

Public Health Association of New York City

2005 Agenda for a Healthy New York

Report Number 4 – July 2005



Most New Yorkers agree that good health is a valuable resource that can help us achieve our life goals. In many ways, the people of New York are healthier today than ever: our life spans are longer, and death rates from heart disease, the city's leading killer, have dropped dramatically, as have those from AIDS and homicide. These accomplishments reflect more than a century of improving living conditions, the recent prosperity of the 1990s, and the efforts of health professionals and ordinary people to promote health and prevent disease.

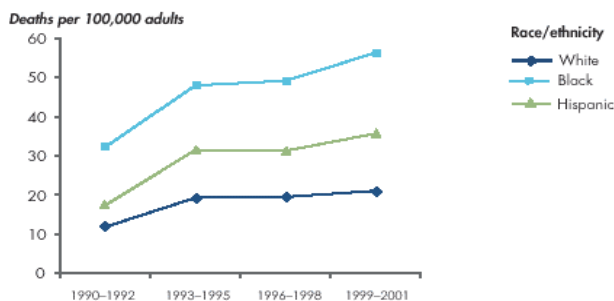
Still, New York City faces serious health challenges. Rates of type 2 diabetes are increasing precipitously, corresponding with half of adult New Yorkers being overweight or obese. Additionally, more than a quarter of New Yorkers under the age of 65 lack health insurance. And most disturbingly, despite the fact that overall health conditions have improved, health disparities by race, ethnicity and socioeconomic status have increased¹. These disparities cause inequities in health between the rich and poor and between whites, Blacks, Latinos and other communities of color to persist in the world's richest city. The widening gap of diabetes rates between white and Black people, the infant mortality rate in low income neighborhoods being double that in wealthier areas, and the fact that Black women are 7 times more likely than white women to die of pregnancy-related causes serve as evidence of profound racial and socioeconomic health disparities.

efforts to improve the health of all New Yorkers, PHANYC proposes the 2005 Agenda for a Healthy New York that outlines specific policy goals that will make NYC a healthier place by the year 2010. This Agenda reflects PHANYC's vision of a city where all residents can realize their potential for health and where our collective well-being is a resource that contributes to economic growth, sustainable development, and social justice. Rather than take an individualized approach to health promotion, the Agenda addresses factors at the neighborhood, community and city level in order to ensure living conditions that promote health for all people. Its premise is that a healthy New York requires effective schools, adequate housing, employment opportunities, access to quality health care, a clean environment, safe neighborhoods, and the potential for all residents to participate in the political process.

On November 8, 2005, New York City voters will choose a Mayor, City Council members, and other officials to govern the city for the next four years. Our votes will determine who makes many decisions that contribute to the well-being of our city and health. The PHANYC 2005 Agenda seeks to encourage informed discussion among constituents and potential policy-makers about how to best improve the health of people in New York City. The six policy goals included in the 2005 Agenda show some of PHANYC's priorities for action to improve health by 2010.

The 2005 Agenda reflects PHANYC's first year of work on this project, focuses on actions to be taken within the city, and includes objectives in education, nutrition and physical activity, sexual and reproductive health, and health care. We selected these topics for priority action because public health evidence shows that progress in these areas can lead to significant improvements in health and because real success in these areas is achievable. In 2006, PHANYC will release an expanded Agenda that focuses on state level policy and adds priorities in other issues such as mental health, the environment and aging.

Deaths due to diabetes — racial/ethnic disparities are widening



Rates are age-adjusted. Sources: Bureau of Vital Statistics, NYC DOHMH; U.S. Census 1990 and 2000/NYC Department of City Planning

The Public Health Association of New York City (PHANYC) is the oldest and largest independent organization of public health professionals in the city, in addition to being one of the earliest and largest affiliates of the American Public Health Association (APHA). In our

2005 Agenda for a Healthy New York Goals

By 2010, New York City will:

1. **Increase the proportion of students who successfully complete high school.**
2. **Establish comprehensive age-appropriate health programs in all city schools that include nutrition and physical activity, as well as health and sexuality education.**
3. **Increase the availability and affordability of healthy foods including fruits, vegetables, whole grains and low fat dairy products.**
4. **Increase opportunities for physical activity.**
5. **Increase access to preventive reproductive and sexual health care.**
6. **Reduce the barriers to getting timely and effective primary and preventive care.**

Achieving these goals will contribute to better health in several ways. Success will help New York City:

- Reduce disparities in health between better off and poor New Yorkers, and between whites, African-Americans, Latinos and other people of color.
- Provide more New Yorkers with access to the preventive health care that can help keep them well.
- Protect the current and future health of our children, the city's most precious asset.
- Sustain economic growth and lower the burden of medical costs and lost productivity that ill-health imposes on all New Yorkers.
- Contribute to reductions in health conditions such as heart disease, diabetes, infant mortality, and obesity.

PUBLIC HEALTH RATIONALE FOR OBJECTIVES

PHANYC's objectives are based on public health evidence. They identify achievable goals and focus on areas that will bring real benefits to the entire NYC population.

Increase high school graduation rates. A high school diploma provides lifetime health protection. Those who fail to graduate from high school are more likely to die prematurely, to have more physical and mental illness, and to have riskier health habits.²⁻⁴ Education benefits health by increasing earning power, which allows more money for housing, food and health care, and by giving people the skills to find and use health information. In New York City, almost half of those who enter high school fail to graduate on time and only a third complete the academic

requirements needed to get into college. Factors that contribute to school dropout include psychological conditions, learning disabilities, inadequate primary and intermediate schooling, lack of neighborhood resources, and student and family health or social problems.^{5,6} By increasing the proportion of New York City youth who successfully complete high school, we can improve the well-being of the city's poorest residents, offer decades of health protection, and prevent illness and premature death.

Establish comprehensive school health programs. School health programs can identify students experiencing health, learning, and emotional difficulties that undermine their academic success, and help them address these issues. They can also serve to connect children and their families to needed health care, improve management of chronic illnesses like asthma and diabetes, help children establish healthy eating and exercise habits, and avoid obesity.⁶⁻⁸ Sexuality education can establish healthy attitudes towards sex and relationships, and protect young people against early pregnancy and sexually transmitted infections, including HIV.⁹⁻¹¹ Despite these benefits, only 10% of New York City schools have school-based health centers. In addition, most city schools do not follow state guidelines on health and sex education, physical education, or nutrition.¹² By enhancing our school health programs, we can improve the current health of our city's children and teens and provide them with additional lifetime protection.



Source: NYC Department of Education

Increase availability of healthy food and opportunities for physical activity. In the last 10 years, obesity rates in NYC have skyrocketed among children and adults. Obesity contributes to heart disease, diabetes, stroke and other illnesses.¹³ Healthy food protects against heart disease, cancer and other conditions. Regular physical activity contributes to lower rates of heart disease, stroke, depression and other conditions.¹⁴ However, many New York City communities, especially the poorest ones, have inadequate access to affordable healthy foods and safe places to exercise. By making it easier to find healthy food than junk and fast foods and by increasing opportunities for safe and accessible physical activity, New York City can promote health, prevent illness, and save money.

Reduce the barriers to timely and effective primary and preventive care, including sexual and reproductive health care. Timely and effective health care can prevent illness, hospitalization and premature death. Regular high quality care for people with chronic disease can prevent hospitalizations and improve quality of life.¹⁵ In New York City, many health insurance policies do not cover preventive care. In addition, many low income women lack access to birth control services and other reproductive health care.¹⁵ Making high quality primary and preventive care more available to all New Yorkers, especially low income people, can improve health, reduce disparities and increase economic productivity in New York City.

ACTION STEPS

To realize the *Agenda for a Healthy New York* goals for 2010, New York City and New York State can take specific steps to move in the right direction. Several policy actions are listed for each goal.

Increase the proportion of NYC high school students who graduate from high school:

- *New York State must fully and promptly fund New York City schools as mandated by the Campaign for Fiscal Equity’s successful lawsuit. In 2003, the NYS Court of Appeals ruled that New York City school children are not receiving the constitutionally-mandated opportunity for a sound basic education. A court master ordered the Governor and Legislature to provide NYC schools with an extra \$5.6 billion a year to rectify this failure. NYS policy-makers must adhere to this ruling;*
- *Implement the recommendation of NYC Council Commission on the Campaign for Fiscal Equity to reduce class size in NYC high schools to 17 students per teacher;*
- *Identify and expand existing effective dropout prevention programs.*

Establish comprehensive age-appropriate health programs in all city schools that include nutrition and physical activity, health education and sexuality education.

- *Enforce city and state mandates for health and sex education in public schools;*
- *Create school-based health centers in all NYC public high schools;*
- *Develop and implement a comprehensive sexuality and HIV education program for NYC schools.*

Increase the availability and affordability of healthy foods including fruits, vegetables, whole grains and low fat dairy products.

- *Eliminate soda, candy, and foods high in fat and sugar from all NYC public schools and promote 1% milk, water, fresh fruits and vegetables, and whole grain breads;*
- *Increase access to healthy food by expanding farmers markets and promoting new relationships among local agricultural producers and institutional, commercial and individual consumers;*
- *Facilitate enrollment for those eligible for Food Stamps by simplifying the application form and by making it available online and at food distribution sites.*

Increase opportunities for physical activity.

- *Enforce state mandates for physical education in city schools;*
- *Create and improve safe and accessible public spaces such as playgrounds, city parks, public schools, and walking and recreation areas;*
- *Develop workplace physical activity programs for all city workers.*



Source: NYC Dept. of Parks and Recreation

Increase access to preventive reproductive and sexual health care.

- *Expand the availability of pregnancy-prevention counseling and contraception including emergency contraception and condoms at community organizations, hospitals, health clinics, and high schools;*
- *Conduct intensive outreach on prenatal care and contraceptive use to high risk groups and increase the capacity of home visiting programs to serve more pregnant women and new parents;*
- *Fully fund existing and develop new reimbursement mechanisms in New York State to support the work of reproductive health providers who provide women’s wellness services and to allow for increased enrollment in PCAP, FPBP, FPEP, SCHP, and FHP.*

Reduce the barriers to getting timely and effective primary and preventive care.

- *Develop comprehensive city-wide programs for management and control of asthma and diabetes;*

- Provide financial support to community health efforts in NYC, and expand and improve services centers;
- Oppose state and federal cuts to Medicaid that reduce access to primary and preventive care.

WHAT CAN I DO?

In the coming months, PHANYC will sponsor forums on *Agenda* issues, invite other organizations to endorse the *Agenda*, request candidates for city offices to respond to the *Agenda*, and distribute educational materials on the *Agenda* that include candidate's responses to it. In 2006, we will release the *2006 Agenda for a Healthy New York*, which will focus on state issues that affect the well-being of New Yorkers*. To help make the *Agenda* goals a reality, you can:

- ✓ Have your organization endorse the 2005 *Agenda* for a Healthy New York
- ✓ Invite PHANYC to send a speaker to your organization to talk about the *Agenda* for a Healthy New York;
- ✓ Encourage candidates running for city office to support the *Agenda* action steps;
- ✓ Distribute copies of the *Agenda* reports to family, friend and co-workers (contact us to obtain copies);
- ✓ Volunteer to join one of the *Agenda* Work Groups to help prepare the 2006 *Agenda* for a Healthy New York;
- ✓ Share your suggestions with us on how we can develop *Agenda* advocacy strategies and goals;
- ✓ Join PHANYC

PHANYC is a nonprofit professional education and advocacy organization and does not endorse candidates or lobby.

ENDORSEMENTS:

Endorsers are listed in alphabetical order. Please visit www.phanyc.org to obtain updates on new endorsements.

Allen School
American Academy of Pediatrics, New York Chapter 2
Barrier Free Living, Inc.
Center for the Independence of the Disabled in NY
Children's Health Fund
City University of New York Urban Health Initiative
Clinical Directors Network, Inc. CDN
Columbia University Mailman School of Public Health
Community Healthcare Network
FoodChange
Friends of Fort Tryon Park, Inc.

* In addition to the six areas identified in this report, the 2006 *Agenda* will focus on environmental health, mental health and substance abuse, and housing and health.

Greater New York Society of Public Health Education
Greater Southern Brooklyn Health Coalition, Inc.
Gynuity Health Projects
Health Policy and Development Associates
Hudson Guild
Hunter College Program in Urban Public Health
Medical and Health Research Association of NYC, Inc.
Metro New York Health Care for All Campaign
NYC Community Health Systems Group
NYCNEN – New York City Nutrition Education
Network
NYU Center for the Study of Asian American Health
National Black Leadership Commission on AIDS, Inc.
National Development and Research Institutes, Inc.
New York Academy of Medicine Center for Urban
Epidemiological Studies
New York State Center for Sudden Infant Death, New
York Satellite Office
Planned Parenthood of New York City
The Floating Hospital
United Neighborhood Houses of New York
Urban Health Plan

List in formation; 9/22/05

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To date, many individuals and organizations have participated in the deliberations and provided guidance to the PHANYC *Agenda for a Healthy New York*. These organizations include: New York Academy of Medicine; Hunter College Program in Urban Public Health; NYC Department of Health and Mental Hygiene; and others. We thank these organizations for their advice and acknowledge that PHANYC is solely responsible for the *Agenda's* content. The New York Community Trust supports the *Agenda for a Healthy New York*.

To contact us, email PHANYC_Agenda@yahoo.com, info@phanyc.org, or call (212) 481-3207 or (212) 722-1063. Please visit www.phanyc.org for more information.

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References

1. Link BG, Phelan J. Social conditions as fundamental cause of disease. *Journal of Health and Social Behavior*; 1995; extra issue: 80-94.
2. Molla MT, Madans JH, Wagener DK. Differentials in adult mortality and activity limitation by years of education in the United States at the end of the 1990s. *Population and Development Review* 2004; 30:625-646.
3. Adler NE, Newman K. Socioeconomic disparities in health: pathways and policies; inequality in education, income, and occupation exacerbates the gaps between the health "haves" and "have-nots." *Health Affairs*; 2002;21(2):60-76.
4. Smith SS. Health in the U.S. tied to income and education. U.S. Department of Health and Human Services; *Public Health Reports* 1998; 1998;113: 557.
5. Connell JP, Halpern-Felsher BL, Clifford E. et al. Hanging in there: Behavioral, psychological and contextual factors affecting whether African-American adolescents stay in school. *Journal of Adolescent Research*; 1995;10:41-63.
6. Ensminger ME, Lamkin RP, Jacobson N. School leaving: A longitudinal perspective including neighborhood effects. *Child Development*; 1996;67:2400-16.
7. Fisher C, Hunt P, Kann L, Kolbe L, Patterson B, I Wechsler H. Building a Healthier Future Through School Health Programs. US CDC, February 2005, Available at http://www.cdc.gov/nccdphp/promising_practices/school_health/index.htm
8. Morone JA, Kilbreth E, Langwell KM. Back to school: A health care strategy for youth. *Health Affairs* 2001;20:122-36.
9. Symons CW, Cinelli B, James TC, Groff P. Bridging student health risks and academic achievement through comprehensive school health programs. *Journal of School Health*; 1997; 67:220-7.
10. Kirby D. The impact of schools and school programs upon adolescent sexual behavior. *Journal of Sex Research*. 2002;39:27-33.
11. Collins J, Robin L, Wooley S, Fenley D, Hunt P, Taylor J, Haber D, Kolbe L. Programs-that-work: CDC's guide to effective programs that reduce health-risk behavior of youth. *Journal of School Health*; 2002;72:93-9.
12. Stringer S. Failing grade: Health education in NYC schools. Report by NY State Assemblymember Scott Stringer, June 2003.
13. Stein CJ, Colditz GA. The epidemic of obesity. *Journal of Clinical Endocrinology and Metabolism*; 2004;89(6):2522-5
14. Institute of Medicine. Dietary reference intakes: energy, carbohydrate, fiber, fat, fatty acids, cholesterol, protein, and amino acids. Washington, DC: National Academy Press, 2002. (See chapter 12)
15. Wagner EH, Austin BT, Davis C, Hindmarsh M, Schaefer J, Bonomi A. Improving chronic illness care: translating evidence into action. *Health Affairs*; 2001; 20(6): 64-77
16. Alan Guttmacher Institute 2005

