million residents living in diverse neighborhoods. Our Health Department's services and programs provide support to residents that live in the five boroughs: the Bronx (Bronx County), Manhattan (New York County), Brooklyn (Kings County), Queens (Queens County) and Staten Island (Richmond County). Brooklyn has more residents than any other borough, with a population of 2.6 million, followed by Queens with 2.3 million residents. There are 1.6 million people living in Manhattan, 1.45 million in the Bronx, and 470,000 in Staten Island.

More than 60% of New York City residents are between 20 and 65 years old, and there are slightly more females than males.

Table 1: Sex and Age in New York City, 2015⁵

Sex and Age	Estimate	Percent
Total Population	8,550,405	---
Male	4,081,698	47.7%
Female	4,468,707	52.3%
Under 5 years	569,712	6.7%
5 to 9 years	482,350	5.6%
10 to 14 years	471,932	5.5%
15 to 19 years	469,766	5.5%
20 to 24 years	608,130	7.1%
25 to 34 years	1,526,724	17.9%
35 to 44 years	1,186,890	13.9%
45 to 54 years	1,118,835	13.1%
55 to 59 years	523,518	6.1%
60 to 64 years	465,037	5.4%
65 years and over	1,127,511	13.2%

New York City is a city of neighborhoods; their diversity, history and people are what make this city so special. However, our neighborhoods are segregated by race and wealth (see Figure 1), and differences in neighborhood resources and structural racism have led to unfair health outcomes, with some New Yorkers living longer, healthier lives than others. We used race, ethnicity and income information (presented below) to stratify the health indicators and establish equity targets for TCNY 2020 goals.

⁵ U. S. Census Bureau, 2015 American Community Survey 1-Year Estimates – Summary File Population Division – New York City Department of City Planning (November 2016).
http://www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/acs/demo_2015acs1yr_nyc.pdf

Table 2: Race and Ethnicity in New York City, 2015⁶

Race and Ethnicity	Estimate	Percent
Total Population	8,550,405	---
White	2,740,997	32.1%
Black or African-American	1,880,360	22.0%
American Indian and Alaska Native	13,807	0.2%
Asian	1,196,134	14.0%
Native Hawaiian and Other Pacific Islander	1,654	0.0%
Some other race	71,271	0.8%
Two or more races	161,057	1.9%
Hispanic or Latino (of any race)	2,485,125	29.1%

New York City is one of the major immigration hubs in the United States, contributing to its diverse communities. Half of the foreign-born population emigrated from Latin-America, and close to 30% emigrated from Asia. Almost half of New Yorkers speak more than one language, and 1 in 5 speaks English less than very well, increasing the importance of language access.

Table 3: Language Spoken at Home in New York City, 2015⁷

Language Spoken	Estimate	Percent
Population 5 years and over	7,980,693	---
English only	4,034,391	50.6%
Language other than English	3,946,302	49.4%
Speak English less than “very well”	1,830,543	22.9%
Spanish	1,963,633	24.6%
Speak English less than “very well”	881,727	11.0%
Other Indo-European languages	1,055,001	13.2%
Speak English less than “very well”	444,176	5.6%
Asian and Pacific Islander languages	712,486	8.9%
Speak English less than “very well”	437,786	5.5%
Other languages	215,182	2.7%
Speak English less than “very well”	66,854	0.8%

⁶ Ibid.

⁷ U. S. Census Bureau, 2015 American Community Survey 1-Year Estimates – Summary File Population Division – New York City Department of City Planning (November 2016).

http://www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/acs/soc_2015acs1yr_nyc.pdf

Table 4: Foreign-born Population and World Region of Birth in New York City, 2015⁸

Region of Birth	Estimate	Percent
Foreign-born population	3,212,500	---
Naturalized U.S. citizen	1,764,166	54.9%
Not a U.S. citizen	1,448,334	45.1%
Europe	474,312	14.8%
Asia	944,962	29.4%
Africa	146,652	4.6%
Oceania	10,259	0.3%
Latin America	1,611,888	50.2%
Northern America	24,393	0.8%

According to the U.S. Census Bureau, one in five New Yorkers lives below the poverty level.⁹ Income is a major predictor of health because it can determine the conditions in which a person lives or the quality of health care, education and other services they receive.

Table 5: Household Income in New York City, 2015¹⁰

Household Income	Estimate	Percent
Total Households	3,129,147	---
Less than \$10,000	317,207	10.1%
\$10,000 to \$14,999	182,131	5.8%
\$15,000 to \$24,999	315,416	10.1%
\$25,000 to \$34,999	272,190	8.7%
\$35,000 to \$49,999	345,604	11.0%
\$50,000 to \$74,999	487,722	15.6%
\$75,000 to \$99,999	329,288	10.5%
\$100,000 to \$149,999	414,731	13.3%
\$150,000 to \$199,999	196,003	6.3%
\$200,000 or more	268,855	8.6%
Median household income (dollars)	55,752	---
Mean household income (dollars)	89,680	---

⁸ Ibid.

⁹ U. S. Census Bureau, 2015 American Community Survey 1-Year Estimates – Summary File Population Division – New York City Department of City Planning (November 2016).

http://www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/acs/pov-ratio_2015acs1yr_nyc.pdf

¹⁰ Ibid.

Figure 1: Poverty by Community District in NYC

Poverty

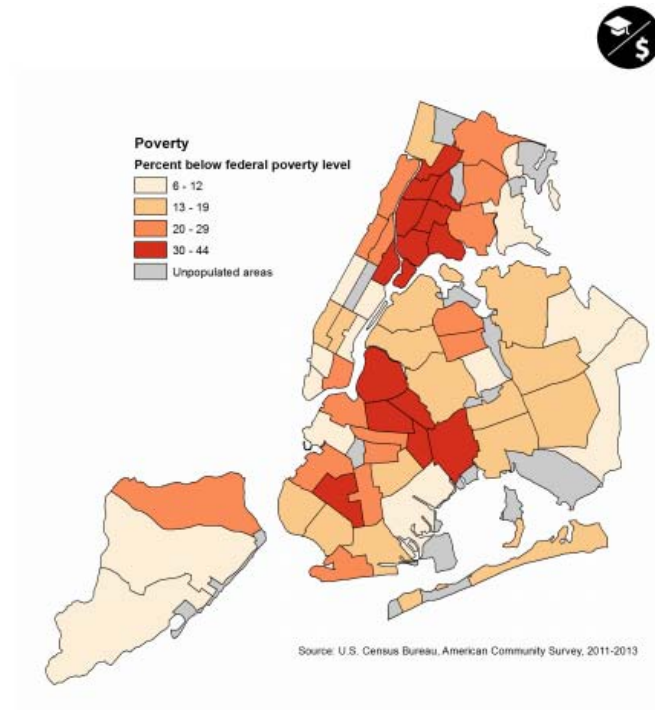
Percent of individuals living below the federal poverty level. For more information on the poverty level, please visit the U.S. Census Bureau's website.

Highest		Percent
1	Morrisania and Crotona	44
1	Belmont and East Tremont	44
3	Mott Haven and Melrose	43
3	Hunts Point and Longwood	43
5	Fordham and University Heights	42

Lowest		Percent
59	Tottenville and Great Kills	6
58	Upper East Side	7
56	Financial District	8
56	Greenwich Village and Soho	8
55	Bayside and Little Neck	9

Borough		Percent
	Bronx	31
	Brooklyn	24
	Manhattan	18
	Queens	16
	Staten Island	12

NYC Overall: 21%



3 New York City Health Priorities: TCNY 2020

Take Care New York 2020 (TCNY 2020) is New York City’s blueprint for giving our residents a chance to live a healthier life. It addresses the majority of New York State’s Prevention Priority areas and serves as the core of our Community Health Assessment and Community Health Improvement Plan.

The purpose of this blueprint is to improve the health of every community and to make greater strides with groups that have the worst health outcomes so that our city becomes a more equitable place for everyone. Unlike the previous Take Care New York plans, TCNY 2020 looks not only at health factors, but also social factors, like how many people in a community graduate from high school or go to jail. TCNY 2020 has three overarching health indicators and four broad focus areas with 23 indicators to track progress.

3.1 Overarching Health Indicators

Our city’s strength depends upon whether its people can live long and healthy lives. We chose three overarching indicators to describe the overall health of our city. They are self-reported health (people’s personal sense of well-being), premature mortality (death before age 65) and infant mortality (death before age 1). All three are closely tied to the environment in which people live, grow, play, love and learn. Some New Yorkers are coping with poverty, a lack of critical health services, and racial discrimination; as a result, their health outcomes are worse than the health outcomes of others. See below for our improvement targets.

Table 6: TCNY 2020 Overarching Health Indicators

Overarching Indicator	Citywide Target	Priority Population	Equity Target
Premature Mortality	Baseline: 191.1 per 100,000 Target: 169.9 per 100,000	Black	2013 Baseline: 276.1 per 100,000 2020 Target: 234.7 per 100,000
Self-Reported Health Status	Baseline: 77% Target: 82%	Latino	2013 Baseline: 68% 2020 Target: 73%
Infant Mortality	Baseline: 4.6 per 1,000 Target: 4.4 per 1,000	Black	2013 Baseline: 8.3 per 1,000 2020 Target: 7.7 per 1,000

3.1.1 Self-Reported Health Status

Through the New York City Community Health Survey (CHS) we asked adults about their health. Overall, 1 in 5 New Yorkers is rating their health status as fair or poor; however, this ratio is closer to 1 in 3 for Latinos and Asian/Pacific Islanders.

Table 7: Self-reported Health Status in New York City, 2014¹¹

Race and Ethnicity	Stats	Excellent	Very Good	Good	Fair or Poor
Citywide	Percent	17.8	26.6	33.4	22.2
	Population	1,153,000	1,715,000	2,139,000	1,414,000
White (non-Latino)	Percent	25.4	34.6	25.7	14.4
	Population	545,000	764,000	604,000	373,000
Black (non-Latino)	Percent	17.0	27.8	35.0	20.2
	Population	247,000	401,000	495,000	271,000
Latino	Percent	12.3	15.7	40.3	31.7
	Population	222,000	286,000	699,000	514,000
Asian/Pacific Islander	Percent	11.4	24.5	31.4	32.7
	Population	110,000	223,000	287,000	240,000
Other	Percent	17.1	30.1	38.7	14.0
	Population	28,000	39,000	55,000	17,000

3.1.2 Premature Mortality

The top two causes of premature death in New York City are cancer and heart diseases. While Black New Yorkers die of the same leading causes as non-Black new Yorkers, they die before age 65 at a rate 45% higher than the general population.

Table 8: Rate of Deaths before age 65 per 100,000 in New York City, 2014¹²

Race and Ethnicity	Total Reported	Death Rate Per 100,000	Age-adjusted Death Rate Per 100,000
Citywide	14,841	200.8	186.0
Hispanic	3,332	149.5	153.1
Asian and Pacific Islander	1,189	111.2	100.3
White (non-Hispanic)	4,741	208.2	182.6
Black (non-Hispanic)	5,075	304.0	269.8
Other race/ethnicity	259	--	--
Not stated/unknown	245	--	--

¹¹ NYC DOHMH Community Health Survey, 2014. <https://a816-healthpsi.nyc.gov/epiquery/CHS/CHSXIndex.html>

¹² NYC DOHMH, Office of Vital Statistics, 2014. <https://a816-healthpsi.nyc.gov/epiquery/VS/index.html>

3.1.3 Infant Mortality

While the infant mortality rate in New York City has decreased overall from 6.7 per 1000 live births in 2000 to 4.2 per 1000 in 2014, it still remains high among infants born to Black and Puerto Rican mothers.¹³

Babies born to Puerto Rican mothers have an infant mortality rate that is 2.9 times the White infant mortality rate. The next highest rate is among babies born to Black mothers who have an infant mortality rate that is 2.8 times the White infant mortality rate.

Table 9: Deaths before age 1 in New York City, 2014¹⁴

Maternal Race/Ethnicity	Infant Mortality Rate Per 1,000 Live Births			Infant Deaths			Number of Live Births
	Total	Neonatal (<28 days)	Post-Neonatal (≥ 28 days)	Total	Neonatal (<28 days)	Post-neonatal (≥ 28 days)	
Citywide	4.2	2.7	1.6	516	326	190	122,084
Puerto Rican	7.6	5.1	2.5	60	40	20	7,897
Other Hispanic	4.1	2.4	1.7	113	66	47	27,753
Asian and Pacific Islander	2.6	1.8	0.8	53	37	16	20,746
White (non-Hispanic)	2.6	1.9	0.8	107	75	32	40,443
Black (non-Hispanic)	7.5	4.3	3.1	177	103	74	23,680

3.2 TCNY 2020 Indicators and Prevention Priorities

TCNY indicators are grouped into four broad categories that reflect the major goals of our work. They are: Promote Healthy Childhoods, Create Healthier Neighborhoods, Support Healthy Living and Increase Access to Quality Care. Below is a crosswalk of the TCNY 2020 indicators and the Prevention Priorities.

¹³ NYC DOHMH, Office of Vital Statistics, 2014. <https://a816-healthpsi.nyc.gov/epiquery/IMR/index.html>

¹⁴ Ibid.

Table 10: Crosswalk of TCNY 2020 Indicators and Prevention Priorities

TCNY 2020 Indicator	TCNY 2020 Citywide Baseline and Target	TCNY 2020 Equity Priority	TCNY 2020 Equity Priority Baseline and Target	Related Prevention Priority
Promote Healthy Childhoods				
Babies Born in Baby-Friendly® Facilities <i>Percentage of babies born in maternity facilities designated “baby-friendly”</i>	Baseline: 7% Target: 35% (400% increase)	“Baby-friendly” is a special designation given to facilities that strongly support breastfeeding and mother-infant bonding.		<i>Promote Healthy Women, Infants and Children</i>
Child Care <i>Percentage of total child care slots available in City-regulated, center-based child care</i>	Baseline: 59% Target: 63% (7% increase)	Very high-poverty neighborhoods	Baseline: 49% Target: 60% (22% increase)	-----
Teenage Pregnancy <i>Pregnancy rate among 15-to-19-year-old girls</i>	Baseline: 53.3 per 1,000 Target: 40 per 1,000 (25% decrease)	Very high-poverty neighborhoods	Baseline: 76.9 per 1,000 Target: 54 per 1,000 (30% decrease)	<i>Promote Healthy Women, Infants and Children</i>
High School Graduation <i>Percentage of high school students who graduate on time</i>	Baseline: 68% Target: Increase	The Department of Education has a goal to increase on-time high school graduation rates to 80% by 2026.		-----
Create Healthier Neighborhoods				
Assault Hospitalizations <i>Rate of non-fatal assault hospitalizations among youth ages 15 to 24</i>	Baseline: 117 per 100,000 Target: 70 per 100,000 (40% decrease)	Very high-poverty neighborhoods	Baseline: 183 per 100,000 Target: 91 per 100,000 (50% decrease)	<i>Promote a Healthy and Safe Environment</i>
Fall-related Hospitalizations <i>Rate of non-fatal, fall-related hospitalizations among adults 65 years or older</i>	Baseline: 1,571 per 100,000 Target: 1,410 per 100,000 (10% decrease)	Staten Island	Baseline: 2,228 per 100,000 Target: 1,969 per 100,000 (12% decrease)	<i>Promote a Healthy and Safe Environment</i>
Air Quality <i>Difference in the level of outdoor air pollution (fine particles) between neighborhood with highest level and neighborhood with lowest level</i>	Baseline: 6.65 µg/m3 Target: 6.1 µg/m3 (8% decrease)	A OneNYC goal is to achieve the best air-quality ranking among major cities by 2030.		<i>Promote a Healthy and Safe Environment</i>
Homes With No Maintenance Defects <i>Percentage of renter-occupied housing units that report no maintenance defects</i>	Baseline: 44% Target: 47% (7% increase)	Very high-poverty neighborhoods	Baseline: 32% Target: 36% (13% increase)	<i>Promote a Healthy and Safe Environment</i>

TCNY 2020 Indicator	TCNY 2020 Citywide Baseline and Target	TCNY 2020 Equity Priority	TCNY 2020 Equity Priority Baseline and Target	Related Prevention Priority
Children's Visits to Emergency Departments for Asthma <i>Rate of asthma-related emergency department visits among children ages 5 to 17</i>	Baseline: 232 Target: 210 (9% decrease)	Very high-poverty neighborhoods	Baseline: 370 per 100,000 Target: 318 per 100,000 (14% decrease)	<i>Promote a Healthy and Safe Environment</i>
Jail Population <i>Average daily jail population of inmates in City jails</i>	Baseline: 10,240 Target: Decrease	A OneNYC goal is to decrease the average daily population in jail.		<i>Promote Mental Health and Prevent Substance Abuse</i>
Social Cohesion <i>Shared values and trust among neighbors</i>	Metrics forthcoming			---
Support Healthy Living				
Obesity <i>Percentage of adults who are obese</i>	Baseline: 25% Target: 23% (7% decrease)	Very high-poverty neighborhoods	Baseline: 31% Target: 25% (20% decrease)	<i>Prevent Chronic Diseases</i>
Sugary Drinks <i>Percentage of adults who consume one or more sugary drinks daily</i>	Baseline: 23% Target: 19% (16% decrease)	Blacks and Latinos	Baseline: 29% Target: 23% (20% decrease)	<i>Prevent Chronic Diseases</i>
Physical Activity <i>Percentage of public high school students who meet physical activity recommendations</i>	Baseline: 19% Target: 22% (15% increase)	Asian-Pacific Islanders	Baseline: 14% Target: 18% (30% increase)	<i>Prevent Chronic Diseases</i>
Sodium Intake <i>Average daily sodium intake among adults</i>	Baseline: 3,239 mg/day Target: 3,019 mg/day (7% decrease)	Blacks	Baseline: 3,477 mg/day Target: 3,129 mg/day (10% decrease)	<i>Prevent Chronic Diseases</i>
Smoking <i>Percentage of adults who smoke</i>	Baseline: 14% Target: 12% (10% decrease)	High school graduates	Baseline: 18% Target: 14% (20% decrease)	<i>Prevent Chronic Diseases</i>
Binge Drinking <i>Percentage of adults who report binge drinking</i>	Baseline: 18% Target: 17% (5% decrease)	18-to-24-year-olds	Baseline: 25% Target: 23% (10% decrease)	<i>Prevent Chronic Diseases</i>
Overdose Deaths <i>Rate of unintentional or accidental overdose deaths involving any drug</i>	Baseline: 11.6 per 100,000 Target: 11.0 per 100,000 (5% decrease)	Very high-poverty neighborhoods	Baseline: 15.9 per 100,000 Target: 14.3 per 100,000 (10% decrease)	<i>Promote Mental Health and Prevent Substance Abuse</i>
Increase Access to Quality Care				
Unmet Mental Health Need	Baseline: 22% Target: 20% (9% decrease)	Very high- and high-poverty neighborhoods	Baseline: 30% Target: 22% (26% decrease)	<i>Promote Mental Health and Prevent Substance Abuse</i>

TCNY 2020 Indicator	TCNY 2020 Citywide Baseline and Target	TCNY 2020 Equity Priority	TCNY 2020 Equity Priority Baseline and Target	Related Prevention Priority
<i>Percentage of adults with serious psychological distress who did not get needed mental health treatment</i>				
Unmet Medical Need <i>Percentage of adults who did not get needed medical care</i>	Baseline: 10% Target: 9% (9% decrease)	Latinos	Baseline: 14% Target: 10% (25% decrease)	<i>Prevent Chronic Disease Promote Healthy Women, Infants and Children Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections</i>
Controlled High Blood Pressure <i>Percentage of adult patients with controlled blood pressure</i>	Baseline: 67% Target: 76% (13% increase)	Blacks	Baseline: 62% Target: 74% (19% increase)	<i>Prevent Chronic Disease</i>
New HIV Diagnoses <i>Number of new HIV diagnoses</i>	Baseline: 2,832 Target: 600 (79% decrease)	Black and Latino men who have sex with men	Baseline: 1,148 Target: 183 (84% decrease)	<i>Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections</i>
HIV Viral Suppression <i>Percentage of all newly HIV-diagnosed New Yorkers who are in HIV care and virally suppressed</i>	Baseline: 79% Target: 95% (20% increase)	Blacks	Baseline: 75% Target: 95% (27% increase)	<i>Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections</i>

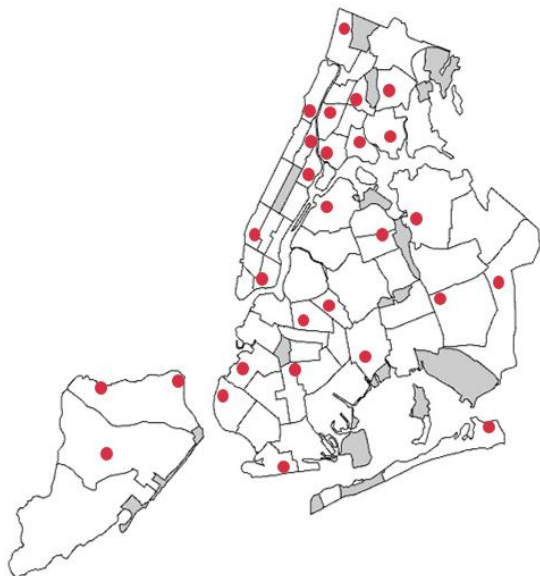
3.3 Community Priorities

New York City is a city of diverse neighborhoods, each with different needs. Health Department policies and programs reflect the voices of New Yorkers and the changes they want to see in their community, making community engagement a central element to our planning processes.

During the fall and winter of 2015-2016, we hosted 28 community consultations across the five boroughs. To encourage broad community participation, events were held in libraries during evenings or weekends and interpretation services were provided. Seventeen consultations had interpretation services in Spanish, Chinese, Korean, Russian, Bengali, Arabic, French and French Creole. During these consultations, we introduced TCNY 2020, shared neighborhood-specific data, and asked community members to rank their top

health priorities. Community members then participated in small group discussions about their neighborhood's assets and needs.

Figure 2: Location of TCNY 2020 Community Consultations



To further increase community participation, we also gave residents an opportunity to vote online using the same instructions and indicators as the community consultation ballot.

Overall, we received a total of 1,033 ballots. 819 participants completed the survey at the in-person community consultations and 214 participants voted online.

City-wide, 27% of participants identified as Black, 27% identified as Hispanic/Latino and 14% identified as Asian. The vast majority (83%) of participants spoke English, 9% of participants spoke Spanish only, and 3% of participants spoke a Chinese dialect only. 59% of respondents were women.

The top five citywide priorities are obesity, air quality, unmet mental health need, physical activity, and smoking. For the top 10 priorities by borough, see Table 11.

We shared the borough priorities with community partners, including hospitals, to increase alignment of local health planning with community-prioritized needs. Eight community organizations have received funding to continue the community consultation work in their neighborhoods and to develop health improvement plans for their communities. We also encouraged hospitals to align their Community Service Plan (CSP) with the priorities selected by their communities. As a result, 30 non-profit hospitals have reported (as of August 2016) that they will align their CSP with at least one of the top five TCNY 2020 priorities in their borough.

Table 11: Top 10 Community Consultation results, 2016

Priority Ranking	Borough				
	Bronx	Brooklyn	Manhattan	Queens	Staten Island
1	Obesity	Obesity	Air Quality	Air Quality	Obesity
2	High School Graduation	Unmet Mental Health Need	Obesity	High Blood Pressure	Air Quality
3	Smoking	Physical Activity	Unmet Mental Health Need	Obesity	Smoking
4	Air Quality	Unmet Medical Need	High Blood Pressure	Physical Activity	Unmet Medical Need
5	Child Care	Air Quality	Physical Activity	Unmet Mental Health Need	Drug Overdose
6	Unmet Mental Health Need	Smoking	Unmet Medical Need	Smoking	Physical Activity
7	Violence	High School Graduation	Maintenance Defects	Child Care	Unmet Medical Need
8	Physical Activity	Violence	High School Graduation	Unmet Medical Need	Child Care
9	High Blood Pressure	High Blood Pressure	Smoking	Maintenance Defects	High Blood Pressure
10	Teen Pregnancy	Child Care	Child Care	High School Graduation	Violence

4 Data used to identify health issues of concern

We reviewed the Community Health Survey and Vital Statistics data on diseases and deaths in New York City to look for trends that unjustly affect some neighborhoods and/or groups more than others. When there was detailed data, 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 Survey (CHS) is one of our main sources of data; it is used to better understand the health and risk behaviors of New Yorkers and to track progress in our key TCNY indicators. The CHS has an annual sample of approximately 8,500 randomly selected adults aged 18 and older from all five boroughs in New York City. To reach a broad audience, interviews are conducted in English, Spanish, Russian, Mandarin and Cantonese.

In addition to the CHS, we analyzed data from the Office of Vital Statistics, the Child Care Application Tracking System/Child Care Facility System, NYC Department of Education, Statewide Planning and Research Cooperative System (SPARCS), DOHMH NYC Community Air Survey, American Community Survey PUMA, NYC Housing and Vacancy Survey, NYC Department of Corrections, Youth Risk Behaviors Survey, Health Follow-Up study, PCIP Hub Data, and NYC HIV Surveillance Registry.

Over 50 maps describing with these data can be found in our [Community Health Profiles Atlas](#) and comprehensive information about each of the 59 community districts is available in the latest [Community Health Profiles](#).^{15,16}

¹⁵ Dragan KL, King L, Hinterland K, Gwynn RC. **Community Health Profiles Atlas 2015**. The New York City Department of Health and Mental Hygiene, 2015.

https://www1.nyc.gov/assets/doh/downloads/pdf/data/2015_CHP_Atlas.pdf

¹⁶ King L, Hinterland K, Dragan KL, Driver CR, Harris TG, Gwynn RC, Linos N, Barbot O, Bassett MT. **Community Health Profiles 2015**. The New York City Department of Health and Mental Hygiene, 2015.

<https://www1.nyc.gov/site/doh/data/data-publications/profiles.page#rscs>

5 Prevention Agenda Priorities and Health Disparities

This report includes details of our plans to improve on two of the TCNY 2020 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.^{17, 18} These two TCNY indicators are in line with the Prevention Agenda Priorities: **Prevent Chronic Diseases** and **Promote Mental Health and Prevent Substance Abuse**.

5.1.1 Overdose Deaths

In NYC, eight in ten overdose deaths involved opioids. Mortality data from the DOHMH Bureau of Vital Statistics and the NYC Office of the Chief Medical Examiner show that there were 937 unintentional drug overdose deaths in 2015, and the age adjusted rate was 66% higher than in 2010. Both volume and rate have increased every year since 2010. (See Figure 3).¹⁹

In 2015, males had an [unintentional overdose death rate](#) of 21.5 per 100,000 (75% of total deaths) which is 3.3 times higher than the rate for females (6.5, 25% of total deaths).²⁰ With regards to race and ethnicity, non-Latino/Hispanic Whites had a rate of 19.1 per 100,000 (46% of total deaths) in unintentional overdose deaths, Latinos/Hispanics had a rate of 16.4 (34%) and non-Latino/Hispanic Blacks had a rate of 10.9 (20%). Heroin accounted for 59% of overall unintentional overdose deaths. Neighborhood rates range from 3.7 to 30.0, and the five neighborhoods with higher rates are in the Bronx, Staten Island and Manhattan (see Figure 4).

TCNY 2020 goal

To reduce the rate of unintentional or accidental overdose deaths to 11.0 per 100,000 citywide and to 14.3 per 100,000 in very high-poverty neighborhoods.

¹⁷ U. S. Census Bureau, 2015 American Community Survey 1-Year Estimates – Summary File Population Division – New York City Department of City Planning (November 2016).

http://www1.nyc.gov/assets/planning/download/pdf/data-maps/nyc-population/acs/demo_2015acs1yr_nyc.pdf

¹⁸ 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.

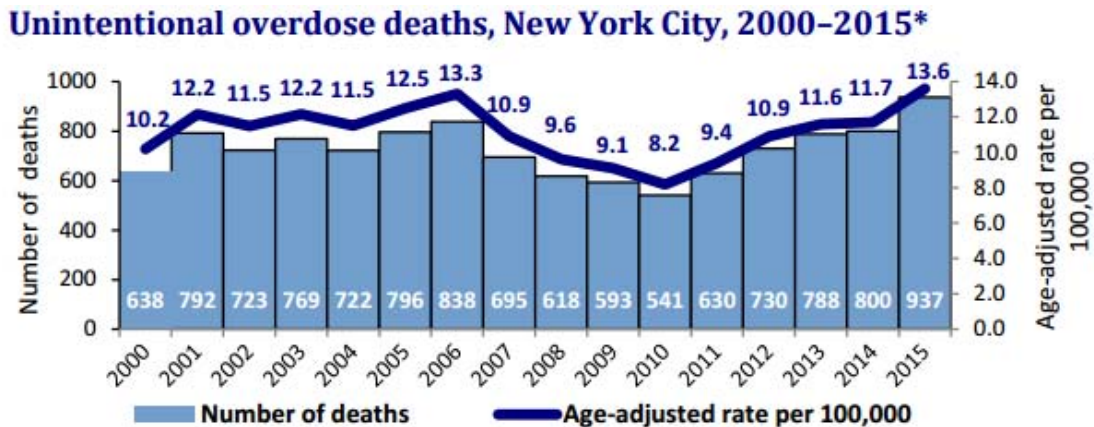
<https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief74.pdf>

¹⁹ NYC Office of the Chief Medical Examiner and NYC DOHMH Bureau of Vital Statistics, 2000-2015

²⁰ 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.

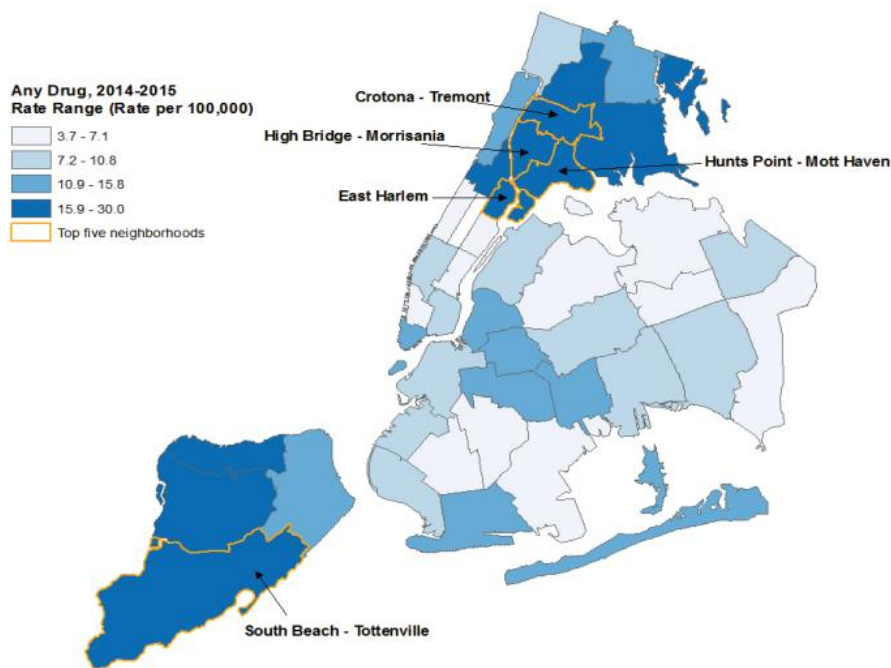
<https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief74.pdf>

Figure 3: Unintentional drug overdose deaths in NYC, 2000-2015²¹



*Data for 2015 are provisional and are subject to change.

Figure 4: Top five NYC neighborhoods: Rates of unintentional drug poisoning (overdose) by neighborhood of residence, 2014-2015²²



*The United Hospital Fund (UHF) classifies New York City into 42 neighborhoods, comprised of contiguous ZIP codes.
*Data for 2015 are provisional and are subject to change.

²¹ 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>

²² NYC Office of the Chief Medical Examiner and NYC DOHMH Bureau of Vital Statistics, 2000-2015.

<https://www1.nyc.gov/assets/doh/downloads/pdf/epi/datatable74.pdf>

5.1.1.1 *Community Engagement process*

Our goals and strategies for prevention of drug overdoses reflect the priorities of a diverse group of stakeholders, including community members, health care providers, and elected officials representing communities affected by the overdose epidemic. Stakeholders also included representatives on the Mayor’s Task Force on the Opioid Epidemic, which met in the spring of 2016.

We selected this indicator as the focus of the 2016-2018 CHA-CHIP based on input from the NYC Mental Health Council, a review of the Health Department’s opioid-related morbidity and mortality data, and the results of the community consultations during which Staten Island residents and residents of five community districts identified overdose as a top public health priority.

5.1.2 *Hypertension*

According to the Community Health Survey, in 2015, 29% of New Yorkers (1.8 million adults) reported having hypertension. Hypertension is a modifiable risk factor for the two leading causes of death: heart disease and stroke. The prevalence of hypertension has increased by 11% in the last decade. According to local vital statistics mortality data and clinical data from primary care practices that work with the Health Department through the Primary Care Information Project Hub, control of hypertension has not changed over the past five years.

Nearly two-thirds (64%) of adults in NYC age 65 and older reported having hypertension, and 11% (364,000) of adults in NYC age 18 to 44 reported having hypertension as well. With regards to race and ethnicity, the prevalence of hypertension was 1.5 and 1.6 times higher among Black adults (35% prevalence of hypertension) when compared to White adults (24%) and Asian/Pacific Islander adults (22%). Latinos had a hypertension prevalence of 33%, which is 1.4 times the prevalence of Whites and 1.5 the prevalence of Asian/Pacific Islanders. Higher neighborhood poverty is associated with higher prevalence of hypertension in NYC (32% prevalence in very high-poverty neighborhoods, vs 24% in low-poverty neighborhoods)

TCNY 2020 goal

To increase the proportion of adult patients with controlled high blood pressure to 76% citywide (13% increase) and to 74% for the Black population (19% increase).

Figure 5: Prevalence of hypertension among NYC adults, by age group and race/ethnicity, 2015²³

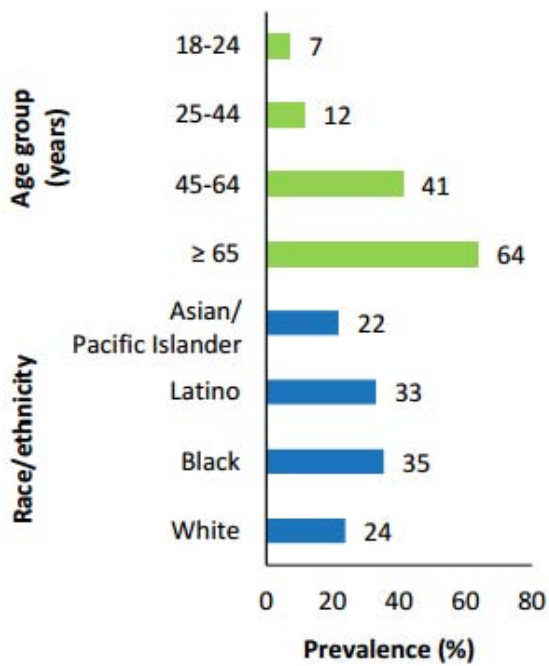
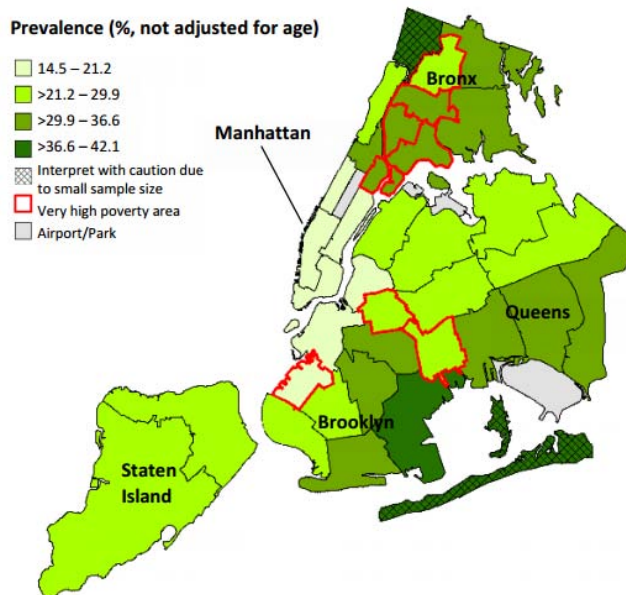


Figure 6: Hypertension prevalence in adult New York City residents by neighborhood, 2015²⁴



²³ NYC DOHMH Community Health Survey, 2015. <https://a816-healthpsi.nyc.gov/epiquery/CHS/CHSXIndex.html>

²⁴ Ibid.

5.1.2.1 Community Engagement Process

The Health Department's focus on hypertension also aligns with national efforts, such as Million Hearts an initiative of the Centers for Disease Control (CDC) to prevent heart attacks and strokes. In addition to national initiatives, this indicator aligns with New York State's Delivery System Reform Incentive Program (DSRIP) projects.

During the TCNY 2020 community consultations and online voting process, hypertension was also selected as a city-wide top 10 concern, and as a top five concern in 14 community districts.

Community engagement will continue to play a significant role in our efforts to tackle hypertension: the Health Department will develop a citywide hypertension coalition consisting of diverse stakeholders from community-based organizations, health care delivery systems, pharmacies and insurers. This coalition will help develop and implement a blueprint to tackle hypertension through a collective impact approach aimed at addressing the needs of the communities they serve.

6 Community Health Improvement Plan

At the NYC Department of Health and Mental Hygiene, we are working collaboratively across sectors and agencies to make progress in all our TCNY goals. See below details of our plans to improve on hypertension and overdose deaths. These two TCNY indicators are in line with the Prevention Agenda Priorities: **Prevent Chronic Diseases** and **Promote Mental Health and Prevent Substance Abuse**.

6.1 Promote mental health and prevent substance abuse: overdose deaths

The Prevention Agenda focus area in line with this indicator is to strengthen infrastructure across systems. Our interventions fulfill the goal to support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment and recovery; and to strengthen infrastructures for mental and emotional behavioral health promotion, and for mental and emotional behavioral disorder prevention.

Our specific TCNY 2020 citywide and equity goals are presented below.

TCNY 2020 Overdose Death Goals

- Reduce the rate of unintentional or accidental overdose deaths citywide from 11.6 per 100,000 in 2013 to 11.0 per 100,000 by 2020 (5% decrease).
- Reduce the rate of unintentional or accidental overdose deaths in very high-poverty neighborhoods from 15.9 per 100,000 in 2013 to 14.3 per 100,000 by 2020 (10% decrease).

The federal recommendations to address the opioid epidemic include three key initiatives: access to naloxone, improved treatment, and judicious opioid prescribing. These were taken into consideration along with a review of scientific literature to identify proven and promising practices to reduce opioid overdose. The selected interventions are presented below.

Table 12: Interventions to reduce Overdose deaths in NYC

Interventions	Process Measures	Resources	Roles of Partners	How will action address disparity?
Expand City capacity to identify, investigate and respond to changes or outbreaks in opioid- and other drug-related health consequences	Number of investigations and responses annually	\$377,576/year	Will work with CBOs, the public, drug treatment programs and hospitals to engage affected people and to disseminate responses	Will address overdose in neighborhoods with highest rates of overdose deaths. These will include high-poverty neighborhoods
Raise public awareness of the risks	Conduct an annual public awareness campaign	\$500,000	Will work with peer groups and CBOs to	Distribution of campaign will focus on

Interventions	Process Measures	Resources	Roles of Partners	How will action address disparity?
and consequences of opioids			identify and test key messages	neighborhoods most heavily impacted
Reduce injudicious opioid prescribing	Annual detailing campaign to 1500 prescribers	\$730K	Will work with primary care and other providers, hospitals to develop and test messages	Will focus on neighborhoods most heavily impacted
Reduce Opioid Overdose Fatality through Expanded Naloxone Access: Pharmacy program and naloxone kit distribution	Number of pharmacies dispensing naloxone without a patient-specific prescription Number of naloxone kits distributed to community members	\$1.3 million	Will engage pharmacies to join standing order program. Will work with community-based organizations, community members, health care facilities to distribute naloxone	Will focus on neighborhoods most heavily impacted
Increase access to buprenorphine treatment for substance use disorders	Number of prescribers trained to prescribe buprenorphine Number of patients treated in 7 funded FQHCs to implement nurse care manager programs	\$888K	Will engage health care providers, community members; buprenorphine expert advisory board	Will focus on neighborhoods most heavily impacted
Implement nonfatal overdose response system in 10 emergency departments over 3 years	Number of emergency departments implementing program	\$4.3 million (in year 3)	Will engage health care providers, community members, syringe exchange programs, treatment programs	Will focus on neighborhoods most heavily impacted

6.2 Prevent chronic disease: Hypertension

The Prevention Agenda focus area in line with this indicator is to increase access to high-quality chronic disease preventive care and management in both clinical and community settings. Our interventions fulfill the goals to promote the use of evidence-based care to manage chronic diseases and to promote culturally relevant chronic disease self-management education.

Our specific TCNY 2020 citywide and equity goals are presented below.

TCNY 2020 Hypertension Goals

- Increase the proportion of adult patients with controlled high blood pressure from 67% in 2013, to 76% citywide by 2020 (13% increase).
- Increase the proportion of adult patients with controlled high blood pressure from 62% in 2013 to 74% for black population by 2020 (19% increase).

Table 13: Interventions to improve hypertension in NYC

Interventions	Process Measures	Resources	Roles of Partners	How will action address disparity?
Hypertension Public Health Detailing (PHD)	<p>350 providers and 1000 administrative staff members will be detailed</p> <p>125 sites will participate in detailing campaign</p> <p>Data on pre/post assessment questions based on key recommendations of the HTN campaign will be collected for all participants</p>	Staff to develop and detail primary care providers and pharmacist in Neighborhood Health Action Centers	<p>PHD staff will work with community providers and hospitals to implement key recommendations</p> <p>PHD staff will work with community pharmacists to increase communication between pharmacists and primary care providers</p>	PHD will target DOHMH's Neighborhood Health Action Center areas, located in neighborhoods with high rates of diabetes, heart disease and other chronic diseases and whose residents primarily belong to minority racial and ethnic groups
Worksite Wellness	Worksite wellness program targeting hypertension in development; measures forthcoming	In development	New York City's Office of Labor Relations; other to be determined during development	City employees are a large and diverse workforce
Stellar Farmers Market	Conduct 1,700 healthy eating workshops at farmer's markets by 11/30/16	Full-time staff, seasonal part-time educators, equipment, food, and print materials	Farmers' market operators host program	Targets farmers' markets that serve low-income adults, and participants receive Health Bucks to redeem for fruits and vegetables
National Salt Reduction Initiative (NSRI)	Monitor sodium in the food supply through the NSRI Packaged Food Database, which includes sales-weighted sodium information for	Funding for staff	The NSRI partnership is a group of 100 state and local health departments and organizations committed to sodium reduction. NYC coordinates regular	NSRI is a population-based strategy focused on food reformulation that could benefit all New Yorkers by creating more lower-sodium options in restaurants and grocery stores

Interventions	Process Measures	Resources	Roles of Partners	How will action address disparity?
	approximately 8,000 top-selling foods		communications and webinars for partners	
Health Bucks	Track distribution and redemption rates for hundreds of thousands of Health Bucks on an annual basis	Programmatic funding to sustain staffing and resources	Farmers' market operators and community organizations serve as points of distribution. Elected officials, hospitals or other groups may serve as purchasers and distributors of Health Bucks	Health Bucks make fruits and vegetables more affordable for low-income New Yorkers by supplementing benefits provided by the Supplemental Nutrition Assistance Program when purchasing fresh fruits and vegetables
NYC Food Standards	11 City agencies purchase and serve approximately 250 million meals and snacks Data capturing number of meals and snacks served and compliance with NYC Food Standards is captured once annually in the fall	City spends substantial funding on food and beverages Staff provide technical assistance on the Standards to external organizations that voluntarily adopt them	Work closely with staff in 11 City agencies and with the Mayor's Office of Food Policy Extended the Standards into non-governmental environments and have worked with approximately 25 private hospitals and an expanding number of community organizations	City agencies serve many populations, from correctional facilities and schools to homeless shelters and senior centers. To the extent that City agencies serve populations burdened by disparities, this work will address disparities in different contexts. Community organizations are based in Action Center neighborhoods so that work aims to address disparities
Medication Therapy Management	By December 31, 2019, provide education on medication therapy management to 25% of New York City registered pharmacists	Staffing	Contractor will create and host educational course Pharmacy stakeholder partners will help message the availability of educational course on medication therapy management	Medication therapy management education will be made available to all registered pharmacists, including those working in Action Center areas, located in neighborhoods with high rates of diabetes, heart disease and other chronic diseases and whose residents primarily belong to minority racial and ethnic groups.

6.3 Process to maintain engagement with local partners and track progress

Community engagement is a Health Department priority. The interventions presented above include some of the main partners we have to combat the opioid epidemic and improve hypertension in the city. Over the next three years, we will be working with partners on a daily basis, from the dissemination of Health Bucks in farmers' markets to expanding naloxone availability in pharmacies.

The interventions have embedded mechanisms to solicit feedback from stakeholders, including community members, people with lived experience, health care providers and public safety partners. Advisory boards and initiative-specific coalitions provide direction for the initiatives, including adjustments to programming and evaluation. Staff will oversee evaluation and work with program staff on implementation and evaluation.

Because these are strategic priorities for the Agency in the context of TCNY 2020, we are promoting public-private alignment of efforts through programs such as the Population Health Improvement Program (PHIP) and Delivery System Reform Incentive Payment (DSRIP).

Through PHIP, the Health Department received funding to conduct community consultations and provide technical assistance grants to community-based organizations, also known as TCNY Planning Partners, to convene community members and to create an action plan around a local health priority.

DSRIP is part of New York State's Medicaid Redesign process, which seeks to restructure the health care delivery system by reducing avoidable hospital use. DOHMH will continue to offer support to all 11 Performing Provider Systems (PPSs) in NYC to incorporate best practices in hypertension and overdose prevention. For overdose deaths, PPSs are integrating mental health and substance abuse with primary care services to ensure coordinated care. With regards to hypertension, PPSs are implementing a variety of strategies for hypertension control, including the Million Hearts Campaign, which entails creating a standardized hypertension treatment protocol, tracking patients whose blood pressure is uncontrolled using electronic health records, encouraging patients to use medication reminders and providing patients with a written self-management plan.

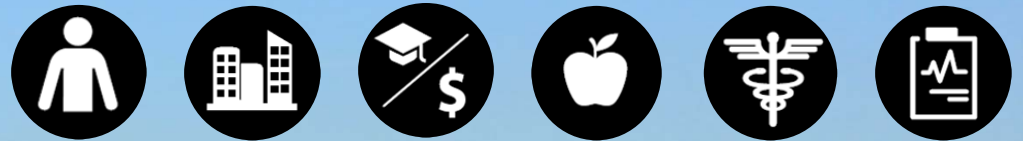
7 Executive summary dissemination

The Community Health Needs Assessment and Community Improvement Plan are posted in PDF format on the New York City Department of Health and Mental Hygiene's website. For a hard copy of this document, email takecarenewyork@health.nyc.gov. We hope you will find this document resourceful and look forward to any questions, comments or feedback.

8 Appendix








8.1 NYC Community Health Profiles Atlas

New York City Community Health Profiles Atlas



2015

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	Elementary School Absenteeism	24		Premature Mortality	51
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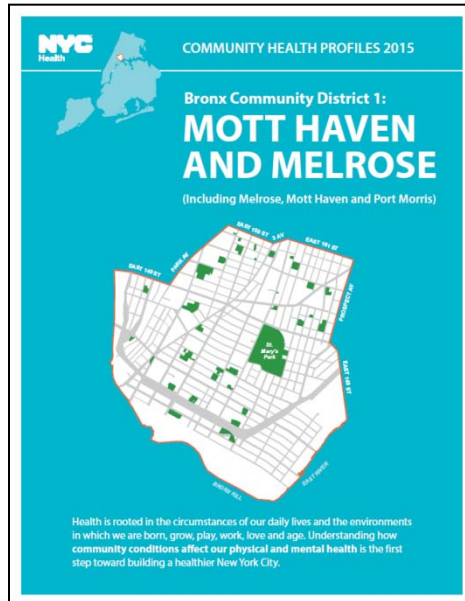
Background and Notes

Community Health Profiles and Atlas

The 2015 Community Health Profiles feature health, social, economic and environmental information about each of the 59 neighborhoods in New York City. The indicators were selected to reflect a broad set of conditions that impact health. This

Atlas is a companion to the 2015 Community Health Profiles

(<http://www.nyc.gov/html/doh/html/data/nyc-health-profiles.shtml>) and contains choropleth maps and ranking tables showing these same indicators across all of New York City.



What are Community Districts?

New York City Community Districts (CDs) were established citywide by local law in 1975. The CDs correspond to NYC Community Boards, which are the most local unit of government in NYC. The names of neighborhoods contained within CDs are not officially designated. The names used in this document are not an exhaustive list of all known neighborhood names within an area. A complete listing of all CDs and their names can be found on page 5 of this Atlas or by visiting <http://www.nyc.gov/html/dcp/html/neighborhoodinfo/nhmap.shtml>.

Technical notes, sources and additional resources

All population denominators for rates come from the NYC DOHMH population estimates, modified from US Census Bureau interpolated intercensal population estimates, 2000-2013. A complete dataset including numbers, rates, rankings and confidence intervals, as well as definitions and complete citations, can be found online by going to [nyc.gov](http://www.nyc.gov) and searching “Community Health Profiles.”

Additional sources of data are available through NYC DOHMH’s online tools: **EpiQuery** (<http://www.nyc.gov/health/EpiQuery>) and the **Environment & Health Data Portal** (<http://a816-dohbep.nyc.gov/IndicatorPublic/PublicTracking.aspx>).



Environment & Health Data Portal

A tool for exploring environmental and health data from New York City

Interpreting the Maps

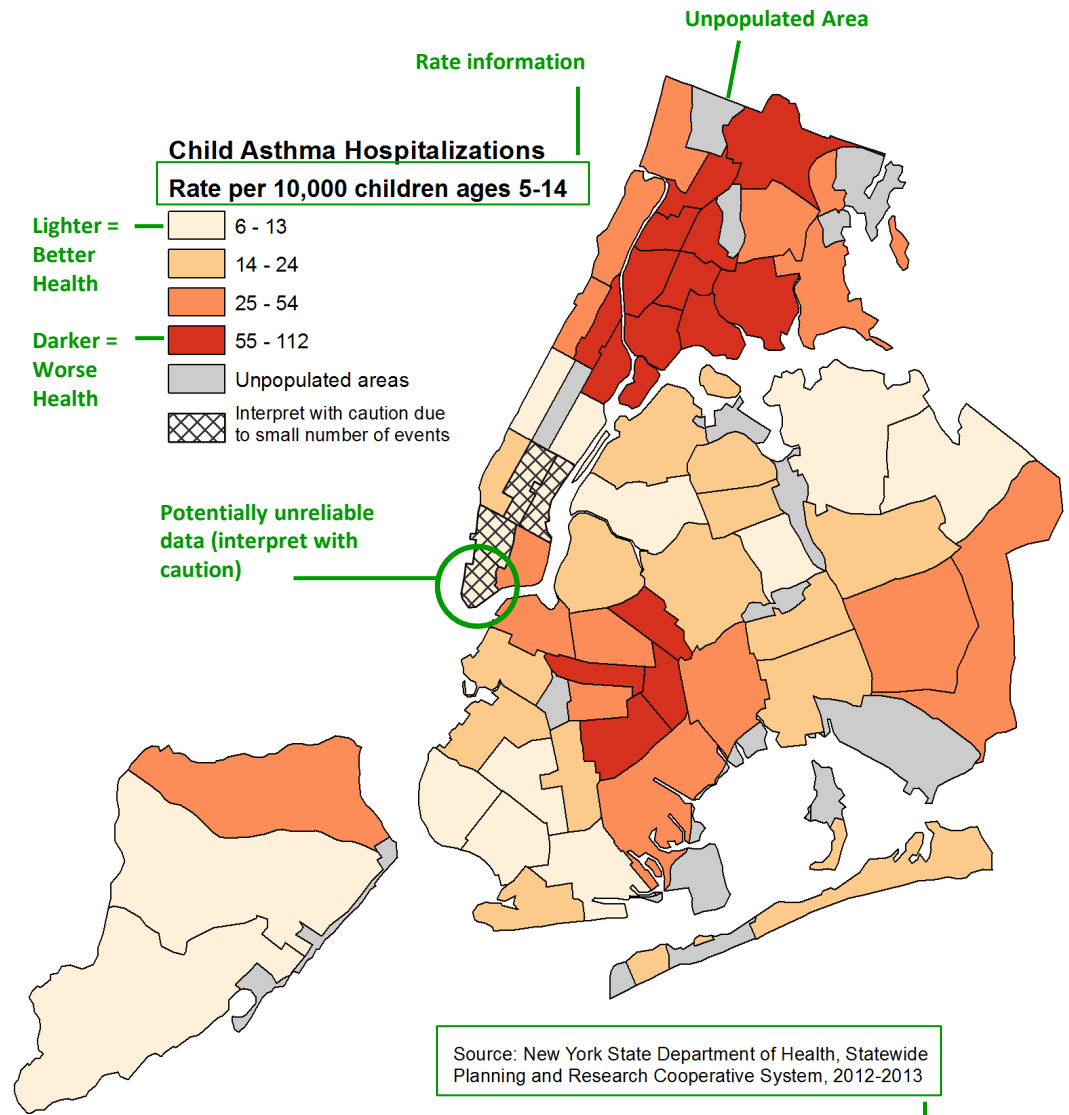
The data for each indicator in the Atlas are divided into quartiles (the total frequency of the sample is divided into four equal proportions). For demographic indicators, a yellow-green color gradient is used, with the darker color representing the larger percentage for the indicator. For all other indicators, an orange-red color gradient is used, with the darker color representing a more negative measure of health (e.g., a high rate of child asthma hospitalizations or a low percent of flu vaccinations).

The crosshatching pattern represents estimates or values that are potentially unreliable due to small sample sizes or a small number of events. These numbers should be interpreted with caution. An estimate or value was considered potentially unreliable if the Relative Standard Error (a measure of estimate precision) was greater than 30% or if the sample size was too small.

The gray areas on the maps are Joint Interest Areas (JIAs), which are unpopulated areas such as parks, beaches or airports.

The maps in this Atlas were designed to allow readers to copy any given map and paste it into another document or presentation.

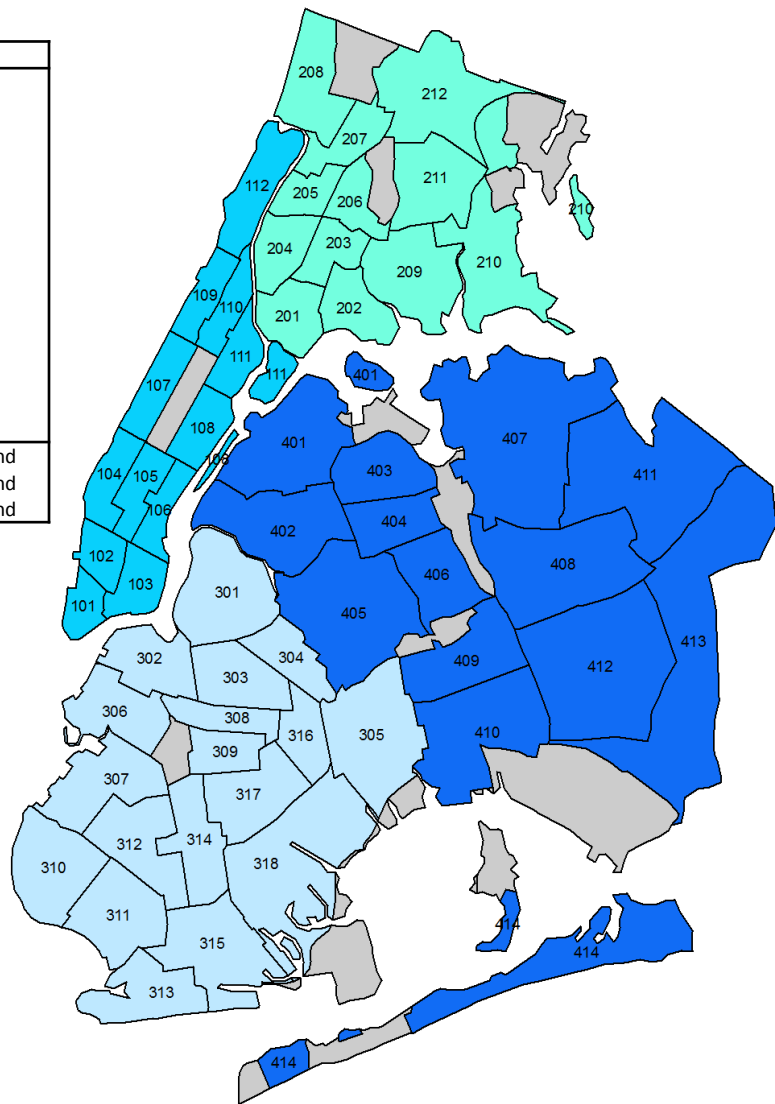
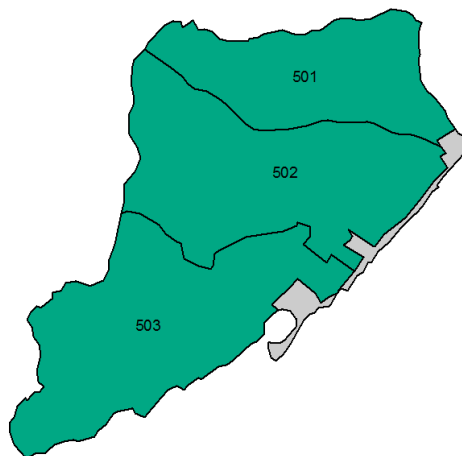
Community Districts are ranked on every indicator. Tables are included with each map and show the top five and bottom five neighborhoods for each indicator. If two CDs have the same value, they are considered to be tied and are given the same rank; both are shown in the tables.



NYC Community Districts

No.	Community District	Borough
101	Financial District	Manhattan
102	Greenwich Village and Soho	Manhattan
103	Lower East Side and Chinatown	Manhattan
104	Clinton and Chelsea	Manhattan
105	Midtown	Manhattan
106	Stuyvesant Town and Turtle Bay	Manhattan
107	Upper West Side	Manhattan
108	Upper East Side	Manhattan
109	Morningside Heights and Hamilton Heights	Manhattan
110	Central Harlem	Manhattan
111	East Harlem	Manhattan
112	Washington Heights and Inwood	Manhattan
201	Mott Haven and Melrose	Bronx
202	Hunts Point and Longwood	Bronx
203	Morrisania and Crotona	Bronx
204	Highbridge and Concourse	Bronx
205	Fordham and University Heights	Bronx
206	Belmont and East Tremont	Bronx
207	Kingsbridge Heights and Bedford	Bronx
208	Riverdale and Fieldston	Bronx
209	Parkchester and Soundview	Bronx
210	Throgs Neck and Co-op City	Bronx
211	Morris Park and Bronxdale	Bronx
212	Williamsbridge and Baychester	Bronx
301	Greenpoint and Williamsburg	Brooklyn
302	Fort Greene and Brooklyn Heights	Brooklyn
303	Bedford Stuyvesant	Brooklyn
304	Bushwick	Brooklyn
305	East New York and Starrett City	Brooklyn
306	Park Slope and Carroll Gardens	Brooklyn
307	Sunset Park	Brooklyn
308	Crown Heights and Prospect Heights	Brooklyn
309	South Crown Heights and Lefferts Gardens	Brooklyn
310	Bay Ridge and Dyker Heights	Brooklyn
311	Bensonhurst	Brooklyn
312	Borough Park	Brooklyn
313	Coney Island	Brooklyn
314	Flatbush and Midwood	Brooklyn
315	Sheepshead Bay	Brooklyn
316	Brownsville	Brooklyn
317	East Flatbush	Brooklyn
318	Flatlands and Canarsie	Brooklyn

No.	Community District	Borough
401	Long Island City and Astoria	Queens
402	Woodside and Sunnyside	Queens
403	Jackson Heights	Queens
404	Elmhurst and Corona	Queens
405	Ridgewood and Maspeth	Queens
406	Rego Park and Forest Hills	Queens
407	Flushing and Whitestone	Queens
408	Hillcrest and Fresh Meadows	Queens
409	Kew Gardens and Woodhaven	Queens
410	South Ozone Park and Howard Beach	Queens
411	Bayside and Little Neck	Queens
412	Jamaica and Hollis	Queens
413	Queens Village	Queens
414	Rockaway and Broad Channel	Queens
501	St. George and Stapleton	Staten Island
502	South Beach and Willowbrook	Staten Island
503	Tottenville and Great Kills	Staten Island





Demographics

- ❖ Children
- ❖ Older adults
- ❖ Non-White Population
- ❖ Foreign Born Population
- ❖ Limited English Proficiency

Children



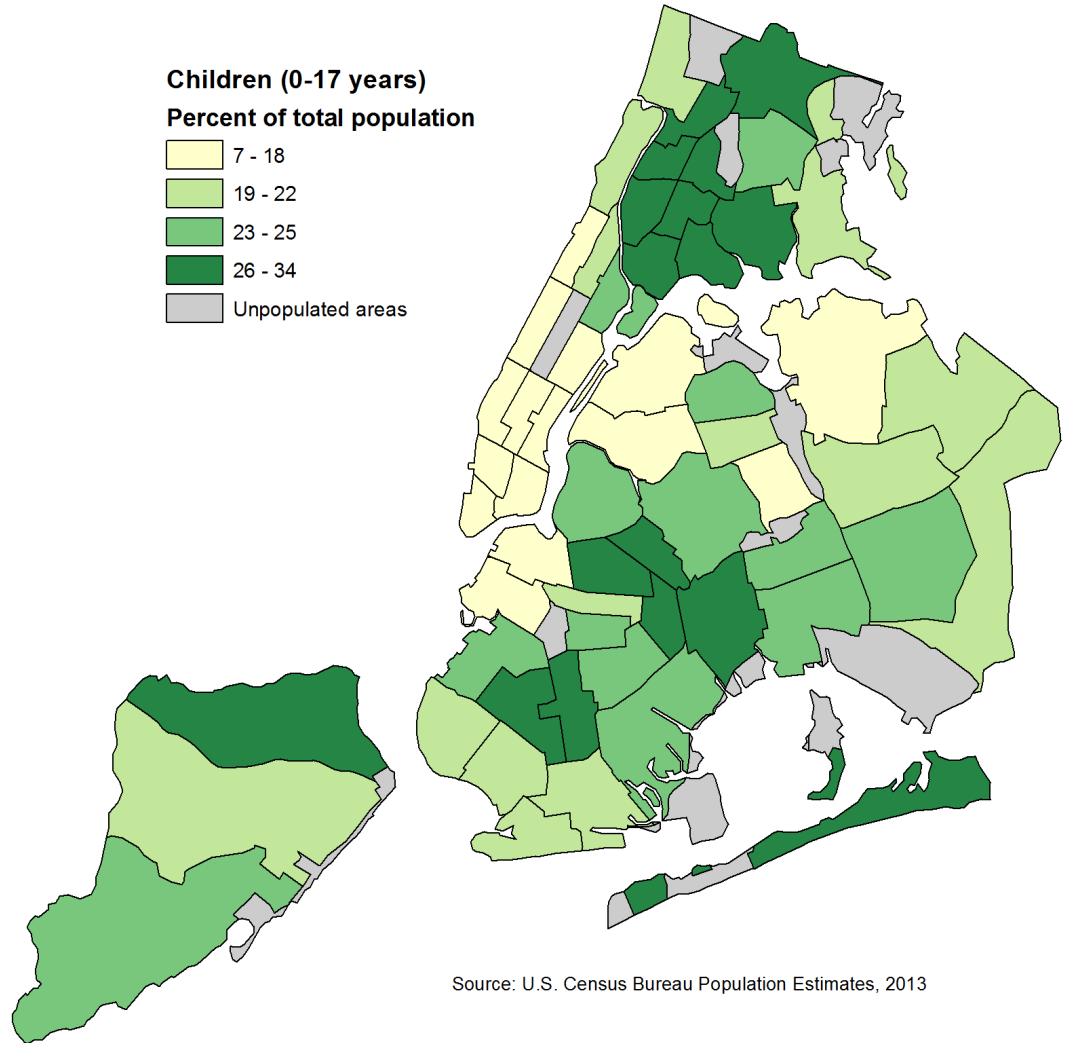
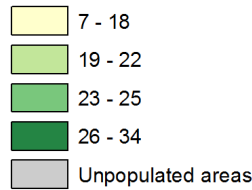
Percent of children ages 0-17 in the population. Complete data on the breakdown of all five age groups by Community District can be found in the Community Health Profiles.

Highest		Percent
1	Borough Park	34
2	Morrisania and Crotona	30
3	Belmont and East Tremont	30
4	Mott Haven and Melrose	29
5	Brownsville	29

Lowest		Percent
59	Midtown	7
58	Stuyvesant Town and Turtle Bay	8
57	Clinton and Chelsea	9
56	Greenwich Village and Soho	9
55	Lower East Side and Chinatown	13

Borough		Percent
	Bronx	26
	Brooklyn	23
	Manhattan	15
	Queens	20
	Staten Island	22

Children (0-17 years)
Percent of total population



Source: U.S. Census Bureau Population Estimates, 2013

NYC Overall: 21%

Older Adults

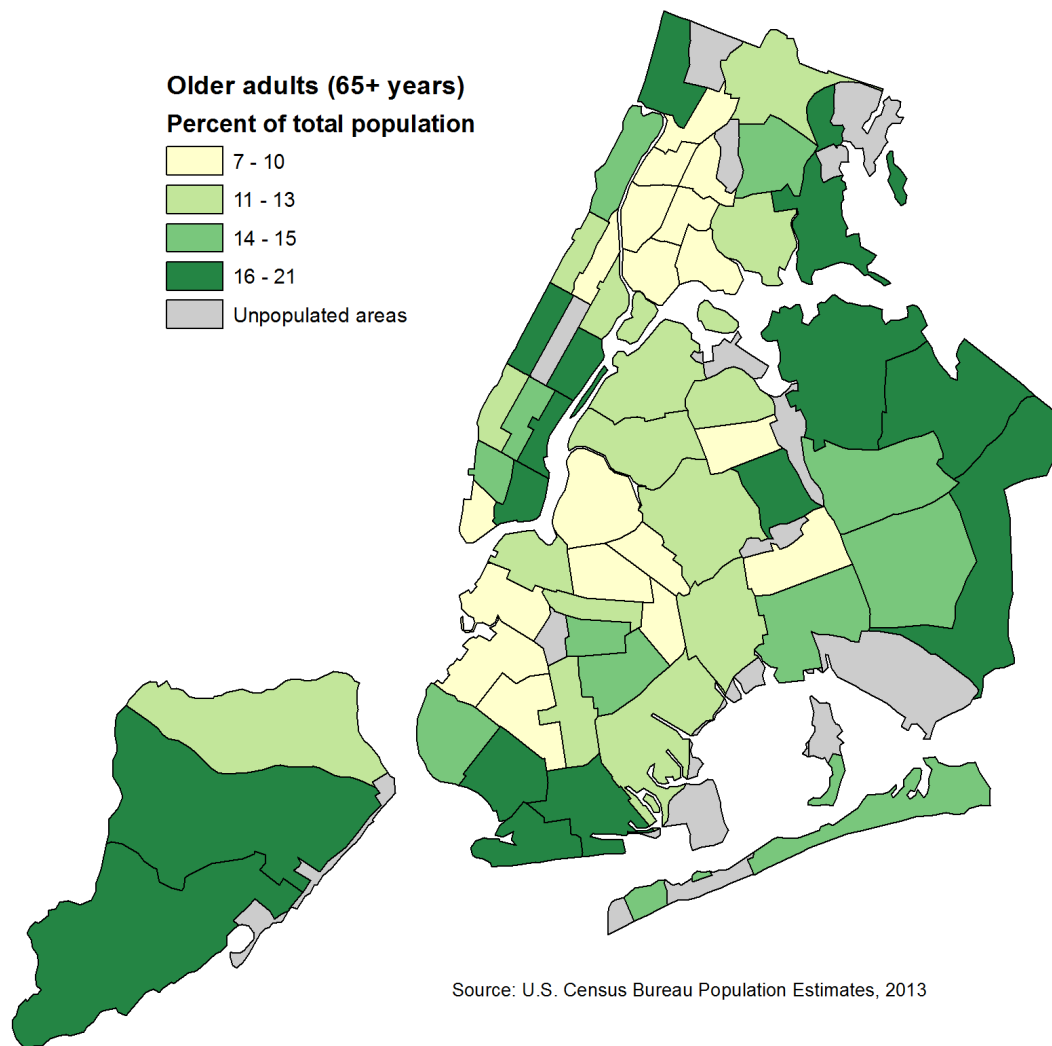


Percent of adults ages 65 and older in the population. Complete data on the breakdown of all five age groups by Community District can be found in the Community Health Profiles.

Highest		Percent
1	Coney Island	21
2	Upper East Side	18
3	Rego Park and Forest Hills	18
4	Riverdale and Fieldston	18
5	Throgs Neck and Co-op City	18

Lowest		Percent
59	Financial District	7
58	Fordham and University Heights	7
57	Bushwick	8
56	Morrisania and Crotona	8
55	Belmont and East Tremont	9

Borough		Percent
	Bronx	11
	Brooklyn	12
	Manhattan	13
	Queens	13
	Staten Island	14



Source: U.S. Census Bureau Population Estimates, 2013

NYC Overall: 13%



Non-White Population

Percent of non-White individuals. Non-White is defined as Black, Asian, Hispanic or Other. Complete data on the breakdown of all five racial groups by Community District can be found in the Community Health Profiles.

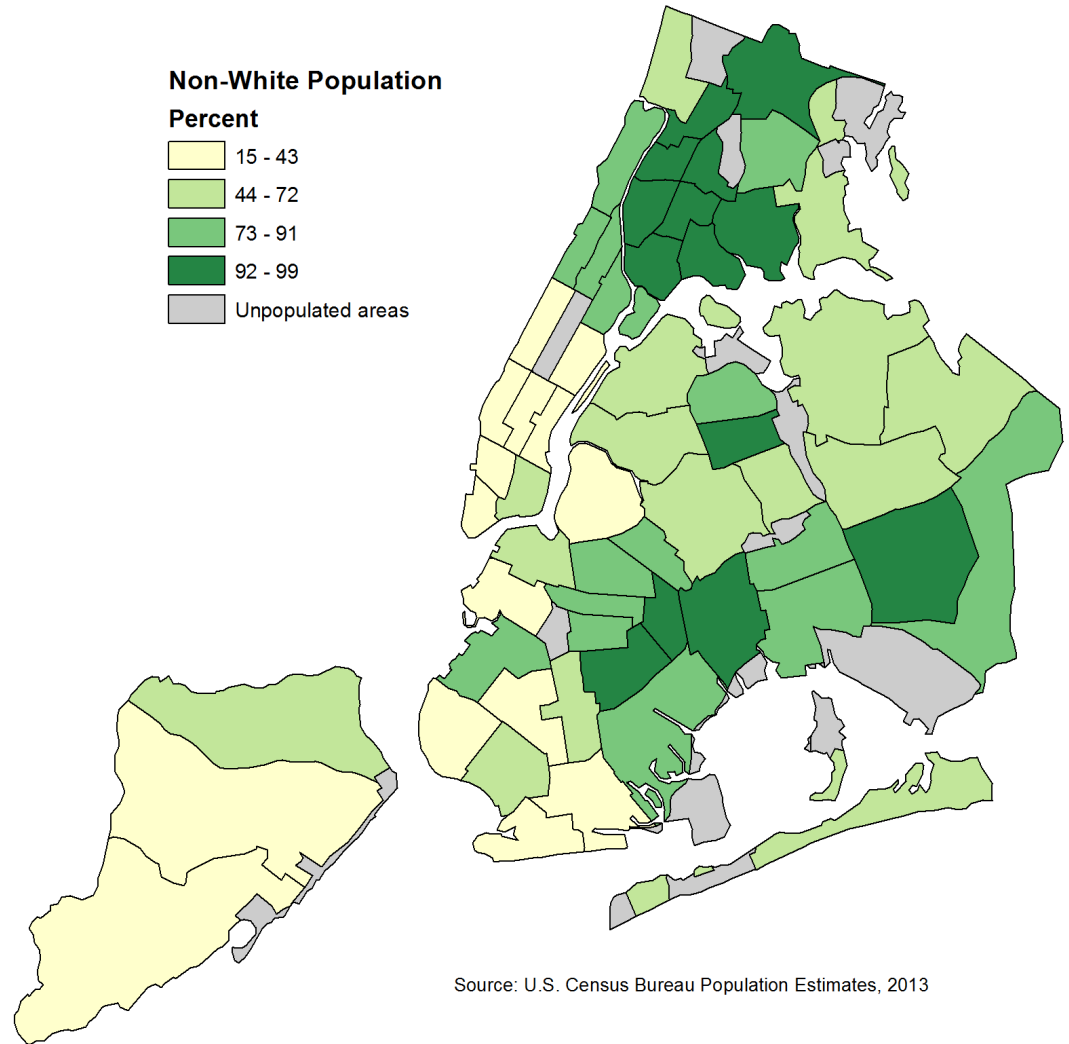
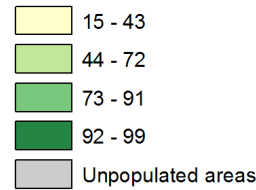
Highest		Percent
1	Brownsville	99
2	Morrisania and Crotona	99
3	Hunts Point and Longwood	99
4	Fordham and University Heights	99
5	East Flatbush	99

Lowest		Percent
59	Tottenville and Great Kills	15
58	Upper East Side	21
57	Greenwich Village and Soho	25
56	Stuyvesant Town and Turtle Bay	28
55	Sheepshead Bay	29

Borough		Percent
	Bronx	89
	Brooklyn	64
	Manhattan	52
	Queens	73
	Staten Island	37

Non-White Population

Percent



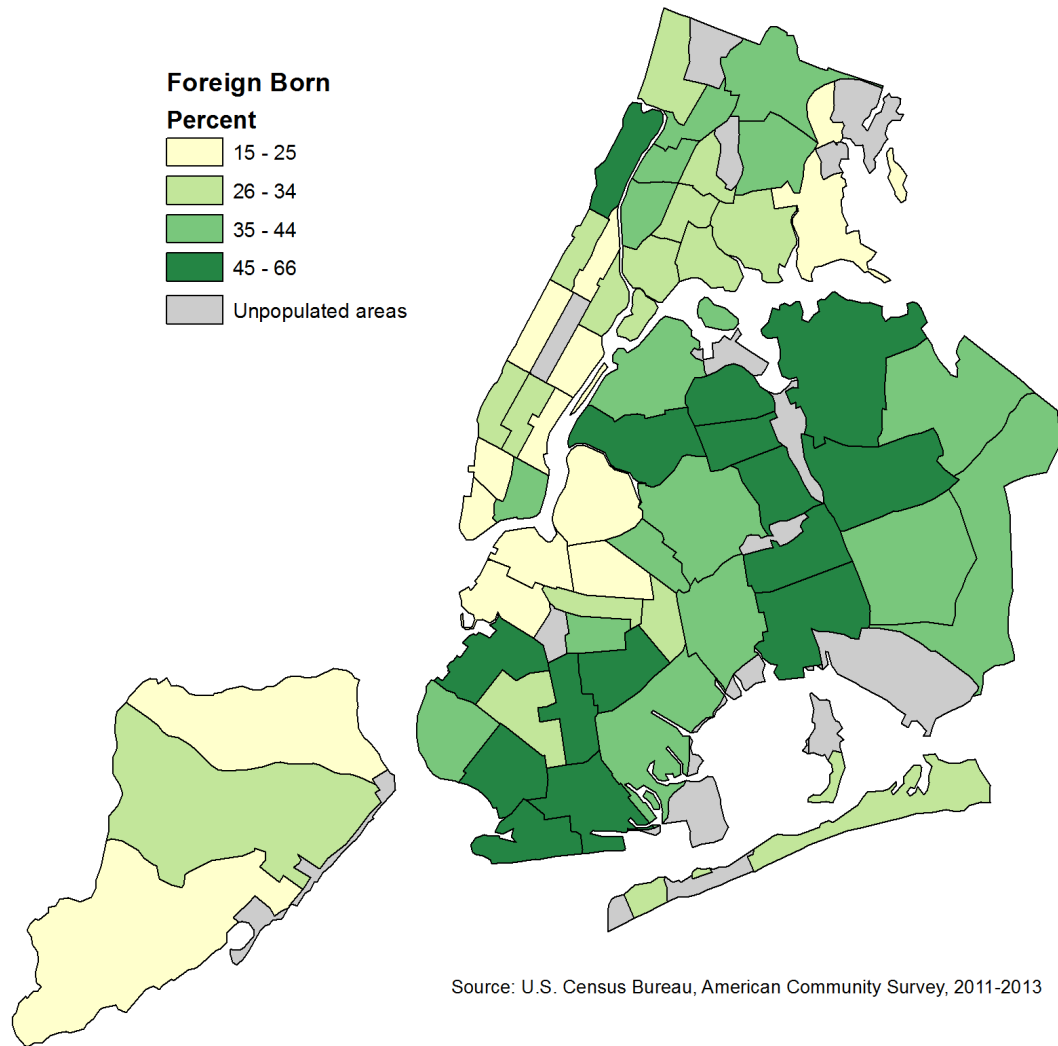
Source: U.S. Census Bureau Population Estimates, 2013

NYC Overall: 67%

Foreign Born Population



Percent of individuals born outside the U.S. or U.S. territories (including Puerto Rico, U.S. Island areas or born abroad of American parents)



Highest	Percent
---------	---------

1	Elmhurst and Corona	66
2	Jackson Heights	63
3	Flushing and Whitestone	57
4	Woodside and Sunnyside	57
5	Coney Island	55

Lowest	Percent
--------	---------

59	Tottenville and Great Kills	15
58	Park Slope and Carroll Gardens	18
57	Bedford Stuyvesant	19
56	Fort Greene and Brooklyn Heights	20
55	Throgs Neck and Co-op City	29

Borough	Percent
---------	---------

Bronx	34
Brooklyn	38
Manhattan	29
Queens	48
Staten Island	21

NYC Overall: 37%

Source: U.S. Census Bureau, American Community Survey, 2011-2013

Limited English Proficiency



Percent of individuals five years and older who report that they speak English “less than very well”

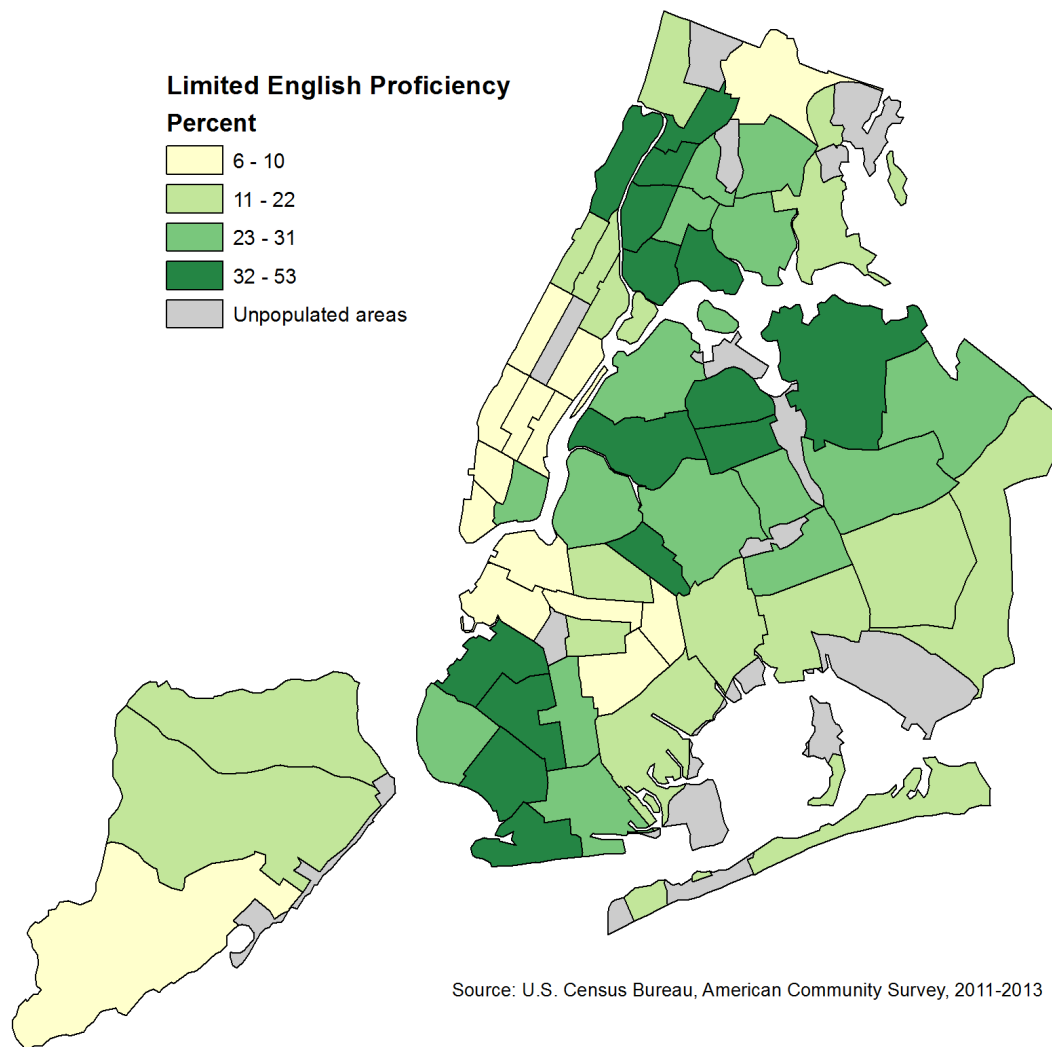
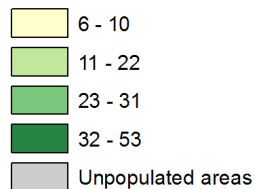
Highest	Percent
1 Elmhurst and Corona	53
2 Jackson Heights	48
3 Flushing and Whitestone	47
4 Sunset Park	47
5 Bensonhurst	47

Lowest	Percent
59 Stuyvesant Town and Turtle Bay	6
58 Upper East Side	6
56 Financial District	6
56 Greenwich Village and Soho	6
55 Tottenville and Great Kills	7

Borough	Percent
Bronx	26
Brooklyn	24
Manhattan	16
Queens	29
Staten Island	11

Limited English Proficiency

Percent



Source: U.S. Census Bureau, American Community Survey, 2011-2013

NYC Overall: 23%



Neighborhood Conditions

- ❖ Renter-Occupied Homes with Maintenance Defects
- ❖ Air Quality (Fine Particulate Matter)
- ❖ Tobacco Retailer Density
- ❖ Supermarket Square Footage

Renter-Occupied Homes with Maintenance Defects



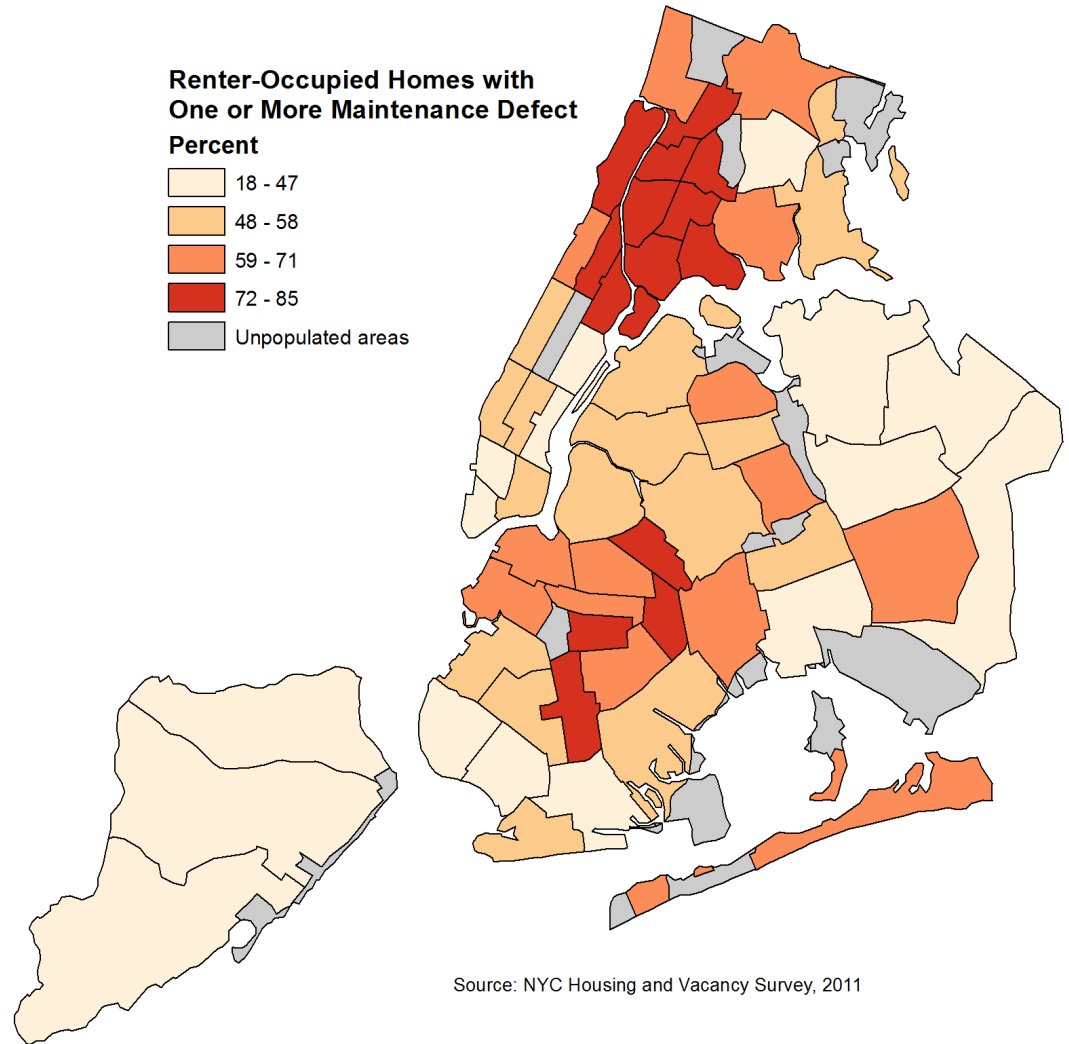
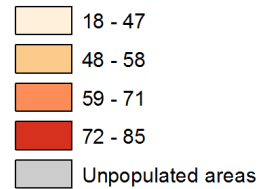
Percent of renter-occupied homes with one or more maintenance defect (water leaks, cracks and holes, inadequate heating, presence of mice or rats, toilet breakdowns or peeling paint)

Highest		Percent
1	South Crown Heights and Lefferts Gardens	85
2	Mott Haven and Melrose	79
2	Hunts Point and Longwood	79
4	Fordham and University Heights	79
5	Highbridge and Concourse	78

Lowest		Percent
59	Tottenville and Great Kills	18
58	South Beach and Willowbrook	29
57	St. George and Stapleton	36
56	Bayside and Little Neck	38
55	Flushing and Whitestone	38

Borough	Percent
Bronx	69
Brooklyn	62
Manhattan	57
Queens	51
Staten Island	29

Renter-Occupied Homes with One or More Maintenance Defect Percent



Source: NYC Housing and Vacancy Survey, 2011

NYC Overall: 59%

Air Quality (Fine Particulate Matter)



Annual average of micrograms of fine particulate matter (PM_{2.5}) per cubic meter (mcg/m³)

Highest		mcg/m³
----------------	--	--------------------------

1	Midtown	14.3
2	Stuyvesant Town and Turtle Bay	12.3
3	Clinton and Chelsea	11.4
4	Financial District	11.1
4	Upper East Side	11.1

Lowest		mcg/m³
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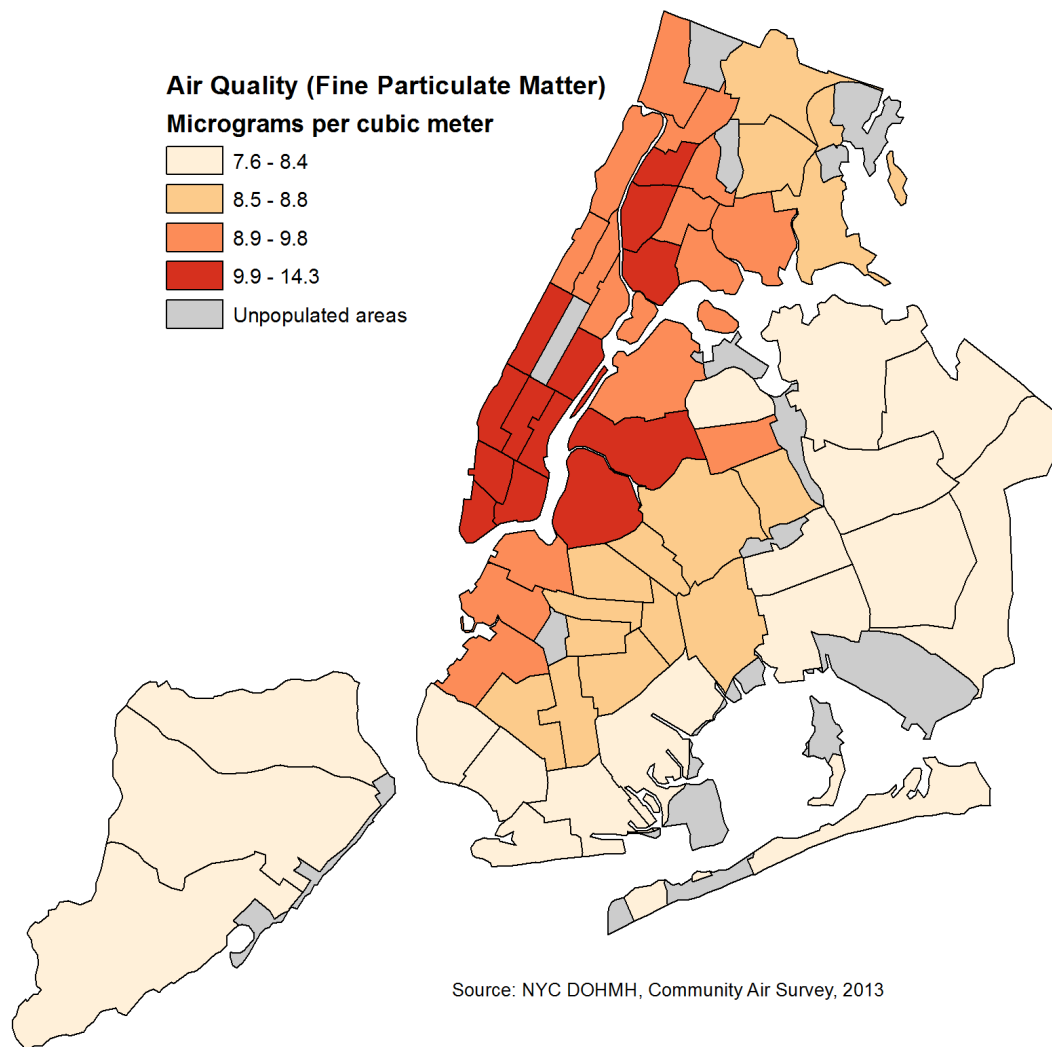
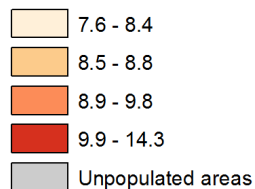
59	Rockaway and Broad Channel	7.6
58	Tottenville and Great Kills	7.8
57	Queens Village	7.9
55	South Ozone Park and Howard Beach	8.0
55	Coney Island	8.0

Borough		mcg/m³
----------------	--	--------------------------

Bronx	9.1
Brooklyn	8.7
Manhattan	10.7
Queens	8.4
Staten Island	8.0

Air Quality (Fine Particulate Matter)

Micrograms per cubic meter



Source: NYC DOHMH, Community Air Survey, 2013

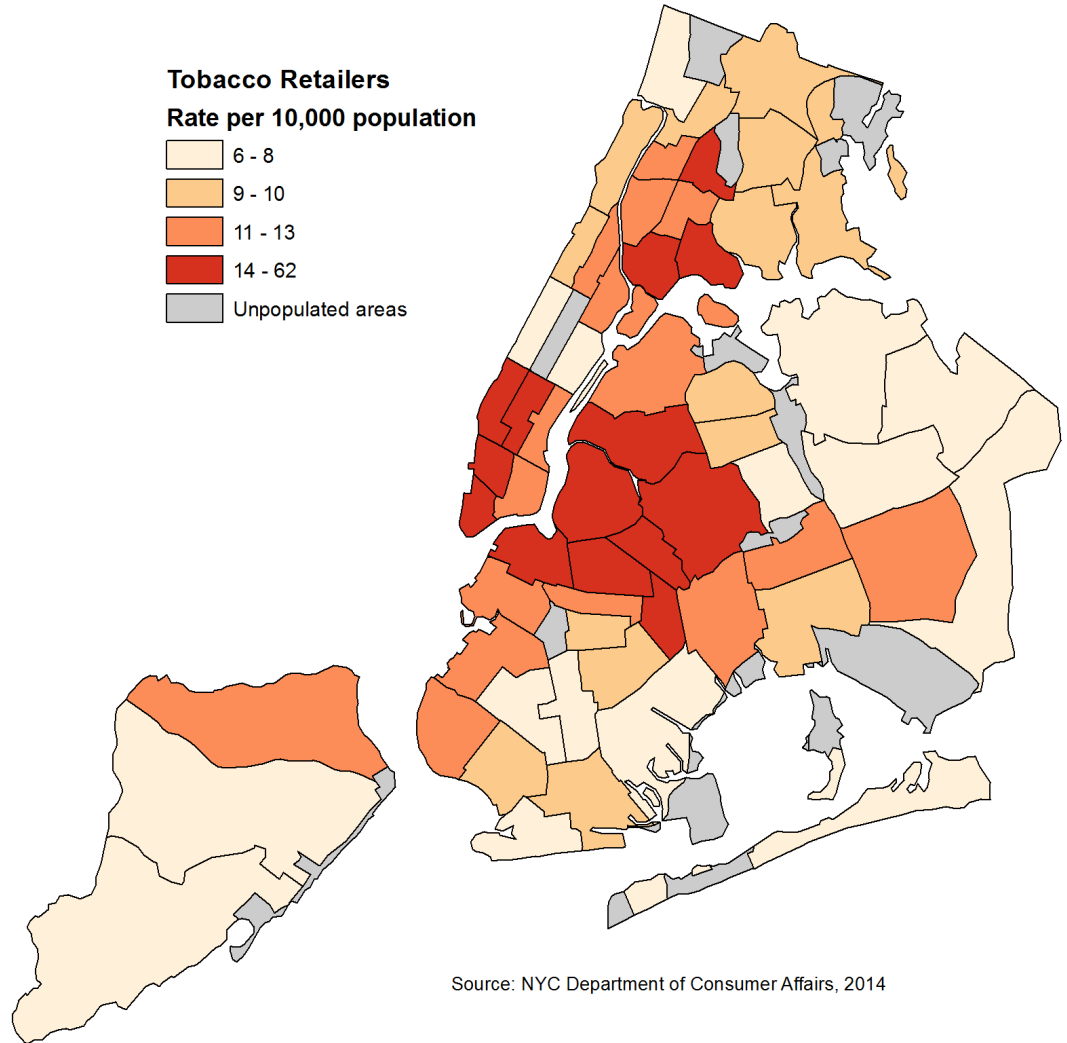
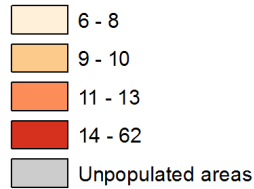
NYC Overall: 8.6

Tobacco Retailer Density



Rate of tobacco retailers per 10,000 population

Tobacco Retailers
Rate per 10,000 population



Source: NYC Department of Consumer Affairs, 2014

Highest		Rate
----------------	--	-------------

1	Midtown	62
2	Financial District	25
3	Hunts Point and Longwood	17
4	Greenwich Village and Soho	17
5	Clinton and Chelsea	17

Lowest		Rate
---------------	--	-------------

59	Bayside and Little Neck	6
58	Tottenville and Great Kills	6
57	Upper West Side	6
56	Borough Park	6
55	Hillcrest and Fresh Meadows	6

Borough		Rate
----------------	--	-------------

Bronx	11
Brooklyn	11
Manhattan	13
Queens	9
Staten Island	9

NYC Overall: 11

Supermarket Square Footage



Supermarket square footage per 100 residents

Highest		Rate
---------	--	------

1	South Beach and Willowbrook	450
2	Flushing and Whitestone	342
3	East Harlem	336
4	Rego Park and Forest Hills	333
5	Morrisania and Crotona	327

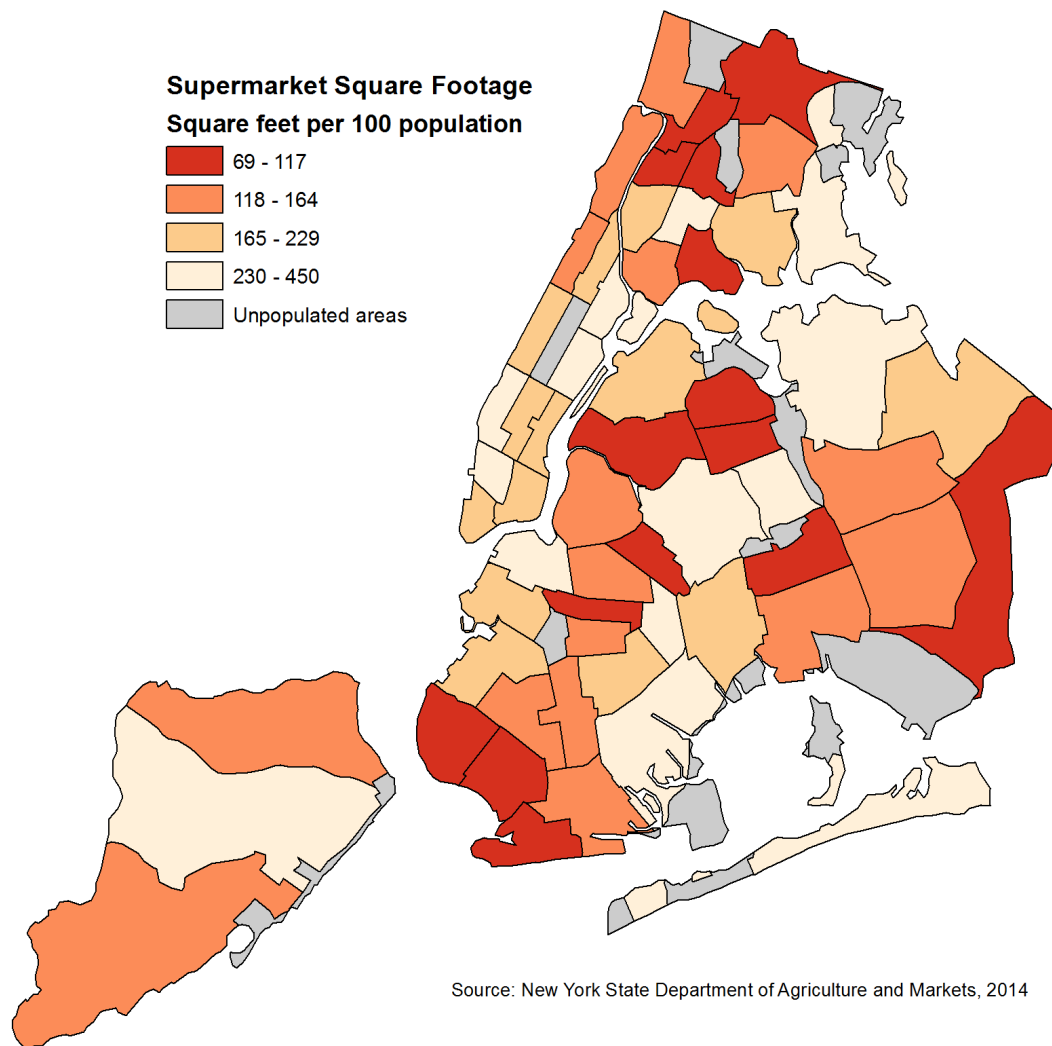
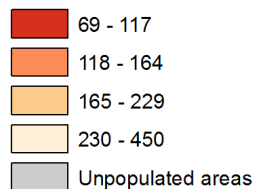
Lowest		Rate
--------	--	------

59	Belmont and East Tremont	69
58	Elmhurst and Corona	83
57	Bensonhurst	83
56	Bay Ridge and Dyker Heights	85
55	Queens Village	85

Borough		Rate
---------	--	------

Bronx	155
Brooklyn	156
Manhattan	207
Queens	180
Staten Island	234

Supermarket Square Footage
Square feet per 100 population



Source: New York State Department of Agriculture and Markets, 2014

NYC Overall: 177



Social and Economic Conditions

- ❖ Adult Educational Attainment
- ❖ Poverty
- ❖ Unemployment
- ❖ Rent Burden
- ❖ Preterm Births
- ❖ Teen Births
- ❖ Elementary School Absenteeism
- ❖ Jail Incarceration
- ❖ Non-Fatal Assault Hospitalizations

Adult Educational Attainment



Percent of adults (ages 25 and older) whose highest level of education is less than a high school diploma or GED.

Highest	Percent
---------	---------

1	Mott Haven and Melrose	45
1	Hunts Point and Longwood	45
3	Sunset Park	42
4	Bushwick	42
5	Morrisania and Crotona	38
5	Belmont and East Tremont	38

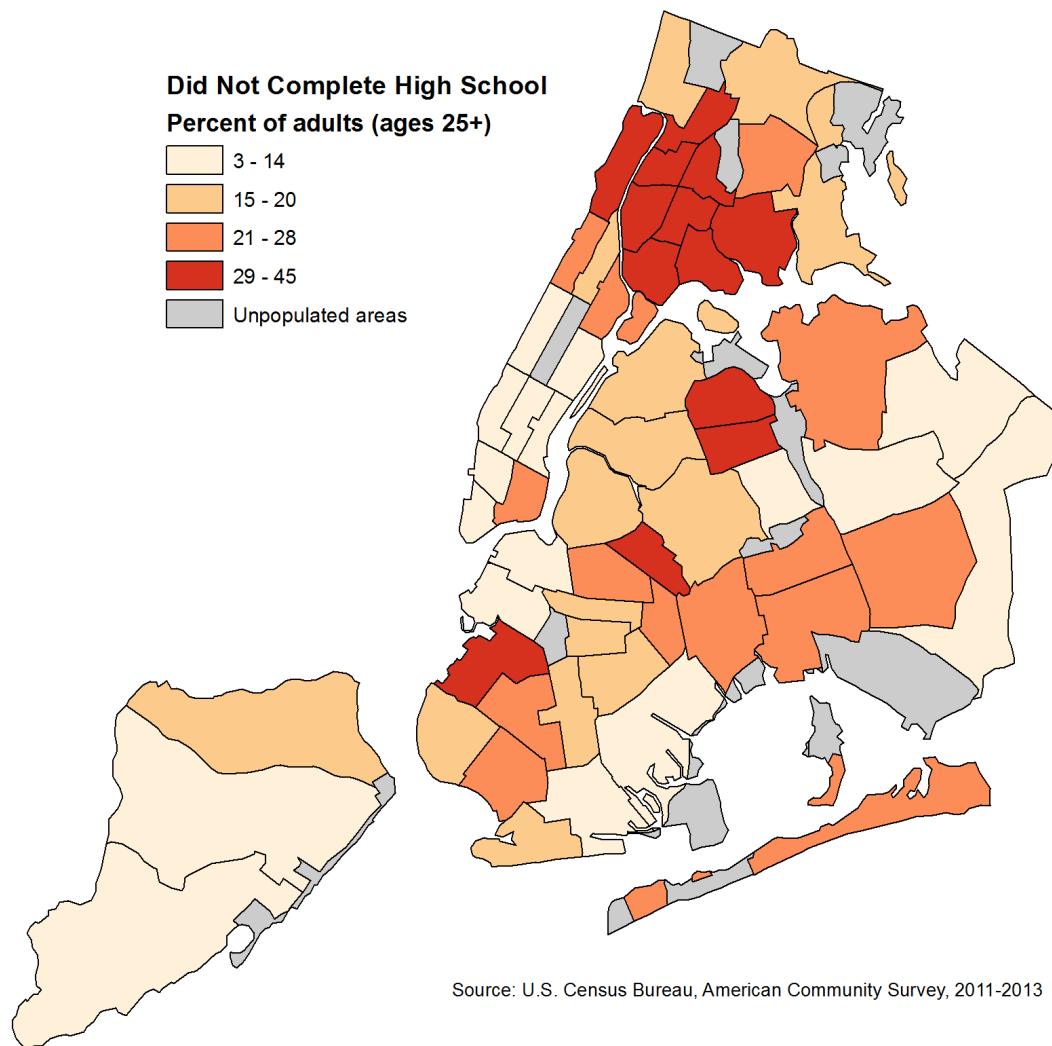
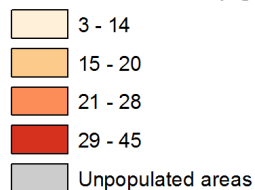
Lowest	Percent
--------	---------

59	Stuyvesant Town and Turtle Bay	3
58	Upper East Side	3
56	Financial District	4
56	Greenwich Village and Soho	4
54	Clinton and Chelsea	5
54	Midtown	5

Borough	Percent
---------	---------

Bronx	30
Brooklyn	21
Manhattan	14
Queens	20
Staten Island	12

Did Not Complete High School Percent of adults (ages 25+)



Source: U.S. Census Bureau, American Community Survey, 2011-2013

NYC Overall: 20%

Poverty



Percent of individuals living below the federal poverty level. For more information on the poverty level, please visit the U.S. Census Bureau's website.

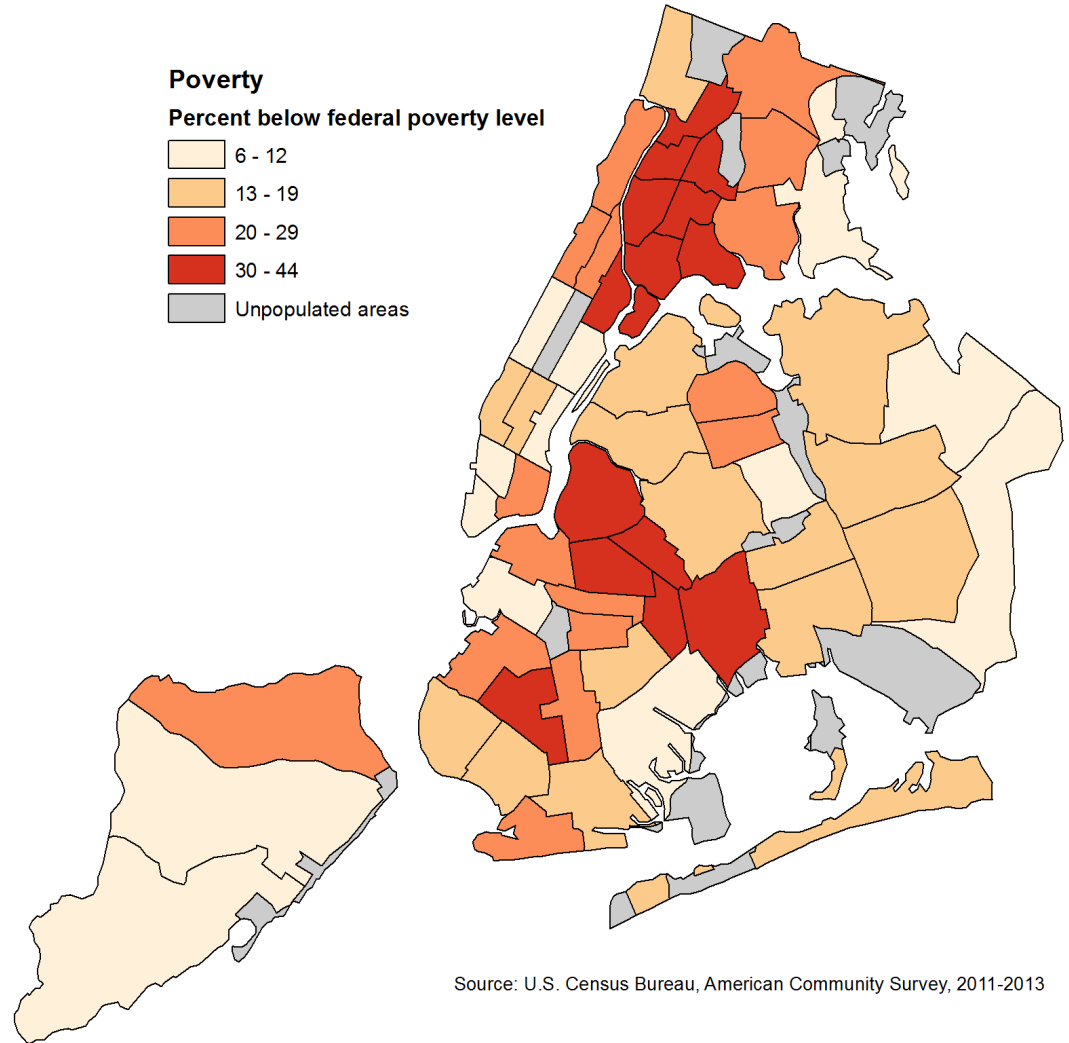
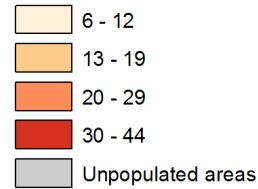
Highest		Percent
1	Morrisania and Crotona	44
1	Belmont and East Tremont	44
3	Mott Haven and Melrose	43
3	Hunts Point and Longwood	43
5	Fordham and University Heights	42

Lowest		Percent
59	Tottenville and Great Kills	6
58	Upper East Side	7
56	Financial District	8
56	Greenwich Village and Soho	8
55	Bayside and Little Neck	9

Borough		Percent
	Bronx	31
	Brooklyn	24
	Manhattan	18
	Queens	16
	Staten Island	12

Poverty

Percent below federal poverty level



Source: U.S. Census Bureau, American Community Survey, 2011-2013

NYC Overall: 21%

Unemployment



Percent of the civilian (non-military) labor force ages 16 and older who are unemployed

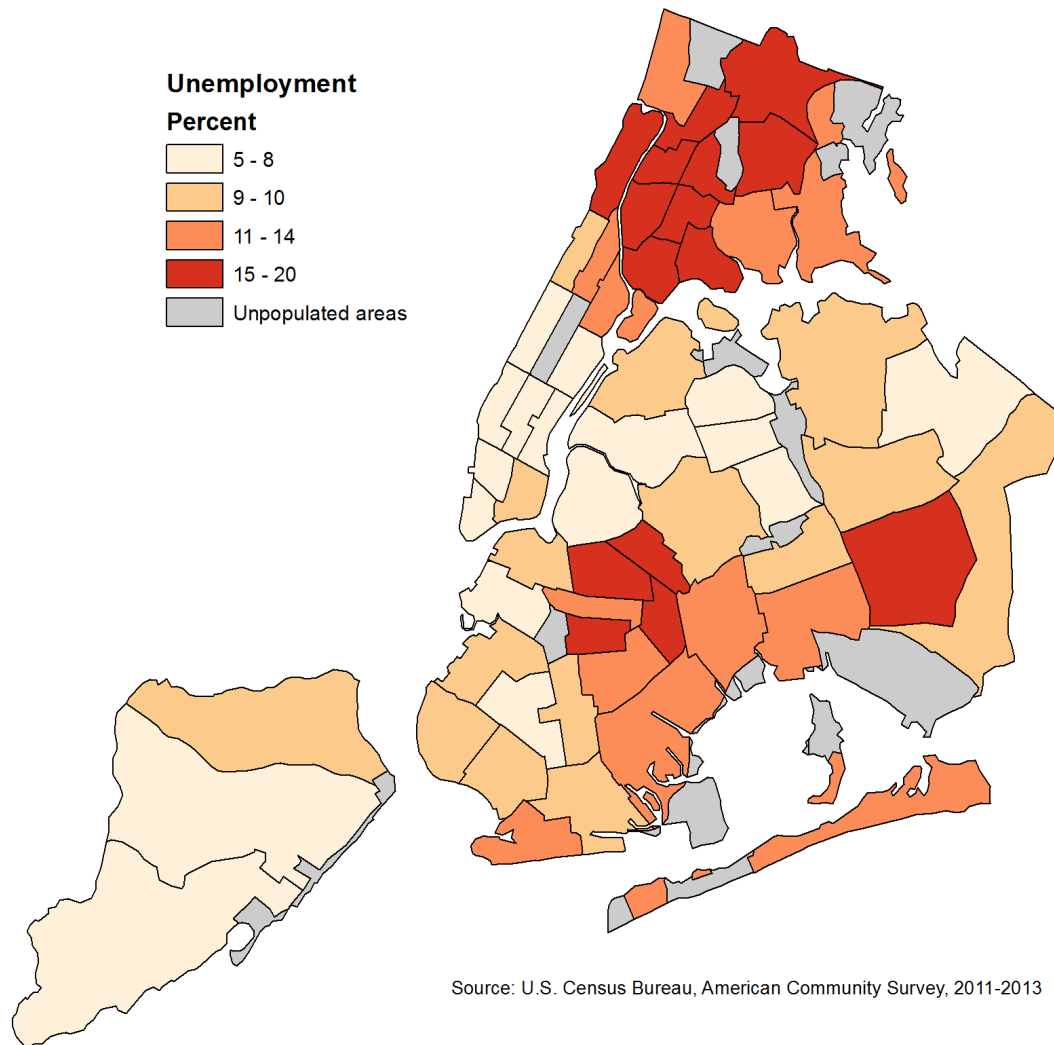
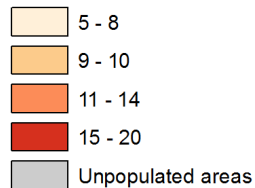
Highest		Percent
1	Morrisania and Crotona	20
1	Belmont and East Tremont	20
3	Fordham and University Heights	18
4	Highbridge and Concourse	18
5	Bedford Stuyvesant	17

Lowest		Percent
58	Financial District	5
58	Greenwich Village and Soho	5
57	Upper East Side	5
56	Stuyvesant Town and Turtle Bay	5
55	Rego Park and Forest Hills	6

Borough		Percent
	Bronx	16
	Brooklyn	11
	Manhattan	8
	Queens	10
	Staten Island	8

Unemployment

Percent



Source: U.S. Census Bureau, American Community Survey, 2011-2013

NYC Overall: 11%

Rent Burden



Percent of renter households whose gross rent (rent plus electricity and heating fuel costs) is greater than 30 percent of their monthly pre-tax income

Highest		Percent
---------	--	---------

1	Fordham and University Heights	64
2	Kingsbridge Heights and Bedford	63
3	Borough Park	63
4	Highbridge and Concourse	63
5	Morrisania and Crotona	61
5	Belmont and East Tremont	61

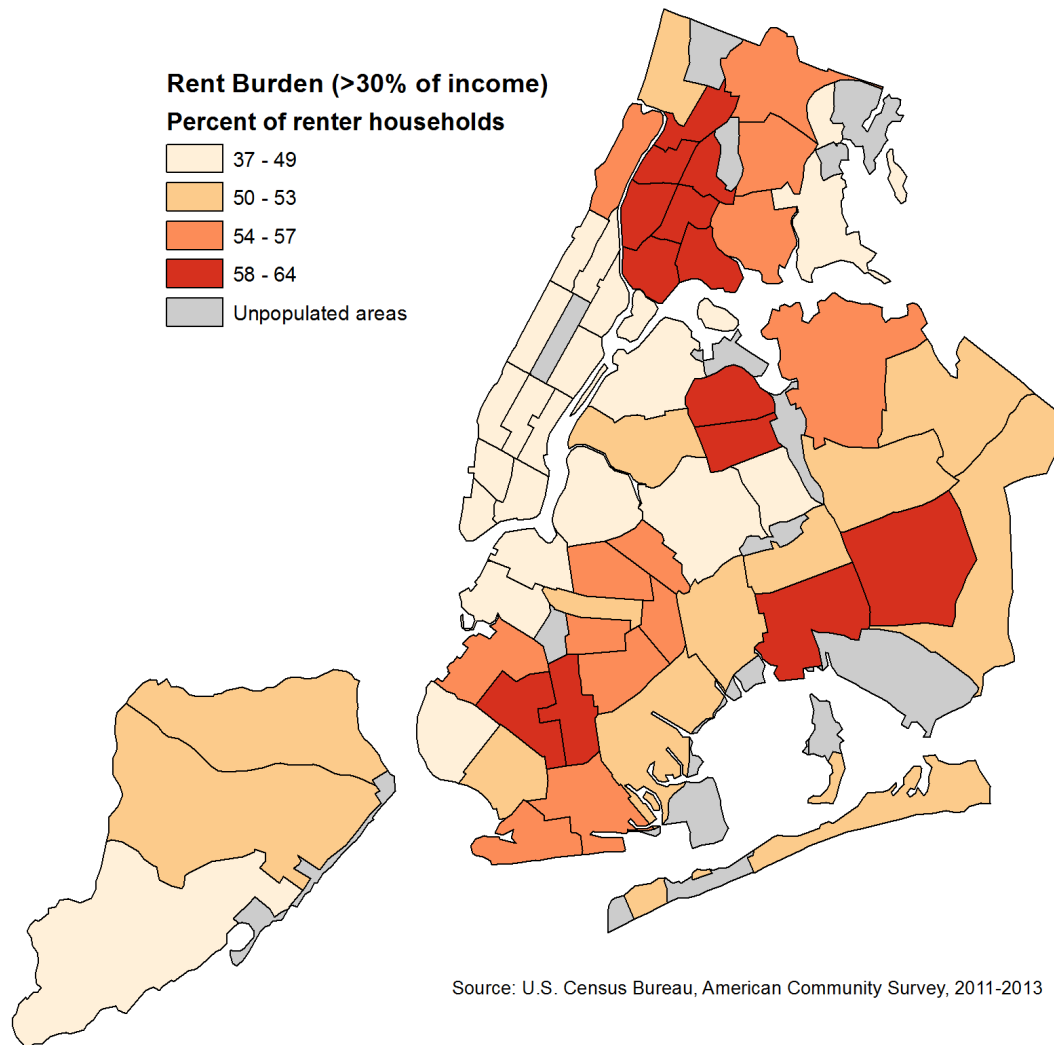
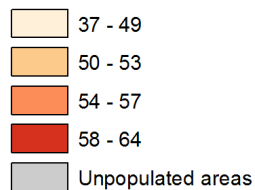
Lowest		Percent
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58	Financial District	37
58	Greenwich Village and Soho	37
57	Park Slope and Carroll Gardens	37
56	Tottenville and Great Kills	39
55	Stuyvesant Town and Turtle Bay	40

Borough		Percent
---------	--	---------

Bronx	58
Brooklyn	52
Manhattan	45
Queens	53
Staten Island	49

Rent Burden (>30% of income)
Percent of renter households



Source: U.S. Census Bureau, American Community Survey, 2011-2013

NYC Overall: 51%

Preterm Births

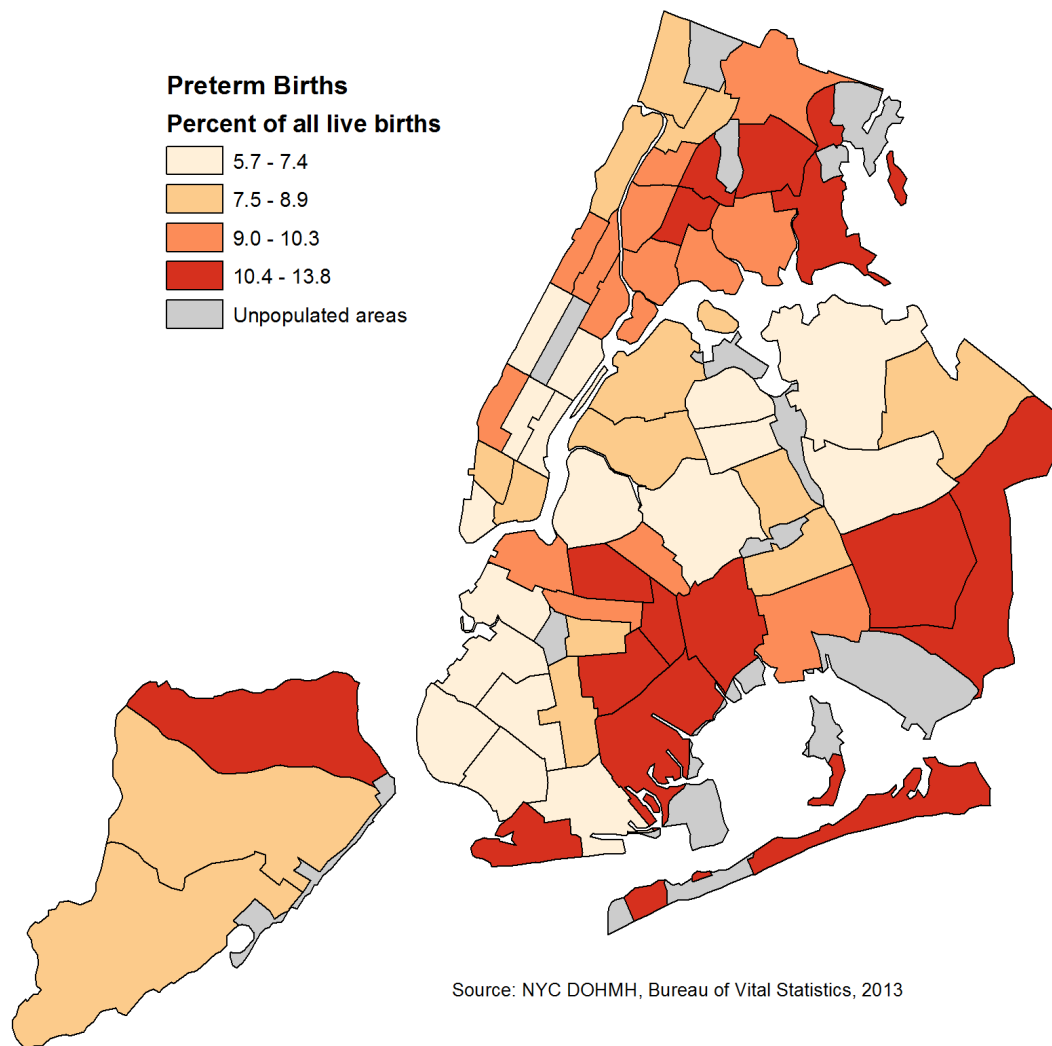


Percent of preterm births (less than 37 weeks gestation) among all live births

Highest		Percent
1	East Flatbush	13.8
2	Brownsville	13.3
3	Belmont and East Tremont	12.3
4	Rockaway and Broad Channel	11.6
4	East New York and Starrett City	11.6

Lowest		Percent
59	Midtown	5.7
57	Greenpoint and Williamsburg	6.0
57	Flushing and Whitestone	6.0
56	Borough Park	6.4
55	Stuyvesant Town and Turtle Bay	6.9

Borough	Percent
Bronx	9.9
Brooklyn	8.8
Manhattan	8.1
Queens	8.4
Staten Island	9.8



Source: NYC DOHMH, Bureau of Vital Statistics, 2013

NYC Overall: 9.0%

Teen Births



Rate of births in which the mother was under 20 years old per 1,000 women ages 15 to 19

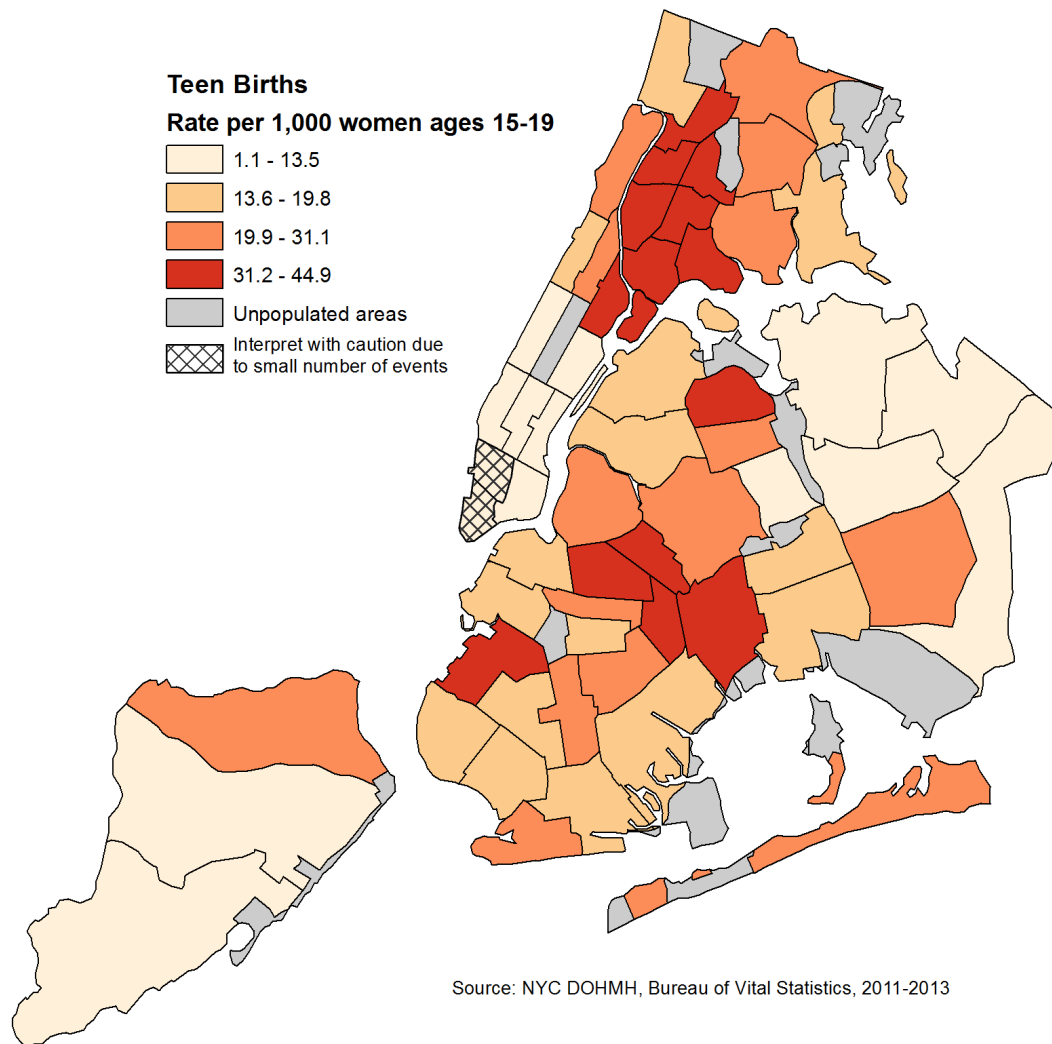
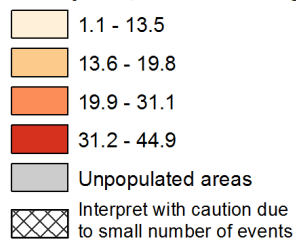
Highest		Rate
1	Hunts Point and Longwood	44.9
2	Highbridge and Concourse	43.6
3	Morrisania and Crotona	43.1
4	Fordham and University Heights	43.0
4	Mott Haven and Melrose	43.0

Lowest		Rate
59	Financial District	1.1*
58	Greenwich Village and Soho	1.3*
57	Stuyvesant Town and Turtle Bay	2.1
56	Bayside and Little Neck	3.5
55	Upper East Side	4.0

*Interpret with caution due to small number of events

Borough	Rate
Bronx	34.4
Brooklyn	24.0
Manhattan	16.0
Queens	18.7
Staten Island	14.3

Teen Births
Rate per 1,000 women ages 15-19



Source: NYC DOHMH, Bureau of Vital Statistics, 2011-2013

NYC Overall: 23.6



Elementary School Absenteeism

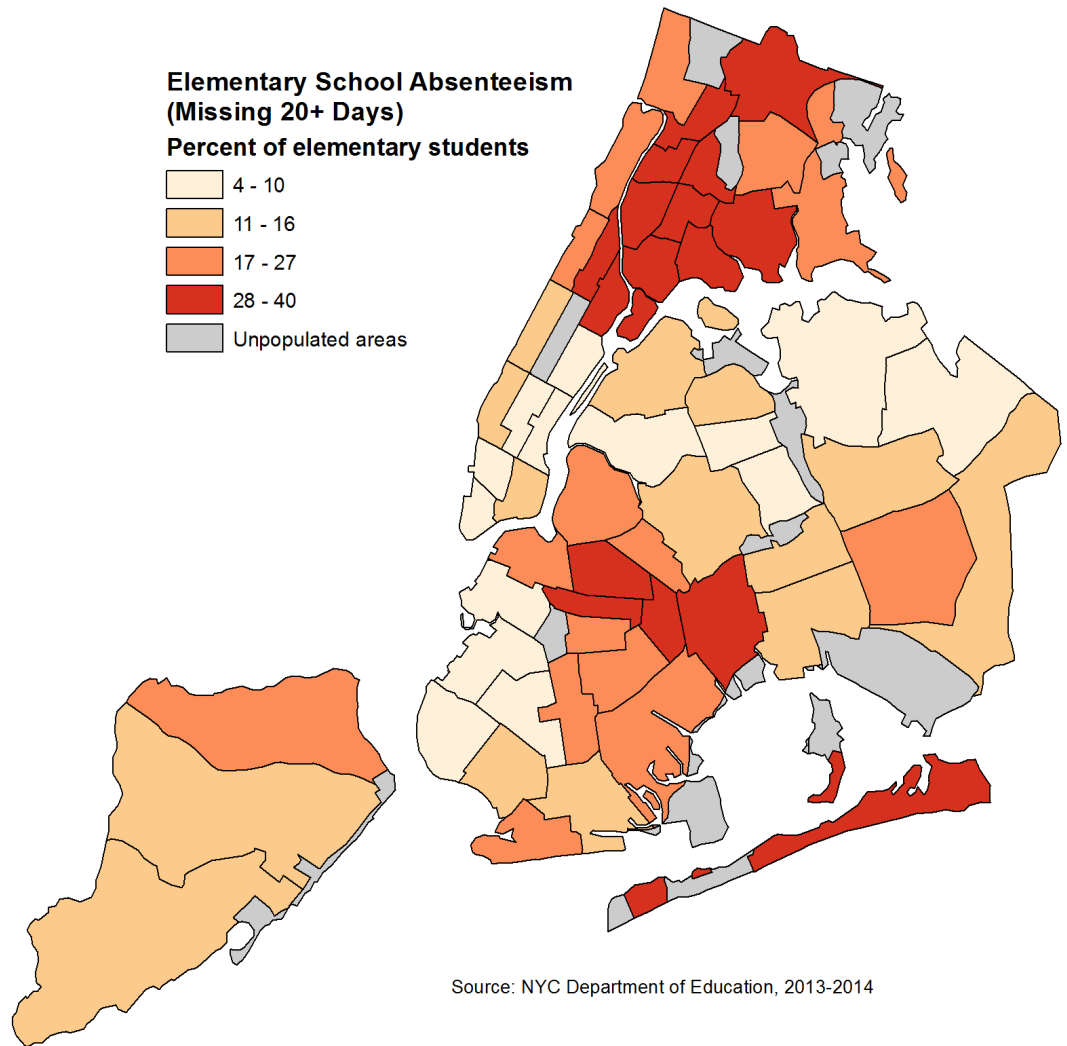
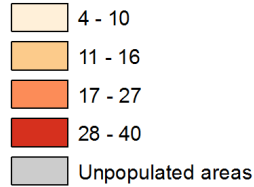
The percent of public school students, grades K to 5, who were chronically absent during the 2013-14 school year. Chronically absent is defined as missing 20 or more school days per year.

Highest		Percent
1	Brownsville	40
2	Belmont and East Tremont	37
3	Hunts Point and Longwood	36
4	Morrisania and Crotona	32
5	Highbridge and Concourse	31

Lowest		Percent
59	Financial District	4
58	Bayside and Little Neck	5
57	Greenwich Village and Soho	6
56	Stuyvesant Town and Turtle Bay	7
55	Upper East Side	7

Borough		Percent
	Bronx	29
	Brooklyn	19
	Manhattan	18
	Queens	14
	Staten Island	19

Elementary School Absenteeism (Missing 20+ Days)
Percent of elementary students



Source: NYC Department of Education, 2013-2014

NYC Overall: 20%

Jail Incarceration



Rate of adults who were incarcerated in local jails (not including prisons), per 100,000 adults ages 16 and older. Rate is derived from bi-weekly in-custody files from July 1 to Oct 9, 2014.

Highest	Percent
1 Morrisania and Crotona	371
2 Brownsville	348
3 Central Harlem	336
4 Mott Haven and Melrose	305
5 East Harlem	302

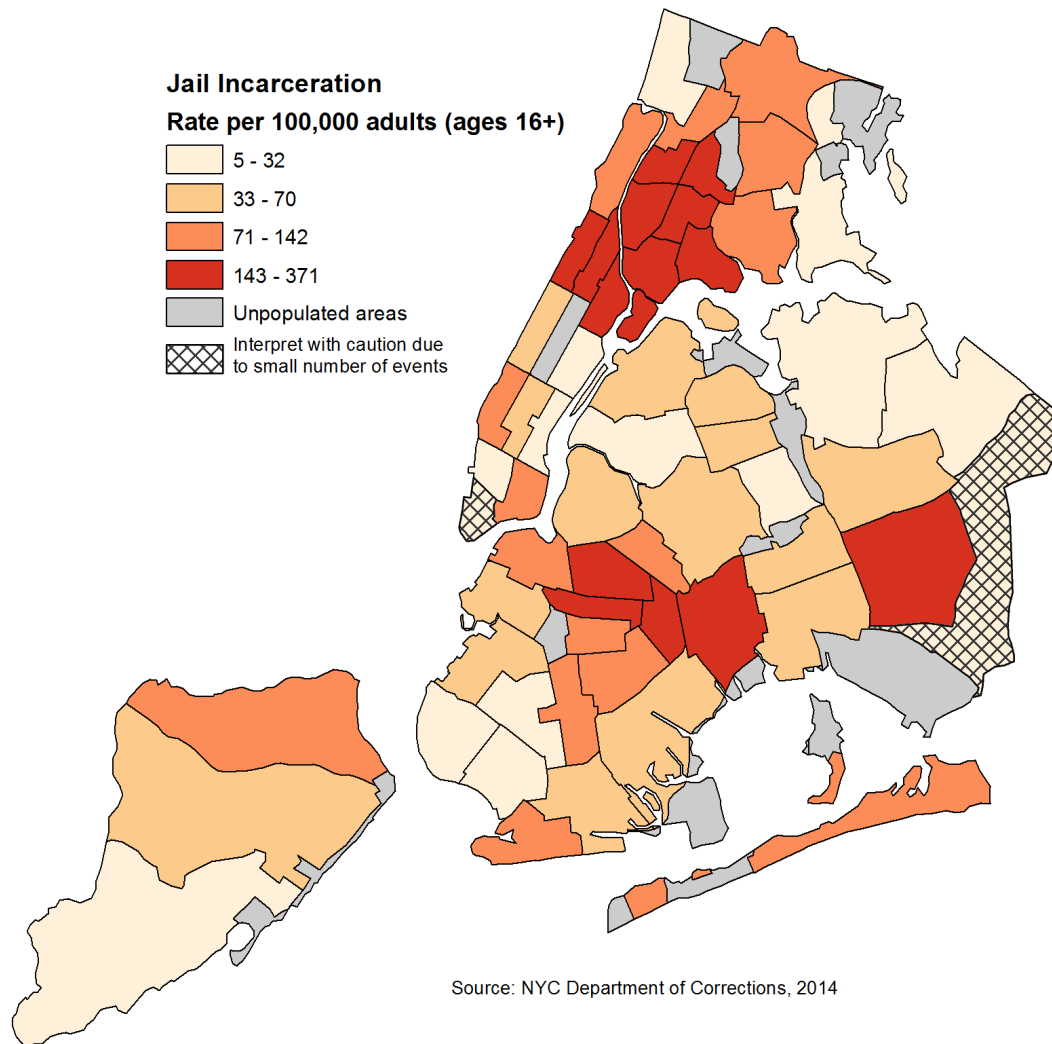
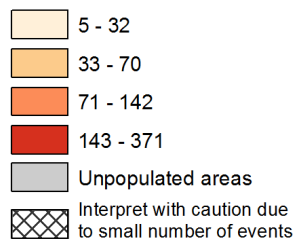
Lowest	Percent
59 Queens Village	5*
58 Bayside and Little Neck	12
57 Rego Park and Forest Hills	12
56 Financial District	15*
55 Upper East Side	15

*Interpret with caution due to small number of events

Borough	Percent
Bronx	156
Brooklyn	96
Manhattan	103
Queens	52
Staten Island	61

NYC Overall: 93

Jail Incarceration
Rate per 100,000 adults (ages 16+)



Source: NYC Department of Corrections, 2014

Note: DOC's total average daily population over this time period was approximately 10,800, but only about 60% of inmates provided the agency with addresses in NYC that could be geocoded to Community District. As a result, this rate of incarceration is underestimated.

Non-Fatal Assault Hospitalizations



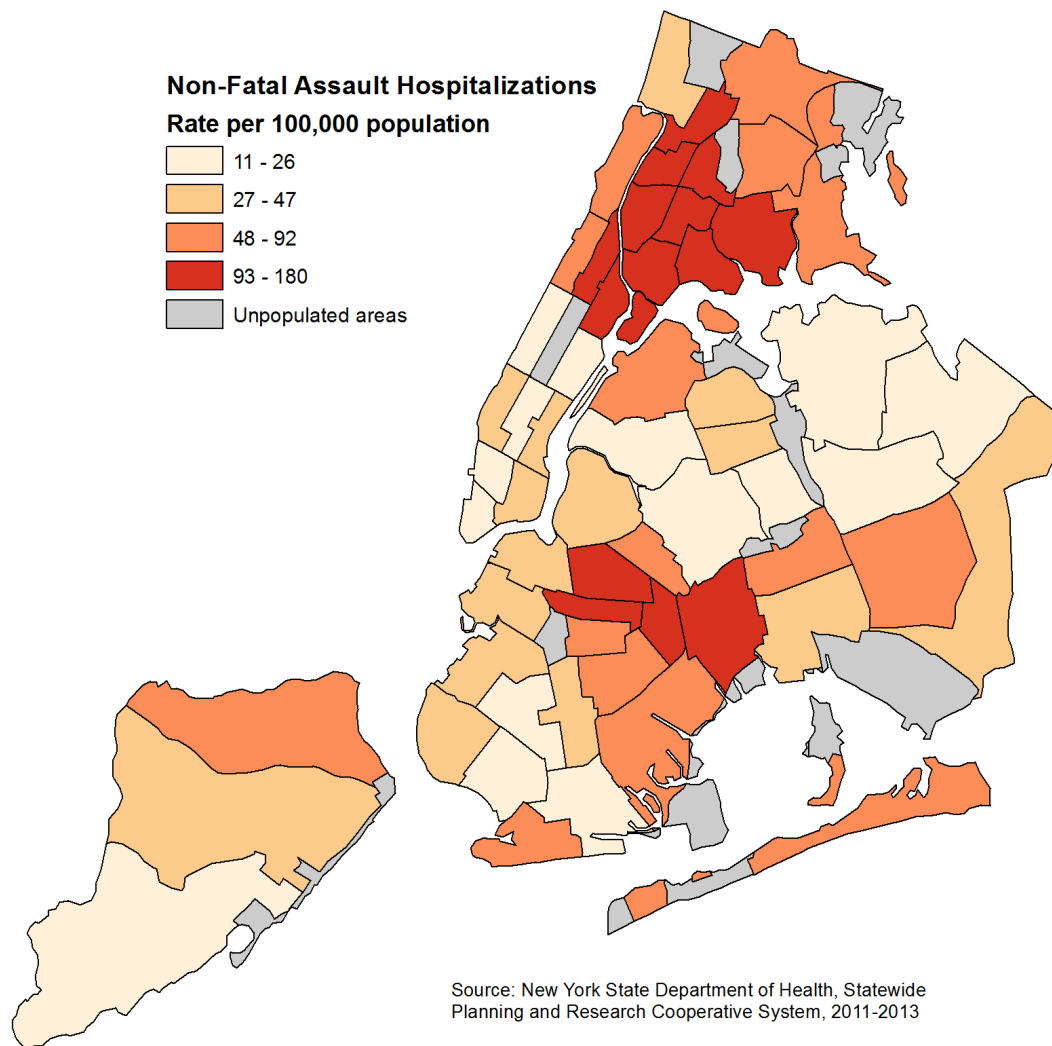
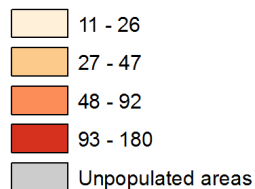
Rate of non-fatal assault hospitalizations per 100,000 population

Highest		Rate
1	Brownsville	180
2	Mott Haven and Melrose	180
3	Morrisania and Crotona	166
4	East Harlem	143
5	Belmont and East Tremont	142

Lowest		Rate
59	Rego Park and Forest Hills	11
58	Greenwich Village and Soho	12
57	Bayside and Little Neck	12
56	Flushing and Whitestone	17
55	Upper East Side	17

Borough		Rate
	Bronx	115
	Brooklyn	66
	Manhattan	51
	Queens	41
	Staten Island	57

Non-Fatal Assault Hospitalizations
Rate per 100,000 population



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2011-2013

NYC Overall: 64



Healthy Living

- ❖ Self-Reported Health
- ❖ Smoking
- ❖ Sugary Drink Consumption
- ❖ Fruit and Vegetable Consumption
- ❖ Physical Activity
- ❖ Obesity
- ❖ Diabetes
- ❖ Alcohol-Related Hospitalizations
- ❖ Drug-Related Hospitalizations



Self-Reported Health

Percent of adults who report their overall health as “excellent,” “very good” or “good” on a scale of one to five (excellent, very good, good, fair or poor)

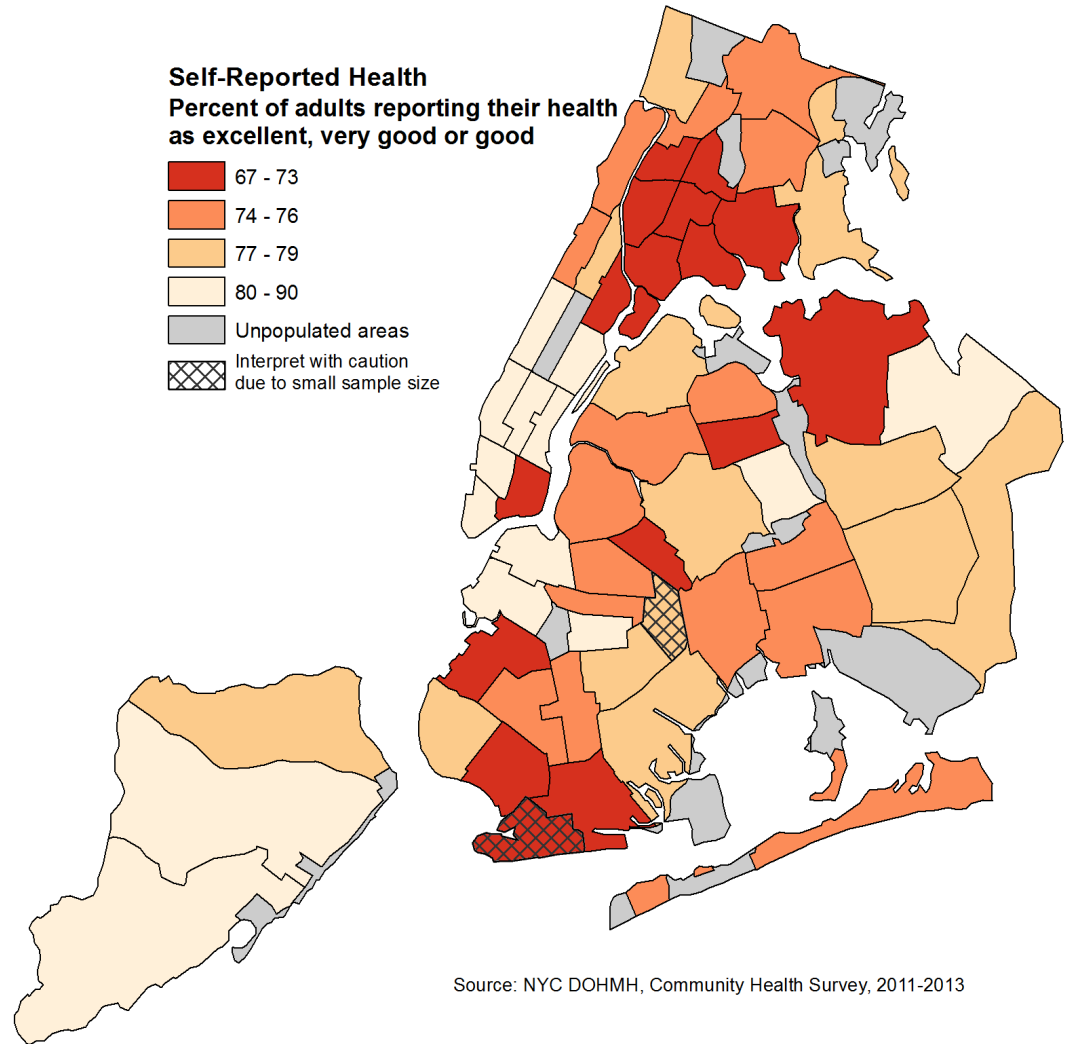
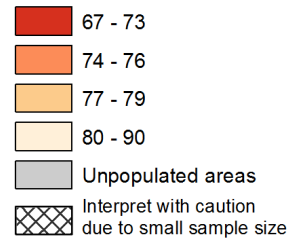
Highest	Percent
1 Upper East Side	92
2 Stuyvesant Town and Turtle Bay	90
3 Financial District	89
3 Greenwich Village and Soho	89
5 Upper West Side	89

Lowest	Percent
59 Sheepshead Bay	64
58 Coney Island	65*
56 Belmont and East Tremont	67
56 Morrisania and Crotona	67
55 Bushwick	68

*Interpret with caution due to small sample size

Borough	Percent
Bronx	73
Brooklyn	75
Manhattan	83
Queens	79
Staten Island	83

Self-Reported Health
Percent of adults reporting their health as excellent, very good or good



Source: NYC DOHMH, Community Health Survey, 2011-2013

NYC Overall: 78%

Smoking



Percent of adults who report being current smokers

Highest		Percent
---------	--	---------

1	St. George and Stapleton	22
2	Long Island City and Astoria	21
3	South Beach and Willowbrook	21
4	Bedford Stuyvesant	20
5	Morrisania and Crotona	20
5	Belmont and East Tremont	20

Lowest		Percent
--------	--	---------

59	East Flatbush	10
58	Park Slope and Carroll Gardens	10*
57	Upper West Side	11
56	Elmhurst and Corona	11
55	Washington Heights and Inwood	12

*Interpret with caution due to small sample size

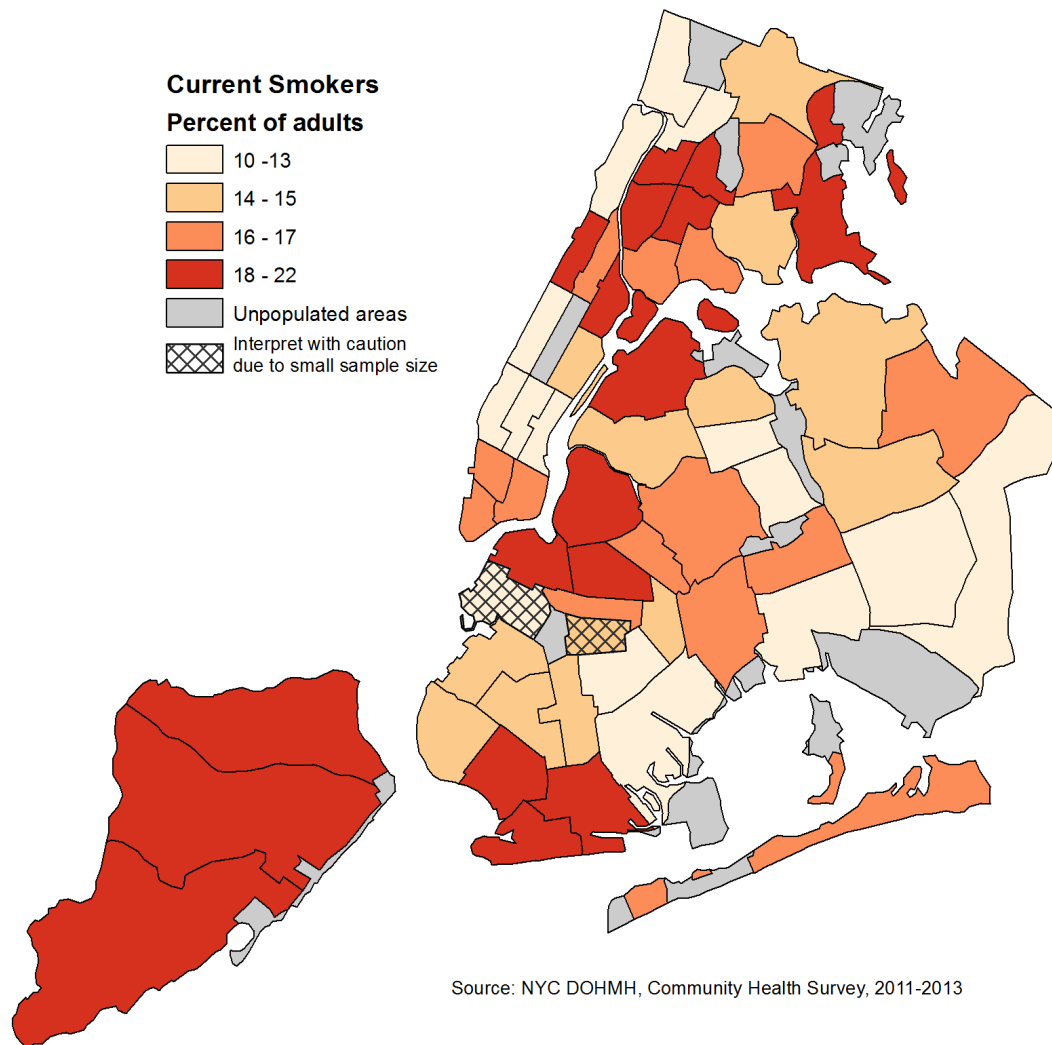
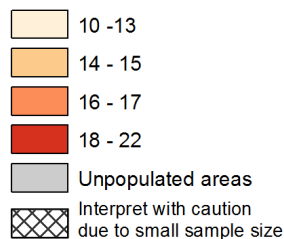
Borough	Percent
---------	---------

Bronx	16
Brooklyn	16
Manhattan	15
Queens	15
Staten Island	20

NYC Overall: 15%

Current Smokers

Percent of adults



Source: NYC DOHMH, Community Health Survey, 2011-2013

Sugary Drink Consumption



Percent of adults who report drinking one or more 12 ounce sugar-sweetened beverage (sodas, iced tea, sports drinks, etc.) per day

Highest		Percent
---------	--	---------

1	Fordham and University Heights	42
2	Brownsville	40*
3	Morrisania and Crotona	39
3	Belmont and East Tremont	39
5	Mott Haven and Melrose	38
5	Hunts Point and Longwood	38

*Interpret with caution due to small sample size

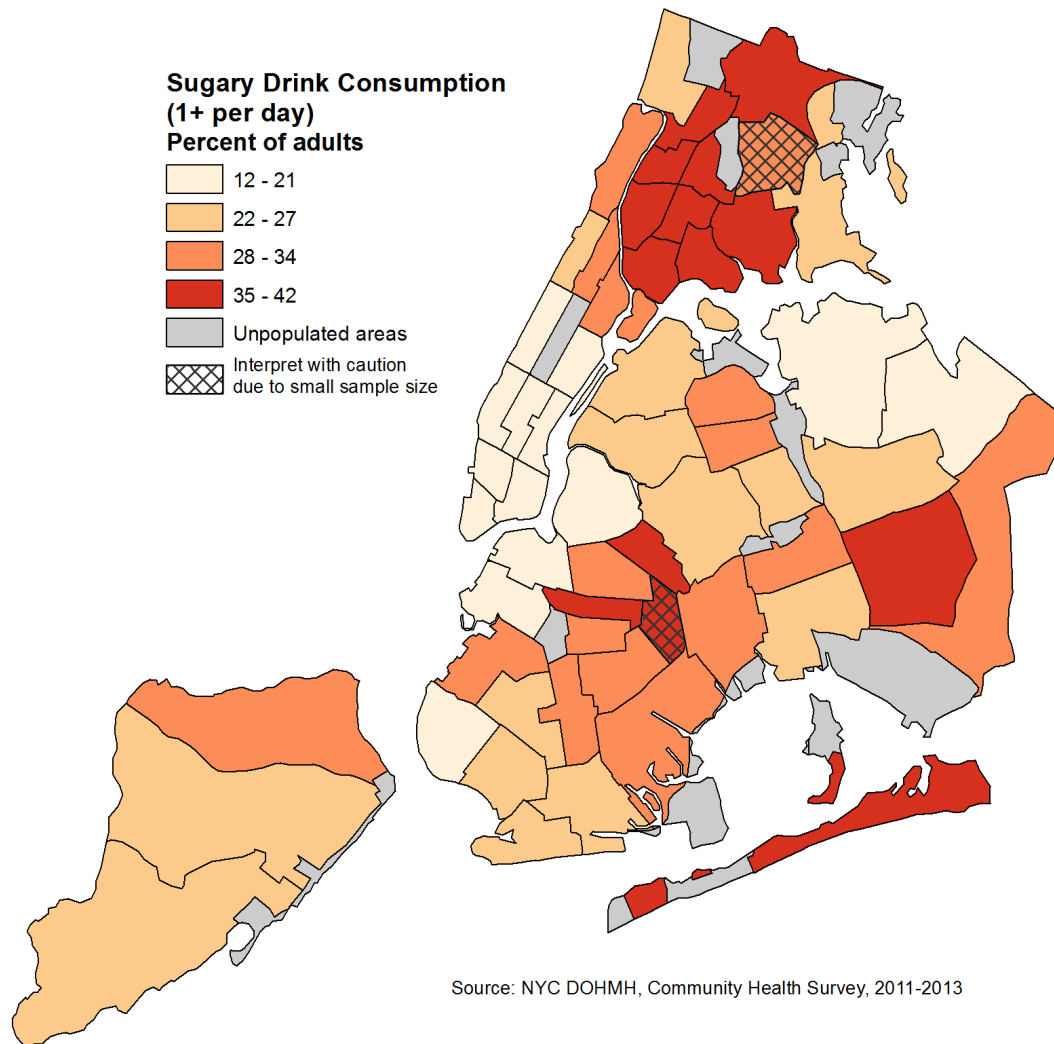
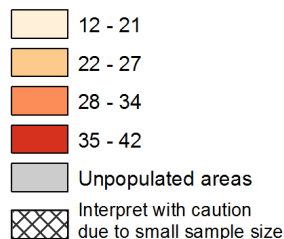
Lowest		Percent
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59	Stuyvesant Town and Turtle Bay	12
58	Upper West Side	12
57	Upper East Side	14
55	Greenwich Village and Soho	14
55	Financial District	14

Borough		Percent
---------	--	---------

Bronx	35
Brooklyn	27
Manhattan	20
Queens	28
Staten Island	28

Sugary Drink Consumption (1+ per day) Percent of adults



Source: NYC DOHMH, Community Health Survey, 2011-2013

NYC Overall: 27%

Fruit and Vegetable Consumption



Percent of adults who report eating at least one serving of fruits or vegetables in the last day

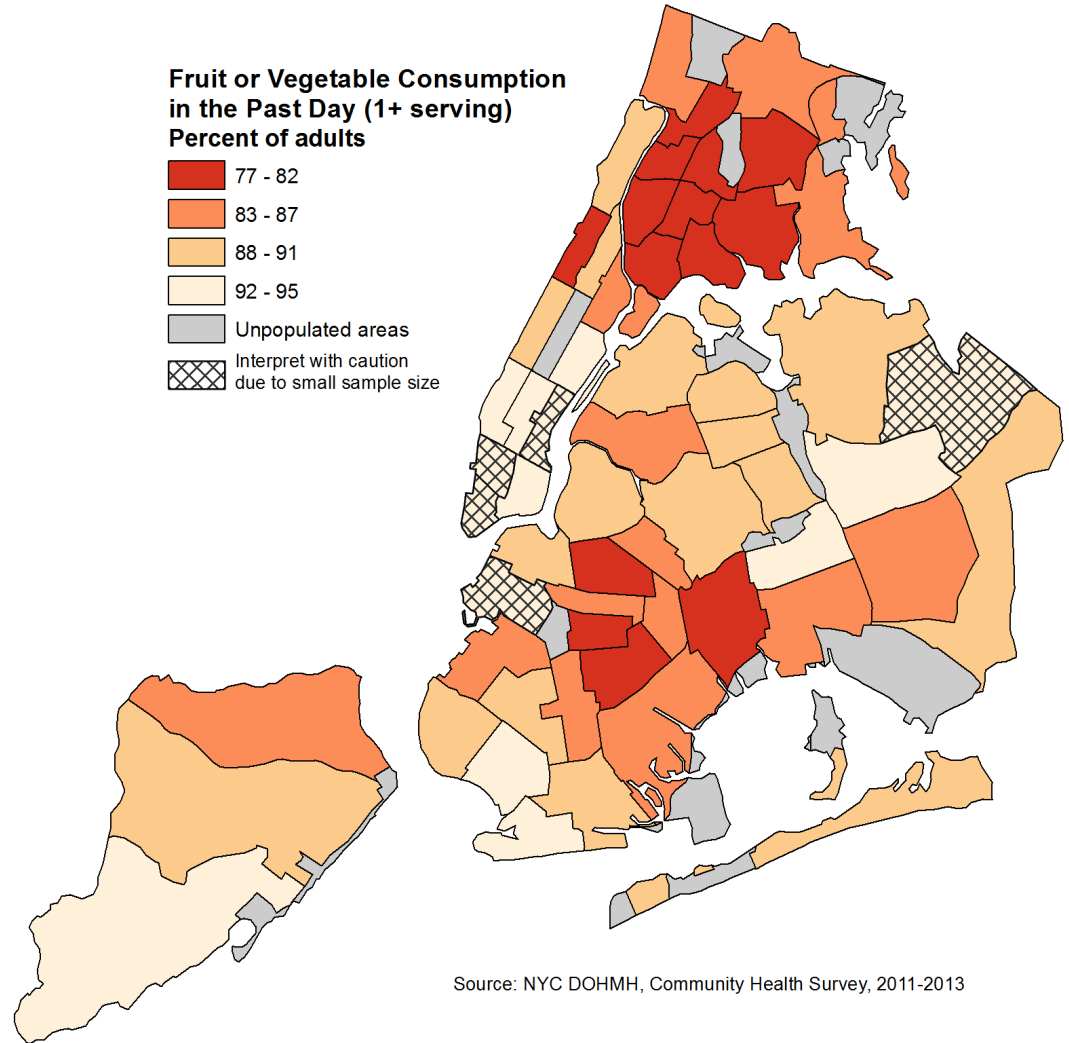
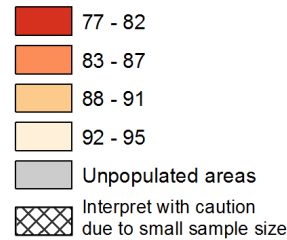
Highest		Percent
1	Bayside and Little Neck	95*
2	Financial District	95*
2	Greenwich Village and Soho	95*
4	Stuyvesant Town and Turtle Bay	93*
5	Upper East Side	93

*Interpret with caution due to small sample size

Lowest		Percent
58	Hunts Point and Longwood	77
58	Mott Haven and Melrose	77
57	Parkchester and Soundview	79
56	Highbridge and Concourse	80
55	Fordham and University Heights	80

Borough	Percent
Bronx	82
Brooklyn	87
Manhattan	91
Queens	89
Staten Island	89

Fruit or Vegetable Consumption in the Past Day (1+ serving)
Percent of adults



Source: NYC DOHMH, Community Health Survey, 2011-2013

NYC Overall: 88%

Physical Activity



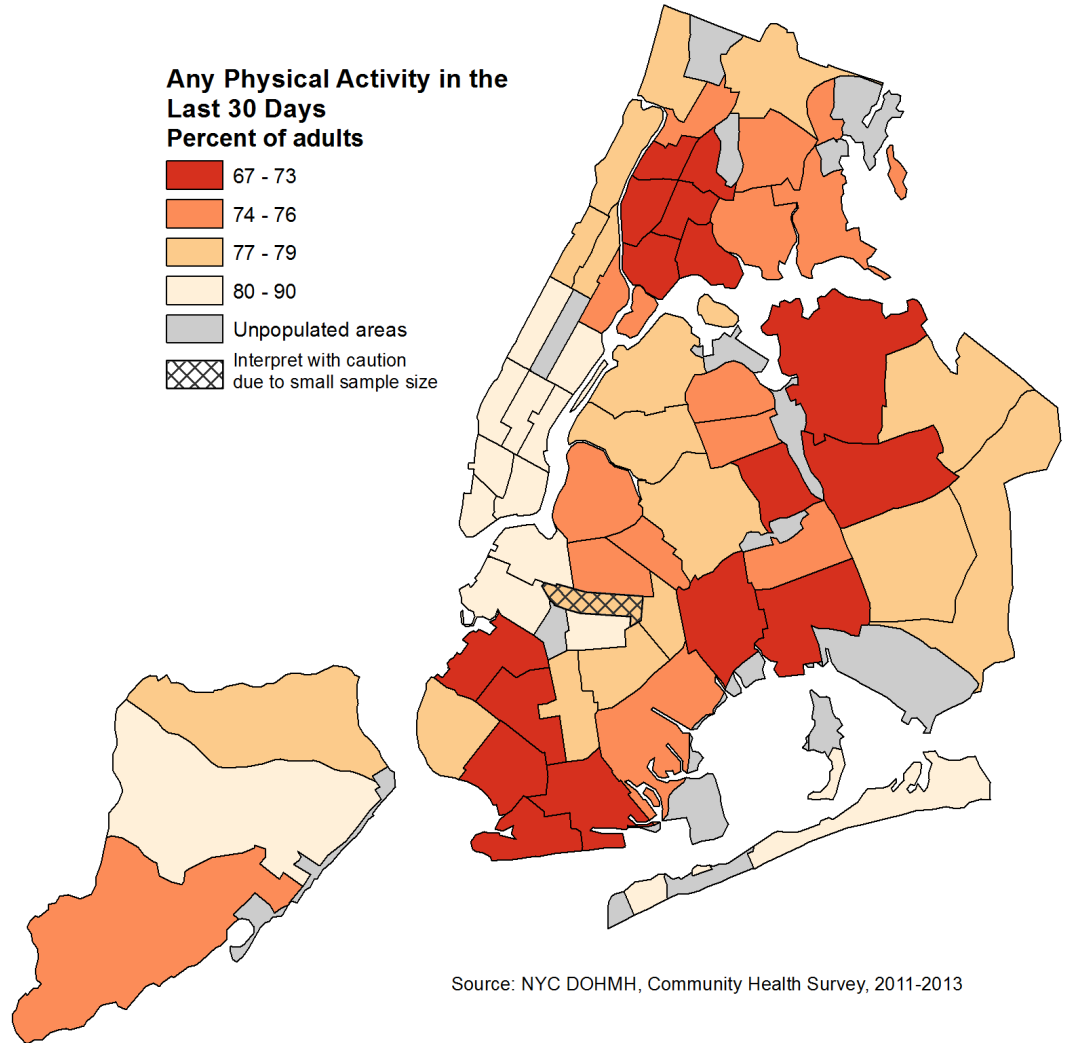
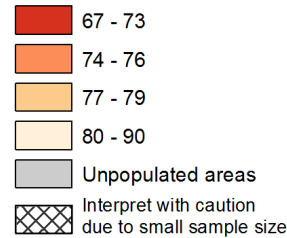
Percent of adults who report getting any physical activity in the last 30 days

Highest		Percent
1	Clinton and Chelsea	90
1	Midtown	90
3	Park Slope and Carroll Gardens	89
4	Upper West Side	87
5	Upper East Side	87

Lowest		Percent
59	Sunset Park	67
58	Bensonhurst	69
56	Hunts Point and Longwood	70
56	Mott Haven and Melrose	70
55	Rego Park and Forest Hills	70

Borough	Percent
Bronx	74
Brooklyn	75
Manhattan	84
Queens	76
Staten Island	78

Any Physical Activity in the Last 30 Days
Percent of adults



Source: NYC DOHMH, Community Health Survey, 2011-2013

NYC Overall: 77%

Obesity

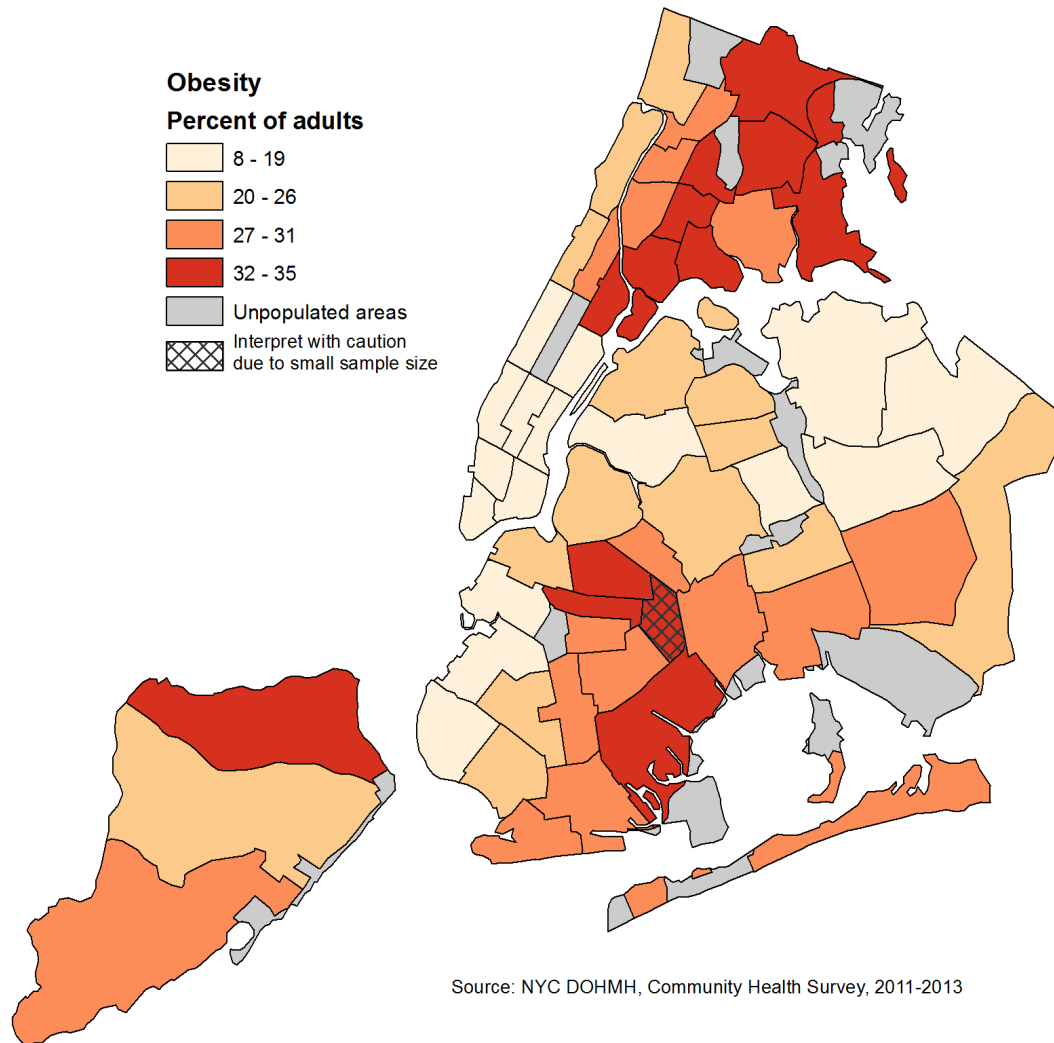


Percent of adults who are obese (Body Mass Index of 30 or greater) based on self-reported height and weight

Highest		Percent
1	Morrisania and Crotona	35
1	Belmont and East Tremont	35
3	Williamsbridge and Baychester	35
4	Throgs Neck and Co-op City	34
5	East Harlem	33

Lowest		Percent
59	Stuyvesant Town and Turtle Bay	8
57	Greenwich Village and Soho	9
57	Financial District	9
55	Midtown	10
55	Clinton and Chelsea	10

Borough		Percent
	Bronx	31
	Brooklyn	27
	Manhattan	16
	Queens	21
	Staten Island	29



Source: NYC DOHMH, Community Health Survey, 2011-2013

NYC Overall: 24%

Diabetes

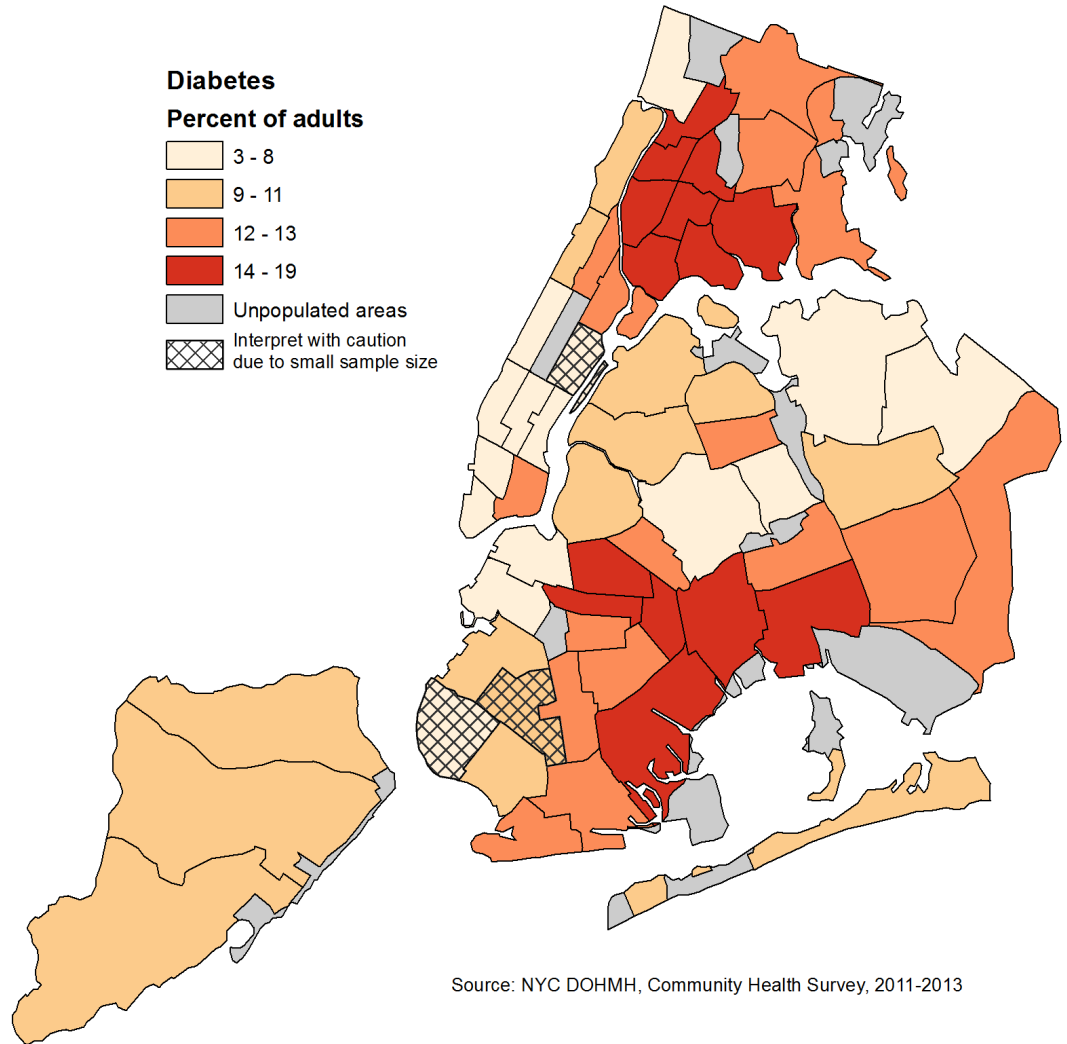


Percent of adults who report ever being told by a healthcare professional that they have diabetes

Highest		Percent
1	East New York and Starrett City	18
2	Crown Hts and Prospect Hts	16
3	Morrisania and Crotona	16
3	Belmont and East Tremont	16
5	Bedford Stuyvesant	15

Lowest		Percent
59	Stuyvesant Town and Turtle Bay	3
57	Greenwich Village and Soho	3
57	Financial District	3
55	Midtown	4
55	Clinton and Chelsea	4

Borough	Percent
Bronx	14
Brooklyn	11
Manhattan	7
Queens	10
Staten Island	10



Source: NYC DOHMH, Community Health Survey, 2011-2013

NYC Overall: 10%

Alcohol-Related Hospitalizations

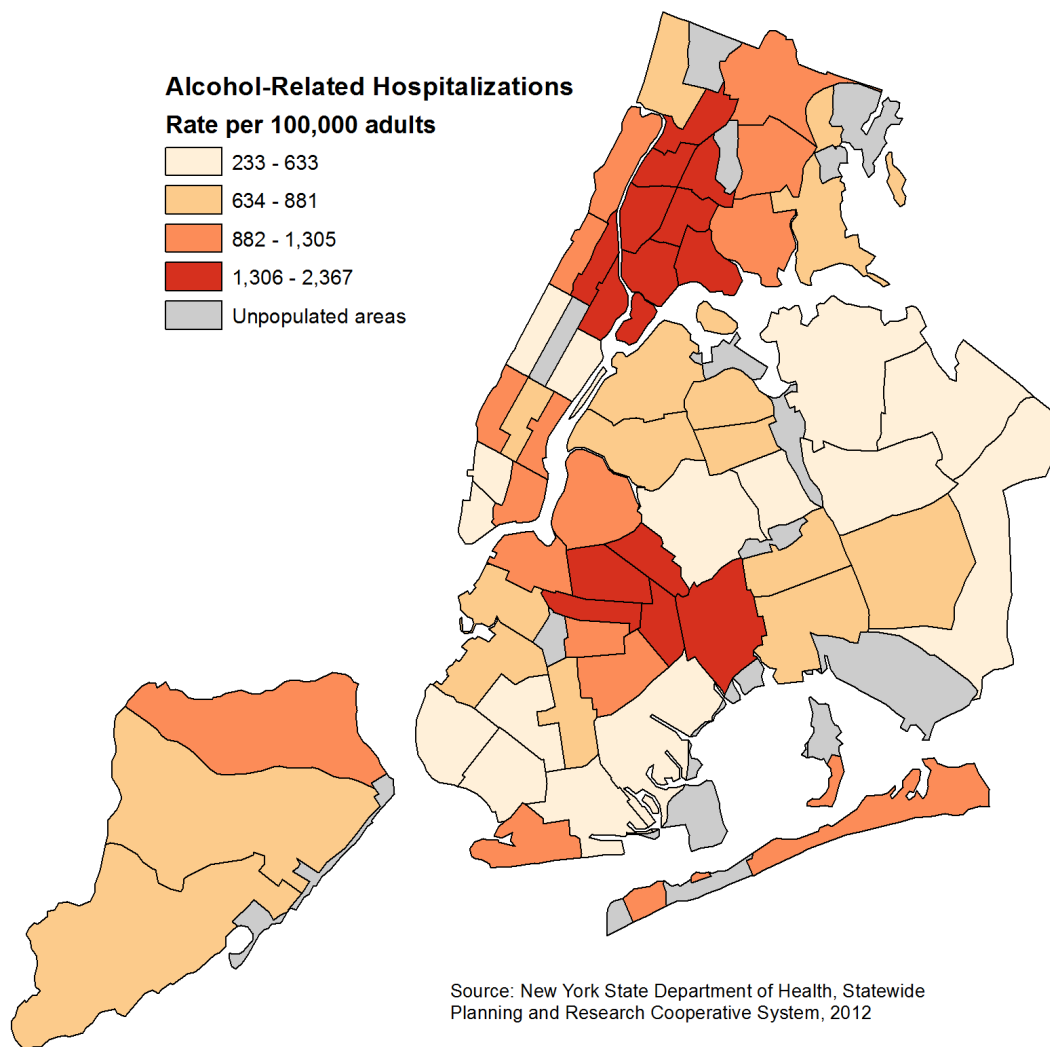


Rate of alcohol-related hospitalizations per 100,000 adults

Highest		Rate
1	Morrisania and Crotona	2,367
2	Mott Haven and Melrose	2,333
3	East Harlem	2,333
4	Brownsville	2,285
5	Belmont and East Tremont	2,163

Lowest		Rate
59	Bayside and Little Neck	233
58	Flushing and Whitestone	357
57	Rego Park and Forest Hills	374
56	Queens Village	458
55	Bensonhurst	463

Borough	Rate
Bronx	1,633
Brooklyn	1,041
Manhattan	1,084
Queens	638
Staten Island	934



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

NYC Overall: 1,019

Drug-Related Hospitalizations

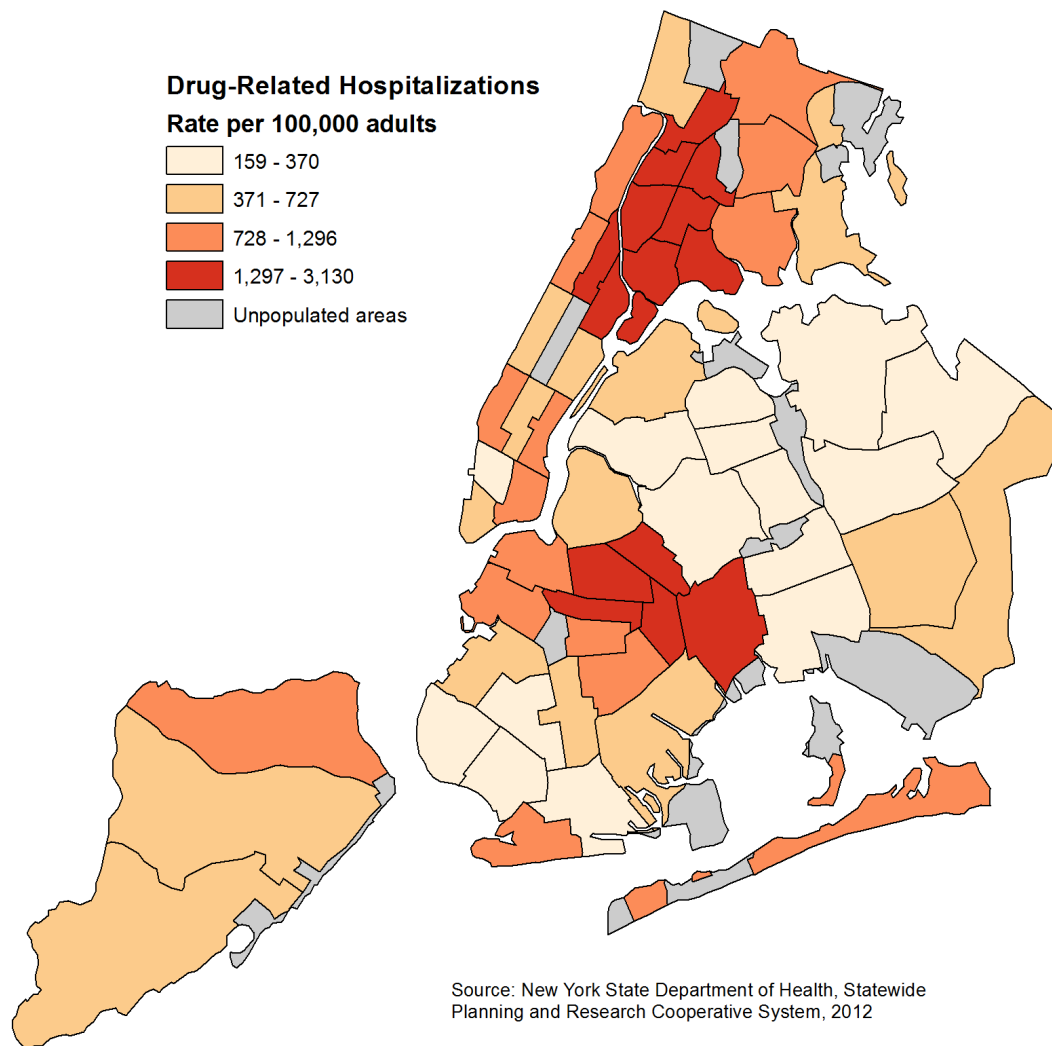


Rate of drug-related hospitalizations per 100,000 adults

Highest		Rate
1	Morrisania and Crotona	3,130
2	East Harlem	2,822
3	Belmont and East Tremont	2,760
4	Brownsville	2,682
5	Mott Haven and Melrose	2,669

Lowest		Rate
59	Rego Park and Forest Hills	159
58	Flushing and Whitestone	166
57	Bayside and Little Neck	168
56	Elmhurst and Corona	216
55	Woodside and Sunnyside	222

Borough		Rate
Bronx		1,761
Brooklyn		921
Manhattan		1,025
Queens		357
Staten Island		830



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

NYC Overall: 907



Health Care

- ❖ Health Insurance
- ❖ Didn't Get Needed Medical Care
- ❖ Prenatal Care
- ❖ HPV Vaccination
- ❖ Flu Vaccination
- ❖ HIV Testing



Health Insurance

Percent of adults who report not having health insurance. With the implementation of the Affordable Care Act, the percentages of adults without insurance shown here are expected to decrease.

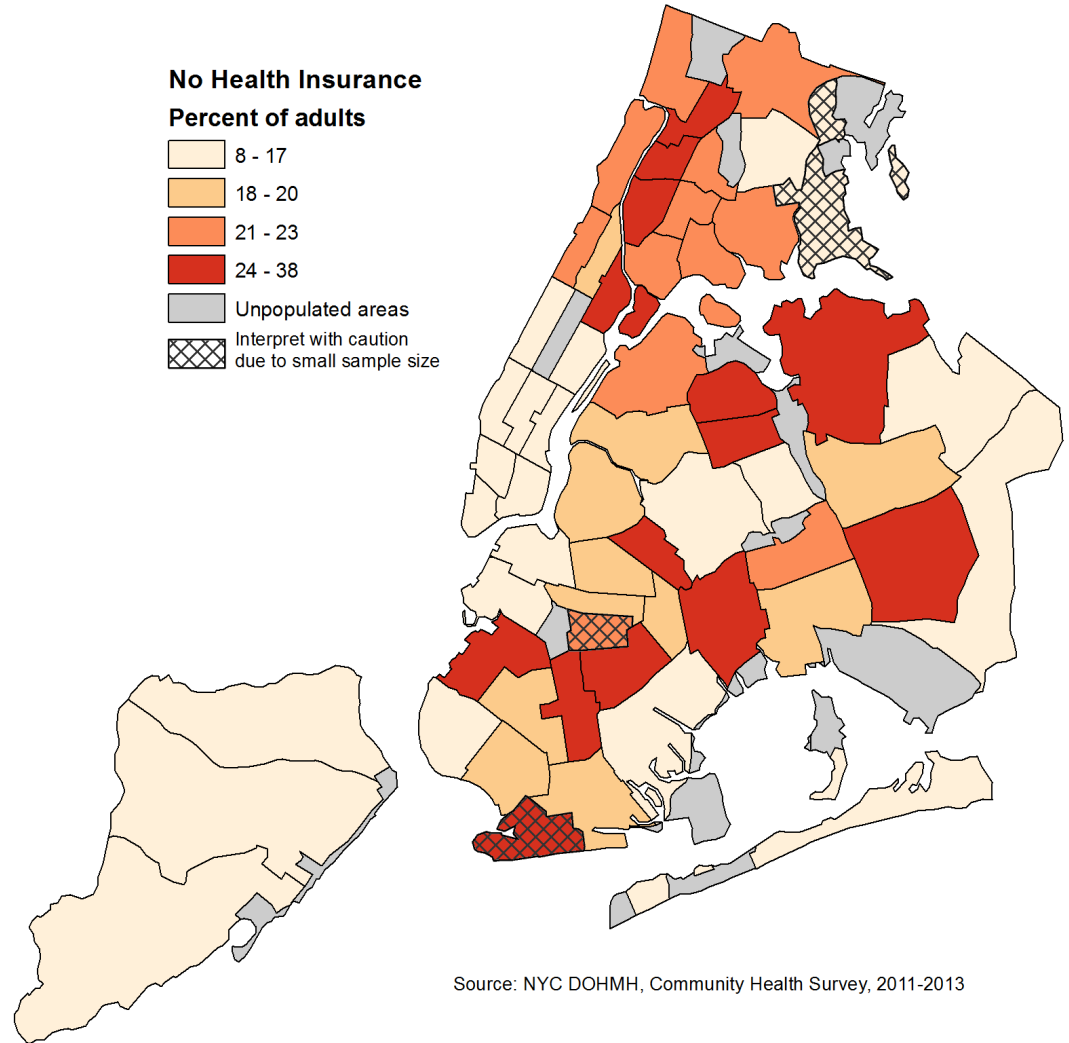
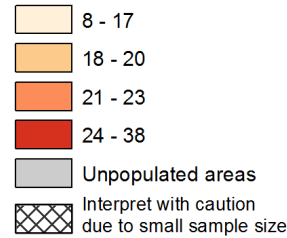
Highest	Percent
1 Jackson Heights	38
2 Elmhurst and Corona	36
3 Bushwick	29
4 Kingsbridge Heights and Bedford	28
5 Sunset Park	27

Lowest	Percent
59 Tottenville and Great Kills	8
57 Greenwich Village and Soho	10
57 Financial District	10
56 Stuyvesant Town and Turtle Bay	10
55 Fort Greene and Brooklyn Heights	11

Borough	Percent
Bronx	22
Brooklyn	20
Manhattan	15
Queens	22
Staten Island	12

No Health Insurance

Percent of adults



Source: NYC DOHMH, Community Health Survey, 2011-2013

NYC Overall: 20%



Went Without Needed Medical Care

Percent of adults who report they needed medical care in the past 12 months but did not receive it

Highest		Percent
1	Mott Haven and Melrose	17
1	Hunts Point and Longwood	17
3	Morningside Heights and Hamilton Heights	17
4	Washington Heights and Inwood	16
5	East New York and Starrett City	15

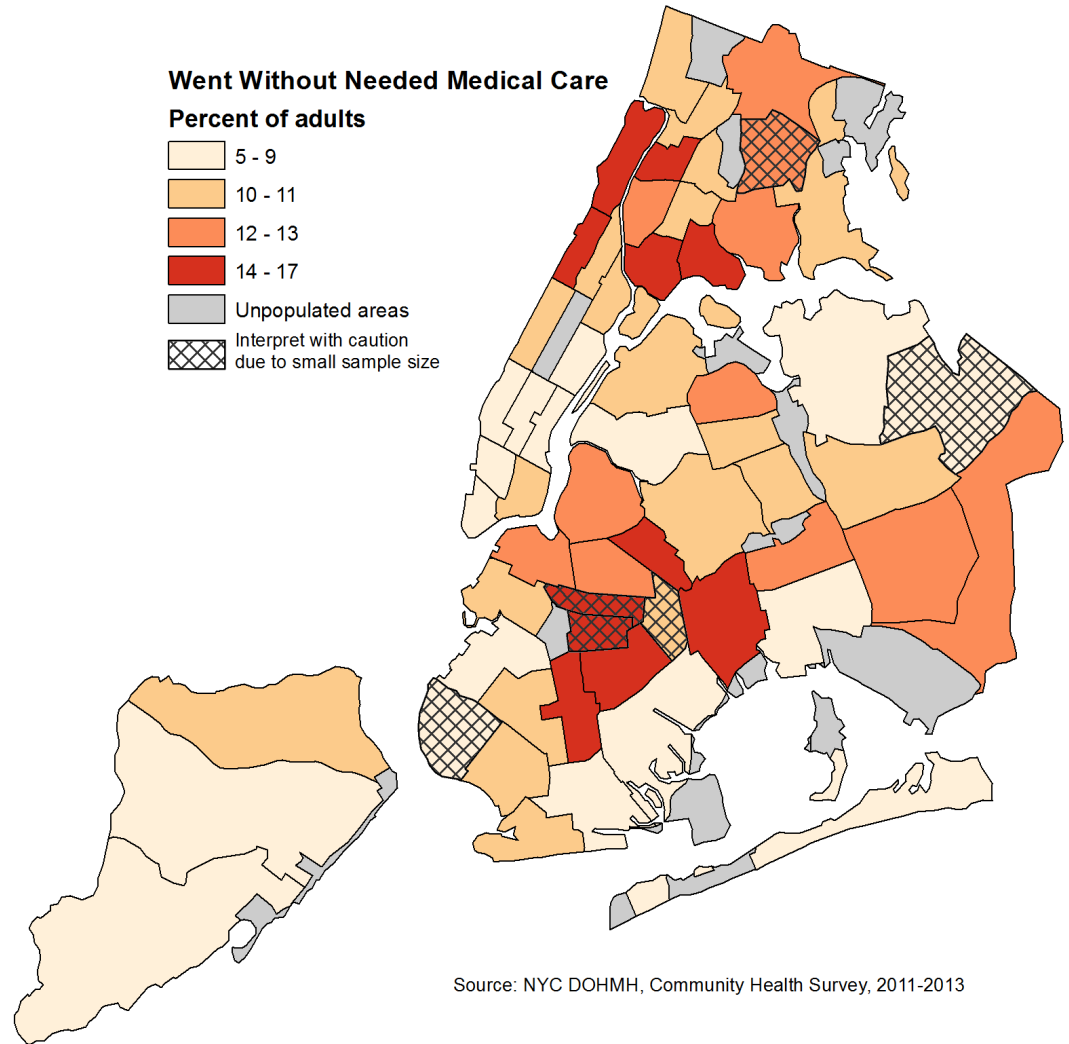
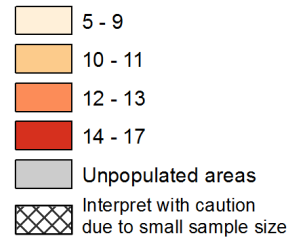
Lowest		Percent
59	Upper East Side	5
58	South Beach and Willowbrook	6
57	Bay Ridge and Dyker Heights	6*
56	Bayside and Little Neck	6
55	Tottenville and Great Kills	7

*Interpret with caution due to small sample size

Borough		Percent
	Bronx	12
	Brooklyn	12
	Manhattan	10
	Queens	11
	Staten Island	8

Went Without Needed Medical Care

Percent of adults



Source: NYC DOHMH, Community Health Survey, 2011-2013

NYC Overall: 11%



Late or No Prenatal Care

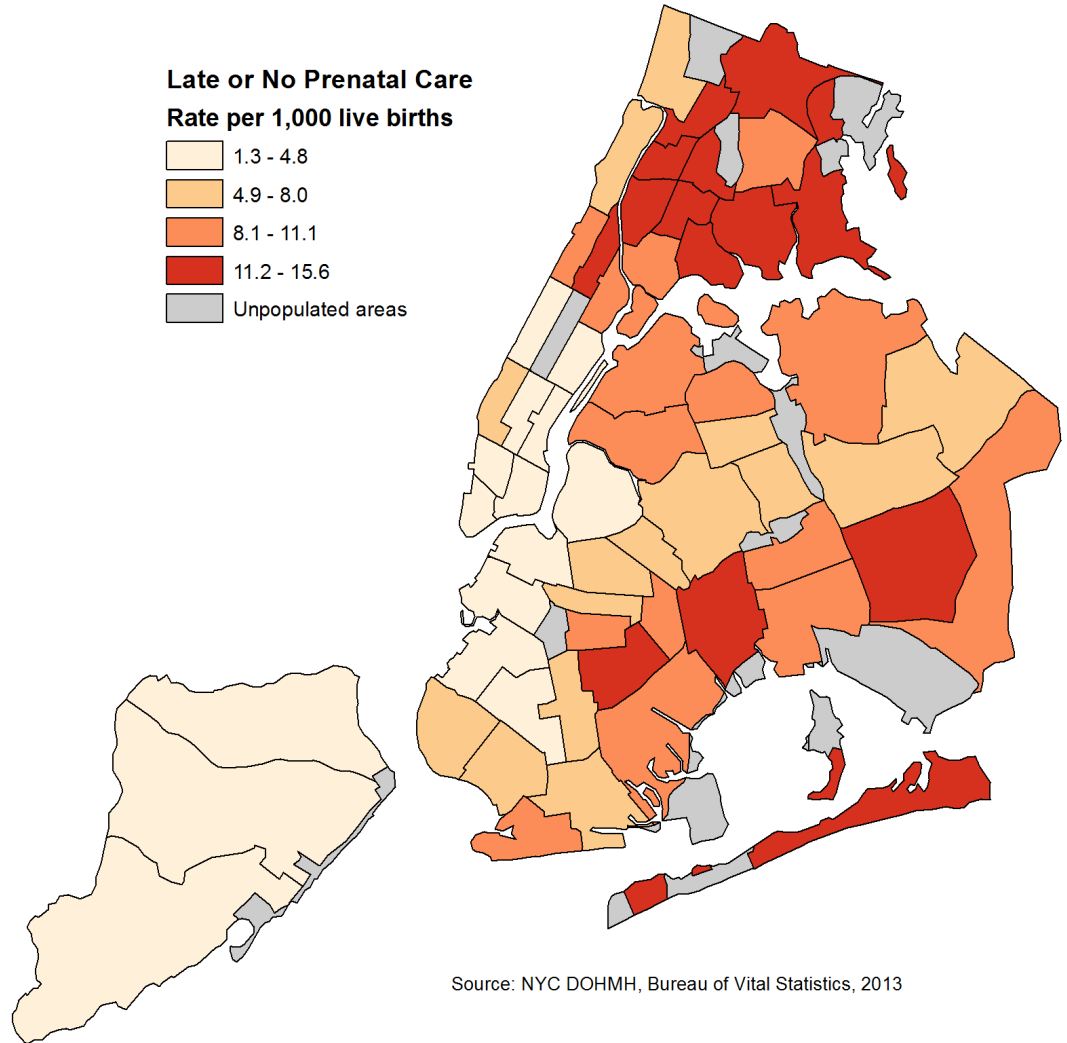
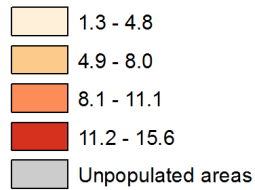
Among all live births, percent of infants receiving late prenatal care (i.e., after the first and second trimesters) or no prenatal care at all

Highest		Percent
1	Morrisania and Crotona	15.6
2	East Flatbush	14.9
3	Hunts Point and Longwood	14.7
4	Williamsbridge and Baychester	13.9
5	Highbridge and Concourse	13.6

Lowest		Percent
59	Tottenville and Great Kills	1.3
58	Financial District	1.5
57	Park Slope and Carroll Gardens	1.6
54	Upper East Side	2.2
54	Greenwich Village and Soho	2.2
54	Fort Greene and Brooklyn Heights	2.2

Borough	Percent
Bronx	12.3
Brooklyn	6.4
Manhattan	5.3
Queens	9.0
Staten Island	2.3

Late or No Prenatal Care
Rate per 1,000 live births



Source: NYC DOHMH, Bureau of Vital Statistics, 2013

NYC Overall: 7.4%

HPV Vaccination



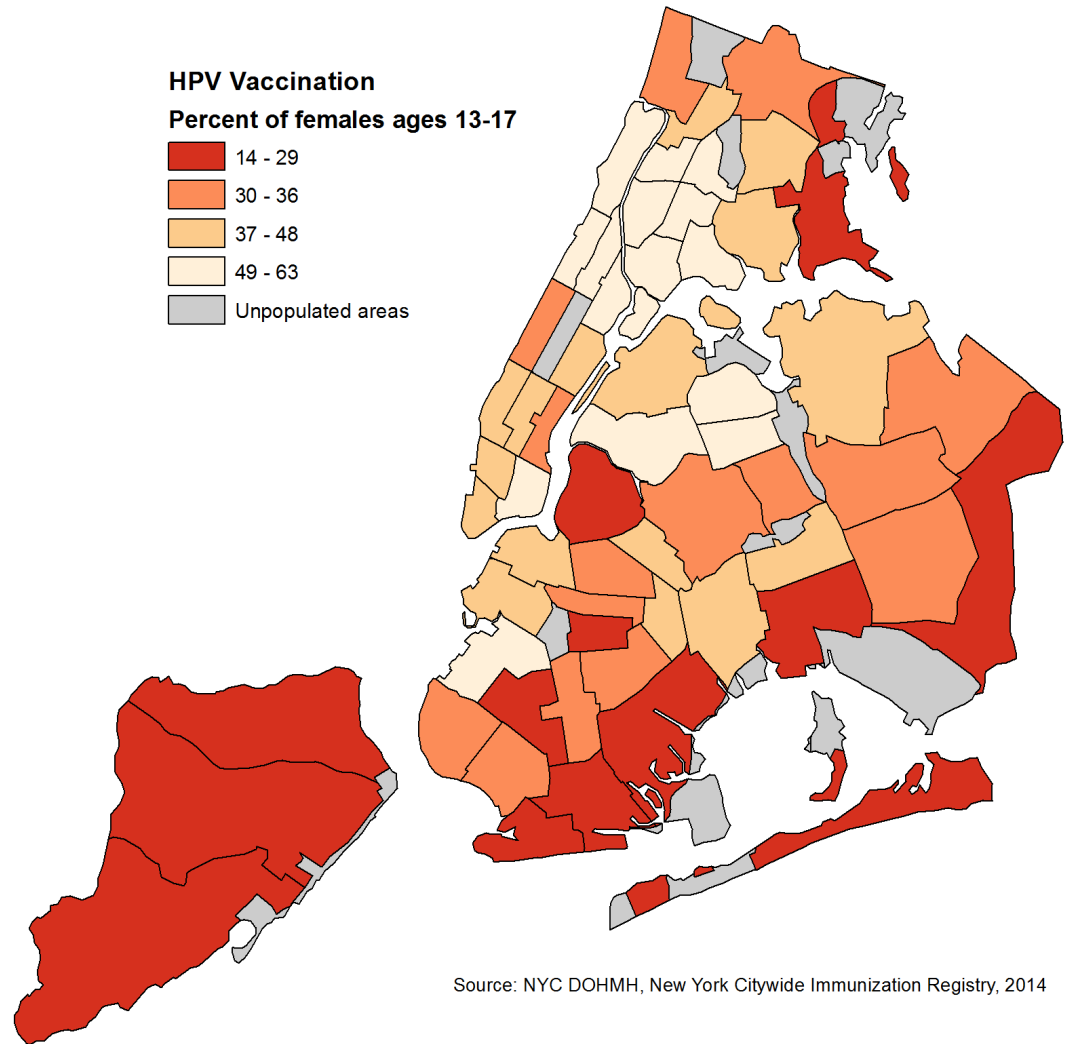
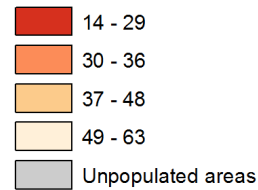
Percent of females ages 13 to 17 who received all three doses of the human papillomavirus (HPV) vaccine

Highest		Percent
1	Hunts Point and Longwood	63
2	Morrisania and Crotona	61
3	Lower East Side and Chinatown	60
4	Washington Heights and Inwood	59
5	Mott Haven and Melrose	57

Lowest		Percent
59	Tottenville and Great Kills	14
58	South Beach and Willowbrook	17
57	Queens Village	20
56	Borough Park	20
55	Greenpoint and Williamsburg	20

Borough	Percent
Bronx	53
Brooklyn	36
Manhattan	54
Queens	41
Staten Island	22

HPV Vaccination
Percent of females ages 13-17



Source: NYC DOHMH, New York Citywide Immunization Registry, 2014

NYC Overall: 43%

Flu Vaccination

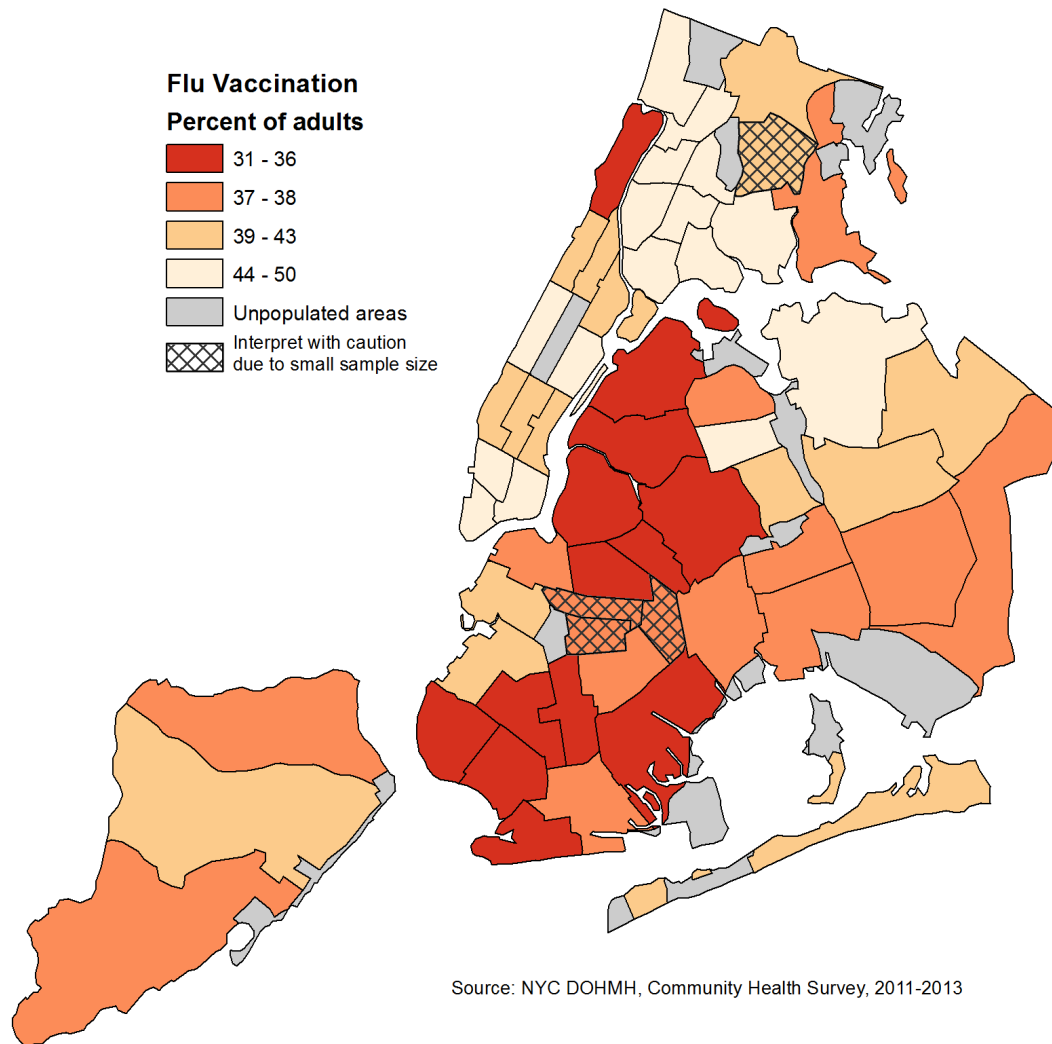


Percent of adults who report receiving a flu vaccination in the last 12 months

Highest		Percent
1	Mott Haven and Melrose	50
1	Hunts Point and Longwood	50
3	Highbridge and Concourse	49
4	Riverdale and Fieldston	49
5	Upper West Side	49

Lowest		Percent
59	Coney Island	31
58	Greenpoint and Williamsburg	32
57	Ridgewood and Maspeth	33
56	Borough Park	33
55	Bensonhurst	34

Borough	Percent
Bronx	46
Brooklyn	36
Manhattan	43
Queens	39
Staten Island	39



Source: NYC DOHMH, Community Health Survey, 2011-2013

NYC Overall: 40%

HIV Testing



Percent of adults who report ever getting tested for HIV

Highest		Percent
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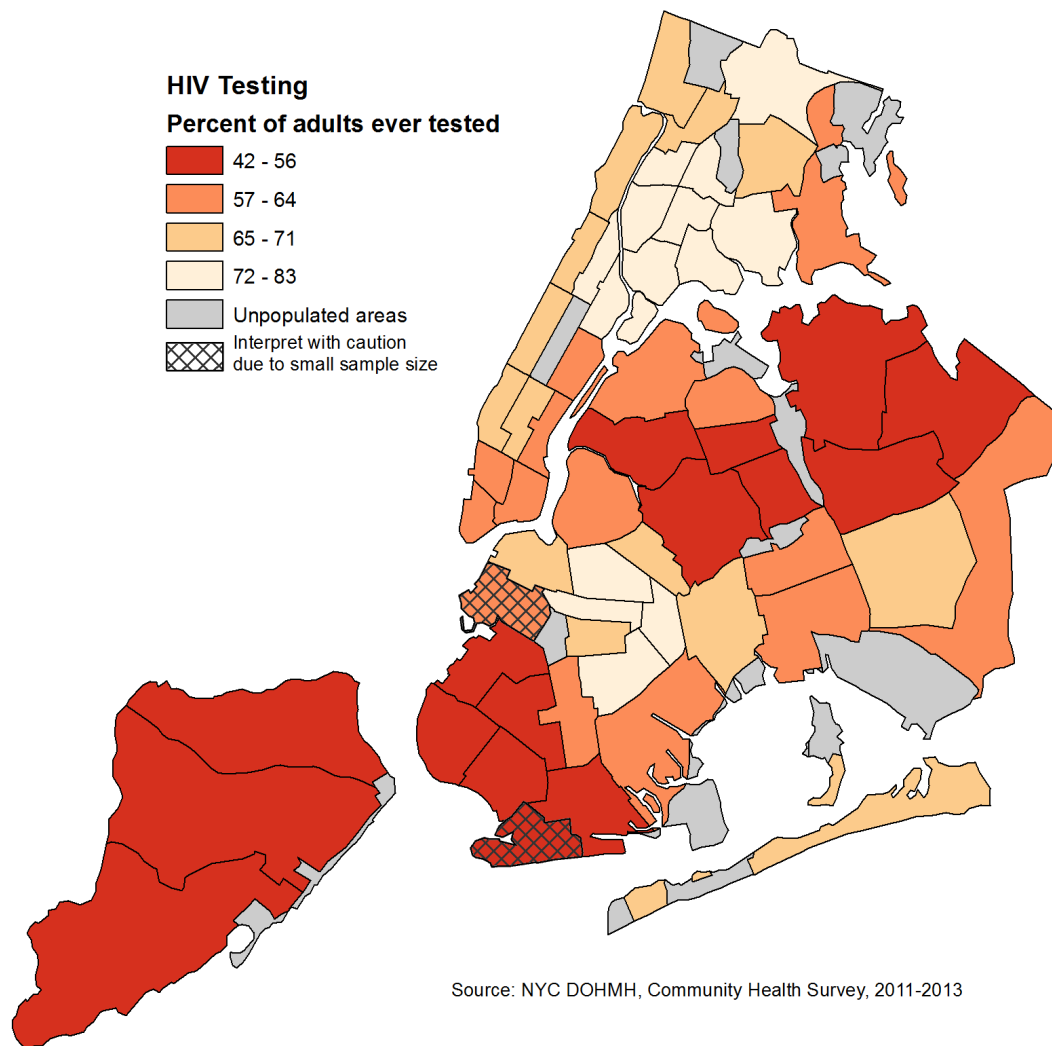
1	Fordham and University Heights	83
2	Highbridge and Concourse	82
3	Morrisania and Crotona	81
3	Belmont and East Tremont	81
5	Hunts Point and Longwood	80
5	Mott Haven and Melrose	80

Lowest		Percent
--------	--	---------

59	Tottenville and Great Kills	42
58	Borough Park	42
57	Rego Park and Forest Hills	42
56	Bensonhurst	43
55	South Beach and Willowbrook	43

Borough		Percent
---------	--	---------

Bronx	75
Brooklyn	61
Manhattan	66
Queens	56
Staten Island	48



Source: NYC DOHMH, Community Health Survey, 2011-2013

NYC Overall: 62%



Health Outcomes

- ❖ New HIV Diagnoses
- ❖ Psychiatric Hospitalizations
- ❖ Stroke Hospitalizations
- ❖ Childhood Asthma Hospitalizations
- ❖ Adult Avoidable Asthma Hospitalizations
- ❖ Adult Avoidable Diabetes Hospitalizations
- ❖ Infant Mortality
- ❖ Premature Mortality
- ❖ Life Expectancy

New HIV Diagnoses



New HIV diagnoses per 100,000 population

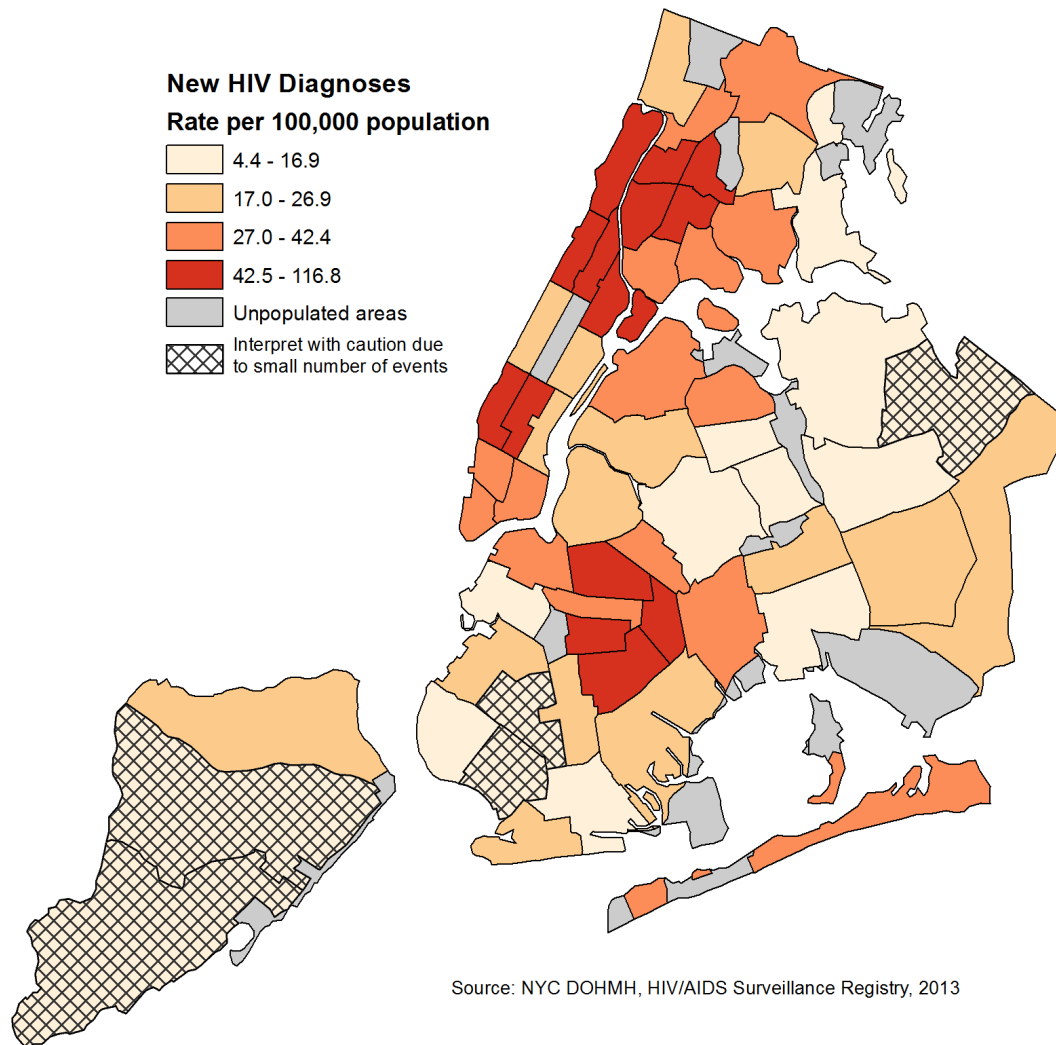
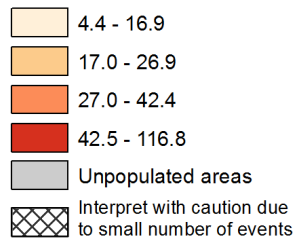
Highest		Rate
1	Clinton and Chelsea	116.8
2	Central Harlem	89.0
3	Midtown	68.4
4	Brownsville	66.0
5	Bedford Stuyvesant	64.1

Lowest		Rate
59	Tottenville and Great Kills	4.4*
58	Bensonhurst	4.5*
57	Borough Park	5.0*
56	Bayside and Little Neck	5.9*
55	South Beach and Willowbrook	6.8*

*Interpret with caution due to small number of events

Borough		Rate
	Bronx	39.8
	Brooklyn	27.9
	Manhattan	45.6
	Queens	20.5
	Staten Island	11.8

New HIV Diagnoses
Rate per 100,000 population



Source: NYC DOHMH, HIV/AIDS Surveillance Registry, 2013

NYC Overall: 30.4

Psychiatric Hospitalizations



Rate of psychiatric hospitalizations per 100,000 adults

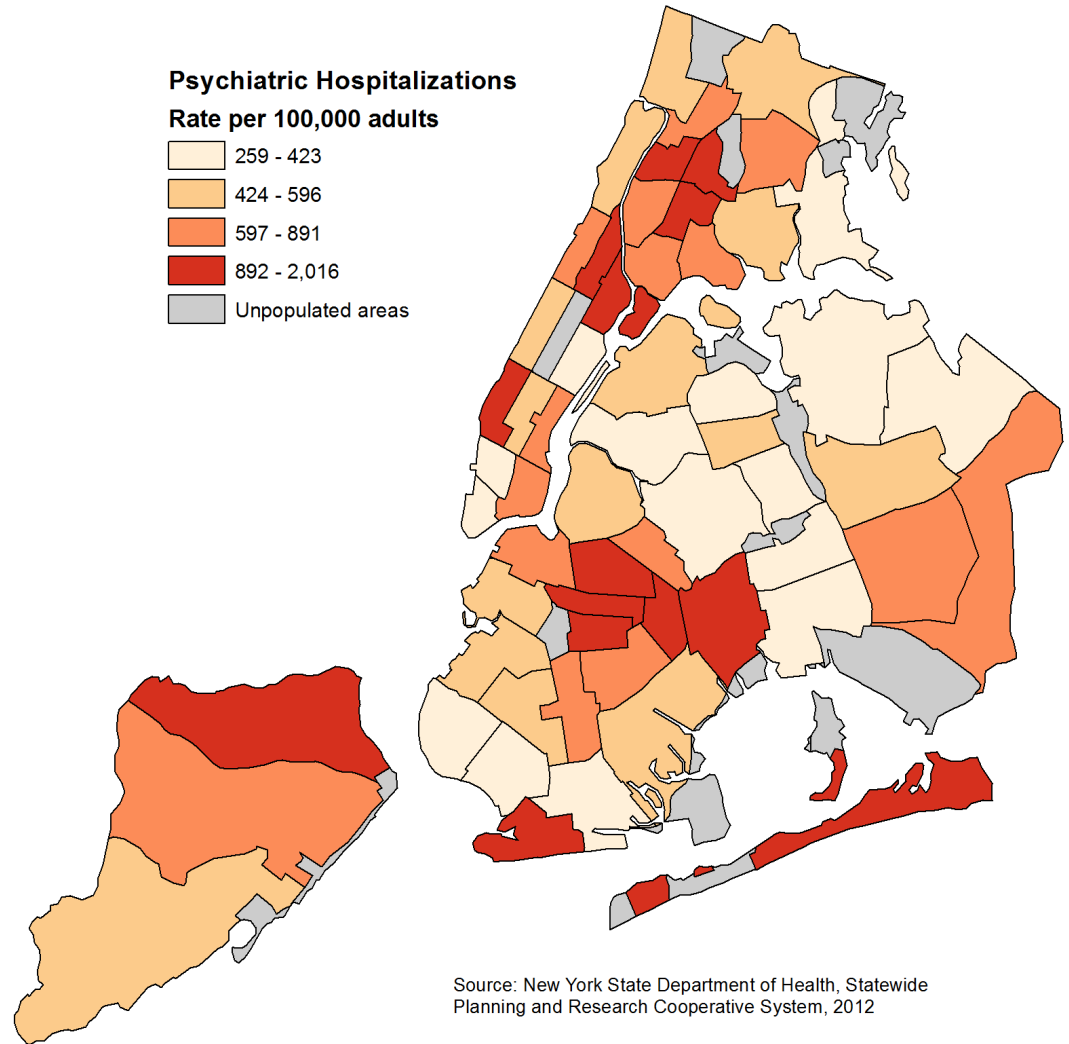
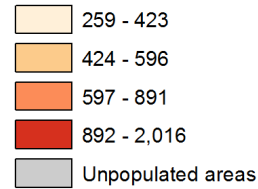
Highest		Rate
1	East Harlem	2,016
2	Brownsville	1,727
3	Crown Heights and Prospect Heights	1,252
4	Morrisania and Crotona	1,220
5	Rockaway and Broad Channel	1,197

Lowest		Rate
59	Financial District	259
58	Bayside and Little Neck	275
57	Greenwich Village and Soho	300
56	Ridgewood and Maspeth	302
55	Woodside and Sunnyside	313

Borough		Rate
	Bronx	797
	Brooklyn	734
	Manhattan	755
	Queens	500
	Staten Island	773

Psychiatric Hospitalizations

Rate per 100,000 adults



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

NYC Overall: 684

Stroke Hospitalizations

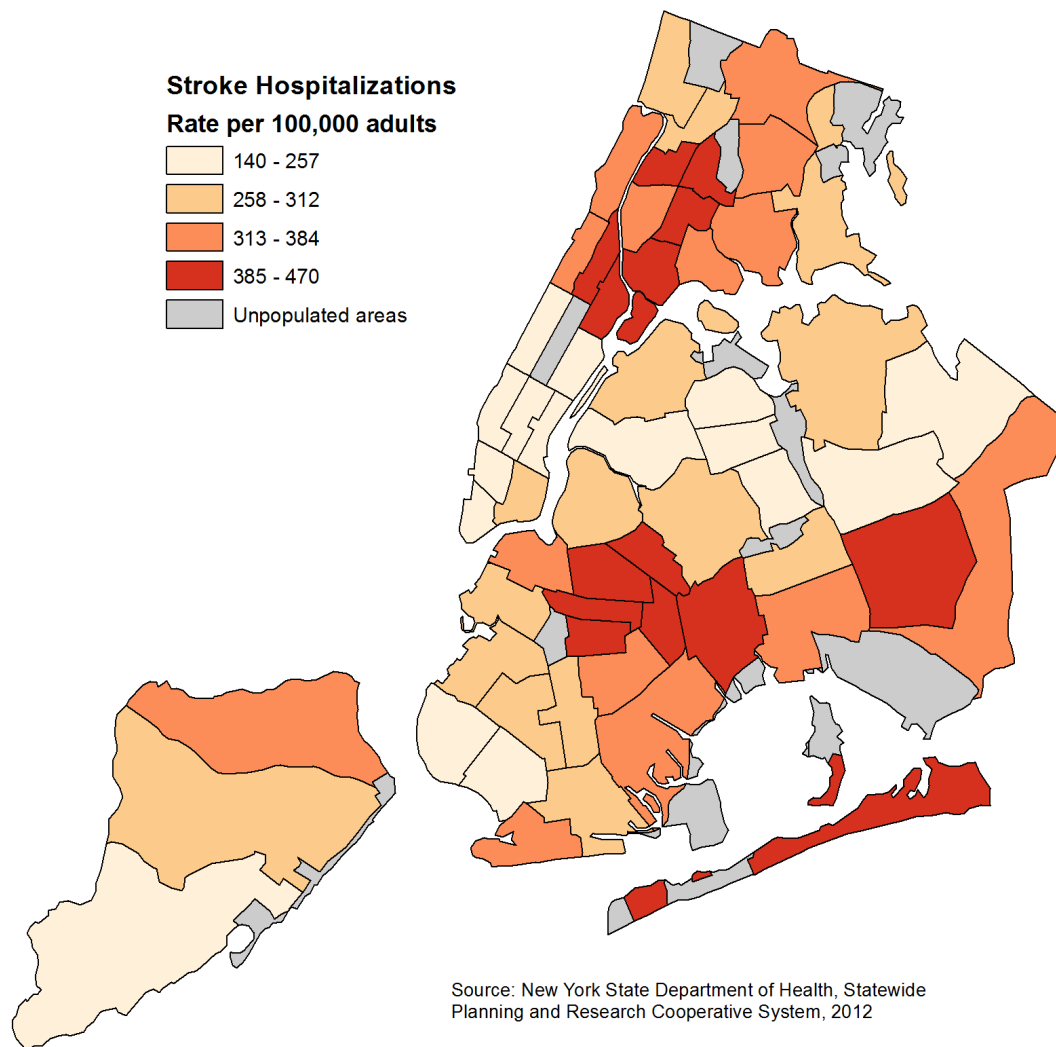


Rate of hospitalizations due to stroke per 100,000 adults

Highest		Rate
1	Bushwick	470
2	Morrisania and Crotona	467
3	Rockaway and Broad Channel	467
4	Central Harlem	466
5	Mott Haven and Melrose	443

Lowest		Rate
59	Greenwich Village and Soho	140
58	Midtown	147
57	Upper East Side	181
56	Stuyvesant Town and Turtle Bay	190
55	Elmhurst and Corona	190

Borough	Rate
Bronx	375
Brooklyn	344
Manhattan	264
Queens	305
Staten Island	311



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

NYC Overall: 319

Childhood Asthma Hospitalizations



Rate of asthma hospitalizations among children ages 5 to 14 per 10,000 children

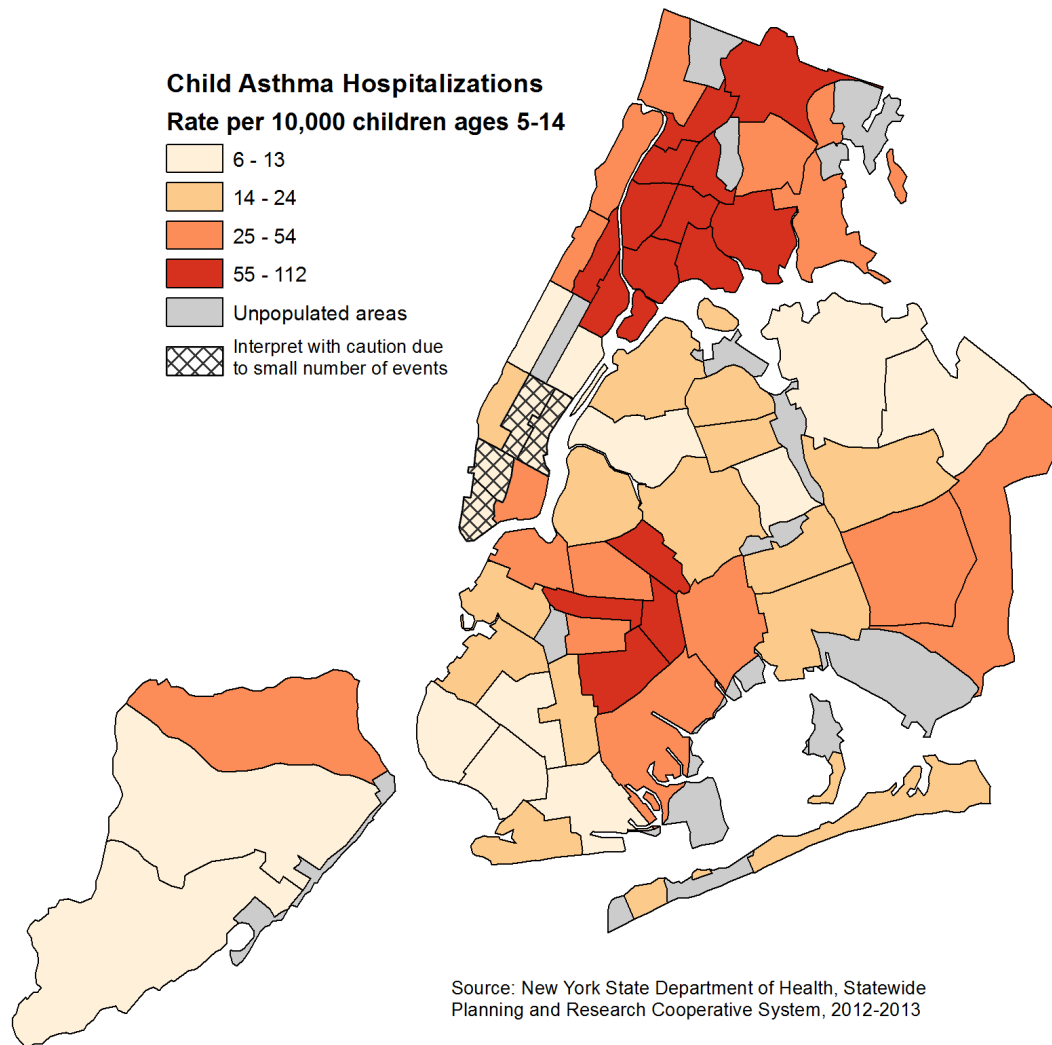
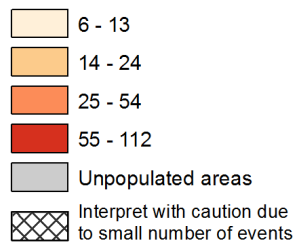
Highest		Rate
1	Mott Haven and Melrose	112
2	Morrisania and Crotona	89
3	Hunts Point and Longwood	88
4	Belmont and East Tremont	87
5	Crown Heights and Prospect Heights	76

Lowest		Rate
59	Borough Park	6
58	Sheepshead Bay	6
57	South Beach and Willowbrook	6
56	Greenwich Village and Soho	7*
55	Bensonhurst	7

*Interpret with caution due to small number of events

Borough	Rate
Bronx	72
Brooklyn	32
Manhattan	33
Queens	21
Staten Island	15

Child Asthma Hospitalizations
Rate per 10,000 children ages 5-14



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012-2013

NYC Overall: 36

Adult Avoidable Asthma Hospitalizations

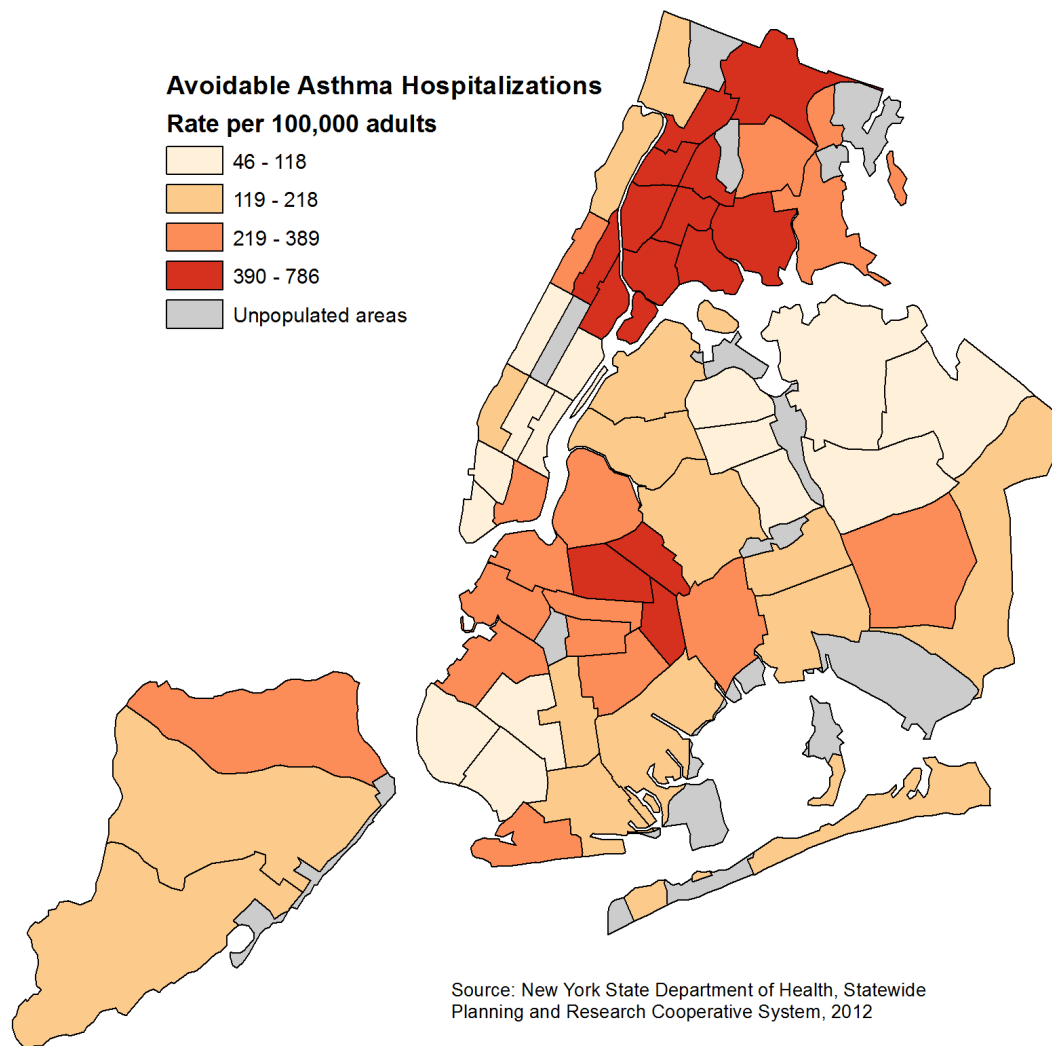


Rate of avoidable adult hospitalizations for asthma per 100,000 adults

Highest		Rate
1	Belmont and East Tremont	786
2	Morrisania and Crotona	769
3	Mott Haven and Melrose	749
4	Bushwick	740
5	East Harlem	648

Lowest		Rate
59	Greenwich Village and Soho	46
58	Upper East Side	46
57	Stuyvesant Town and Turtle Bay	52
56	Bayside and Little Neck	54
55	Midtown	61

Borough	Rate
Bronx	508
Brooklyn	263
Manhattan	196
Queens	141
Staten Island	209



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

NYC Overall: 249

Adult Avoidable Diabetes Hospitalizations

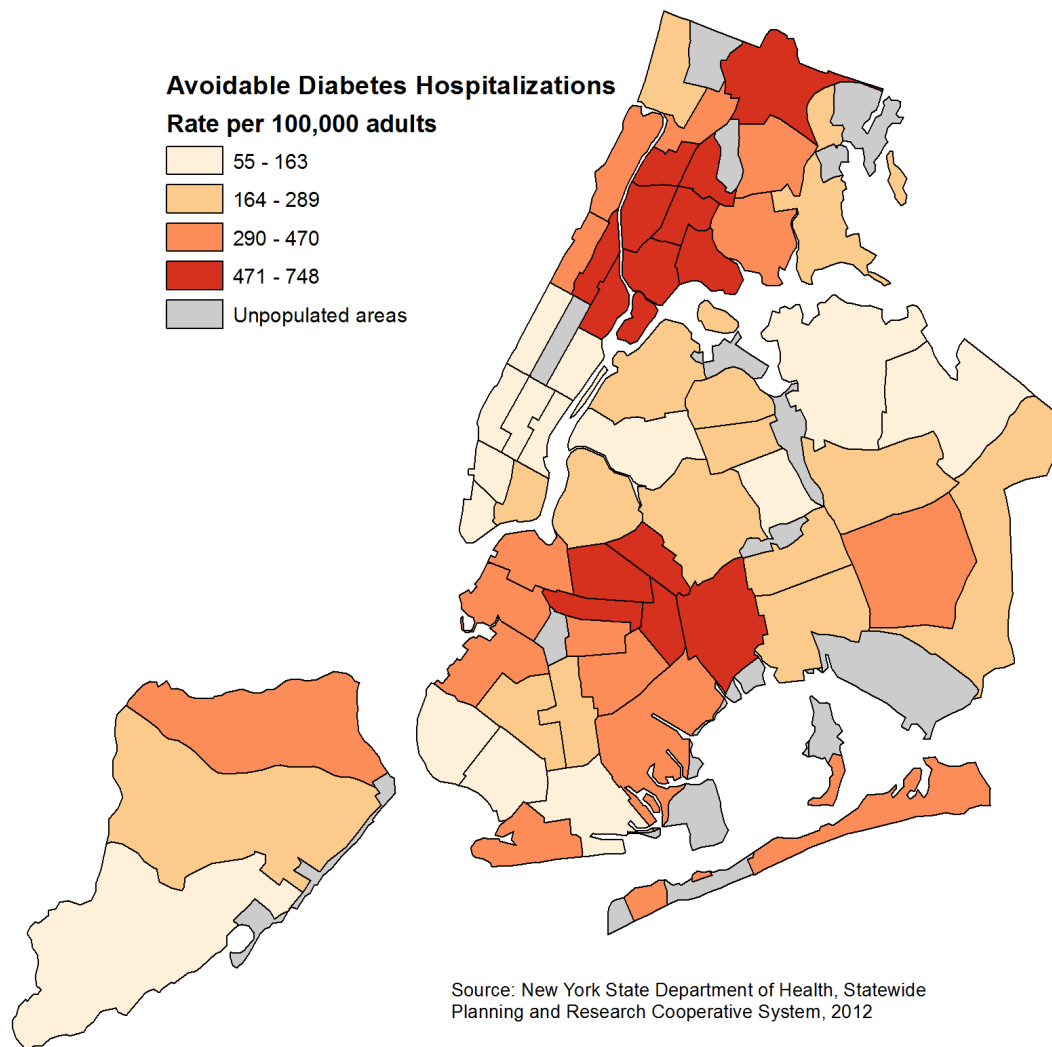


Rate of avoidable adult hospitalizations for diabetes per 100,000 adults

Highest		Rate
1	Brownsville	748
2	Mott Haven and Melrose	740
3	Morrisania and Crotona	689
4	Belmont and East Tremont	687
5	East Harlem	642

Lowest		Rate
59	Greenwich Village and Soho	54
58	Midtown	72
57	Stuyvesant Town and Turtle Bay	78
56	Upper East Side	82
55	Financial District	98

Borough		Rate
	Bronx	508
	Brooklyn	263
	Manhattan	196
	Queens	141
	Staten Island	209



Source: New York State Department of Health, Statewide Planning and Research Cooperative System, 2012

NYC Overall: 312

Infant Mortality



Rate of infant deaths (under one year old) per 1,000 live births

Highest		Rate
1	Jamaica and Hollis	9.0
2	Belmont and East Tremont	8.7
3	Central Harlem	8.1
4	Brownsville	8.0
5	Hunts Point and Longwood	7.8
5	East New York and Starrett City	7.8
5	Williamsbridge and Baychester	7.8

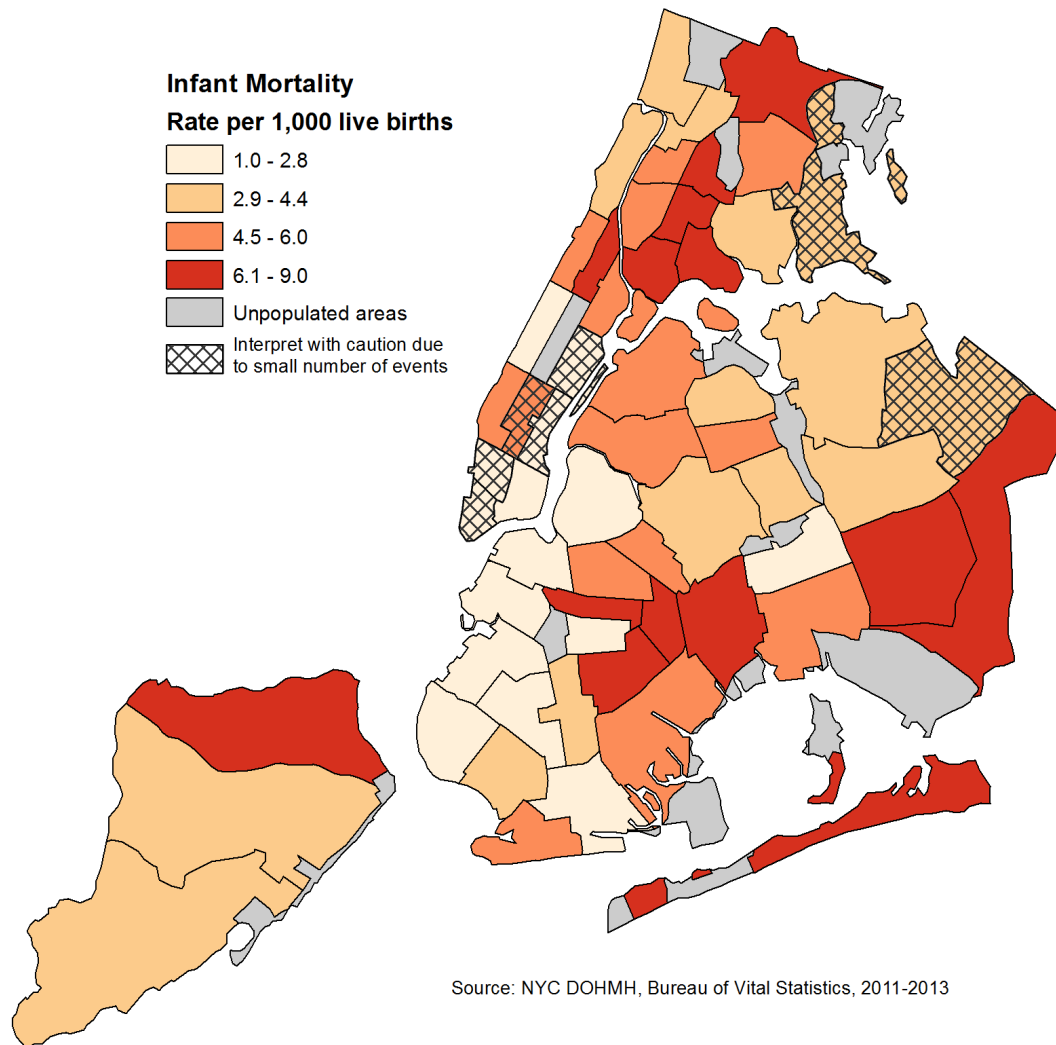
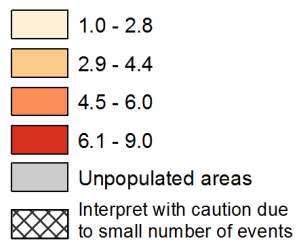
Lowest		Rate
59	Upper East Side	1.0*
58	Financial District	1.5*
57	Sunset Park	1.6
56	Borough Park	1.8
55	Greenwich Village and Soho	2.0*

*Interpret with caution due to small number of events

Borough		Rate
	Bronx	5.7
	Brooklyn	3.9
	Manhattan	3.4
	Queens	4.7
	Staten Island	4.7

NYC Overall: 4.7

Infant Mortality
Rate per 1,000 live births



Source: NYC DOHMH, Bureau of Vital Statistics, 2011-2013

Premature Mortality



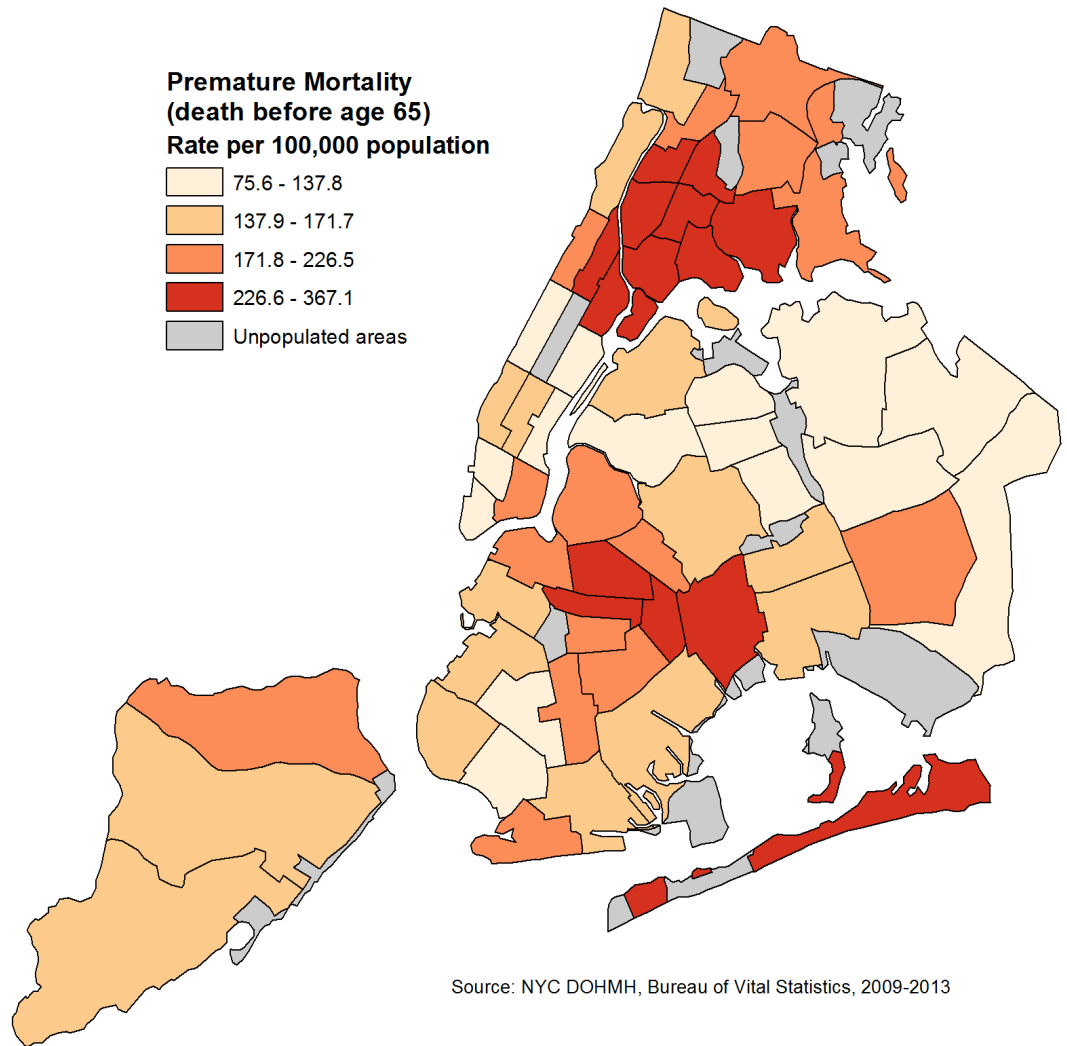
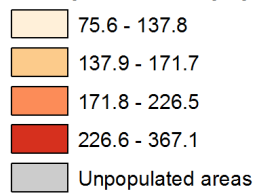
Rate of premature deaths (death before the age of 65) per 100,000 population

Highest		Rate
1	Brownsville	367.1
2	Morrisania and Crotona	346.3
3	Bedford Stuyvesant	309.2
4	Mott Haven and Melrose	305.7
5	East Harlem	301.0

Lowest		Rate
59	Financial District	75.6
58	Bayside and Little Neck	84.9
57	Greenwich Village and Soho	93.3
56	Upper East Side	97.4
55	Stuyvesant Town and Turtle Bay	98.5

Borough	Rate
Bronx	238.9
Brooklyn	194.5
Manhattan	152.7
Queens	140.8
Staten Island	184.7

Premature Mortality (death before age 65)
Rate per 100,000 population



Source: NYC DOHMH, Bureau of Vital Statistics, 2009-2013

NYC Overall: 198.4

Life Expectancy

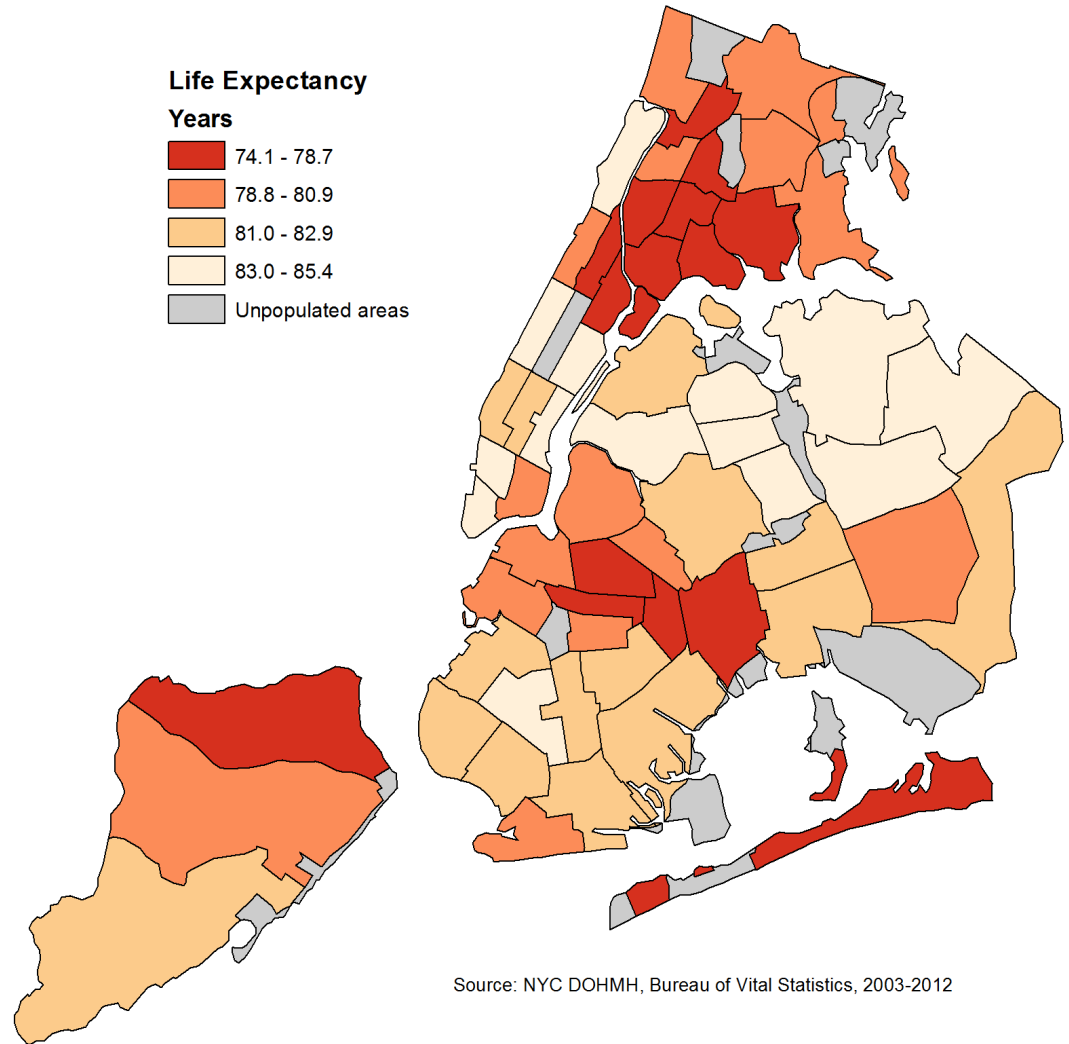
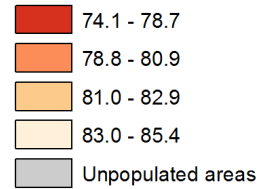


Life expectancy at birth

Highest		Years
1	Financial District	84.5
2	Stuyvesant Town and Turtle Bay	85.3
3	Upper East Side	85.0
4	Greenwich Village and Soho	84.3
5	Elmhurst and Corona	84.1

Lowest		Years
59	Brownsville	74.1
58	Bedford Stuyvesant	75.1
57	Central Harlem	75.1
56	Morrisania and Crotona	75.3
55	Rockaway and Broad Channel	75.9

Life Expectancy Years



Source: NYC DOHMH, Bureau of Vital Statistics, 2003-2012



To view the Community Health Profiles for each of the 59 NYC Community Districts or to access the technical notes or complete dataset for this document, please visit <http://www.nyc.gov/html/doh/html/data/nyc-health-profiles.shtml> or email profiles@health.nyc.gov.

Suggested citation: Dragan KL, King L, Hinterland K, Gwynn RC. Community Health Profiles Atlas 2015; The New York City Department of Health and Mental Hygiene, 2015.

Acknowledgements: Gretchen Culp, Cynthia Driver, Hetali Jokhakar, Susan Resnick and Catherine Wang

8.2 Take Care New York 2020

TCNY/2020

EVERY NEIGHBORHOOD, EVERY NEW YORKER

**EVERYONE'S
HEALTH COUNTS**



TAKECARE
NEW YORK



INTRODUCTION

New York City is a city of neighborhoods; their diversity, history and people are what make this city so special.

Our neighborhoods are also segregated by race and wealth. Differences in neighborhood resources have led to unfair health outcomes, with some New Yorkers living longer, healthier lives than others. **Take Care New York 2020 (TCNY 2020)** is the New York City Health Department's blueprint for giving everyone a healthier life. Its goal is twofold – to improve everyone's health, and to make greater strides with groups that have the worst health outcomes, so that our city becomes a more equitable place for everyone.

We wrote this document to start a conversation with New Yorkers like you. Along with the Health Department's new Community Health Profiles, **TCNY 2020** calls for working with communities and making neighborhoods healthier. Unlike previous TCNY plans, **TCNY 2020** looks at not only health factors, but also social factors, like how many people in a community graduate from high school or go to jail.

INTRODUCTION

Including these social factors highlights the need for partnerships and collaborations to improve health.

To continue the conversation, we will hold a series of community meetings during winter 2015 — and in 2016, we will publish a second document with actions we can take together to make New York City healthier for everyone.

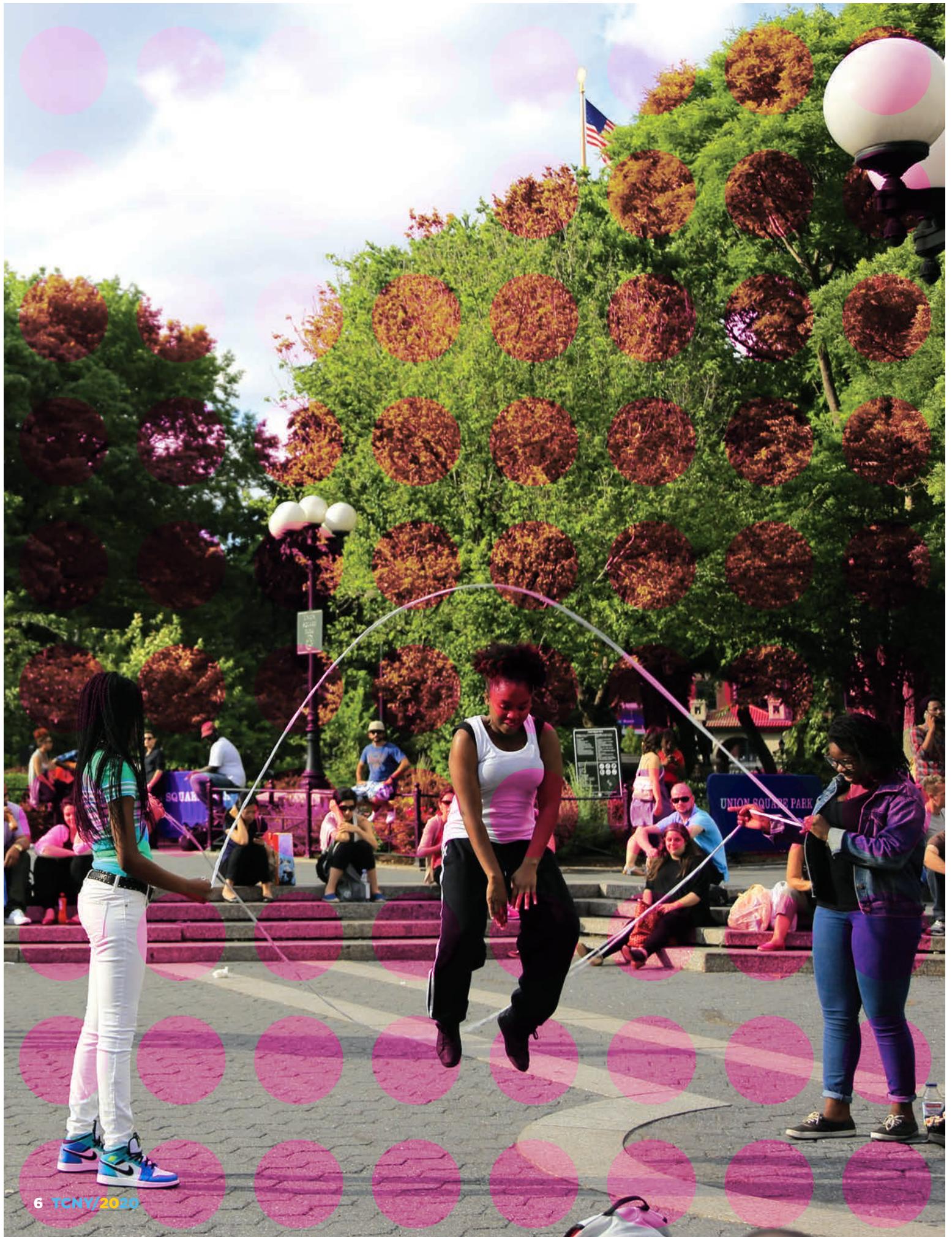


HOW WE BUILT TCNY

We reviewed data on diseases and deaths in New York City, looking for trends that unjustly affect some neighborhoods and/or groups more than others.

When there was detailed data, 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. We grouped all of these indicators into four broad categories that reflect the major goals of our work. They are: **Promote Healthy Childhoods**, **Create Healthier Neighborhoods**, **Support Healthy Living** and **Increase Access to Quality Care**.

In most cases, we set two targets: a citywide target and an equity target. The equity target is so that we pay special attention to narrowing the gap between the groups with the best health outcomes and those with the worst health problems. When such gaps did not occur, we still kept indicators because of their importance to community health.



OUR BROAD FOCUS AREAS

EVERY NEIGHBORHOOD A HEALTHY NEIGHBORHOOD

Our city’s strength depends upon whether its people can live long and healthy lives. We chose three indicators to describe the overall health of our city. They are *self-reported health* (people’s personal sense of well-being), *premature mortality* (death before age 65) and *infant mortality* (death before age 1). All three are closely tied to the environment in which people live, grow, play, love and learn. Some New Yorkers are coping with poverty, a lack of critical health services and racial discrimination — and as a result, their health outcomes are worse than others’.

For example, while Black New Yorkers die of the same leading causes as non-Black New Yorkers, they die before age 65 at a rate 45% higher than the general population. Black babies are almost three times as likely to die before the age of 1 as White babies. Latino/Hispanic residents are less likely to rate their health as “excellent, very good or good” than other groups. These disparities are unjust and avoidable.

OUR BROAD FOCUS AREAS

TCNY 2020 calls for us to close gaps in health outcomes and improve well-being for all New Yorkers.

OVERARCHING INDICATORS

INDICATOR	DESCRIPTION	CITYWIDE		EQUITY		
		*BASELINE	2020 TARGET & PERCENT CHANGE FROM BASELINE	PRIORITY POPULATION	BASELINE	2020 TARGET & PERCENT CHANGE FROM BASELINE
SELF-REPORTED HEALTH STATUS	Percentage of adults who report their health is "excellent," "very good" or "good"	77%	82% (5% increase)	Hispanics	68%	73% (8% increase)
PREMATURE MORTALITY	Rate of deaths before age 65	191.1 per 100,000	169.9 per 100,000 (11% decrease)	Blacks	276.1 per 100,000	234.7 per 100,000 (15% decrease)
INFANT MORTALITY	Rate of deaths before age 1	4.6 per 1,000	4.4 per 1,000 (4% decrease)	Blacks	8.3 per 1,000	7.7 per 1,000 (8% decrease)

*Baseline data is 5 years old or less and varies by indicator. Specific information is in the Technical Notes.





PROMOTE HEALTHY CHILDHOODS



Childhood experiences lay the foundation for a lifetime. From infancy and well into adolescence, the city can take steps to support the healthy development of our youngest New Yorkers. By increasing the number of hospitals and maternity facilities designated as “baby-friendly” (those recognized for supporting breastfeeding) we can increase the proportion of low-income babies who get breastfeeding’s critical benefits. Assuring quality child care for more low-income children is also essential. Quality child care enriches child development and helps set a path for a lifetime of better health outcomes. Graduating from high school is an important goal for all children; it leads to better employment and better health. Equally important, teen pregnancy rates in New York City are still too high — the rate among low-income girls is 45% higher than the city’s rate. Lower-income girls need access to the same reproductive health education and resources available to higher-income girls.

THE INDICATORS

PROMOTE HEALTHY CHILDHOODS

INDICATOR	DESCRIPTION	CITYWIDE		EQUITY		
		BASELINE	2020 TARGET & PERCENT CHANGE FROM BASELINE	PRIORITY POPULATION	BASELINE	2020 TARGET & PERCENT CHANGE FROM BASELINE
BABIES BORN IN "BABY-FRIENDLY" FACILITIES	<i>Percentage of babies born in maternity facilities designated "baby-friendly"</i>	7%	35% (400% increase)	"Baby-friendly" is a special title given to facilities that strongly support breastfeeding and mother-infant bonding.		
CHILD CARE	<i>Percentage of total child care slots available in City-regulated, center-based child care</i>	59%	63% (7% increase)	Very high-poverty neighborhoods	49%	60% (22% increase)
TEENAGE PREGNANCY	<i>Pregnancy rate among 15- to 19- year-old girls</i>	53.3 per 1,000	40 per 1,000 (25% decrease)	Very high-poverty neighborhoods	76.9 per 1,000	54 per 1,000 (30% decrease)
HIGH SCHOOL GRADUATION	<i>Percentage of high school students who graduate on time</i>	68%	Increase	The Department of Education has a goal to increase on-time high school graduation rates to 80% by 2026.		



CREATE HEALTHIER NEIGHBORHOODS

A neighborhood’s environment — both its buildings and its people — greatly affects the health of its residents. For example, air quality in our city varies from neighborhood to neighborhood and can have serious effects on the heart and lung health of residents. Homes can also be a source of health hazards, like asthma triggers and falls. As the number of people over age 65 has grown in New York City, removing fall hazards has become more critical. Violence is another kind of neighborhood hazard; it causes injuries to people and shatters their sense of security. High-poverty neighborhoods are especially plagued by violence; they also have an unfairly high number of “missing men,” residents who are in jail. The absence of these men hurts the well-being of their families and neighbors.





A neighborhood’s “social cohesion” is its sense of shared values and trust among neighbors. The data on this indicator is limited, but even small amounts of data have shown that how connected residents feel to one another is very important to community health. In 2016, we look forward to reporting on levels of social cohesion.



THE INDICATORS

CREATE HEALTHIER NEIGHBORHOODS

INDICATOR	DESCRIPTION	CITYWIDE		EQUITY		
		BASELINE	2020 TARGET & PERCENT CHANGE FROM BASELINE	PRIORITY POPULATION	BASELINE	2020 TARGET & PERCENT CHANGE FROM BASELINE
ASSAULT HOSPITALIZATIONS	Rate of non-fatal assault hospitalizations among youth ages 15 to 24	117 per 100,000	70 per 100,000 (40% decrease)	Very high-poverty neighborhoods	183 per 100,000	91 per 100,000 (50% decrease)
FALL-RELATED HOSPITALIZATIONS	Rate of non-fatal, fall-related hospitalizations among adults 65 years or older	1,571 per 100,000	1,410 per 100,000 (10% decrease)	Staten Island	2,228 per 100,000	1,969 per 100,000 (12% decrease)
AIR QUALITY	Difference in the level of outdoor air pollution (fine particles) between neighborhood with highest level and neighborhood with lowest level	6.65 µg/m ³	6.1 µg/m ³ (8% decrease)	A OneNYC goal is to achieve the best air-quality ranking among major cities by 2030		
HOMES WITH NO MAINTENANCE DEFECTS	Percentage of renter-occupied housing units that report no maintenance defects	44%	47% (7% increase)	Very high-poverty Neighborhoods	32%	36% (13% increase)
CHILDREN'S VISITS TO EMERGENCY DEPARTMENTS FOR ASTHMA	Rate of asthma-related emergency department visits among children ages 5 to 17	232 per 10,000	210 per 10,000 (9% decrease)	Very high-poverty Neighborhoods	370 per 10,000	318 per 10,000 (14% decrease)
JAIL POPULATION	Average daily population of inmates in City jails	10,240	Decrease	A OneNYC goal is to decrease the average daily population in jail		
SOCIAL COHESION	Shared values and trust among neighbors	Metrics forthcoming		Metrics forthcoming		



SUPPORT HEALTHY LIVING



Healthy living can promote a long life. Yet, even as rates of smoking and obesity have begun to improve citywide, some groups are still doing worse than others. Obesity rates are higher among communities of color, people living in high-poverty areas and people with less education; smoking rates are higher among people living in high-poverty areas and people with less education. Groups affected by these trends are also more likely to see advertisements for unhealthy products in their neighborhood and less likely to have access to resources that would help them become healthier. As a result, we need better-targeted strategies to help people stop smoking, eat healthier food and get more physical activity. And since more people in high-poverty areas are dying of heroin overdose deaths, and binge drinking rates remain high throughout the city, we need to collaborate with partners in non-health care sectors to combat these health threats.

THE INDICATORS

SUPPORT HEALTHY LIVING

INDICATOR	DESCRIPTION	CITYWIDE		EQUITY		
		BASELINE	2020 TARGET & PERCENT CHANGE FROM BASELINE	PRIORITY POPULATION	BASELINE	2020 TARGET & PERCENT CHANGE FROM BASELINE
OBESITY	<i>Percentage of adults who are obese</i>	25%	23% (7% decrease)	Very high-poverty neighborhoods	31%	25% (20% decrease)
SUGARY DRINKS	<i>Percentage of adults who consume one or more sugary drinks daily</i>	23%	19% (16% decrease)	Blacks and Hispanics	29%	23% (20% decrease)
PHYSICAL ACTIVITY	<i>Percentage of public high school students who meet physical activity recommendations</i>	19%	22% (15% increase)	Asian-Pacific Islanders	14%	18% (30% increase)
SODIUM INTAKE	<i>Average daily sodium intake among adults</i>	3,239 mg/day	3,019 mg/day (7% decrease)	Blacks	3,477 mg/day	3,129 mg/day (10% decrease)
SMOKING	<i>Percentage of adults who smoke</i>	14%	12% (10% decrease)	High school graduates	18%	14% (20% decrease)
BINGE DRINKING	<i>Percentage of adults who report binge drinking</i>	18%	17% (5% decrease)	18- to 24-year-olds	25%	23% (10% decrease)
OVERDOSE DEATHS	<i>Rate of unintentional or accidental overdose deaths involving any drug</i>	11.6 per 100,000	11.0 per 100,000 (5% decrease)	Very high-poverty neighborhoods	15.9 per 100,000	14.3 per 100,000 (10% decrease)



INCREASE ACCESS TO QUALITY CARE

Easy access to high-quality, culturally appropriate care is essential to improving health. Recent reforms have given more people than before access to care, but too many New Yorkers still have trouble getting the care they need. People in high-poverty areas are more likely than others to report delays in getting needed mental health care. Latinos/Hispanics are more likely to go without needed medical care than the general population. Good care means help managing health conditions that can lead to disease and death. Having well-controlled blood pressure is a good way to reduce risk for heart disease, but Black patients have much lower rates of controlled blood pressure than other groups. Getting treatment can help people with HIV live longer, healthier lives and greatly reduce the chance of passing HIV on to others. Black men who have sex with men are under-represented among those who are getting effective HIV care and over-represented in the numbers of new cases of HIV.



THE INDICATORS

INCREASE ACCESS TO QUALITY CARE



INDICATOR	DESCRIPTION	CITYWIDE		EQUITY		
		BASELINE	2020 TARGET & PERCENT CHANGE FROM BASELINE	PRIORITY POPULATION	BASELINE	2020 TARGET & PERCENT CHANGE FROM BASELINE
UNMET MENTAL HEALTH NEED	Percentage of adults with serious psychological distress who did not get needed mental health treatment	22%	20% (9% decrease)	Very high and high-poverty neighborhoods	30%	22% (26% decrease)
UNMET MEDICAL NEED	Percentage of adults who did not get needed medical care	10%	9% (9% decrease)	Hispanics	14%	10% (25% decrease)
CONTROLLED HIGH BLOOD PRESSURE	Percentage of adult patients with controlled blood pressure	67%	76% (13% increase)	Blacks	62%	74% (19% increase)
NEW HIV DIAGNOSES	Number of new HIV diagnoses	2,832	600 (79% decrease)	Black and Hispanic men who have sex with men	1,148	183 (84% decrease)
HIV VIRAL SUPPRESSION	Percentage of all newly HIV-diagnosed New Yorkers who are in HIV care and virally suppressed*	79%	95% (20% increase)	Blacks	75%	95% (27% increase)

*Virally suppressed refers to when a person has a very low level of HIV in his or her blood.

ACKNOWLEDGMENTS

TAKE CARE NEW YORK 2020 was developed with the support and input of many staff from the NYC Health Department (DOHMH), the Department of Education, the Department of Environmental Protection and the Mayor's Office of Criminal Justice. We thank the following individuals who contributed to this report:

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DATA SOURCES

New York City Community Health Survey (CHS): The CHS is an annual telephone survey conducted among non-institutionalized adult New Yorkers aged 18 and older by the DOHMH's Division of Epidemiology, Bureau of Epidemiology Services. The CHS is a cross-sectional survey that samples approximately 8,500 adults aged 18 and older from the five boroughs that make up New York City — Manhattan, Brooklyn, Queens, Bronx and Staten Island. The CHS provides self-reported data on the health of New Yorkers and includes a broad range of questions on chronic disease and behavioral risk factors. Estimates are available at the city, borough and neighborhood levels. Households are selected using a random digit dialing method, and one adult in each household is randomly selected to participate. A computer-assisted telephone interviewing (CATI) system is used to collect the survey data, and interviews are conducted in English, Spanish, Russian and Chinese (Mandarin and Cantonese).

The CHS has included adults with landline phones since 2002 and starting in 2009, has also included adults with cell phones. CHS 2002-2008 data are weighted to the NYC adult population per Census 2000. Starting in 2011, CHS weighting methods were updated to incorporate Census 2010 data and additional demographic characteristics. CHS 2013 and 2014 data are weighted to the adult residential population per American Community Survey, 2012 and 2013, respectively.

Vital Statistics: The New York City Bureau of Vital Statistics (BVS) is responsible for the registration of vital events — births, deaths and spontaneous and induced terminations of pregnancy. BVS registers, amends, processes and analyzes all vital events in New York City. Data from these records are stored, analyzed and reported for public health and government purposes.

Youth Risk Behavior Survey (YRBS): The New York City YRBS, conducted biennially as part of the Centers for Disease Control and Prevention's (CDC) national Youth Risk Behavior Surveillance System, is a cross-sectional survey of NYC public high school students in ninth through twelfth grades. The YRBS is a collaborative

effort among the DOHMH and the New York City Department of Education, and has been conducted in odd-numbered years since 1997. The goal of the YRBS is to monitor and provide accurate data on priority health risk behaviors that contribute to the leading causes of mortality, morbidity and social issues among NYC youth. Public high schools are randomly selected for participation, and classes are randomly selected from within the schools. Students complete a self-administered, anonymous questionnaire that measures a variety of behaviors including tobacco use, alcohol and drug use, unintentional injury and violence, mental health, sexual behaviors, unintended pregnancy, dietary behaviors and physical activity. Since 2005, the NYC YRBS has provided prevalence estimates not only for the city overall, but also for each of the five boroughs and three targeted areas — the South Bronx, North and Central Brooklyn and East and Central Harlem in Manhattan — where the DOHMH has its District Public Health Offices (DPHOs).

New York State Department of Health Statewide Planning and Research Cooperative System (SPARCS): SPARCS is a comprehensive data reporting system established in 1979 as a result of cooperation between the health care industry and government. Initially created to collect information on discharges from hospitals, SPARCS currently collects patient level detail on patient characteristics, diagnoses, treatments, services and charges for every hospital inpatient stay, ambulatory surgery and emergency department visit in New York State.

The New York City Housing and Vacancy Survey (NYC HVS): NYC HVS is sponsored by the New York City Department of Housing Preservation and Development and is conducted every three years to comply with New York State and New York City's rent regulation laws. The Census Bureau has conducted the survey for the city since 1965. Detailed data from the survey cover many characteristics of the city's housing market, including characteristics of the city's population, households, housing stock and neighborhoods. The rental vacancy rate is the primary focus of the survey. Other important survey data on housing include rent regulatory and homeownership status, structural conditions, unit maintenance and neighborhood conditions; crowding, rents, utility costs, type of heating fuel and rent/income ratios; owner purchase price and estimated value, mortgage status and interest rate; number of stories and units in building, cooperative/condominium status, wheelchair accessibility and much more about housing and households in New York City.

The New York City HIV/AIDS Surveillance Registry: The New York City HIV/AIDS Surveillance Registry is a repository of all HIV/AIDS diagnoses, all HIV-related illness and all CD4, viral load and genotype tests conducted for persons living with HIV/AIDS (PLWHA) in New York City. Reporting of this information is required by New York State Public Health Law. The registry is continuously updated with demographic, clinical and laboratory data on new cases and PLWH; information on deaths among PLWH is also appended via regular data matches with NYC death certificate data and national vital statistics databases.

Primary Care Information Project Hub: The Hub is a structured data querying system that collects health data from the electronic health records (EHRs) of over 700 NYC practices that participate in the DOHMH's Primary Care Information Project. Aggregate patient counts are sent automatically by the EHRs each night in response to public health queries sent out by the DOHMH. Over two million patients visited a Hub practice in 2014.

New York City Community Air Survey: Ambient concentration of PM_{2.5} (measured in $\mu\text{g}/\text{m}^3$) across NYC is collected via the New York City Community Air Survey. Fine particles (PM_{2.5}) are tiny airborne solid and liquid particles less than 2.5 microns in diameter. They are also called soot. PM_{2.5} is the most harmful urban air pollutant, small enough to penetrate deep into the lungs and enter the bloodstream, worsening lung and heart disease and leading to hospital admissions and premature deaths. PM_{2.5} is also a human carcinogen.

CCATS (Child Care Application Tracking System): is a database created and maintained in-house at DOHMH for tracking all activities at child care centers, particularly those that are permitted by New York City. CCATS automatically generates permits and renewals once all criteria are met and required documentation has been provided. Demographic data can be extracted and reports may be produced. CCATS access is available to NYC ACS and DOE staff.

CCFS (Child Care Facility System): is a database created and maintained by NYS Office of Children and Family Services. Activities for all licensed/registered facilities in New York City are tracked in this system. Access is available to NYC ACS. There are standard reports available, and ad hoc reporting is possible.

Heart Follow-up Study (HFUS): In 2010, the DOHMH conducted HFUS, a 24-hour urine collection study within a representative subsample of NYC adults. The HFUS included the measurement of seated blood pressure, height, weight and waist circumference along with demographic data and information about various disease risk factors and conditions such as diabetes. This innovative study was the first U.S.-based representative study to collect 24-hour urine and used a unique approach by recruiting participants from

DATA SOURCES (CONTINUED)

a random-digit-dial sampling frame. Building on the 2010 HFUS, the DOHMH will likely perform a second wave of the HFUS in the future (HFUS 2) to evaluate population- and community-based nutrition strategies implemented in New York City and link those results to a dietary assessment and spot blood samples with the follow-up data.

TECHNICAL NOTES

Overall Definitions and Adjustments

Neighborhood poverty definition: Unless otherwise noted in this report, neighborhoods are defined by ZIP code. Neighborhood poverty, based on ZIP code, is defined as the percentage of residents with incomes below 100% of the Federal Poverty Level, per the American Community Survey (ACS). For 2014 CHS data, ACS data were used from 2009-2013. For 2013 CHS data, ACS data were used from 2008-2012. Very high-poverty neighborhoods are defined as neighborhoods where 30% or more of residents live below the federal poverty level. ZIP codes with zero people from whom poverty status is determined are excluded from the analysis.

Adjustments: Age-adjusted analyses are standardized to the year 2000 U.S. standard population.

Denominators: Rates are calculated using population denominators from DOHMH population estimates for 2013, updated in 2014, unless otherwise noted.

Targets: Target percent increases and decreases are based on target values before rounding.

Indicator Definitions and Sources

Premature mortality definition: Age-adjusted rate of deaths under the age of 65 years per 100,000 population. *Source:* NYC DOHMH, Office of Vital Statistics, 2013.

Infant mortality definition: Rate of deaths under 1 year of age per 1,000 live births. *Source:* NYC DOHMH, Office of Vital Statistics, 2013.

Self-reported health status definition: Age-adjusted percentage of adults reporting that their health is "excellent," "very good" or "good" on a five-level scale (Excellent, Very Good, Good, Fair or Poor). *Source:* NYC DOHMH Community Health Survey, 2013.

PROMOTE HEALTHY CHILDHOODS

Babies born in "baby-friendly" facilities definition: Percentage of babies born in maternity facilities designated baby friendly for offering an optimal level of care for infant feeding and mother/baby bonding. *Source:* NYC DOHMH, Office of Vital Statistics, 2014.

Child care definition: Percentage of total child care slots that are available within city-regulated, center-based (Group Child Care) child care settings excluding School Age Child Care and Universal Pre-K (UPK) facilities at Public Schools. *Source:* Child Care Application Tracking System/Child Care Facility System, August 5, 2015.

Teenage pregnancy definition: Pregnancy rate per 1,000 15-19 year-old female NYC residents (including pregnancy termination or birth). Rates were calculated using interpolated intercensal population estimates updated in July 2013 and will differ from previously reported rates based on Census counts or previous versions of population estimates. *Source:* NYC DOHMH, Office of Vital Statistics, 2013.

High School graduation definition: Percentage of students in the 9th grade cohort who graduate within four years with a Regents or Local Diploma. *Source:* NYC Department of Education, 2014.

CREATE HEALTHIER NEIGHBORHOODS

Assault Hospitalizations definition: Rate (per 100,000) of non-fatal assault hospitalizations from NYC hospitals (based on ICD-9-CM codes) among youth aged 15 to 24 years of age. *Source:* Statewide Planning and Research Cooperative System (SPARCS), 2013.

Fall-related hospitalizations definition: Rate (per 100,000) of live-discharge fall hospitalizations (based on ICD-9-CM codes) among adults aged 65 years or older. *Source:* SPARCS, 2013.

Air quality definition: Range in concentration of particulate matter up to 2.5 micrometers in size (PM_{2.5}), measured in µg/m³, between neighborhood with the highest exposure and the neighborhood with the lowest exposure each year. *Source:* DOHMH NYC Community Air Survey, 2013.

Homes with no maintenance defects definition: Percentage of renter-occupied units that report no maintenance deficiencies (defined as cracks or holes, water leakage into unit, additional heating required in winter, heating breakdowns, presence of mice or rats inside building, toilet breakdowns and presence of peeling plaster or peeling paint). Neighborhood poverty based on American Community Survey, PUMA, 2009-2013. *Source:* NYC Housing & Vacancy Survey, 2014.

Children's visits to emergency departments for asthma definition: Rate (per 10,000) of asthma-related NYC emergency department visits for children 5 to 17 years of age. *Source:* SPARCS, 2013.

Jail population definition: Average daily population of inmates in City jails. *Source:* NYC Department of Corrections, Fiscal Year 2015.

Social Cohesion definition: Shared values and trust among neighbors. *Metrics forthcoming.*

SUPPORT HEALTHY LIVING

Obesity definition: Age-adjusted percentage of adults who have a body mass index (BMI) ≥ 30 . *Source:* NYC DOHMH Community Health Survey, 2014.

Sugary drinks definition: Age-adjusted percentage of adults who report consuming, on average, one or more sugary drinks per day. *Source:* NYC DOHMH Community Health Survey, 2014.

Physical activity definition: Percentage of NYC public high school students (Grades 9-12) who report at least 60 minutes of physical activity on 7 of the past 7 days. *Source:* Youth Risk Behavior Survey, 2013.

Sodium intake definition: Mean daily sodium consumption (mg) among adult NYC residents. *Source:* Heart Follow-Up Study, 2010.

Smoking definition: Age-adjusted percentage of adults who report smoking at least 100 cigarettes and now report smoking every day or some days. *Source:* NYC DOHMH Community Health Survey 2014.

Binge drinking definition: Age-adjusted percentage of adults who report binge drinking (defined as five or more drinks on one occasion for men and four or more drinks on one occasion for women in the past 30 days). *Source:* NYC DOHMH Community Health Survey, 2013.

Overdose deaths definition: Rate (per 100,000) of unintentional and accidental overdose deaths involving any drug among NYC residents age 15-84. Neighborhood poverty data estimates are per American Community Survey 2007-2011. *Source:* NYC DOHMH, Office of Vital Statistics, 2013.

INCREASE ACCESS TO QUALITY CARE

Unmet mental health need definition: Age-adjusted percentage of adults with Serious Psychological Distress (a non-specific indicator of past 30-day mental health problems, such as depression or anxiety) who perceived a need for mental health treatment at some point in the past 12 months but did not get it. Very high- and high-poverty neighborhoods are defined as neighborhoods where 20% or more of residents live below the federal poverty level. *Source:* NYC DOHMH Community Health Survey, 2013.

Unmet medical need definition: Age-adjusted percentage of adults reporting that they went without needed medical care in the past 12 months. *Source:* NYC DOHMH Community Health Survey, 2014.

Controlled high blood pressure definition: The average percentage of patients seen at a Primary Care Information Project (PCIP) participating primary care practice who have a diagnosis of hypertension and a recent blood pressure less than 140/90 mm Hg. *Source:* PCIP Hub Data, 2013.

New HIV diagnoses definition: Number of new diagnoses of HIV (non-AIDS) and HIV concurrent with AIDS (AIDS diagnosed with 31 days of HIV) among New Yorkers whose residence at diagnosis was NYC. *Source:* NYC HIV Surveillance Registry, 2013.

HIV viral suppression definition: Percentage of New Yorkers, aged 13 and older, diagnosed with HIV who have had a CD4 or viral load (VL) measurement by an NYC provider at least once in the year of interest and whose last HIV VL measurement indicated viral suppression. Viral suppression is currently defined as ≤ 200 copies/mL for the purposes of HIV surveillance in NYC. *Source:* NYC HIV Surveillance Registry, 2013.

Suggested Citation

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As our partners in this effort, your feedback is essential to the success of **TCNY/2020**. So please stay in touch with us. You can reach us at takecarenewyork@health.nyc.gov. We look forward to working with you to improve the lives of all New Yorkers.

nyc.gov/health

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8.3 Take Care New York 2020 – First Year Update

TCNY/2020
1ST ANNUAL UPDATE
2016







“ We must work together to ignite and sustain meaningful change in our communities. ”

December 2016

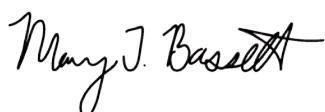
Dear Partner,

We are excited to share with you the first annual update to Take Care New York 2020 (TCNY 2020), the New York City Health Department’s blueprint for helping everyone achieve a healthier life. Although it is still too early to report progress on the data, we want to update you on some of the exciting activities that communities and partners are working on together to help achieve TCNY 2020 goals.

Health equity cannot be achieved by a single individual or organization; we must work together to ignite and sustain meaningful change in our communities. We hope you will be inspired by this document to get even more involved in your community’s health planning efforts.

In the coming years, we will provide additional opportunities for partners to participate in TCNY 2020. As always, thank you for your continued partnership as we work together toward a healthier New York City.

Sincerely,



Mary T. Bassett, MD, MPH
Commissioner, New York City Department
of Health and Mental Hygiene



Oxiris Barbot, MD
First Deputy Commissioner, New York City
Department of Health and Mental Hygiene



INTRODUCTION

New York City residents have become much healthier over the last decade. Life expectancy has risen, outpacing national trends, and infant mortality is at an all-time low.¹

These improvements are a direct result of focused, long-term action by residents and organizations throughout the city. Unfortunately, not all New Yorkers have benefited from this progress. Inequities in health outcomes among neighborhoods and populations persist. One of the most striking examples of this is the infant mortality rate; the risk of a baby dying in its first year of life is nearly three times as high for babies born to Black women as it is for those born to White women.² The Health Department aims to address the underlying structural factors that fuel these inequities. TCNY 2020, which launched in late 2015, is the Health Department's blueprint for continuing to improve the health of all New Yorkers and advancing health equity.³

¹Li W, Huynh M, Lee E, Lasner-Frater L, Castro A, Kelley D, Kennedy J, Maduro G, Sebek K, Sun Y, Van Wye G. Summary of Vital Statistics, 2014. New York, NY: New York City Department of Health and Mental Hygiene, Office of Vital Statistics, 2016.

²Zimmerman R, Li W, Lee E, Lasner-Frater L, Van Wye G, Freedman B, Kelley D, Kennedy J, Maduro G, Ong, P, Sun Y. Summary of Vital Statistics, 2013: Infant Mortality. New York, NY: New York City Department of Health and Mental Hygiene, Office of Vital Statistics, 2014.

³Mettey 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, 2015.





What is Health Equity?

Health Equity means achieving the highest level of health for all people, regardless of social position or identities. Social identities include race, nationality, socioeconomic status, gender, sexuality, ability and religion.

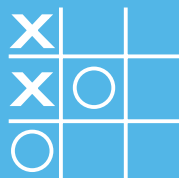
TCNY 2020 recognizes that health outcomes are influenced by factors outside of an individual's control. These factors are also known as social determinants of health, some examples of which are neighborhood safety, access to healthy food and housing quality.

The Health Department alone cannot achieve the goals of TCNY 2020; it must work with community members and organizations. Community leaders, health care providers, nonprofit organizations, businesses, neighbors and government agencies all play a key role in supporting the health of their fellow New Yorkers.

TCNY 2020 differs from earlier versions of Take Care New York in three important ways. First, it focuses on health equity by incorporating equity targets along with citywide indicators. Second, it calls for a broader understanding of health by including indicators for social determinants in addition to traditional health indicators. And third, it highlights the key role that communities play in improving the health of their residents.

The following sections describe exciting community-based initiatives that are helping to **promote healthy childhoods**, **create healthier neighborhoods**, **support healthy living** and **increase access to quality care**, which are the four overarching themes of TCNY 2020. Although it is too early to claim sustained progress on the indicators, many community members and partners are working together in the public, nonprofit and private sectors to achieve the TCNY 2020 goals.

For more details on the TCNY 2020 indicators see Appendix 1 on nyc.gov/health/tcny.





TCNY COMMUNITY CONSULTATIONS AND THE NEIGHBORHOOD HEALTH INITIATIVE

Neighborhoods play a central role in supporting the health of their residents. Consequently, many of the efforts to overcome health inequities must take place at the neighborhood level. Between October 2015 and March 2016, the Health Department held community consultations in 28 New York City (NYC) neighborhoods to learn which issues were most important to community members.

To encourage broad community participation, events were held in libraries during evenings or weekends, and interpretation services were provided. During these consultations, the Health Department introduced TCNY 2020, shared neighborhood-specific data from the Health Department’s Community Health Profiles and asked community members to rank their top health priorities. Community members then participated in small group discussions about their neighborhood’s assets and needs. Through these consultations, the Health Department learned about how New Yorkers experience health inequities and what community resources could be used to address each neighborhood’s priorities. Residents who were unable to attend the consultations had the opportunity to participate through an online voting system. More than 1,000 New Yorkers provided input and the top five concerns in each borough are listed below.

NYC COMMUNITY CONSULTATION TOP PRIORITIES BY BOROUGH

PRIORITY RANKING	NEIGHBORHOOD				
	BRONX	BROOKLYN	MANHATTAN	QUEENS	STATEN ISLAND
1	Obesity	Obesity	Air Quality	Air Quality	Obesity
2	High School Graduation	Unmet Mental Health Need	Obesity	High Blood Pressure	Air Quality
3	Smoking	Physical Activity	Unmet Mental Health Need	Obesity	Smoking
4	Air Quality	Unmet Medical Need	High Blood Pressure	Physical Activity	Unmet Medical Need
5	Child Care	Air Quality	Physical Activity	Unmet Mental Health Need	Drug Overdose

The top priorities across the city were: reducing obesity, improving air quality, meeting mental health needs, increasing physical activity and reducing cigarette smoking. (Visit nyc.gov/health/tcny to view the results from each community consultation.)

* For more information on the methodology used to calculate the rankings, see Appendix 2 on nyc.gov/health/tcny.



NEIGHBORHOOD HEALTH INITIATIVE

As a follow-up to the community consultations, in the summer of 2016, the Health Department awarded grants to eight nonprofit organizations in neighborhoods with poor health outcomes and that were not in a Neighborhood Health Action Center area (see map on page 9 for details).⁴

The grant recipients (called “Planning Partners”) will work with community members to address their neighborhoods’ health priorities as part of a health improvement planning process. The goals of the planning process are to choose which TCNY 2020 priority to focus on, decide how they are going to address the priority, identify potential resources and develop a local action plan. See the map on page 9 for the health priorities that each neighborhood selected.



Dr. Melony Samuels (left), Executive Director of the Campaign Against Hunger, and Renae Reynolds (right), consultant for Rockaway Waterfront Alliance, at their first convening, where the Far Rockaway community selected unmet mental health needs as their focus for health improvement planning.



Port Richmond, Staten Island community members voted for their top TCNY priority at the convening organized by Project Hospitality. They chose community violence as their top priority.

⁴ Formerly known as District Public Health Offices, the Action Centers serve the South Bronx, East and Central Harlem and Central Brooklyn. The Action Centers provide space for community-based organizations and Health Department staff to work together to advance health in neighborhoods with disproportionately high rates of chronic disease and premature death. For more information visit nyc.gov/health and search “action centers.”

NEIGHBORHOOD HEALTH PRIORITIES



	NEIGHBORHOOD							
	1	2	3	4	5	6	7	8
	Fordham Heights, Bronx	Washington Heights, Manhattan	Jamaica, Queens	Far Rockaway, Queens	Sunset Park, Brooklyn	Coney Island, Brooklyn	Stapleton, Staten Island	Mariners Harbor, Staten Island
Planning Partners	Northwest Bronx Community and Clergy Coalition	Washington Heights CORNER Project	Public Health Solutions	Rockaway Waterfront Alliance	NYU Lutheran Family Health Centers Sunset Park	Jewish Community Council of Greater Coney Island	Staten Island Partnership for Community Wellness	Project Hospitality
Health Priority	Violence	Housing with no Maintenance Defects	Unmet Medical Need	Unmet Mental Health Need	Physical Activity	Obesity	Violence	Violence

The Health Department will help the Planning Partners reach their TCNY 2020 goals by providing information and connecting them to stakeholders and capacity-building opportunities. This type of neighborhood health planning will support meaningful and sustainable improvement in the health of our city. By collaborating and planning with residents in under-resourced communities, we hope to see a reduction in persistent health inequities.



PROMOTE HEALTHY CHILDHOODS

Childhood experiences lay the foundations of health and well-being for a lifetime. All of our youngest New Yorkers should be able to lead healthy and successful lives that allow them to thrive, yet we've seen that health inequities can start at birth. The Health Department is working with educators, health care providers, community-based organizations and many other partners to support healthy childhoods and ensure that all children have the same opportunities to live a happy, healthy life.

One example of how health care providers are supporting healthy childhoods is the **NYC Breastfeeding Hospital Collaborative**. Launched in 2012, the Collaborative seeks to increase the number of Baby-Friendly® facilities in NYC. Based on an evidence-based practice developed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), Baby-Friendly® facilities support an optimal level of care for infant feeding and mother-baby bonding by giving all mothers the information, confidence and skills necessary to successfully breastfeed their babies or provide formula safely. Research shows that infants born at facilities that provide breastfeeding support have better health outcomes (including fewer and less serious illnesses like childhood cancers and diabetes)^{5,6,7} than infants born in facilities that do not provide this level of care.

⁵ Moore ER, Anderson GC, Bergman N. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database of Systematic Reviews 2007, issues 3, Art. No.: CD003519. DOI:10.1002/14651859. CD003519.pub2

⁶ Braun MLG, Giuliani ERJ, Soares MEM, Giuliani C, de Oliveira AP, Danelon CMM. Evaluation of the Impact of the Baby-Friendly Hospital Initiative on Rates of Breastfeeding. American Journal of Public Health. 2003;93(8):1277-1279.

⁷ Ludington-Hoe SM. Thirty years of kangaroo care: science and practice. Neonatal Network 2011 Sep - Oct; 30(5): 357 -362



“ Delivering my twin boys in a Baby Friendly® hospital was a very positive experience. I was able to ask questions I didn’t realize I had, and to become comfortable caring for two babies before ever leaving the hospital. Because of Baby Friendly® and rooming in with my boys, I left the hospital feeling secure in my own abilities as a new mother of twins. ”



— **Kimberly O’Driscoll**, a mother who gave birth at a Baby-Friendly® hospital in Staten Island

Twenty-seven hospitals and birthing centers have joined the Collaborative, and nine have received the Baby-Friendly® designation. As the program grows, these hospitals will be linked with community-based partners who can support mothers in their breastfeeding efforts after leaving the hospital. Making sure that every newborn has access to this type of evidence-based care is a critical step towards promoting health equity from birth.⁸

This program is just one example of how partners are working together to achieve health equity for our youngest New Yorkers. Partners are also supporting healthy childhoods by helping children get access to healthy food, promoting physical activity and providing high-quality child care and education. In NYC, communities are coming together to make sure all children are able to get a healthy start to life, no matter what neighborhood they grow up in.

⁸ Srivastava K, Mulready-Ward C, Noyes P, Felida N. Epi Data Brief: Breastfeeding Disparities in New York City. New York City Department of Health and Mental Hygiene. 2015, No 57.



CREATE HEALTHIER NEIGHBORHOODS

Where people live, work, learn and play affects health. The healthier a neighborhood is, the healthier its residents can be. In communities of color, neighborhood segregation, structural racism, poor housing conditions and limited educational opportunities contribute to poorer health outcomes. Combatting these health inequities and creating healthier communities require effective partnerships between business owners, schools, faith-based institutions, property owners, residents and providers. Neighborhood-based partnerships are already creating meaningful improvements along one quality measure, asthma, which affects nearly one million New Yorkers and disproportionately affects Latino and Black communities.

To improve housing quality and reduce asthma triggers, the Health Department's Healthy Homes Program (HHP) works with community-based organizations to implement healthy building practices such as integrated pest management, a prevention-based method that



improves building conditions and more effectively controls pests. Studies have shown that children with asthma living in largely pest-free homes have fewer symptoms, hospitalizations and school absences than those in homes with pests.^{9,10} HHP also provides training and technical assistance, like the Two Shades of Green (TSG) initiative, which works with affordable housing partners to promote healthy building practices, including integrated pest management, smoke-free housing, active design, green cleaning and energy and water conservation. Cross-sectoral partnerships like these bring needed resources to families to support their health in their homes.



Colleen Flynn (left) is the Director of Programs at the Local Initiatives Support Corporation (LISC NY), a partner in the Two Shades of Green initiative.

“ By creating a partnership between health, housing and community organizations, we are able to implement low-cost, green and healthy interventions that conserve energy and water and make housing healthier, while keeping it affordable. ”

— Colleen Flynn, Director of Program at LISC NYC

⁹ Ann Allergy Asthma Immunol. 2008 Jul;101(1):35-41. doi: 10.1016/S1081-1206(10)60832-0, Morgan WJ et al; Inner-City Asthma Study Group. Results of a home-based environmental intervention among urban children with asthma.

¹⁰ Pongracic JA1, Visness CM, Gruchalla RS, Evans R 3rd, Mitchell HE. Effect of mouse allergen and rodent environmental intervention on asthma in inner-city children. Ann Allergy Asthma Immunol. 2008 Jul;101(1):35-41. doi: 10.1016/S1081-1206(10)60832-0.



SUPPORT HEALTHY LIVING

The foundations of healthy living are consuming healthy foods and drinks, being physically active and reducing the health consequences of alcohol and drugs. All New Yorkers should be able to lead healthy lives, but this is harder to do in historically deprived neighborhoods. However, stores, restaurants, schools, health care providers, pharmacies and other community partners can work together to support healthy living in their communities.

An example of this collaboration is **Shop Healthy NYC**, a partnership between the Health Department's Center for Health Equity and community partners that works to increase access to healthy foods in neighborhoods with high rates of obesity and limited access to nutritious foods.¹¹ One Shop Healthy partner is **Urban Health Plan (UHP)**, a network of community health centers that seeks to improve the health and quality of life of Bronx and Queens residents. UHP and Shop Healthy work with local bodegas and supermarkets to increase access to healthier food options and educate their residents about healthy eating. These partnerships with food distributors and grocery stores are making healthy food more accessible in New York City.

¹¹ <http://www1.nyc.gov/site/foodpolicy/help/shop-healthy.page>



Paloma Hernandez, CEO and President of UHP (right) with shop owner Digno Fana (left) of Fana Grocery Store in Corona, Queens.

“ We are now promoting more healthy foods and they are selling very well. ”

— **Digno Fana**, owner of the Fana Grocery Store in Corona, Queens

For many people, healthy choices are difficult to make—for example, if healthy food is more expensive or hard to find, people are less likely to buy and eat it. The healthy choice should be the easy choice, and everyone deserves to be able to make healthy choices no matter where they live. Business owners and other partners can support health equity in New York City by increasing access to healthy foods in supermarkets and bodegas.





INCREASE ACCESS TO QUALITY CARE

Every New Yorker deserves easily accessible, high-quality and culturally appropriate health care. However, many New Yorkers struggle to access even the most basic physical and mental health care services.

Changes in health care policy at the Federal and State levels, are transforming how care is delivered in local communities. Health care providers, insurers, hospitals and community organizations are developing new partnerships across NYC and finding better ways to serve their patients. Despite these improvements, more than 600,000 New Yorkers report not having access to the care they need.¹²

One way the City is increasing access to quality care is by helping uninsured New Yorkers. In 2013, approximately 345,000 New Yorkers were not eligible for health insurance. To address this, the Health Department, the Mayor's Office of Immigrant Affairs, community partners, and other City agencies worked together to develop **ActionHealthNYC**, a citywide program for low-income New Yorkers who are not eligible for public health

¹² New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System — Community Health Survey 2014. Viewed 11/4/2016. <http://nyc.gov/health/epiquery>

► Increase Access to Quality Care

insurance programs due to immigration status. ActionHealthNYC links New Yorkers low-cost health care services. Approximately 1,300 New Yorkers were enrolled in the first year of this pilot program, and the City will continue to evaluate the program and work with community partners to shape expansion plans.



Monica Amador, an ActionHealthNYC Care Coordinator in Elmhurst, Queens.

“ I was very satisfied to be able to prevent the patient from having to visit the emergency room. Finding the best route for a patient to receive optimum care is my motivation. ”

— **Monica Amador**, a Care Coordinator in Elmhurst, Queens, helps ActionHealthNYC patients access care. She recently helped a patient who would have gone to the emergency room if he hadn't had access to more timely and appropriate services.

ActionHealthNYC is just one example of how partners are collaborating to address inequities in access to care. Health care providers, insurers, nonprofit organizations and government agencies all have a role to play in giving New Yorkers access to quality care.





LOOKING FORWARD

The examples highlighted in this report are just a few of the many ways in which the Health Department and community partners are promoting the health of New Yorkers and advancing health equity across the city.

They represent a small fraction of the work that is advancing TCNY 2020 goals. As we continue this work over the coming years, the Health Department will publish annual TCNY 2020 progress updates and highlight partnerships that are improving the health of all New Yorkers.

The Health Department will also provide opportunities for new TCNY partnerships. To get involved or to learn more about the programs described in this report, visit nyc.gov/health/tcny or email takecarenewyork@health.nyc.gov. Take Care New York 2020 is ambitious, but New Yorkers are known for their bold vision. Together, we can make our city a healthier place to live, work, learn and play for everyone.



ACKNOWLEDGEMENTS:

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APPENDIX 1: TCNY 2020 INDICATORS AND HISTORICAL TREND DATA

The table below lists all of the TCNY 2020 indicators and goals, along with the available historical data from 2010-2014. Some of the target numbers have been updated to reflect changes in historical population estimates or to incorporate information that became available after publication of the original indicators. For information on data sources, please see the original TCNY 2020 document.

DOMAIN	INDICATOR	CITYWIDE/PRIORITY POPULATION	2010	2011	2012	2013	2014	2015	2016	2020 Target
OVERARCHING	Self-reported health status	Citywide	79%	78%	79%	77%	78%	77%		82%
		Latinos	67%	66%	70%	68%	68%	67%		73%
	Premature mortality (rate per 100,000 population)	Citywide	200.7	198.8	193.5	191.1	186.0			169.9
		Blacks	294.7	296.2	285.9	276.1	269.8			234.7
	Infant mortality (rate per 1,000 live births)	Citywide	4.9	4.7	4.7	4.6	4.2			4.4
		Blacks	8.6	8.1	8.5	8.3	7.5			7.7
PROMOTE HEALTHIER CHILDHOODS	Babies born in Baby-Friendly® facilities	Citywide		4%	4%	5%	7%			35%
	Child care	Citywide						65%	66%	70%
		Very high-poverty neighborhoods						54%	55%	66%
	Teenage pregnancy (rate per 1,000 girls ages 15-19)	Citywide	72.1	68.7	60.0	52.9	47.4			40.0
		Very high-poverty neighborhoods	112.4	104.7	91.9	81.9	73.3			54.0
High school graduation	Citywide	63%	65%	66%	65%	66%	68%	71%	↑	
CREATE HEALTHIER NEIGHBORHOODS	Assault hospitalizations (rate per 100,000 population)	Citywide	189	167	149	117	118			70
		Very high-poverty neighborhoods	319	276	242	180	191			91
	Fall-related hospitalizations (rate per 100,000 older adults)	Citywide	1,664	1,629	1,638	1,581	1,595			1,410
		Staten Island	1,969	2,009	2,192	2,232	2,291			1,969
	Air quality (µg/m³)	Citywide	7.52	6.36	6.88	6.65	6.50	5.10		6.10
	Homes with no maintenance defects	Citywide		41%			44%			47%
		Very high-poverty neighborhoods		27%			32%			36%
	Children's visits to ED for asthma (rate per 10,000 children ages 5-17)	Citywide	201	219	232	232	232			210
		Very high-poverty neighborhoods	302	331	356	370	391			318
Jail population	Citywide	13,049	12,790	12,287	11,827	11,408	10,240	9,790	↓	
Social cohesion	N/A									NA

DOMAIN	INDICATOR	CITYWIDE/PRIORITY POPULATION	2010	2011	2012	2013	2014	2015	2016	2020 Target	
SUPPORT HEALTHY LIVING	Obesity	Citywide	23%	24%	24%	23%	25%	24%		23%	
		Very high-poverty neighborhood	32%	29%	31%	29%	31%	31%		25%	
	Sugary drinks	Citywide	30%	30%	28%	23%	23%	24%		19%	
		Black & Latinos	41%	37%	38%	32%	29%	32%		23%	
	Physical activity	Citywide		20%		19%		21%		22%	
		Asian-Pacific Islanders		16%		14%		20%		18%	
	Sodium intake (mg/day)	Citywide	3,239								3,019
		Blacks	3,477								3,129
	Smoking	Citywide	14%	15%	16%	16%	14%	14%		12%	
		High school graduates	16%	15%	21%	20%	18%	17%		14%	
	Binge drinking	Citywide		18%	20%	18%	17%	17%		17%	
		18- to 24-years-olds		25%	33%	25%	24%	27%		23%	
Overdose deaths (rate per 100,000 population)	Citywide	8.2	9.4	10.9	11.6	11.7			11.0		
	Very high-poverty neighborhood	11.8	13.9	16.2	15.8	13.3			14.3		
INCREASE ACCESS TO QUALITY CARE	Unmet mental health need	Citywide				22%		23%		20%	
		Very high- & high-poverty neighborhoods				30%		22%		22%	
	Unmet medical need	Citywide	10%	11%	11%	11%	10%	10%		9%	
		Latinos	13%	14%	14%	15%	14%	12%		10%	
	Controlled high blood pressure	Citywide		66%	67%	67%	67%	67%		76%	
		Blacks		60%	61%	62%	61%	62%		74%	
	New HIV diagnoses	Citywide	3,353	3,225	2,990	2,832	2,754	2,493		1,350	
		Black & Latino men who have sex with men	1,153	1,173	1,164	1,148	1,124	1,036		486	
	HIV viral suppression	Citywide	69%	71%	76%	79%	81%	83%		95%	
		Blacks	64%	66%	70%	75%	77%	79%		95%	

TECHNICAL NOTES

Overall Definitions and Adjustments

Neighborhood poverty definition: Unless otherwise noted in this report, neighborhoods are defined by ZIP code. Neighborhood poverty, based on ZIP code, is defined as the percentage of residents with incomes below 100% of the Federal Poverty Level, per the American Community Survey (ACS). For 2014 CHS data, ACS data were used from 2009-2013. For 2015 Community Health Survey (CHS) data, ACS data were used from 2010-2014. Very high-poverty neighborhoods are defined as neighborhoods where 30% or more of residents live below the federal poverty level. ZIP codes with zero people from whom poverty status is determined are excluded from the analysis.

Adjustments: Age-adjusted analyses are standardized to the U.S. 2000 standard population.

Denominators: Rates are calculated using population denominators from DOHMH population estimates for 2013, updated in 2014, unless otherwise noted.

Targets: Target percent increases and decreases are based on target values before rounding.

Indicator Definitions and Sources

Premature mortality definition: Age-adjusted rate of deaths under the age of 65 years per 100,000 population. Rates were calculated using 2014 U.S. Census Bureau population estimates. *Source:* NYC DOHMH, Office of Vital Statistics.

Infant mortality definition: Rate of deaths under 1 year of age per 1,000 live births in the same calendar year. *Source:* NYC DOHMH, Office of Vital Statistics.

Self-reported health status definition: Age-adjusted percentage of adults reporting that their health is “excellent,” “very good” or “good” on a five-level scale (Excellent, Very Good, Good, Fair or Poor). *Source:* NYC DOHMH Community Health Survey.

PROMOTE HEALTHY CHILDHOODS

Babies born in “baby-friendly” facilities definition: Percentage of babies born in maternity facilities designated baby friendly for offering an optimal level of care for infant feeding and mother/baby bonding. *Source:* NYC DOHMH, Office of Vital Statistics.

Child care definition: Percentage of total child care slots that are available within city-regulated, center-based (Group Child Care) child care settings excluding School Age Child Care and Universal Pre-K (UPK) facilities at Public Schools. *Source:* NYC DOHMH Child Care Application Tracking System/NYS Office of Children and Family Services Child Care Facility System.

Teenage pregnancy definition: Pregnancy rate per 1,000 15-19 year-old female NYC residents (including pregnancy termination or birth). Pregnancies are limited to NYC events. Rates were calculated using interpolated intercensal population estimates updated in September 2015 and will differ from previously reported rates based on Census counts or previous versions of population estimates. *Source:* NYC DOHMH, Office of Vital Statistics.

High School graduation definition: Percentage of students in the 9th grade cohort who graduate within four years with a Regents or Local Diploma. *Source:* NYC Department of Education.

CREATE HEALTHIER NEIGHBORHOODS

Assault Hospitalizations definition: Rate (per 100,000) of non-fatal assault hospitalizations from NYC hospitals (based on ICD-9-CM codes) among youth aged 15 to 24 years of age. Neighborhood poverty based on modified American Community Survey (ACS) Zip Code Tabulation Areas, 2009-2013. *Source:* Statewide Planning and Research Cooperative System (SPARCS).

Fall-related hospitalizations definition: Rate (per 100,000) of non-fatal assault hospitalizations from NYC hospitals (based on ICD-9-CM codes) among adults aged 65 years or older. *Source:* SPARCS.

Air quality definition: Range in concentration of particulate matter up to 2.5 micrometers in size (PM_{2.5}), measured in µg/m³, between neighborhood with the highest exposure and the neighborhood with the lowest exposure each year. *Source:* DOHMH NYC Community Air Survey.

Homes with no maintenance defects definition: Percentage of renter-occupied housing units that report no maintenance deficiencies (defined as cracks or holes, water leakage into unit, additional heating required in winter, heating breakdowns, presence of mice or rats inside building, toilet breakdowns and presence of peeling plaster or peeling paint). Neighborhood poverty based on American Community Survey, PUMA, 2009-2013. *Source:* NYC Housing & Vacancy Survey.

Children's visits to emergency departments for asthma definition: Rate (per 10,000) of asthma-related NYC emergency department visits for children 5 to 17 years of age. Rates were calculated using DOHMH population estimates, modified from U.S. Census Bureau interpolated intercensal population estimates for 2000-2014. *Source:* SPARCS.

Jail population definition: Average daily population of inmates in City jails by fiscal year. *Source:* NYC Department of Corrections.

Social Cohesion definition: Shared values and trust among neighbors. *Metrics forthcoming.*

SUPPORT HEALTHY LIVING

Obesity definition: Age-adjusted percentage of adults who have a body mass index (BMI) ≥ 30 . *Source:* NYC DOHMH Community Health Survey.

Sugary drinks definition: Age-adjusted percentage of adults who report consuming, on average, one or more sugary drinks per day. *Source:* NYC DOHMH Community Health Survey.

Physical activity definition: Percentage of NYC public high school students (Grades 9-12) who report at least 60 minutes of physical activity on 7 of the past 7 days. *Source:* Youth Risk Behavior Survey.

Sodium intake definition: Mean daily sodium consumption (mg) among adult NYC residents. *Source:* Heart Follow-Up Study, 2010.

Smoking definition: Age-adjusted percentage of adults who report smoking at least 100 cigarettes and now report smoking every day or some days. *Source:* NYC DOHMH Community Health Survey.

Binge drinking definition: Age-adjusted percentage of adults who report binge drinking (defined as five or more drinks on one occasion for men and four or more drinks on one occasion for women in the past 30 days). *Source:* NYC DOHMH Community Health Survey.

Overdose deaths definition: Rate (per 100,000) of unintentional and accidental overdose deaths involving any drug among NYC residents age 15-84. Neighborhood poverty data classifications are per American Community Survey 2007-2011. *Source:* NYC DOHMH, Office of Vital Statistics.

INCREASE ACCESS TO QUALITY CARE

Unmet mental health need definition: Age-adjusted percentage of adults with Serious Psychological Distress (a non-specific indicator of past 30-day mental health problems, such as depression or anxiety) who perceived a need for mental health treatment at some point in the past 12 months but did not get it. Very high- and high-poverty neighborhoods are defined as neighborhoods where 20% or more of residents live below the federal poverty level. *Source:* NYC DOHMH Community Health Survey.

Unmet medical need definition: Age-adjusted percentage of adults reporting that they went without needed medical care at least once in the past 12 months. *Source:* NYC DOHMH Community Health Survey.

Controlled high blood pressure definition: The percentage reflects the practice-level average of patients who have a diagnosis of hypertension and a recent blood pressure less than 140/90 mmHg among Primary Care Information Project (PCIP)-participating primary care practices. *Source:* PCIP Hub Data.

New HIV diagnoses definition: Number of new diagnoses of HIV (non-AIDS) and HIV concurrent with AIDS (AIDS diagnosed with 31 days of HIV) among New Yorkers whose residence at diagnosis was NYC. *Source:* NYC HIV Surveillance Registry.

HIV viral suppression definition: Percentage of New Yorkers, aged 13 and older, diagnosed with HIV who have had a CD4 or viral load (VL) measurement by an NYC provider at least once in the year of interest and whose last HIV VL measurement indicated viral suppression. Viral suppression is currently defined as ≤ 200 copies/mL for the purposes of HIV surveillance in NYC. *Source:* NYC HIV Surveillance Registry.

APPENDIX 2: COMMUNITY CONSULTATION RANKING METHODOLOGY

Residents were asked to select their community district (on the paper ballot at Community Consultations, or in the online survey) and rank a list of indicators provided by DOHMH in order of importance (where 1 = most important). DOHMH analyzed the results using a simple point system, in which each ranking was assigned a point value from 1 to 23 (with the indicator ranked 1 receiving 23 points, and the indicator ranked 23 receiving 1 point). The indicators that received the most points from all participants' rankings were identified as top priorities.

The final results by community district, borough and city priorities combine the prioritization submitted at the in-person consultations and from the online survey. In order to identify the top priorities of a given borough, DOHMH collectively analyzed all ballots (in-person and online) on which participants had noted a community district of residence located within that borough.



As our partners in this effort, your feedback is essential to the success of TCNY/2020. So please stay in touch with us. You can reach us at takecarenewyork@health.nyc.gov. We look forward to working with you to improve the lives of all New Yorkers.

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8.4 Hospital CSP Alignment with TCNY 2020 Goals

Hospital	Obesity	Air Quality	Unmet Mental Health Need	Physical Activity	Smoking	Unmet Medical Need	High Blood Pressure	High School Graduation	Child Care	Drug Overdose	Maintenance Defects	Violence	Teen Pregnancy
Allen Hospital	x		x				x						
Brookdale Hospital and Medical Center	x						x						
Columbia University Medical Center	x		x				x						
Flushing Hospital	x				x								
Forest Hills Hospital	x												
Hospital for Joint Diseases	x		x		x								x
Hospital for Special Surgery	x			x									
Interfaith Hospital	x		x	x		x							
Jamaica Hospital					x								
Kingsbrook Jewish Medical Center			x										
Lenox Hill Hospital	x												
Long Island Jewish Medical Center	x												
Lower Manhattan Hospital	x		x				x						
Lutheran Medical Center	x		x		x								x
Memorial Sloan Kettering	x												
Moses Division & Children's Hospital	x												
Mount Sinai Hospital	x						x						
Mount Sinai Queens Hospital	x						x						
New York Methodist Hospital				x									
New York Presbyterian Queens			x				x						
NYU Hospital Center/Tisch Hospital	x		x		x								
Rockefeller Hospital	x												
St. John's Episcopal Hospital			x				x						
Staten Island University –North Division	x												
Staten Island University – South Division	x												
The Brooklyn Hospital Center							x						
Wakefield Hospital	x												
Weiler Hospital	x												
Weill Cornell Medical Center	x		x				x						
Westchester Hospital	x												