

Jerome Avenue Public Health Task Force



Jerome Neighborhood Health Plan Recommendations

October 16, 2020

For Bronx Community Districts Four and Five

As stipulated in the Points of Agreement as part of the Jerome Avenue Rezoning Process, in collaboration with the offices of Councilmembers Vanessa L. Gibson and Fernando Cabrera and the community organizations and residents who contributed their time and energy to this process and those who participated in the public forums to ensure that the voices of the community were heard.

Endorsed on this day by:

A handwritten signature in cursive script that reads "Vanessa L. Gibson".

Hon. Vanessa L. Gibson
16th Council District

A handwritten signature in cursive script that reads "Fernando Cabrera".

Hon. Fernando Cabrera
14th Council District

Jerome Avenue Study Area

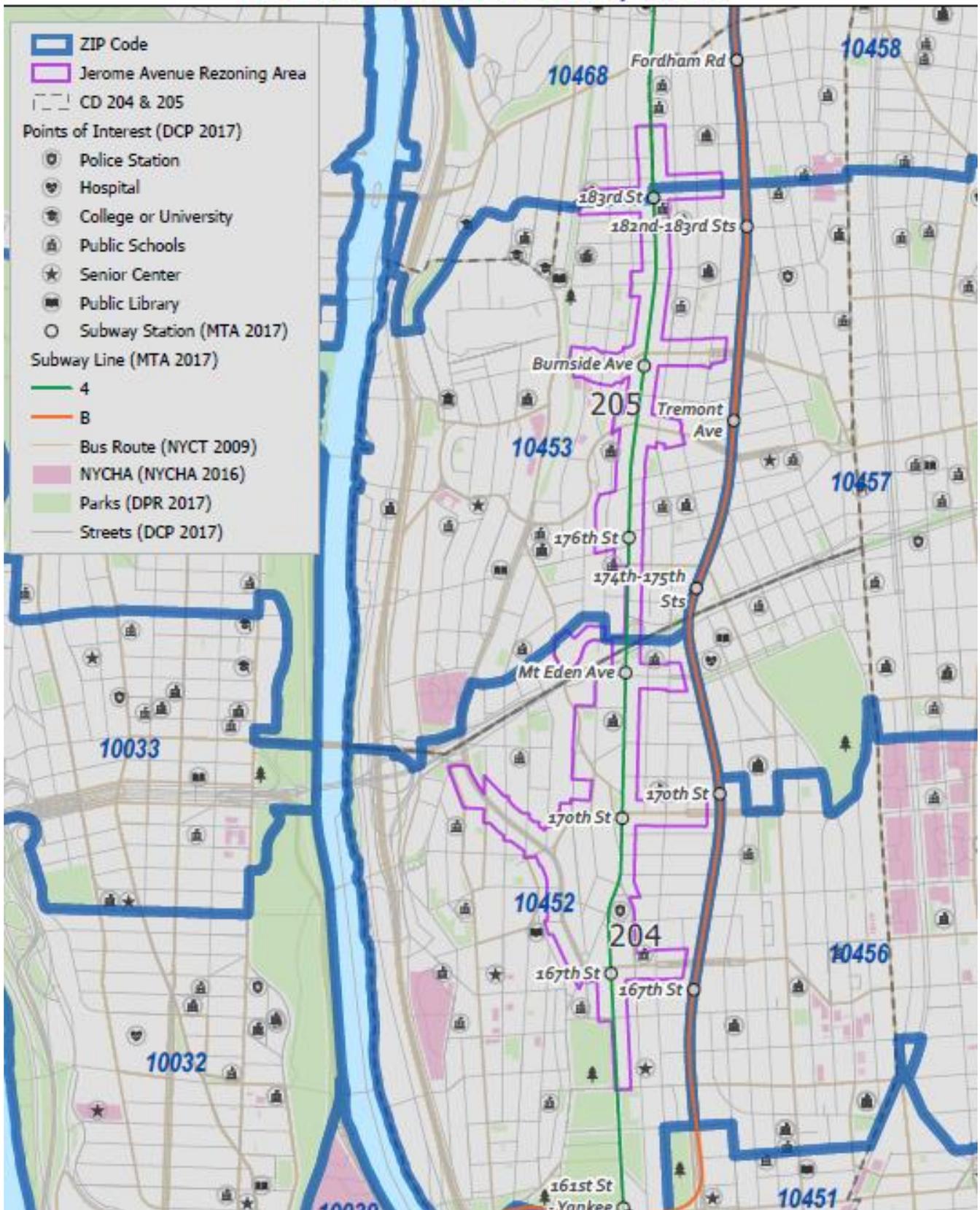


Table of Contents

I.	Executive Summary.....	4
II.	Jerome Avenue Public Health Task Force Vision Statement	5
III.	Background for the Neighborhood Health Plan	5
IV.	Shared Beliefs	6
V.	Jerome Neighborhood Health Plan Recommendations	7
	A. Education.....	7
	B. Food Environment.....	8
	C. Healthcare Quality & Access	9
	D. Housing	10
	E. Local Economic Development.....	11
	F. Public Outdoor Spaces	12
VI.	Appendices.....	14
	A. Jerome Avenue Public Health Taskforce Membership	14
	B. Process for Public Input on the Neighborhood Health Plan	15
	C. Health Status of the Jerome Avenue Rezoning Area	16

I. EXECUTIVE SUMMARY

This Neighborhood Health Plan Recommendations document represents the final product of an 18-month project of the Jerome Avenue Public Health Task Force, a coalition formed as a result of the Jerome Avenue Rezoning process in 2018.

The Task Force was brought into existence as stipulated in the Points of Agreement document signed by Deputy Mayor Glen on March 6, 2018 and was guided by City Council Members Gibson and Cabrera. The full list of Task Force members is included in Appendix A. More *background information* is presented on p 5.

The Jerome Avenue Public Health Task Force met regularly from December 2018 – January 2020 to consider the health of residents of community districts 4 and 5, and the underlying social structures which give rise to both health and illness. With input from other community members, the Task Force crafted a *Vision Statement* (p. 5), and a set of *Shared Beliefs* (p. 6) and a set of specific recommendations.

The bulk of this document is the set of *final recommendations* (pp 7-13). These are organized into six overarching domains: education, public outdoor spaces, healthcare quality and access, food environment, housing and local economic development, and there are specific recommendations pertaining to each domain. Understanding that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Preamble to the Constitution of WHO, 1946), the recommendations seek to change the underlying social structures that have given rise to unacceptable health inequities in New York City.

The Task Force envisions that these recommendations will become realized as elected officials, community leaders, community members and other stakeholders remain activated and interested in working to implement the recommendations and related policies and practices and ensure appropriate funding streams for success.

The *Appendices* includes additional information, including the full list of Task Force members, a description of the processes utilized to garner community input and assess the progress of the Task Force, some key health measures of Bronx Community Districts 4 and 5, photos, and a list of resources utilized during the planning process.

II. JEROME AVENUE PUBLIC HEALTH TASKFORCE VISION STATEMENT

We envision a city where the neighborhoods along Jerome Avenue will be vibrant and healthy. Changes to housing, the local economy, and public spaces will benefit all residents. These changes will not have displaced residents and those who have stayed in the neighborhoods will see their health outcomes steadily improve so that all residents will attain their optimal health. The neighborhoods' environmental quality and quality of life will have improved. All community residents, local business owners, and other stakeholders will trust each other, and will have trust in the institutions that serve them. People will hold institutions accountable, and there will be a strong sense of pride and ownership of public spaces, services, and decision-making.

III. BACKGROUND FOR THE NEIGHBORHOOD HEALTH PLAN

The JAPHTF was created to develop a Neighborhood Health Plan with recommendations as part of the development and implementation of NYC's Jerome Avenue Neighborhood Plan. More about the Jerome Avenue Neighborhood Planning process can be found [here](#)¹. The "Points of Agreement" (specific commitments made by the City of New York made when the rezoning of Jerome Avenue was approved by the City Council in March, 2018), can be found [here](#)² and the Task Force is agreement #57 on page 23:

PUBLIC HEALTH

57. Convene Jerome Avenue Public Health Taskforce & Neighborhood Health Plan DOHMH's Center for Health Equity will partner with the Council Members and local stakeholders to form the Jerome Avenue Public Health Taskforce. This Taskforce will develop and implement a Neighborhood Health Plan to address health outcomes in the Jerome Avenue Study area. The Jerome Avenue Public Health Taskforce will include local partners from the healthcare sector, community-based organizations, faith-based organizations, community boards, educational institutions, local residents, and advocates, among others. The taskforce will work together for 18 months to develop and begin implementation of a Neighborhood Health Plan for CDs 4 & 5 to address key community health priorities including healthy food access, air quality and environmental health, access to healthcare, and construction mitigation strategies (including noise, pollutants, pest control, etc.).

Timeline: Commencing Spring 2018.

The Jerome Avenue Public Health Task Force was convened by Councilmembers Gibson and Cabrera and has been facilitated by CM Gibson and staff from the Bronx Neighborhood Health Action Center of the NYC Health Department. The Task Force was developed with input from over a dozen community and government stakeholders during the summer and fall of 2018 and convened its first meeting in January 2018. Since then, it has met at least monthly. The Task Force has also held two community forums at critical times in the process, in order to inform community members about this process, and to garner other community input.

¹ <https://www1.nyc.gov/assets/planning/download/pdf/plans-studies/jerome-ave/jerome-avnuce-implementation-brochure.pdf>

² <https://council.nyc.gov/land-use/wp-content/uploads/sites/53/2018/01/Jerome-Avenue-POA-Final.pdf>

IV. SHARED BELIEFS

There are many factors that affect people's health, including but not limited to housing and the parks and streets and physical environment that people live and work and play in and around, the food landscape, the wealth and power of a community, the level and types of education available, and the quality and accessibility of medical services.

- An equity lens recognizes the long history and enduring systemic policies and practices that have resulted in unnecessary, preventable and unjust health disparities and it seeks to remediate and repair these inequities in order to build a just, healthy and democratic community and city.
- A place-based, community-centered and population- focused approach which shifts the balance of power to communities is necessary to bring health equity to NYC, the Bronx and the Jerome Avenue area.
- Increased collaboration and accountability among healthcare, social service, community-based organizations, faith-based organizations, local businesses, government, and community residents is critical to support the health of the communities in the Jerome Avenue area.

V. JEROME NEIGHBORHOOD HEALTH PLAN RECOMMENDATIONS

Recommendations are organized into six overarching domains (education, public outdoor spaces, healthcare quality and access, food environment, housing and local economic development) to improve the health of the people in the Jerome Avenue area. Each domain includes a goal statement and specific recommendations. Community priorities identified during the two public forums are presented in a text box in each section. All recommendations are intended for Bronx Community Districts 4 and 5 unless otherwise specified.

A. EDUCATION:

GOAL: Ensure that educational organizations (i.e. neighborhood schools and out-of-school programs as well as other educational organizations) are designed to achieve academic excellence, workforce development and vocational training, while promoting a culture of health and active living, social-emotional wellness and strong social relationships.

Community priorities: Residents expressed being frustrated by the state of education in their communities, noting that immigration status or being a parent can present unjust barriers to receiving education. Residents cited low literacy levels, lack of financial literacy, income inequality, and mental health concerns as other challenges related to education.

Wellness Coordination Recommendations:

1. New York City Council to provide DOE schools in Community Districts 4 and 5 discretionary funding, on an annual basis, for 100% cost of a pilot initiative of Wellness Coordinators. Each school would add a full-time Wellness Coordinator position to align food and nutrition education programming across grades, promote participation and build connections in school meals and school gardens, and help integrate wellness within academic subjects.
2. Enforce and monitor the Healthy Hunger Free Kids Act in all schools within Community Districts 4 and 5 so that they implement and maintain a school wellness council that will monitor that physical education requirements are being met and physical activity is maximized during recess periods.
3. City Budget to provide additional funding for all DYCD funded after school programs with dedicated Wellness Specialists.

School Construction Recommendations:

4. All new schools in Community Districts 4 and 5, including the proposed PS 33 Annex, are built to include a full-sized cooking kitchen, a full-sized gymnasium, a school-based health clinic, and infrastructure to allow for gardening activities by the school community to take place on-site.

Community Engagement and Participation Recommendations:

5. Parent Associations, wellness councils, after school programs and other school structures build awareness and encourage involvement from parents and provide them with continuous trainings on various health issues (i.e., mental health, food and nutrition, LGBTQ issues).
6. All schools in Community Districts 4 and 5 should incorporate best practices to promote events including parents at various educational programs and public forums by providing multi-lingual interpretation and translation services, childcare, and food/meals at these events.

B. FOOD ENVIRONMENT:

GOAL: Increase access to healthy, affordable, culturally appropriate food.

Community priorities: Residents have had many positive experiences with food, and expressed appreciation for the cultural diversity, history, and social aspects of food in their communities. However, residents note that more support is needed to regularly eat healthy because affordable food is often unhealthy, of poor quality, processed, or not plant based. Residents feel that interventions in schools is a particularly important component in improving the local food environment.

Farmers' Market Expansion Recommendations:

1. Evaluate existing park spaces and propose capital investments to support the development of new farmers' market locations within Community Districts 4 and 5.
2. Work with local stakeholders to implement a hyper-local marketing campaign to increase patronage of farmers markets on mixed media platforms.
3. Fund DOHMH to offer more Nutrition Education at Farmers Markets Capacity Building Program to existing and planned farmers market operators in or within 0.5 miles of the Corridor. Provide support for BronxWorks (or CBO) to reinstate Bronx Community College / University Heights farmers market.

Launch the Jerome Urban Agriculture / Food Policy Council

4. Work with community stakeholders to develop and launch a locally driven food policy council that can develop a sustainable food security/food sovereignty agenda for Community Districts 4 and 5, addressing the food related issues of: affordability, access, the built environment, business development, data sharing, education, transportation, and waste, among other cross-sector alignments.

Retail Improvement Recommendations:

5. Orchestrate the planning and development of a food business accelerator / incubator for new food businesses in Community Districts 4 and 5. Design program to maximize and set minimum levels of participants taking into account: affordability, healthfulness, and cultural appropriateness of products, long-term residents, opportunities for MWBE, and opportunities for cooperative ownership. Incorporate training and support for participating businesses to form a cooperative ownership structure. Consult with existing providers such as WHEDco's Bronx CookSpace and Green Worker Cooperatives to determine gaps, needs, and recommendations.
6. Work with property owners to identify new ground floor commercial space for local, health food-based businesses. Work with property owners to reduce barriers / increase ability of local, health food businesses to lease new ground floor commercial space for approved businesses, considering affordability and cultural appropriateness of foods, community input and concerns, local hiring, and MWBE and/or cooperative ownership.
7. Expand commercial business eligibility and increase accountability of the NYC EDC's FRESH initiative to take into account: affordability of fresh foods, community input and concerns, increase local hiring, opportunities for MWBE and community ownership, and providing culturally appropriate foods within Community Districts 4 and 5. Study impact of rezoning on

existing supermarkets and determine appropriate measures to protect or improve existing markets.

8. Expand healthy food retail development programs such as “Don’t Stress/Eat Fresh” and the NYC DOHMH’s Shop Healthy program within Community Districts 4 and 5.

School Food Improvement Recommendations:

9. Advocate for all new school construction within Community Districts 4 and 5 to include fully equipped Scratch Kitchens where students and staff can be more involved in the preparation of fresh, healthy foods.
10. New York City Council to provide DOE schools in Community Districts 4 and 5 discretionary funding, on an annual basis, for 100% cost of pilot initiative of Wellness Coordinators. Each school would add a full-time Wellness Coordinator position to align food and nutrition education programming across grades, promote participation and build connections in school meals and school gardens, and help integrate wellness within academic subjects.
11. Expand the purchasing power and autonomy of the administrations of schools located in Community Districts 4 and 5 to improve their school food environment and to positively impact the schoolwide culture of health.
12. Work with the City Council and local stakeholders to expand funding for “Grow-to-Learn” programs that can increase the exposure of students to classroom and school-based agriculture projects.

C. HEALTHCARE QUALITY & ACCESS:

GOAL: Ensure equitable access to quality health care services.

Community priorities: Residents expressed that good healthcare requires focus on prevention and disease reversal, and explicit attention to mental health services.

Research Access, Quality, and Equity Gaps in Local Healthcare Services

1. Identify City Council funding for health research to assess existing healthcare facilities in Community Districts 4 and 5 to examine access to care, quality of care, equity, and gaps.
 - a. Based on the gap analysis, identify which programs are needed and distribute the program list to local providers, residents, and potential funders.
 - b. Create a uniform report card from existing data sources of healthcare access and equity for service providers, residents, and potential funders.
 - c. Distribute the report card data via multiple traditional and social media platforms and have readily available at health care organizations.
2. Ensure that:
 - a. All healthcare in the zone, including primary, specialty, emergency, and in-patient services are accessible geographically, culturally, linguistically and financially to all community members;
 - b. All services are provided equitably to all, meaning that the same level of care is available to all comers, regardless of payer source or ability to pay; and,
 - c. Efforts are made to identify unmet health care needs in the zone, and that efforts are undertaken to meet those needs.

D. HOUSING:

GOAL: Improve the quality and stability of existing housing, and ensure that new housing is well-designed, as well as affordable and accessible, and meets the needs of current residents.

Community priorities: Housing was a primary concern among residents. Participants highlighted predatory landlords, lack of affordable housing options and rising rent prices, overcrowded apartments, insufficient housing for persons with physical disabilities, lack of fire escapes, and insufficient housing options for families.

Integrated Pest Management (IPM) Recommendations:

1. Expand the DOHMH Healthy Homes Initiative’s (HHI) technical trainings for building owners to incorporate IPM throughout the planning and development of new and rehabilitated developments within the rezoned areas in Community Districts 4 and 5 throughout every stage of construction, including pre- and post-construction.
2. Increase the capacity of DOHMH-HHI to create and manage an IPM Academy, modeled after the agency’s Rat Academy, to:
 - a. Provide IPM technical assistance to superintendents and property owners in Community Districts 4 and 5;
 - b. Increase the number of site visits related to IPM in “sick buildings” to reduce the number of asthma-related hospitalizations among residents in Community Districts 4 and 5.

Housing Quality and Maintenance Recommendations:

3. Increase the number of Department of Housing Preservation and Development complete inspections and hire additional trained, skilled, and certified inspectors.
4. Reduce exposure to second-hand smoke by promoting smoke-free environments and market and support public, private, and nonprofit cessation programs and services.
5. Require that buildings that appear on the Public Advocates annual worst 100 buildings list for violations are prohibited from self-certification of HPD violations and that inspections must be conducted to close all cases in that building.

Special Populations

6. Increase the number of fully accessible, new housing units set aside for older adults and disabled residents on the first through third floors in newly constructed buildings.

Affordability and Sustainability Recommendations:

7. Study the feasibility and potential impacts of creating community land trusts.
8. Study the feasibility and potential impacts of advocating for healthcare systems such as Medicaid to fund programs to prevent evictions.

Building Design Recommendations:

9. Require developers to include green common spaces in newly constructed buildings.

E. LOCAL ECONOMIC DEVELOPMENT:

GOAL: Build community wealth by protecting and increasing access to financial services, local ownership of goods and spaces, supporting entrepreneurship, and advocating for livable wages.

Community priorities: Residents expressed concerns about local hiring, noting that unemployment is high, and the disappearance of small businesses due to a lack of proactive policies to prevent commercial displacement. Residents highlighted connections between lack of educational opportunities, rising rents, and lack of economic opportunities.

Small Business Development Recommendations:

1. Develop a “Buy Local / Stay Local” Small Business Relocation Assistance Program to prevent the displacement of local businesses and that includes an advisory board to assist and advocate for residents to register and compete as MWBE businesses for local contracts to anchor institutions
2. Create a “Jerome Avenue Business Development Center”, in partnership with local CUNY colleges, that hosts:
 - a. A small business incubator/HUB for local entrepreneurs
 - b. A Retail Worker Development Program to help develop retail/customer service retail workforce skills
3. Advocate to City Council for local commercial development funds accessible to residents in the area to integrate into newly developed commercial spaces and mixed-use developments
4. Work with City Councilmembers to advocate for and pass a “Commercial Vacancy Reduction Act” that would disincentivize property holders from maintaining a commercial property vacant for any period over 12 months by “charging back” any federal tax deductions taken for the vacant properties and adding an “urban blight prevention tax” to dissuade rent gauging of existing small businesses.

Consumer Experience Recommendations:

5. Leverage regulations and partnerships to engage financial institutions, such as Community Development Financial Institutions (CDFIs) and Credit Unions, to increase banking opportunities and branch access for community residents and local entrepreneurs
6. Local stakeholders’ partner to create and expand financial health “promotoras,” digital literacy trainings, and access to computer / technological resources to achieve increased utilization and understanding of financial resources.

Workforce Development Recommendations:

7. Create a centralized Jerome Ave. workforce and business opportunity office - which engages community residents in-person, online, via social media, and through existing city infrastructure - managed by the proposed business improvement district or merchant organizing group that collects, distributes, and coordinates hiring, business contracting, and entrepreneurial opportunities, as well as job training and education services.

F. PUBLIC OUTDOOR SPACES:

GOAL: Create neighborhood parks, streets, and other public places that are safe places where people can be active and build community.

Community priorities: Residents highlighted outdoor spaces in their community that they love, including specific parks. However, there are barriers to enjoying these assets including lack of parking, lack of trash receptacles, over policing in public spaces, and poor lighting.

Transportation/Mobility

1. Activate neighborhood step streets with murals, keeping in mind the needs to persons with limited mobility by making murals visible from streets, installing benches and tables for step streets that have plazas, installing lighting and including signage with a picture of the mural at the street level. Beautify green spaces near step streets where applicable. Host free programming (i.e., stepping on the step streets) on step streets and nearby plazas.
2. Foster partnerships between bike share companies and health providers/service providers to increase use of bike share programs (i.e., Prescribe-a-Bike, Better Bike Share Partnership).

Creation of Space for Community Gathering

3. Require developers to certify all new residential buildings to the Passive House Alliance 'PHIUS+ Source Zero' standard and specify building materials that are free of 'Red List' chemicals as defined by the International Living Future Institute to ensure the construction of energy-efficient buildings free of harmful chemicals, supports occupant and community health and well-being.
4. Planning for investment in and changes to public outdoor spaces must include public participation, which may include models such as participatory budgeting, design charrettes, or scoping meetings. Planning must also include an assessment of the impact of proposed changes on the health of current residents. Community engagement should incorporate best practices by providing multi-lingual interpretation and translation services, childcare, and food/meals at these events.
5. Increase number of parks that feature or incorporate universally accessible features such as universally accessible swings, drinking fountains, tables and benches, ramped play equipment, parking spaces accessible to people with limited mobility, and tables and benches in parks. Increase number of parks that feature or incorporate adult exercise equipment and dog park areas and clarify where adults without children may legally be with clear signage.

Improve Physical Conditions to Beautify Neighborhoods and Address Pollution

6. Build out curb cuts at tree pits so that they can absorb stormwater runoff and divert it from catch basins to reduce local flooding.
7. Invest in additional street trees.
8. Expand the size of existing tree pits.
9. Build alongside and in the medians of the Cross Bronx and Major Deegan Expressway self-sustaining, roadside plantings and vertical gardens using recyclable materials that can absorb carbon dioxide and other pollutants from the air.

10. Invest in, beautify, and activate spaces throughout Aqueduct Walk by maintaining a 'Friends of' advocacy group via the Parks Department's Catalyst Program. Invite people to utilize this park space and increase safety through additional lighting, seating, clear signage, and other amenities at Aqueduct Walk.
11. Invest in, beautify, and activate spaces throughout Goble Playground, Bridge Playground, and Richmond Echo Park by creating a 'Friends of' advocacy group via the Parks Department's Catalyst Program. Invite people to utilize this space and increase safety through additional lighting, seating, clear, bilingual signage and other amenities; and engage the community to make recommendations and advocate for the beneficial activation of the park.

VII. APPENDICES

A. JEROME AVENUE PUBLIC HEALTH TASK FORCE MEMBERSHIP

The Jerome Avenue Public Health Task Force has maintained consistent membership of partners working in the affected neighborhoods and surrounding areas. The table below outlines committed Task Force members.

Organization	Partner Type	Website
NYC Department of Health and Mental Hygiene – Bronx Health Action Center	Government Entity	https://www1.nyc.gov/site/doh/health/neighborhood-health/action-center-tremont.page
Women’s Housing and Economic Development Corporation (WHEDco)	Community Organization	https://whedco.org/
The Institute for Family Health/Bronx Health REACH	Healthcare Organization	https://www.institute.org/
New Settlement	Community Organization	https://newsettlement.org/
Bronx 14th Council District	Elected Official	https://council.nyc.gov/district-14/
Bronx 16th Council District	Elected Official	https://council.nyc.gov/district-16/
Bronx Community Board 4	Government Entity	https://www1.nyc.gov/site/bronxcb4/index.page
Bronx Community Board 5	Government Entity	https://www1.nyc.gov/site/bronxcb5/index.page
Community Action for Safe Apartments (CASA)	CASA, A project of New Settlement	https://nsacasa.wordpress.com/
Union Community Health Center	Healthcare Organization	https://www.uchcbronx.org/
Morris Heights Health Center	Healthcare Organization	https://www.mhhc.org/
BronxCare Health System	Healthcare Organization	https://www.bronxcare.org/
Montefiore Health System	Healthcare Organization	https://www.montefiore.org/
BronxWorks	Community Organization	http://www.bronxworks.org/
Sauti Yetu Center for African Women	Community Organization	http://www.sautiyetu.us/
G.S. (Community Resident)	Resident	N/A

B. PROCESS FOR PUBLIC INPUT ON THE NEIGHBORHOOD HEALTH PLAN

Residents of the Jerome Avenue rezoning area have consistently fought for representation and inclusion in the rezoning process. Prior to the existence of the Taskforce, neighborhood organizations have been actively involved in city planning discussions, particularly around affordable housing and the threat of displacement of poor residents in precarious housing arrangements. Community leaders and residents have organized multiple public forums, done door-to-door canvassing, surveyed the neighborhood, met with elected officials and raised public awareness.

The Taskforce has been committed to fostering continued resident engagement in developing the Jerome Avenue Neighborhood Health Plan. In addition to diverse representation among Taskforce membership, the Taskforce organized a public forum with over 100 community residents to discuss health priorities in June 2019. Input from this meeting was used to develop the categories and specific recommendations that appear in this document. A second public forum was held in October 2019 with nearly 40 community residents, where residents had an opportunity to ask questions about proposed recommendations, express support or disapproval for proposed recommendations, and provide suggestions for new recommendations or to append existing proposed recommendations. Paper and online surveys were made available to any residents in the community for two weeks after the October public forum to provide additional avenues for input on the proposed strategies.

Final recommendations as they appear in this document reflect input gathered through these activities.

C. HEALTH STATUS OF THE JEROME AVENUE REZONING AREA

Social and institutional inequities coupled with other social stressors increase risky health behaviors and the risk of poor health outcomes among residents. In the South Bronx, including the neighborhoods along the Jerome Avenue corridor, this has been the case for many decades. In Bronx Community Districts 4 and 5, approximately one-third of residents live in poverty,³ current unemployment is approximately 13% (compared to 9% average across NYC),⁴ and over 60% of residents are considered to be rent-burdened.⁵ Approximately forty percent of deaths could have been averted had these neighborhoods had the same death rate as the five wealthiest neighborhoods in the city.⁶

Because of these and many other poor social determinants of health, neighborhoods in the rezoned area have higher incidence of obesity, diabetes, and hypertension than citywide averages,⁷ and lower life expectancy than NYC overall.⁸ Specific indicators that measure health and wellness among Bronx Community District 4 and 5 residents are presented in the table below.

Indicator	Community District 4	Community District 5	NYC Average (Comparison)
Percent of residents who live in poverty ⁹	32%	34%	20%
Percent of adults who are obese ¹⁰	34%	34%	24%
Percent of adults who consume at least one serving of fruits or vegetables per day ¹¹	65%	78%	87%
Percent of adults who consume one or more 12-oz sugary drinks per day ¹²	34%	33%	23%
Rate of asthma emergency department visits among children age 5-17 (per 10,000) ¹³	420	405	223

Additional information about the health of Community Districts 4 and 5 can be found in Community Health Profiles. The profiles contain over 50 measures of neighborhood health, emphasizing that our health starts where we live, work and play. These reports highlight the disparities among neighborhoods and can be used by policymakers, community groups, health professionals, researchers and residents to encourage community engagement and action. Community Health Profiles for the Jerome Avenue rezoning area, represented by [District 4](#) and [District 5](#), contain further information about the health and environment of the identified population.

³ American Community Survey, 2012-2016, as augmented by NYC Opportunity

⁴ U.S. Census Bureau, American Community Survey, 2012-2016

⁵ U.S. Census Bureau, American Community Survey, 2012-2016

⁶ NYC DOHMH, Bureau of Vital Statistics, 2011-2015

⁷ NYC DOHMH, Community Health Survey, 2015-2016

⁸ NYC DOHMH, Bureau of Vital Statistics, 2006-2015

⁹ American Community Survey as augmented by NYC Opportunity, 2012-2016

¹⁰ NYC DOHMH, Community Health Survey, 2015-2016

¹¹ NYC DOHMH, Community Health Survey, 2015-2016

¹² NYC DOHMH, Community Health Survey, 2015-2016

¹³ New York State Department of Health, Statewide Planning and Research Cooperative System, 2015