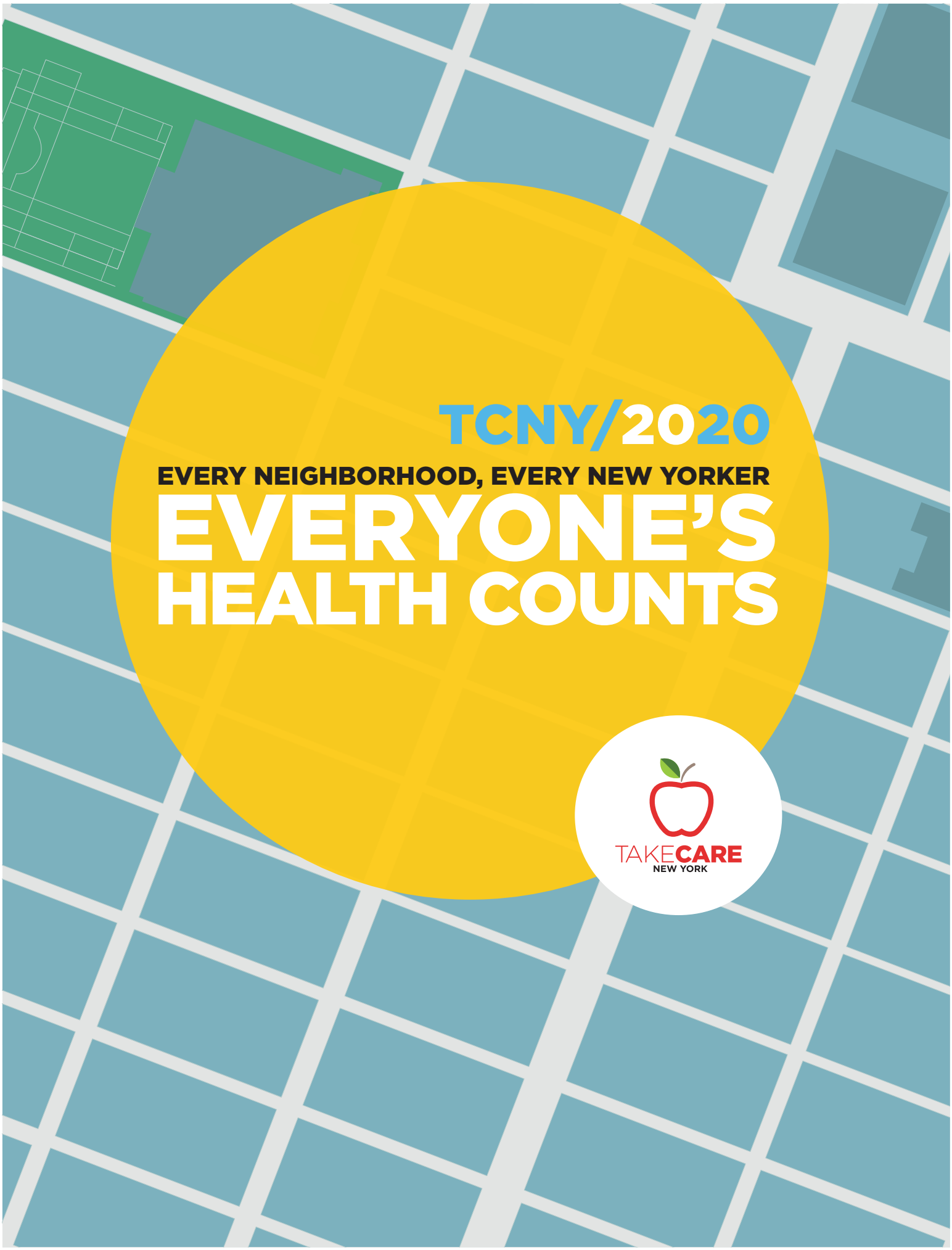

TCNY/2020
EVERY NEIGHBORHOOD, EVERY NEW YORKER
EVERYONE'S HEALTH COUNTS
TAKECARE
NEW YORK

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

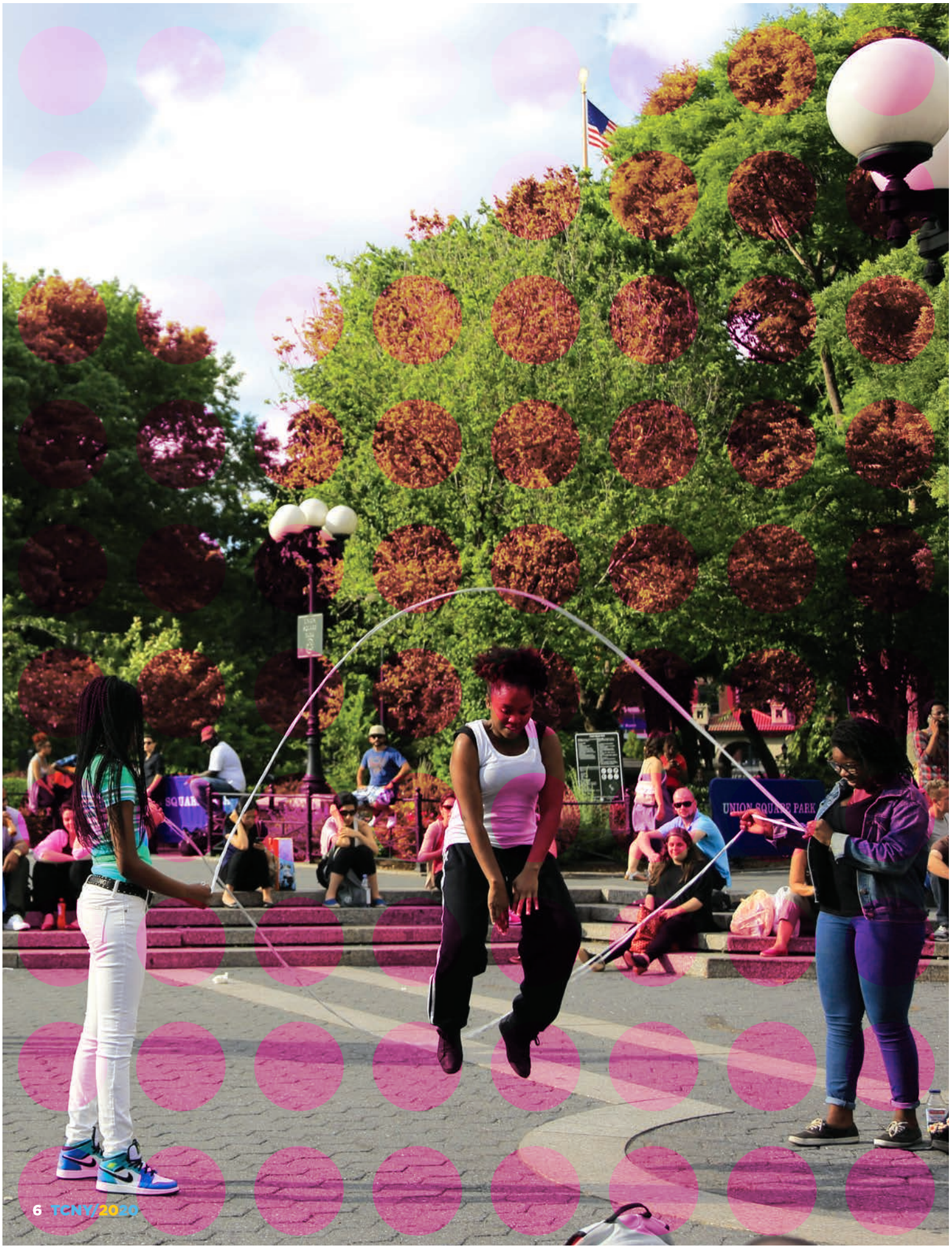
Including these social factors highlights the need for partnerships and collaborations to improve health.

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.

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.


UNION SQUARE PARK

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

		CITYWIDE		EQUITY		
INDICATOR	DESCRIPTION	*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.

TAKECARE NEW YORK

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	*Percentage of babies born in maternity facilities designated "baby-friendly"*	**7%**	**35%** (400% increase)	"Baby-friendly" is a special title given to facilities that strongly support breastfeeding and mother-infant bonding.		
CHILD CARE	*Percentage of total child care slots available in City-regulated, center-based child care*	**59%**	**63%** (7% increase)	Very high-poverty neighborhoods	**49%**	**60%** (22% increase)
TEENAGE PREGNANCY	*Pregnancy rate among 15- to 19- year-old girls*	**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	*Percentage of high school students who graduate on time*	**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.

TAKECARE NEW YORK

THE INDICATORS

CREATE HEALTHIER NEIGHBORHOODS

		CITYWIDE		EQUITY		
INDICATOR	DESCRIPTION	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/m³**	**6.1 µg/m³** (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.

TAKECARE NEW YORK

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	*Percentage of adults who are obese*	**25%**	**23%** (7% decrease)	Very high-poverty neighborhoods	**31%**	**25%** (20% decrease)
SUGARY DRINKS	*Percentage of adults who consume one or more sugary drinks daily*	**23%**	**19%** (16% decrease)	Blacks and Hispanics	**29%**	**23%** (20% decrease)
PHYSICAL ACTIVITY	*Percentage of public high school students who meet physical activity recommendations*	**19%**	**22%** (15% increase)	Asian-Pacific Islanders	**14%**	**18%** (30% increase)
SODIUM INTAKE	*Average daily sodium intake among adults*	**3,239 mg/day**	**3,019 mg/day** (7% decrease)	Blacks	**3,477 mg/day**	**3,129 mg/day** (10% decrease)
SMOKING	*Percentage of adults who smoke*	**14%**	**12%** (10% decrease)	High school graduates	**18%**	**14%** (20% decrease)
BINGE DRINKING	*Percentage of adults who report binge drinking*	**18%**	**17%** (5% decrease)	18- to 24-year-olds	**25%**	**23%** (10% decrease)
OVERDOSE DEATHS	*Rate of unintentional or accidental overdose deaths involving any drug*	**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

		CITYWIDE		EQUITY		
INDICATOR	DESCRIPTION	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 PM2.5 (measured in $\mu g/m^3$) across NYC is collected via the New York City Community Air Survey. Fine particles (PM2.5) are tiny airborne solid and liquid particles less than 2.5 microns in diameter. They are also called soot. PM2.5 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. PM2.5 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 (PM2.5), measured in $\mu g/m^3$, 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.

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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.

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