

Vision 2

Our Just and Equitable City

New York City will have an inclusive, equitable economy that offers well-paying jobs and opportunities for all New Yorkers to live with dignity and security.

Indicators + Targets

New York City will...

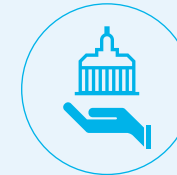
- ✓ Lift 800,000 New Yorkers out of poverty or near poverty by 2025
- ✓ Reduce overall premature mortality by 25 percent by 2040 and dramatically decrease racial and ethnic disparities
- ✓ Increase median household income

Goals



Early Childhood

Every child in NYC will be nurtured, will be protected, and will thrive



Integrated Government & Social Services Delivery

All New Yorkers have access to high-quality, conveniently located, community-based City resources that promote civic engagement and enable them to thrive



Healthy Neighborhoods, Healthy Living

New Yorkers of all ages live, work, learn, and play in neighborhoods that promote an active and healthy lifestyle



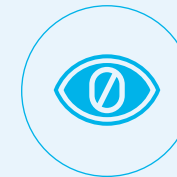
Healthcare Access

All New Yorkers have access to the physical and mental healthcare services they need



Criminal Justice Reform

Among large U.S. cities, New York is the safest and has the lowest rate of incarceration, with a criminal justice system that leads the nation in fairness and efficiency



Vision Zero

New Yorkers embrace Vision Zero and accept no traffic fatalities on New York City streets

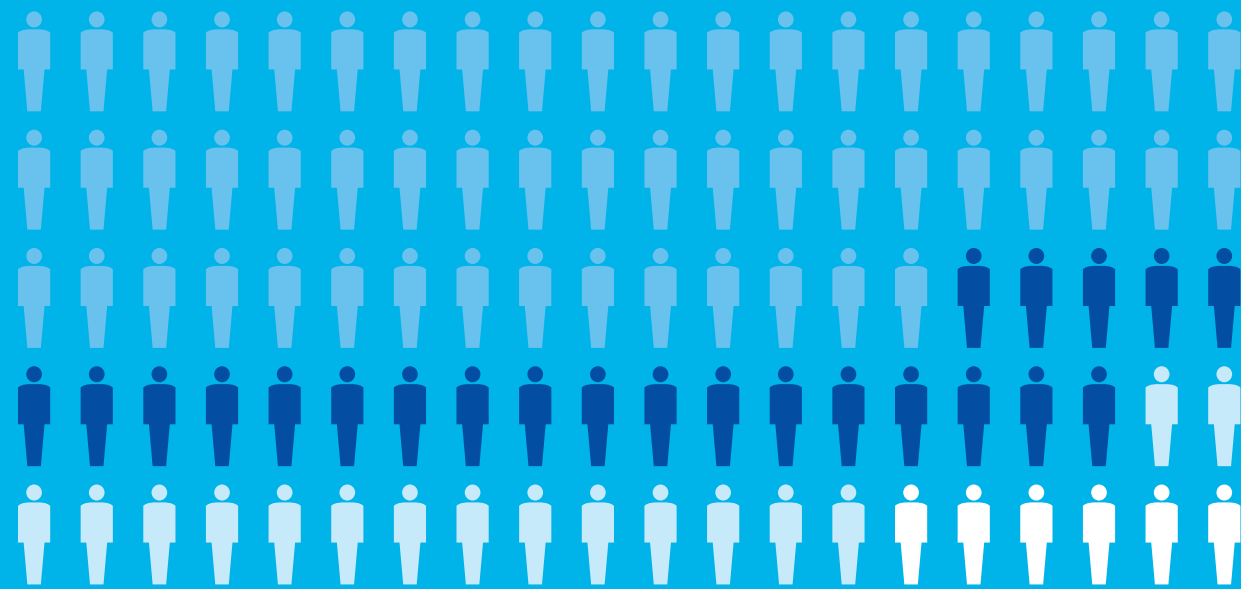
Approximately half of New York City residents live in or near poverty

In 2013, 45.1% of our residents lived in or near poverty

23%
Near Poverty

16%
Poverty

6%
Extreme Poverty



Near poverty defined as below 150% poverty threshold, poverty defined as \$31,156 threshold, extreme poverty defined as below 50% poverty threshold

The CEO Poverty Measure, 2013

We will lift 800,000 New Yorkers out of poverty or near poverty by 2025

This can be achieved through a broad set of anti-poverty initiatives including raising the minimum wage – a particularly effective tool for reducing poverty and income inequality

Scheduled and proposed minimum wage increases will help us reach 40 percent of our goal

- Minimum wage is already scheduled to increase to \$9/hour in January 2016 (phased in from 2013-2016)
- Governor proposal to raise minimum wage to \$11.50/hour [under consideration]
- Early impact of anti-poverty initiatives (detailed below)

We will fight to raise the minimum wage to \$13 per hour in 2016, indexing to inflation so it rises to \$15 in 2019

OneNYC anti-poverty initiatives are ongoing efforts during our fight for the right minimum wage

- Workforce development programs will better match New Yorkers to available jobs
- Educational programs will prepare students for college and career success
- Pre-K for All provides early education and helps parents re-enter the workforce
- Better transportation will increase accessibility of work
- Healthy environments and access to affordable healthcare allow New Yorkers to stay in the workforce
- 200,000 of new or preserved units of affordable housing will make NYC less costly
- IDNYC – already issued to more than 100,000 New Yorkers – will continue to provide access to government and community services
- Affordable and accessible broadband allows for full participation in the City's civic and economic life

Introduction

To truly achieve our aspirations, New York City must be a place where all can participate and contribute. Regardless of background or circumstance, all residents must be able to fully engage in the economic, civic, and social life of the region.

Equity is imbued in all the visions of OneNYC. Vision 1 of this plan, for example, lays out a strategy for an inclusive workforce that ensures all New Yorkers have the skills they need to access well-paying jobs; Vision 3 aims to improve greenhouse gas emissions, air quality, flood-control, and parks across all the boroughs; and Vision 4 sets out a plan for all of our neighborhoods to be ready to withstand and emerge stronger from the impacts of climate change and other 21st century threats.

Equity must inform all of our planning, policymaking, and governing. Through this lens we assess who will benefit, who is burdened or needs help, and whether the actions we undertake broaden the participation of underrepresented groups, reduce disparities, and expand opportunities for all New Yorkers. Where someone starts out in life should not determine where they end up. Equal opportunity and the genuine possibility of upward mobility are our nation’s signature ideals, and New York City has long been seen as a place where these ideals can be achieved. Remarkable stories of extraordinary individuals who beat the odds and achieved their dreams provide inspiration to new generations of people seeking a better life for themselves and their families.

But we know there is a gap between our ideals and the real-world experiences of many New Yorkers. Too often, a person’s home address, parents’ income, race, or other demographic traits can weigh on their life outcomes—from educational attainment to future earnings, and even life expectancy. We must change these underlying odds.

A commitment to reduce poverty

In 2013, 45.1 percent, or 3.7 million, of our residents lived in or near poverty (those under 100 percent or 150 percent of the Center for Economic Opportunity (CEO) Poverty Rate, respectively).

Image caption TK



Center for Economic Opportunity (CEO) Poverty Measure

The CEO poverty rate is an alternative, more comprehensive poverty metric than the official, federal poverty rate. It measures the cost of living in New York City and both the resources available to households after tax and social policy are taken into account. CEO has developed a variety of models that estimate the effects of taxation, nutritional and housing assistance, work-related expenses, and medical out-of-pocket expenditures on total family resources and poverty status. The most recent data available is from 2013. Here are the facts:

1. The poverty threshold for a family of four in 2013 was \$31,156. The threshold to move out of near poverty, 150% of the threshold, was \$46,734 for a family of this size
2. The most recent CEO poverty rate for New York City is 21.5%, and the near poverty rate is 45.1%
3. As of 2013, the poverty and near poverty rate has remained essentially unchanged since 2011

Concurrent with the publication of this plan, CEO is releasing its annual poverty report, this year covering the period of 2005 through 2013.

See www.nyc.gov/ceo.

The economic insecurity of people living at or near poverty plays an outsized role in undermining individual potential, and compounds other challenges. The hungry student has difficulty focusing in the classroom; poor living conditions produce health challenges; and financial stresses can lead to depression, which in turn can affect the wellbeing of a family’s children. What might appear to be an issue specific to education, health, safety, or another concern is often rooted in something more basic: not having enough money.

A higher minimum wage would be a powerful force in reducing poverty. In his 2015 State of the City address, the Mayor’s office stated the City’s goal to raise the minimum wage to more than \$13 per hour in 2016, and to index it to inflation, which would bring the minimum wage to a projected \$15 per hour in 2019. If this were to happen, and OneNYC workforce development and other initiatives are implemented, 800,000 New Yorkers would be lifted out of poverty or near poverty. The change would be transformative, and we are committed to meet this goal—to move 800,000 people, or nearly 10 percent of the city’s population—out from poverty or near poverty over the next decade.

Ensuring all New Yorkers live a long and healthy life

We are committed to ensuring every New Yorker has the opportunity to live a long and healthy life. Premature mortality—death before the age of 65—is closely tied to poverty and a lack of access to critical services. There are significantly more premature deaths among certain racial/ethnic groups and in certain neighborhoods. In 2013, the age-adjusted premature mortality rate per 100,000 deaths was 276.1 for black Non-Hispanic New Yorkers, 188.2 for white Non-Hispanic New Yorkers, 160.3 for Hispanic New Yorkers, and 98.5 for Asian New Yorkers.

As a City, we are committing to reducing the premature mortality rate by 25 percent by 2040, so as to dramatically decreasing disparities among racial/ethnic groups. OneNYC targets causes of premature deaths such as infant mortality, chronic diseases, gun violence, and traffic fatalities. We will promote the health, safety, and wellbeing of all of our residents.

Equity benefits us all

The city benefits from everyone’s contributions. We all gain when a child discovers a passion for dance watching his first neighborhood performance; when a middle-schooler can post commits to GitHub from her home because of broadband access; when a high school student receives guidance to apply for financial aid, and realizes he can afford college after all; and when a parent goes to her job confident her toddler is safe in affordable childcare. City investments can make all of these things possible—and the future

Premature Death

Rate per 100,000

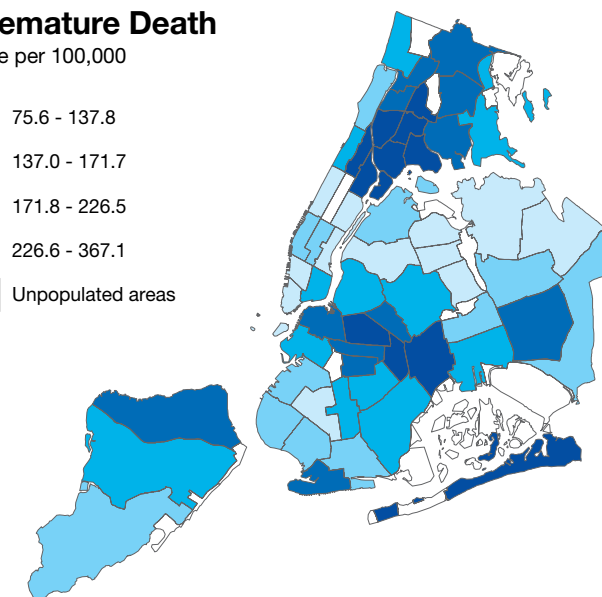
75.6 - 137.8

137.0 - 171.7

171.8 - 226.5

226.6 - 367.1

Unpopulated areas



NYC DOHMH Bureau of Vital Statistics, 2009–2013

artistic works, entrepreneurial ventures, and productive workforce these investments create enrich our city and drive it forward.

New York City’s economic and cultural leadership over time won’t last if we do not make progress toward greater equity. Research is beginning to show that inequity can stymie economic growth. It can also undermine the social cohesion necessary to create resilient communities. We will all bear the consequences of inequity as our budgetary and social costs rise in areas such as healthcare and criminal justice. It is in our shared long-term interest to have a just city.

All New Yorkers deserve a chance to reach their potential, and over the next two decades, we will work as a city to ensure access to these opportunities. New York City will persist in its historic legacy as a city for everyone.

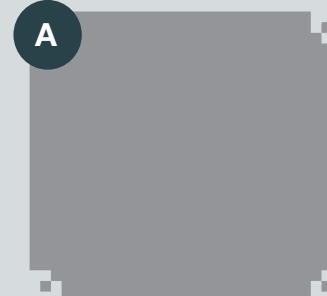


Neighborhood Spotlight

In the Bronx River Corridor, investments in infrastructure, pedestrian safety, community resources, and access to fresh and healthy food will provide residents with the resources needed to fulfill their potential.



A

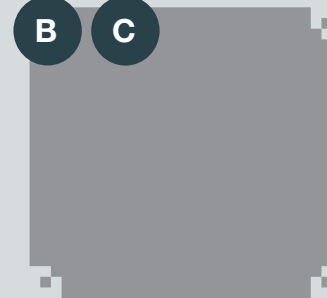


Sheridan Expressway Redevelopment

New boulevard, crossings, and off ramps will improve access to local amenities and pedestrian safety.

B

C



Hunts Point Down to Earth Farmers Market & The Point/Corbin Hill Farm Share

Pop up fresh food markets will increase residents’ access to fresh and healthy foods

E



Vision Zero Priority Corridors and Intersection

Improvements to increase pedestrian and bike safety



Early Childhood

Goal: Every child in NYC will be nurtured, will be protected, and will thrive.

Overview

The City is determined to close the opportunity gap that exists for young New Yorkers, starting from the birth of every child. The infant mortality rate (IMR)—an indicator of the entire population’s health and wellbeing—was the lowest in New York City history in 2013, at 4.6 deaths per 1,000 live births. However, despite a declining rate that is nearly 30 percent below the U.S. average, there are significant, and in some cases widening, disparities between neighborhoods. According to NYC Vital Statistics data, in 2013 infant mortality rates were nearly double in areas with very high poverty compared to areas with low poverty (5.2 infant deaths per 1,000 live births vs. 2.8, respectively).

Among racial ethnic groups, the disparity is the starkest between black and white babies: the 2013 infant mortality rate for black babies, 8.3 infant deaths per 1,000 live births, was the infant mortality rate for white babies more than 20 years ago. Among Hispanics, the 2013 infant mortality rate for Puerto Rican babies, 4.8 deaths per 1,000 live births, was over 1.5 times the rate for white babies, and was the infant mortality rate for white babies nearly a decade ago. Other Hispanic babies had an infant mortality rate of 4.3 deaths per 1,000 live births, a little under 1.5 times higher than the rate among white babies in 2013.

To address infant mortality disparities, the City proposes achieving a historic low of 3.7 infant deaths per 1,000 live births citywide by 2040 and to dramatically decrease the racial ethnic disparity. The City will reach its commitment by targeting key neighborhoods with high infant mortality rates and implementing social and structural supports before, during, and after pregnancy.

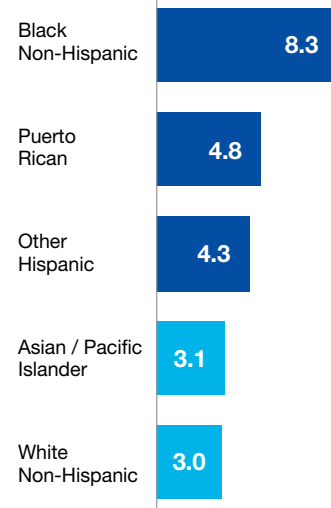
High-quality early childcare and early childhood education lead to improved academic and life outcomes. High-quality pre-kindergarten promotes cognitive and academic gains that persist into adulthood, reduces involvement with the criminal justice system, increases high school graduation rates, and increases college attendance rates. When a child attends pre-kindergarten, his or her chances of reaching advanced reading levels by the third grade—a critical indicator of future success—increases by 18 percent. Studies have found that students who are proficient readers by third grade are more likely to graduate high school and enter college. However, not all families have the chance to provide Pre-K for their four-year-olds. In New York City, such strides have been made. Pre-K for All, launched in January 2014, has helped bridge this gap for families with four-year olds.

INDICATORS + TARGETS

- ✔ Reduce infant mortality rate by 20% to achieve a historic low of 3.7 infant deaths per 1,000 live births citywide by 2040, and dramatically decrease the racial and ethnic disparity
- ✔ Increase the number of 4-year-olds enrolled in full-day Pre-K

Infant mortality rate by race/ethnicity

Per 1,000 live births



Bureau of Vital Statistics



Initiative 1

Nurture and protect all infants so they thrive during their first year of life and beyond

Disparities in the infant mortality rate arise from inequities including, but not limited to, adverse working and living conditions, inadequate healthcare, socioeconomic position, and discrimination. Thus, the City proposes a series of projects that address these root causes of poor pregnancy outcomes and promote safety in the first year of life in order to reduce the number of infant deaths.

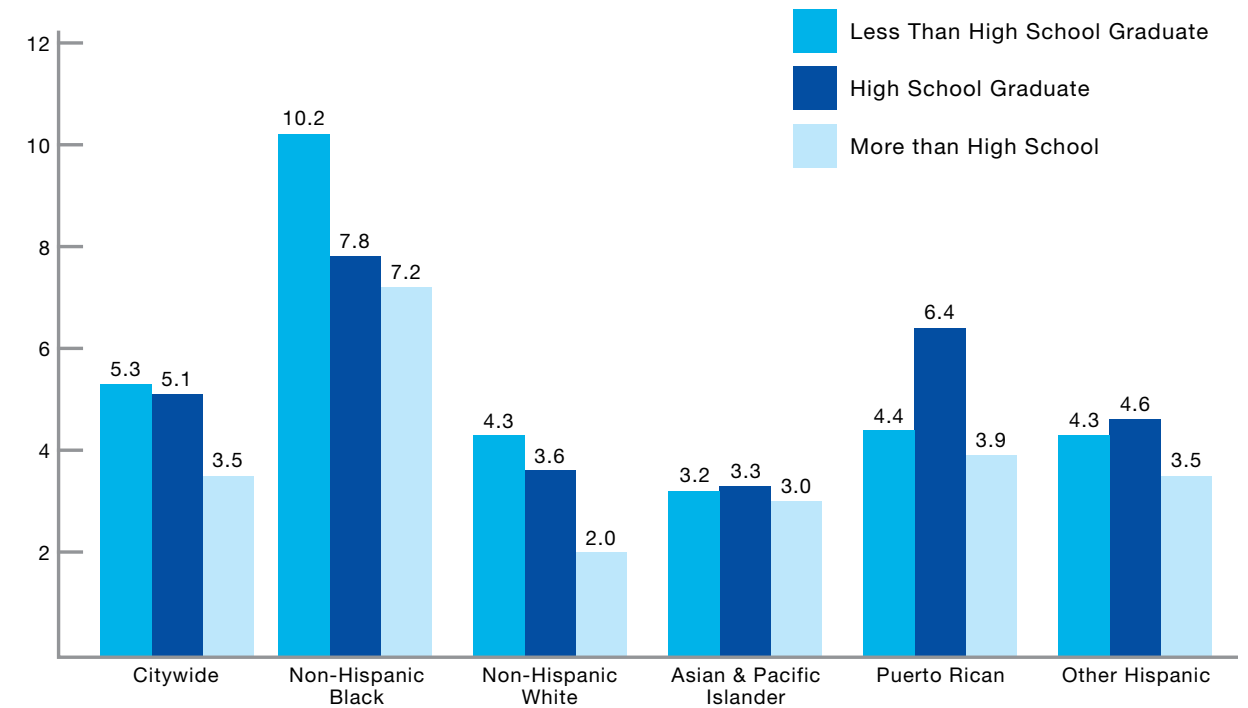
Supporting Initiatives

A. Create neighborhood spaces dedicated to advancing women’s health

Through OneNYC, the Department of Health and Mental Hygiene (DOHMH) will explore enhancing its Neighborhood Health Hubs (described in more detail in Goal 2.4, Initiative 2) with designated space for women’s health promotion. Located in seven low-income, underserved areas, these Hubs will provide access to comprehensive women’s health and baby-friendly care, which will help address

Infant Mortality by Mother’s Racial/Ethnic Group and Education

Percent, 2013



Bureau of Vital Statistics; compiled by BMIRH



Safe Sleep Campaign

Approximately 80 percent of all infant deaths due to injury are related to the infant's sleep position and environment. The City has launched the Safe Sleep Campaign to make parents and other caregivers aware of the potentially fatal risks of sharing a bed with an infant, and how to prevent injuries and deaths associated with other unsafe sleep practices, such as excessive bedding, bumpers, and toys in cribs. City hospitals and community health centers are leading these efforts.

infant mortality. Possible features include space for supportive group work (e.g., parenting support and coaching, smoking cessation), and exercise studios and equipment. In addition, the space will support healthy birth outcomes by reducing stress and providing a physical space for women to breastfeed, rest, exercise, and connect with each other. These structural supports are often missing in communities with poor birth outcomes and high infant mortality rates.

City programming in these spaces will also provide women with information and resources they need to stay healthy before, during, and after pregnancy, and offer them the support their young infants need. Some of the DOHMH's key initiatives to support thriving during infancy and healthy mothers include breastfeeding and safe-sleep education, cribs for families that cannot afford them, home visitation during pregnancy and early childhood, and promotion of women's health, including increasing access to contraception to help plan pregnancies.

B. Expand the number of "baby-friendly" hospitals to promote access to breastmilk for newborns

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation based on the WHO/UNICEF Ten Steps to Successful Breastfeeding for Hospitals.

Breastfeeding has been shown to have many health benefits for infants, including reducing the risk of ear infections, diarrhea, and pneumonia. Moreover, it helps reduce infant mortality because it helps increase the likelihood of survival for premature infants. Research shows that infants born at facilities that provide recommended care for lactating mothers and babies, such as those that have incorporated the WHO/UNICEF Ten Steps to Successful Breastfeeding, are more likely to initiate breastfeeding, exclusively breastfeed, and continue to do so for longer periods of time.

Of the 40 maternity facilities in New York City, 18 are participating in the NYC Breastfeeding Hospital Collaborative, an initiative to increase exclusive breastfeeding rates. Of these 18 participating facilities, two are Baby-Friendly Designated, and six are in the final phase of designation. Under this initiative, the City will pursue and encourage physical interventions in hospitals that will transform newborn nurseries into smaller observational areas, assuring adequate space for newborns to safely sleep in the same room with their mothers; establish space for breastfeeding education and support, including a private place to breastfeed for mothers whose infants are in the Neonatal Intensive Care Unit; and establish a central place to store infant formula for mothers who are not exclusively breastfeeding.



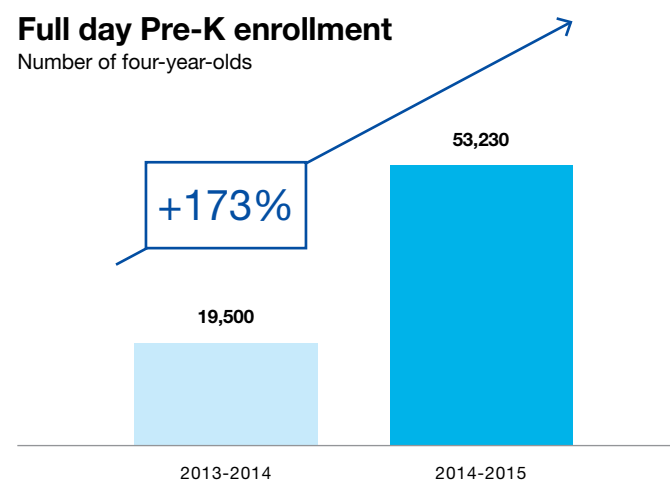
Caption TK



Caption TK

Full day Pre-K enrollment

Number of four-year-olds



DOE

Initiative 2

Offer high-quality, full-day Pre-K for every four-year old to ensure all New York children have the opportunity to enter elementary school with a solid foundation for future success

Pre-K for All is New York City's truly universal full-day pre-kindergarten system. As of December 2013, fewer than 27 percent of four-year olds in the city had access to full-day pre-kindergarten. Launching Pre-K for All in January 2014, the City committed to ensuring all four-year-olds whose families are interested in full-day Pre-K could participate in a high-quality program by the 2015-2016 school year.

In September 2014, the City opened 245 new full-day sites in all five boroughs. Recognizing the critical role teachers play in early childhood education, the City committed to recruiting high-quality pre-k teachers with early childhood certification, as well as supporting several hundred teachers in earning their certification through a partnership with City University of New York (CUNY). It also trained more than 6,000 lead teachers, assistants, and paraprofessionals. Programs are expected to support all children in gaining the foundation needed to realize their potential. These programs focus on curriculum, instruction, and family engagement on the skills and knowledge reflected in the comprehensive state pre-k learning standards, known as the New York State Pre-kindergarten Foundation for the Common Core.

In conjunction with its commitment to offer a high-quality, full-day pre-k seat to every four-year-old, the City will continue to focus on developing high-quality early childhood programs through teacher recruitment and training as well as through increased support for students whose native language is not English, students with disabilities, and students from high-need areas.

The NYC Center for Economic Opportunity and the Department of Education are collaborating with Westat,



Metis Associates, and Branch Associates, with supplemental support from the New York University Institute for Human Development and Social Change, to undertake a rigorous two-part research study of this work. It will include an evaluation of the effectiveness of the implementation process and an impact study assessing the kindergarten readiness of children in Pre-K. The research is designed to inform future years of program delivery as well as lay a foundation for future longer-term research.

Given the research that demonstrates how critical early childhood learning is, the City will explore the possibility of expanding pre-kindergarten to three-year-olds in the city. Like Pre-K for all for four-year-olds, this program would help close the opportunity gap among New York City students and will enable new parents to re-enter the workforce earlier.



“I am a social worker and my husband is a postal worker... We do not qualify for affordable childcare, so between childcare, afterschool, rent, and clothes, we barely have money for food. I visit the local pantry at my church to get help with food. Our school-age children attend public school, but I pay \$1,800 a year for afterschool for one child, \$3,000 a summer for day camp, \$30,000 in rent, and \$18,200 on daycare for my two-year-old.”

—Sanaya B., Manhattan

Initiative 3

Develop a comprehensive plan for high quality early childcare

Childcare is a major expense for working families in New York City. Studies show that providing increased access to high-quality childcare—and lowering the cost of childcare—can significantly increase mothers’ employment rates and incomes. It can also help businesses retain employees and, in turn, provide job stability. However, in 2014, New York was the least affordable state in the nation for childcare, with the average price of center-based, infant childcare in the State about 15 percent of the median, annual state income for married couples, and 54 percent for single mothers.

A 2011 Center for Urban Future (CUF) report found that only one in four low-income children under the age of six was being served by center-based childcare programs across the five boroughs. In addition, waiting lists for childcare centers in some parts of the City were long, with as many as 40,000 parents in line for childcare services. Several City neighborhoods, most notably the South Bronx, northern Manhattan, and parts of Central Brooklyn, were underserved in subsidized and affordable childcare.

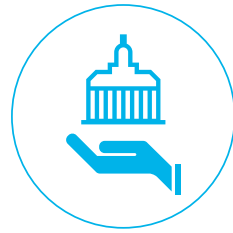
Currently, the Administration for Children’s Services (ACS) runs the Early Learn initiative, which provides center-based and family-based early care and education to more than 29,000 children from six weeks through four years of age. Early Learn is a model for early care and education that brings together Head Start, childcare, and Pre-K services and provides quality early learning opportunities at 350 centers in the highest need areas.

As part of an effort to expand early-care and education programs, ACS is conducting a large-scale community needs assessment to better understand the changing needs of New York City communities. The City will use the findings to develop a plan to close the gap in access to childcare. In drawing up the plan, the City will consider subsidies, property and zoning concerns, and economic development initiatives to increase the availability of group childcare in underserved communities.



Talk to Your Baby Campaign

On April 1, 2015 the City launched Talk to Your Baby, which is a campaign to encourage early childhood language development and establish strong bonds between parents and children. The campaign promotes talking, reading, and singing to babies to help build their brain. Low-income children typically hear 30 million fewer words by the time they reach age four. This “word gap” persists over time, having a negative impact on their language development, school readiness, and academic achievement later in life. By providing parents with free books and other information and resources, we are providing them with simple tools to improve the lives of their children. Just like we encouraged thousands of new parents to sign up for pre-kindergarten, we can get thousands of parents to start talking, reading, and singing to their babies. These efforts are led by the Children’s Cabinet, the Mayor’s multi-agency initiative intended to increase communication and coordination among City agencies and develop strategies for a holistic approach to child safety and well-being, in partnership with the Department of Health and Mental Hygiene.



Integrated Government & Social Services

All New Yorkers have access to high-quality, conveniently located, community-based City resources that promote civic engagement and enable residents to thrive

Overview

New York City is home to a world-class government and non-profit programs that provide social services, civic engagement opportunities, and resources for improving residents' lives. Participation in these services and civic engagement opportunities, however, is often inhibited by a variety of barriers, including inaccessible or inconvenient locations, lack of information, timing constraints, immobility, lack of language options, and lack of broadband access. In addition, in many cases people need help identifying their needs and which services can best help them.

We are working to give New Yorkers the right services at the right times in a coordinated and integrated manner, both through physical and digital approaches. This involves meeting people where they are in their communities—in their schools, health providers buildings, libraries—and providing them with a “one-stop shop” that addresses their service and information needs. In addition, we need to invest in a data platform that helps us identify the services that New Yorkers most need.

The City is looking to build on existing successes and work toward establishing physical hubs, which will provide a cohesive range of social and community services. Hubs allow access to City government and community information, and civic engagement opportunities specific to those neighborhoods. We will use existing government-owned and non-profit-owned real estate to the greatest extent possible and build on local initiatives.

With the expansion of the Department of Education's (DOE) Community Schools and the launch of the Department of Health and Mental Hygiene's Neighborhood Health Hubs (DOHMH), we have already begun to break down service silos.



Initiative 1

Transform schools into community schools

Community Schools are an effective model for engaging communities, delivering services, and improving student performance. The City is laying the groundwork for expanding the Community Schools initiative, which began with transforming 128 schools in 2014, with the goal of eventually making every school a Community School.

Community School

Located in Washington Heights, the Salomé Ureña de Henríquez Campus School is a Community School founded in a partnership between The Children's Aid Society, Community School District 6, local community-based partners, and the City of New York. Most students qualify for free school lunches, and a large number are English Language learners. The school is as a prototype for community schools across the country.

Working with school staff, an on-site Community School Director coordinates the activities and services offered to students. These services include: After School, Holiday and Summer Programs; Medical, and Preventative Health Services; and Family and Community Engagement and Development opportunities (such as a Family Resource Room, Vocational and Educational training, and Advocacy and Leadership opportunities).

The school has offered mental health support to students and families in neighboring communities after major tragedies such as September 11, 2001, and emergency community support like water and cooling stations after incidents such as prolonged blackouts.

Students face a number of challenges in the classroom and at home that impede their ability to succeed academically. The Community Schools model identifies student needs and connects students with services to address these needs. The Community Schools' “whole child, whole community” approach recognizes that, by intervening in this way, schools can help every student achieve his or her full potential.

At Community Schools, students receive high-quality academic instruction, families access social services, and communities are invited to share resources and address their common challenges. Community Schools establish strong partnerships among principals, parents, teachers, and community-based organizations (CBOs). These partnerships offer a coordinated approach to increasing learning opportunities, student wellness, readiness to learn, personalized instruction, community partnerships, and family engagement. At each Community School, the services provided—such as extended days, school-wide vision and dental screening, and mental health services—are tailored to the specific needs of the community in which the school is located.

As of spring 2015, there are 128 Community Schools already under development. As a result of this unprecedented commitment—and of the network of Community Schools currently being run by non-profits across the city, New York City has become a national leader in the Community Schools movement—an educational movement focused on addressing students' diverse needs, empowering parents to be active participants in their child's education, and engaging entire communities around student success.

Over the next three years, we will implement a number of key system-building initiatives to strengthen these schools, including developing a data framework, engaging parents and communities, building capacity, and fostering collaboration among City agencies. The City has already begun investigating how best to expand the existing Community Schools network beyond our initial cohort of 128 schools, with the aim of ultimately transforming every school into a Community School. Given the large number of CBOs across New York City, there is ample opportunity to expand the network of partners.

The first cohort of Community Schools will provide important information on strong practices and lessons learned. We will draw on this experience when we release the next competitive RFP for 100 additional City-supported Community Schools, which will occur in 2017 or 2018.



IDNYC

On January 12, 2015, the Mayor launched a major municipal identification (ID) initiative, IDNYC, to ensure every New Yorker has access to the opportunities, security, and peace of mind that comes with having government-issued photo identification. There is a critical need for this program because approximately half of New York City residents age 16 and over do not have a New York State Driver License. The IDNYC card is helping more New Yorkers, regardless of immigration status, homeless status, or gender identity, access public- and private-sector services, programs, and benefits.

The IDNYC card is broadly accepted across the city and provides eligibility for City services, entry to City buildings and schools, recognition by City agencies like the NYPD, and opportunity to open bank accounts at select financial institutions.

The vision for the IDNYC card is to create a single card for each New Yorker's wallet. This card integrates the various forms of identification issued by local government, giving it dynamic value and expansive functionality. To supplement the card's value as a form of identification, the City has developed a set of key partnerships with libraries, cultural institutions, and other organizations. Learn more at www.nyc.gov/idnyc.

Initiative 2

Establish Neighborhood Health Hubs that co-locate clinical-health and mental-health services with social services and City agencies to foster improved coordination

Community health and service offerings are often fragmented, duplicative, and have persistent service gaps. Too often, despite an array of services provided by many dedicated organizations, there has not been the kind of impact needed to significantly improve population health.

Thus, the DOHMH will launch Neighborhood Health Hubs, which aim to eliminate health disparities and promote health equality. These health hubs revitalize a 1920s idea whereby CBOs, providers of medical and mental health services, and other New York City government agencies co-locate to provide coordinated services to neighborhood residents. The aim is to foster cross-sector work that addresses the root causes of health inequities—such as violence, low-income, and low educational attainment—in communities with the greatest burden of disease, while building on the wealth of existing assets in those neighborhoods.

DOHMH will begin by establishing at least seven Neighborhood Health Hubs in neighborhoods with high health disparities. The first site is expected to be in East Harlem. These Neighborhood Health Hubs will be located inside of DOHMH District Health buildings are located in neighborhoods with high health disparities.

Building on this health-hubs model, additional City agencies are exploring new ways to co-locate their staffs with one another and with nonprofit organizations. Not every access point to the government needs to be a City office. We will explore ways to embed staff from agencies in other institutions, including existing nonprofits that already serve as trusted community providers. Staff can provide information and help residents navigate and enroll in available programs and services, register to vote, and access other civic services. In conjunction with the multi-service centers, these access points can reduce the challenges that residents have to get what they need, when they need it.



Initiative 3

Enhance the digital capabilities of NYC 311 to provide easier connections to government and community services and information

We will continue to make it easier for residents to find information, enroll in programs, and provide feedback to the City online. Today, too much information is presented by individual agencies, which means residents must know the City's organizational structure in order to discover relevant opportunities. We will make it easier for New Yorkers to search for and find relevant services and opportunities.

This enhanced digital platform will provide the information available at the physical hub offices, without residents needing to visit an office to access information. Some of the tools that help residents discover relevant information and engage online are already announced, including LinkNYC, which offers up to a gigabit of free wireless in 10,000 locations, and Neighborhoods.nyc, which provides domain names for community groups to develop a single neighborhood digital presence for civic engagement, online organizing, and information sharing.

311 is the single most recognizable and easy-to-access customer service tool for all New Yorkers. The digital capabilities of 311 will continue to be enhanced to provide easier connections to services and information and to simplify customer engagement. Customers will be able to create and manage their own accounts and relationship with the City and collaborate on content. They will also be able to unlock access to service request and asset-data currently not available in the existing 311 system. Human Resources Administration (HRA) call centers will be merged with 311 to provide “one-stop shopping” for customers with multiple questions or needs. The expansion of social media and mobile-app offerings will streamline the customer experience.

We will continue to explore other ways to enhance the digital experience of New York City residents so they can receive services and information in a more efficient and simple manner.



Initiative 4

Expand the City’s internal data integration capacity to help ensure clients receive the right resources and service at the right times

The challenges faced by social-service clients can cut across the purview of different City agencies. Many times, however, different agencies are unaware that they are working with the same clients. Technology-enabled tools can help agencies better support individuals and families to achieve better results. For example, auto-notifications can alert caseworkers from different agencies that they share common clients (subject to privacy protections), which can help them coordinate support. With greater investments in integrated data systems, the City will also be able to better track the results of its programs. By examining the short- and long-term outcomes of interventions and services, we will be able to, over time, reallocate resources toward the most effective approaches.

Analytic tools can improve decision making across a range of disciplines. In criminal justice, smarter use of data can not only inform criminal-justice processing and programming decisions, but also be used to share data to improve residents’ health and safety. These tools are explored further in Goal 2.5, Initiative 3.

To advance these and other solutions, the City aims to enhance its data platforms to be able to personalize and improve its social-services work. By integrating data about the City’s people, places, and program activities, the City can conduct more powerful analyses and do a better job of sharing information among agencies about both community needs and specific individuals and families. This enhanced analytic capability will help us connect residents with the right services when they need them. It will also help us track the relative impact of the City’s funding streams and programmatic models so we can make more evidence-informed decisions about what works. Our initial scoping work for this “intelligent service platform” will begin this year.



NYC Library Systems

New York City’s three library systems, comprising [217] branches across all five boroughs, offer free quality services to students, families, job-seekers, seniors, and anyone in need of information or assistance as centers of learning and civic engagement. In addition to their important traditional services—circulating millions of books and supporting research by students and scholars alike—the libraries are expanding their roles and working in increasingly close partnership with the City to support the changing needs of our neighborhoods and residents.

The library systems are assisting new immigrants by providing ESOL classes, citizenship education, and support for immigrant small business owners and entrepreneurs in coordination with the NYC Department of Small Business Services. The libraries are critical partners for the NYC Department of Education in supporting students and families through early education services, after school programming, and homework support. Libraries are helping us close the digital divide by offering internet access in their buildings and lending Wi-Fi hotspots and other mobile devices for families to use at home. Libraries help strengthen our communities by offering cultural and recreational programming neighborhoods and make them more resilient by serving as resident service centers in times of emergency.

The library systems also are critical partners on major citywide initiatives including IDNYC, Pre-K for All and OneNYC. Together we are ensuring that all people have access to the many resources and opportunities our City has to offer.



Healthy Neighborhoods, Active Living

New Yorkers of all ages live, work, learn, and play in neighborhoods that promote an active and healthy lifestyle

INDICATORS + TARGETS

- ✔ Increase the average number of servings of fruits and vegetables that adult New Yorkers eat per day by 25 percent (from 2.4 to 3 servings) by 2035
- ✔ Increase the percentage of adult New Yorkers who meet physical-activity recommendations from 67 percent to 80 percent by 2035
- ✔ Increase the percentage of NYC public high school students who report meeting recommended levels of aerobic physical activity from 19 percent to 30 percent by 2035
- ✔ Decrease asthma emergency department visits by children by 25 percent (299 per 10,000 to 224 per 10,000) by 2035

Overview

The access New Yorkers have to nutritious food and beverages, opportunities for physical activity, and quality housing play a large role in determining their physical and mental well-being and their ability to fulfill their potential. Many New York City neighborhoods have considerable room for improvement in promoting good health and well-being, with large disparities in opportunities for healthy living and health outcomes between high-poverty and low-poverty neighborhoods. We will implement several initiatives to ensure all New Yorkers live in neighborhoods and housing that promote healthy lives.

Initiative 1

Improve food access, affordability, and quality, and encourage a sustainable, resilient food system

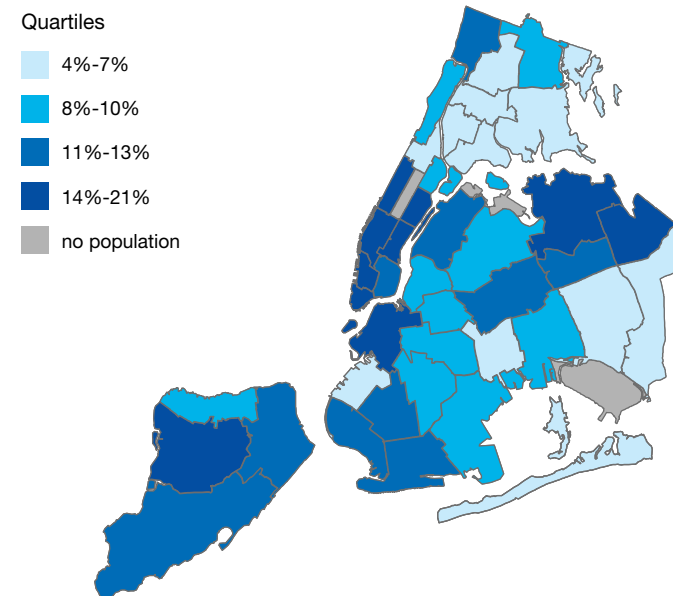
Healthy food is fundamental to a healthy life. However, the City’s current food system does not allow for equitable access to nutritious food. There are broken links between food production, sales to distributors and wholesale buyers, and delivery to consumers that result in inequitable distribution of and access to nutritious food.

Moreover, approximately 1.4 million New Yorkers, or one in six, report they are food-insecure, a result of unemployment, poverty, and other household characteristics. Food-insecure families may worry that food will run out before they have enough money to buy more, eat less than they should, or be unable to afford to eat balanced meals. The availability, quality, and affordability of food affect the quality of New Yorkers’ diets. Cardiovascular disease, which is often connected to poor diet, is the leading cause of death for men and women in New York City.

Increased fruit and vegetable consumption is associated with a decreased risk of chronic diseases such as hypertension, heart disease, and stroke. But not all New Yorkers consume the same amount. The 2013 Community Health Survey reported the lowest levels of consumption were among black and Hispanic New Yorkers, those with low education levels, and those living in high-poverty neighborhoods.



Percent of Adults Eating the Recommended Five or More Servings of Fruits or Vegetables, by United Hospital Fund Neighborhood



Community Health Survey, 2011–2013 combined estimates. Hatched area indicates that estimates should be interpreted with caution due to small sample size.

Our goal by 25 percent is to increase the average number of servings of fruits and vegetables adult New Yorkers eat every day, from 2.4 to 3 mean servings, in the next twenty years. The City will undertake a variety of initiatives aimed at promoting access to nutritious, quality food for all New Yorkers, especially those most in need.

Supporting Initiatives

A. Increase the share of regional food in the NYC food system through investments in the regional food distribution system

Our region produces high-quality, nutritious foods, including fruits and vegetables, legumes, meat, and dairy. Farmers in the region are interested in selling more products in the New York City market, but face distribution and other barriers. By investing in the regional food distribution system, we can increase the availability of local food for the city’s consumers across the income scale, while also enlarging the market for local and regional farmers in the city.

Increasing the amount of food from the region has broader benefits. It will reduce greenhouse gas emissions from shipping food from far away, make our food system more resilient to climate change and other potential disasters, and create jobs locally and across the region.

To increase access to good quality food produced in the region, the City will work with the State on the Regional Food Hubs Task Force, which was launched in March 2015. We will act on its recommendations to increase the amount of regionally-produced food coming into the city through investments in the food system. Furthermore, upstate farmland that feeds the city and protects our water supply is disappearing. We will work with the State to conserve the region’s agricultural land for farming.



“Make it appealing for supermarkets to open in high-population areas so people can have access to nutritious foods at reasonable prices.”

—Phyllis G., Manhattan

B. Expand and improve quality of NYC school food

In our City’s Public School System there are 1.1 million students, about 75 percent of whom qualify for free lunch. Providing over 160 million meals a year, the NYC Department of Education (DOE) runs the largest school food-service program in the United States. This program has enormous reach and buying power such that its potential to transform the eating habits, nutrition, and food security of young New Yorkers is monumental.



To ensure no public school student goes hungry, and that all are ready to learn, we will work to increase participation in school meal programs.

We must also improve the lunchroom experience and environment for students. To promote participation in meal programs, and healthy choices, we will renovate 45 middle and high school cafeterias over five years with new furniture, paint, and improvements to serving lines. Schools will be selected if 70 percent or more of the students are eligible for free or reduced-price lunches, and current lunch participation is less than one in four students.

To improve the quality of food served, the City will continue to increase procurement of sustainable, healthy, and local food and supplies. We will promote food and environmental education by increasing student engagement with gardens—both by working to increase the number of school gardens and facilitating school partnerships with existing gardens. By investing in the quality of our school food, we will continue to provide nutritious meals to families and children that need them, and help build healthy eating habits in New Yorkers at a young age, promoting a lifetime of healthy eating.

C. Ensure all communities have access to fresh food retail options, with a special focus on traditionally underserved neighborhoods

New Yorkers see significant disparities in their neighborhood food options. A survey of the food stores in the Croton-Tremont neighborhood of the Bronx in 2012 found that for every supermarket in the neighborhood, there were four fast food restaurants and ten bodegas. We have an opportunity to work with the private sector to improve the food marketplace and access to healthy food for those in need.

To improve the availability of healthy food in retail settings, we will expand on the City’s work to attract new supermarkets to underserved neighborhoods and encourage renovations and upgrades of existing small or independent grocery stores.

We will also work with the private and nonprofit sectors to explore innovations and business growth in food retail, including health- and community-focused grocery stores, restaurants, and corner stores. Improving the nutritional quality and affordability of the food available citywide will encourage better health outcomes for all and will have positive effects on job creation and economic development.

In addition, we will support and expand initiatives to provide fresh-food options to underserved neighborhoods. For example, we will support and expand fresh-food box programs that bring an affordable basket of fresh fruits and vegetables to community settings such as childcare centers. This means ensuring the non-profit providers of these programs have the resources they need to be viable and expand; and that we help community settings get a program like this to their area. We will work with community organizations to bring new community-based farmers markets to underserved neighborhoods.



“Start with our children. We need to educate students about how to foster good mental, physical and environmental health”.

—Kate G., Manhattan



Building Healthy Communities

Building Healthy Communities is a place-based initiative that recognizes a community’s health is not limited to access to medical care. Physical health, mental health, and quality of life are critical elements for improving social well-being. Vibrant public open spaces are a crucial feature of livable urban neighborhoods. Parks, pedestrian plazas, community gardens, and recreation centers are essential community resources where people come together to play, learn, grow food, exercise, and relax.

Yet many of our most densely populated and highest-poverty neighborhoods have historically been neglected in public investment in the preservation, rehabilitation, and activation of open spaces and playgrounds. Many of these same communities continue to report high rates of crime and equally high rates of obesity and diabetes.

Over the next three years, Building Healthy Communities aims to address these inequities and improve community-health outcomes in our neediest neighborhoods by increasing access to physical activity and nutritious and affordable food, and promoting public safety in 55 of the city’s neighborhoods that were targeted by the Department of Parks and Recreation in its Community Parks Initiative. Leveraging the capital investment of the Community Parks Initiative, Building Healthy Communities will activate the neighborhood parks and surrounding open spaces, including streets, sidewalks, schools, and community gardens offering physical-activity programs, cooking classes, nutrition education, and farmers’ markets. This initiative supports our efforts across Vision 2 and Vision 3.

These initiatives will be complemented by an annual distribution of in Health Bucks—vouchers that can be used to purchase fresh fruits and vegetables—to provide additional buying power for local and fresh foods among low-income consumers.

D. Support community gardens and urban farms in select neighborhoods in the City

Urban agriculture plays a small but critical role in communities underserved by quality, affordable, fresh food. Urban farming provides opportunities for residents to engage in growing local produce, educates children about nutrition, and offers training in food preparation, gardening, and retailing skills. By offering young people jobs in the youth markets and providing formal horticulture training for community members, urban agriculture also provides opportunities for workforce development.

To encourage the growth of the urban farming sector, the City will support existing community gardens in neighborhoods and help them achieve the necessary infrastructure. We will also support these gardens with assistance in selling produce at farm stands and teaching nutrition and cooking. In addition to existing community gardens, we will work to support school gardens, and educate students about nutrition, gardening, and science.

We will also support larger-scale urban farming ventures, and establish food-producing gardens at NYCHA sites through NYCHA’s Gardening and Greening program. We will explore additional emerging urban agriculture opportunities, such as vertical farming projects to activate underutilized light-industrial space and offer related community programing.



Initiative 2

Create environments that encourage New Yorkers to be physically active regardless of age

Physical activity is beneficial for overall health and wellness, leading to lower risk of developing chronic diseases, greater cardiorespiratory fitness, stronger muscles, better bone strength, and higher self-esteem. Still, 33 percent of all adults and 43 percent of older adults in New York City fail to meet physical-activity recommendations, putting them at higher risk for heart disease, diabetes, stroke, and falls.

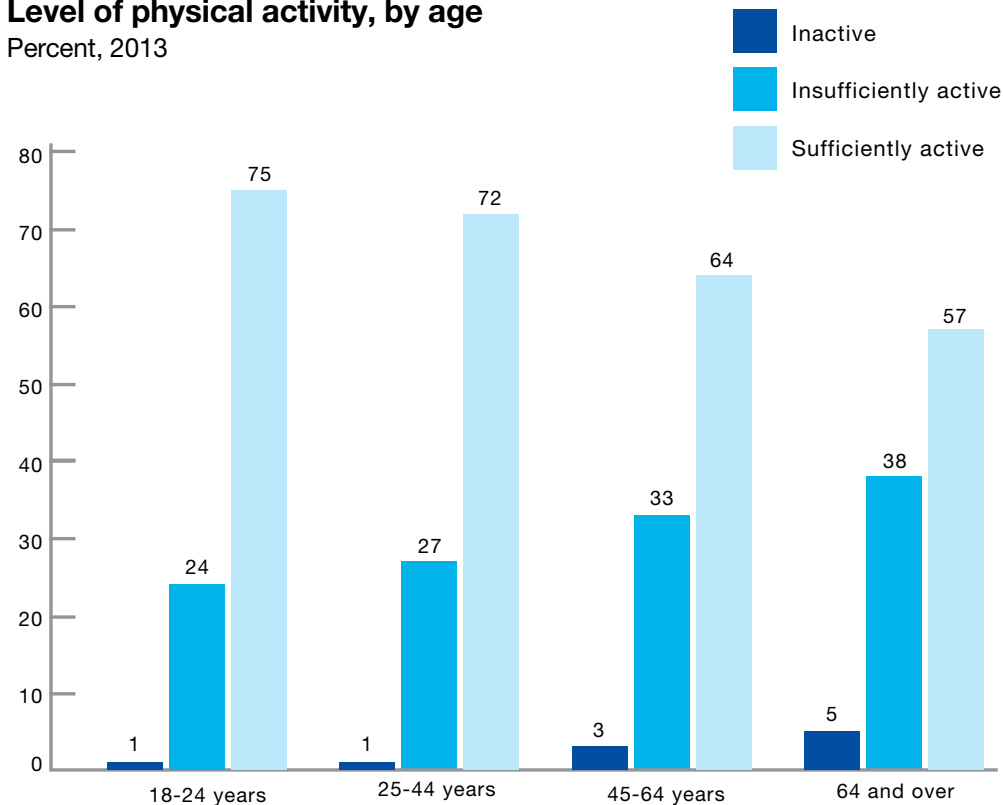
Residents living in poor or predominantly minority neighborhoods are less likely to have clean, safe, and attractive places to be physically active. Consequently, we often see physical activity levels are correlated with income, race, and neighborhood. In New York City, 37 percent of residents in very high-poverty neighborhoods fail to meet physical activity recommendations compared to 29 percent in low-poverty neighborhoods.

A strong body of evidence demonstrates how one’s physical environment influences physical activity. For example, residents in neighborhoods with recreational facilities are



Insert photo caption here.

Level of physical activity, by age
Percent, 2013



more likely to use them and be more active; and making stairs accessible and attractive is associated with increased stair use. By increasing access to physical activity space in and around schools, to commercial and community recreational facilities, and to accessible stairs, the City will increase opportunities for physical activity for all New Yorkers. And we will work to reduce inequities in access to environments that support physical activity by focusing these efforts on low-income neighborhoods.

Supporting Initiatives

A. Increase opportunities for physical activity in and around schools

More than 80 percent of public high school students in New York City fail to meet physical-activity recommendations, putting them at higher risk for health problems as they grow into adulthood. With children spending about half of their waking hours in school, schools are uniquely positioned to play a role in improving physical-activity levels of students.

To encourage active play at school, the City will explore the possibility of enhancing existing school yards by painting colorful ground markings including games, tracks, and other creative designs. Painted ground markings have been shown to be a low-cost but effective way to increase physical activity.

B. Increase design elements that promote physical activity in buildings

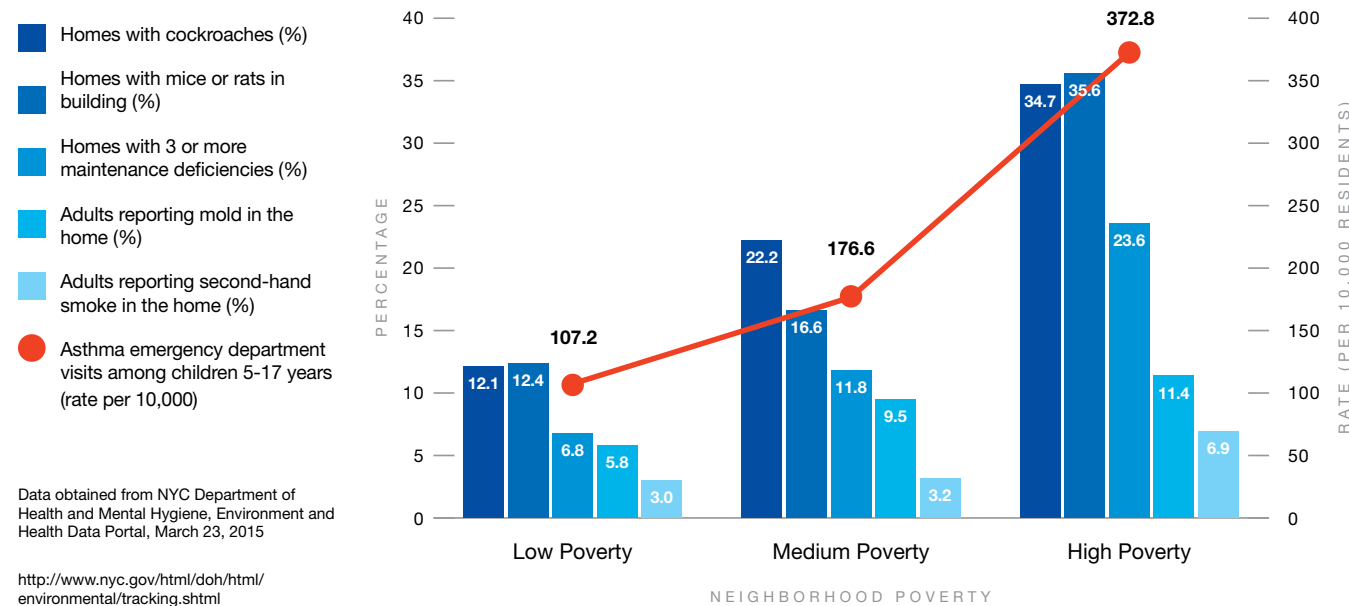
New Yorkers, on average, spend over 90 percent of their time indoors. As the City constructs and renovates buildings, we will take advantage of the opportunities to apply Design Guidelines for Healthy Living building elements such as secure bicycle storage, accessible stairs, indoor and outdoor recreation space for building users, and building exteriors that contribute to making the streetscape welcoming for pedestrians. The City will explore expanding the scope of DDC projects to incorporate Design Guidelines for Healthy Living strategies such as stair improvements, bicycle storage, and fitness rooms.

Further, we aim to improve stair use by supporting legislation that, consistent with the recommendation of the Green Codes Task Force, requires new buildings and certain major renovations to include at least one stairway that is easily accessible and open for use.

We will continue to explore incentives for residential building owners receiving City financing for new construction and substantial rehabilitation to promote physical activity through Design Guidelines for Healthy Living. We also support passing the Department of City Planning Zoning for Quality and Affordability text amendment, introduced in February 2015, which would remove obsolete provisions and modernize other zoning provisions to foster diverse and livable neighborhoods. The text amendment, for example, would allow ground floors to accommodate more active uses and add interest to the streetscape.



Prevalence of housing related asthma triggers and asthma emergency department rates by neighborhood poverty



Data obtained from NYC Department of Health and Mental Hygiene, Environment and Health Data Portal, March 23, 2015

<http://www.nyc.gov/html/doh/html/environmental/tracking.shtml>

*Neighborhoods are ranked according to the percent of people whose annual income falls below twice the federal poverty level. Rankings are then divided into 3 approximately equal groupings of low, medium and high poverty. Then the median value of the selected indicator is displayed for each poverty grouping. The median is the exact mid-point of the individual environment or health indicator values for each neighborhood within a grouping.

C. Provide opportunities for physical activity in the community for residents of all abilities

People are more likely to exercise and be active when they have quality, affordable, and accessible recreational facilities. The City is working to ensure such facilities are available to all New Yorkers. New York City will build off the success of existing adult exercise equipment in the City by co-locating universally accessible age-appropriate adult exercise equipment in or near playgrounds, where feasible.

Beyond this, the City will encourage the creation of community recreation centers and commercial gyms by exploring the elimination of special permit requirements for gyms in certain districts and by conducting outreach to gym and recreation-center operators.

Furthermore, Parks Without Borders will pursue new and better ways to connect neighborhoods to the city's parks and by making our streets, sidewalks, and other pedestrian plazas more inviting public spaces (detailed further in Goal 3.6, Initiative 2).

Finally, to ensure New York City active and healthy design initiatives meet the needs and priorities of the communities we serve, we will conduct community engagement as part of DCP comprehensive neighborhood studies, with the goal of creating neighborhoods with access to key facilities and services and a more vibrant street life.

By integrating opportunities for physical activity into the environments where we live, work, study, and play, we will make staying active and healthy easier for all New Yorkers.



Initiative 3

Address health hazards in homes

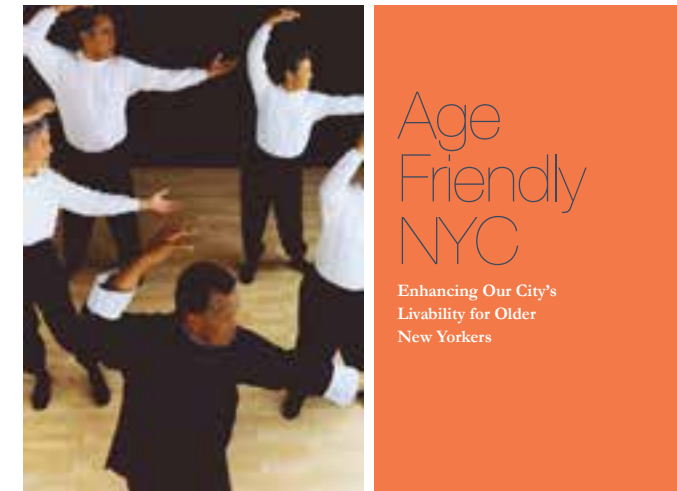
The home environment is critical to the health and well-being of people of all ages. When homes are poorly maintained or not designed to promote safety and health, occupants can be exposed to a variety of health hazards, such as asthma triggers and fall hazards.

Supporting Initiatives

A. Reduce asthma triggers in the home

Asthma affects nearly one million New Yorkers and is the most common chronic respiratory disease in children. More than one in three children with asthma living in high poverty neighborhoods are exposed to potential asthma triggers in the home. Home-based asthma triggers include tobacco smoke, pest infestations, moisture, and mold, as well as some building materials and products. Housing disrepair, such as water leaks, cracks, and holes, create housing conditions conducive to pest infestation and mold growth. Living in pest-free environments is correlated with children having the ability to fulfill their potential; for children with asthma, specific housing interventions have been shown to be effective in reducing allergens, resulting in fewer symptom days, missed school days, and emergency-room visits. Secondhand smoke is also a powerful asthma trigger, with exposure occurring when there is a smoker in the household or smoke travels from one apartment to another.

New York City will fund a roof replacement program in NYCHA developments which will address the root causes of mold. The City will also implement a joint HPD/DOHMH enforcement initiative focused on housing with egregious pest infestation. Efforts will target neighborhoods at highest risk for asthma, with building owners required to implement safe pest-control measures using integrated pest management (IPM).



Age-Friendly NYC

Soon, older adults in New York City will outnumber school-aged children. To prepare for this demographic shift, the Office of the Mayor, the New York City Council, and the New York Academy of Medicine have partnered to create Age-friendly NYC. Age-friendly NYC is dedicated to ensuring our older population is healthy, active, and engaged. Initiatives that support the efforts of Age-friendly NYC include:

A. Increased mobility through accessible transportation:

As further detailed in Vision 1, the City aims to expand use of yellow and green taxis—including the growing number of wheelchair accessible yellows and greens—to provide faster and more convenient paratransit services to New Yorkers with disabilities. Additionally, DOT is planning to install attractive and durable benches around the city, particularly in areas with high concentrations of seniors, to make streets more comfortable for transit riders and pedestrians.

B. Convenient healthy and nutritious food: The City will explore improved meal- and grocery-delivery programs that will improve access to seniors and people with disabilities whose limited mobility and fixed incomes make it challenging to purchase nutritious food.



Additionally, we will explore creating strong incentives for building owners receiving City financing for new construction or substantial rehab to integrate safe pest control using IPM, a comprehensive and prevention-based approach to pest control, smoke-free policies, safer building materials/products, and moisture/mold control. Each year, the City receives applications from affordable housing owners and developers for the financing of new construction or the financing of substantial and moderate rehabilitation of existing housing, impacting an estimated 16,000 housing units per year. These “financing moments” provide important opportunities to promote the use of healthy building practices that reduce asthma triggers in the home. By integrating simple, often low-cost healthy housing measures into building design and construction, renovation, and ongoing operations and maintenance, our buildings will be healthier places to live.

B. Decrease secondhand smoke exposure in the home

There is no safe level of exposure to secondhand smoke (SHS). Non-smokers exposed to secondhand smoke in the home have higher risks of asthma attacks, heart disease, lung cancer, and chronic respiratory disease. Children and the elderly are particularly affected by SHS exposure in the home because they are more vulnerable to its health effects, and because they typically spend more time at home. Secondhand smoke complaints are common, with 40 percent of adult New Yorkers reporting smelling cigarette smoke in their home that comes from another home or apartment or from the outside. We are already making strides to dramatically reduce SHS. An overwhelming majority of non-smokers (81 percent) and most smokers (53 percent) in New York City do not allow smoking in their homes. And 69 percent of New York City adults support smoke-free housing. To address secondhand smoke, a primary driver of unhealthy indoor air quality, the City will work to pass legislation requiring multi-unit housing to have a smoking policy and to disclose it to residents and prospective residents. To complement this, we will explore opportunities for the adoption of other smoke-free housing policies in New York City.

Together, these strategies will work to reduce asthma triggers in the home, which will decrease the percentage of homes with housing conditions associated with asthma.

C. Reduce housing-related fall hazards for older adults

Falls are the leading cause of injury-related hospitalizations and deaths among older adults in New York City, causing an average of 17,000 hospitalizations and nearly 300 deaths each year. Fall-related hospitalization charges total more than \$750 million. There are currently more than one million older adults (age 65 or older) in the city, and the older adult population is expected to grow by 41 percent to 1.41 million by 2040, which could dramatically increase the burden of falls and their associated costs.



Most falls among older adults occur at home. Finding and fixing fall hazards in the home is effective in lowering both the risk of falls and the rate of falls among older adults. By 2030, all City contracts for providing home-based services for older adults will require an assessment for fall hazards, as per the DOHMH recommendation. In addition, for new construction, the City will promote and adoption of universal design elements such as grab bars, hand rails, slip-resistant floors, and lighting that reduces the risks of falls. Similarly, for existing buildings, the City will provide incentives for in-place retrofits for these measures aimed at promoting safe home environments and preventing falls among older adults.

By reducing housing-related fall hazards for older adults, we will reduce the number of falls in the home, keeping our aging population healthy and safe.





Health Care Access

All New Yorkers will have access to the physical and mental healthcare services that they need.

Overview

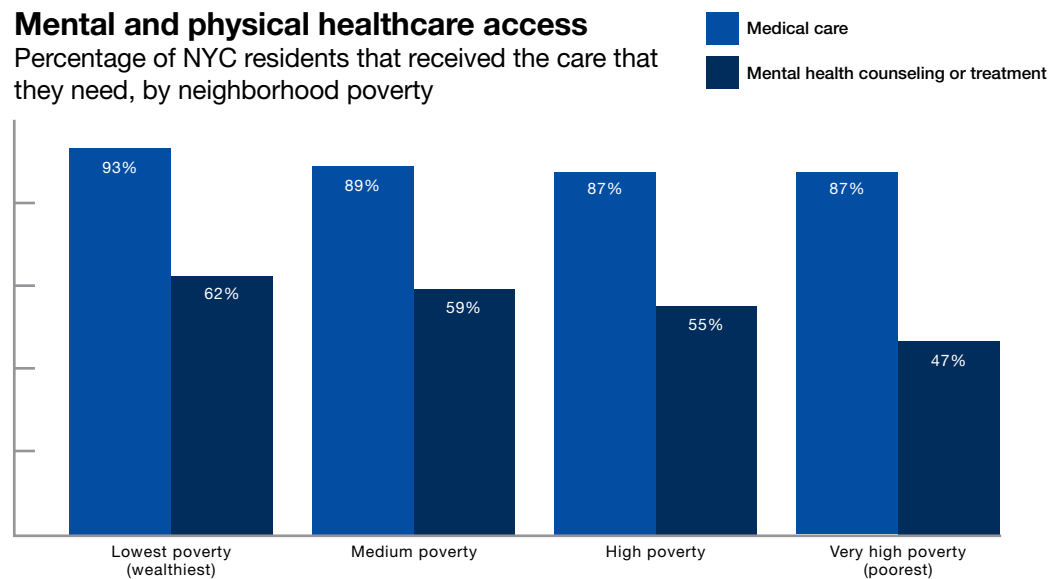
In 2013, nearly one million New York City residents felt they did not receive the medical care they needed in the past year, with residents of the poorest neighborhoods reporting they were receiving the least care. Residents of these low-income neighborhoods also bear a greater burden of specific diseases, such as heart disease, diabetes, and infant deaths, when compared to other neighborhoods. For example, 34 percent of residents of very high-poverty neighborhoods have been diagnosed with high blood pressure; by contrast, 24 percent of residents of low-poverty neighborhoods were diagnosed with high blood pressure.

Mental health and substance abuse affect all New Yorkers. Fifteen percent of all New Yorkers report having been diagnosed with depression. However, the highest incidence is in high-poverty neighborhoods. In the poorest New York City neighborhoods, seven percent of residents experience serious psychological distress (SPD), compared to three percent in the wealthiest neighborhoods.

To reduce disparities in health outcomes, the City will work to develop a healthcare delivery system that emphasizes an integrated and patient-centered approach to care that is delivered in convenient and accessible locations.

INDICATORS + TARGETS

- ✔ Increase the percentage of New Yorkers who feel they have received the medical care they needed in the past 12 months
- ✔ Increase the percentage of adult New Yorkers with serious psychological distress who have received counseling or taken a prescription medication for a mental health problem



NOTE for medical care: Percentage of New Yorkers that feel they received the medical care that they have needed in the past 12 months

NOTE for mental health: Percentage of adult New Yorkers with serious psychological distress that have taken a prescription medication for a mental health problem



Initiative 1

Prevent disorderly and sudden hospital closures in New York City neighborhoods

Health care delivery has changed dramatically over the past decade. New developments in the science of care continue to move significant procedures from hospital-based settings into ambulatory facilities that can be community-based. Substantial shifts in the structure of health care reimbursement are also occurring. These concurrent changes have had dramatic impacts, particularly on hospitals, and have led to the closure of more than a dozen major acute care facilities across New York City. In too many cases, these closures have been sudden, robbing communities of basic services, especially the emergency care that is so essential.

For these reasons, Mayor de Blasio called for the creation of several new models in healthcare, including the Brooklyn Health Authority, to ensure that no community is left without essential care services. The Authority's role was envisioned as ensuring adequate funding, leading integrated planning, and promoting the new types of coordinated health care service delivery models that protect families and workers given the shifting health care landscape.

There have been major developments since the Mayor's initial proposal for the Authority several years ago. Thanks to support of Mayor de Blasio, Governor Cuomo, and the Federal government, an \$8 billion Medicaid waiver was approved by the Obama Administration in April 2014, with \$6.4 billion explicitly designed to help hospitals across the State restructure their care delivery models to reflect the most current science and reimbursement structures. New York City's hospitals now have the opportunity and resources to make planned, orderly changes rather than resorting to the sudden closures that marked the previous decade, while improving the quality and experience of care across the City.

The implementation of these changes has already significantly altered the health care landscape in New York. New hospital networks (called Performing Provider Systems or PPSs) have developed across the city that now pair some of the city's most financially stressed institutions with those that are more stable. If used properly by the networks, Medicaid waiver funds can prevent major hospital closures and ensure that every community in New York has access to essential health care.

The City must remain vigilant, however, to ensure that these one-time funds are used appropriately and effectively. While the City's role may evolve over time, the City remains steadfast in its commitment that every community in New York has access to the care it needs. This commitment includes investments made by the NYC Health and Hospitals Corporation (HHC) (see Initiative 2), and the City's own initiative to create more than 16 community-based primary care centers in under-served areas (see Initiative 3). These actions, as well as direct engagement with the



new map goes here

major private health systems in New York City and continued review and development of new structural mechanisms, such a local Brooklyn health authority or other options, will ensure that our city has a strong health care delivery system.

Initiative 2

Transform NYC Health and Hospitals Corporation (HHC) from an inpatient sick care model to a preventive care community-based model

New York City Health and Hospitals Corporation, the nation’s largest public healthcare system, serves 1.4 million people every year, approximately one out of six New Yorkers. HHC’s role as the City’s largest safety net provider is critical to ensuring that all New Yorkers have access to healthcare regardless of their ability or pay or documentation status. Close to half a million of HHC’s patients are uninsured and/or undocumented.

In addition to its role in providing care for vulnerable New Yorkers, HHC is well positioned to lead transformation of the healthcare delivery system in the City



Unmet need for mental health treatment in New York City:

23% of NYC adults experiencing serious psychological distress did not report getting the medical treatment that they needed in the past year

41% of New Yorkers with serious mental illness

56% of New Yorkers with SPD reported not getting any outpatient mental health treatment at all

because it offers a comprehensive array of healthcare services. Through its seven regional healthcare networks, the Corporation operates 11 acute care hospitals, four long-term care facilities, six diagnostic and treatment centers, a certified home health program, and more than 60 community-based health clinics throughout the five boroughs. In addition, MetroPlus, HHC’s wholly-owned health insurance company, takes care of more than 469,000 New Yorkers annually. The Corporation also provides emergency and inpatient services to New York City’s inmate population at City correctional facilities, and HHC conducts mental health evaluations.

Given the recent shifts in the City’s healthcare landscape, HHC, like the other large hospital systems, is transforming from a healthcare system focused on delivering inpatient services to those that are already sick to a model of care that keeps people healthy throughout their entire lives. This transformation requires HHC to invest in new models of care coupled with a new infrastructure.

Supporting Initiatives

A. Create health access points embedded in communities rather than hospital campuses

In 2015, HHC is rolling out a primary care expansion aimed at providing care to 100,000 additional patients in under-served neighborhoods across the five boroughs through a combination of expanded service offerings at existing and new HHC Gotham Health community clinic locations, including a newly constructed clinic on Staten Island (see Initiative 3 for more detail). In addition, as one of only two PPSs that serve all five boroughs, HHC’s Medicaid waiver projects that increase community-based primary care and behavioral healthcare will have a significant impact throughout the city (see in Initiative 4 for more detail). Finally, when patients seek primary care in hospital emergency rooms, HHC is connecting patients without primary care providers to settings ensuring continuity of care.

B. Ensure critical hospital services are fully functioning the face of increased demand, weather disasters, and aging infrastructure

The Elmhurst emergency room, where patient volume is expected to increase by 20% given hospital closings in the catchment area is in design phase for its planned renovation and expansion. Significant infrastructure projects underway at Coney Island, Bellevue, Metropolitan and Coler Goldwater hospitals are designed to ensure these facilities can continue operating during future weather disasters (see Vision 4 for more detail). Finally, ongoing infrastructure upgrades at HHC facilities are essential to meet new regulatory requirements and safety initiatives.

C. Adequately provide healthcare services to New York City’s growing senior population

A key part of transforming HHC’s system is tailoring care to the needs of different



populations to ensure their care is the most appropriate and effective. In particular, recognizing New York City’s growing senior population, HHC is including age-appropriate designs in its infrastructure projects. This translates into exam rooms, diagnostic treatment areas and bathrooms meeting wheelchair and walker space requirements, and soundproofing of rooms to improve communication between patient and provider for patients that have hearing impairments. HHC also plans to transform the Seaview Campus on State Island, which currently offers services for seniors, it into a vibrant healthcare destination site which will meet the ongoing needs of the surrounding community.

By strengthening HHC’s infrastructure and adapting to the changes in the healthcare environment, HHC will continue to be a leader improving the health of all New Yorkers.

Initiative 3

Expand access to primary care by establishing health clinics in high-need communities

Healthcare is an essential component of creating and maintaining healthy communities, and primary care is a key part of this equation. High-quality primary care provides a “medical home” for individuals and ensures they get the right care, in the right setting, by the most appropriate practitioner, and in a manner consistent with their desires and values. A close partnership between providers and patients helps patients navigate an increasingly complex healthcare system and strive toward better health outcomes.

In New York City, there are 26 neighborhoods that are federally designated as primary-care shortage areas. Even this measure undercounts the real need, as neighborhoods must apply for this federal designation.

To address this concern, the City will help create at least 16 health clinics by the end of 2017 in neighborhoods identified by the Community Healthcare Association of New York State as being in need of additional primary-care services. Some of these clinics will be the anchoring institutions in NYC Department of Health and Mental Hygiene (DOHMH) Neighborhood Health Hubs (detailed further in Goal 2.2, Initiative 2), collaborating with other local organizations to improve health in their communities. Additionally, NYC Health and Hospitals Corporation (HHC)’s Gotham health network and other federally qualified health centers will expand to new locations to address the need for primary care.



Initiative 4

Expand access points for mental health and substance-abuse care, including integrating primary-care and behavioral-health services

Mental health concerns are widespread in New York City. Fifteen percent of New Yorkers reported having been diagnosed with depression, and 12 percent of the city’s adult population reported receiving some form of counseling or taking prescription medication for a mental health problem in the past year. In 2013, five percent of the New York City adult population experienced serious psychological distress (SPD), which is characterized by a range of symptoms commonly present in individuals with mental illness but are not specific to any particular disorder. Mental health issues are not distributed evenly across the City. New Yorkers with serious mental illness are overwhelmingly of low- and moderate-income, with 39 percent living below the federal poverty line. Mental health concerns are also much more prevalent among those with physical-health issues.

There is significant unmet need for mental health treatment in the city. Twenty-three percent of New York City adults experiencing SPD reported they did not get all the mental health treatment they needed in the past year, as did 44 percent of New Yorkers with serious mental illness. Barriers to receiving necessary mental health treatment include language difficulties, stigma, difficulty with navigating the mental health system, and cost. Immigrant populations may be more likely to experience stigma around mental, emotional, and behavioral (MEB) health and may be less familiar with their communities’ health resources. Additionally, the behavioral healthcare system is fragmented and poorly integrated with the primary-care system.

NYC HHC intends to improve the overall health of New Yorkers with mental health and substance-abuse diagnoses by scaling two best-practice approaches: first, co-located and integrated substance-abuse and mental health specialty services, and second, integrated behavioral healthcare in primary care through the integrated Collaborative Care model—a collaborative team of a primary-care providers, care management staff (e.g., nurses), and psychiatric consultants. Each of the models requires providers to build deep relationships with community-based organizations, social-services agencies, and government agencies able to identify patients in need, engage them, and assist in supporting their treatment.



Initiative 5

Advocate and stand ready to work with New York State in its leadership role in enabling and supporting the transformation of the healthcare delivery system

The above initiatives—expanding access to primary care and expanding access to mental health and substance-abuse care—are cornerstones of our vision of all New Yorkers living fully realized lives. But New York City can't do it alone. As the primary regulatory entity, the State plays a critical role in shaping who can deliver healthcare, how and where those services are provided, and how services are paid for within New York City. The City stands ready to partner with the state to implement changes to the healthcare system that will ensure high quality, coordinated care for all New Yorkers.

Supporting Initiatives

A. Integrate patient data across healthcare systems

Since 2009, thousands of healthcare providers have adopted and are using electronic health records. However, few are connected to systems that enable sharing of medical and behavioral health information between care settings or with supportive services organizations. According to the New York eHealth Collaborative (NYeC), only two percent of clinical practice sites are connected in New York City and 14 percent across New York State. Furthermore, based on DOHMH's health information connectivity data, only about five percent of 7,000 primary-care providers listed in its database are connected to a health-information exchange.

The lack of information sharing is associated with duplicative testing, delays in care, and incomplete information—all issues that have resulted in poorer health outcomes and higher costs to the City and State. A recent study found that up to 32 percent of patient records reviewed had duplicative testing documented. This fragmentation of healthcare and supportive services affects New Yorkers across all five boroughs and is especially problematic for people with low health literacy, limited English-language proficiency, limited mobility, mental or behavioral health conditions, previous incarceration, and other factors that can make accessing care more difficult.

A call-to-action is needed to accelerate federal and state programs to integrate patient information of New Yorkers across healthcare delivery and supportive systems, as well as across jurisdictional lines. The City stands ready to partner with the state to implement changes to the healthcare system so all New Yorkers can receive high-quality, coordinated care.

We have already made strides in this direction. In 2006, the New York State Department of Health (NYSDOH), in cooperation with healthcare leaders in New



York State, established a public-private partnership to develop and operate the Statewide Health Information Network of New York (SHIN-NY). SHIN-NY facilitates the exchange of patient information across health settings anywhere in the state. Additional effort is still needed to scale up the information exchange process to as many provider types as possible and incorporate data from related health and social support services (e.g., social work, community health, school health).

B. Transform the Medicaid reimbursement methodology

To change the way healthcare works, we need to change the way we pay for it. Currently, we pay less for preventive care that keeps people healthy and more for healthcare services when people get sick. In particular, payments for preventive care, including primary care, and other services delivered in outpatient settings need to incentivize greater provision of these services. In addition, services and supports that help keep people healthy, such as telemedicine, effective health information technology, and care coordination should be paid by the appropriate entity). The State can help change this by altering what and how Medicaid pays for these services.



Criminal Justice Reform

Among large U.S. cities, New York City is the safest and has the lowest rate of incarceration, with a criminal justice system that leads the nation in fairness and efficiency

INDICATORS + TARGETS

- ✔ Decrease the crime rate
- ✔ Decrease the average daily population (ADP) in jail
- ✔ Decrease the percentage of domestic violence victims turned away from shelters

Overview

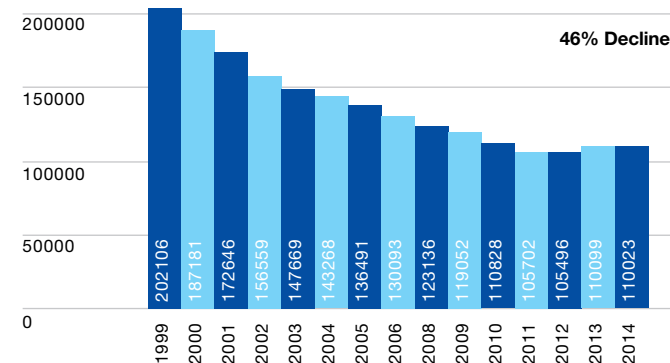
Twenty years ago, no one thought we could control crime. In 1993, there were 1,946 murders and 99,207 burglaries in New York City. In 2013, both of those numbers had dropped by more than 80 percent. The Mayor ended his first year in office with the lowest murder rate in the city's history.

Plummeting crime has also meant a shrinking jail population. At the end of 2014, for the first time in thirty years, Rikers Island had fewer than 10,000 inmates at the end of 2014—less than half of its high-water mark of 21,688 in 1991.

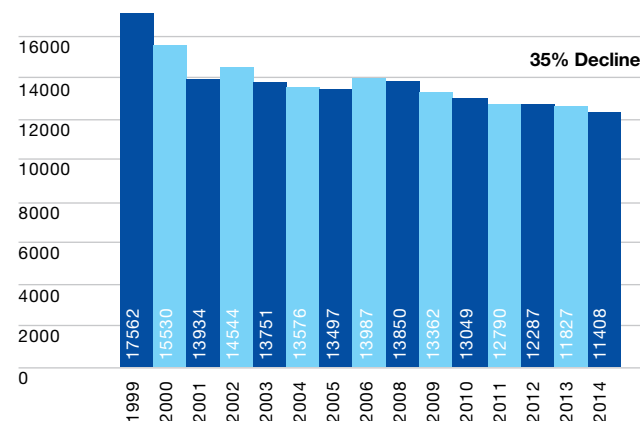
This extraordinary progress is proof we can have both more safety and less incarceration. And it is one of many things that set New York City apart: while incarceration climbed seven percent elsewhere in the country between 1996 and 2012, the city saved billions by reducing crime and unnecessary incarceration.

In the next twenty years, New York City will continue to be a national leader in public safety. This will mean continuing to strengthen the things we are already doing—like data-driven policing—but it will also mean investing in people and neighborhoods. We will provide opportunities for individuals to lead productive lives. Cohesive, engaged neighborhoods are the crime prevention tools of the 21st century. In the next twenty years, New York City will pursue evidence-driven strategies and sophisticated technologies to both prevent crime well before it begins and ensure its criminal justice system is increasingly safe, fair, and effective. And we want to make sure that, of those populations affected by crime—particularly victims of domestic violence—we can provide the support they need when they most need it.

Major Crime in NYC



Average Daily Jail Population



Initiative 1

Reduce crime and unnecessary incarceration

The key to safely reducing the jail population while keeping communities safe is to reduce crime well before it begins, which leads to both less crime and fewer people behind bars. To reduce crime and unnecessary incarceration, the City will implement a set of interlocking strategies to help ensure we are reducing crime in the most targeted way and using jails and programming wisely and effectively.

Supporting Initiatives

A. Use advanced technology and integrated data to accurately and effectively address crime and needs

The cornerstone of the City's crime reduction efforts is ensuring officers are able, in real time, to assess the risks and needs of individuals they encounter on the street, so they can effectively and accurately exercise discretion. This initiative will require both sophisticated mobile technology to access data as well as quality, reliable data.

The City is already working to put in the hands of every police officer and in every police car a tablet, phablet, or smartphone that can serve as their information superhighway. Access to real-time information will allow them, while they are out on the beat, to both identify frequent offenders for arrest and deliver instantaneous information about crimes and other critical missions.

This technology will also allow the police to become better informed when they exercise their discretion so that, consistent with public safety, officers know when to arrest, when to issue a summons, and when to leave a situation alone. And finally, technology will give them better access to information about programming, so they can more effectively match individuals to services.

To enhance the quality of data available to first responders, the City is building an integrated data platform, described in Goal 2.2, Initiative 2, that will help facilitate the cross-agency coordination of programs and services to accurately match individuals to the right intervention. The goal is for this integrated platform to connect Probation, District Attorneys, defenders, courts, and providers to ensure all agencies that touch the population involved with the criminal justice system have data and analytics to drive wise decision-making, to reduce both crime and unnecessary incarceration.

B. Reduce crime through changes to criminal justice facilities that will promote concepts of fairness and confidence in the law

We will conduct an infrastructure survey of probation, police, and court facilities to ensure signage and physical design inform individuals of what to expect from the criminal justice process, provide the ability to voice concerns, and promote



better interaction among the players in the justice system. For example, we will introduce waiting rooms that can separate victims from their alleged attackers, visiting rooms that can permit defendants and lawyers to consult meaningfully, and clear access that would permit corrections officers to escort inmates to court in a timely fashion.

C. Enable crime prevention through environmental design

Crime Prevention Through Environmental Design (CPTED) is an approach to deterring criminal behavior by altering the physical design of neighborhoods. Evidence-driven tactics range from the strategic use of parks and public spaces to designing apartment buildings to maximize the number of residents who can easily monitor their streets. To promote public safety in high-crime neighborhoods, New York City will implement CPTED surveys to develop plans for low- and no-cost changes to buildings, parks, and other features of the built environment that could reduce crime.

D. Reduce incarceration by examining risk, needs, programming, and system flow

Effective criminal justice practice relies on the ability to access the level of risk at key system points. We will implement city-wide risk-assessment instruments at arraignment and implement risk-classification and needs assessments within incarceration settings.



Insert photo caption here.



We will provide effective programming during incarceration time and appropriate services in the community. Physical space in detention and placement/jails for juveniles and adults will accommodate cost-effective programming to reduce re-offending. We will ensure supportive housing for “frequent flyers,” those who repeatedly cycle through the criminal justice system.

We will also design incarceration and justice-system spaces to affect behavior and resolve system bottlenecks.

Initiative 2

Build sustained neighborhood engagement to employ fairness as a crime reduction tool

Smart reforms have made New York City the safest big city in the country. However, crime and violence disproportionately affect the city’s poorest neighborhoods, where confidence in government is low.

People are more likely to obey the law when they believe those who are enforcing it have the legitimate authority to do so. The public confers legitimacy on those in positions of authority who treat them with dignity and respect, give them a voice (even if that voice does not carry the day), make decisions that are neutral and fair, and convey their motives as trustworthy. The social cohesion of neighborhoods is associated with lower crime rates. To translate these well-founded theories into actionable steps that will reduce crime, the City will implement the following initiatives.

Supporting Initiatives

A. Create neighborhood CompStats with residents and city agencies in high-distress neighborhoods

CompStat, short for COMPLAINT STATISTICS, is the name given to New York Police Department’s data-driven management tool. In the neighborhoods in which distress is clustered, the City will create a regular CompStat to identify and solve problems with neighborhood residents. These CompStats will be supported by data and measured through key metrics. This data support will include the building of neighborhood-justice mapping centers that will engage residents and promote cohesion through joint action.

B. Implement a regular citywide method of surveying resident engagement

The City will create a survey system to gauge residents’ feelings about their communities. It will be operated online, where ease of use and other incentives will encourage residents to respond to periodic questions about neighborhood satisfaction and cohesion. This information will enable the City to track changes in attitudes and raise resident confidence in government responsiveness.



Initiative 3

Use criminal justice data-driven strategies to improve decision making and reduce crime and unnecessary incarceration

Leveraging the citywide integrated data platform, the City will build tools to ensure agencies that touch the population affected by criminal justice, inside and outside of Mayoral control, have data and analytics to drive wise decision making to reduce both crime and unnecessary incarceration. A range of analytic and data strategies designed to assess decision making at critical points throughout the spectrum of criminal-justice processes will support this goal.

Supporting Initiatives

A. Build crime-and-incarceration-reduction strategic tools

The City will build analytic tools to ensure appropriate decision making throughout the justice system. This will include machine learning analyses, or computer programs that grow and change when exposed to new data, as well as reduced court processing times, improved matching of candidates to diversion programs, alternatives to detention and incarceration programs, pre-arraignment and pre-trial screening, and reduced warrants through, among other things, reminder systems for summons appearances.

B. Introduce strategic tools for health and neighborhood safety Strong communities, with robust networks of programs and services, lay the groundwork for enduring safety. We will work to make neighborhoods safe through a set of strategies designed to support crime prevention and reduce conditions in some of the city's most distressed neighborhoods.

The City will also build a set of strategic tools designed to support people with behavioral-health needs in chronic-care treatment in lieu of contact and involvement with the criminal justice system.

Initiative 4

Ensure all victims of domestic violence have access to a shelter and necessary services

Domestic violence accounts for a significant percentage of the crime that occurs in New York City. In 2014, 40 percent of all felony assaults and 36 percent of all rapes were related to domestic violence. That same year, domestic violence accounted for 19 percent of murders. In total, the NYPD responded to 282,648 domestic violence incidents.

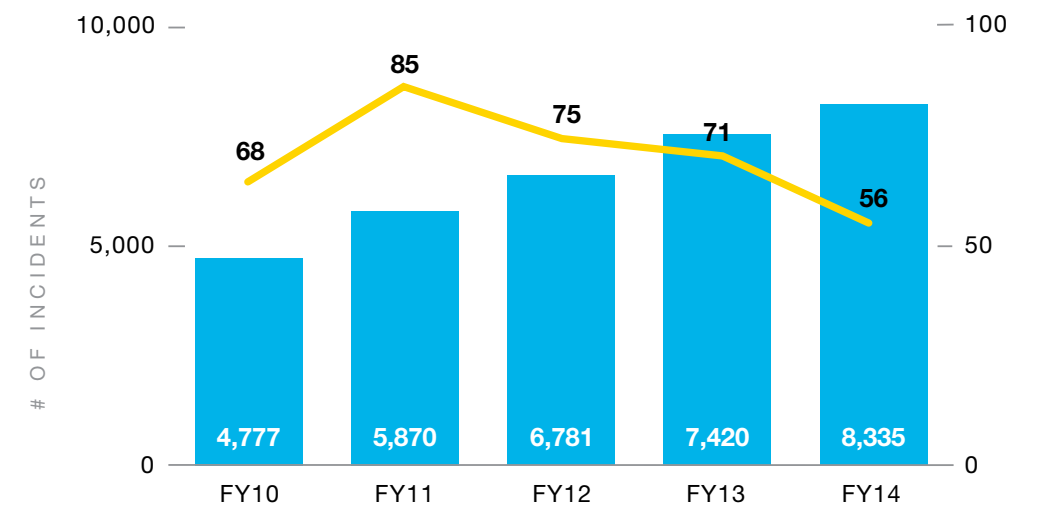


In addition to reducing crime and lowering incarceration, we also aim to provide services to victims of crime, so they can recover and re-participate fully in the city. While the City provides many services for victims of domestic violence, too many domestic-violence victims still lack access to the services they need when they need them. The moment of exit from an abusive relationship is one of the most dangerous times for victims. In 2014, 4,107 adults and children who needed emergency domestic-violence shelter were not linked to one, with only 35 percent of single adults linked to a shelter in comparison with 52 percent overall.

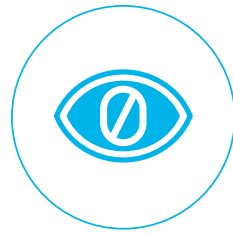
The City must address the need for additional shelter space for any member of a vulnerable population subject to the threat of domestic violence: single adults, members of the LGBTQ community, sex-trafficking victims, and other vulnerable populations. Accommodations including longer-term shelter beds must be made for victims with children. Placement in domestic-violence shelters is limited to 180 days, and therefore, in the implementation of the City's housing plan, the City will implement a sustainable plan for domestic-violence victims to transition from shelters to permanent housing.

In key neighborhoods where domestic violence occurs more frequently, the City will establish community-based Family Justice Centers. These centers will be able to provide comprehensive multi-agency services for domestic-violence victims, close to their homes.

Crime Related to Domestic Violence



Source goes here.



Vision Zero

New Yorkers embrace Vision Zero and accept no traffic fatalities on New York City streets

Overview

INDICATORS + TARGETS

- ✔ Reduce the number of traffic fatalities to zero
- ✔ Reduce the number of serious injuries due to traffic collisions to zero

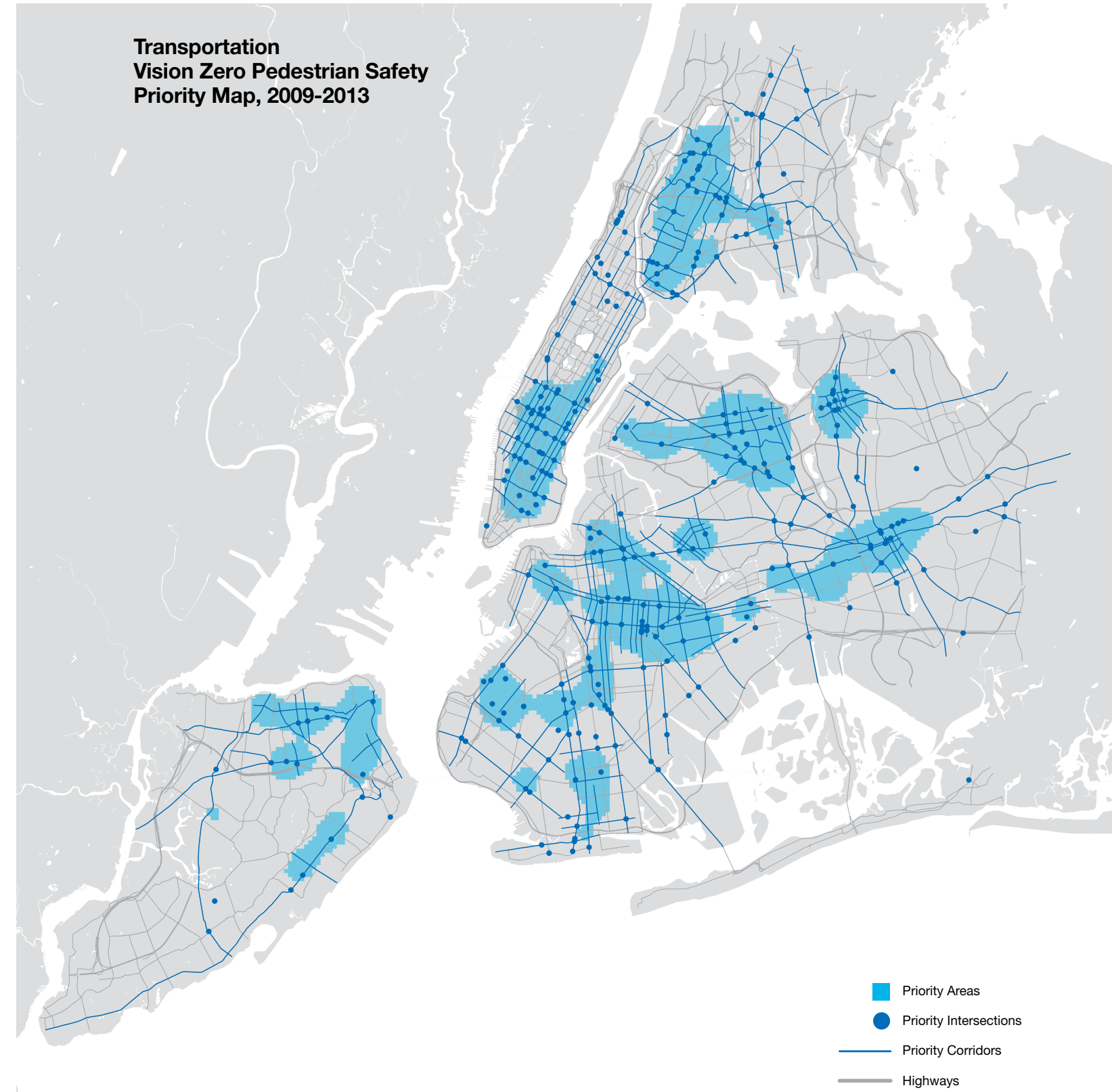
Traffic fatalities in the city have fallen significantly—from 701 in 1990 to 381 in 2000, to an all-time low of 249 in 2011—and New York is internationally recognized as a leading innovator in safe street design. However, approximately 4,000 New Yorkers are still seriously injured and more than 250 killed in traffic crashes each year. Vulnerable populations are the most affected—being struck by a vehicle is the leading cause of injury-related death for children under 14, and the second-leading cause for seniors, who comprise 12 percent of the population but 33 percent of pedestrian fatalities.

In January 2014, the Mayor launched Vision Zero, a bold commitment to improving street safety in every neighborhood.

Vision Zero contains a robust portfolio of initiatives to make our streets safer, including expanded enforcement against dangerous moving violations such as speeding and failing to yield to pedestrians; new street designs and configurations to improve safety; broad public outreach and education; and a sweeping legislative agenda to deter dangerous driving. These projects include fifty street-improvement projects to reengineer intersections and corridors, speed cameras to reduce speeding in school zones, and upgrades to City fleet vehicles to monitor speeding and other dangerous driving behaviors. Together, these comprehensive initiatives are giving New York City control over the safety of our streets.

Vision Zero is already having an impact. 2014 was the safest year in New York’s history for pedestrians and one of the safest years for all New Yorkers since record keeping began in 1910. In 2013, 182 pedestrians lost their lives in traffic crashes, while in 2014, only 138 pedestrians were fatally injured. Despite this significant progress, the City recognizes there is more work to be done—and we are committed to a new set of initiatives to continue this work.

Pedestrian traffic fatalities, 1984-2014



Department of Transportation



Pedestrian traffic fatalities 2009-2013

Queens Boulevard
55 pedestrians killed or seriously injured (12 fatalities)

4th Avenue
60 pedestrians killed or seriously injured (6 fatalities)

Atlantic Avenue
64 pedestrians killed or seriously injured (4 fatalities)

Grand Concourse
70 pedestrians killed or seriously injured (12 fatalities)

Initiative 1

Continue Implementation of the Vision Zero Action Plan

The City will continue to execute and build on the portfolio of initiatives developed in the 2014 Action Plan, focusing on pedestrian safety, bicycle access, truck safety, and improvements to priority areas citywide.

Bike lanes are a fundamental aspect of the Vision Zero strategy to increase safety. Well-designed bike facilities protect bicyclists, reduce excessive speeding, organize traffic flow, and shorten crossing distances for pedestrians. And when bicycling feels safer, people are more likely to choose it as a transportation option. Therefore, DOT will work closely with communities around the city to expand a bicycle network that improves safety for all road users, including installing at least five miles of protected bicycle lanes annually. This supports our efforts to develop a multi-modal transportation system, further laid out in Vision 3.

Turning trucks pose a significant safety risk to pedestrians in crosswalks, so the City will launch a pilot program to test the effectiveness of truck side guards. Side guards are protective additions to vehicles that reduce the likelihood that pedestrians and cyclists will suffer severe injuries when struck by a turning truck. Department of Citywide Administrative Services (DCAS) will install truck side guards in more than 200 units within the City fleet—the largest side-guard program in the nation. If the initial rollout is a success, every new City truck will be designed to include them.

Initiative 2

Use Borough Pedestrian Safety Action Plans to guide future engineering projects and enforcement priorities

In an effort to drive down traffic fatalities, DOT and NYPD developed a set of five plans, each of which analyzes the unique conditions of one New York City borough and recommends actions to address the borough's specific challenges to pedestrian safety. Each Borough Plan was shaped by a comprehensive community outreach process that included 28 workshops and 10,000 comments to the Vision Zero input map. Community input was combined with cutting-edge crash-data analysis and used to identify the predominant traffic safety issues at priority corridors, intersections, and areas of the city—the most crash-prone locations. This broad, participatory, data-driven process ensures an equitable approach to prioritizing safety projects. Each year through 2017, DOT will complete fifty Vision Zero safety projects at the priority corridors, intersections, and areas identified in the Borough Plans. These improvements will simplify complex intersections, discourage excessive vehicle speeds, add bicycle lanes, make pedestrians and cyclists more visible, increase accessibility, and shorten pedestrian crossing distances.



Insert photo caption here.



Insert photo caption here.

Queens Boulevard Redesign

The Vision Zero Great Streets funding includes \$100 million for improving segments of Queens Boulevard, a 7.2 mile, complex, multi-roadway corridor that cuts across more than half the borough. The long crossing distances, high traffic speeds, and highway-like urban design have contributed to historically high crash rates. In January 2015, the DOT, NYPD, and one-hundred residents, merchants, and other stakeholders participated in the first Queens Boulevard design workshop to identify safety solutions. The direction from the community was clear: calmed service roads, improved crossings, the addition of a protected bike lane, and beautification. DOT intends to design and implement fast-track design solutions this year, and simultaneously begin planning for the long-term capital-funded changes needed to permanently remake Queens Boulevard's image.

To give pedestrians a “head start” while walking across the street and reduce conflicts with turning vehicles, NYCDOT will expand exclusive pedestrian crossing time (LPIs) on all Priority Corridors by the end of 2017. LPIs are a signal-timing treatment that provides pedestrian-only walk time before vehicles, including turning vehicles, receive the green light. They are a proven method of reducing pedestrian-vehicle conflicts at high-pedestrian crash locations.

Initiative 3

Transform Dangerous Arterial Roads into Vision Zero Great Streets

Many of the corridors with the highest rates of fatal and severe-injury pedestrian crashes per mile are wide roads that divide our neighborhoods and communities but have the potential to serve as connectors—including Queens Boulevard, 4th Avenue in Brooklyn, Atlantic Avenue in East New York, and the Grand Concourse in the Bronx.

The Vision Zero Great Streets program will rethink and redesign these major corridors in order to prevent serious crashes, enhance mobility, increase accessibility, and bolster neighborhood vitality. This comprehensive overhaul provides opportunities for improving safety such as shortening of pedestrian crossing distances through curb extensions and widened medians, physically separated bike lanes, and the addition of amenities such as benches and landscaping.

Great Streets capital projects will be fast-tracked in order to allow a permanent build-out of street improvements initially made with temporary materials. Capital construction projects are complex and develop over multiple years because of the extensive coordination and collaboration between DOT, DDC, and a host of other City agencies, utility companies, and the community. Each of these corridors presents special challenges because of high pedestrian volumes, heavy car, bus, and truck traffic, and the presence of subways underneath the road or elevated structures overhead. Under Vision Zero Great Streets, painted medians and temporary bollards will be built out in permanent materials faster, and New Yorkers will begin to see construction of expanded pedestrian space, beautified medians with trees, and physically separated bike paths on major streets by 2017.