Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City

NYC Health

To my fellow New Yorkers:

If you know me, you know I care deeply about my health. I'm often at press conferences drinking a green smoothie I make at home or taking meetings eating a black lentil stew or other plant-based meals. It wasn't always this way though. In 2016, I was diagnosed with type 2 diabetes and told I'd have to manage my disease with medication for the rest of my life. My mom had type 2 diabetes and other family and friends I knew did too, so I just thought it was something we all had.

But I couldn't accept that I would have to manage things this way. So, I took to Google searching for "how to reverse diabetes." I came across a lot of stuff you can imagine, but where I landed was on a whole food, plant-based eating pattern and other Lifestyle Medicine interventions such as getting better sleep, moving my body more, managing my stress levels better, maintaining strong social connections and avoiding risky substances such as alcohol and tobacco.

So what happened? Within months of changing my diet, I had lost weight and reversed my diagnosis. It changed the course of my life and my approach to public health. I wanted to give every New Yorker the opportunity to eat better, live well and live their best life free of chronic disease like me.

We all know though that it isn't that easy sometimes to choose "healthy" foods at the grocery store or bodega. Some don't have the same access as I do or the resources, or other factors are getting in their way, like housing instability, employment woes or other social factors.

So, this report focuses the City's efforts on all those systems issues. How we can design stronger systems to make life more achievable for New Yorkers and in so doing make their health better too, because we know that people with higher incomes, stable housing, food access and other social factors handled have better health. We're working to make those changes on a systems level for every New Yorker to turn the ship ever slowly in the direction to make systems more fair, more equitable and more just for every person. All that will lead to better health outcomes.

So read this report with that in mind, and also remember that we can do our part, making choices on an everyday basis about what we eat for breakfast, lunch and dinner to have better health. Eating more plant-based foods and searching for budget friendly recipes, many of which I've made, such as a great chili for under $10. We can move more too, taking the stairs instead of the elevator when possible, trying to sleep better, meditating like I do or finding ways that work for you to calm your stress levels, and loving more being with friends and family on a regular basis to fill our social cup full of joy.

So, New Yorkers, we have so much hope here. We're working as a City to change systems to help people today and for decades to come, we're fighting to make healthier food more accessible, and we're working to give you the tools to advance your own health, including through our seven Lifestyle Medicine Programs at NYC Health + Hospitals that help people with common diet-related chronic diseases change their life by eating more plants and having the support to make that happen and other lifestyle changes a reality too.

I want each of you to have the chance to change your health journey in a positive way just like I did, and I want you to have systems that work for you and anyone who encounters them.

Sincerely,

Eric Adams

Mayor

Dear fellow New Yorkers:

We all deserve to live healthy, long lives, not just surviving but thriving. In November 2023, our administration, with the NYC Health Department, rolled out HealthyNYC to focus on increasing New Yorkers' life expectancy to over 83 years by 2030 — not only recovering years lost during the pandemic but also surpassing our previous high by tackling chronic disease, violence, maternal mortality, overdose and more.

Today, as part of this overarching strategy, we are sharing with you a report titled "Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City," which outlines the City's approach to tackling the chronic disease goals put forth in HealthyNYC. Chronic diseases are a leading cause of premature death in NYC, and they disproportionately affect communities of color and New Yorkers with low incomes. These inequities are dire, and they are preventable. This road map sets out a bold vision for a city where all New Yorkers have the opportunity to live long, healthy lives, regardless of their ZIP code.

Creating a healthier NYC takes a comprehensive, collaborative approach. Twenty City agencies worked together to create the proposals included in this strategy to address chronic disease. Each agency has a unique role to play in working to improve health. By meeting New Yorkers' most basic needs such as food, and increasing opportunities for healthy living, like enhancing outdoor play, we're aiming for a future where every New Yorker has the resources to take care of themself and their families.

We're making it so our communities don't have to choose between eating healthy foods and keeping a roof over their heads or taking their medications. By working to revitalize the streets and parks in some of our neighborhoods that experienced the most historical disinvestment, we're making it easier for the people in these neighborhoods to be active. And we're making sure that the City is doing everything it can to promote healthy eating, whether that be through nutrition education through WorkWell NYC, our City's worksite wellness program, or by linking patients of our public hospital system to public benefits, lifestyle medicine specialists and food-as-medicine programs.

We're fighting every day to get more resources for New Yorkers and to make sure that those resources are getting to those who need them most.

Everyone has their own health story, and we're committed to working toward making that story a positive one. This strategy is a path forward for a healthier future for all New Yorkers. It is a call to action for all of us to work together to create a city where everyone can thrive.

Partners are critical to the success of this strategy and to HealthyNYC in general. We urge you to join us in this important work. We all have a role to play.

Sincerely,

Anne Williams-Isom

Deputy Mayor for Health and Human Services

Ana J. Almanzar

Deputy Mayor for Strategic Initiatives

To my fellow New Yorkers:

When we talk about our goal of living healthier, longer lives in New York City, and of reducing chronic disease and tackling health inequities, we have to focus on not just the data but the people behind the data. We all know someone who has a chronic disease, whether it be heart disease, diabetes or cancer. Maybe you even have one of these conditions yourself. Living with a chronic disease can make life harder, more expensive and more inconvenient. And it can unfortunately mean living a shorter life too.

Health is as much about your neighborhood and your environment as it is about an individual checkup or prescription. Not all neighborhoods have grocery stores with quality, affordable produce, which is critical when families' food budgets are already stretched thin. If you don't have reliable transportation, you can't get to your doctor's appointment. And if you don't have access to safe, clean parks, it may be hard to get outside and be physically active. New Yorkers should expect to have access to resources to keep themselves, their families and their communities healthy, no matter what part of the city they live in.

Our strategy to reduce chronic disease acknowledges that for many New Yorkers and communities, achieving health is not straightforward. We want to make it easier for New Yorkers to get and stay healthy, get the resources they deserve to buy healthy food and have a home where they can prepare it, and we want to keep companies from profiting at the expense of the health of our city.

"Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City" is a road map for changing the way we think about and address the leading causes of premature death in our city. It provides a comprehensive framework for addressing chronic disease with a focus on what City agencies can do. New York City saw dramatic declines in life expectancy as a result of COVID-19, and recovery has been slow; this is a call to action. We know we will only see improved and more equitable outcomes together, through collective action. The publication of "Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City" is a critical step in getting City agencies to work together in partnership with our communities to improve the health of all New Yorkers.

The goals of this strategy — to address chronic disease and advance health equity — are also deeply personal for me. As I think of my own family, multiple generations have been impacted by the negative and often painful consequences of chronic disease, including my dad, who had to have an amputation due to complications from diabetes. My family has also experienced the legacy of structural racism in this country, living in redlined neighborhoods. The health consequences of generational oppression are deep, and these experiences drive my work as a physician and as Acting Health Commissioner.

This strategy reaffirms our commitment to ensuring that New Yorkers are able to live healthier, longer lives. I hope you will join me in supporting this important work.

With appreciation,

Michelle Morse, MD, MPH

Acting Health Commissioner

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Executive Summary

Life expectancy in NYC has dropped dramatically and inequitably since the start of the COVID-19 pandemic, from 82.6 years in 2019 to 78 years in 2020, rising to 81.5 years in 2022. Between 2019 and 2020, the largest decreases were observed among Black and Latino New Yorkers, among whom life expectancy fell by 5.5 and 6 years, respectively. Similar inequities by race, ethnicity and income also exist for rates of premature death, or death before age 65.

In response, the NYC Department of Health and Mental Hygiene (the Health Department) launched HealthyNYC, a comprehensive vision for improving life expectancy and creating a healthier city for all. With an overall goal of increasing life expectancy to exceed 83 years by 2030, HealthyNYC sets ambitious goals, which will require specific gains among Black and Latino New Yorkers, to address key drivers of premature mortality including chronic disease, suicide, maternal mortality, violence and COVID-19. The chronic and diet-related disease goals established by HealthyNYC include reducing deaths due to heart- and diabetes-related diseases by 5% by 2030 and deaths due to screenable cancers by 20% by 2030, as these are leading causes of death among all racial and ethnic groups in NYC. However, social and economic inequities create conditions such that certain communities are disproportionately affected by chronic disease.

"Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City" is a cross-agency strategy focused on how City government can begin to support the chronic and diet-related disease goals of HealthyNYC by addressing some of the social and economic conditions, or root causes, that drive chronic disease. The strategy focuses on three key approaches:

1. **Meeting the material needs of New Yorkers** by improving access to financial and nonfinancial resources like food and government benefits

2. **Addressing the commercial determinants of health** by influencing "the systems, practices and pathways through which commercial actors drive health and equity"*

3. **Promoting opportunities for healthy living** by investing in policies and programs that promote nutritious foods, physical activity and social connection in communities

*Gilmore AB, Fabbri A, Baum F, et al. Defining and conceptualising the commercial determinants of health. *Lancet*. 2023;401(10383):1194-1213. doi:10.1016/S0140-6736(23)00013-2

To develop this strategy, a task force composed of leaders from multiple sectors of City government was launched in the fall of 2023 and charged with developing a slate of proposals to address the systemic factors that impact chronic disease rates. The task force proposed 19 initiatives, both new and existing, that leverage the unique capabilities and resources of City agencies to address the upstream factors that influence chronic disease outcomes. Most of the proposals (14 of the 19) elevate multiagency collaborations and are planned for a variety of settings, from public schools and parks to hospitals across all five boroughs. The proposals aim to secure the future of health equity infrastructure and emergency response readiness and help solidify NYC's role as a leader and standard setter for governmental public health practice. The proposals presented in this report range from work underway and planned to launch within the City's fiscal year to longer-term aims that will require planning, assessment and identification of resources.

"Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City" is intended to set a shared foundation for action in the coming years and foster sustained partnerships across private, public and nonprofit sectors, as well as meaningful engagement with communities across the city. This strategy outlines a broad call to action for the City and its partners to change the structural and environmental conditions that impact health and to alter the trajectory of life expectancy, helping ensure that all New Yorkers have the opportunity to live a healthier, longer life.

The Challenge and Our Approach

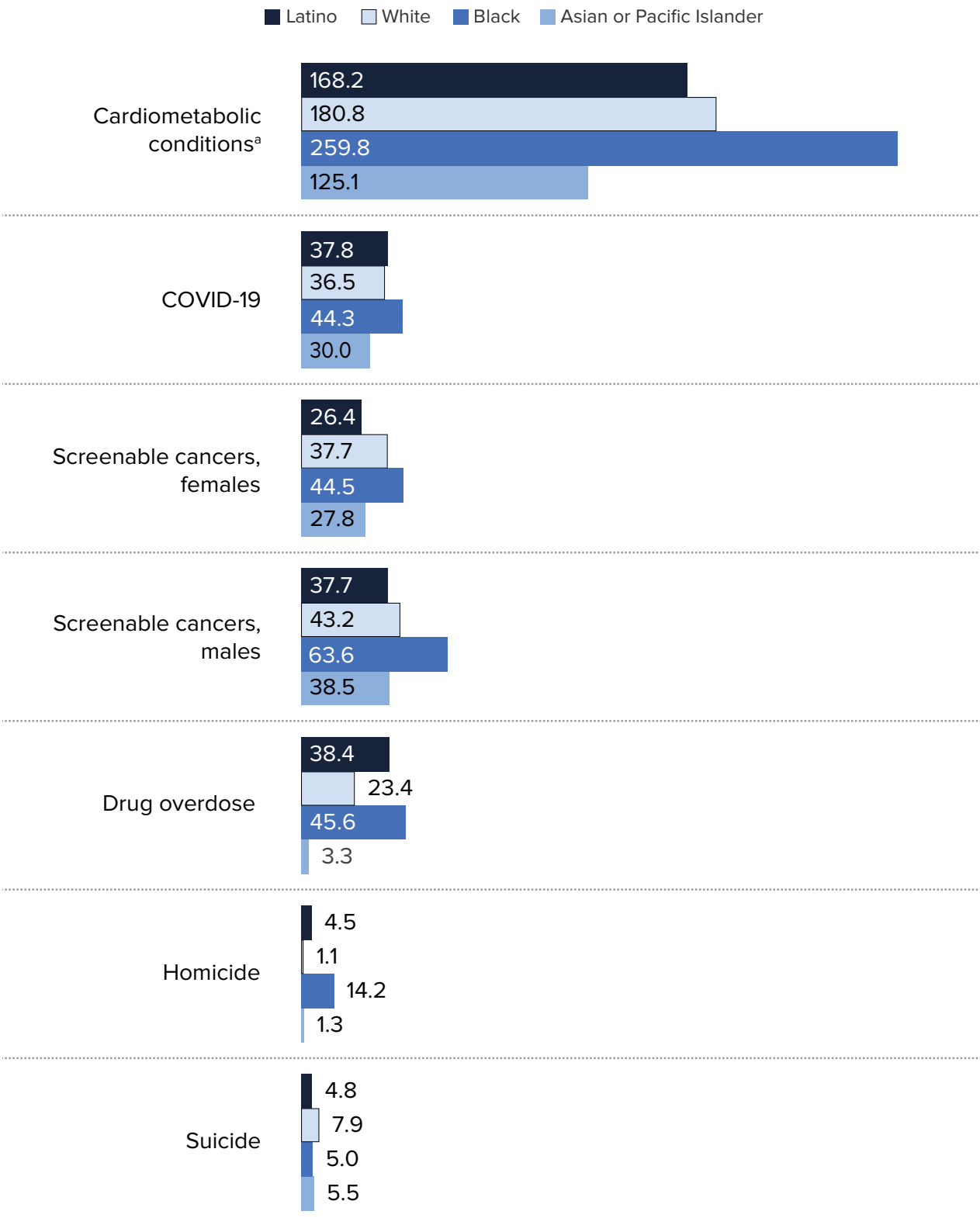
In November 2023, the NYC Health Department launched HealthyNYC, the City's comprehensive vision for how to improve life expectancy and create a healthier city for all New Yorkers.[1] HealthyNYC is urgently needed in response to the years of life lost reflected in the city's lower life expectancy and increased premature mortality (death before age 65), which have been experienced unequally across racial and ethnic groups. The overall aim of HealthyNYC is to extend the average life expectancy of New Yorkers to exceed 83 years by 2030 — with gains focused among Black and Latino New Yorkers* — by addressing the greatest drivers of premature death: chronic and diet-related disease, overdose, suicide, maternal mortality, violence and COVID-19.

Chronic and diet-related diseases, such as heart disease, stroke, diabetes and some cancers, continue to be leading causes of death and premature death across all racial and ethnic groups in NYC. In 2021, chronic disease caused more than 40% of premature deaths, and more than 30,000 New Yorkers of any age died from these conditions.[2]

There are inequitable and racialized patterns in the prevalence, treatment and outcomes of chronic disease in our city, which are unacceptable and have led to persistent inequities in the overall premature death rate by race and ethnicity. Compared with all other racial and ethnic groups, non-Latino Black New Yorkers experience the highest rate of premature death — three times the rate of premature death among Asian or Pacific Islander New Yorkers, who experience the lowest rate citywide.[3] There are also inequities in the rates of death from cancer and cardiometabolic conditions.[4]

*Race and ethnicity are socially constructed systems that categorize humans based on observable physical features such as skin color or ancestry or characteristics such as a shared sense of group membership, values or language. In this report, we present data by race and ethnicity based on how data was collected or cited in the study referenced. However, this comes with a fundamental recognition that there is no biological basis for the health inequities observed between these socially constructed racial categories.

Figure 1. Rates of Causes of Death by Race and Ethnicity, NYC, 2022



Source: NYC Health Department. Death rate is age-adjusted per 100,000 population.
[a] Cardiometabolic conditions include cardiovascular disease such as heart disease, high blood pressure and stroke, and diabetes-related diseases such as diabetes and kidney disease. See Appendix A on Page 46 for more information on the conditions and codes for the cardiometabolic and cancer group definitions.

The chronic disease goals established by HealthyNYC include reducing deaths due to heart- and diabetes-related diseases by 5% by 2030 and deaths due to screenable cancers by 20% by 2030. We can reset the recent trends and inequities through a new series of focused, coordinated efforts across the City that mobilize many stakeholders around the goals of HealthyNYC. With investments in key areas, it is possible to get life expectancy back on track and help ensure that all New Yorkers have the chance to live the healthiest, longest life possible. The City must play a leading role in creating the coordinated action to meet these goals.

In October 2023, in preparation for the launch of HealthyNYC, Deputy Mayor for Health and Human Services Anne Williams-Isom and Deputy Mayor for Strategic Initiatives Ana Almanzar, with support from the Health Department and the Mayor's Office of Food Policy, launched the Citywide Task Force on Addressing Chronic Disease (the Task Force). The Mayor's Office of Food Policy was a critical partner in this effort because of the inextricable link between chronic disease and the food system. The conditions that HealthyNYC targets — such as heart disease, stroke, diabetes and certain cancers — are all significantly impacted by the food we eat. The Office lent expertise by emphasizing the importance of addressing both food insecurity and access to healthy foods for New Yorkers.

Diet, Food Insecurity and Chronic Disease

What we eat is fundamental to our health and is intertwined with our daily lives, culture, environment and economy. Diets with too much sodium, processed meat and sugary drinks and too few whole grains, fruits and vegetables are a leading driver for various chronic conditions. A primary aim of the City's nutrition programs, policies and advocacy is to address the systems and policies that limit dietary choices and behaviors.

The City's nutrition programs also address food and nutrition insecurity. Food insecurity — a household-level economic and social condition of limited or uncertain access to adequate food[5] — is a significant problem for New Yorkers and is associated with chronic disease. In NYC, food insecurity risk (defined and measured using the Hunger Vital Sign[6]) is more prevalent among adults with diabetes than those without (57.4% vs. 37.7%) and among those with hypertension than those without (50.3% vs. 35.8%).[7] Food insecurity may exacerbate these conditions.[8,9]

There is a growing consensus that favors thinking beyond food insecurity and instead focuses on nutrition security, defined as consistent and equitable access to healthy, safe and affordable foods that promote health and well-being.[10] This shift in focus emphasizes quality of food over just quantity, and is needed to more effectively address the rising prevalence of diet-related diseases and long-standing inequities in access to healthy, culturally relevant foods.[11] As is reflected throughout this report, food is a central consideration in the City's efforts to address chronic disease.

The objective of the Task Force was to develop a cross-agency approach to support the chronic disease goals of HealthyNYC. The Task Force convened multiple sectors of City government with a shared commitment to equity and racial justice and a focus on the communities bearing an unfair and disproportionate burden of chronic disease. The aims of the Task Force were to:

- Develop a recommended strategy for addressing chronic disease
- Change past health narratives that disproportionately focused on personal responsibility and elevate a historically grounded narrative about what creates health
- Increase awareness about, highlight and strengthen existing key initiatives
- Generate new partnerships and initiatives

A kickoff call was held in October 2023, followed by a series of workgroup meetings held between November 2023 and February 2024, with representatives from 20 City agencies. The vision for the workgroup meetings was to mobilize and collaborate around a shared goal of addressing chronic disease through upstream approaches. The proposals generated by agency representatives were discussed and prioritized, and then reviewed by Task Force Chairs and members. During the spring and summer of 2024, Task Force Chairs and agency heads met to review final proposals and solidify agency commitments.

In July 2024, the Task Force convened over 130 stakeholders from various sectors, including City agency heads, staff and workgroup participants as well as leaders from community-based organizations, health systems and philanthropy. The event previewed the Task Force's work and the City's vision for addressing chronic disease for critical partners across NYC. Feedback about the convening and the City's work was positive, with respondents sharing excitement about the work to date. Some attendees shared a desire for more frequent and transparent communication about the City's work and how to get involved, as well as for more resources to support chronic disease prevention efforts.

This report is the product of the Task Force's work and is intended to set a shared foundation for the City, partner organizations and funders to use to plan for and create meaningful change, and shift our shared narrative about health in the coming years.

Chronic Disease Drivers and Health Inequities

Leading health organizations, such as the Centers for Disease Control and Prevention (CDC) and the World Health Organization, outline four primary behavioral risk factors — diet, tobacco use, alcohol consumption and physical activity — that cut across many chronic conditions, including those targeted by HealthyNYC.[12,13] In NYC, only 6% of adults eat the recommended five servings of fruits and vegetables per day, while about 30% get no physical activity, 8% smoke and 26% binge drink alcohol.[14]

Health promotion messaging and public discourse often put a singular emphasis on the need for people to make healthier choices related to these risk factors. A more holistic narrative about health recognizes that unhealthy behaviors are driven by many, sometimes invisible, systemic, environmental and social factors beyond individual choices. The food system, built environment, tobacco and alcohol industries, and retail

environment are deeply intertwined with broader health and economic systems and structural factors, such as systemic racism, that fundamentally shape the environments and conditions that either inhibit or promote healthy behaviors. (For a framework of these factors and conditions, see Appendix B on Page 47.)

Further, individual and household access to financial resources is a fundamental driver of health outcomes. Low household wealth and high debt are associated with decreased life expectancy and increased chronic disease, respectively.[15,16] Contemporary economic inequities are the result of barriers created and reinforced by a complex web of historical and present-day policies and practices, including enslavement, racial segregation laws, redlining and the discriminatory implementation of the New Deal and GI Bill.[17,18] Such policies have led to inequitable access to education, employment, credit and capital markets, and homeownership, resulting in substantial and pervasive gaps in both income and wealth by race and ethnicity.[19]

Taken together, these factors have a compounding effect that results in stark racial and economic inequities in health outcomes among New Yorkers.

Throughout U.S. History, People of Color Have Faced Significant Barriers to Economic Opportunity

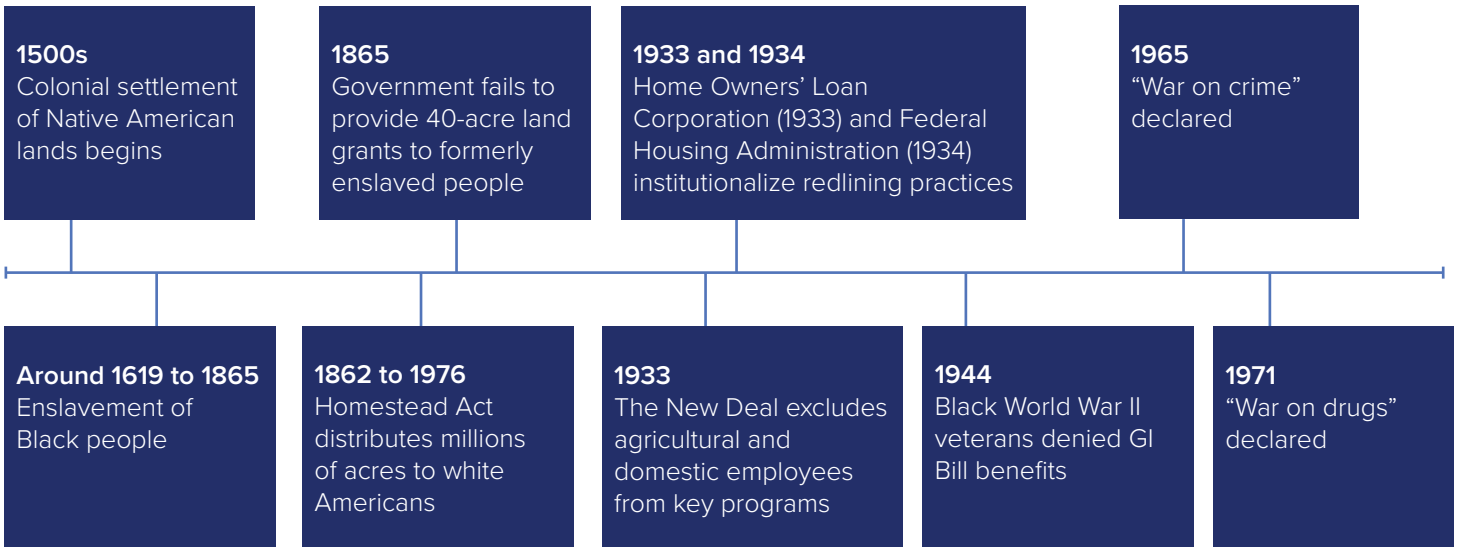
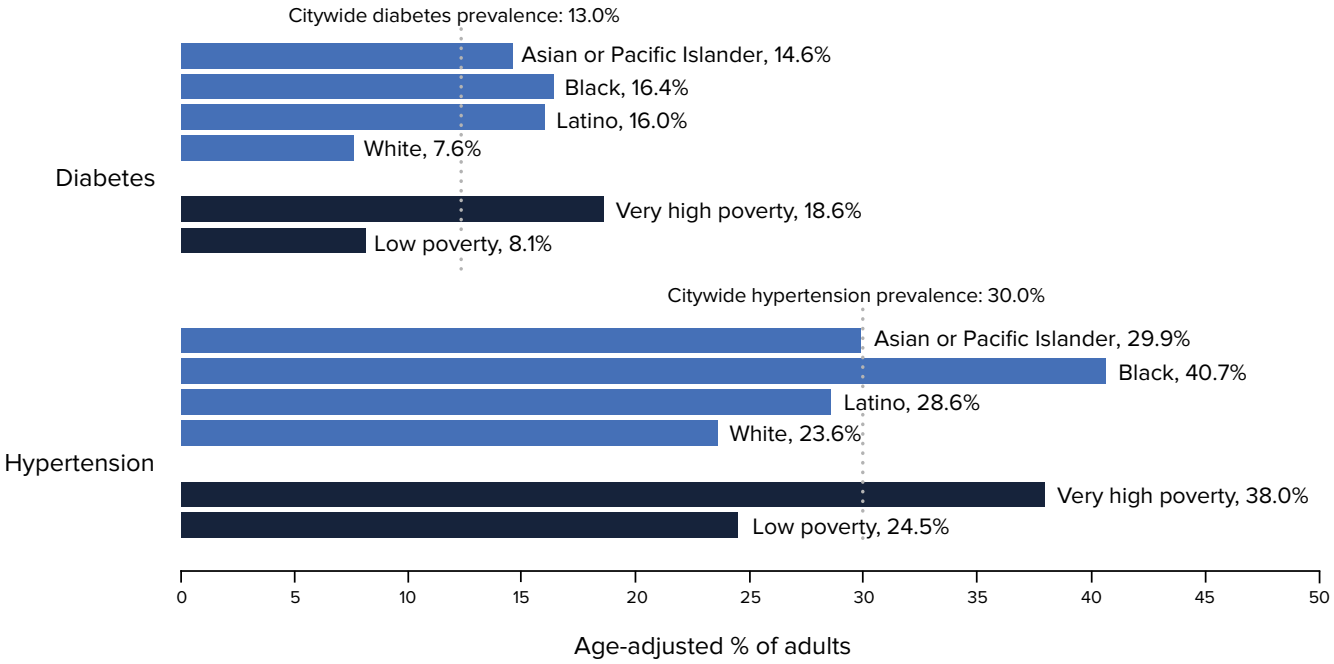


Figure 2. Diabetes and Hypertension Prevalence by Race and Ethnicity and Neighborhood Poverty, NYC, 2023



Source: NYC Community Health Survey, 2023.

These factors also have a compounding effect on neighborhoods, which themselves are correlated with chronic disease outcomes and premature death rates. In NYC, the South Bronx, East and Central Harlem, and North and Central Brooklyn have higher premature death rates compared with the citywide average (see Figure 3 on Page 10). These neighborhoods also experience higher rates of diabetes (18.6% vs. 12.1%) and hypertension (37.6% vs. 28.8%) compared with the rest of the city.[20] The legacy of disinvestment and structural racism that created inequitable health outcomes has also led to decreased resources and opportunities for health, such as low household wealth within these neighborhoods, which can further exacerbate the disproportionate burdens that health inequities have on communities (see Figure 4 on Page 10). This is why the Health Department has invested in Bureaus of Neighborhood Health to anchor our place-based strategies in priority neighborhoods for investment.

The Bureau of Brooklyn Neighborhood Health's Place-Based Chronic Disease Work

The Bureau of Brooklyn Neighborhood Health focuses on place-based, race-conscious approaches to addressing the racial inequities that result in premature mortality in North and Central Brooklyn and across Taskforce on Racial Inclusion and Equity[21] neighborhoods. From the bureau's work, it is clear that residents of North and Central Brooklyn are not receiving comprehensive support in self-managing their diabetes and hypertension. Structural racism and a lack of social, clinical and environmental supports contribute to poor health outcomes and high mortality among residents in these neighborhoods.

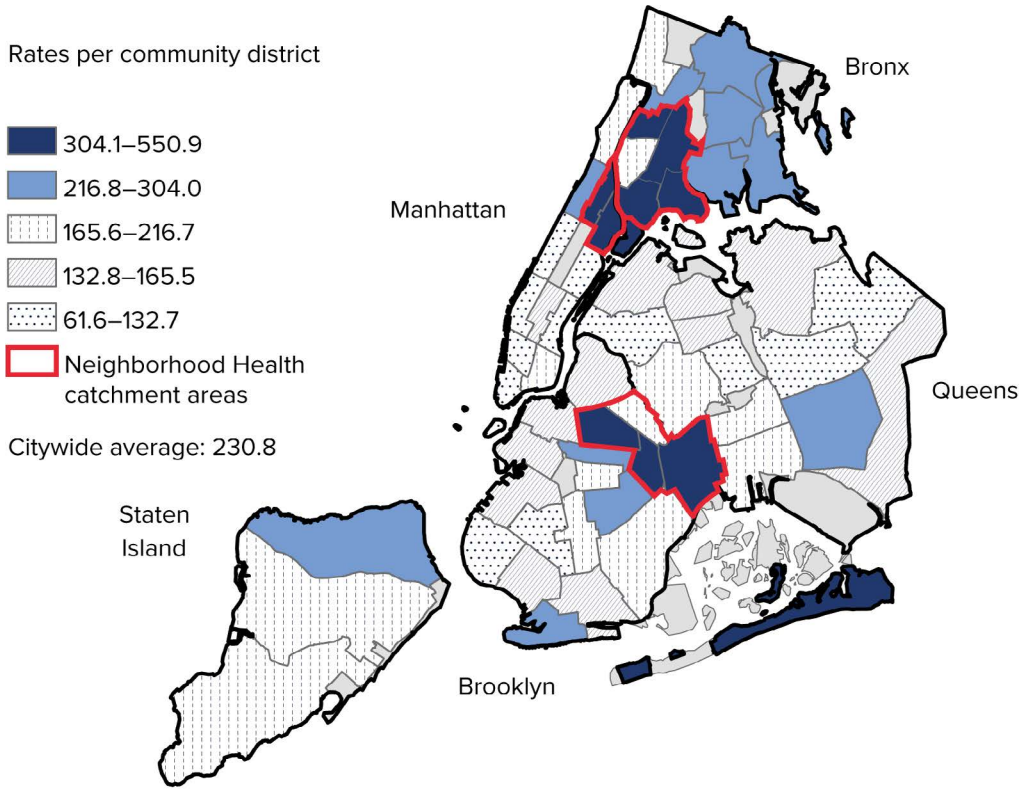
In a street intercept survey during summer 2024, 46% of people surveyed with diabetes or prediabetes (n=203) had never been referred to a specialist, and many described not getting the support they needed from their physicians. "All my doctor did was tell me to lose weight, with no instructions on how exactly I was supposed to do that," said one Brooklyn resident. Those who did receive referrals to specialists reported being unable to get an appointment since the start of the COVID-19 pandemic.

To increase access to and awareness of evidence-based supports for managing chronic disease among North and Central Brooklyn residents, Brooklyn Neighborhood Health is:

- Establishing a network of CDC-recognized Diabetes and Chronic Disease Self-Management classes with long-standing community and clinical partners, including RiseBoro Community Partnership and One Brooklyn Health
- Partnering with pharmacies to install blood pressure monitor kiosks and implement targeted chronic disease messaging during pharmaceutical consultations, distribute blood pressure self-monitoring kits to residents, and promote neighborhood resources
- Deploying community health workers to conduct place-based community engagement and public health messaging with bodegas, barbershops, beauty salons and laundromats through the ShopTalk program, and directly with residents via contact lists, community boards, postcard mailings and street engagement

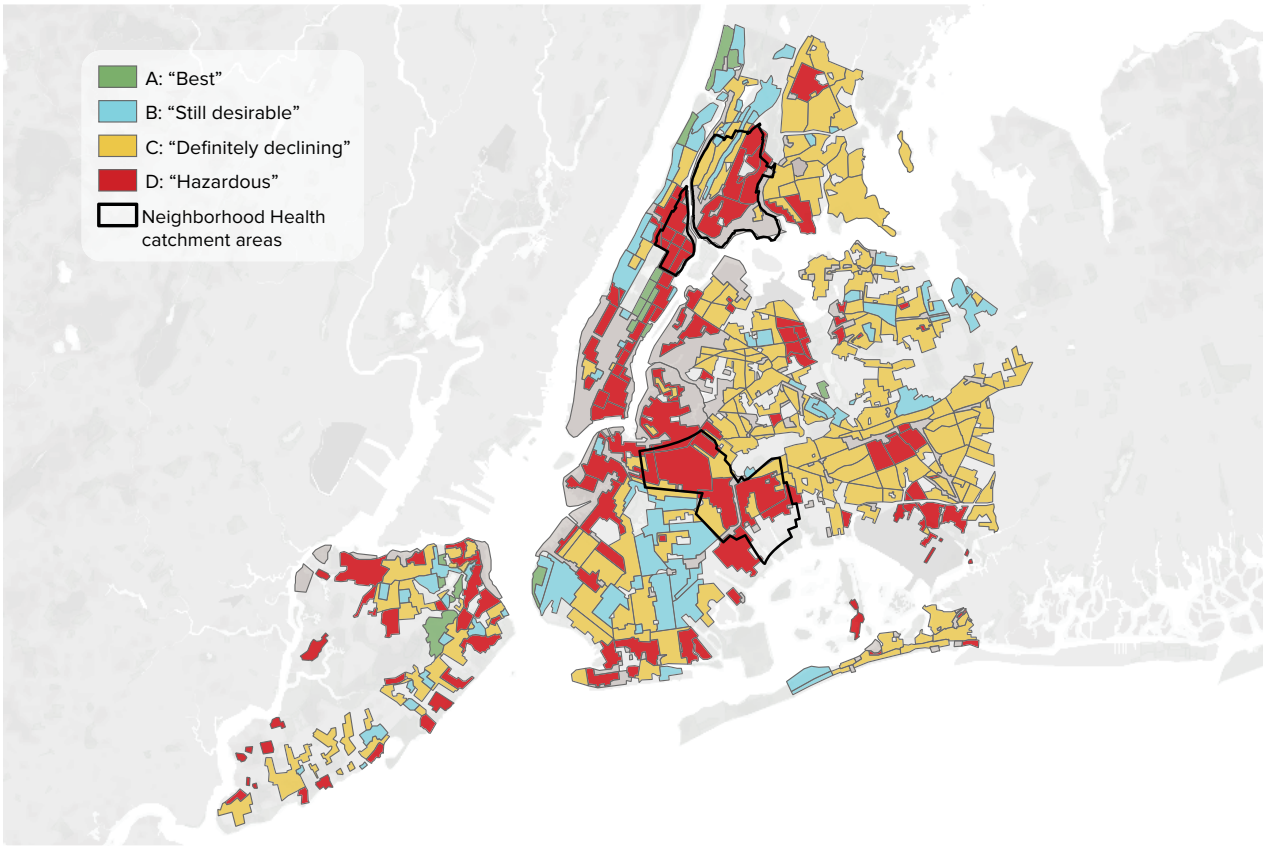
These efforts are aligned with other bureau offerings that center nutrition and physical activity, including fitness classes, mobile farmers markets, Health Bucks distribution, community gardening, cooking classes, school wellness plans and bike lane advocacy.

Figure 3. Premature Death Rate by Community District, NYC, 2021



Source: NYC Health Department. Premature death rate is age-adjusted per 100,000 population.

Figure 4. Historical Redlining in NYC and Health Department Catchment Areas Today

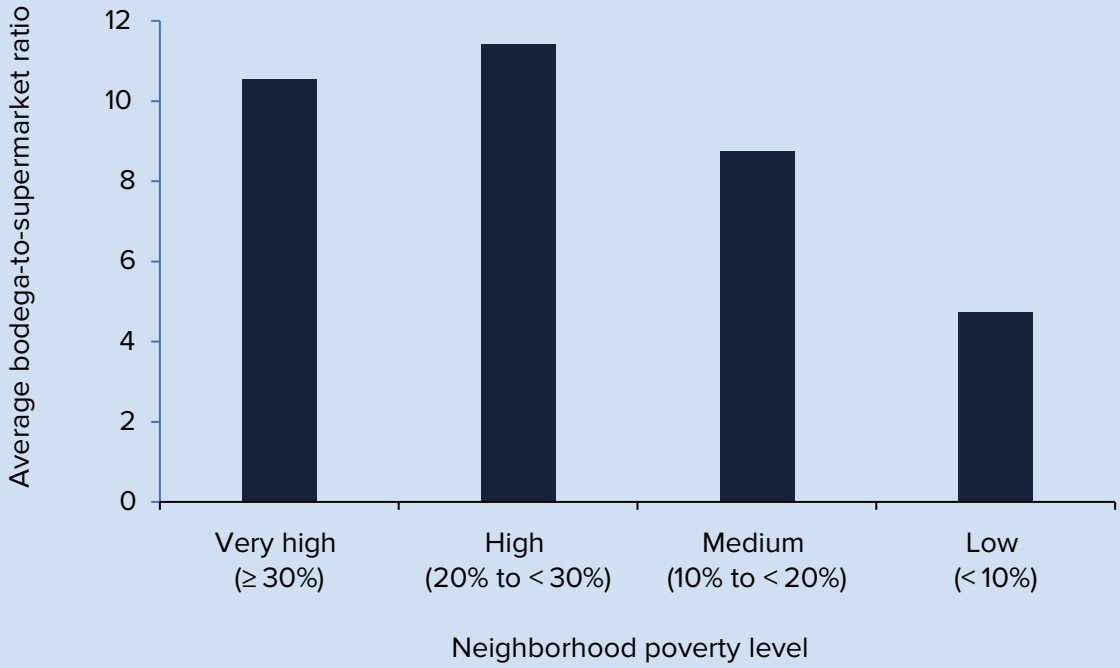


Source: Mapping Inequality: Redlining in New Deal America. Updated August 26, 2024. Accessed December 26, 2024. https://dsl.richmond.edu/panorama/redlining.
Note: Starting in the 1930s, federal government programs ranked neighborhoods from “A” to “D” for perceived economic security, systematically denying homeownership loans to the residents of predominantly Black neighborhoods.

The Food Retail Environment Impacts Health

As just one example of how historical disinvestment in certain communities has resulted in downstream effects on the food retail environment, we see that bodegas are much more common than full-service grocery stores in neighborhoods with higher levels of poverty.[22] Bodegas, or corner stores, are small neighborhood convenience stores that are common in NYC. While not a perfect measure of food access, a higher ratio of bodegas to supermarkets may indicate a food environment with limited healthy food options, as these stores tend to offer more processed foods and snacks as compared with supermarkets.

Figure 5. Average Bodega-to-Supermarket Ratio by Neighborhood Poverty Level, NYC, 2020



How New Yorkers Think About Health

In 2004, Take Care New York, a comprehensive health strategy crafted by the Health Department, emphasized behavior change while acknowledging and calling for needed policy and systems changes. Subsequent strategy updates in 2009 and 2013 focused more on health inequities, until Take Care New York 2020, published in 2015, included a deeper analysis of upstream factors such as education, housing, social cohesion and incarceration, and their connection to health.

During the summer of 2020, the Health Department held discussions with community organizations in 26 neighborhoods about how to promote healthy childhoods, create

healthier neighborhoods and bridge public health and health care in their communities. New Yorkers shared that they want[23]:

- To make parks healthy, clean and safe
- To employ people from neighborhoods who speak the same language to build community trust
- The City to provide equitable and affordable housing to reduce overcrowding and improve living conditions
- Improved access to health care centers and improved quality of health care
- Improved safety overall
- Fresh, healthy and affordable food
- More opportunities for financial mobility and stability

Input From Community Conversations, 2020

New Yorkers recognize that health is shaped by access to resources and the built environment.

From Highbridge, Bronx:

> "Even though we have a lot of clinics, I just feel like our community needs other things before we get to the doctor. … When people think of health care they think of hospitals, but what we can do, you know, is preventive medicine before we even get to the hospitals … that's exercise, that's food … [that's] learning how to live."

From Soundview, Bronx:

> "Public health has to do with resources, adequate resources in your community, making sure you have a real affordable permanent home, making sure that you have quality education … making sure that you have this equity. At the end of the day, it's all equity, right? Making sure that people are able to thrive, and so that they don't have to come to the hospital, like a revolving door."

These discussions made clear that people widely understand that health is deeply intertwined with upstream factors, including being able to meet basic needs such as income and shelter, and having a built environment that facilitates behaviors optimal for health such as eating a healthy diet and engaging in physical activity. The lived experience of New Yorkers is also reflected in academic literature. A nationally representative study in the U.S. found that for each unfavorable nonmedical factor present — commonly referred to as social determinants of health[24] — such as unemployment, low income, government health insurance or no health insurance, and food insecurity, the likelihood of premature death increased.[25] These factors impact not only chronic disease but also infectious disease[26] and mental health.[27] The study also suggests that if differences in these nonmedical factors were eliminated, the gap between Black and white premature mortality (defined in the study as deaths before age 75) could be eliminated as well.[28]

Introducing a Chronic Disease Strategy for NYC

Our chronic disease strategy is anchored in an understanding that upstream factors, including policy decisions, institutional power, social inequities and neighborhood living conditions, fundamentally shape health behaviors and consequent morbidity and mortality. The City has the opportunity and responsibility to address this. In this strategy, our focus for reducing the impact of chronic disease recognizes and addresses three specific upstream approaches that align with the chronic disease strategies highlighted

in HealthyNYC. These approaches (1) are meeting the material needs of New Yorkers, (2) addressing commercial determinants of health and (3) promoting opportunities for healthy living.

HealthyNYC's goals for chronic disease were set to address the drivers of decreased life expectancy and racial inequities in life expectancy. This report builds on these goals by articulating how multiple sectors of City government will work in concert to prevent and mitigate chronic disease and cultivate a shared commitment to holistic and upstream approaches.

Three Upstream Approaches to Addressing Chronic Disease

Meeting Material Needs

Improving access to financial and nonfinancial resources like food and government benefits. Examples include:

- Increase access to financial supports, food resources, housing, health care and social support services
- Address structural inequities that affect access to and quality of health care
- Implement policies to improve the social systems that provide support for material needs

Addressing Commercial Determinants of Health

Influencing "the systems, practices and pathways through which commercial actors drive health and equity."* Examples include:

- Implement strategies to reduce exposure to and intake of excess salt, added sugar and ultra-processed unhealthy foods
- Promote approaches to preventing tobacco use and reducing smoking inequities
- Take action to reduce alcohol use and associated harms

Promoting Opportunities for Healthy Living

Investing in policies and programs that promote nutritious foods, physical activity and social connection in communities. Examples include:

- Promote opportunities for and increase availability of and access to healthy foods and physical activity
- Support community-created and -led programming on health promotion, disease prevention, health literacy and health treatment
- Increase community health worker presence in priority communities, with ability to refer to social services
- Promote strategies to improve infrastructure and the built environment and combat climate change

*Gilmore AB, Fabbri A, Baum F, et al. Defining and conceptualising the commercial determinants of health. *Lancet*. 2023;401(10383):1194-1213. doi:10.1016/S0140-6736(23)00013-2

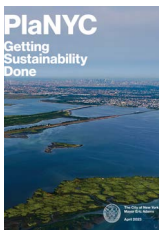
Recommended Initiatives From the Task Force

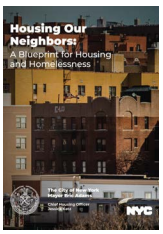
The 19 initiatives that the City agencies would like to advance over the next two years and beyond will serve as the foundation for a longer crucial effort to change the trajectory of chronic disease and reduce racial inequities in premature mortality. We will do this through ongoing government actions as well as sustained partnerships across private, public and nonprofit sectors.

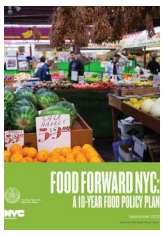
This strategy is one piece in a collaborative ecosystem of Citywide, cross-agency efforts to build upon the success of past and ongoing work to reduce preventable deaths and inequities in health outcomes and to acknowledge the societal contexts that resulted in these inequities. It does not represent the totality of the City's plans to address chronic disease. Given the complexity and breadth of factors that impact chronic disease, a variety of strategies and plans will be necessary parts of shifting the trajectory of chronic disease and meeting the other goals of HealthyNYC. "Care, Community, Action: A Mental Health Plan for New York City,"[29] the City's plan for addressing mental health, will be critical, considering the interplay between mental health and many chronic diseases and the high cost to society of leaving mental health inequities unaddressed.[30] "Housing Our Neighbors: A Blueprint for Housing and Homelessness" seeks to improve housing quality, which impacts asthma[31]; and "PlaNYC," the City's sustainability plan, addresses air quality, which impacts asthma and cardiovascular disease.[32]

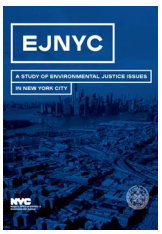
Other citywide plans include "Food Forward NYC," a 10-year food policy plan to achieve a more equitable, sustainable and healthy food system,[33] and "EJNYC: A Study of Environmental Justice Issues in New York City," which sets the context for a plan for healthier air, housing and water along with climate change mitigation, all of which are tied to chronic disease risk.[34] "Vital Parks for All: Investing in NYC's Living Infrastructure," NYC Parks' plan to equitably strengthen the health, environment and communities of NYC through our parks system, includes $3.2 billion of upstream investments to improve the accessibility, quality and resilience of parks and recreation amenities, with a focus on historically underserved communities.[35] Finally, the Board of Health's 2021 resolution declaring racism a public health crisis charges the Health Department with a series of required actions to expand its anti-racism work both internally and with external City and community partners.[36] The resolution, which recognizes the impact of racism on the health of New Yorkers and recommits the Health Department to creating a more equitable city, serves as a guiding principle for all the City's work to reduce health inequities.

Other Citywide Plans That Support HealthyNYC in Reducing Inequitable Health Outcomes









Climate Change and Chronic Disease Are Fundamentally Connected

People with heart- and diabetes-related diseases, and some other chronic conditions, are at greater risk of illness and death from the health impacts of climate change — particularly heat, air pollution, power outages and storms.[37,38] NYC summers are getting hotter because of climate change.[39] Heat is the deadliest type of extreme weather in NYC, with most heat-related deaths resulting from the exacerbation of chronic health conditions.[40] Power outages and brownouts due to extreme weather can be dangerous and even life-threatening if they co-occur with extreme heat, as well as for people who rely on electric-powered medical equipment, such as respirators and dialysis machines, or who use medication requiring refrigeration.[41]

While air pollution has long been recognized as an important factor in lung health and particularly asthma, more recent studies have shown that short- and long-term exposure to particulate matter pollution ($PM_{2.5}$) are both linked to an increased risk of heart attack and other forms of heart disease. Emerging research also points to significant respiratory health impacts from nitrogen dioxide (NO_2),[42] a pollutant produced by burning fossil fuels, especially to power vehicles. Fossil fuel combustion is a source not only of greenhouse gas emissions but also of air pollutants.

While air quality has improved in NYC in recent years, both warmer weather and wildfire plumes driven by climate change may reverse the positive trend.[43] Research has also shown that these health impacts of climate change result in the greatest health burden in our under-resourced communities that have experienced systemic racism historically and in the present day.[44] The City is making concerted efforts across agencies to address and mitigate the ongoing impacts of climate change, which will be critical to ensuring the future health of New Yorkers, including by committing $137 million for NYC Parks to plant a tree in every available street location in the most heat-vulnerable communities by 2027.

The following sections outline our cross-agency strategy, which focuses on how City government can create the context for improving health and support the goals of HealthyNYC. The included initiatives are categorized according to the three key approaches of meeting material needs, addressing commercial determinants of health and promoting opportunities for healthy living.

Meeting Material Needs

Background and Rationale

Material needs — that is, financial and nonfinancial resources — are fundamental social determinants of health. Certain socioeconomic characteristics such as income level and employment status and type, along with federal, state and local benefit policies, are key factors in the purchasing power a person has to readily access material needs. For example, in NYC, 18.7% of New Yorkers were living in poverty in 2019,[45] and among New Yorkers living in poverty, 53% experienced low or very low food security.[46] While 88% of adult New Yorkers have some type of health insurance, 8% of adult New Yorkers report having foregone medical care because of cost, a proportion that is higher among those who are uninsured (17.3%, compared with 6.8% among insured New Yorkers).[47]

Beyond income, having greater wealth, defined as the value of a household's assets minus any debts, can make it possible for households to save money, invest in health-promoting behaviors, weather financial shocks, pay for housing, education and health care, and enjoy long-term financial security. However, the distribution of wealth in the U.S. is largely unequal, with long-standing and substantial wealth inequities across racial and ethnic groups.[48] In 2022, the average white family held nearly six times the wealth of the average Black family and over five times the wealth of the average Latino family.[49] These differences in wealth by race and ethnicity are important drivers of health inequities.[50] A growing body of evidence suggests that there is an association between wealth and health outcomes, including chronic disease and depression, mortality, functional impairment, and COVID-19 transmission, as well as longevity.[51-56]

While having wealth can be protective against chronic disease, it is also clear that chronic disease can have financial consequences for both the person diagnosed and the household in general. One study, which analyzed the financial effects of the onset of chronic conditions, ranging from mental health diagnoses to high blood pressure to stroke, found that families of people who develop a chronic disease subsequently tend to experience decreased family wealth and are more likely to become financially insolvent, meaning their debts exceed their available assets.[57] These conditions compound intergenerational health inequities by reducing the protective effects of wealth against chronic disease.

Meeting the material needs of New Yorkers with low household income and less wealth, especially Black and Latino New Yorkers, by either providing or connecting their households to resources, is essential for reducing both the overall and the inequitable long-term impacts of chronic disease.

Existing Initiatives

NYC has a history of working to improve access to material needs, including by helping families to increase their incomes and reduce their expenses. The City offers workforce development programs through the Mayor's Office of Talent and Workforce Development,[58] the Department of Youth and Community Development and the Department of Social Services, including the largest paid summer employment program in the nation, serving 100,000 youth.[59] NYC Parks has one of the largest workforce development programs in the City, the Parks Opportunity Program,[60] which provides 4,000 participants annually with an opportunity to gain work experience, training, income and career coaching over six months, along with assistance in finding a full-time permanent position. Over the past few years, Parks Opportunity Program participants have largely been residents of Taskforce on Racial Inclusion and Equity neighborhoods.

The City has also worked to ensure that work pays. In 2012, the Living Wage Law was passed, which requires covered employers to pay a living wage. This law was subsequently expanded to include more employers.[61] NYC offers free tax preparation services for families with low to moderate incomes that promote access to the Earned Income Tax Credit and other benefits available through the tax code.[62] NYC Financial Empowerment Centers are also available to help clients maximize their income and reduce their debt, and have helped more than 79,000 clients save more than $13 million and reach their financial goals.[63] The New York City Housing Authority's (NYCHA) Office of Resident Economic Empowerment and Sustainability helps public housing and Section 8 residents increase their income and assets through programs, policies and partnerships.

This includes Jobs-Plus sites, located on or near specific NYCHA developments, that provide residents with employment assistance and wraparound supports.[64] Finally, in January 2024, City Hall and the Health Department announced a partnership with the nonprofit Undue Medical Debt (formerly RIP Medical Debt) that invests $18 million over the next three years to forgive over $2 billion in medical debt, addressing a problem that disproportionately affects uninsured, underinsured and low-income New Yorkers. Through this investment, the City hopes to advance health, improve financial well-being and address other adverse consequences of medical debt for New Yorkers.[65]

NYC has also prioritized programs to help families reduce expenses, among which child care is particularly critical. In 2022, the City created a comprehensive plan for improving the cost, quality and accessibility of child care and early childhood education.[66] Over the past decade, NYC has implemented universal preschool,[67] and since 2022 has reduced the out-of-pocket cost of subsidized child care by almost 90%.[68] The City also has a number of programs to reduce the expense of healthy foods, including the Department of Social Services' Community Food Connection program and the Department for the Aging's Farmers Market Nutrition Program,[69] which helps older adults with low incomes afford fresh fruits and vegetables at farmers markets, which can be of particular help to the 41% of older adults who live below the poverty line and who have diabetes.[70] New Yorkers in need can find out their eligibility for additional food and other programs through ACCESS NYC, an online public screening tool available in 11 languages that helps New Yorkers connect with 30 benefits in 10 easy steps, including the Supplemental Nutrition Assistance Program (SNAP), health insurance and heating assistance.[71] Additionally, in August 2024 the City launched the Money in Your Pocket initiative to help New Yorkers learn about or determine eligibility for more than 70 benefit programs at City, state and federal levels that can help make living in NYC more affordable.[72]

The City has also been at the forefront of recognizing that addressing material needs is foundational to health, with NYC Health + Hospitals (NYC H+H) implementing a social needs screening and referral program beginning in 2017 and deepening its commitment to identify and address unmet social needs over time.[73] For example, during the height of the COVID-19 pandemic, a partnership among NYC H+H, philanthropic funders and a nonprofit organization facilitated the rapid implementation of the COVID-19 Emergency Financial Hardship Grant Program. This program provided one-time, unconditional transfers of $1,000 to New Yorkers with low incomes who were diagnosed with COVID-19 and experiencing financial hardship. The majority of participants spent their funds on food and rent. In terms of health, 83% of participants reported that receiving this assistance improved their physical health and 89% reported that it improved their mental health.[74] In 2023, NYC H+H connected over 5,500 patients to SNAP or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and over 2,700 to additional food resources, such as food pantries and Groceries to Go, via Food Navigators.

Finally, with the aim of creating a clearer and more holistic understanding of the connection between wealth and health among New Yorkers, the Health Department and the City University of New York (CUNY) Graduate School of Public Health and Health Policy launched a survey in the summer of 2024 that will quantify the extent of the racial wealth gap among survey respondents. These findings can inform local, state and national policies that aim to eliminate the racial wealth gap and its consequences for health and beyond.

New Opportunities for Addressing Material Needs: New York's 1115 Medicaid Waiver

New York's 1115 waiver amendment, approved by the Centers for Medicare and Medicaid Services in January 2024, brings new opportunities and tools to address material needs in NYC. In line with one of the 1115 waiver's central goals of investing in health-related social needs, new entities called Social Care Networks will establish networks of community-based organizations that will provide screenings, referrals and treatment services to Medicaid beneficiaries who demonstrate the need for assistance in areas such as housing supports, nutrition and transportation. Through this innovative use of Medicaid funding, more New Yorkers will be able to access critical material needs that will promote better and more equitable health outcomes.

Proposed New Initiatives

Our work aims to support policies and programs that put resources directly into New Yorkers' pockets or connect them to resources to address long-standing and historical inequities in resource distribution, a key driver of chronic disease. Efforts will be complemented by research supporting this aim.

The following section describes the six proposed initiatives to meet New Yorkers' material needs, outlining what each initiative is, why it is important and the goals for implementation. The proposed initiatives are:

- Provide Guaranteed Income for Better Health: A Pilot Program for Diabetes in the Bronx
- Address New Yorkers' Financial Security and Uplift Households
- Advocate for Changes to Benefits Cliffs
- Increase SNAP Enrollment Among NYC Health + Hospitals Patients
- Expand Nutrition Security and Plant-Forward Food Access
- Launch a Neighborhood Stress-Free Zone in Brooklyn

Provide Guaranteed Income for Better Health: A Pilot Program for Diabetes in the Bronx

What We Are Proposing: The Health Department will explore funding opportunities to pilot Guaranteed Income for Better Health, a guaranteed basic income program to explore how an unrestricted cash transfer impacts health care utilization, health outcomes related to diabetes, mental health, stress and financial health for low-income Bronx residents with uncontrolled diabetes and food insecurity. If funded, following a 12-month planning period, the Guaranteed Income for Better Health pilot will enroll and provide 250 total Bronx residents who have low incomes, uncontrolled diabetes and food insecurity with $500 monthly unconditional cash transfers for 12 months over two years. Participants in the program will also be encouraged to attend a five-class Diabetes Self-Management Education and Support series.

Why: In 2023, 21.2% of adults residing in the South Bronx were living with diabetes, compared with 12.1% of adults residing outside Bureau of Neighborhood Health catchment areas.[75] Poverty and food insecurity create barriers that make it more challenging to adhere to a healthy lifestyle, as needed to control diabetes and other chronic diseases, which is consistent with the well-established idea that economic position can shape individual opportunities, outcomes and health.[76] To respond to this multifaceted need, the Health Department secured funding to launch a produce prescription pilot, the More Veggies program, to address food insecurity and support participants in eating healthier (for details, see Expand Nutrition Security and Plant-Forward Food Access on Page 21). To address the impacts of poverty beyond limited access to fresh produce, Guaranteed Income for Better Health is proposed as a more expansive program that utilizes a guaranteed income (GI) model with a similar cohort of people to meet pressing needs and address chronic conditions.

Though not a new idea, GI pilots are increasingly employed as a potential solution to combat poverty, improve social mobility, reduce economic inequities and improve a variety of other targeted outcomes including mental health, stress, and maternal and child health.[77,78] GI involves providing recurring, unrestricted cash payments directly to a defined group of individuals. Since 2017, over 150 GI pilots have been announced, implemented or completed in the U.S., expanding the evidence base and deepening the understanding that providing unconditional cash transfers to those with limited financial resources creates demonstrable benefits for individuals, children and families.[79] For example, GI pilots or similar interventions have demonstrated positive health-related effects including reduced emergency department visits, better adult and child mental health, improved energy and physical functioning, reduced prevalence of low birth weight and infant obesity, improved nutrition and reduced food insecurity.[80-84] Other outcomes include reduced income volatility, improved employment outcomes, increased wealth-building and asset accumulation, and stable housing.[85,86] While many GI pilots explore physical and mental health outcomes to some extent, few pilots focus on chronic disease, either as an eligibility criterion or as an outcome. Piloting a project like this would allow NYC to implement a new approach to address chronic disease management, which could inform future health policy.

Goal: The pilot aims to increase financial stability; provide participants with additional opportunities for education and support in diabetes management; reduce emergency health care utilization and improve diabetes management; and improve participants' mental health.

Address New Yorkers' Financial Security and Uplift Households

What We Are Proposing: New York City's Department of Consumer and Worker Protection (DCWP) will collaborate with NYC H+H to identify one to two health care sites that can host financial counselors to provide financial empowerment support by connecting more patients to financial support services.

Why: DCWP's Neighborhood Financial Health Index found that debt is a significant challenge for the financial health of the city's most vulnerable households and communities. Communities with larger savings, higher employment rates, access to benefits, and lower debt levels are more likely to be able to access both the health care system and the safe and healthy housing and food systems that can prevent and manage chronic disease. Since 2008, DCWP's Financial Empowerment Centers have helped

reduce New Yorkers' debt by more than $109 million. This initiative will enable DCWP and NYC H+H to work together to help New Yorkers address many types of debt, as well as maximize their tax credits and refunds to help them focus on improving their health.

Goal: The initiative will help more New Yorkers manage and resolve their debts, improve credit and achieve their financial goals.

Advocate for Changes to Benefits Cliffs

What We Are Proposing: New Yorkers receiving crucial sustaining public benefits like SNAP or Medicaid struggle to navigate benefits cliffs, whereby increased income from work may be offset by a loss in benefits. These reductions in benefits due to increased earned income put residents into a situation where they may be in the same financial position or worse off with more income, despite their efforts to improve their circumstances. NYC, via the Mayor's Office for Economic Opportunity and the NYCBenefits Coordinating Committee, will perform a landscape scan to map out benefits cliffs for City-funded benefits. It will identify potential benefits cliffs (City, state or federal) that could be addressed through policy change and, in the near term, select a benefits cliff to prioritize addressing. Further work will entail getting input from stakeholders to inform these efforts and make clear recommendations for needed changes to the relevant agencies. This may include joint advocacy with the state and federal agencies that deliver benefits to residents with low incomes in order to change systems that negatively impact New Yorkers' access to benefits.

Why: Benefits cliffs hinder lower-income workers' economic mobility and disproportionately affect women of color, single mothers and people with disabilities, who are more likely to earn low wages.[87] When an income increase would trigger a loss in benefits greater than that increase, leaving the recipient with a net loss in resources, lower-wage workers are unable to increase their hours or move into higher-paying roles without risking their financial health. It can also discourage others who are willing to work from joining the workforce. This problem is acute in NYC, where the minimum wage of $16.50 per hour as of January 2025 is more than double the national minimum wage, and where further increases are scheduled for 2026.[88] The City has demonstrated success addressing benefits cliffs in the NYC Family Homelessness and Eviction Prevention Supplement program, for which the Department of Social Services now allows single adults who are working at least 35 hours per week and earning minimum wage to exceed the existing 200% federal poverty level threshold at initial eligibility, and for which the income standard at renewal has been adjusted to 80% area median income, which allows households that gain employment income while enrolled in the program to stay on it. Continuing to address benefits cliffs to allow for increases in household income would impact all low-income New Yorkers.

Goal: The initial phase of this effort includes research, prioritization, and the start of internal and external education and advocacy; longer-term impact would be measured by policy changes and by reviewing the proportions of people who continue to receive benefits while earning more, disaggregating to examine rates among families with children, people with disabilities, and Black and Latino working-age adults.

Increase SNAP Enrollment Among NYC Health + Hospitals Patients

What We Are Proposing: NYC H+H is exploring a multipronged strategy to further improve food security among patients, including developing strategies to connect patients

who are eligible but not enrolled with relevant public benefits. Improving access to SNAP, the largest nutrition assistance program in the U.S., is a key priority. To better help NYC H+H patients (many of whom have low incomes) access key public benefits programs, NYC H+H and the NYC Human Resources Administration will assess the feasibility of data matching to identify patients who may not be utilizing available benefits. The City will review regulatory requirements and consider privacy issues and data-matching constraints with the goal of NYC H+H conducting targeted outreach to patients who are eligible but not yet receiving SNAP or other public benefits. To pursue this option, the City will conduct a feasibility analysis. This initial phase of work focuses on creating internal infrastructure, such as a data use agreement, with the aim of facilitating future targeted outreach to increase NYC H+H patients' utilization of public benefits.

Why: Food insecurity remains one of the top social needs of NYC H+H patients, many of whom live at or below the poverty level and have diet-related diseases. For adults who lived in households receiving SNAP when they were children, SNAP is associated with better self-reported health[89] as well as a lower risk of heart disease and obesity.[90-92] For adults enrolled in SNAP, SNAP is associated with improved medication adherence and lower health care costs, with even lower health care costs for those with hypertension and coronary heart disease.[93-96] Some New Yorkers may not feel comfortable applying for SNAP on their own or may have difficulty navigating the application process without assistance. NYC H+H staff or community partners who are trained in applying for SNAP on ACCESS HRA, submitting relevant eligibility documents and helping applicants understand the steps required to qualify for SNAP can help to increase the quality and completeness of applications, which helps to ensure that eligible applicants are connected with SNAP benefits.

Goal: While NYC H+H already conducts SNAP screenings and application support among a cohort of its patients, targeted outreach to those who are eligible for but not utilizing benefits could impact more New Yorkers in need of support and increase the amount of money that New Yorkers with low incomes have to buy food.

Expand Nutrition Security and Plant-Forward Food Access

What We Are Proposing: NYC will work to improve nutrition security, support access to healthy foods and promote plant-forward eating through new, ongoing and expanded programs and initiatives. The City will launch a new fruit and vegetable prescription program in the Bronx, the More Veggies program, to serve 250 patients from a federally qualified health center who are food insecure, on Medicaid and have poorly controlled type 2 diabetes. This two-year project, a collaboration with Urban Health Plan, will provide participants with $100 to $150 per month on a debit card for purchasing produce at select supermarkets. Participants will also receive monthly case management calls and be encouraged to attend diabetes management classes.

The City will also continue Groceries to Go, which provides monthly credits to purchase groceries for pickup or delivery from local grocers using an online platform to eligible NYC H+H NYC Care members who are food insecure and have a diagnosis of diabetes or hypertension. Participants also receive a 50% discount on purchases of fresh fruit and vegetables using their credits. Along with More Veggies, Groceries to Go demonstrates the City's commitment to implementing and evaluating innovative food-as-medicine programs.

In addition, the City will continue its long-standing nutrition incentive program Health Bucks. Health Bucks are $2 coupons redeemable for fruits and vegetables at any NYC farmers market. They are distributed as a SNAP incentive at farmers markets (for every $2 spent in SNAP benefits, shoppers receive $2 in Health Bucks, up to $10 per day), through community-based organizations, and by elected officials and others who purchase the coupons. Over the past several years the program has more than doubled in size through the SNAP incentive. The City continues to invest to support this growth.

Finally, as a result of Task Force meetings and discussion, in June 2024 the Mayor's Office of Food Policy launched the NYC Food Affordability and Access Workgroup. This workgroup is a critical component of this strategy, recognizing that food affordability and access are closely tied to health. Food insecurity can lead impacted households to turn to low-cost, low-quality food options, contributing to chronic diet-related health issues such as hypertension and diabetes. Through collaboration with City agencies and community partners, the workgroup aims to shed light on the challenges of food access and affordability by focusing on three critical areas: food pricing, food retail environments, and food behaviors and choices. The workgroup will generate a research agenda that will serve as a coordination tool between City agencies with overlapping missions and priorities.

Why: Together, these nutrition security programs advance racial equity and address upstream factors that drive chronic disease by reaching tens of thousands of New Yorkers at risk for food insecurity and by informing state and federal approaches to addressing food insecurity. More than one-third of NYC adults (almost 2.7 million people) lived in a household at risk for food insecurity in 2023.[97] Food insecurity risk was high among those with low household income, people of color and those born outside the U.S.[98] Food insecurity risk was also high among NYC adults with diabetes and hypertension,[99] and evidence suggests that food insecurity may exacerbate outcomes related to these diet-related chronic diseases.[100,101] By making healthy foods accessible to New Yorkers with lower incomes, these programs will help not only alleviate food insecurity but also address nutrition security. New Yorkers using the Health Bucks SNAP incentive, for instance, report higher fruit and vegetable consumption the longer they participate in the program. They also report consuming more fruits and vegetables per day than the average New Yorker (2 cups).[102] In addition to addressing nutrition insecurity, programs like More Veggies, Groceries to Go and Health Bucks stimulate the local economy by driving food dollars toward local retail outlets. They also provide opportunities to leverage federal funding and inform federal approaches.

Goal: Together, these initiatives will support expanded access to healthy food in NYC and inform initiatives across the country.

Launch a Neighborhood Stress-Free Zone in Brooklyn

What We Are Proposing: NYC seeks to launch a new model of support for pregnant people and families, with a focus on support for Black pregnant people and families: the Neighborhood Stress-Free Zone. Aimed at addressing the preventable inequities in maternal health, the Neighborhood Stress-Free Zone is a brick-and-mortar community space led by community-based organizations that provides wraparound social services to pregnant people and families, including peer education classes, community support, telehealth services, individual navigation and coaching, and behavioral health support. The Health Department will seek to establish an initial Neighborhood Stress-Free Zone in

Brooklyn once funding is secured, with the vision of ultimately implementing the model citywide.

Why: Black women and birthing people in NYC die in pregnancy or in the 12 months following pregnancy at a higher rate than their white peers,[103] and chronic diseases such as diabetes and high blood pressure also increase the risk of death and other poor outcomes during pregnancy.[104] Most of these deaths happen after discharge from a hospital, making it critical to support women and birthing people in both clinical and nonclinical settings and during the postpartum period. Brooklyn was selected as our potential first site because it is the borough of residence for the largest number of people who both self-identified as Black and gave birth while having Medicaid health coverage.

Goal: The Neighborhood Stress-Free Zone aims to help people navigate resources, improve health outcomes, and alleviate stressors during pregnancy and the postpartum period for all pregnant people and families.

Addressing Commercial Determinants of Health

Background and Rationale

The systems, practices and pathways through which commercial entities can either positively or negatively impact health are the commercial determinants of health — and naming them can help us to assess the immense role that these entities have in shaping our health.[105] Commercial entities — focusing here primarily on larger entities (whether for-profit or nonprofit) that have the capacity to influence norms, economic conditions, policies and consumer choices — make positive contributions to health and society. However, the products and practices of some commercial entities significantly contribute to poor health. For example, it is estimated that four commercial products (tobacco, ultra-processed food, fossil fuels and alcohol) account for at least one-third of global preventable deaths, and these products, with the exception of fossil fuels, are top contributors to chronic disease.[106] This points to the significant potential for changes in certain commercial practices, whether brought about voluntarily or through policy and regulation, to improve health and reduce chronic disease in particular.

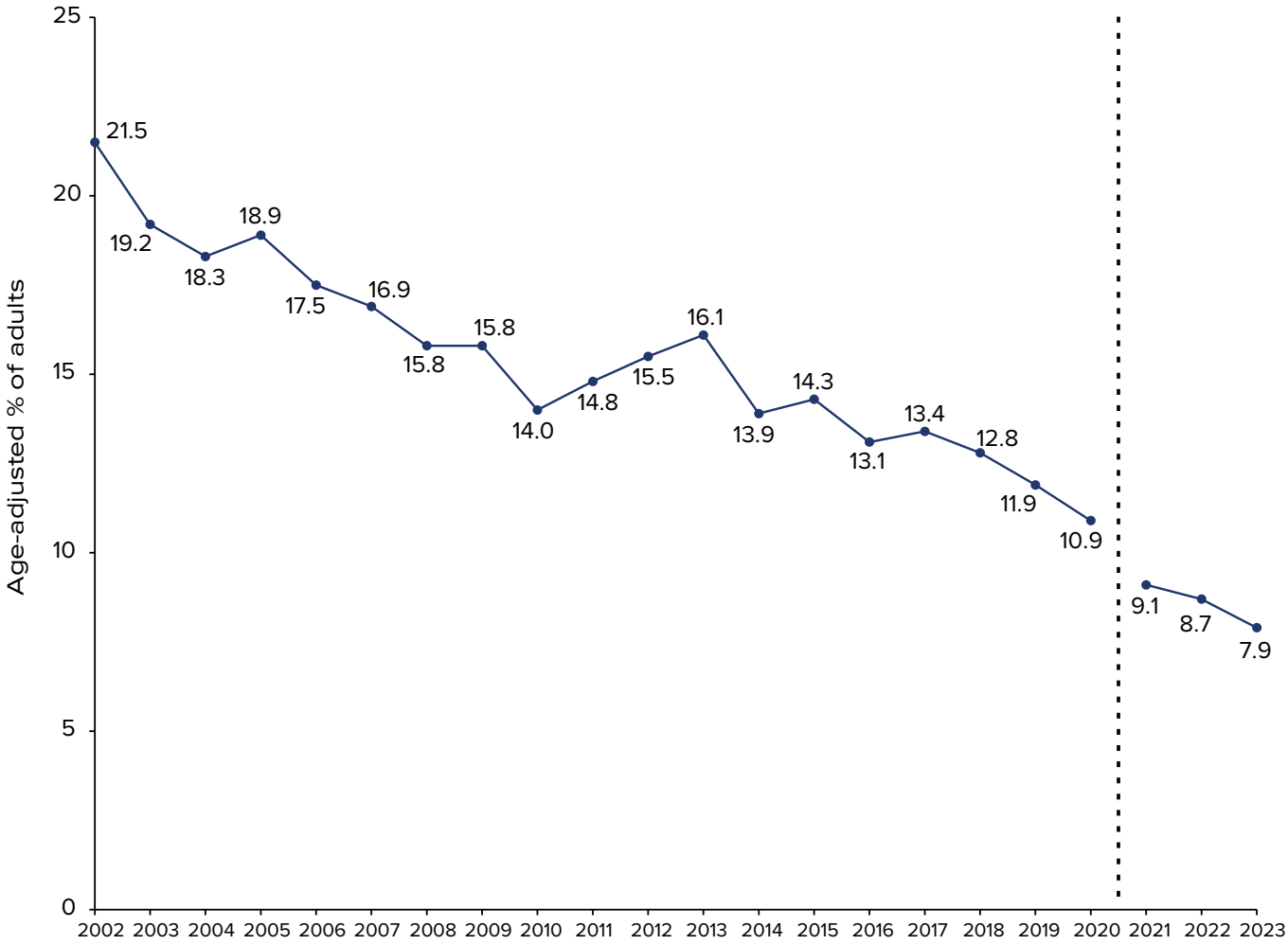
As the World Health Organization has noted, “commercial determinants of health affect everyone, but young people are especially at risk” from their negative influence, and exposure to “unhealthy commodities can worsen preexisting economic, social and racial inequities.”[107] Manufacturers of unhealthy consumable products engage in specific practices to influence purchases using place (where products are sold), price (cost and discounts), product (physical characteristics such as flavors, sugar content and size) and promotion (advertising), all of which significantly shape retail environments.[108,109] One example of product distribution and placement is the ubiquity of sugary drinks; in 2018, in a sampling of NYC neighborhoods, 83% of food retailers and 19% of nonfood retailers sold sugary drinks.[110] Exposure to unhealthy product marketing is inescapable for all, and it is inequitable in degree. Studies have found that neighborhoods with low income in NYC have more unhealthy food and beverage advertisements than comparison neighborhoods,[111,112] as well as more misleading and aggressive messaging, commonly referred to as predatory marketing.[113] Research has also found the prevalence of fast food advertising[114] and the density of outdoor advertising[115] to be higher in communities of color than in predominantly white communities.

Commercial entities also more broadly influence our collective social, physical and cultural environments through choices and practices such as lobbying, preference shaping and setting working conditions.[116,117] In this wider context, the health care industry can itself be viewed as a commercial determinant of health, as it provides critical health-promoting services to address chronic disease but can also contribute to poor outcomes and inequities.[118] Examples of concerning health system practices include opaque and aggressive billing that penalizes people who are under- or uninsured and may deter people from seeking care, and nontransparent or insufficient allocation of community benefit spending that is required pursuant to the Affordable Care Act.[119]

Existing Initiatives

NYC has long been at the forefront of identifying strategies to positively influence the commercial determinants of health, through both policy requirements and voluntary collaborations. For example, the City's tobacco policies — which have included retail license caps, minimum prices and a ban on product discounts, among other measures — have aimed to address the ubiquity, heavy marketing and misleading appeal of tobacco products, working toward a future free from the harms of commercial nicotine and tobacco products. The City has often been more proactive than federal authorities in this regard. For instance, in 2009, while the FDA prohibited flavored cigarettes, the City went a step further and banned the sale of other flavored tobacco products except in cigar bars. This strategic move limited access to flavored tobacco products, which encourage initiation of smoking, and contributed to the subsequent reduction in youth tobacco use in the city.[120] In 2013, the City was one of the first places to raise the minimum age to purchase tobacco products to 21.[121] These and other crosscutting efforts to increase the price of tobacco, while also making it less accessible, have contributed to the City's successful efforts to reduce smoking rates and can also reduce inequities in tobacco use and the chronic diseases it causes.

Figure 6. Cigarette Smoking and Tobacco Control Initiatives, NYC, 2002-2023



Source: NYC Community Health Survey, 2002-2023.
Note: In 2021, the Community Health Survey transitioned to new methodologies in order to enhance survey design and efficiency. Data starting from 2021 should not be compared with prior years.

2002: NYC and New York State taxes are increased.

2003: The Smoke Free Air Act is put into effect for restaurants and bars.

2004: The free nicotine patch program begins.

2006: Hard-hitting media campaigns begin.

2008: New York State tax is increased.

2009: Federal tax is increased, NYC restricts sale of flavored tobacco products, and the Smoke Free Air Act is put into effect for entrances to hospitals and other health care facilities.

2010: New York State tax is increased.

2011: The Smoke Free Air Act is put into effect for parks and benches.

2014: Sensible Tobacco Enforcement (including price floors and discount bans) and Tobacco 21 are put into effect.

2018: The U.S. Department of Housing and Urban Development's Smoke-Free Public Housing Rule is put into effect; the price floor is increased for cigarettes and set for other tobacco products; taxes are placed on other tobacco products; a cap is placed on tobacco retailer licenses; pharmacy retailers are banned; a multiunit housing disclosure is put into effect; and the Smoke Free Air Act is put into effect for nontobacco shisha.

2019: The U.S. president signs Tobacco 21.

Efforts to address unhealthy foods and alcohol also demonstrate how a locality can counteract the promotional and product-design practices of manufacturers of unhealthy products through policy and other approaches. The City instituted a ban on the advertisement of alcohol on City property, including bus shelters and Wi-Fi kiosks, in 2019,[122] and prohibited the stocking or advertising of high-calorie beverages, including soda, at vending machines in schools in 2010,[123] before extending the ban in 2022 to any City property.[124] In 2022 and 2023, Mayor Eric Adams signed two laws, collectively called the Sweet Truth Act,[125] requiring NYC chain restaurants with 15 or more locations nationwide to display a warning icon on food and beverage items that contain 50 grams or more of added sugar and a warning statement about the harms of high added sugars intake.[126]

The City has also helped commercial entities to voluntarily improve the food environment. For example, the Health Department has established key partnerships to influence corporate practices of packaged food producers, including by convening the National Salt and Sugar Reduction Initiative. This initiative works with food manufacturers to set targets for reducing salt and sugar in their products, thus improving the nutrition profile of products in the food supply.

Proposed New Initiatives

NYC seeks to address the commercial determinants of health through new initiatives that build on these past efforts. We aim to increase transparency around and understanding of the impact of commercial entities on health, reduce exposure to marketing for unhealthy products, illuminate how the practices of the health care sector can be considered through the lens of commercial determinants of health and promote opportunities to increase this sector's contributions to health equity.

The following section describes the three proposed initiatives to address commercial determinants of health, outlining what each initiative is, why it is important and the goals for implementation. The proposed initiatives are:

- Reduce Marketing, Promotion and Influence of Harmful Products and Their Producers
- Launch Office of Healthcare System Strategy and Accountability
- Raise Awareness of Alcohol and Cancer Risk

Reduce Marketing, Promotion and Influence of Harmful Products and Their Producers

What We Are Proposing: Marketing consists of more than traditional forms of advertising such as television and outdoor advertisements. It can also include product placement, philanthropy, sponsorships, premiums and giveaways. The City plans to reduce harms of unhealthy food and beverage, alcohol, and tobacco marketing by pursuing a policy to restrict City agencies and associated nonprofits from accepting donations from or entering into sponsorship or partnership agreements with producers of these products. The City will also explore opportunities for MTA to restrict promotion of sugary drinks on their property, which would expand the impact of a similar policy that the MTA has already adopted restricting alcohol and tobacco advertisements. And the Health Department's long-standing Shop Healthy NYC! program, with over a decade of experience in shaping the product placement and promotion of healthier food in retail establishments, will address marketing in the South Bronx neighborhoods of Hunts Point, Mott Haven,

Longwood and Claremont Village. The program will also embark on a new effort to share hyperlocal data with local partners, raising awareness of predatory marketing in communities. The City will raise awareness at a Citywide level by convening stakeholders on approaches to address exposure to unhealthy food marketing, especially for children.

Why: It is important for the City to intentionally consider how it manages relationships with entities that produce and promote products that contribute to poor health, as well as to take action to address exposure to marketing. Research demonstrates that marketing of unhealthy products increases their recognizability and use, especially among children. This includes increasing immediate and future consumption.[127-132]

Goal: If implemented, NYC would be the first city to restrict unhealthy food and beverage and alcohol sponsorships and partnerships across all City agencies, strengthening its role as a leader in the public health arena and establishing replicable best practices for other governments and institutions. In addition, raising awareness of commercial activities that undermine health and exploring counteractions can yield new approaches and partners to address this challenge.

Launch Office of Healthcare System Strategy and Accountability

What We Are Proposing: The Office of Healthcare System Strategy and Accountability (OHSSA) aims to increase understanding and public awareness of the commercial influences of the health care system, including profit-maximizing practices and behaviors of hospitals and insurers, in order to hold these actors accountable to existing regulations and to catalyze broader systems-level change. Per the requirements of the Healthcare Accountability and Consumer Protection Act (Local Law 78 of 2023), OHSSA will launch a public website to support price shopping and care navigation by New Yorkers, allowing them to compare prices of common procedures across hospitals. Additionally, OHSSA will release annual reports on hospital and health care system pricing and spending, including spending on charity care and other community benefit categories. OHSSA aims to align its activities with HealthyNYC targets by conducting pricing and cost analyses on heart disease, cancer, and type 2 diabetes and related procedures and medications.

Why: NYC's "two-tiered" health care system is one of racial and economic segregation wherein Black and Latino New Yorkers and those who are Medicaid-insured or uninsured disproportionately utilize the City's under-resourced safety-net institutions, while white and commercially insured residents disproportionately utilize the city's well-resourced academic medical centers, compared with NYC's population overall. While broader racial and economic segregation, namely residential segregation and below-market Medicaid reimbursement rates, reflected in Medicaid enrollee demographics, contributes to this health care segregation, actions within the health care system may also play a significant, and perhaps measurable, role in perpetuating health care segregation in NYC.[133-136] Research can help illuminate such behaviors and business practices and help in the design of localized, targeted policies to address health care segregation. In addition, our analysis and reporting will also help to shed light on typically opaque health system practices, such as how systems meet their commitment to charity care and how their pricing and billing practices impact New Yorkers seeking essential chronic disease-related services such as cancer screenings and medication for diabetes.

Goal: The overall goal of OHSSA is affordable, high-quality, equitable and accessible care for all New Yorkers. Specific targets include increased community-benefit spending among academic medical centers, particularly on charity care; improved accountability to

strong financial assistance policies and removal of aggressive debt collection practices; increased services to Medicaid members, particularly among academic medical centers; decreased costs of care (including both hospital prices and out-of-pocket costs); and decreased hospital-based segregation.

Raise Awareness of Alcohol and Cancer Risk

What We Are Proposing: We propose a multipronged alcohol awareness initiative, including a data publication and a public awareness campaign, to increase public knowledge of the links between alcohol use and cancer. In addition, the City is increasing its efforts to provide resources about mindful drinking to help New Yorkers reduce alcohol-associated health risks through public education materials and a public health detailing campaign. The public health detailing campaign, which will target health care providers, aims to expand awareness of the risks associated with alcohol use, minimize stigma and promote effective dialogue between health care providers and patients.

Why: Alcohol causes approximately 350 cancer deaths each year among New Yorkers, most commonly colorectal and breast cancer.[137] Yet studies have shown low public awareness that alcohol consumption increases cancer risk,[138] and our review of public health messaging about alcohol harms found little focus on chronic disease risk. Alcohol use is also heavily influenced by corporate behaviors, in particular aggressive alcohol advertising.

Goal: The overall goal is to increase awareness of the relationship between alcohol consumption and increased risk of cancer, and to promote resources and information about mindful drinking and reduce stigma.

Promoting Opportunities for Healthy Living

Background and Rationale

Ensuring that all New Yorkers have opportunities for healthy living means changing environments to make healthier choices the default options and ensuring tailored and appropriate health education, promotion and messaging. This means making healthier foods more accessible, ensuring safe and convenient places to be physically active, and promoting community-supported and community-led health promotion and health literacy activities that provide trustworthy information and resources. Because opportunities for and barriers to health are not distributed evenly across the population, not all people have the same amount of choice when it comes to engaging in healthier behaviors such as eating a nutritious diet, moving their bodies and avoiding tobacco use. Working upstream to support conditions that build opportunity and reduce barriers can facilitate healthy behaviors.

Existing Initiatives

NYC has long been committed to increasing opportunities for health, particularly in areas where there has been historical disinvestment and in a wide range of settings where New Yorkers access food. NYC's effort to serve healthier foods through the NYC Food Standards was first formalized in 2008, when these mandated nutrition criteria were put in place by an Executive Order. The Standards apply to all foods and beverages served by City agencies and their subcontractors, impacting hundreds of millions of meals served to New Yorkers each year.[139] Updates to the Standards in 2022 helped push the City toward

plant-forward menus by requiring for the first time a minimum for offerings of whole or minimally processed plant protein and limiting beef and processed meats. The City supports implementation of the Standards through technical assistance and trainings. For example, in a cross-agency effort with NYC Public Schools, the Department of Corrections and the Administration for Children's Services, the City is investing in culinary training programs to improve plant-forward menu options across these City agencies and support the professional development of City culinary staff.

In addition, agencies have gone above and beyond to make healthy food experiences a priority. For example, Prioritizing Food Education in Our Public Schools is a road map for creating a culture of health that emphasizes plant-forward and scratch-cooked meals in NYC Public School cafeterias. To meet the plan's goals, students are accessing healthy food and learning about good nutrition through increased investment in food education.[140] The City is also investing $7.1 million in the Farms at NYCHA initiative to expand healthy food access, provide youth workforce and leadership development, and create more sustainable and connected public housing communities.[141] In 2022, NYC H+H began serving plant-based meals as the default choice for lunch and dinner, and fully expanded the program to all 11 of its hospitals in 2023. In addition to the considerable health benefits for patients, the plant-based meals led to a reduction in carbon emissions of 36% and a cost savings of 59 cents per meal.[142] The City also supports healthier foods within the emergency food system through Community Food Connection, with $46.8 million spent on food in fiscal year 2023 for this program. The Food Retail Expansion to Support Health (FRESH) program uses tax and zoning incentives to increase access to fresh foods by attracting full-service grocery stores to low-income neighborhoods. To expand community access to green space and opportunities to grow food, NYC Parks GreenThumb — the nation's largest urban community gardening program, with 550 gardens — has developed 25 new community gardens from the ground up in vacant properties across the five boroughs, in addition to rebuilding and expanding 50 community gardens in 50 public housing developments in partnership with NYCHA. These gardens increase New Yorkers' access to social connectivity and food production, improving health.

Additional City agency policies and programs include offering nutrition incentives and education programming; creating hundreds of miles of bike lanes and bike share access programs; providing support for free diabetes self-management and prevention programs;[143] providing free and low-cost fitness, sports, education, and arts and cultural programs at 36 NYC Parks recreation centers; offering free physical activity classes throughout the city via Parks' Shape Up program; and providing WorkWell NYC health programming to the over 350,000 NYC employees. NYC H+H has also expanded their pathbreaking Lifestyle Medicine Program. Additionally, through a partnership with the American College of Lifestyle Medicine, the City has been able to offer training to health care practitioners in 20 hospitals and health systems to integrate evidence-based nutrition and lifestyle medicine content into their clinical practice.[144] Through the Department for the Aging, the City also provides nutritious meals for older adults along with physical activity and social programming at more than 300 older adult centers across the five boroughs, among numerous other initiatives. In recognition of the ongoing diabetes epidemic in NYC, the Health Department co-chaired a working group of external stakeholders in 2022-2023, resulting in a recommendation to mobilize investments to support evidence-based interventions to address diabetes as an urgent social, economic, racial and health equity issue. This recommendation, along with more information about existing City initiatives, is described in their report "The Fierce Urgency of Now: Investments To Turn the Tide of the Diabetes Epidemic."[145]

Lifestyle Medicine at NYC Health + Hospitals

In 2019, NYC H+H launched a pilot Lifestyle Medicine Program to help patients use healthy lifestyle habits to prevent and treat common chronic conditions such as type 2 diabetes and high blood pressure.[146] Among the first of its kind in a public health care system in the U.S.,[147] the program brings together an interdisciplinary team to support patients in adopting a more plant-forward diet, managing stress and becoming more physically active, among other evidence-based lifestyle changes. The program's mission is to improve health and well-being, particularly in communities facing a high burden of chronic disease and structural barriers to lifestyle change. The program provides tailored, culturally relevant lifestyle education, guided physical activity, free produce deliveries, and partnerships with psychologists and community health workers to address behavioral health issues and social needs. Formal evaluations of the pilot program demonstrated improvements in weight, blood sugar, diet quality, physical activity and sleep health, as well as high patient satisfaction.[148-150] Since its launch at NYC H+H/Bellevue, the Lifestyle Medicine Program has expanded to six new sites across all five boroughs of NYC and has the capacity to serve approximately 4,000 patients a year.

To ensure safe and convenient places to be physically active, and to improve neighborhoods for enhanced health, NYC Parks is taking action by adding five new recreation centers in Taskforce on Racial Inclusion and Equity neighborhoods; restoring 39 existing centers and adding three new pools; upgrading playgrounds, ball fields and public restrooms; increasing tree canopy; and expanding the citywide greenway network to link communities to recreational amenities and employment centers. This initial investment of $3 billion prioritizes communities who have experienced historical disinvestment and environmental injustices, as well as neighborhoods with high levels of gun violence, to improve their livability. This effort also includes significant community engagement through dynamic public programs, public input and park stewardship, building social capital and strengthening neighborhood well-being. This focus on underserved communities builds upon Parks' Community Parks Initiative, a program through which parks are enhanced in underserved communities, designed in conjunction with the community and programmed with responsive and culturally relevant activities. Additionally, as part of Vital Parks for All, Parks is investing $1 billion to protect aging swimming pool infrastructure and build new pools, providing relief from extreme heat and expanded recreational opportunities to improve health in communities of need.

This overview of the City's healthy living initiatives, while not comprehensive, shows the strong foundation the City builds from in this area.

Before:

Astoria Park Pool, Queens, 2023.

After:

Astoria Park Pool, Queens, 2024. As part of Vital Parks for All, NYC Parks is investing $1 billion in public pools, including a $19 million reconstruction of Astoria Park Pool's shell, deck and lighting, among other upgrades.

Proposed New Initiatives

NYC aims to introduce or expand on policies and programs that promote nutritious foods, physical activity and social connection, including through school settings, parks and other public spaces. It also aims to reduce tobacco use, increase cancer screening and build partnerships with the clinical care community to better address chronic disease.

The following section describes the ten proposed initiatives to promote opportunities for healthy living, outlining what each initiative is, why it is important and the goals for implementation. The proposed initiatives are:

- Launch the NYC Center for Nutrition, Sustainability and Culinary Excellence in Food Service
- Lead the Next Era of Active Design
- Strengthen WorkWell NYC
- Implement Place-Based Initiatives for Increased Access to Safe Opportunities for Physical Activity
- Prescribe NYC Parks for Improving New Yorkers' Health
- Enhance Outdoor Equity and Wellness in Public Schools
- Expand NYC's Community Health Worker Infrastructure
- Improve Equity in Cancer Outcomes Through Data-Informed Collaboration and Action
- Transform Tobacco Treatment To Reduce Smoking-Related Inequities
- Expand Hyperlocal Resources and Community Connections To Reduce Diabetes and Hypertension

Launch the NYC Center for Nutrition, Sustainability and Culinary Excellence in Food Service

What We Are Proposing: The Health Department and Mayor's Office of Food Policy aim to launch a Center for Nutrition, Sustainability and Culinary Excellence in Food Service to comprehensively improve nutrition, culinary appeal and environmental sustainability in institutional settings with the aim of reducing chronic disease. The City will continue its long-standing history of supporting healthy food procurement by updating the NYC Food Standards in 2025 (and every three years thereafter) and through its ongoing commitment to the Good Food Purchasing initiative. With additional funding, however, the Center could be launched to deepen work in partnership with City agencies and nongovernment organizations to further transform procurement and food service using the Standards as an anchor. The Center would provide expanded technical assistance, trainings — including culinary trainings — and software solutions for City agencies and their subcontractors and promote voluntary adoption of the Standards to improve food environments while also serving food that is delicious, more sustainable and satisfying.

Why: The Meals and Snacks Standards have huge reach, applying to hundreds of millions of meals (approximately 219 million meals and snacks in fiscal year 2024[151]) including those served at schools, public hospitals, older adult centers, child care centers, shelters, correctional facilities and other City programs. The existing Standards harness the power of institutional food purchases to drive change in food environments. Healthy food standards in public procurement are recommended globally by the World Health Organization[152] and nationally by the CDC[153] as a strategy to improve access to healthy foods, reduce chronic disease and support healthy and sustainable food systems. NYC agencies typically have a Standards compliance rate of over 90%, making this an important strategy for improving food environments and access to healthier and more delicious meals. The City has built on the foundation of the Standards with additional commitments including being the first city in the U.S. to sign on to the Coolfood Pledge. In fact, NYC committed to reducing the greenhouse gas emissions associated with the food we serve by 33% by 2030, which is above and beyond what is required from Coolfood signatories. This level of commitment is made possible by plant-forward food policies such as plant-based defaults in NYC H+H patient meals and Plant-Powered Fridays in NYC Public Schools. The Center would provide infrastructure to further this work and would build on the successes and lessons learned from implementing the Standards over the past 16 years.

Goal: The Center will streamline City agency access to technical assistance and resources to support plant-forward, sustainable, delicious and nutritious institutional food service and increase technology and training support to further catalyze changes in City food service. With time, the Center's reach will extend to other institutions, further positioning NYC as a leader in this space and supporting chronic disease prevention across NYC.

Lead the Next Era of Active Design

What We Are Proposing: NYC plans to launch the next era of active design through the publication of the new Active Design Guidelines, ADG 2.0. The City will pursue policies and consider executive action in support of implementing ADG 2.0. The original ADG, released in 2010, was a pioneering set of evidence-based design guidelines and strategies that outlined how the built environment can be leveraged to prevent chronic disease in cities. ADG 2.0 will expand the scope and evidence base of the original guidelines beyond enhancing opportunities for physical activity to the promotion of mental and social health, community engagement and climate resiliency with the aim of advancing health equity. ADG 2.0 renews and expands partnerships and commitments across City agencies to embed equitable health promotion and community engagement as a keystone of City-led initiatives that influence and regulate the design of neighborhoods and buildings.

Why: The design of the built environment has an impact on the physical, mental and social health of New Yorkers. High-quality housing is connected to lower asthma rates.[154] High-quality and attractive spaces within neighborhoods have been shown to encourage physical activity, and visits to green space are associated with increased physical activity levels and a range of positive health outcomes, including healthy blood pressure and mental well-being.[155] Higher levels of neighborhood green space have also been associated with significantly lower levels of symptoms of depression, anxiety and stress.[156] Furthermore, common or shared urban green spaces can lead to increased interaction and social ties.[157]

Goal: Implementation of ADG 2.0 aims to improve buildings and neighborhoods across NYC to increase equitable access to health-promoting opportunities for all New Yorkers, which will ultimately contribute to lower rates of chronic disease, particularly for neighborhoods that have experienced historical disinvestment. Short-term assessment of ADG 2.0 implementation will include tracking the publication's circulation and integration into City agency construction and major renovation projects, as well as into any procurement solicitations or design contracts. Equitable investments, such as funding for public-realm projects like bike lanes, plazas and pedestrian safety improvements, and investments in parks and open spaces in historically disinvested areas, such as those prioritized by the Community Parks Initiative and Vital Parks for All, will be measured.

Strengthen WorkWell NYC

What We Are Proposing: We seek to expand the reach and success of WorkWell NYC, NYC's comprehensive worksite wellness program for City municipal employees, by strengthening Citywide and agency-level commitments to employee wellness through policy adoption, developing leadership capacity to support a culture of health, expanding training for managers in a cohort model by agency and increasing participation in chronic disease programming.

Why: The City of New York is one of the largest employers in the nation, with a diverse workforce of over 350,000 staff.[158] Furthermore, the City's employee benefits insure 1.2 million people, most of whom live in NYC,[159] which shows the expansive reach that a focus on City employees can have through their families, friends and community networks. WorkWell NYC has historically served those at highest risk for chronic disease and has been well regarded as a source of chronic disease education. In survey responses, nearly all program participants indicate that they would refer the program to their colleagues. Of note is that while 29% of the City's workforce identifies as Black or African American,[160] 47% of WorkWell NYC's unique registrants are Black or African American.[161] WorkWell NYC programs have proven successes in addressing chronic disease. For example, in an evaluation of its Let's Bring the Pressure Down eight-week chronic disease education program between 2020 and 2023, 90% of participants completing a post-program survey reported an improved knowledge of health and wellness, and motivation for a healthy lifestyle, healthy eating, physical activity and stress management (N=162-164).[162] In addition, the majority of participants reported that because of the program they monitor their blood pressure regularly (65% of respondents), manage their blood pressure more effectively (79%) and reduce sodium intake by limiting salt (79%).

Goal: Deepening City commitment to WorkWell NYC will increase the reach of the program over time and support a culture of health throughout government agencies and offices, providing a model for New York and the nation.

Implement Place-Based Initiatives for Increased Access to Safe Opportunities for Physical Activity

What We Are Proposing: The City plans to equitably increase opportunities for physical activity and overall health by prioritizing and coordinating investment in the streets, parks and public spaces in under-resourced communities. The Department of Transportation, NYC Parks and the Health Department plan to choose neighborhoods located within Department of Transportation's priority improvement area, which includes the city's most heat-vulnerable neighborhoods. The City will focus collective efforts on street-level improvements and place-making projects, with the aim of overcoming agency siloing

to intensively collaborate and coordinate investments. This includes investing in street redesign and construction to make active transportation like walking and biking safer. NYC Parks will also plant trees within these areas to increase future tree canopy, making the streets and spaces cooler and more comfortable, contributing to better air quality and increasing exposure to greenery and nature. With additional resources, the Health Department will collaborate closely with Parks, the Department of Transportation and local organizations to activate these public spaces through arts and cultural programming focused in community-led place-making programs.

Why: Due to historical disinvestment, many New Yorkers live in neighborhoods that lack access to safe and well-maintained public spaces that promote health. Investments to improve the city's streets and public spaces with planting of additional street trees, safety improvements and community-led activations can help mitigate the risks of extreme heat as well as promote physical activity, mental health and the overall wellness of New Yorkers.[163-165]

Goal: The cross-agency measures of success may include miles of new bike lanes planned and installed, number of street trees planted and number of place-making projects completed.

Prescribe NYC Parks for Improving New Yorkers' Health

What We Are Proposing: NYC plans to work toward engaging its network of health care provider partners to encourage "social prescriptions" for patients for community-based, nonclinical activities offered by NYC Parks. NYC Parks and the Health Department will identify a cohort of providers for training and support in implementing a Prescribing Parks social prescribing pilot that will connect New Yorkers to the many tangible health and wellness benefits of parks-based experiences.

Why: Findings from a recent review of social prescribing programs found positive mental and physical health benefits for participants, including enhanced self-esteem, improved mood, increased social contact, increased self-efficacy, development of transferable skills and increased confidence.[166] In a study of social prescribing in the National Health Service of England, social prescription was also shown to enhance engagement in prescribed health-related activities, such as weight loss and physical activity programs, and was linked to a 28% reduction in general practitioner consultations and a 24% decrease in accident and emergency attendances.[167] By focusing outreach and programs in communities that experience a disproportionate burden of chronic disease, the Prescribing Parks initiative can link New Yorkers in these neighborhoods to the health benefits of free and low-cost nature, sports, recreation and stewardship activities such as fitness programs, arts and cultural programming, recreation center memberships, sports leagues, volunteer opportunities and community gardening.

Goal: This initiative has the potential to reach a diverse group of New Yorkers via trusted partners at NYC Public Schools' School-Based Health Centers, at the Health Department's Neighborhood Health Action Centers and through the Health Department's network of providers, building bridges to connect more New Yorkers to the health benefits of Parks programs.

Enhance Outdoor Equity and Wellness in Public Schools

What We Are Proposing: NYC seeks to create a new Office of Outdoor Learning and Play within NYC Public Schools to lead outdoor equity and wellness policies, programs and pilots, and to champion the Outdoor Learning Initiative[168] in robust and equitable ways. A centralized team dedicated to working with other public-space teams and agencies on prioritizing the health and wellness of children in outdoor spaces around schools would enable rapid implementation of equitable outdoor access by NYC students. Following an initial focus on planning, resource identification and data sharing, the goal of this office would be to enact a robust Citywide strategy to ensure that students have equitable access to green and active outdoor spaces around their schools, including streets. Efforts will focus on select school buildings in zones meeting environmental justice designations (for example, New York State disadvantaged communities criteria[169]).

Why: Access to safe outdoor learning spaces that are green and resilient should be nonnegotiable for every NYC student, especially for those students who do not live near a park or have immediate access to green space. Green spaces are associated with increased physical activity levels and a range of positive health outcomes, including healthy blood pressure and mental well-being.[170] Higher levels of neighborhood green space have also been associated with significantly lower levels of symptoms of depression, anxiety and stress.[171] The Health Department estimates that in 2020, one out of four NYC Public Schools students in grades K-8 had obesity or severe obesity,[172] and in 2021, 38% of NYC Public School adolescents reported feeling sad every day for at least two weeks in a row.[173]

In a recent environmental justice report, the Mayor's Office of Climate and Environmental Justice highlights gaps in park density in environmental justice areas (geographic areas that have "experienced disproportionate negative impacts from environmental pollution due to historical and existing social inequities"), the majority of which are formerly redlined neighborhoods.[174] In NYC, neighborhoods that are home to more people living below the poverty line and Black residents tend to have less vegetative and tree cover.[175] Racial residential inequities in exposure to tree canopy and impervious surfaces (such as asphalt and concrete, which contribute to excess heat and increase risks from flooding) have also been reported nationally.[176] Activating new outdoor spaces on and around school grounds could help increase student access to outdoor time and result in more physical activity, improved mental health and richer learning experiences. Providing adequate safe, green outdoor space around schools for every student and family would encourage a sense of wonder, joy and connection to outdoor spaces while also providing opportunities to meet the CDC-recommended 60 minutes of physical activity per day.

Goal: Short-term outdoor equity success will be judged using existing health, safety, academic and sustainability measures in pilot schools (such as percentage growth in usable outdoor square footage, number or percentage of students served with more space, or number or percentage of safety and traffic incidents in and around schools), comparing them over the trajectory of the program to baseline data and citywide averages. Long-term success would be measured in City strategies that institutionalize prioritizing and centering children when planning public spaces around schools. The aim would be to scale over time, as resources align to support the effort.

Expand NYC's Community Health Worker Infrastructure

What We Are Proposing: We plan to continue to strengthen and expand the City's community health worker workforce and build local capacity in preventive health through the Public Health Corps. The Public Health Corps partners Health Department central office teams and its Bureaus of Neighborhood Health, NYCHA, public housing community leaders, community-based organizations, clinical sites and health care systems to activate community health workers to achieve short-, medium- and long-term positive health outcomes.

Why: Health care and social service systems in NYC have made efforts to improve the health of the city's most vulnerable populations. However, these systems were not designed to be equitable or to address the complex needs of communities suffering from historical and contemporary injustices, such as poverty, racially segregated housing, disinvestment and discrimination. Community health workers play a vital role in building trust among residents, especially in marginalized communities, and serve as a bridge between residents and health care and social services. There is strong evidence for the impact of community health workers in improving health outcomes in the U.S., including in the prevention and management of chronic diseases such as hypertension, diabetes, asthma and cancer.[177] Moreover, since its launch in 2021, the Public Health Corps has demonstrated success in engaging thousands of community members and closing COVID-19 vaccination gaps in neighborhoods disproportionately burdened by health inequities.

Goal: In its next phase, the Public Health Corps aims to reduce inequities in modifiable risks for chronic disease through community outreach, health education, resource navigation and advocacy. The Health Department and its citywide network of partners will directly support community health workers in priority neighborhoods while seeking to scale and sustain community health worker investment through policy and practice change.

Improve Equity in Cancer Outcomes Through Data-Informed Collaboration and Action

What We Are Proposing: NYC will build upon its long-standing efforts to address leading causes of cancer-related death with an intensified focus on addressing racial inequities. This effort will include (1) issuing a data publication highlighting inequities in patterns of incidence and mortality for screenable cancers in NYC — with a focus on breast, colon, lung, prostate and cervical cancers — and (2) initiating a new health systems collaboration focused on closing the long-standing mortality gap in breast cancer between Black women and other groups through quality improvement projects aimed at improving breast cancer outcomes, with expansion to additional health systems as funding allows. The City will also work to increase patient understanding of lung cancer screening by publishing a new graphic novella and, if funding allows, explore the potential for collaboration among lung cancer screening sites in messaging, outreach and information sharing to equitably increase screening rates among people who smoke or smoked. We also plan to continue our ongoing collaboration with colon cancer experts through the Citywide Colorectal Cancer Control Coalition.

Why: There is an urgent need to address persistent inequities in overall cancer deaths for Black New Yorkers. Cancer screening can reduce both cancer deaths and the need for intensive treatment, and it has contributed to declines in cancer mortality in recent decades. However, important challenges remain. For example, in the case of breast

cancer, widespread screening has not closed the mortality gap between Black women and white women.[178] For lung cancer, screening for certain adults with a substantial history of smoking tobacco has been recommended for just over a decade; however, the benefits of screening have barely begun to be realized, with high-risk screening rates in New York State estimated to be less than 5%.[179]

Goal: The goal of this initiative is to enlist stakeholders to make realistic, sustainable changes that will both reduce deaths overall and decrease inequities in mortality rates through increased public awareness of cancer inequities, improved equity in the treatment and outcomes of breast cancer, and increased rates of lung cancer screening by eligible New Yorkers.

Transform Tobacco Treatment To Reduce Smoking-Related Inequities

What We Are Proposing: The Health Department has adopted a new supportive and patient-centered approach of offering tobacco treatment to all patients who smoke or vape. Although tobacco use treatment has traditionally been framed as only appropriate for patients who are ready to quit, tobacco treatment medications can help anyone who smokes or vapes avoid uncomfortable withdrawal symptoms, whether they want to quit, reduce their use or avoid smoking in specific situations (for example, at home or work or in public spaces). This initiative seeks to implement and expand this patient-centered treatment approach in clinical and community-based settings citywide, including by creating and disseminating new clinical guidance to hundreds of providers in priority neighborhoods, updating practice workflows and, if additional funding is identified, piloting a tobacco treatment program with NYC H+H that partners a clinical pharmacist with a community health worker to provide tailored support using the new treatment approach. The City will also continue to support Smoke-Free NYCHA, which is designed to create healthier homes for residents and healthier working environments for employees by reducing exposure to secondhand smoke and providing support to residents and employees who smoke and want to quit or cut back.[180]

Why: Smoking remains a leading cause of premature, preventable death in NYC, and smoking causes over a dozen types of cancer, heart disease, stroke, type 2 diabetes and other diseases. While smoking rates have declined in recent years (from 22% in 2002 to 11% in 2020), nearly 535,000 New Yorkers still smoke and need support. The reduction in smoking rates has also not been experienced equally among all New Yorkers.[181] For example, in 2019-2020, while the smoking rates in several NYC neighborhoods were below 8%, the smoking rates in Bushwick, Morrisania and Crotona Park East, and East Tremont and Belmont were all between 24% and 25%, which is higher than the citywide rate in 2002.[182]

Goal: Implementing a more supportive and inclusive approach to motivate client or patient engagement in tobacco treatment is critical to addressing smoking-related inequities, especially in priority communities. A multipronged initiative to facilitate implementation of this approach in various types of clinical, community-based and residential settings has the potential to lengthen and save New Yorkers' lives. Smoking rates overall and by neighborhood, increases in treatment utilization and decreases in tobacco use can all be used to help track the success of this initiative.

Expand Hyperlocal Resources and Community Connections To Reduce Diabetes and Hypertension

What We Are Proposing: The City will connect more New Yorkers to programs that support diabetes and hypertension reduction through partnerships between City agencies, local community-based organizations and clinical sites, including sites that feature lifestyle management approaches and programs. This effort will build on a current hypertension reduction initiative, based in Brownsville, in which City agencies work collaboratively with clinical sites and community-based organizations to implement anti-racist, place-based community and clinical linkages, with a focus on creating local and community-informed pathways to better connect residents to care and lifestyle management opportunities. The South Bronx and Central Brooklyn, where entrenched inequities have contributed to long-standing elevations in diabetes and cardiovascular disease, will be geographic areas of focus for this place-based programming. The programming, which will be coordinated and scaled as funding allows, includes:

- Training community champions to run hypertension-related workshops, and then convening to provide feedback and insight into local challenges that community members face in managing their chronic conditions
- Continuing to provide training and assistance to clinical and community organizations implementing the CDC-recognized (1) National Diabetes Prevention Program, (2) Diabetes Self-Management Program and (3) Diabetes Self-Management Education and Support series as part of the NYC Health Department's Umbrella Accreditation Program
- Increasing access to blood pressure monitoring through distribution of blood pressure monitors to priority community partners for those facing barriers in accessing them; installing and maintaining blood pressure kiosks; and continuing programming at select older adult centers

Why: More than one in four New Yorkers has hypertension,[183] and 13% self-report having a diabetes diagnosis.[184] A person with both diabetes and hypertension is four times more likely to develop heart disease than someone who does not have either of these conditions.[185] Furthermore, Black and Latino New Yorkers have higher rates of self-reported hypertension (40.7% and 28.6%, respectively) compared with white New Yorkers (23.6%).[186] Differences in hypertension rates reflect the impact of racism experienced at multiple levels, as well as other social drivers. Educational interventions have been found to significantly increase adherence to dietary and physical activity recommendations and to lower blood pressure among hypertensive patients,[187] and diabetes self-management programs have been found to improve quality of life, particularly among Black participants with type 2 diabetes.[188]

Goal: The aim of this proposal is to improve and streamline hypertension and diabetes diagnosis and management within disproportionately impacted communities and increase access to information and lifestyle resources within priority communities. This initiative ideally would expand over time to new priority neighborhoods as processes are developed and refined.

The Broader Context: State and Federal Considerations

Though the City's strategy lays the foundation for action against chronic disease among City agencies, it exists within a broader landscape of state and federal policy that is also needed to improve the health of New Yorkers. The City has an important role to play in advocating for and leading efforts to change state and federal policies that can help promote health. For instance, following a successful campaign led by the City to urge increasing the Earned Income Tax Credit, the adopted New York State budget increased the state and City match to the federal Earned Income Tax Credit, making it easier for New Yorkers to afford basic necessities like food, housing and utilities.[189] The City also urged New York State to opt in to the federal Summer Electronic Benefits Transfer program for children,[190] which allows families to receive $120 per eligible child toward groceries over the summer, helping ensure that children continue to have access to food when school meals are not available.[191]

As of 2024, the Mayor's Office of Equity and Racial Justice and the Commission on Racial Equity will develop and annually report the "true cost of living," including actual costs of meeting essential needs like housing, food, child care and transportation; this information can be used to support advocacy efforts around income-restricted state and federal benefits for NYC residents.[192] The City also supports the New York State Community Commission on Reparations Remedies,[193] which will examine the legacy of slavery and subsequent discrimination against people of African descent in New York, and make recommendations for remedies and reparations to reverse harms.[194]

The City also has a history of federal advocacy to address the commercial determinants of health. For example, the City has called on the federal government to advocate for measures to reduce population-level sodium and added sugar consumption. This includes encouraging the U.S. Food and Drug Administration to strengthen voluntary guidance for sodium and to establish guidance for added sugars in the food supply and advocating for front-of-pack nutrition labeling to improve transparency for consumers, to make the healthy choice the easy choice.

Continued work with state and federal entities to adopt policies that are more supportive to overall health and reducing inequities is vital to achieving the City's health goals. The City will continue to work with federal and state partners, as well as other entities, to advocate for and implement policy change that is aligned with a new, more equitable reality.

Next Steps and Call to Action

As the conditions impacting chronic disease are intersectoral, "Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City" calls for a commitment to sustained, coordinated efforts across City agencies as well as partnerships with nonprofits, private-sector actors and communities across the city to effect change. To advance this work, we must conduct meaningful community engagement, leverage partner engagement infrastructure, and identify and mobilize resources.

Conduct Meaningful Community Engagement

New Yorkers have a clear idea of what is needed to create healthier neighborhoods — increased investment in parks, access to affordable healthy foods, and opportunities for financial mobility and stability, to name a few. Various proposals introduced in this strategy directly address these ideas, including implementing place-based initiatives for increased access to safe opportunities for physical activity, expanding nutrition security and plant-forward meals, and providing guaranteed income for better health.

City agencies will need to continue to engage with other agencies and with community groups and partners as they plan for and implement the proposals discussed. This means following the lead of, working with and listening to community members to address the issues that affect their well-being.[195] For example, for the launch of the next phase of Public Health Corps programs at specific NYCHA developments, the Health Department and its partners have a specific focus on building trust and strengthening relationships with residents and local stakeholders. To achieve this, the Public Health Corps is working with NYCHA's Resident Services, Partnerships and Initiatives department to deepen community engagement through a variety of strategies. For the initiative Strengthen WorkWell NYC, led by the Mayor's Office of Labor Relations, in addition to assessing current City employee and agency wellness needs and interests via a survey, the Office of Labor Relations will continue to actively engage with the Municipal Labor Committee (the coalition of labor unions), employee health insurance providers and other health care providers, as well as expand the number of Wellness Ambassadors and Champions (agency staff who are authorized to develop and support wellness programming to create opportunities for learning across the community).

More broadly, the City will also work to ensure that its efforts are aligned with the Commission on Racial Equity community equity priorities,[196] which were developed with communities to potentially inform agency and Citywide racial equity plans and increase community voice in government decision-making. These priorities represent what the communities most harmed by racism view as most relevant to their well-being, offering a crucial reference point for Citywide efforts, including those to address chronic disease and advance health equity.

Leverage Partner Engagement Infrastructure

In addition to the meaningful community engagement to be conducted by City agencies, HealthyNYC is establishing infrastructure for engagement with other partner organizations that will be critical to achieving healthier, longer lives for all New Yorkers. This infrastructure includes both HealthyNYC Supporters and HealthyNYC Champions.

HealthyNYC Supporters commit to amplifying the messaging of HealthyNYC, incorporating the campaign into their community engagement efforts and raising awareness of the goals of HealthyNYC with their partners. HealthyNYC Champions can include nongovernment organizations, nonprofits, faith-based organizations, businesses, academic organizations and philanthropic organizations that sign on to the goals of HealthyNYC through specific commitments to one or more of the seven driver-specific goals. Commitments include improving the health and well-being of their employees by aligning policies with the campaign's goals; advancing programming that has the most impact on the biggest drivers of loss of life expectancy; amplifying HealthyNYC within their networks and through community engagement efforts; and incorporating HealthyNYC into their goal-setting process.

Another component of the HealthyNYC partner engagement infrastructure will be learning collaboratives. These collaboratives will bring together a diverse group of stakeholders to align program and policy efforts toward priority strategies that will have the greatest impact on increasing life expectancy and increase capacity in implementing evidence-based practices and applying a health-equity lens so that all New Yorkers can have the opportunity to live a healthier, longer life. It is expected that these collaboratives will launch in 2025.

Identify and Mobilize Resources

The proposals presented in this report are ambitious and will be implemented as resources allow. While some initiatives are already underway or being launched this fiscal year, others require longer planning and assessment phases or are contingent on allocation of resources. Appendix C on Page 48 outlines specific milestones for each of the proposals, along with proposed timing for beginning each work stream. To move this work forward, the City will need to collaborate with its government and nongovernment partners to identify and mobilize resources to support those initiatives.

Conclusion

“Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City” sets the path forward for our collective work to address the spectrum of conditions that drive chronic disease and the pervasive inequities in their prevalence and outcomes. It also lays the foundation for future Citywide efforts to achieve two goals of HealthyNYC: reducing deaths due to heart- and diabetes-related diseases by 5% by 2030 and deaths due to screenable cancers by 20% by 2030.

Taken together, these initiatives center agency collaboration, with 14 of the 19 initiatives involving multiagency efforts. These initiatives aim to help us secure the future of health equity infrastructure and emergency response readiness by solidifying priority community health worker and nutrition security programs. By expanding place-based and race-conscious programming, they aim to deepen a community-centered, dynamic infrastructure that can meet the needs of NYC neighborhoods that have historically been overlooked. Finally, these initiatives underscore NYC’s role as a leader and standard setter by continuing to build on the innovative approaches the City has been committed to for many years, such as those pertaining to food procurement and service standards, leadership in active design, and a comprehensive worksite wellness approach. Through this strategy, we will help to ensure that New Yorkers have the opportunity to live healthier, longer lives.

Acknowledgments

“Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City” was developed as a result of an interagency effort across NYC and we would like to thank all of the City agency staff for contributing their knowledge and time to this work; contributing agencies are listed in Appendix D on Page 53. We also thank Victoria Grimshaw and Diane Hepps for their support developing this report.

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Appendix A. Conditions and Codes for the Cardiometabolic and Cancer Group Definitions for HealthyNYC (Codes From International Classification of Diseases, 10th Revision, 1999)

Cardiometabolic conditions (sum)
Heart disease (I00-I09, I11, I13, I20-I51)
Diabetes (E10-E14)
Stroke (I60-I69)
Hypertension and hypertensive renal disease (I10, I12, I15)
Cancer (screenable)
Lung/bronchus/trachea (C33-C34)
Colon/rectum/anus[a] (C18-C21)
Breast (C50), female only
Cervix (C53), female only
Prostate (C61), male only

[a] Although screening for anal cancer is not recommended for the general population, it may be helpful for people at high risk

Appendix B. A Health Equity Framework for Chronic Disease

To describe and address the complex conditions that lead to high rates of and inequities in chronic disease, the Health Department adapted a framework from the Bay Area Regional Health Inequities Initiative (BARHII). BARHII is a collaboration among local health departments in the San Francisco Bay Area founded in 2002 to collectively work on what they identified as "egregious differences in life expectancy and health outcomes between different socio-economic groups in the region."[197]

The adapted BARHII framework incorporates upstream factors including institutional power, social inequalities and neighborhood living conditions into the continuum of drivers of health outcomes. Through this framework we can better understand how certain behaviors are driven by many, sometimes invisible, systemic and environmental factors beyond individual choices.

What Creates Health? A Health Equity Framework for Chronic Disease

Upstream → Downstream

Key Drivers of Inequities

- Racism
- Sexism
- Classism
- Xenophobia
- Ableism
- Heterosexism
- Transphobia
- Weakened democracy
- Unchecked capitalism

Societal Institutions

- Corporations and businesses
- Government agencies
- Schools
- Laws and regulations
- Nonprofit and community-based organizations
- Philanthropy
- Faith-based organizations

Living Conditions

Physical Environment

- Retail
- Transportation and walkability
- Air quality
- Parks and recreation
- Food supply
- Housing

Economic and Work Environment

- Employment
- Wealth and income
- Food and housing security
- Cost of living
- Cost of health care

Service Environment

- Education
- Health care
- Social services
- Health education messaging

Social Environment

- Social cohesion
- Violence
- Incarceration
- Marketing of unhealthy consumable products
- Overpolicing
- Experiences of racism and other discrimination
- Adverse childhood experiences

Health Behaviors

- Tobacco use
- Alcohol use
- Diet
- Cancer screening
- Accessing primary care
- Physical activity
- Stress management
- Medication adherence

Morbidity and Mortality

Chronic Disease

- Type 2 diabetes
- Stroke
- Heart disease
- Hypertension
- Preventable or screenable cancers
- Respiratory infection
- COPD
- Asthma
- Obesity

Death

- Maternal mortality
- Premature death

Adapted from: Bay Area Regional Health Inequities Initiative. BARHII framework. **barhii.org/framework**

Appendix C. Proposal Milestones

• = anticipated to be initiated or completed with existing funding
* = contingent upon additional resources

	Lead agency	FY25	FY26
Addressing material needs			
Proposal 1: Provide Guaranteed Income for Better Health: A Pilot Program for Diabetes in the Bronx			
Milestone 1a: Develop implementation and evaluation plan for guaranteed basic income pilot	Health Department	•	N/A
Milestone 1b: Recruit 250 eligible participants		N/A	*
Milestone 1c: Launch study protocols providing 250 participants $500 per month for 12 months over two years		N/A	*
Milestone 1d: Begin data collection to analyze data and increase understanding of best practices; disseminate findings in the future		N/A	*
Proposal 2: Address New Yorkers' Financial Security and Uplift Households			
Milestone 2a: Co-locate Financial Empowerment Center services in NYC H+H facilities	Department of Consumer and Worker Protection	•	•
Milestone 2b: Provide more New Yorkers with Financial Empowerment Center services		•	•
Proposal 3: Advocate for Changes to Benefits Cliffs			
Milestone 3a: Identify potential NYC benefits programs and policies appropriate for restructuring	Mayor's Office for Economic Opportunity	•	N/A
Milestone 3b: Conduct landscape assessment to understand best practices from other jurisdictions and assess opportunities for local action and where federal or state advocacy is required		N/A	*
Milestone 3c: Prioritize cliffs and eligibility concerns to address		N/A	*
Milestone 3d: Advocate for state or federal policy changes, or execute NYC policies to eliminate risk of prioritized cliffs		N/A	*
Proposal 4: Increase SNAP Enrollment Among NYC Health + Hospitals Patients			
Milestone 4a: Assess disclosure and regulatory requirements and secure legal approval to move forward	NYC H+H	•	N/A
Milestone 4b: If legal approval is secured, develop data-sharing agreement between NYC H+H and Human Resources Administration or Department of Social Services and implement ongoing data match		•	•
Milestone 4c: Conduct outreach and assist newly identified patients in SNAP, as feasible		N/A	•

	Lead agency	FY25	FY26
Proposal 5: Expand Nutrition Security and Plant-Forward Food Access			
Milestone 5a: Continue Health Bucks	Health Department	•	*
Milestone 5b: Continue Groceries to Go		•	*
Milestone 5c: Implement More Veggies		•	•
Milestone 5d: Develop recommendations to improve food access in NYC through food access workgroup	Mayor's Office of Food Policy (MOFP)	•	N/A
Proposal 6: Launch a Neighborhood Stress-Free Zone (NSFZ) in Brooklyn			
Milestone 6a: Develop implementation and operations blueprint for NSFZ; identify neighborhood for first NSFZ based on high volume and percentage of Black, Medicaid-insured birthing persons	Health Department	•	•
Milestone 6b: Establish NSFZ in one Brooklyn neighborhood (staff, space, health information technology, vendors)		N/A	*
Milestone 6c: Engage and obtain buy-in from stakeholders		•	•
Milestone 6d: Advocate and propose designation of "Neighborhood Stress-Free Zone" via legislation or additional pathways through New York State		•	•
Addressing commercial determinants of health			
Proposal 7: Reduce Marketing, Promotion and Influence of Harmful Products and Their Producers			
Milestone 7a: Pursue policy restricting sponsorships with producers of products that are leading contributors to chronic disease	Health Department	•	•
Milestone 7b: Explore MTA sugary drink advertisement prohibition policy and implement technical assistance to support policy compliance		•	•
Milestone 7c: Expand Shop Healthy program into the South Bronx to include additional neighborhoods and report out on data from this area		•	•
Milestone 7d: Convene stakeholders on approaches to address exposure to food marketing, especially for children	MOFP and Health Department	N/A	•
Proposal 8: Launch Office of Healthcare System Strategy and Accountability			
Milestone 8a: Establish and maintain a public website with care navigation and price shopping, allowing New Yorkers to compare prices of common procedures across hospitals (NYC Care Navigation Tool)	Health Department	•	•
Milestone 8b: Release annual report on health care pricing and safety net stabilization for City and state leadership		•	•
Milestone 8c: Conduct stakeholder engagement regarding policy opportunities	Health Department and City Hall	•	•

	Lead agency	FY25	FY26
Proposal 9: Raise Awareness of Alcohol and Cancer Risk			
Milestone 9a: Publish Vital Signs data report	Health Department	•	N/A
Milestone 9b: Launch awareness campaign		N/A	•
Milestone 9c: Complete public health detailing campaign in priority neighborhoods		N/A	•
Addressing opportunities for healthy living			
Proposal 10: Launch the NYC Center for Nutrition, Sustainability and Culinary Excellence in Food Service			
Milestone 10a: Update NYC Food Standards to further promote healthy, delicious, sustainable plant-forward diets	MOFP and Health Department	•	N/A
Milestone 10b: Increase nutrition software access and develop menu building program		•	*
Milestone 10c: Provide routine technical assistance and data monitoring to agencies to comply with the NYC Food Standards, especially with culturally appropriate offerings		•	•
Milestone 10d: Provide expanded support to agencies to comply with the NYC Food Standards, including increased site visits, nutrition analysis and culinary trainings		•	*
Milestone 10e: Provide menu support and technical assistance for non-City agencies to voluntarily adopt the NYC Food Standards		N/A	*
Proposal 11: Lead the Next Era of Active Design			
Milestone 11a: Issue Active Design Guidelines (ADG) 2.0 and develop policy to advance active design guidelines	Health Department	•	•
Milestone 11b: Create Director of Health and Active Design within NYC	Health Department and City Hall	N/A	*
Milestone 11c: Create ADG 2.0 Coordinator to develop ADG 2.0 trainings, provide technical assistance to agency partners and organize annual convening	Health Department	N/A	*
Milestone 11d: ADG 2.0 trainings, dissemination and annual convening		•	*
Proposal 12: Strengthen WorkWell NYC			
Milestone 12a: Develop policy to strengthen WorkWell NYC, build leadership capacity, and continue operating and building awareness of current programming and resources	Office of Labor Relations	•	•
Milestone 12b: Develop training program for managers		N/A	*
Milestone 12c: Expand chronic disease education programming		N/A	*

	Lead agency	FY25	FY26
Proposal 13: Implement Place-Based Initiatives for Increased Access to Safe Opportunities for Physical Activity			
Milestone 13a: Collectively designate priority neighborhoods for investment	Department of Transportation (DOT) and Parks	•	•
Milestone 13b: Implement street and public realm capital improvements (bike lanes, plazas, street trees)		N/A	•
Milestone 13c: Implement place-making projects in priority neighborhoods	Health Department, Parks and DOT	N/A	*
Proposal 14: Prescribe NYC Parks for Improving New Yorkers' Health			
Milestone 14a: Planning and development of pilot program, including establishing target population, determining measurements for success and establishing list of program offerings	Parks and Health Department	•	•
Milestone 14b: Engage cohort of providers or school-based health centers to pilot initiative		N/A	•
Milestone 14c: Launch program to prescribe Parks programming to patients		N/A	*
Proposal 15: Enhance Outdoor Equity and Wellness in Public Schools			
Milestone 15a: Conduct a planning phase to identify resources and data-sharing opportunities	Public Schools	•	N/A
Milestone 15b: Launch Office of Outdoor Learning and Play		N/A	*
Milestone 15c: Map funding streams and resources across City agencies		N/A	*
Milestone 15d: Secure street closures or additional space around school buildings in zones meeting environmental justice designations		N/A	*
Proposal 16: Expand NYC's Community Health Worker Infrastructure			
Milestone 16a: Expand community health workers in order to staff programs offered at four NYCHA developments	Health Department	•	*
Milestone 16b: Engage 250 residents in one-on-one coaching sessions		•	*
Milestone 16c: Engage 450 residents in group health and wellness activities		•	*
Milestone 16d: Increase awareness of and participation in community resources and programs		•	*
Milestone 16e: Increase collaboration and partnership among community-based organizations, government agencies and community stakeholder groups		•	*
Milestone 16f: Increase community health worker workforce by hiring and training new community health workers		•	*

	Lead agency	FY25	FY26
Proposal 17: Improve Equity in Cancer Outcomes Through Data-Informed Collaboration and Action			
Milestone 17a: Publish and publicize report on cancer inequity data	Health Department	•	N/A
Milestone 17b: Establish breast cancer task force to identify and address site-specific reasons for inequitable outcomes for Black women and other patients		•	*
Milestone 17c: Increase patient understanding of lung cancer screening through a new graphic novella		•	N/A
Milestone 17d: Establish lung cancer coalition		N/A	*
Proposal 18: Transform Tobacco Treatment To Reduce Smoking-Related Inequities			
Milestone 18a: Complete public health detailing campaign in priority neighborhoods	Health Department	•	N/A
Milestone 18b: Update NYC H+H and NYC REACH practice workflows and electronic health records		•	*
Milestone 18c: Pilot new community health worker and clinical pharmacist model at treatment programs in priority neighborhoods	H+H and Health Department	N/A	*
Milestone 18d: Maintain staffing and expand reach of pilot community-based treatment programs at the Tremont and East Harlem Action Centers, and launch Brooklyn-based program; maintain Smoke-Free NYCHA liaison program	Health Department and NYCHA	•	•
Proposal 19: Expand Hyperlocal Resources and Community Connections To Reduce Diabetes and Hypertension			
Milestone 19a: Train Community Champions and complete Hypertension 101 presentations	Health Department	•	•
Milestone 19b: Increase access to blood pressure monitoring		•	*
Milestone 19c: Expand chronic disease prevention and self-management programs		•	*

Appendix D. Contributors

We appreciate the contributions of a wide array of City representatives from the following agencies to the entire process of this strategy, spanning from the Task Force and workgroup meetings through the development of this report:

Department of Health and Mental Hygiene

Department of Citywide Administrative Services

Department of City Planning

Department of Consumer and Worker Protection

Department for the Aging

Office for Child Care and Early Childhood Education

Department of Transportation

Department of Social Services

Department of Youth and Community Development

NYC Economic Development Corporation

NYC Health + Hospitals

NYC Housing Preservation and Development

Mayor's Office for Economic Opportunity

Mayor's Office of Food Policy

New York City Housing Authority

Mayor's Office of Equity and Racial Justice

Office of the Deputy Mayor for Operations

Mayor's Office of Labor Relations

Department of Parks and Recreation

NYC Public Schools

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