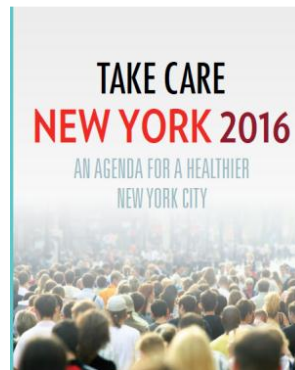


Take Care New York: A Strategy for Population-Based Prevention



Thomas Farley, MD, MPH

Commissioner

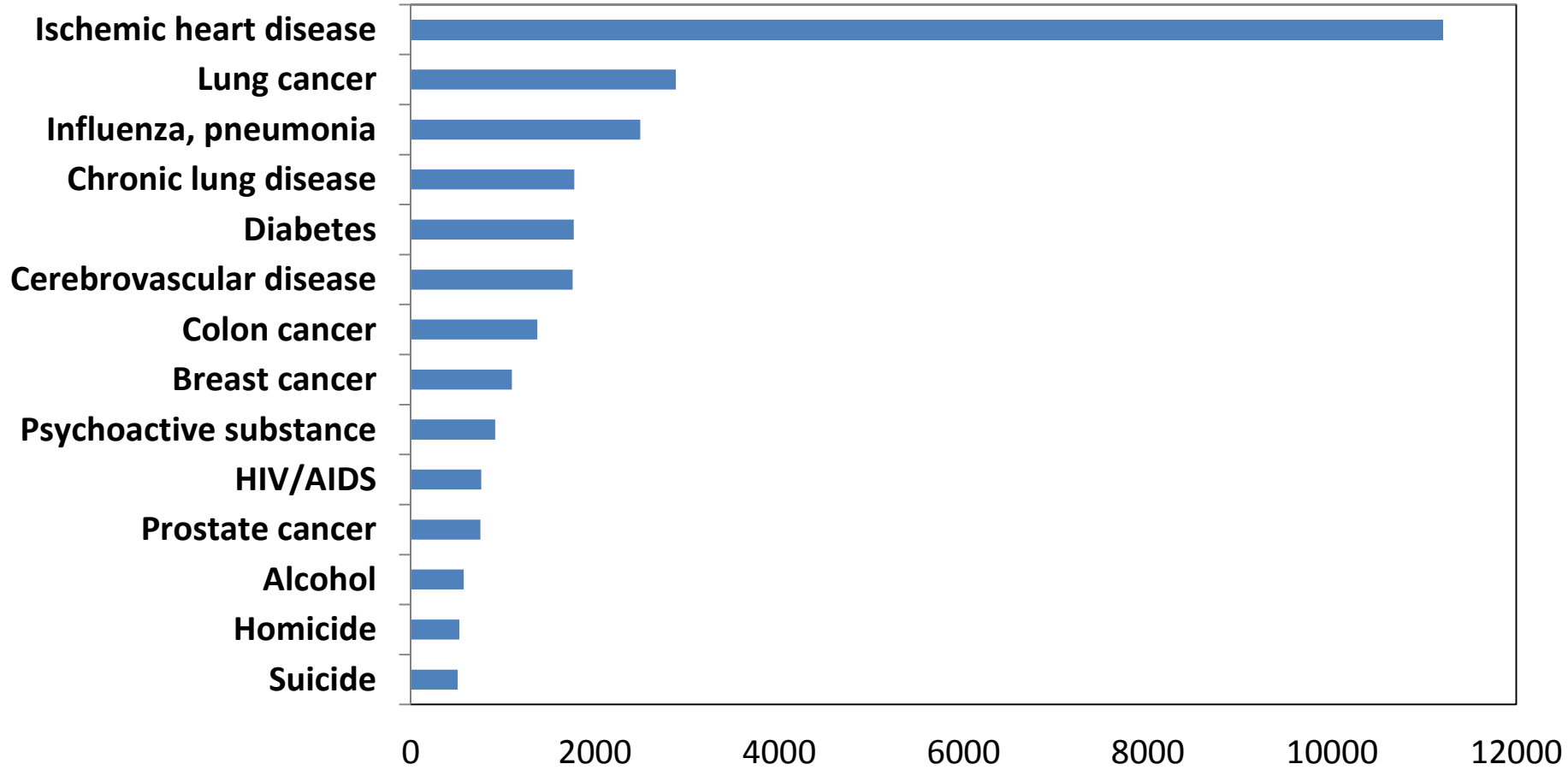
New York City Department of Health and Mental Hygiene

Population Health Summit

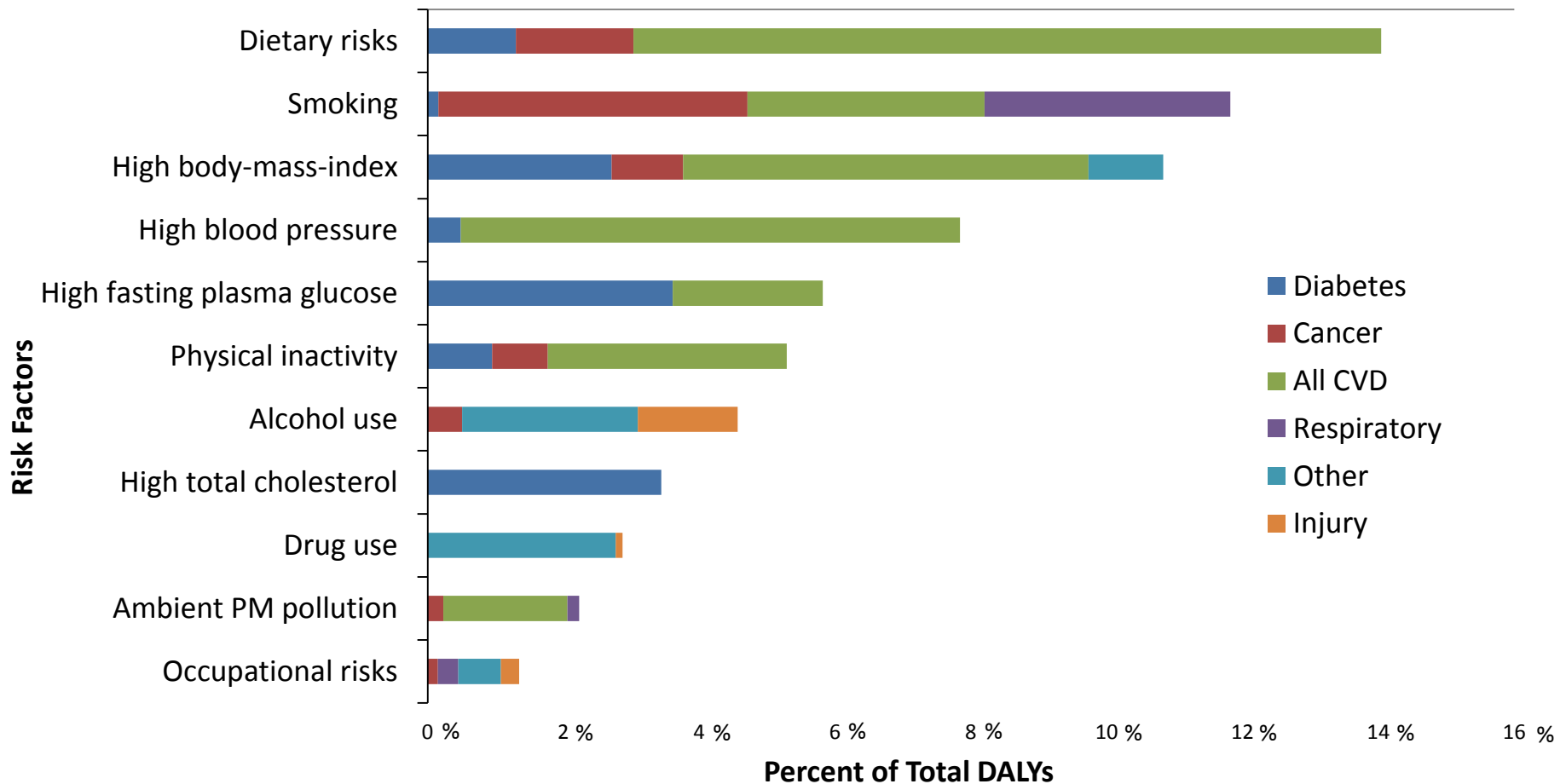
December 3, 2013



Leading Causes of Death New York City, 2011



Disability-Adjusted Life Years Lost Due to Different Risk Factors US adults, 2010

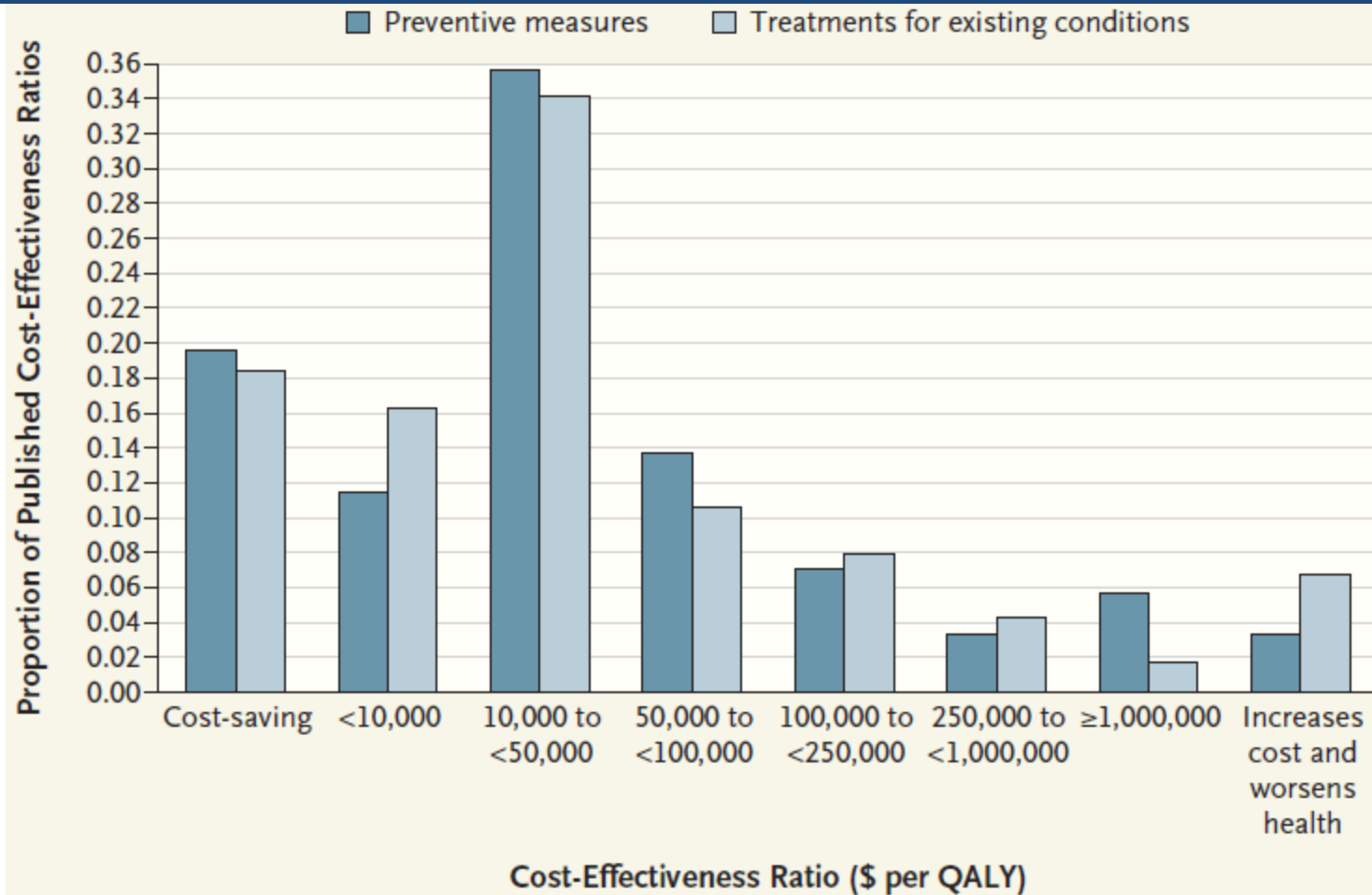


Institute for Health Metrics and Evaluation, University of Washington, 2013:

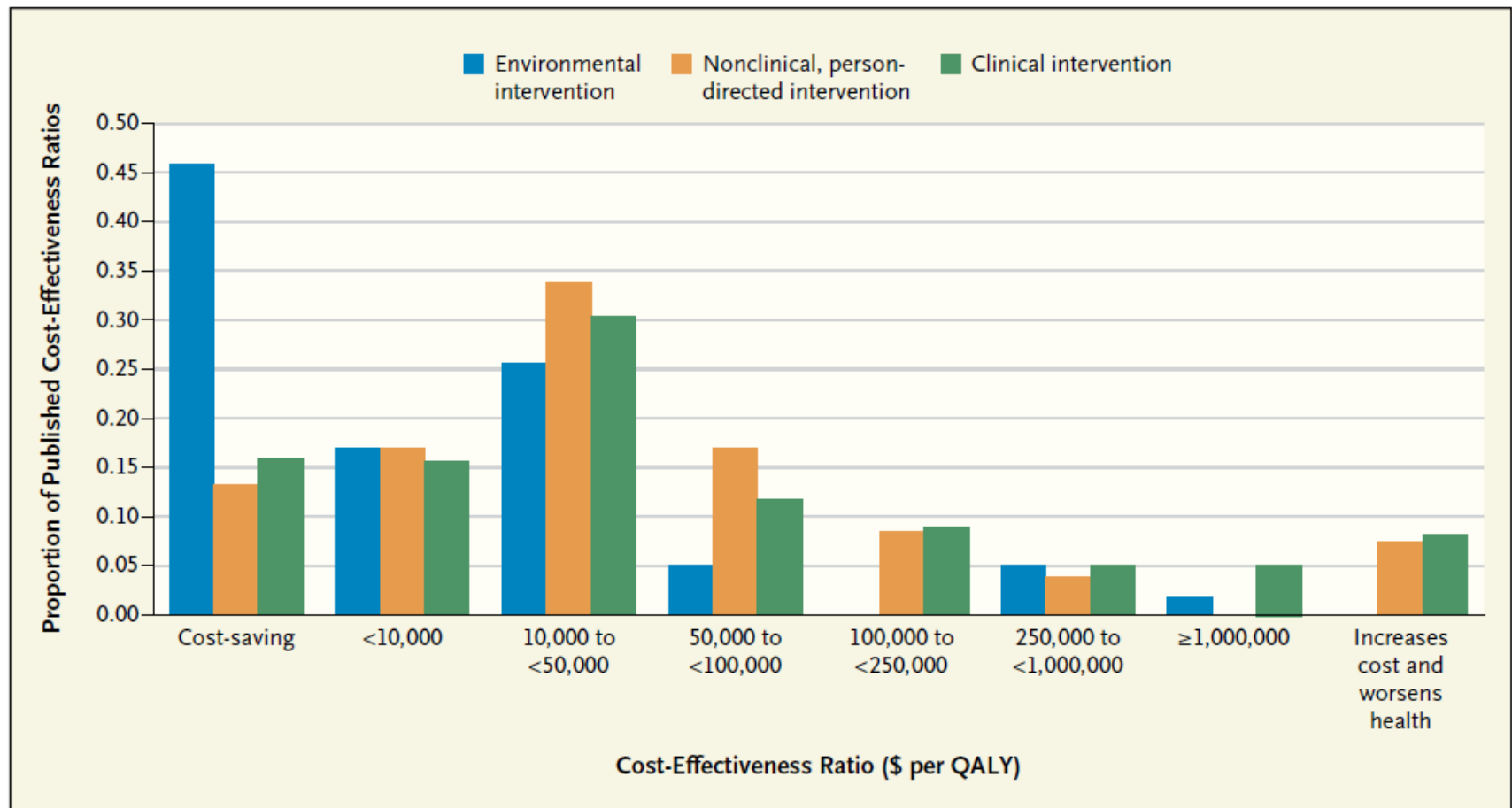
<http://viz.healthmetricsandevaluation.org/gbd-compare/>

Dietary Risks include: low fruit, low nuts and seeds, high sodium, high processed meat, low vegetables, high trans fat, low omega-3, low whole grains, low fiber, high sweetened beverages, low PUFA, low calcium, low milk, high red meat. Occupational risks include: occupational low back pain, occupational injury, occupational particulates, occupational carcinogens, occupational asthmagens, occupational noise.

Cost Effectiveness of Prevention vs. Treatment

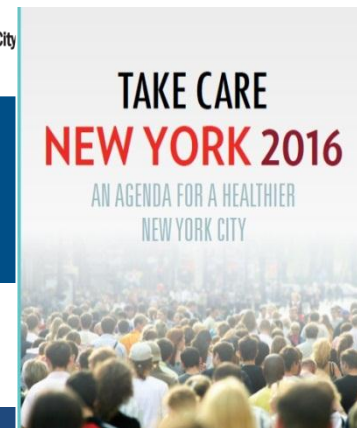
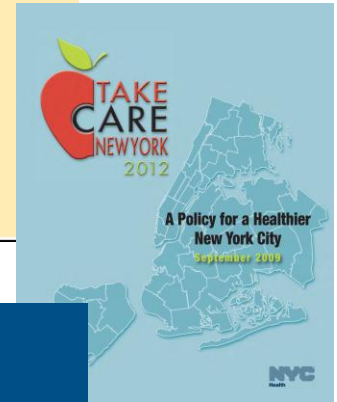


Cost Effectiveness of Environmental Approaches to Prevention








Take Care New York: A History






- ❑ Started in 2004
 - 10 Priority areas, 16 indicators
- ❑ Take Care New York 2012 launched in 2009
- ❑ Progress through 2012:
 - Improvement in 32/42 indicators (76%)
 - Goals met or exceeded in 17/42 indicators (40%)



Take Care New York 2012 Highlights

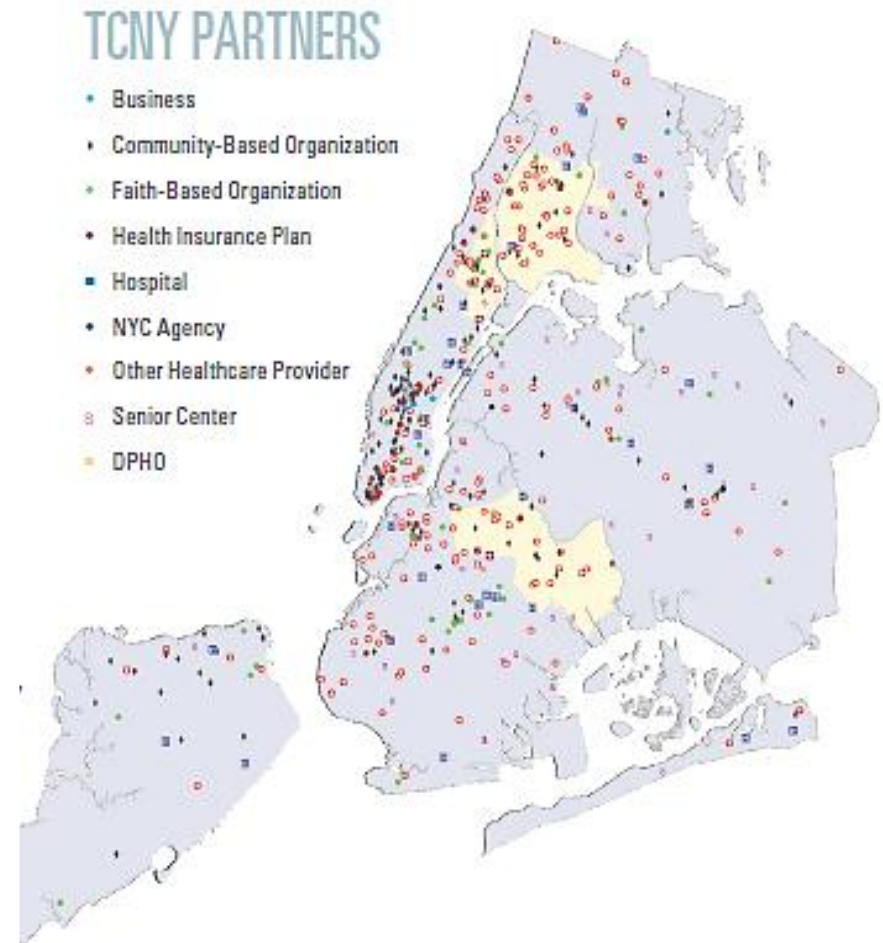
- ❑ >3,100 health care providers adopted prevention-oriented EHRs
- ❑ Smoking rates decreased 8% since 2007 and 28% since 2002
- ❑ 21% decline in number drinking sugary drinks daily
- ❑ Premature deaths from CVD for black NYers fell by 19% since 2007, reducing disparity
- ❑ 35% decrease in new HIV diagnoses from 2011 to 2012
- ❑ Teen pregnancy rates fell 30% in last decade
- ❑ Air quality improvements

TCNY PRIORITY	CORE INDICATOR	BASELINE [±]	2016 TARGET
1 Tobacco-Free Living 	Adults who currently smoke	15.5%	12.4% (20% decrease)
2 Healthy Eating 	Adult sugar-sweetened beverage consumption	28.2%	21.1% (25% decrease)
3 Active Living 	Adults who are not physically active	22.2%	21.1% (5% decrease)
4 Heart Health 	Premature deaths from cardiovascular disease	44.2 per 100,000 (2011)	39.8 per 100,000 (10% decrease)
5 HIV Prevention 	Viral suppression among all HIV infected adults	72% (2011)	85% (18% increase)

	TCNY PRIORITY	CORE INDICATOR	BASELINE ±	2016 TARGET
6	Mental Health Promotion 	Outpatient visits for mental health within 30 days of hospital discharge	44.1%	48.5% (10% increase)
7	Alcohol and Substance Abuse Reduction 	Unintentional and accidental overdose deaths	9.7 per 100,000 (2011)	8.5 per 100,000 (12% decrease)
8	Cancer Prevention 	Colon cancer screening	68.5%	75.0% (10% increase)
9	Healthy Indoor and Outdoor Air 	Levels of fine particulates in outdoor air	12.1 µg/m ³	10.3 µg/m ³ (15% decrease)
10	Quality Preventive Care 	Ambulatory care-sensitive hospitalizations	1,687 per 100,000 (2011)	1,603 per 100,000 (10% decrease)

Take Care New York Partners

- ❑ Engagement among 600+ partners across the city
 - City agencies, community and faith-based organizations, providers, insurers, businesses
- ❑ Partners asked to commit to ≥ 1 Interventions for Partners
- ❑ Partners completing multiple IFPs will be recognized and awarded by NYC Health Department



Hospital Partnerships

- ❑ 16 interventions for hospitals consistent with Prevention Agenda and TCNY
- ❑ Hospital implement 1 or more become DOHMH *Hospital Partner*:
 - Specify Intervention(s) within Community Service Plan
 - Leverage DOHMH programs, materials, and staff
 - Report Community Health Intervention measures to DOHMH
- ❑ Hospital implementing 4 or more become *Take Care New York Hospital*
- ❑ DOHMH will include all hospital partners on annual partnership report submitted to NY State DOH

Example Hospital Community Health Intervention

Intervention	Intervention Components	Suggested Measures	Resources and Contacts
Promote appropriate and judicious prescribing of opioid analgesics	a. Adopt DOHMH clinical guidelines for opioid prescribing in outpatient and emergency department settings	1. Number of opioid prescriptions written 2. Median duration of prescription for short-acting opioids 3. Proportion of prescriptions for \geq 100 MEDs	DOHMH office-based prescribing guidelines DOHMH emergency department prescribing guidelines

Hospital Interventions

- Provide skilled care coordination for chronic hepatitis C patients to facilitate access to and retention in care
- Participate in the Healthy Hospital Food Initiative
- Become a *Latch On NYC* Hospital

Other Health Care Providers Interventions

- ❑ Adopt and implement opioid prescribing guidelines
- ❑ Systematically screen and treat patients to quit smoking
- ❑ Use electronic health records to support integration of health and mental health care, including substance use disorders

Other Large Private Employers Interventions

- Implement a workplace policy on alcohol
- Promote stair use to increase physical activity in your organization's building
- Adopt a healthy food policy in your workplace

Nonprofit Organizations Interventions

- Promote Integrated Pest Management practices in homes of children with asthma
- Become an active condom distribution center and make condom distribution available to the general public
- Adopt a sugary drink policy for your organization or workplace

**“Mass diseases and
mass exposures
require mass remedies.”**

Geoffrey Rose