

HEALTH INITIATIVES

Since its founding, NYC Opportunity has recognized the link between poverty and health, and has implemented targeted solutions to address health disparities, such as healthy food access, gun violence prevention, and reproductive healthcare. To promote access to healthy food, NYC Opportunity created the Office of the Food Policy Coordinator in the Mayor’s Office, as well as the Shop Healthy outreach program that empowers corner stores to provide more healthy food options. To reduce gun violence in targeted communities, NYC Opportunity and the Young Men’s Initiative launched the Cure Violence project, an evidence-based public health strategy that intervenes directly to stop the cycle of violence. To prevent teen pregnancies, NYC Opportunity programs are making the New York City public hospital system more teen-friendly and bringing primary care and reproductive healthcare services to public high schools. Each of these initiatives has unique metrics established to track fidelity to the program models and impact on the target communities.

► Community Nutrition



A neighborhood-based approach that simultaneously addresses supply and demand to increase access to healthy foods in underserved neighborhoods by working with food retailers, community groups, food suppliers, and food distributors.

START DATE: 01/2012 | FY 2016 BUDGET: \$182,400 (NYC Opportunity) with additional State Funding | STATUS: Implementation | SITES: 146

	FY 16 Actual	FY 16 Target	FY 15 Actual	FY 13-16 Trends
Number of Community Members Who Attended a Training Event	342	400	403	
Number of Neighborhood Retail Food Stores Approached	146	41%	133	
Number of Stores That Are Promoting Healthy Foods	146	100%	86	
Number of Stores That Agree to Meet All Shop Healthy Store Criteria	79	60	48	
Number of Stores That Successfully Meet at Least 6 of 7 Shop Healthy Requirements	60	40	27	

▶ Young Adult Health



Provides students with comprehensive health care, including a non-stigmatized environment for obtaining reproductive and mental health education and services.

START DATE: 09/2007 | FY 2016 BUDGET: \$1,560,166 (DOHMH) | STATUS: Successful (2010) | SITES: 11¹

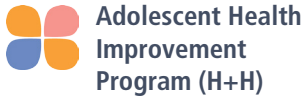
	FY 16 Actual	FY 16 Target	FY 15 Actual	FY 13-16 Trends
Program Participants	15,909	-	17,915	
Program Participants Utilizing the Clinics	9,977	-	11,603	
Number of Total Clinic Visits	47,734	-	59,398	
Number of Medical Visits	30,562	-	38,292	
Number of Health Education Visits	2,056	-	1,918	
Number of Mental Health Visits	10,142	-	9,844	
Number of Reproductive Health Visits	15,640	-	16,475	



An after-school service learning initiative designed to reduce risky behavior and enhance school performance among middle and high school students by promoting positive life skills, a sense of efficacy and self-worth, and citizenship.

START DATE: 11/2007² | FY 2016 BUDGET: \$850,000 (NYC Opportunity) | STATUS: Implementation | SITES: 50

	FY 16 Actual	FY 16 Target	FY 15 Actual	FY 13-16 Trends
Program Participants	1,763	2,000	1,232	
Total Service Projects ³	100	100	N/A	



Provides Health and Hospitals' (H+H) health and school-based clinics with comprehensive adolescent care training and clinical services, adolescent-friendly systems improvements, and youth engagement programming. (This program was previously called Teen Health Improvement.)

START DATE: 11/2011 | FY 2016 BUDGET: \$470,000 (YMI) | STATUS: Implementation | SITES: 45⁴

	FY 16 Actual	FY 16 Target	FY 15 Actual	FY 13-16 Trends
Number of Pediatric and/or Adolescent Clinics Meeting All Teen-Friendly Criteria ⁵	N/A	17	16/17	
Number of Healthcare Providers Receiving Training in Teen-Friendly Practices ⁶	125	-	280	
Number of Adolescent Patients Served in Pediatric/Adolescent Clinics	123,194	-	108,249	

► Parenting



Promotes responsible fatherhood, stronger families, and economic stability by connecting young fathers to employment and academic services.

START DATE: 03/2012, Relunched 01/2016⁷ | FY 2016 BUDGET: \$1,000,000 (YMI) | STATUS: Newly Relunched | SITES: 3

	FY 16 Actual	FY 16 Target
New Enrollees	103	160
Percent of participants who received job placements	13%	-
Percent of HSE Prep participants who earned a HSE diploma ⁸	-	-
Percent of HSE Prep participants who enrolled into post-secondary education or industry-based training ⁸	-	-
Percent of College Prep participants who enrolled into post-secondary education or industry-based training ⁸	-	-

► Violence Prevention



An evidence-based violence prevention strategy that employs violence interrupters and outreach workers, who themselves have experienced violence, to act as “credible messengers” of anti-violence messages. They work within the community to identify and resolve conflicts before they escalate, prevent retaliation when violence erupts, and re-direct the highest-risk youth.

START DATE: 02/2012 | FY 2016 BUDGET: \$710,000 (YMI & YMI Private Funds) | STATUS: Implementation | SITES: 3⁹

	FY 16 Actual	FY 16 Target	FY 15 Actual	FY 13-16 Trends
Program Participants	94	-	206	
New Enrollees	35	-	72	
Conflicts Mediated	651	-	632	
In-Person Contacts with Participants	3,592	-	3,406	
Community Events Organized in Response to Neighborhood Shootings	100% (14/14)	100%	95% (20/21)	

See Also: *Family Rewards (Social Innovation Fund)*.

Health Footnotes:

- ¹ For FY 16, Wingate High School’s SBHC was closed until May 2015 pending re-opening by Lutheran NYU. This accounts for much of the declines in these indicators.
- ² Teen ACTION was launched by DYCD in FY 2008 as a stand-alone service learning program; contracts for this phase of the initiative ended in FY 2015. Beginning in FY 2016, the Teen ACTION initiative is infusing service learning into new and existing DYCD after-school initiatives by providing funding for providers to engage young people in service projects.
- ³ Given the above-noted shift in approach, an indicator for Total Service Projects has replaced Total Service Hours Completed beginning in FY 2016. Data prior to FY 2016 is not available.
- ⁴ This program has committed to working in some capacity, with all 45 clinics that can deliver reproductive health services to adolescents within the corporation. In FY 2015 the program targeted 17 of those sites for intensive improvements.
- ⁵ The NYC Department of Health and Mental Hygiene did not track the number of pediatric and/or adolescent clinics meeting all teen-friendly criteria in FY 2016 and so no data is available.
- ⁶ In FY 2016 AHP moved into the H+H’s Ambulatory Care unit. The program was unable to provide trainings during this transition.
- ⁷ The CUNY Fatherhood Academy operated at one site in FY 2012 through FY 2014. The program was not active in FY 2015 following the expiration of private funding, and relaunched in mid-FY 2016 with new city tax levy funds.
- ⁸ Due to program implementation timeline, education outcomes cannot be reported for FY 2016. Future reporting will reflect education and training outcomes.
- ⁹ In FY 2013, City Council funded three new Cure Violence sites. In FY 2015-FY 2016, City Hall and City Council funded an additional 10 sites. In March 2015, 1 YMI site ceased operations, but new funding was secured from City Hall and City Council to relaunch this site in FY 2016.