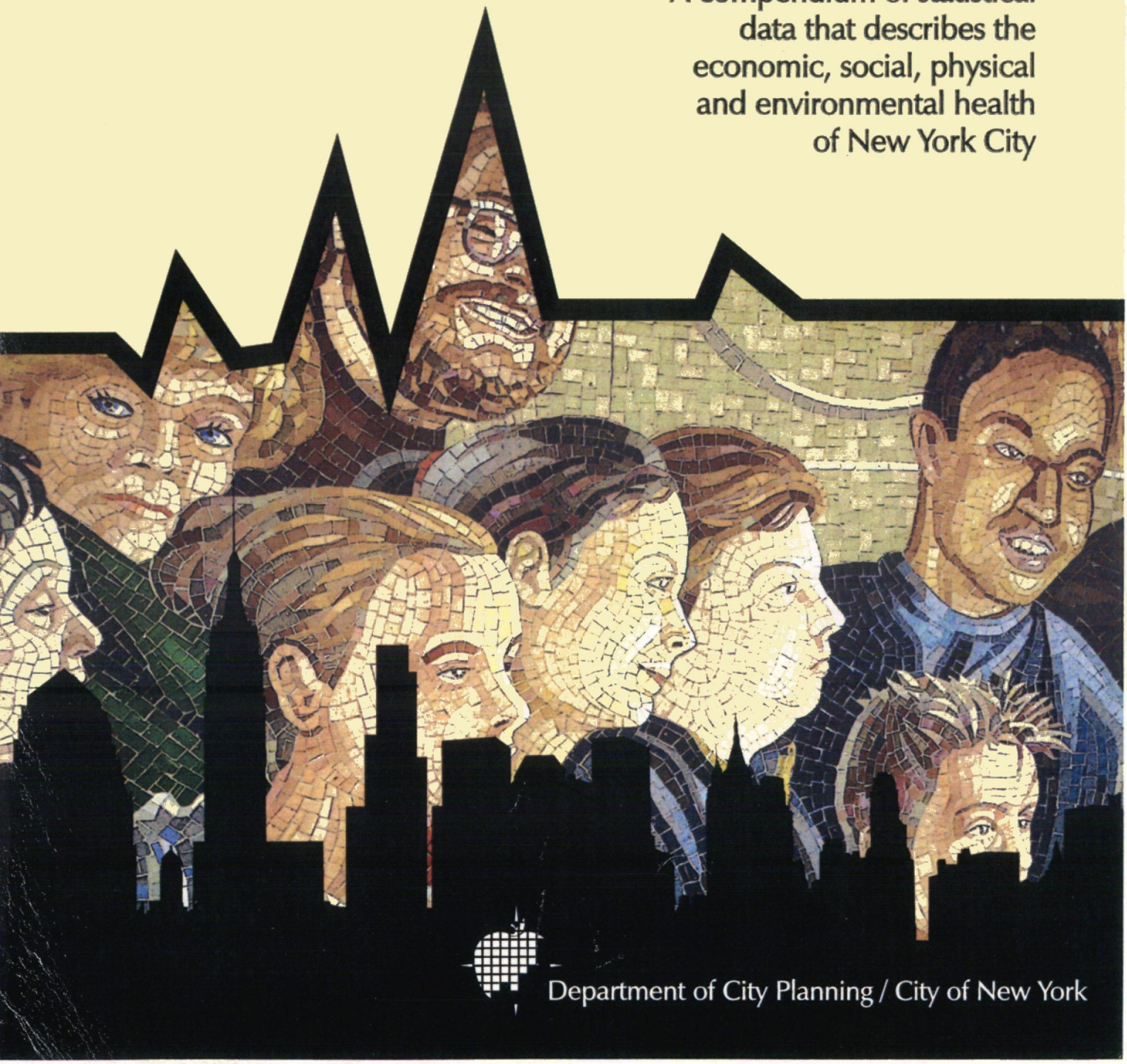
2005 Annual Report on SOCIAL INDICATORS

A compendium of statistical data that describes the economic, social, physical and environmental health of New York City



Department of City Planning / City of New York

2005 Annual Report on

SOCIAL INDICATORS

City of New York
Michael R. Bloomberg, Mayor

Department of City Planning
Amanda M. Burden, Director

DCP# 07-12

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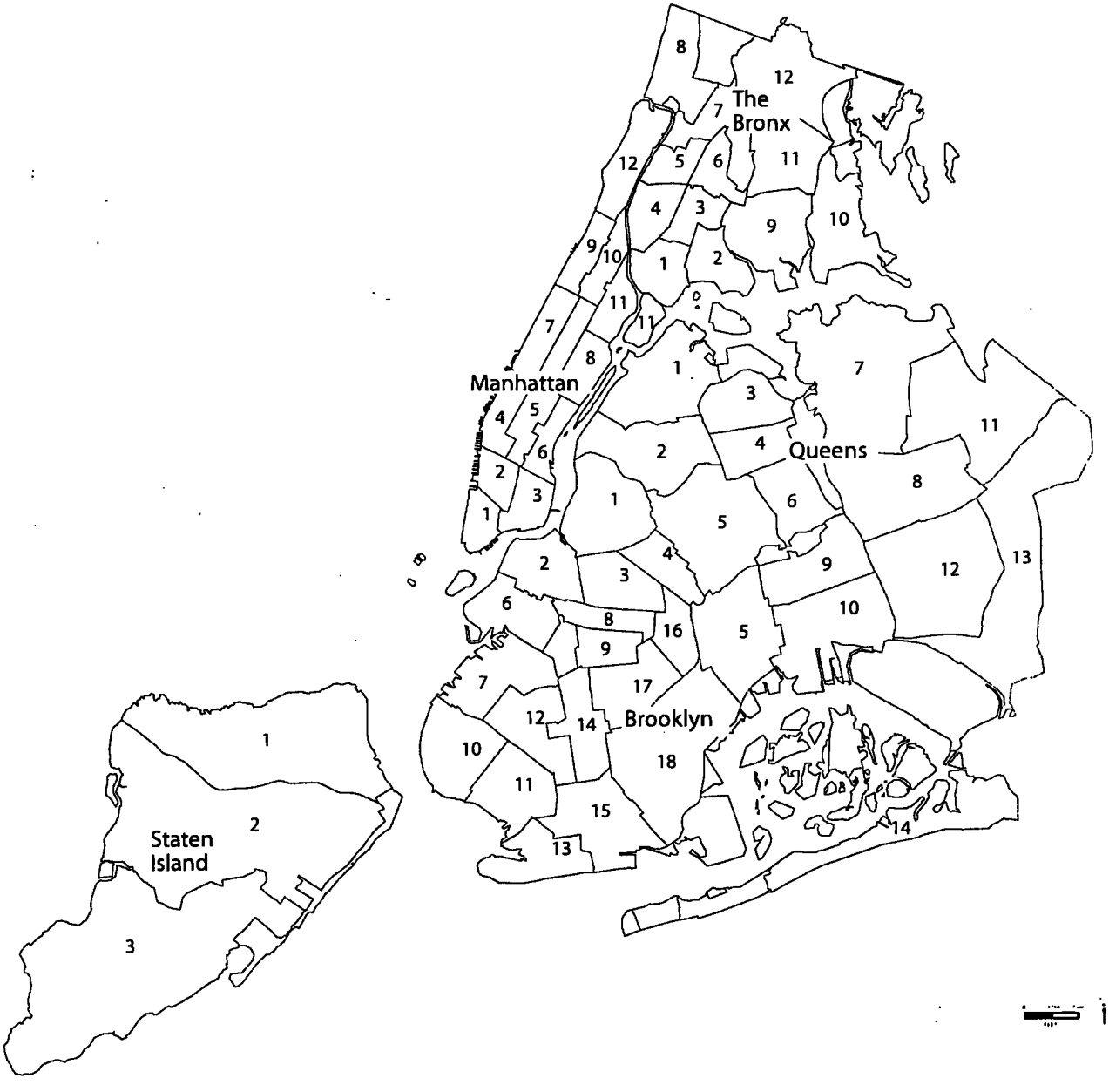
New York City
Community Districts



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Preface

This publication responds to the City Charter's mandate to provide statistical data about New York City, trends over the current and previous five years, comparisons with other areas, a narrative summarizing the economic, social and environmental health of the City. In most cases, fiscal year data are used; otherwise, calendar year data will be used.

The Department of City Planning (DCP) is now in its fifteenth year of publishing this report, since its inception in 1990. This report is a key component of the City's efforts to utilize information on social indicators to identify and address the issues that affect the City. Each of the indicators analyzed in this report addresses critical components such as crime, poverty, housing, health and infrastructure.

The information and analyses in this report includes historical data, highlights and achievements in addition to the statistical data and trends, analyses and comparisons, and current plans and programs. The information in each chapter provides insight on the City's current and past state.

The Department of City Planning has relied upon the assistance and cooperation of many agencies and organizations responsible for the services regarding each indicator, in the preparation of this report. We thank them all and look forward to their continued cooperation and guidance in the future.

There is a lag of one or two years, in some of the information included in this report, as information that was available at the time the report was prepared was used.

We hope you find this report useful and encourage you to submit comments and suggestions for future editions to Jessica Dewberry, Department of City Planning, 22 Reade Street- 4N, New York, New York 10007-1216. Ms. Dewberry's e-mail address is: jdewbe@planning.nyc.gov.

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Summary of Selected Indicators 2005

DEMOGRAPHIC

- According to Census Bureau population estimates, New York City's population increased from 8,008,278 in April of 2000 to 8,143,197 persons in July of 2005.
- According to the certificate of occupancy-driven DCP population estimates, the population of New York City in July of 2005 was 8,213,839, an increase of 205,600 or 2.6 percent since April of 2000.

ECONOMY AND EMPLOYMENT

- Using QCEW data, that covers employment information based upon quarterly reports from employers under New York State Unemployment Insurance Law, New York City's private employment totaled 2,947,505 in 2005.
- In 2005, the citywide average salary across all industries declined by -2.2 percent to $67,858 from 2001 (after adjusting 2001 wages for inflation).
- New York City gained 268,700 of jobs over the last ten years (1995-2005). In industries such as the professional and business services and educational and health services, employment numbers saw gains of over 100,000 jobs in a ten-year period.
- Wages, from 2001 to 2005 (adjusted for 2005 inflation), has dropped in the following private industries: transportation and warehousing (-7.8%), construction (-7.3%), management of companies and enterprises (-6.3%), arts entertainment (-3.4%) and accommodation and food services (-2.8%).
- New York City's per capita personal income (adjusted for inflation) decreased by 3.0 percent or from $44,268 to $42,945 from 2001 to 2005.

PUBLIC SAFETY

- In 2005, total crime was at 217,132, a decrease of 46,632, from 2001.
- During FY 2005, DOC admitted 102,772 inmates, the lowest number of admissions since FY 1993.
- Felony cases dropped 34.9 percent, from 60,868 in FY 2001 to 39,605 in FY 2005.
- In CY 2005, there were 316,334 new cases filed in the Criminal Court, a citywide decrease of 6.5% in five years.

HEALTH

- From 2000 to 2005, the number of live births in New York City decreased from 125,563 to 122,725.
- The percent of multiple births increased by 9%; from 3.5% in 2000 to 3.8% in 2005.
- The proportion of multiple births to New York City mothers continued its general trend of increase: increasing from 3.5% in 2000 to 3.8% in 2005.
- In 2005, the five leading causes of death for New Yorkers were heart disease, cancer, influenza/pneumonia, diabetes and stroke.
- From the beginning of the epidemic through the end of 2005, 151,857 cases of AIDS have been diagnosed and reported in New York City, including 2,118 in children less than 13 years old.
- As of the end of 2005, over 95,000 people were reported in NYC to be living with HIV/AIDS.
- In 2005, New York City recorded 984 confirmed tuberculosis cases, the lowest number since tuberculosis became reportable in 1897.

EDUCATION AND CULTURE

- From FY 2001 through FY 2005, the total enrollment of New York City public schools decreased from 1,103,245 to 1,075,338 students.
- The number of English language learners (ELLs), including general and special education students was 143,500 for FY 2005, representing a 5.3 percent decrease from 151,530 students in FY 2001.
- Immigrant students are students born outside the United States or its territories who have been enrolled in U.S. schools for 3 years or less. In FY 2005, the total number of immigrant students,

75,046, continued to decrease from the high of 129, 463 in 1996.
- The four-year graduation rate for the Class of 2005 was 58.2 percent.
- In Fiscal Year 2005, the attendance at the Cultural Institutions Group (CIG) was 16.7 million visitors.
- Visitors, domestic and international, totaled 42.6 million in 2005 (according to NYC and Company), an increase of 6.5 percent.

POVERTY AND SOCIAL SERVICES

- At the end of FY 2005, the number of public assistance (PA) recipients was 416,164 in June 2005; a 4.9 percent decrease over Fiscal 2004 and a 62.8 percent decrease over June 1995.
- Food stamp participation increased from 991,793 in June 2004 to 1,086,190 in June 2005, a 9.5% increase.
- During Fiscal 2005, the number of people receiving public health insurance increased from 2.46 million to 2.59 million.
- The number of individuals with HIV/AIDS who are receiving HRA's comprehensive case management services decreased slightly from 31,863 in June 2004 to 31,644 in June 2005.
- During FY 2005, Children's Services responded to 50,251 reports of suspected child abuse or neglect involving 79,351 children, compared to 51,477 reports involving 79,555 children in FY 2004.
- In FY 2005, on average there were 28,781 children in foster care.
- In FY 2005, the Division of Family Services provided shelter to families in 163 facilities of which 75 were Tier II residences; 20 were residences for adult families; and 68 were hotels, scatter-sites or reception centers.

HOUSING AND INFRASTRUCTURE

- In FY 2005, a total of 8,221 gut rehabilitation and new construction units, and 10,031 moderate rehabilitation units were started by HPD, leading to a total of 18,252 units of governmentally assisted housing.
- According to the U.S. Census Bureau, the total number of new privately-owned residential permits issued citywide increased by 87.5%, from 2001 to 2005.
- Annual average weekday ridership on the buses and subway was 6.9 million in 2004, a decrease of 18.4% from the previous year. Ridership was 7.1 million in 2005; an increase of 2.2% percent from 2001.
- Metro North Railroad's average annual weekday ridership in 2004 was 248,500, and 257,800 in 2005; an increase of 2.1 percent from 2001.
- In 2004, 93.9 million passengers used the region's three airports, and in 2005, the number increased by 6.3% to 9.8 million passengers.
- In 2005, the number of residential and commercial passenger car registrations decreased by 9.2% in New York City since 2001.

THE ENVIRONMENT

- During FY 2004 DSNY collected 3,525,714 tons of residential solid waste, and 3,288,271 tons in FY 2005, an increase of 10.52% from FY 2001.
- Despite a long-term trend toward improved air quality in New York City, the City continues to be designated by the United States Environmental Protection Agency (EPA) as being in "severe non-attainment" under the national ambient air quality standard (NAAQS) for ground-level ozone, a colorless, odorless gas associated with smog.
- The City was recently designated as being in "moderate non-attainment" for PM-2.5 and Manhattan remains classified as a "moderate non-attainment" area for PM-10. PM-10 and 2.5 designate a variety of solid, semi-solid and liquid particles and droplets with a diameter of 10 microns or less (coarse) and 2.5 microns or less (fine) which can lead to impaired lung functioning, lung cancer and heart attacks.

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CHAPTER ONE: DEMOGRAPHICS

New York City's Population by Borough, 2005

Introduction

The U.S. Census Bureau prepares estimates of total population for all counties in the United States on an annual basis, using a demographic procedure known as the "administrative records component of population change" method (described below). We begin by describing the Census Bureau's 2005 population estimates for New York City's five counties (i.e., boroughs), including a presentation of the components of population change. We then turn to a critique of the components, with a special focus on Brooklyn, Queens, and Manhattan. Third, we present an alternate method for creating population estimates for the boroughs, and discuss the implications of these results for the Census Bureau estimates. Finally, we provide some notes about the data sources used to create the revised estimates.

Census Bureau Estimates for July 1, 2005

Total Population

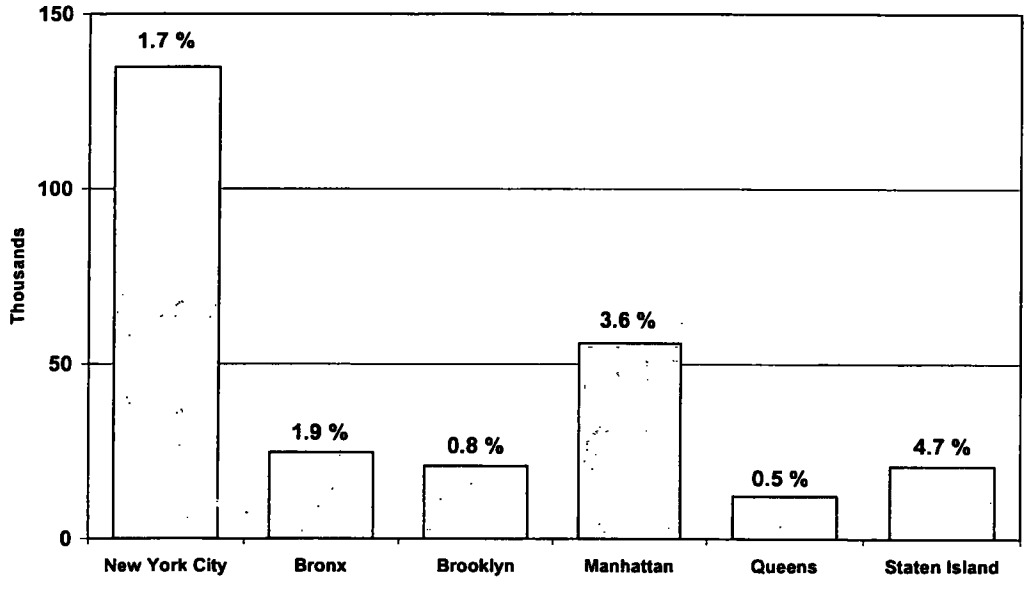
According to Census Bureau population estimates, New York City's population increased from 8,008,278 in April of 2000 to 8,143,197 persons in July of 2005 **(Figure 1-1)**. This is an increase of 134,900 persons or about 1.7 percent and incorporates revisions to previous estimates for 2001, 2002, 2003, and 2004. The change in the city's population occurred because of increases in Staten Island (4.7 percent), Manhattan (3.6 percent), and the Bronx (1.9 percent). Population change, according to the Bureau, was much lower in both Brooklyn (0.8 percent) and Queens (0.5 percent) **(Figure 1-2).**

Figure 1-1
New York City Population by Borough, 2000-2005

Geographic Area	July 1, 2005 Estimated Population	April 1, 2000 Decennial Population
New York City	8,143,197	8,008,278
Bronx	1,357,589	1,332,650
Brooklyn	2,486,235	2,465,326
Manhattan	1,593,200	1,537,195
Queens	2,241,600	2,229,379
Staten Island	464,573	443,728

Source: Annual Estimates of the Population for Counties of New York, U.S. Census Bureau

Figure 1-2
Change in Population by Borough, 2000-2005*



* Source decennial census population and 2005 Census Bureau Estimate

Components of Population Change

Demographers divide population change into components. *Natural increase* represents the difference between births and deaths. *Net migration* represents the balance between persons entering and leaving an area. Together, these components describe how populations change over time. The Census Bureau constructs population estimates for all counties in the United States by separately estimating the components of change. Births and deaths are compiled using data from the national vital statistics system. Net migration is calculated by estimating the rate of net migration for persons coming in from and leaving for other counties in the 50 states (*net internal migration*) and the balance of people who immigrate from and emigrate to other nations and Puerto Rico (*net international migration*). The net internal migration rate is derived using income tax returns from the Internal Revenue Service and Medicare enrollment data from the Social Security Administration (see methods discussion below). The most recent estimates from the Census Bureau indicate the following:

a) Positive natural increase – more births than deaths added almost 341,000 persons to the population between 2000 and 2005 **(Figure 1-3)**;

b) An overall net migration loss of 297,500 persons, the result of a negative net internal migration loss of 808,600 persons in part offset by a gain of 511,000 persons through net international migration. More than ever, immigration is supporting the city's population, substantially offsetting domestic migration losses. Further, the gains through immigration are not keeping pace with domestic losses, yielding larger net migration losses than reported for the period

ending July 1, 2004, when such losses were in the range of 211,500, compared to 297,500 for the period ending July of 2005;

Figure 1-3
Cumulative Estimates of the Components of Population Change for Counties of New York: April 1, 2000 to July 1, 2005

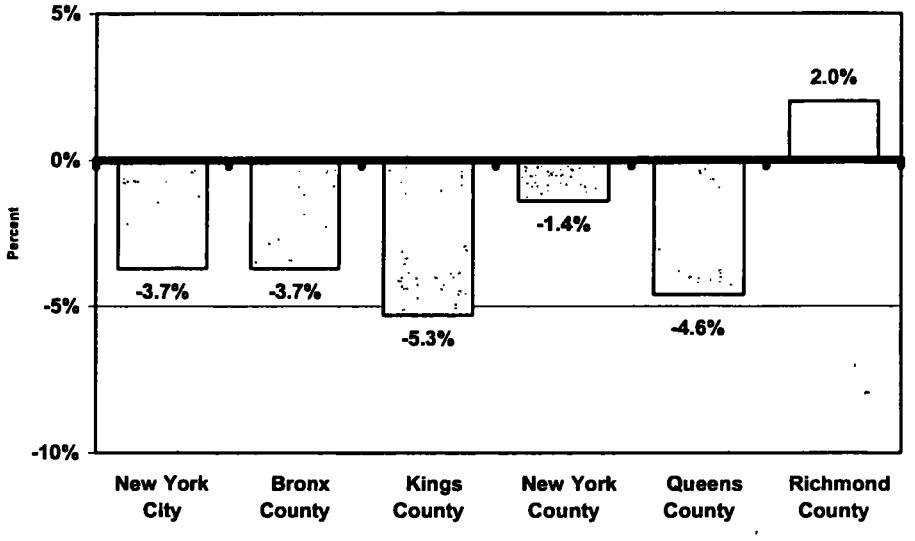
Geographic Area	Total Population Change *	Natural Increase (Births-Deaths)	Net Migration		
			Total	Net International Migration	Net Internal Migration
New York City	134,543	340,643	-297,534	511,018	-808,552
Bronx County	24,939	77,625	-50,329	68,981	-119,310
Kings County	20,710	119,231	-131,886	159,862	-291,748
New York County	55,828	51,776	-22,206	90,461	-112,667
Queens County	12,221	79,877	-102,397	181,176	-283,573
Richmond County	20,845	12,134	9,284	10,538	-1,254

Note: The estimated components of population change will not equal the numerical population change because of a small residual after controlling the national totals.

Source: Population Division, U.S. Census Bureau

c) Net migration losses varied by borough. When expressed as a percent of the 2005 population, Manhattan showed a loss of about 1.4 percent and the Bronx had a loss in the range of 3.7 percent (**Figure 1-4**). Queens and Brooklyn showed the largest relative losses, 4.6 and 5.3 percent, respectively. The Staten Island net migration picture is positive and in the range of two percent.

Figure 1-4
2000-2005 Net Migration as a Percentage of the 2005 Estimate



Census Bureau Methodology and Limitations

The Census Bureau subtracts the number of resident deaths from the number of resident births annually for each county in the U.S., to derive growth due to ***natural increase***. Births are tabulated by residence of the mother, regardless of where the birth occurred. Similarly, deaths are tabulated by the most recent residence of the decedent, not where the death occurred. Birth and death certificates are used as the data source.

Net internal migration represents the net exchange between a county and other counties in the 50 states. Rates are calculated by comparing the addresses of income tax filers from year to year to determine residence at two points in time. For the July 1, 2005 estimates, the addresses of tax filers are compared for 2004 and 2005. .They are subdivided into persons who were deemed in-migrants to a county (address in county in 2005 but outside the county in 2004), those who moved out of a county (address in county in 2004, but outside the county in 2005), and those who filed tax returns at the same address at both points in time (non-migrants). The number of taxpayers moving out of an area is then subtracted from those who move in to determine a **rate** of net internal migration. The calculations are limited to tax filers and their exemptions under the age of 65. For persons 65 years and over, addresses from Medicare enrollment data are used.

Net International Migration is the result of net flows to and from foreign countries and Puerto Rico. Data from the 2000 Census are used to allocate each county's share of the national non-citizen, foreign-born population that arrived in the U.S. between 1995 and 2000 for persons under age 65. Net movement from Puerto Rico is also allocated based on the county distribution of Puerto Ricans who entered the 50 states between 1995 and 2000. In addition, the Census Bureau creates a national estimate of emigration among the native-born. Each county receives a share of total emigration, based on its share of the national native-born population from the 2000 Census.

While the data on births and deaths are generally considered to be reliable, the data on migration can be very problematic because the method assumes that tax filers represent the migration experience of the total population. The Census Bureau uses Medicare enrollment data for persons 65 years to create migration rates because many retired persons do not file tax returns. Yet, there are other groups that have a low propensity to file returns where no procedure is available to compensate for the shortfall: persons who are marginal to the formal economy, those who fear government, groups with serious language problems, and those who are otherwise alienated from the mainstream. For example, the Department of Homeland Security's Office of Immigration Statistics has estimated that New York State had 489,000 unauthorized residents (i.e. undocumented aliens) as of January 2000. Most of these immigrants probably lived in New York City, with few having a reason or sufficient incentive to file income tax returns. In addition, some persons enter the city as students, especially in Manhattan, having never filed an income tax return. After living and working in New York City, many do then file returns and migrate to other parts of the nation. These individuals are detected as they exit the city, but were not factored into the rate when they first arrived.

Since the Census Bureau is using a relatively new method to calculate net international migration, it will be some time before the efficacy of this method can be demonstrated. Suffice it to say that use of the 2000 Census to determine international migration for the post-2000 period is based on an assumption that the immigration picture has remained relatively unchanged. We do know from past experience, however, that the country composition of immigration and patterns of settlement among immigrants change over time. In addition, estimating emigration is problematic, given the absence of reliable data sources on persons who leave the U.S. As it currently stands, the Bureau's methods are unable to incorporate any of the more dynamic aspects of international migration flows. While all of New York City's boroughs are affected by deficiencies in the calculation of migration, Brooklyn, Queens and large portions of Manhattan are especially at risk to problems with these methods, since these three boroughs receive about 85 percent of all the immigrants to New York City.

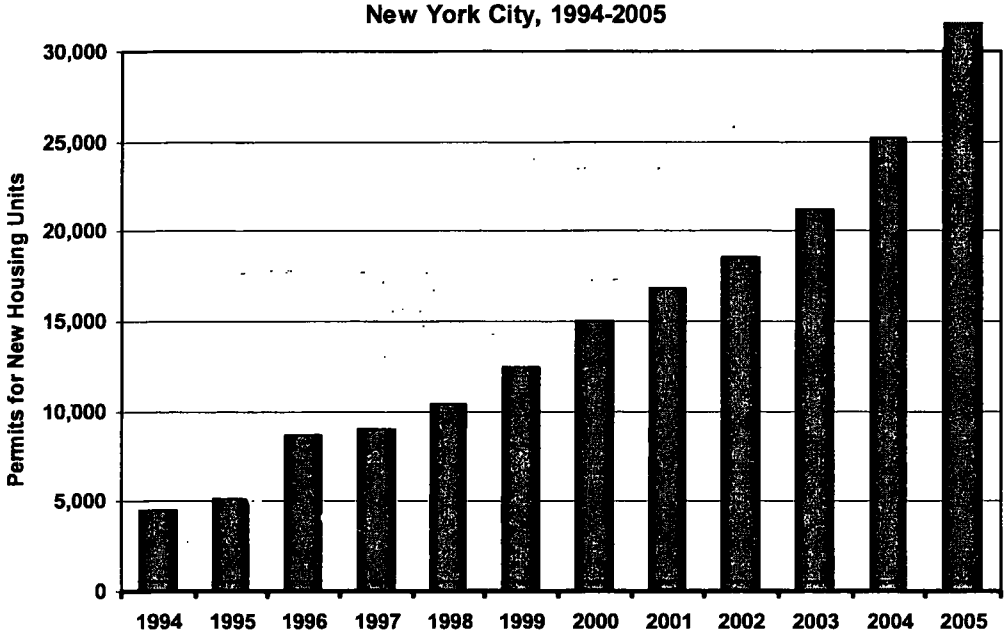
Alternative Method for Estimating Population

The component method is not the only method available for creating population estimates. An alternative method that is used frequently in jurisdictions where population growth is heavily driven by new housing construction is called the ***housing unit method.*** The housing unit method calculates the population in households as the product of housing units, occupancy rates, and average household size. When persons in group quarters (i.e., prisons, nursing homes, dormitories and other facilities) are added to persons in households, an estimate can be created for the total population.

This method uses local administrative data on new housing to gauge change in housing units. In the absence of updated occupancy rates and persons per household, the Census Bureau recommends that counties preparing alternative estimates for the challenge process hold constant occupancy rates and persons per household from the previous census. Local administrative data on the number of persons in facilities is used to supplement the previous census's count of group quarters population. In fact, the Census Bureau currently uses a variant of the housing unit method in the population estimates program to allocate county population to subcounty geographic levels (e.g. places, towns) for the nation.

The method relies heavily on the number of housing units created through new construction from certificates of occupancy. In addition, a special effort was made this year to include selected classes of units created through the conversion of existing units in Manhattan and Brooklyn. The idea of using the housing unit method in the 1980s and 1990s would have been considered unreasonable for New York City because most growth was not a function of new housing. Instead, growth was linked to the creation of new housing units through the subdivision of existing units, which is very difficult to accurately document. Since the late-1990s, however, New York City's growth has become more closely tied with new construction, making it a much better candidate for the housing unit method. High levels of new construction have been the hallmark of this latest era **(Figure 1-5)**.

Figure 1-5
Number of New Privately-Owned residential Building Permits Issued
New York City, 1994-2005



The data on new construction are at odds with that from the Census Bureau's population estimates program. Despite the sharp increase in annual permits for new residential construction, from 2,900 in 2000 to more than 9,000 in 2005, the Bureau shows a negligible increase in population of just 0.8 percent in Brooklyn. Similarly, in Queens, permits increased from 2,700 to 7,300 between 2000 and 2005, yet the Bureau estimates a paltry 0.5 percent increase in that borough. While the number of permits has not increased as dramatically in Manhattan, the volume of new construction has been and continues to be substantial. Moreover, the data for Manhattan more closely reflect the true housing situation because virtually all new units are created with permits; in Brooklyn and Queens, many new units are produced without permits and are impossible to quantify. Further, in Manhattan, a considerable number of new units are created by way of commercial to residential conversion, virtually all of it with firm documentation. In the Bronx, permits for new residential construction rose from 1,600 to more than 4,900. And, while local zoning initiatives have attempted to curb overdevelopment on Staten Island, permits for new residential construction have only recently begun to decline, from about 2,700 in 2000 to almost 1,900 in 2005. In all boroughs, new construction is distributed over a wide range of neighborhoods, some without large numbers of immigrants. The housing boom in areas with large native-born populations is inconsistent with the Census Bureau's estimate of huge domestic net migration losses.

The Department of City Planning recalculated the estimated population based on certificates of occupancy, demolitions, and change in group quarters population, creating

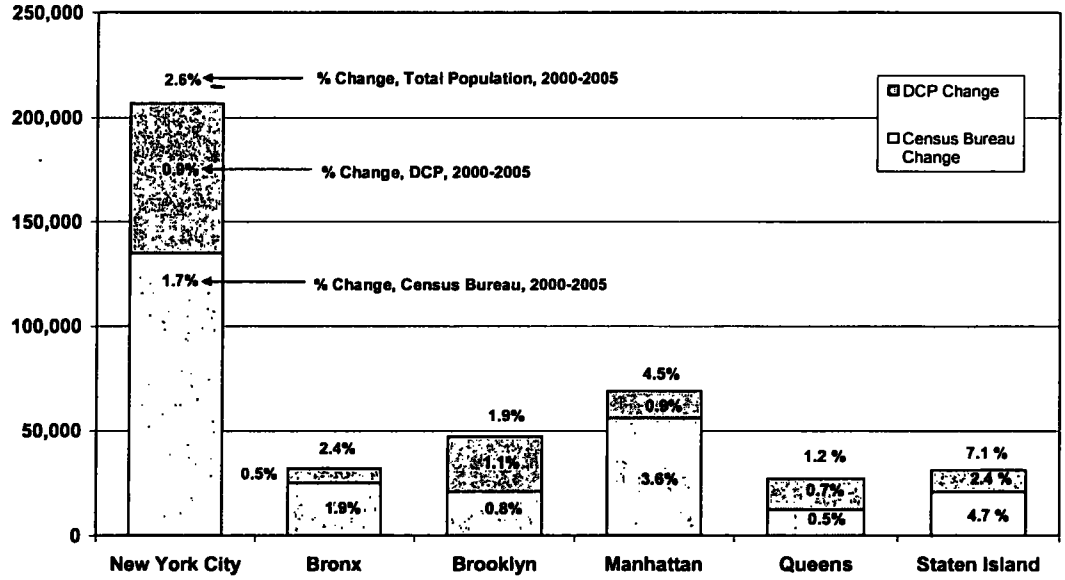
what we believe are more accurate estimates of population for all five boroughs. These results are shown in **Figures 1-6 & 1-7**.

Figure 1-6
Change in Population
Census Bureau and DCP Estimates
April 2000 to July 2005

	2000 Census	2005 Census Bureau Estimates	Change: Census 2000 and Census 2005		2005 DCP Estimates	Change: Census 2000 and DCP 2005	
			# Change	% Change		# Change	% Change
New York City	8,008,278	8,143,197	134,919	1.7%	8,213,839	205,561	2.6%
Bronx	1,332,650	1,357,589	24,939	1.9%	1,364,566	31,916	2.4%
Brooklyn	2,465,326	2,486,235	20,909	0.8%	2,511,408	46,082	1.9%
Manhattan	1,537,195	1,593,200	56,005	3.6%	1,606,275	69,080	4.5%
Queens	2,229,379	2,241,600	12,221	0.5%	2,256,576	27,197	1.2%
Staten Island	443,728	464,573	20,845	4.7%	475,014	31,286	7.1%

Source: 200 Census; Census Bureau Current Estimates; DCP Estimates of Population

Figure 1-7
Census Bureau Estimates and DCP Challenge Estimates Change in Population, 2000 to 2005



According to the certificate of occupancy-driven DCP population estimates, the population of New York City in July of 2005 was 8,213,839, an increase of 205,600 or 2.6 percent since April of 2000. This figure is about 70,600 persons higher than the Census Bureau's July 2005 estimate.

Over the past few years, Brooklyn has lagged in our challenge efforts because housing permits for new residential construction were taking more time than expected to show-up

in the form of certificates of occupancy. Similarly, we now have a firm idea of the number of units that have been created through the conversion of commercial/industrial buildings to residential use, and that number has grown. Using the DCP housing unit estimates, the population of Brooklyn increased by 46,100 between April of 2000 and July of 2005, a growth of 1.9 percent.

Similarly, Queens has lagged in our past challenge efforts and still probably suffers from a number of housing units that are created without the "paper trail" necessary for their inclusion in the estimate. Still however, certificates of occupancy are up in Queens, creating an increase of 27,200 persons, or 1.2 percent since 2000. This is still higher than the Census Bureau's estimate for July of 2005 using the component method.

The increment added via the housing unit method was very large for Manhattan in last year's challenge. This was testimony to the large number of new units added through the formal permit process, including a considerable number of units added through conversion and some acute limitations of the component method regarding young migrants. The addition of new units did increase Manhattan's population beyond the estimate from the component method. Since April of 2000, Manhattan has added some 69,100 persons, an increase of 4.5 percent based on the DCP estimate, which is well above the estimate derived from the component method.

The 2005 Bronx and Staten Island estimates were challenged for the first time. The Bronx registered an increase of 31,900 or 2.4 percent since April of 2000, based on the DCP estimate. While important, the change represents a modest increase over that from the Bureau's component-based estimate.

Staten Island's population based on the DCP method may not seem large, but in relative terms, it is. The housing unit method yielded a population increase of 31,300, or 7.1 percent since April of 2000, well above the estimate from the Census Bureau. Although this level of growth has been substantial, recent declines in housing permits are likely indicative of slower growth in the future.

The estimates from the above alternate methodology have been accepted by the Census Bureau and are the Bureau's official 2005 estimates for New York City's five counties.

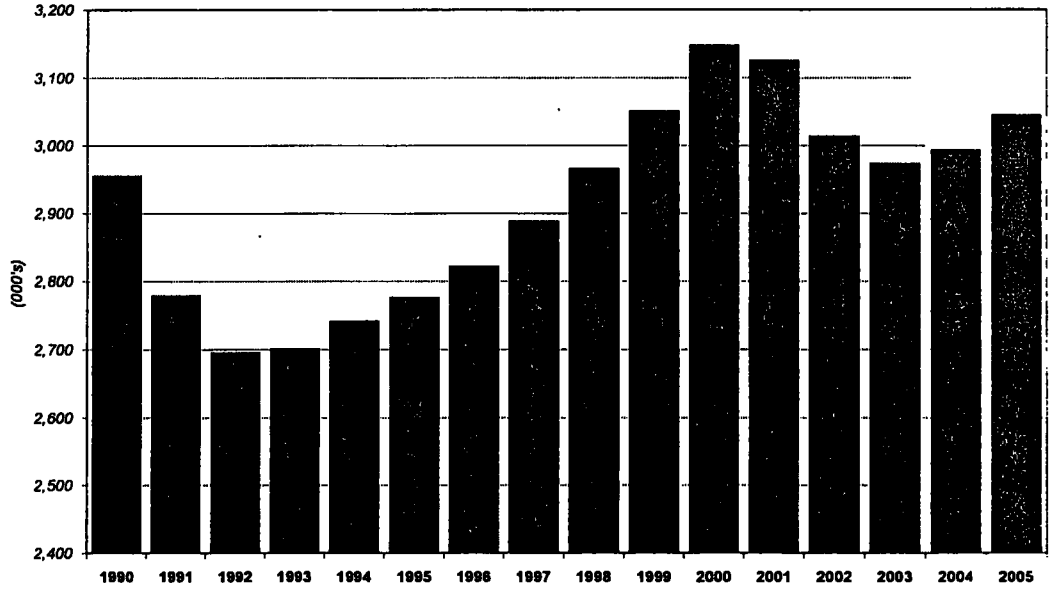
Chapter Two: The Economy and Employment

Four years after September 11th, New York City continues to rebound from that event as well as from the New York City recession (end of 2000 to 2003). Loss of jobs and slow employment growth were the by-products of these events. However, in spite of those events, the City did not suffer as much as during the earlier recession, where 177,000 jobs were lost in 1991 alone and 85,000 jobs were lost in 1992. The City did lose 174,300 from 2000 to 2003; where 111,700 of those jobs were lost from 2001 to 2002.

According to the Current Employment Survey, New York City gained of 72,100 jobs from 2003 to 2005. While the City may be on its way to recovering from the events that began in 2000 and 2001, it has not yet reached its numbers of employment of where it was in 2000. The City is still short more than 100,000 jobs from where the employment numbers were in 2000.

According to the Current Employment Survey (CES), private employment increased by 3.0%, from 2,956,600 in 1990 to 3,046,600 in 2005 (**Figure 2-1**).

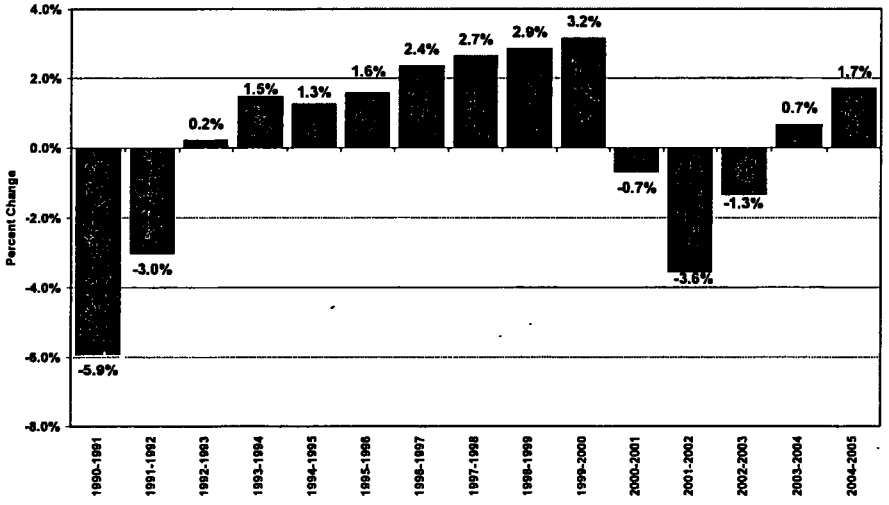
Figure 2-1
Private Employment: 1990-2005



Source: CES, New York State Department of Labor

Over the last fifteen years, New York City's economy has experienced two recessions and at least one expansion. The City may be on its way to its second expansion, at a faster and more productive rate than the last expansion (1992-2000) (**Figure 2-2**).

Figure 2-2
Private Employment: Year-over-Year Percent Change

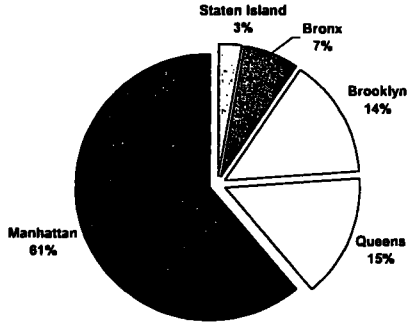


Source: CES, New York State Department of Labor, Percentage Calculations by the Department of City Planning

Private Employment

Using QCEW data, that covers employment information based upon quarterly reports from employers under New York State Unemployment Insurance Law, New York City's private employment totaled 2,947,505. Manhattan comprised 61% of 2005 total private employment in New York City (**Figure 2-3**).

Figure 2-3
2005 Private Employment

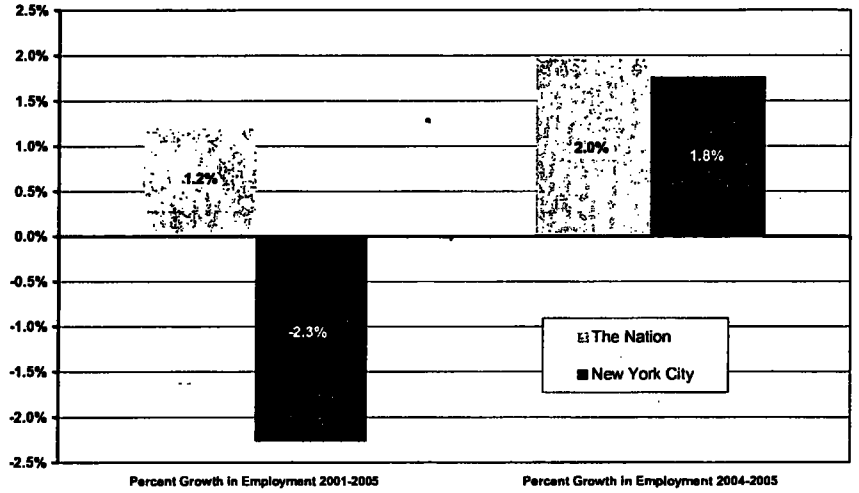


2005 Total NYC Private Employment = 2,947,505

Source: ES-202, New York State Department of Labor

Since the job recovery period starting from 2003, the City has added 69,471 private sector jobs. The nation exceeded the City in private employment growth over the year with an increase of 2.0%, or 2,120,950, bringing the total private employment to 110,611,016 in 2005. The City lost -2.3%, or 68,356 jobs over the last five years, while the Nation's private employment rose by 1.2%, or 1,306,214 private sector jobs over the same time period (**Figure 2-4**).

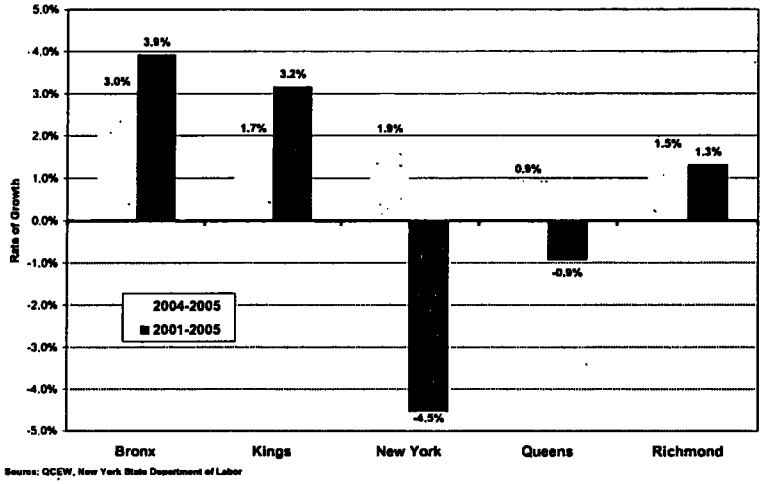
Figure 2-4
Private Employment: NYC vs. the Nation



Source: QCEW, Bureau of Labor Statistics

Private employment increased among all of the boroughs since 2003. The Bronx and Staten Island were the only boroughs that had increases in employment four out of the last five years. The Bronx private employment increased by 3.9% over the last five years; Brooklyn had an increase of 3.2% and Staten Island's private sector jobs increased by 1.3%, from 2001 to 2005. Manhattan and Queens had losses of -4.5% and -0.9%, respectively, over the same time period (**Figure 2-5**).

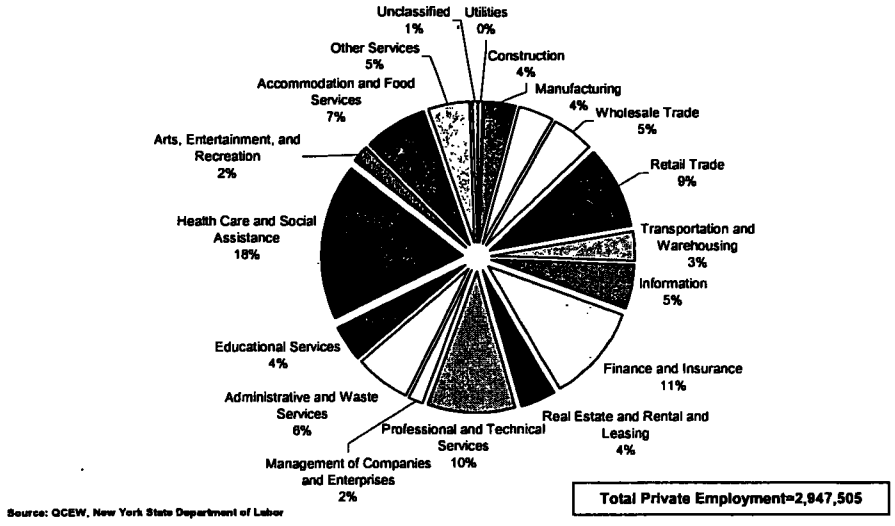
Figure 2-5
Private Employment Growth by Borough



Source: QCEW, New York State Department of Labor

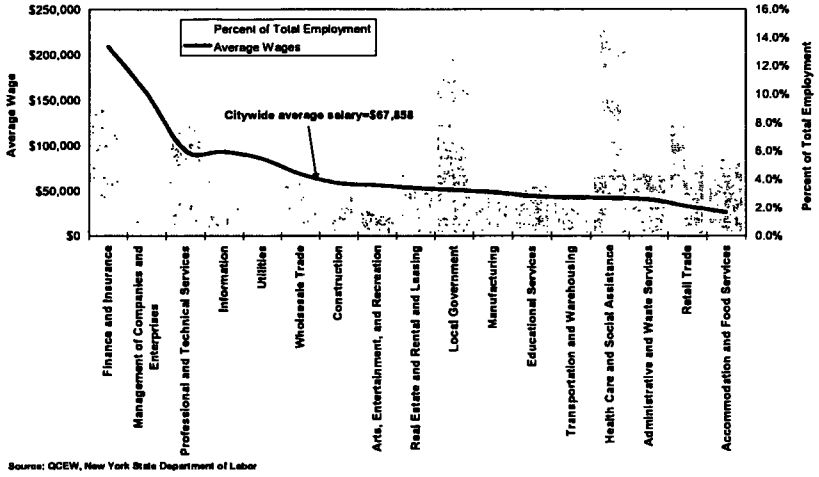
In 2005, private employment was predominantly distributed in health care and social assistance (18%); finance and insurance (11%); professional and technical services (10%); and retail trade (9%) sectors (**Figure 2-6**).

Figure 2-6
2005 NYC Private Employment Distribution



In 2005, the citywide average salary across all industries declined by -2.2 percent to $67,858 from 2001 (after adjusting 2001 wages for inflation). The citywide average salary doesn't quite illustrate the extreme between the salaries in different industries, which range from $208,907 in finance and security to $25,951 in accommodation and food services (**Figure 2-7**). Almost 65% of total private employment in the City occurs in industries that pay less than the citywide average.

Figure 2-7
Distribution of New York City Employment by Average Wage
2005



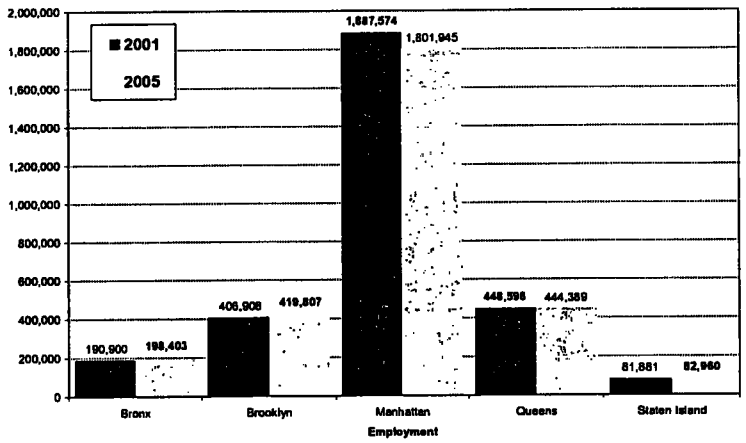
In 2005, private employment in the Bronx was 198,403. Private sector employment in the Bronx increased by 3.0 percent or 5,764 jobs in 2005 compared to a growth of 1.1 percent or 2,041 jobs in 2004. Staten Island's private employment (82,960) growth rose by 1.5% or 1,238 jobs in 2005 compared to 0.9% or 705 jobs the year before.

After calculating both the loss and addition of jobs from 2001 to 2005, the Bronx gained 7,503 (3.9%) private sector jobs and Staten Island gained 1,079 (1.3%).

Brooklyn and Queens continues to experience growth in 2005 but only after losing jobs from 2000 to 2003. In 2005, Brooklyn added 6,987 (1.7%) jobs to its private employment numbers (419,807) down from the previous year (8,342—2.1%). Queens added 4,039 (0.9%) jobs to the 444,389 private employment numbers in 2005. However, private employment declined by 12,246 jobs from 2000 to 2003.

Manhattan, which comprises 61% of all private employment in NYC, gained 33,165 (1.9%) jobs in 2005. Due to the recession, the terrorist attacks on September 11th and the downturn in the financial sector, Manhattan's job losses were especially steep, decreasing from 1,928,326 in 2000 to 1,764,430 in 2003. However, the core of the Big Apple managed to bring its private employment numbers to 1,801,945 in 2005 (**Figure 2-8**).

Figure 2-8
Private Employment: The Five Boroughs
2001 and 2005



Source: QCEW, New York State Department of Labor

Employment by Industry/Sector

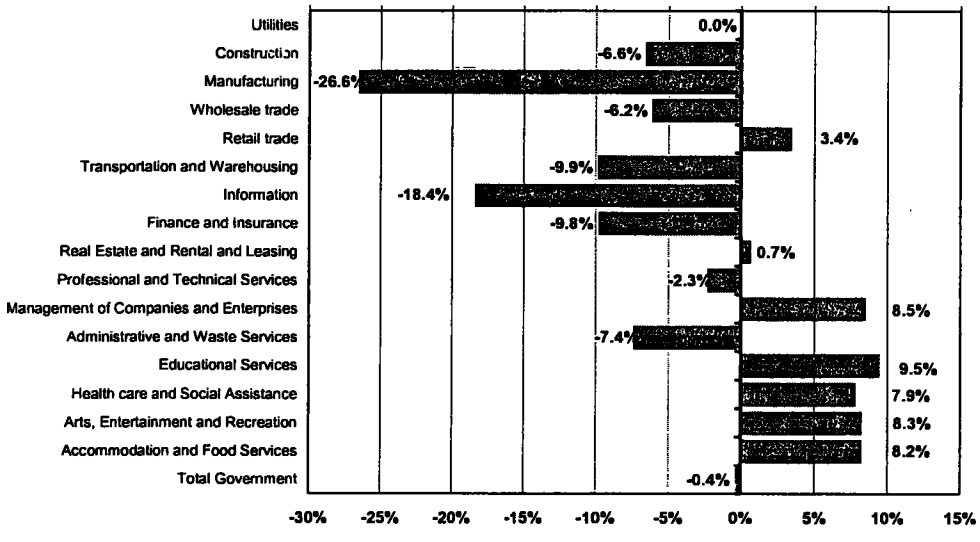
New York City gained 268,700 of jobs over the last ten years (1995-2005). In industries such as the professional and business services and educational and health services, employment numbers saw gains of over 100,000 jobs in a ten-year period. While over the same time period, manufacturing lost almost as many jobs (93,900).

Within the professional and business services, the accounting, tax preparation, bookkeeping and payroll sectors had an increase of 63 % and within the educational and health care services, home health care services experienced an increase of 69%, from 1995 to 2005. Over the last five years, there were increases in employment in the

following industries: management of companies and enterprises (8.5%), educational services (9.5%), healthcare and social assistance (7.9%), arts, entertainment and recreation (8.3%), and accommodation and food services (8.2%) (**Figure 2-9**).

Over a five-year period, the City also experienced job loss. Some of the industries that saw employment numbers decline were manufacturing (-26.6%), information (-18.4%), transportation warehousing (-9.9%) and finance and insurance (-9.8%).

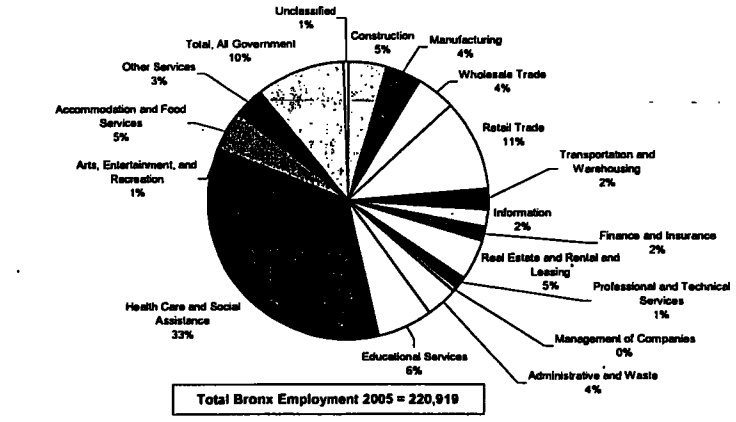
Figure 2-9
Industry Growth
2001-2005



Source: QCEW, New York State Department of Labor

In the Bronx, health care and social assistance comprised of 33% of all private employment in the Bronx; while retail was the second industry with the next highest percentage of private employment; with 11%. Educational services had a 6% share of the Bronx's private employment (**Figure 2-10**). The Bronx has 14% of total health care and social assistance; 11% of educational services; 9% of all retail trade; 9% of construction; 9% of real estate, rental and leasing; 8% of manufacturing; 7% of wholesale trade; 5% of accommodation and food services; 5% of transportation and warehousing; 5% of arts, entertainment and recreation; 4% of administrative and waste services; 3% of information services; 2% of management of companies; 1% of professional and technical services; and 1% of finance and insurance employment in the City.

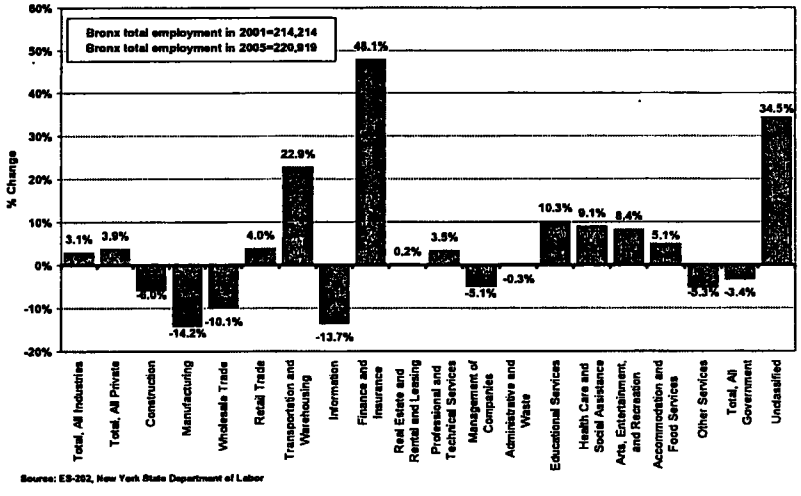
Figure 2-10
2005 Bronx Employment Distribution



Source: New York State Department of Labor

From 2001-2005, the Bronx saw increases in finance and insurance (48%); transportation and warehousing (23%); and educational services (10%); yet also experienced losses in manufacturing (-14%), information (14%); wholesale trade (-10%) construction (-6.0%), and management of companies (- 5%) (**Figure 2-11**).

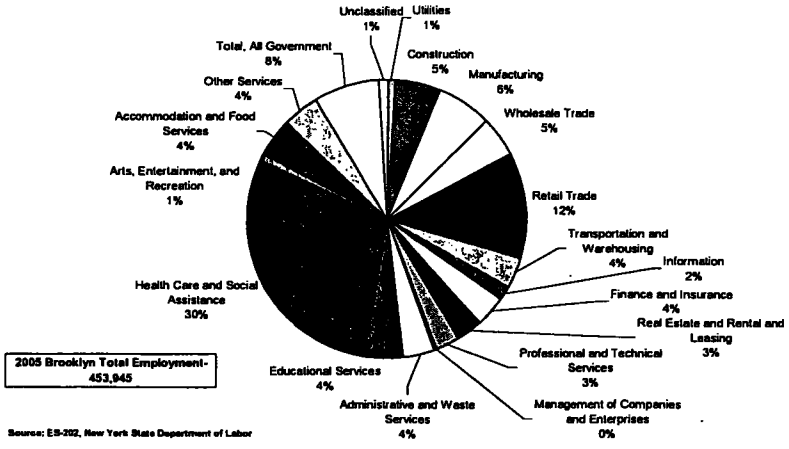
Figure 2-11
Bronx Average Employment: Percent Change 2001-2005



Source: ES-202, New York State Department of Labor

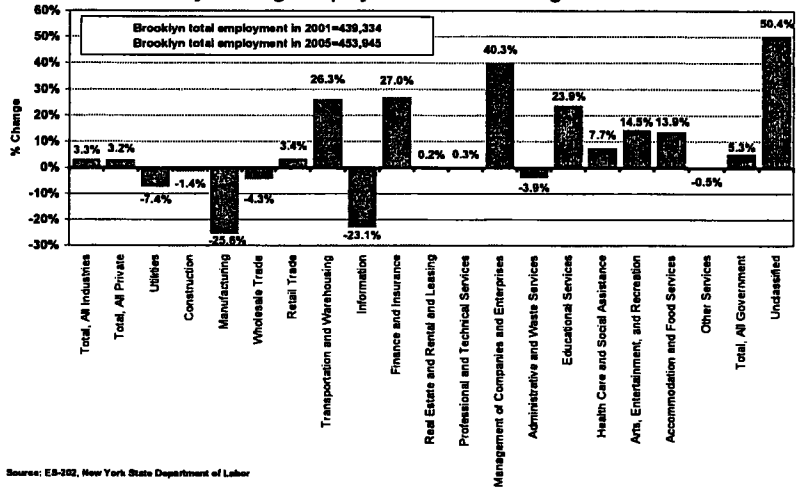
Brooklyn mirrored the Bronx, in terms of the two industries with the highest percentages in health care and social assistance– 30% and retail – 12% (**Figure 2-12**). Manufacturing had 6% of Brooklyn's private employment. Brooklyn has 26% of all health care and social assistance; 25% of all manufacturing; 21% of construction; 20% of retail trade; 17% of transportation and warehousing; 16% of educational services; 16% of wholesale trade; 12% of real estate, rental and leasing; 9% of accommodation and food services; 9% administrative and waste services; 6% of arts, entertainment and recreation; 5% of finance and insurance; 5% of information; 4% of professional and technical services; and 2% of management of companies employment in New York City.

Figure 2-12
2005 Brooklyn Employment Distribution



Brooklyn saw increases in transportation and warehousing (26.3%), finance and insurance (27%), management of enterprises and companies (40%) and educational services (24%) over a five-year period. Decline in employment also occurred in manufacturing (-26%) and information (-23%) (**Figure 2-13**).

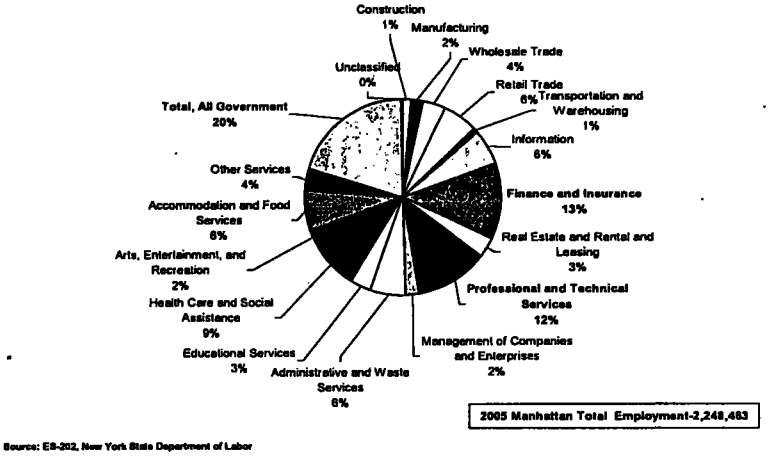
Figure 2-13
Brooklyn Average Employment: Percent Change 2001-2005



Manhattan's largest private employment sectors were finance and insurance-13%; professional and technical services-12%; health care and social assistance- 19%; and accommodation and food services-6% (**Figure 2-14**). In NYC, Manhattan has 92% of management of companies; 90% of all professional and technical services; 87% of all finance and insurance jobs; 86% of all information jobs; 80% of all arts, entertainment and recreation jobs; 71% of all administrative and waste services; 68% of all accommodation and food service jobs; 66% of real estate and rental and leasing; 60% of

all educational services jobs; 59% of wholesale trade; 48 % of all retail trade; 38% of all manufacturing jobs; 38% of all health care and social assistance; 27% of all construction jobs; and 20% of transportation and warehousing jobs.

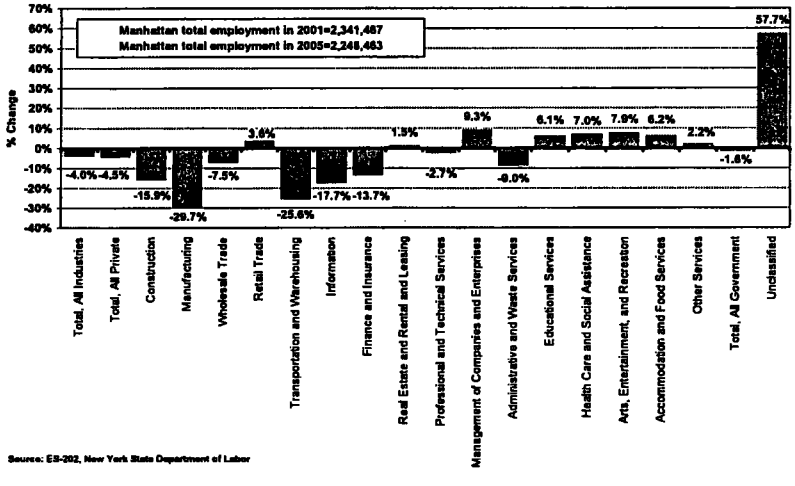
Figure 2-14
2005 Manhattan Employment Distribution



Source: ES-202, New York State Department of Labor

Manhattan saw increases in management of companies and enterprises (9.3%); arts, entertainment and recreation (7.9%); health care and social assistance (7.0%); accommodation and food services (6.2%) and educational Services (6.1%) from 2001 to 2005 (**Figure 2-15**). Over the same time period, there were substantial losses in manufacturing (-29.7%); transportation and warehousing (-25.6%); information (-17.7%); construction (-15.9%); finance and insurance (-13.7%) and administrative and waste services (-9.0%),

Figure 2-15
Manhattan Average Employment: Percent Change 2001-2005

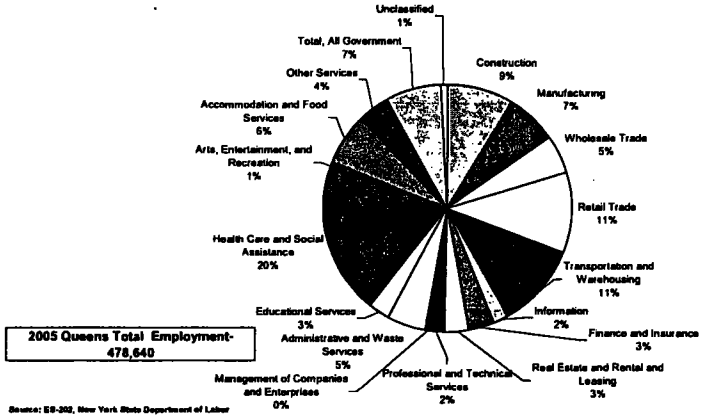


Source: ES-202, New York State Department of Labor

In 2005, Queens's largest private employment sectors were health care and social assistance (20%), transportation and warehousing (11%) and retail trade (11%) (**Figure**

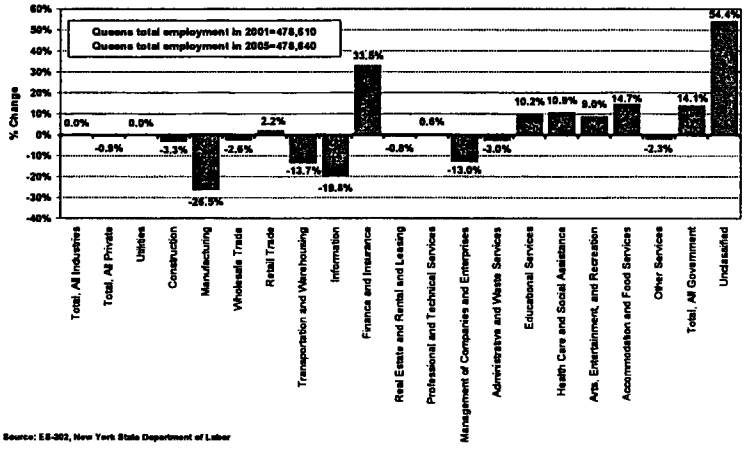
2-16). Queens has 53% of transportation and warehousing; 37% of construction jobs; 28% of all manufacturing; 18% of all health care and social assistance jobs; 18% of all retail trade; 17% of wholesale trade jobs; 15% of accommodation and food services; 13% of administrative and waste services; 13% of real estate and rental and leasing jobs; 11% of educational services jobs; 7% of arts, entertainment and recreation; 6% of informational jobs; 5% of finance and insurance jobs; 4% of professional and technical services; and 3% of management of companies employment in New York City.

Figure 2-16
2005 Queens Employment Distribution



Among the industries which saw the greatest increases in Queens, were finance and insurance (33.5%); accommodation and food services (14.7%); health care and social assistance (10.9%); and educational services (10.2%) from 2001-2005. The industries with the greatest declines in employment over the same time period were manufacturing (-26.5%), information (-19.8%); transportation and warehousing (-13.7%) and management of companies (-13.0%) (**Figure 2-17**).

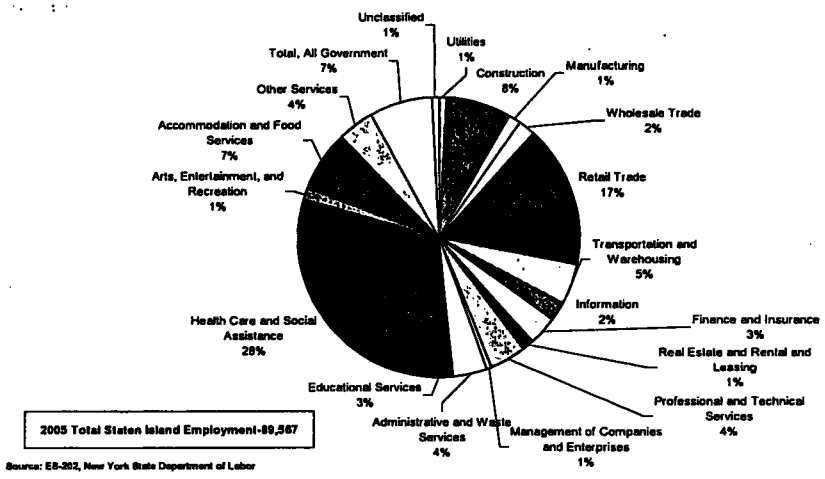
Figure 2-17
Queens Average Employment: Percent Change 2001-2005



In Staten Island, health care and social assistance comprised 28% and retail trade comprised 17% of the borough's private employment (**Figure 2-18**). Construction and

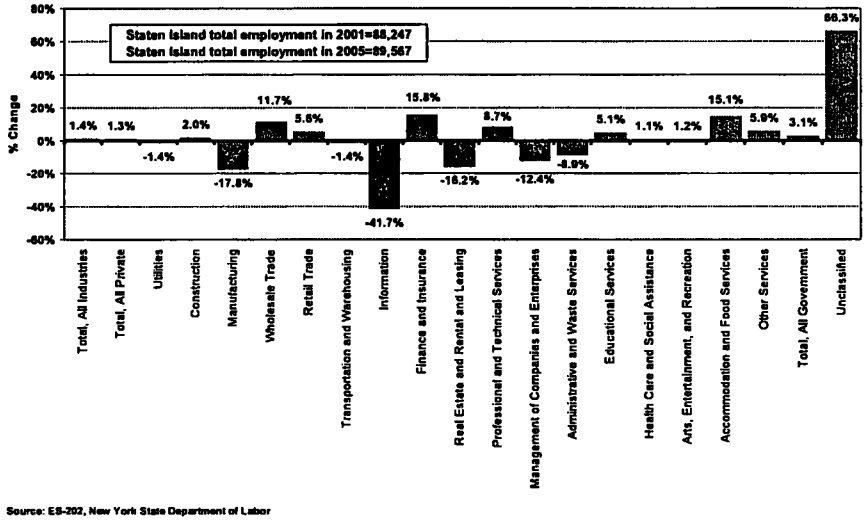
accommodation and food services account for 8% and 7%, respectively. In 2005, all sectors of employment in Staten Island ranged from one to six percent of all employment in NYC.

Figure 2-18
2005 Employment Distribution in Staten Island



Staten Island experienced increases in finance and insurance (15.8%); accommodation and food services (15.1%); wholesale trade (11.7%) and professional and technical services (8.7%) from 2001-2005. Yet the borough also lost jobs in information (-41.7%); manufacturing (-17.8%); real estate and rental and leasing (-16.2); management of companies (-12.4%) and administrative and waste services (-8.9%) (**Figure 2-19**).

Figure 2-19
Staten Island Average Employment: Percent Change 2001-2005

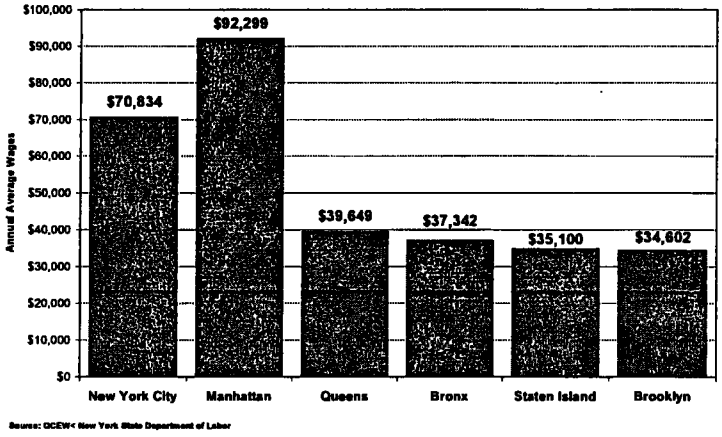


Source: ES-202, New York State Department of Labor

Wages in the City

In 2005 private sector wages in New York City experienced a gain of 1.3% over the last year. The annual average wage for private employment in Manhattan was $92,299; above the City's average of $70,834. The rest of the boroughs annual wages were comparable with each other; with Queens ($39,649); the Bronx ($37,342); Staten Island ($35,100) and Brooklyn ($34,602). **(Figure 2-20).**

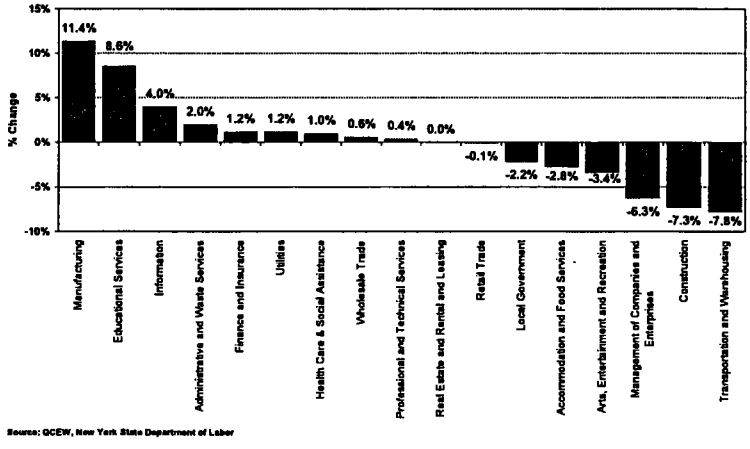
Figure 2-20
2005 Annual Average Wages in Private Employment



Source: QCEW< New York State Department of Labor

Wages, from 2001 to 2005 (adjusted for 2005 inflation), has dropped in the following private industries: transportation and warehousing (-7.8%), construction (-7.3%), management of companies and enterprises (-6.3%), arts entertainment (-3.4%) and accommodation and food services (-2.8%). Meanwhile, manufacturing, educational services and information had increases of 11.4%, 8.6% and 4.0% respectively, over the same period **(Figure 2-21).**

Figure 2-21
Average Wages: Growth, 2001-2005
(2001 Wages to 2005 Inflation)



Source: QCEW, New York State Department of Labor

In most of the industries, the annual average wage doesn't differ much across the five boroughs, except for Manhattan; however, there are a couple of industries where a particular borough has a higher annual average wage than Manhattan (**Figure 2-22**).

Figure 2-22
Average Annual Wages
New York City: 2005

	New York City	Bronx	Brooklyn	Manhattan	Queens	Staten Island
Private	$70,834	$37,342	$34,602	$92,299	$39,649	$35,100
Utilities	$85,416	N/A	$83,845	N/A	N/A	$84,576
Construction	$58,314	$52,933	$43,878	$72,685	$58,463	$52,623
Manufacturing	$48,316	$36,371	$33,490	$65,030	$43,056	$39,034
Wholesale Trade	$68,428	$49,239	$38,876	$85,219	$48,055	$47,360
Retail Trade	$32,715	$24,523	$25,248	$41,299	$25,273	$22,507
Transportation & Warehousing	$42,754	$35,296	$31,925	$43,516	$46,345	$46,800
Information	$93,002	$50,625	$52,473	$99,658	$52,337	$57,807
Finance & Insurance	$208,907	$38,913	$67,318	$229,411	$75,349	$44,318
Real Estate	$53,159	$30,578	$33,677	$62,232	$37,893	$30,085
Professional & Technical Services	$94,057	$40,079	$40,719	$100,049	$39,281	$38,305
Management of Companies	$157,398	$56,244	$48,504	$165,918	$63,170	$72,954
Administrative & Waste Services	$40,332	$25,390	$29,535	$45,252	$28,070	$26,195
Educational Services	$44,094	$37,017	$26,259	$52,664	$32,533	$31,350
Healthcare & Social Assistance	$41,759	$40,656	$36,442	$47,482	$38,793	$39,144
Arts, Entertainment & Recreation	$55,939	$100,309	$28,468	$57,489	$43,432	$18,664
Accommodation & Food Services	$25,941	$15,476	$16,637	$30,170	$17,777	$14,835

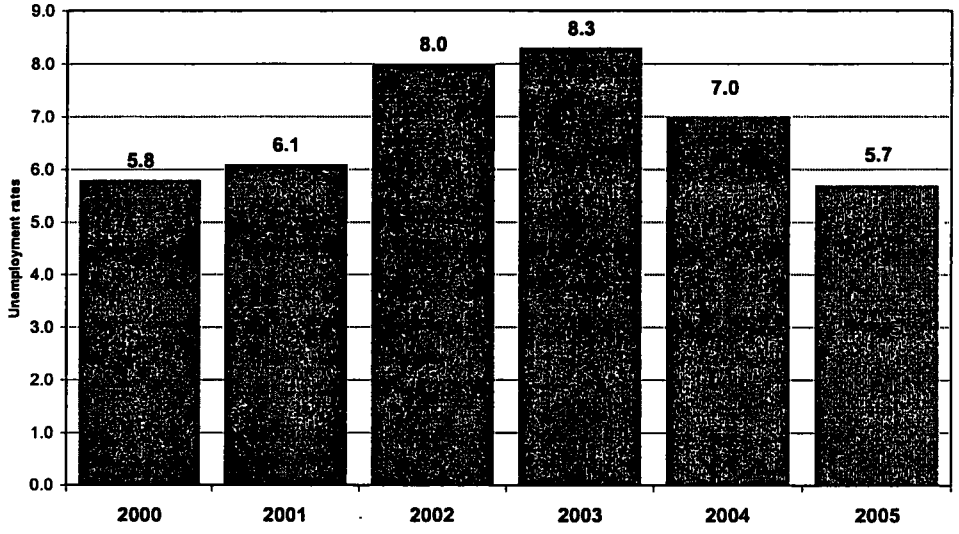
Source: New York State Department of Labor

Unemployment

The unemployment rate for the City (5.7%) in 2005 is lower than it was in 2000 (5.8%). There are more employed residents of New York City in 2005 (3,546,000) than was in 2000 (3,454,000). However, there were more people residing in New York City in 2005 (8,143,197 according to the Department of City Planning) than in 2000 (8,008,278 according to the Decennial Census). The City's unemployed residents also increased from 212,000 in 2000 to 216,000 in 2005.

The New York City annual average unemployment rate dropped to 5.7 percent in 2005 down from 7.0 percent in 2004 (**Figure 2-23**).

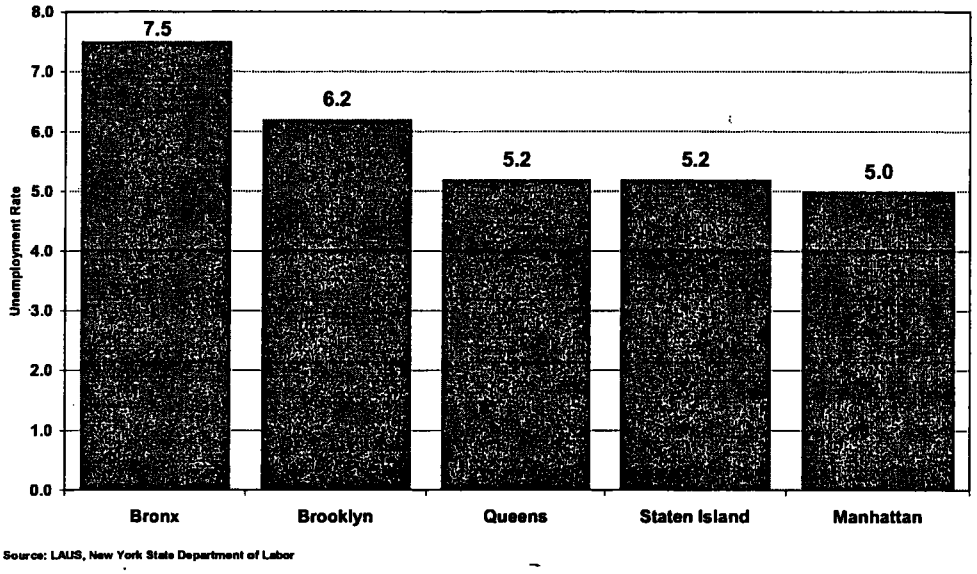
Figure 2-23
New York City Unemployment Rates



Source: New York State Department of Labor

The 2005 unemployment rate of New York City residents was lowest in Manhattan at 5.0 percent. Queens and Staten Island had the next lowest unemployment rates at 5.2 percent each. Brooklyn's unemployment rate dropped from 7.6 to 6.2 in 2005 and the Bronx, which has the highest unemployment rate dropped from 9.1 to 7.5 (**Figure 2-24**).

Figure 2-24
2005 Unemployment Rates: By Borough



Source: LAUS, New York State Department of Labor

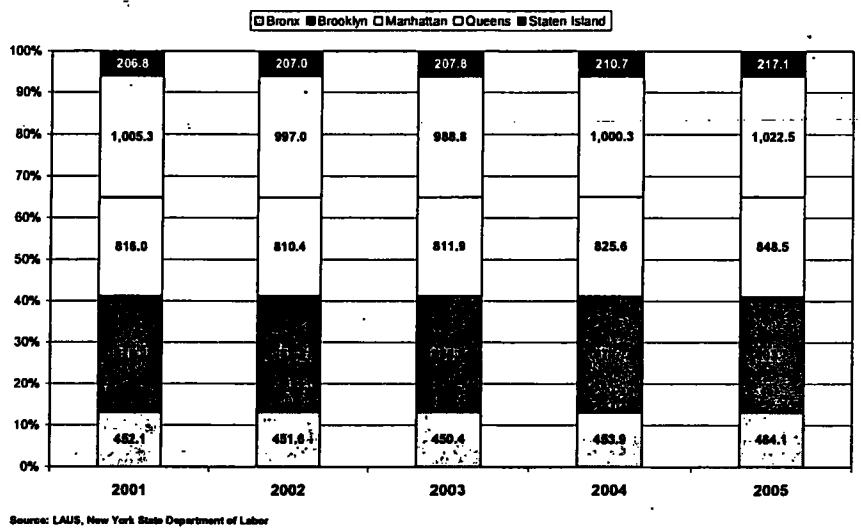
The year-over-year change in unemployment of City residents in 2005, and in all of the five boroughs, decreased to 7.5 percent or better; yet over the last five years, Brooklyn, Manhattan and Queens had unemployment rates reduced by -6.1, -13.8 and 13.7 percent, while the Bronx and Staten Island increased by 1.4 and 2.0 percents, respectively.

Employed New York City Residents

In 2005, the average number of employed New York City residents increased by 83,000 from 2004. After three years of decline, the number of employed NYC residents in 2005 has matched and surpassed the number of employed NYC residents in 2000 (**Figure 2-25**).

The five boroughs each experienced an increase of 2.0 percent or better of employed residents, from 2004 to 2005. Employed residents in the boroughs added 83,000 jobs; 10,200 for Bronx residents; 21,000 jobs for Brooklyn residents; 22,900 jobs for Manhattan residents; 22,200 jobs for Queens' residents and 6,400 jobs for Staten Island residents.

Figure 2-25
Employed Residents by Borough



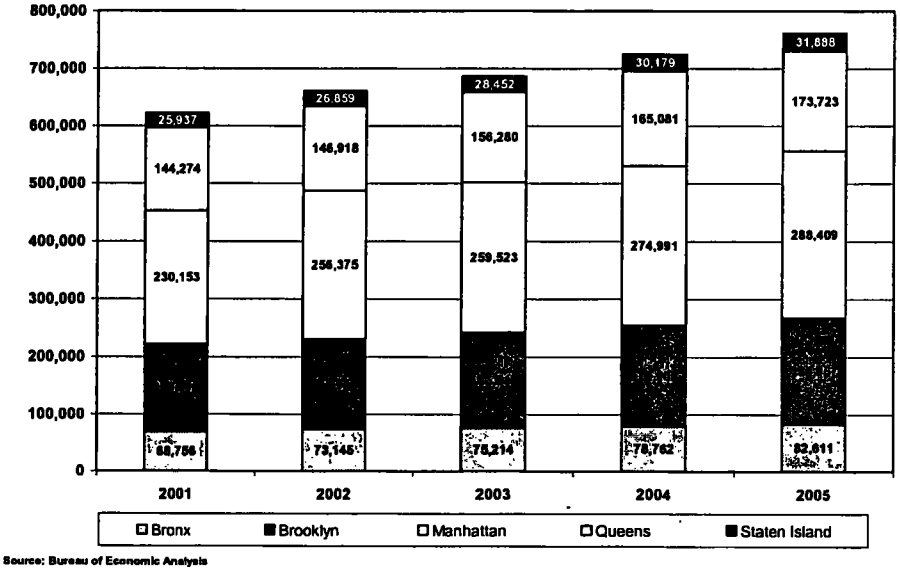
Source: LAUS, New York State Department of Labor

Self Employment

The number of self employed persons working in New York City rose by 5.1 percent or 36,672 from 2004 to 2005. Self-employment in the City gained 139,053 or 22.3% over the last five years. All five boroughs had growths of self-employment that ranged from 4.9 % to 5.7 % in 2005.

In 2005, Manhattan led the City with highest number of self-employed with 288,409; followed by Brooklyn (184,957), Queens (173,723), Bronx (82,611) and Staten Island (31,888) (**Figure 2-26**).

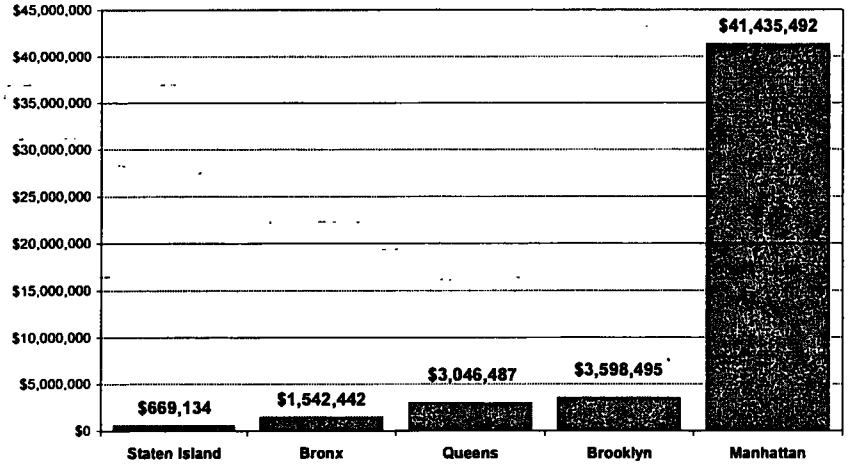
Figure 2-26
Self-Employment by Borough-2001-2005



Source: Bureau of Economic Analysis

Self-employment income has increased in all five boroughs over the last five years. The Bronx's 40% increase in self-employment income totaled $1,542,442 in 2005, followed by Staten Island (37%, $669,134), Queens (28%, $3,046,487), Brooklyn (24%, $3,598,495) and Manhattan (18%, $41,435,492) (**Figure 2-27**).

Figure 2-27
Self-Employment Total Income: 2005



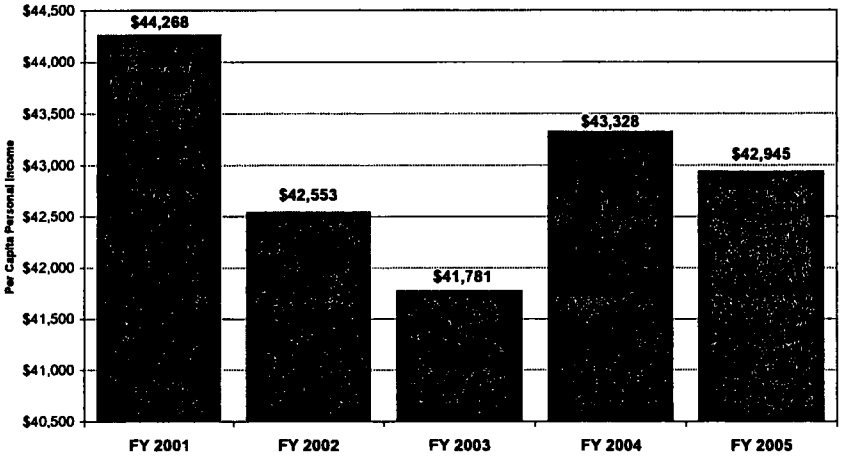
Source: Bureau of Economic Analysis

Per Capita Personal Income

Bureau of Economic Analysis Definition: *Personal income is the income that is received by persons from all sources. This measure of income is calculated as the personal income of the residents of a given area divided by the resident population of the area.*

New York City's per capita personal income (adjusted for inflation) decreased by 3.0 percent or from $44,268 to $42,945 from 2001 to 2005 (**Figure 2-28**).

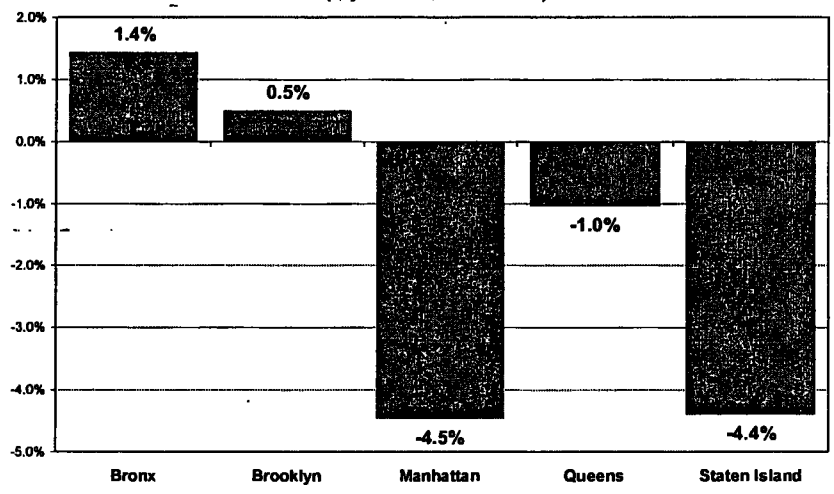
Figure 2-28
Per Capita Personal Income: 2001 - 2005



Source: Bureau of Economic Analysis, 2001 to 2004 per capita personal income adjusted for 2005 inflation by the Department of City Planning.

In 2004 and 2005, Manhattan had the highest per capita personal income at $92,222 and 93,377, although it's per capita personal income was lower than in 2001 ($97,749). Staten Island followed with $38,036 and $37,459; Queens $32,211 and $31,912; Brooklyn $28,996 and $28,462; and the Bronx with $23,934 and $23,513. Over a five-year period (2001 to 2005) the Bronx and Brooklyn were the only boroughs with increase in per capita personal income, despite having the lowest numbers (**Figure 2-29**).

Figure 2-29
Per Capita Personal Income Growth by Borough: 2001-2005
(Adjusted for $2005 Inflation)



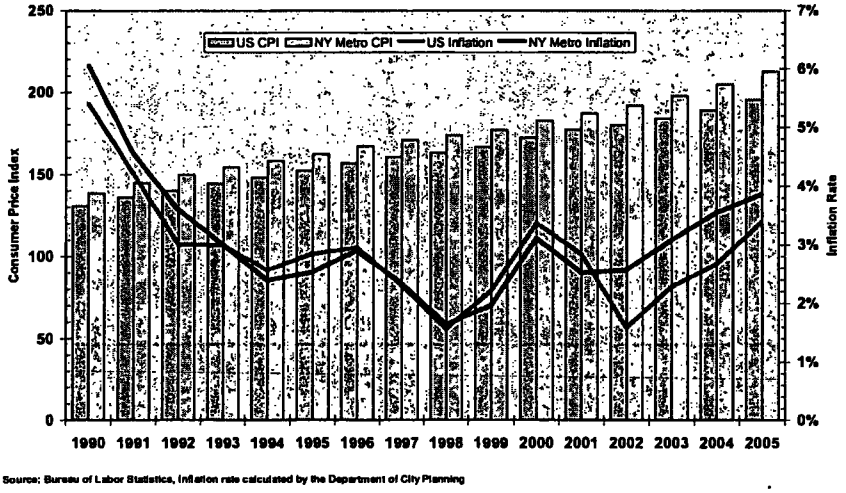
Source: Bureau of Economic Analysis, Adjusted Inflation calculated by the Department of City Planning

Inflation

Inflation can be defined as the overall general upward price movement of goods and services in an economy.

NY Metro area's inflation has been higher than the nation for the last four years. The last time the NY Metro Area inflation was lower than the nation was in 2001. New York Metro area inflation has begun to rise at a higher and faster rate than the nation. In 2004, the New York rate of inflation was 3.5 percent, compared to the United States rate of 2.7 percent. In 2005, the New York rate of inflation was 3.9% and in the United States it was 3.4% **(Figure 2-30).**

Figure 2-30
NYC Consumer Price Index and Inflation
1990 to 2005

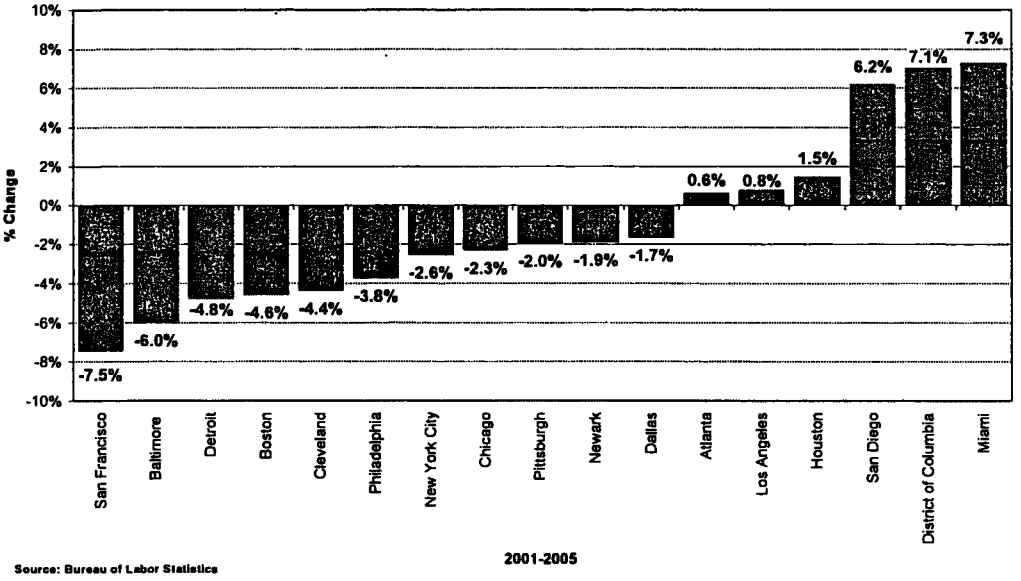


Source: Bureau of Labor Statistics, inflation rate calculated by the Department of City Planning

Employment in Other Major Cities

Over a five-year period (2001-2005) most of the largest cities and metropolitan areas experienced a decline in private employment, with the exception of Atlanta, Los Angeles, Houston, San Diego, District of Columbia and Miami. Cities that experienced losses in private employment included San Francisco (-7.5%), Baltimore (-6.0%), Detroit (-4.8%), Boston (-4.6%), Cleveland (-4.4%), Philadelphia (-3.8%), New York City (-2.6%), Chicago (-2.3%), Pittsburgh (-2.0%), Newark (-1.9%), and Dallas (-1.7%) (**Figure 2-31**).

Figure 2-31
Private Employment Growth in Major Cities: 2001-2005



Source: Bureau of Labor Statistics

CHAPTER THREE: PUBLIC SAFETY

Total Crime Index

Crime in New York City has dropped by nearly 18% over the last five years. In 2005, total crime was at 217,132, a decrease of 46,632, from 2001. In the Crimes vs. Persons category, aggravated assault remains the highest crime in 2005, at 27,950 incidents. In the Crimes vs. Property category, larceny theft remains the most common crime with 120,918 incidents recorded in 2005. Overall, crime has been reduced in all areas; however, motor vehicle theft had the largest decline from 2001 to 2005, with 38.7% **(Figure 3-1)**.

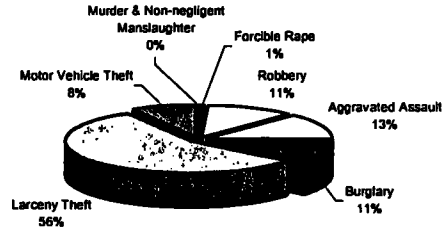
Figure 3-1
NYC Crime Index
CY 2001-CY 2005

	CY 2001	CY 2002	CY 2003	CY 2004	CY 2005	% Change CY 2001 CY 2005
Murder & Non-negligent Manslaughter	649	587	597	570	539	-16.9%
Forcible Rape	1,530	1,689	1,609	1,428	1,412	-7.7%
Robbery	28,202	27,229	25,989	24,373	24,722	-12.3%
Aggravated Assault	37,893	34,334	31,253	29,317	27,950	-26.2%
Crime vs. Persons	68,274	63,839	59,448	55,688	54,623	-20.0%
Burglary	31,563	30,102	28,293	26,100	23,210	-26.5%
Larceny Theft	133,938	129,655	124,846	124,016	120,918	-9.7%
Motor Vehicle Theft	29,989	27,034	23,628	21,072	18,381	-38.7%
Crime vs. Property	195,490	186,791	176,767	171,188	162,509	-16.9%
Total	263,764	250,630	236,215	226,876	217,132	-17.7%

*World Trade Center murder victims not included
Source: NYC FBI Crime Reports (Uniform Crime Reports)

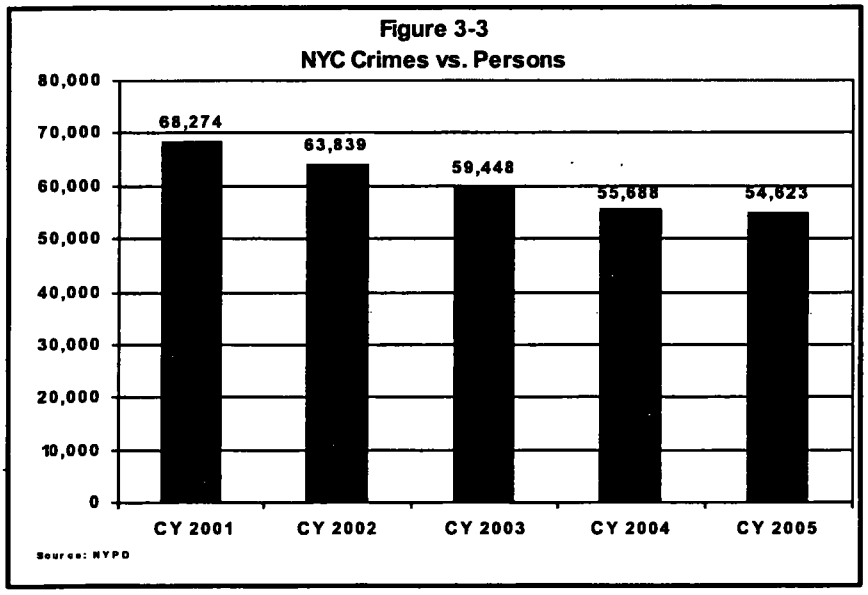
In 2005, larceny theft made up 56% of NYC crime, followed by aggravated assault-13%, robbery-11%, burglary-11%, motor vehicle theft- 8% and forcible rape-1%. Murder and non-negligent manslaughter accounted for less than 1% of total crime in New York City in 2005 **(Figure 3-2)**.

Figure 3-2
NYC Crime Index
CY 2005

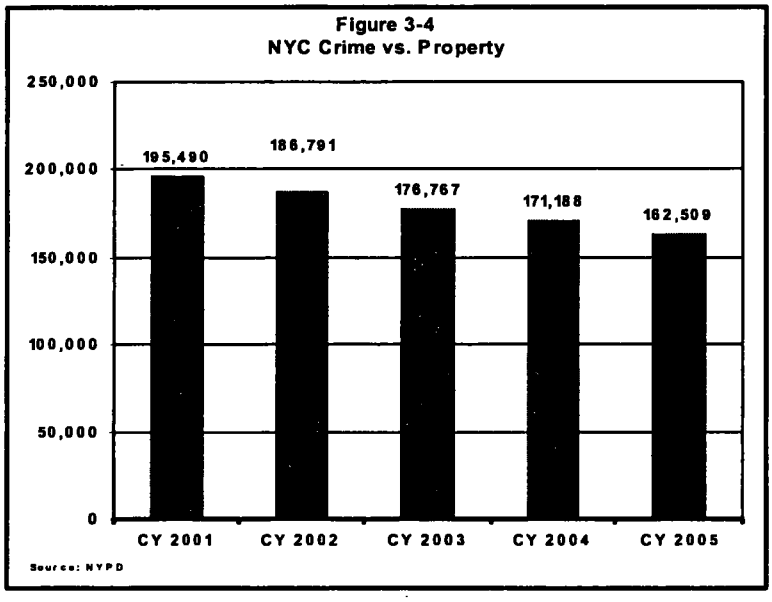


Total Crime = 217,132

Violent crimes against persons, which include murder, rape, robbery and aggravated assault, decreased by 20% from 2001 to 2005. In 2005, there was a decrease of 1,065 incidents from the previous year (**Figure 3-3**).



Property crimes, which include burglary, larceny theft and motor vehicle theft, decreased from 195,490 incidents in 2001 to 162,509 incidents in 2005 (**Figure 3-4**). There was a 5.1% decrease in property crimes from 2004 to 2005.



In 2005, the highest number of total crime incidents was in Brooklyn, with 66,239. Manhattan followed with 59,682, Queens with 45,122, the Bronx with 39,024 and Staten Island with 7,065 incidents.

Brooklyn had the highest number of incidents in murder (211), rape (420), robbery (8,715), aggravated assault (10,023), burglary (7,877), and motor vehicle theft (6,016). Manhattan had the highest number of larceny theft incidents at 41,712 in 2005 (**Figure 3-5**).

Figure 3-5
Crime Index Summary for Calendar Year 2005

	Citywide	Manhattan	Bronx	Brooklyn	Queens	Staten Island
Murder & Non-negligent Manslaughter	539	91	129	211	93	15
Forcible Rape	1,412	322	267	420	355	48
Robbery	24,722	5,531	5,057	8,715	4,957	462
Aggravated Assault	27,950	5,236	6,872	10,023	4,845	974
Burglary	23,210	4,703	4,082	7,877	5,745	803
Larceny Theft	120,918	41,712	18,487	32,977	23,535	4,207
Motor Vehicle Theft	18,381	2,087	4,130	6,016	5,592	556
Total	**217,132**	**59,682**	**39,024**	**66,239**	**45,122**	**7,065**

Source: New York City Police Department

Inmate Population

Admissions to the Department of Correction (DOC) decreased during FY 2005, continuing a downward trend that began in FY 1998 (**Figure 3-6**). During FY 2005, DOC admitted 102,772 inmates, the lowest number of admissions since FY 1993. The average daily inmate population has dropped by 1,954 inmates (13 percent) since FY 2000 to a FY 2005 average of 13,576. The annual average has been below 15,000 for five consecutive fiscal years, the lowest level since the 1980's.

Figure 3-6
New York City Department of Correction
Population

Population	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	% Change 2001-2005
Average Daily Population	17,562	15,530	14,490	13,934	14,533	13,751	13,576	-6.3%
Average Male Population	15,813	13,957	13,101	12,696	13,322	12,604	12,477	-4.8%
Average Female Population	1,749	1,574	1,389	1,238	1,211	1,148	1,099	-20.9%
Average Adolescent Population	1,157	1,044	968	863	841	821	818	-15.5%
Annaul Re-admission Rate of Inmates[1]	47%	50%	48%	45%	47%	49%	49%	2.1%
Total Admissions	127,029	124,501	120,157	108,464	109,445	107,571	102,772	-14.5%
Average Length of Stay (in days)	51	46	44	48	49	47	48	9.1%
Incarceration Rate[2]	29.0%	27.4%	26.5%	27.7%	28.1%	27.0%	24.5%	-7.5%

[1] A former "Recidivism" indicator was replaced in FY 1999 by a new indicator, Annual Re-admission Rate: the percent of inmates admitted to DOC custody two or more times within the fiscal year.

[2] Percent of on-line arrests who become DOC admissions. Does not include Desk Appearance Tickets, non-fingerprinted arrests, juvenile arrests or sealed record arrests.

Source: New York City Department of Correction

Average system length of stay increased by one day from FY 2004 to FY 2005 but has remained in the same general range since FY 2000.

While the male inmate population has decreased 11 percent from FY 2000 to FY 2005, the female population has fallen even more sharply, dropping by 30 percent over the same time period. The adult-adolescent ratio in the population changed slightly between

FY 2000 and FY 2005, with inmates less than 19 years of age declining from 7 percent to 6 percent of the total.

Correction Programs

DOC continued to prepare inmates for life after release, completing its second year of the multi-service discharge planning program, the Rikers Island Discharge Enhancement program (RIDE). The number of inmates transported by RIDE increased 76 percent from FY 2004 to FY 2005 (**Figure 3-7**). The City continues to provide mandated education at Department of Education (DOE) schools operated at Rikers Island to individuals 16-17 years of age, and at their request, to individuals 18-21 years of age.

Figure 3-7
New York City Department of Correction
Program and Mandated Educational Services

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	% Change FY2004 - FY2005
*Rikers Island Discharge Enhancement Number of Inmates Transported	N/A	N/A	N/A	N/A	2,744	4,830	76%
Average Daily Attendance School Programs	1,265	1,220	1,182	1,032	901	802**	N/A

*In FY 2004, DOC began reporting on the new indicator "Number of inmates transported directly to community based service sites upon discharge through Rikers Island Discharge Enhancement (RIDE) program." This indicator replaces "Inmates in Substance Abuse

** As of FY 2005 the definition for 'Average Daily Attendance in School Programs' has been changed to reflect attendance in mandated educational services for compulsory and eligible inmates at DOC facilities. Adult services are no longer included in the m

Health Services

Health care to inmates in the City's correctional facilities is provided by the Department of Health and Mental Health (DOHMH). The figures provided for tuberculosis admissions include all inmates who have been diagnosed with TB, suspected or previously diagnosed with TB. Figures for both TB Admissions and HIV infection rates among inmates are provided by DOHMH (**Figure 3-8**).

Figure 3-8
New York City Department of Correction
Health Services[1]

	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	% Change FY 2000 FY 2005
TB Admissions	1,497	1,124	904	1,056	1,084	939	
HIV Rate							
Male	7.0%	7.0%	7.0%	N/A	N/A	N/A	
Female	20.0%	20.0%	20.0%	N/A	N/A	N/A	

[1] All figures provided by the Department of Health
Source: NYC Department of Correction

Security

In FY 1995, DOC instituted a comprehensive violence reduction program aimed at reducing inmate violence. This program included enhanced security and search procedures, an improved tracking and reporting system, greater attention to the investigation of inmate violence and the subsequent re-arrest of inmates who commit these acts of violence. Stabbings and slashings, the most significant indicator of inmate violence, nearly matched the historic low achieved in FY 2002 by falling 97 percent, from 1,093 in FY 1995 to 30 in FY 2005 (**Figure 3-9**).

Figure 3-9
New York City Department of Corretion
Security

Security	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	% Change FY 1999 FY 2005
Stabbings and Slashings	102	70	54	29	4	40	30	-70.6%

Source: New York City Department of Correction

Victim Notification Service

In conjunction with the Criminal Justice Coordinator, the Police Department and the local District Attorney's offices, DOC purchased a crime victim notification computer system (VINE) which began operation in FY 1998. The VINE system automatically notifies registered crime victims when an inmate is released from DOC custody (**Figure 3-10**).

Figure 3-10
New York City Department of Correction – Victim Notification

VINE Service	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
VINE System Registration	3,659	1,250	2,710	3,073	2,909	3,623
VINE Confirmed Notifications	2,834	1,017	2,019	2,542	2,167	2,694
VINE Unconfirmed Notifications	1,178	408	806	1,179	895	1,473

Source: New York City Department of Correction

Juvenile Population

The Department of Juvenile Justice (DJJ) provides detention, aftercare and prevention services to juveniles, ages 7 through 15, in New York City. The Department operates three secure detention and 16 non-secure detention facilities located throughout the City that admit over 5,000 youth each year.

In Fiscal 2005, the overall average daily population was 286 in secure detention and 139 in non-secure detention (**Figure 3-11**).

In Fiscal 2005, robbery related offenses continued to be the most frequent (21.7%) charge for which juveniles were admitted to detention. The next most frequent charges were assault related offenses (20.0%), a warrant or a release violation from the NYS Office of Family and Children's Services (11.5%), drug related offenses (7.2%), larceny related offenses (6.8%), weapons related offenses (4.7%), trespassing/burglary related offenses (4.2%), and youth held for a county or authority outside of New York City (4.0%). The rest of the admissions were for a wide variety of different charges, none of which accounted for more than 3,4% of the total admissions to juvenile detention in Fiscal 2005 (**Figure 3-12**).

Figure 3-11
Juvenile Detention Population
FY 2001- FY 2005

	FY 01	FY 02	FY 03	FY 04	FY 05	# Change 2001-2005	% Change 2001-2005
Admission to Secure Detention (see note 1)	4,828	4,577	4,579	4,449	4,496	-332	-7%
Secure Detention Average Daily Population	357	284	287	280	286	-71	-20%
Admissions to Non-Secure Detention (see note 1)	485	467	559	598	756	271	56%
Non-Secure Detention Average Daily Population	140	134	117	123	139	-1	-1%
Youth with medical/mental health nedds released with a discharge plan (see Note 2)	N/A	N/A	N/A	663	871	N/A	N/A

Notes: 1. Admissions do not include transfers from one level of security to another.
2. Discharge Planning is a new program that began operation in September 2003.
Source: Department of Juvenile Justice

Figure 3-12
Direct Admissions to Detention by Top Charge in FY 2005

Direct Admissions to Detention by Top Charge in FY 2005	% of Total Admissions (5,252)
Robbery Related Offense	21.7%
Assault Related Offense	20.0%
OCFS Warrant or Release Violator	11.5%
Drug Related Offense	7.2%
Larceny Related Offense	6.8%
Weapons Related Offense	4.7%
Trespassing/Burglary Related Offense	4.2%
Held for Non-NYC County or Authority	4.0%
Criminal Mischief/Graffiti Related Offense	3.4%
Theft/Possession of Stolen Property Related Offense	3.4%
Sex Related Offense	2.8%
Obstruction of Government Administration Related Offense	1.8%
Probation or Parole Violation	1.7%
All Other Offenses	6.9%

Source: New York City Department of Juvenile Justice

The New York City Department of Probation is the nation's second largest. At any one time, the Department is responsible for the supervision of more than 60,000 adults and 5,000 juveniles.

Adult Services

The Department prepares and submits a pre-sentence investigation (PSI) report to the court prior to sentencing on most felony convictions and certain misdemeanors. In FY 2005, the Department prepared 27,501 PSI's for adults awaiting sentencing in the Supreme and Criminal Courts. From FY 2001 to FY 2005, the number of adult

investigations completed, decreased by 31.3 percent (**Figure 3-13**). In addition to helping judges decide on an appropriate sentence, the reports afford officers the opportunity to recommend appropriate conditions for offenders placed on probation. From FY 2001 to FY 2005, the number of persons under supervision decreased by 24.8 percent. Felony cases dropped 34.9 percent, from 60,868 in FY 2001 to 39,605 in FY 2005. Misdemeanors decreased by 1.2 percent over the same time period.

Figure 3-13
Probation Department Cases
FY 2001- FY 2005

	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	# Change FY 2001 FY 2005	% Change FY 2001 FY 2005
Adult Court Investigations:							
Number of Investigations Completed	40,008	37,646	30,487	28,800	27,501	-12,507	-31.3%
Adult Court Supervision:							
Total Cases on Probaation	86,955	80,662	73,377	67,672	65,355	-21,600	-24.8%
Felony	60,868	50,895	46,228	41,280	39,605	-21,263	-34.9%
Misdemeanor	26,067	29,767	27,149	26,392	25,750	-317	-1.2%
Total on Probation (Service breakdown)							
General Supervision Branches	85,422	79,306	76,500	66,374	63,752	-21,670	-25.4%
Intensive Supervision Branches	1,533	1,356	1,877	1,298	1,603	70	4.6%
Family Court Intake:							
PINS	5,536	5,772	6,655	3,127	1,338	-4,198	-75.8%
Juvenile Delinquency	8,945	8,951	8,121	8,642	9,983	1,038	11.6%
Family Court Investigation:							
Investigations Completed	5,162	5,265	6,756	6,993	7,135	1,973	38.2%
Family Court Supervision:							
Total Cases on Probation	4,845	4,926	5,397	4,610	5,566	721	14.9%

Source: NYC Department of Probation

After a conviction at trial or a plea of guilty, eligible defendants may be placed on probation by a judge for a specified period of time in lieu of incarceration. Probation sentences range from three years for a misdemeanor to five years for a felony.

The Intensive Supervision Program (ISP) provides an alternative to incarceration citywide for carefully selected felony offenders who receive comprehensive alternative sentencing plans. It also serves as an intermediate sanction for low-risk felony offenders who have violated the conditions of regular probation. The number of ISP cases has increased by 4.6 percent from FY2001 to 2004.

Juvenile Services

Probation is the first step in the juvenile delinquency post-arrest process. The intake officer interviews all concerned parties, including the arresting officer and the complainant, and the parents or guardian of the juvenile, as well as the juvenile to determine whether the case is to be referred for formal court proceedings.

The Persons In Need of Supervision (PINS) program was designed to provide early intervention for families where a parent or guardian has concluded that the assistance of the Family Court is required because a child has become unmanageable. In the PINS program, Probation performs initial intake, referring cases to specially designated assessment services where determinations are made as to the appropriate neighborhood services for a given family. Family Court PINS Intake cases decreased 75% and Juvenile Delinquent cases increased by 11.6% during this five-year period. The decrease in PINS

intake resulted primarily from the introduction of a collaborative program between the Department and the Administration for Children's Services that provides pre-court preventative services to families.

The Department is responsible for conducting investigations and making reports to the Family Court, focusing on the needs and behavior problems of delinquents following a court finding of criminal responsibility. The Department also performs investigations relating to custody, visitation and adoption issues to assist the Family Court in making appropriate determinations in these complex and sensitive matters. The Department conducted 7,135 investigations for delinquency, custody and adoption cases in the Family Court, in FY 2005, an increase of 38.2 percent from FY 2001.

Court Filings and Dispositions

The trial courts of superior jurisdiction are the Supreme Courts, the Court of Claims, the Family Courts, the Surrogate's Courts and, outside New York City, the County Courts. In New York City, the Supreme Court exercises both civil and criminal jurisdiction. Outside New York City, Supreme Court exercises civil jurisdiction, while County Court generally handles criminal matters.

In CY 2005, there were 316,334 new cases filed in the Criminal Court, a citywide decrease of 6.5% in five years (**Figure 3-14**). From 2001 to 2005, the number of case filings in the Supreme Court jumped by 71.9%.

Figure 3-14
Court Filings and Dispositions
CY 2001 - CY 2005
CITYWIDE

Criminal Court	CY 2001	CY 2002	CY 2003	CY 2004	CY 2005	% Change CY 2001 CY 2005
Filings	338,442	324,679	321,959	318,248	316,334	-6.5%
Arraignments	339,993	327,592	322,385	319,306	317,286	-6.7%
Dispositions	345,234	325,193	317,306	330,521	319,550	-7.4%
Plea	174,416	165,631	163,574	164,856	150,824	-13.5%
Verdict	770	941	777	724	588	-23.6%
Dismissal	125,817	115,769	111,467	111,661	106,921	-15.0%
Grand Jury/Supreme Court Waiver	17,872	18,521	16,765	21,324	16,753	-6.3%
Other	19,895	17,842	18,849	31,956	44,464	123.5%
Supreme Court	**CY 2001**	**CY 2002**	**CY 2003**	**CY 2004**	**CY 2005**	**% Change CY 2001 CY 2005**
Filings	26,315	26,740	25,292	28,747	45,246	71.9%
Dispositions	28,086	27,822	26,556	30,783	51,486	83.3%
Plea	23,435	22,895	21,994	24,517	39,358	67.9%
Verdict	1,729	1,693	1,297	1,271	1,208	-30.1%
Dismissal	2,331	2,685	2,509	4,055	9,523	308.5%
Other	591	549	560	720	965	63.3%

Source: New York State Office of Court Administration

Dispositions in Supreme Court proceedings include pleas, verdicts, dismissals and waivers to Grand Jury or Supreme Court. From 2001 to 2005, the number of pleas

increased by 67.9 percent. During the same period, the number of verdicts decreased by 30.1 percent and the number of dismissals increased by 308.5 percent.

The number of new filings at both Supreme and Criminal Court levels, decreased from CY 2004 to CY 2005 in the boroughs of Manhattan and Queens by 3.8% (8,208 to 7,899) and 4.2% (4,888 to 4,683), respectively (**Figure 3-15**). The Bronx, Brooklyn and Staten Island had increases in the number of new filings from CY 2004 to CY 2005, at 174.7%, 7.8% and 2.4%, respectively.

Figure 3-15
Supreme and County Courts
Criminal Terms

CY 2005	New Filings	Dispositions	By Pleas	By Verdict	By Dismissal	By Other
Bronx	26,056	31,498	23,197	251	7,268	467
Kings	5,812	5,568	4,396	297	608	242
New York	7,899	8,534	6,830	435	1,050	174
Queens	4,683	5,083	4,293	207	476	62
Richmond	796	802	642	18	121	20
CY 2004	**New Filings**	**Dispositions**	**By Pleas**	**By Verdict**	**By Dismissal**	**By Other**
Bronx	9,484	10,538	7,984	257	2,006	191
Kings	5,390	5,878	4,761	316	518	252
New York	8,208	8,596	6,942	463	949	192
Queens	4,888	5,035	4,239	221	469	68
Richmond	777	736	591	14	113	17

Fires

Indicators such as fire service and emergency medical service are very vital components in determining the City's readiness and ability to handle potentially dangerous situations. In Calendar Year 2005, the New York City Fire Department responded to 28,455 structural fires and 22,940 non-structural fires (**Figure 3-16**). Compared to Calendar Year 2001, there was a 2.4 percent increase in structural fires and a 22.6 percent decrease in non structural fires.

Figure 3-16
Fire Department Citywide Performance Indicators
CY 2001- CY 2005

	CY 2001	CY 2002	CY 2003	CY 2004	CY 2005	% Change CY 2001-CY 2005
Fire Service						
Structural Fires	27,788	26,248	27,105	27,718	28,455	2.4%
Non-Structural Fires	29,655	25,315	24,015	22,437	22,940	-22.6%
Non-Fire Emergencies	172,638	170,867	178,156	180,047	199,643	15.6%
Medical Emergencies	155,396	158,461	173,694	189,047	202,526	30.3%
Malicious False Alarms	51,544	45,651	41,018	37,332	32,138	-37.6%
Total	437,021	426,542	443,988	456,581	485,702	11.1%
EMS						
Segment 1-3	384,253	385,748	402,652	398,976	406,757	5.9%
Total Segment 1-8	1,097,564	1,087,070	1,109,287	1,114,693	1,140,114	3.9%

Source: Fire Department of New York

Medical Emergencies

There were 1,140,114 Emergency Medical Service (EMS) incidents during CY 2005, compared with 1,097,564 incidents during CY 2001, an increase of 3.9 percent. During CY 2005, there were 406,757 Segments 1-3 life threatening medical emergencies (such as cardiac arrest and major trauma), compared to 384,253 during CY 2001, an increase of 5.9 percent. EMS response times to Segment 1-3 Life Threatening medical emergencies decreased from 6:53 in CY 2001 to 6:45 in CY 2005 (**Figure 3-17**).

Figure 3-17
Response Times to Segment 1-3*
EMS Units Only CY 2001-CY 2005

	CY 2001	CY 2002	CY 2003	CY 2004	CY 2005
Medical Emergencies (in minutes)	6:53	6:50	7:01	6:49	6:45

Source: Fire Department of New York

Non Fire and Non Medical Emergencies

During the reporting period there were 199,643 non fire and non medical emergencies, compared with 172,638 such emergencies during CY 2001, a 15.6 percent increase. The number of malicious false alarms decreased by 37.6 percent; from 51,544 in CY 2001 to 31,138 in CY 2005.

CHAPTER FOUR: HEALTH

Birth Outcomes and Infant Health

From 2000 to 2005, the number of live births in New York City decreased from 125,563 to 122,725. During this period, the number of live births ranged between a high of 125,563 in 2000 and a low of 122,725 in 2005. **Figure 4-1** shows the trend since 2000, along with trends by selected birth outcomes and maternal characteristics. Since 2000, the percent of live births to teenagers decreased by 19%, from 8.6% in 2000 to 7.0% in 2005. The percent of multiple births increased by 9%; from 3.5% in 2000 to 3.8% in 2005. The initiation of prenatal care in the first trimester of pregnancy has increased steadily, from 59.8% in 2000 to 72.2% in 2005.

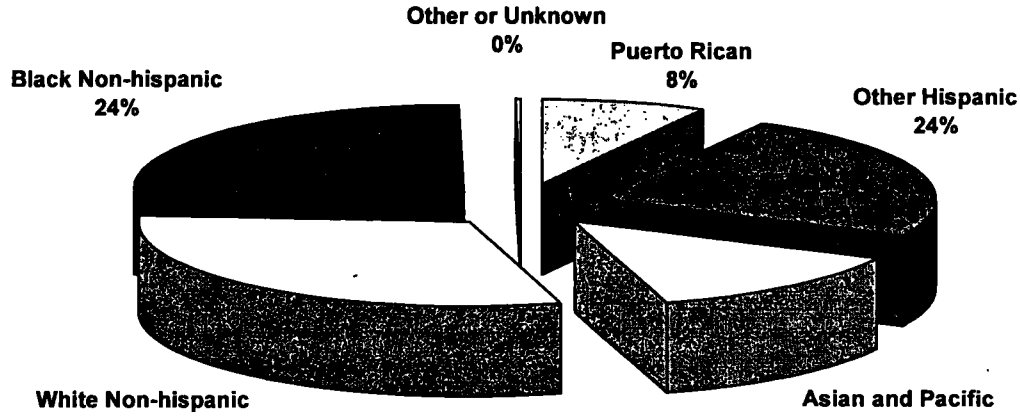
Figure 4-1
Percent of Live Births by Select Characteristics, NYC 2000-2005

	2000	2001	2002	2003	2004	2005
Teenage Births	8.6	8.4	7.5	7.1	7.0	7.0
Mother receiving Prenatal Care in the 1st Trimester	59.8	63.9	67.8	70.9	71.4	72.2
Multiple Births	3.5	3.6	3.8	3.6	3.9	3.8
Low Birthweight	8.3	8.5	8.5	8.5	8.8	9.0
Mother is Foreign-born	50.4	51.0	52.0	52.2	52.5	52.3
Mother receiving Medicaid	50.7	51.7	51.6	51.2	51.7	51.6
Total Births	**125,563**	**124,023**	**122,937**	**124,345**	**124,099**	**122,725**

Note: Table includes non-residents. Teenage mothers are less than 20 years of age. Low birthweight is less than 2500 grams. Foreign-born is all countries/territories outside of the 50 United States and Washington DC.

Figure 4-2 shows the distribution of live births by ethnicity of the mother for 2005; this distribution remained relatively unchanged over the 2000-2004 period.

Figure 4-2
Distribution of Live Births by Ethnicity of Mother
New York City 2005



Source: Office of Vital Statistics, New York City Department of Health and Mental Hygiene

Infant Mortality

Infant mortality is an indicator of the health and well-being of a community. The infant mortality rate (IMR) is defined as the number of deaths per 1,000 live births for infants less than one year of age. The IMR in New York City has been decreasing from 6.7 in 2000 to 6.0 in 2005, corresponding to an overall decrease of 10.2% **(Figure 4-3).**

Figure 4-3
IMR by Race/Ethnicity of Mother, NYC 2000 - 2005

	2000	2001	2002	2003	2004	2005	% Change 2000-2005
Black non-Hispanic	11.1	10.0	10.1	11.3	11.6	9.7	-12.6%
White non-Hispanic	4.5	4.2	4.1	3.8	3.5	4.8	6.7%
Puerto Rican	8.4	6.8	7.8	8.0	7.5	6.7	-20.2%
Other Hispanic	4.9	5.2	5.1	5.5	4.5	4.6	-6.1%
Asian or Pacific Islander	3.9	3.1	2.5	3.5	4.1	3.7	-5.1%
Total IMR	**6.7**	**6.1**	**6.0**	**6.5**	**6.1**	**6.0**	**-10.2%**
Total Deaths	**839**	**760**	**742**	**807**	**760**	**732**	**-12.8%**

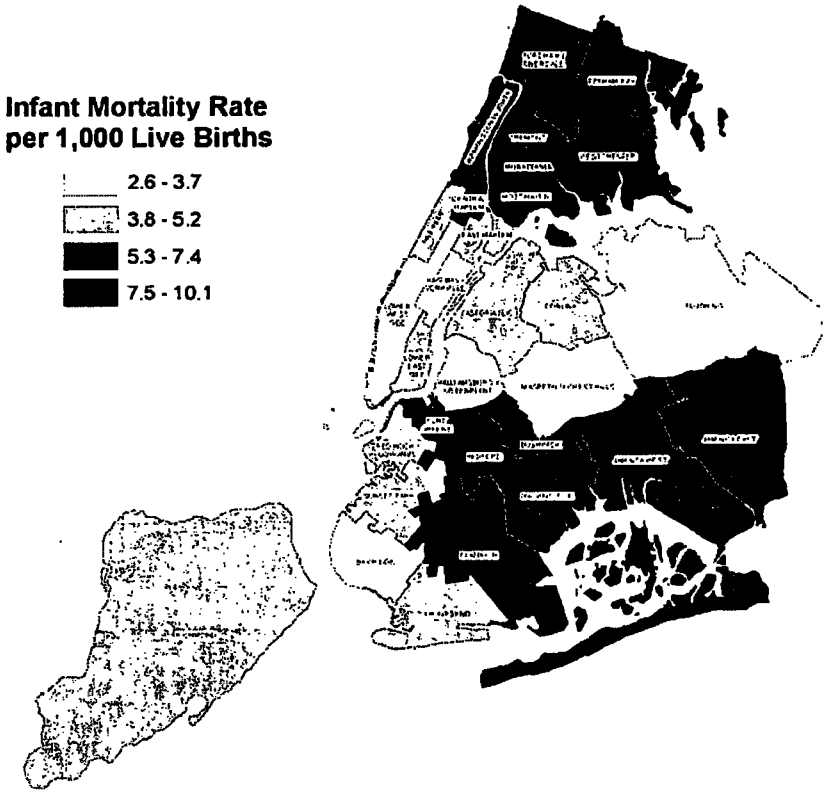
Note: Table includes non-residents. Rate is per 1,000 live births. "Other" and missing ethicity were excluded, except from total, due to small numbers.
Source: Office of Vital Statisitics, New York City Department of Health and Mental Hygiene

Infant mortality rates vary by ethnicity as detailed by **Figure 4-3**. In 2005, the IMR for Black non-Hispanics (9.7) was more than twice as high as the IMR for White non-Hispanics (4.8), other Hispanics (4.6), and Asian/Pacific Islanders (3.7). For Puerto Ricans, the IMR for 2005 was 1.4 times higher than that for White non-Hispanics. Asians and Pacific Islanders usually have the lowest IMR, with a rate of 3.7 in 2005 **(Figure 4-3).**

IMRs over the 2000-2005 period declined for Black non-Hispanics (-12.6%), Puerto Ricans (20.2%), other Hispanics (6.1%), and Asians and Pacific Islanders (-5.1%). During the same time period, the IMR for White non-Hispanics increased 6.7%.

Disparities in IMR are also evident among neighborhoods. **Figure 4-4** depicts IMR by New York City health districts, aggregated over 2003-2005. Over this period, Jamaica East and Brownsville (Brooklyn) had the highest IMRs, both 10.1. The two neighborhoods with the lowest IMRs were Kips Bay-Yorkville in Manhattan (2.6) and the Lower West Side of Manhattan (2.9).

Figure 4-4
Infant Mortality Rate by Health Center District
NYC 2003-2005



Health Center Districts with the Highest IMRs	
Jamaica East	10.1
Brownsville	10.1
Bedford	9.4
Morrisania	8.4
Fort Greene	8.1

Health Center Districts with the Lowest IMRs	
Kips Bay-Yorkville	2.6
Lower West Side	2.9
Flushing	3.1
Bay Ridge	3.3
Maspeth-Forest Hills	3.6

Congenital malformations/deformations (all organs) was the leading cause of infant death again in 2005, accounting for 17.9% of all infant deaths, followed by cardiovascular disorders of the perinatal period (15.2%), short gestation/low birth weight (14.9%), external causes (9.0%), and respiratory distress of the newborn (7.2) **(Figure 4-5)**.

Figure 4-5
Top Five Leading Causes of Infant Deaths, NYC 2005

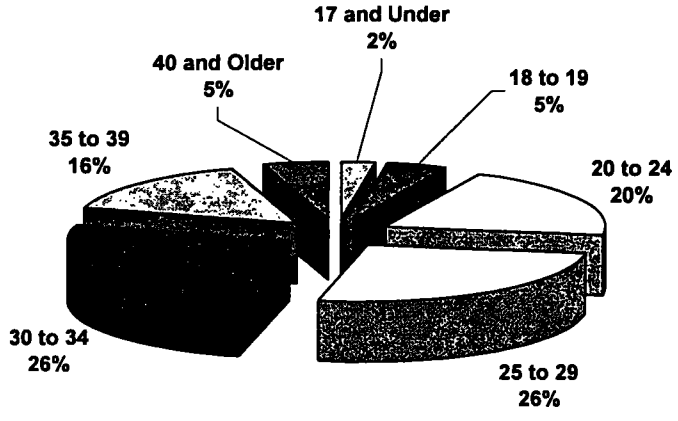
Top Five Leading Causes of Death	ICD-10 Code	N	%
1. Congenital Malformations, Deformations	Q00-Q99	131	17.9
2. Cardiovacular Disorders in the Perinatal Period	P29	111	15.2
3. Short Gestation/Low Birthweight	P07	109	14.9
4. External Causes	V01-Y89	66	9.0
5. Respiratory Distress of the New Born	P22	53	7.2
Total of Top Five Leading Causes of Death	--	***470***	***64.2***
All Others Causes of Deaths	--	***262***	***35.8***
Total	--	**732**	**100.0**

Note: Table includes non-residents.
Source: Office of Vital Statistics, New York City Department of Health and Mental Hygiene

Maternal Age

The distribution of live births by the age of the mother has remained stable over the past six years. **Figure 4-6** shows the percent of live births by the age of the mother for 2005. Mothers between 25 and 34 years of age accounted for over half of the live births in New York City in 2005. Women 35 years and older accounted for 20.6% and teenage mothers (≤19 years) accounted for 7.0% of all live births in 2005.

Figure 4-6
Distribution of Live Births by Age of Mother
2005



Live Births = 122,723

Note: Includes non-residents.
Source: Office of Vital Statistics, New York City Department of Health and Mental Hygiene

In 2005, the distribution of maternal age varied greatly by ethnicity. Black non-Hispanics and non-Puerto Rican Hispanics account for the largest proportions of teenage mothers – 33.8% and 37.0%, respectively **(Figure 4-7).** Alternatively, White non-Hispanic and Asian and Pacific Islander women accounted for only 8.1% and 2.3%, respectively, of all live births to teenage mothers. For women 25 years of age and older, White non-Hispanics accounted for the largest proportion of all live births. This is especially evident among the 30-34, 35-39, and the 40 and older age groups where White non-Hispanic women accounted for 38.4%, 42.6%, and 45.5%, respectively, of all live births in those age categories.

Figure 4-7
Percent of Live Births by Age and Ethnicity of Mother
New York City, 2005

	19 and Under	20 to 24	25 to 29	30 to 34	35 to 39	40 and Older
Puerto Rican	18.4	11.4	8.1	5.4	4.9	4.1
Other Hispanic	37.0	31.4	25.5	19.4	17.2	15.2
Asian or Pacific Islander	2.3	9.8	16.2	16.4	13.7	11.5
White non-Hispanic	8.1	20.2	26.4	38.4	42.6	45.5
Black non-Hispanic	33.8	26.8	23.3	20.1	21.2	23.1
All Births	**7.0**	**20.4**	**26.2**	**25.9**	**16.0**	**4.6**

Note: Table includes non-residents. Percents may not add up to 100 because 'Other' or 'Not Stated' were excluded.
Source: Office of Vital Statistics, New York City Department of Health and Mental Hygiene

Birth Weight

Over the past six years, there is a general downward trend in the infant mortality rate albeit with some variation. The most marked variation was the spike in the 2003 IMR for very low birth weight (VLBW) infants. In 2003, not only was there an increase in the IMR for the VLBW category, but there was a distribution shift within VLBW subcategories – with larger numbers of births in the lower categories – and higher IMRs for these subcategories.

The infant mortality rate is always dramatically higher for VLBW infants than for LBW or normal weight infants. Therefore, a change in the risk of death for the VLBW group can have a large impact on the citywide IMR even though the number of VLBW births is considerably smaller than that of the other categories. The 2003 spike and subsequent 2004 decline in the VLBW infant mortality rate resulted in a spike and subsequent decline in the total infant mortality rate as well **(Figure 4-8).**

Despite this variation, the overall IMR decreased 10.2% over the 2000 to 2005 period. There were decreases of at least 10% in all three weight categories (VLBW, LBW, and normal weight).

Figure 4-8
Infant Mortality Rate by Birth Weight, NYC 2000 - 2005

	2000	2001	2002	2003	2004	2005
Very Low Birth Weight (VLBW)	231.4	208.7	203.1	231.1	205.2	201.6
Low Birth Weight (LBW)	12.1	11.5	12.1	11.7	11.6	10.1
Normal Birth Weight	1.7	1.5	1.6	1.6	1.5	1.5
All Birth Weights	6.7	6.1	6.0	6.5	6.1	6.0

Note: Rate is per 1,000 live births. VLBW is less than 1500 grams. LBW is between 1500 and 2499 grams. Normal is 2500 grams and more. Includes non-residents. IMR for All Birth Weights utilizes data for births without birth weight information and infant deaths not matched to birth weight data.

Source: Office of Vital Statistics, New York City Department of Health and Mental Hygiene

Multiple Births

The proportion of multiple births to New York City mothers continued its general trend of increase: increasing from 3.5% in 2000 to 3.8% in 2005 **(Figure 4-1).** This overall increase in multiple births, particularly among White non-Hispanic women, may be partially due to a rise in the use of assisted reproductive technology, such as in-vitro fertilization, which has been shown to increase the probability of having a multiple birth. Additionally, more women are postponing pregnancy and waiting to have their first child when they are in their mid to late thirties – ages at which research suggests there is an increased likelihood of a multiple birth.*

By ethnicity, the largest proportion of multiple births occurred among White non-Hispanic women (5.5% of all births for this group) followed by Black non-Hispanic women (3.7% of all births for this group) in 2005. These proportions have not changed substantially since 1999. As in 2003 and 2004, the lowest percentage of multiple births occurred among Other Hispanic women and Asian and Pacific Islander women – 2.3% and 2.8% in 2005, respectively.

Prenatal Care

A woman's initiation of prenatal care in her first trimester of pregnancy helps ensure positive birth outcomes and promotes the health of the mother. In New York City in 2005, 72.2% of all mothers received prenatal care during the first trimester of pregnancy **(Figure 4-9).** This is a 20.7% increase from 2000, when 59.8% of mothers received prenatal care in the first trimester. There was an increase in prenatal care use in the first trimester among all ethnic populations, with the largest increase occurring in Puerto Rican mothers (23.9%) [2000: 59.5%, 2005: 73.7%]. In 2005 White non-Hispanic and Puerto Rican mothers had the highest percentage of prenatal care use in the first trimester – 81.9% and 73.7%, respectively – and Black non-Hispanic mothers had the lowest (65.9%).

* Zhang, J. Meikle, S, Grainger, DA, and Trumble, A. Multifetal Pregnancy in Older Women and Perinatal Outcomes, Fertil Steril, 2003 Mar; 79 (3):661

Figure 4-9
Percent of Mothers Who Initiate Prenatal Care in the First Trimester by Ethnicity of Mother, NYC 2000-2005

	2000	2001	2002	2003	2004	2005	% Increase 2000-2005
Black non-Hispanic	54.7	57.3	60.1	62.9	64.3	65.9	20.5
White non-Hispanic	69.9	74.1	79.2	82.5	81.5	81.9	17.2
Puerto Rican	59.5	64.0	67.5	71.6	72.2	73.7	23.9
Other Hispanic	55.0	60.3	63.2	66.6	67.9	67.5	22.7
Asian or Pacific Islander	56.1	60.1	65.1	66.2	66.8	68.9	22.8
Total Percent	**59.8**	**63.9**	**67.8**	**70.9**	**71.4**	**72.2**	**20.7**
Total Births	**125,563**	**124,023**	**122,937**	**124,345**	**124,099**	**122,725**	--

Note: Table includes non-residents. 'Other' and missing ethnicity were excluded, except from total, due to small numbers.
Source: Office of Vital Statistics, New York City Department of Health and Mental Hygiene

Leading Causes of Death

In 2005, the five leading causes of death for New Yorkers were heart disease, cancer, influenza/pneumonia, diabetes and stroke **(Figure 4-10).** For the seventh consecutive year, flu/pneumonia was the third leading cause of death among New Yorkers. The top three leading causes of death remained the same in 2005 as in 2002, 2003, and 2004. The number of HIV deaths decreased again, from 1,451 in 2004 to 1,419 in 2005, but remaining as seventh among the top ten leading causes of death.

Figure 4-10
Leading Causes of Death by Sex, New York City, 2005

Rank	ALL AGES	Male		Female		All	
		Deaths	%	Deaths	%	Deaths	%
1	Diseases of Heart	9,922	36.3	12,697	42.7	22,619	39.6
2	Malignant Neoplasms	6,469	23.7	6,897	23.2	13,366	23.4
3	Influenza and Pneumonia	1,323	4.8	1,598	5.4	2,921	5.1
4	Diabetes Mellitus	833	3.0	980	3.3	1,813	3.2
5	Cerebrovascular Diseases	671	2.5	976	3.3	1,647	2.9
6	Chronic Lower Respiratory Diseases	694	2.5	886	3.0	1,580	2.8
7	Human Immunodeficiency Virus (HIV) Disease	949	3.5	470	1.6	1,419	2.5
8	Accidents Except Poisoning by Psychoactive Substance	730	2.7	429	1.4	1,159	2.0
9	Use of or Poisoning by Psychoactive Substance	685	2.5	221	0.7	906	1.6
10	Essential Hypertension and Renal Diseases	314	1.1	447	1.5	761	1.3
	All Other Causes	4,762	17.4	4,115	13.8	8,877	15 6
	Total	**27,352**	**100.0**	**29,716**	**100.0**	**57,068**	**100.0**

Source: Office of Vital Statistics, New York City Department of Health and Mental Hygiene

For individuals under age 65, the leading cause of death was cancer, followed by heart disease **(Figure 4-11).** Cancer deaths accounted for about one-third (35.1%) of deaths among women and one-fifth (21.8%) of deaths among men in the under-65 age group. Of nearly 5,000 cancer deaths in this age group, almost one in five were attributed to lung cancer, followed by breast and colon cancers. Nearly all colon cancer deaths can be prevented by colonoscopy, and 80-90% of lung cancer is the result of tobacco use. Risk of cancer declines steadily when smokers quit. Heart disease, HIV disease, poisoning by psychoactive substances (e.g., cocaine, heroin, opiates), assault, and accidents were also among the leading causes of death for those under age 65.

Figure 4-11
Leading Causes of Death by Sex, Age < 65, New York City, 2005

Rank	Cause of Death	Male		Female		All	
		Deaths	%	Deaths	%	Deaths	%
1	Malignant Neoplasms	2,288	21.8	2,364	35.1	4,652	27.0
	Trachea, bronchus, and lung	558	5.3	403	6.0	961	5.6
	Breast	3	0.0	574	8.5	577	3.3
	Colon, rectum, and anus	188	1.8	165	2.4	353	2.0
	Liver and intrahepatic bile ducts	209	2.0	57	0.8	266	1.5
	Pancreas	151	1.4	98	1.5	249	1.4
2	Diseases of Heart	2,270	21.6	1,217	18.1	3,487	20.2
3	Human Immunodeficiency Virus (HIV) Disease	901	8.6	451	6.7	1,352	7.8
4	Use of or Poisoning by Psychoactive Substance	664	6.3	219	3.2	883	5.1
5	Accidents Except Poisoning by Psychoactive Substance	475	4.5	153	2.3	628	3.6
6	Assault (Homicide)	463	4.4	98	1.5	561	3.3
7	Diabetes Mellitus	268	2.6	216	3.2	484	2.8
8	Intentional Self-harm (Suicide)	308	2.9	100	1.5	408	2.4
9	Cerebrovascular Diseases	207	2.0	190	2.8	397	2.3
10	Influenza and Pneumonia	226	2.2	141	2.1	367	2.1
	All Other Causes	*2,423*	*23.1*	*1,590*	*23.6*	*4,013*	*23.3*
	Total	**10,493**	**100.0**	**6,739**	**100.0**	**17,232**	**100.0**

Source: Office of Vital Statistics, New York City Department of Health and Mental Hygiene

Preventive Care

Having a Regular Health Care Provider

Having a regular doctor or other health care provider improves medical care and increases the likelihood of receiving preventive services (Take Care New York, Second Year Progress Report, June 2006 (TCNY)). Approximately 1.26 million adults in NYC (20.5%) do not have a regular doctor (Community Health Survey (CHS) 2005). This is 288,000 fewer adults without a regular health provider since 2002, a 21% decline (TCNY).

New Yorkers with health insurance are more likely to have a regular doctor (TCNY). The number of eligible New Yorkers enrolled in public health insurance programs is nearly 3 million (TCNY). In 2005, enrollment in Medicaid Managed Care insurance programs exceeded 1.5 million (76% of those eligible) (TCNY).

Immunizations

Children in Public Schools

The percentage of children in public schools who have completed required immunizations has increased 3.5% since fiscal year 2002 **(Figure 4-12).**

Figure 4-12
Children in Public Schools Who Have Completed Required Immunizations (%)

FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
94.3%	96.0%	96.4%	97.4%	97.6%

Source: Office of Vital Statistics, Department of Health and Mental Hygiene

Influenza & Pneumonia Immunizations for Seniors

According to the Take Care New York Second Year Progress Report, 54% of New Yorkers age 65 plus received a flu shot in 2005, a decrease from 64% in 2004 **(Figure 4-13)**. At least some of this decrease was likely due to delays in influenza vaccine shipments (TCNY).

Figure 4-13

Seniors, Aged 65+, Who received a Flu Shot in the Last 12 Months (%)

2002	2003	2004	2005
63.0%	62.6%	64.0%	54.0%

Source: Office of Vital Statistics, Department of Health and Mental Hygiene

Average rates by race and ethnicity varied dramatically. In 2005, just 48% of Black and 44% of Latino NYC seniors were vaccinated against influenza compared to 56% of Whites (CHS 2005). Coverage disparity by neighborhood was even more striking. While 79% of seniors in Lower Manhattan were vaccinated against flu in 2004, lower income communities like Flatbush, Greenpoint, Bedford-Stuyvesant/Crown Heights and Canarsie-Flatlands had immunization rates of 36%, 44%, 38% and 66% respectively (CHS 2002-2004).

Citywide, 48% of those aged 65 and older had received pneumococcal vaccination (CHS 2002-2004). Again, coverage disparity by neighborhood is striking: Just 22% of older adults in Flatbush and 37% of older adults in the Central Bronx reported ever receiving a pneumococcal vaccination yet 66% of older adults in Lower Manhattan reported receiving this vaccination (CHS 2002-2004).

Cancer Screening

Cancer caused 13,366 deaths in NYC in 2005 **(Figure 4-10).** Many of these deaths could be prevented. In particular, screening can prevent many of the deaths caused by three major cancers – colon, breast, and cervical (TCNY).

Colon Cancer: Since 2003, there has been a 31% increase in the number of New Yorkers age 50+ reporting having had a colonoscopy in the last ten years **(Figure 4-14).**

Figure 4-14

Adults, Aged 50+, Who Received a Colonoscopy in the Past Ten Years (%)

2003	2004	2005
42.0%	52.2%	55.0%

Source: Office of Vital Statistics, Department of Health and Mental Hygiene

Breast Cancer: As of 2005, 73% of women aged 40+ reported having received a mammogram in the previous two years (TCNY). This is a decrease from 77% in 2002.

Cervical Cancer: As of 2005, 80% of women reported having received a pap smear in the past three years (TCNY). This percentage has remained consistent since 2002.

Infectious Disease

HIV/AIDS

From the beginning of the epidemic through the end of 2005, 151,857 cases of AIDS have been diagnosed and reported in New York City, including 2,118 in children less than 13 years old **(Figure 4-15)**. Since the peak of the epidemic in 1993, the number of AIDS cases has declined significantly, largely as a result of treatment with highly active antiretroviral therapy (HAART) which prevents progression to AIDS in persons infected with HIV. Despite significant progress in controlling the epidemic, in 2005, 2,781 new cases of HIV (not AIDS) and 4,094 new cases of AIDS were diagnosed **(Figures 4-15, 4-16).**

Figure 4-15
AIDS Diagnoses by Year of AIDS Diagnosis (1981-2005)

a. Adult AIDS Diagnoses by Year of AIDS Diagnosis (1981-2005)

Year of AIDS diagnosis	Borough of residence					Unknown / Outside NYC	All
	Bronx	Brooklyn	Manhattan	Queens	Staten Island		
Pre-1992	7,474	9,943	18,523	5,500	815	2,883	45,138
1992	2,086	2,546	3,788	1,339	260	689	10,708
1993	2,372	3,227	4,097	1,653	238	901	12,488
1994	2,355	3,154	3,957	1,719	289	1,011	12,485
1995	2,187	2,915	3,418	1,561	232	910	11,223
1996	2,002	2,420	2,666	1,274	174	708	9,244
1997	1,796	1,859	2,018	1,019	125	510	7,327
1998	1,386	1,579	1,314	789	105	427	5,600
1999	1,280	1,431	1,373	736	92	425	5,337
2000	1,388	1,932	1,690	828	115	451	6,404
2001	1,421	1,445	1,389	742	106	414	5,517
2002	1,065	1,369	1,147	633	86	332	4,632
2003	1,243	1,395	1,560	664	82	304	5,248
2004	1,035	1,126	1,199	596	76	270	4,302
2005	1,018	1,061	1,161	550	62	234	4,086
Total	30,108	37,402	49,300	19,603	2,857	10,469	149,739

b. Pediatric AIDS Diagnoses by Year of AIDS Diagnosis (1981-2005)

Year of AIDS diagnosis	Borough of residence					Unknown / Outside NYC	All
	Bronx	Brooklyn	Manhattan	Queens	Staten Island		
Pre-1992	325	346	230	133	24	42	1,100
1992	49	78	46	20	*	10	206
1993	55	79	20	32	*	8	198
1994	54	53	29	32	*	*	175
1995	42	42	23	19	*	*	134
1996	30	48	17	13	0	*	112
1997	15	26	9	12	*	*	66
1998	10	15	*	6	*	*	34
1999	6	9	*	6	*	0	25
2000	*	*	*	*	*	*	20
2001	*	8	*	*	0	*	20
2002	*	*	*	0	0	*	6
2003	*	0	*	0	*	0	7
2004	0	*	*	0	0	*	7
2005	*	*	*	*	0	*	8
Total	601	714	395	279	43	86	2,118

Note: Cells representing 1-5 person(s) are marked with an asterisk (*).

Source: HIV Epidemiology Program, New York City Department of Health and Mental Hygiene, data reported through 9/30/2006.

As of the end of 2005, over 95,000 people were reported in NYC to be living with HIV/AIDS **(Figure 4-16).** The true number is higher as it is estimated that a substantial proportion of persons living with HIV has never been tested and therefore do not know they are infected.

Figure 4-16
Reported HIV/AIDS Diagnoses and Deaths in 2005 and Reported Persons Living with HIV/AIDS (PLWHA) as 12/31/05, New York City

	HIV Diagnoses, 2005						AIDS Diagnoses, 2005		PLWHA as of 12/31/2005		Deaths, 2005	
	Total HIV diagnoses		Without AIDS		Concurrent with AIDS diagnoses							
	N	%	N	%	N	%	N	%	N	%	N	%
Total	3,800	100.0	2,781	73.2	1019	26.8	4,094	100.0	95,417	100.0	2,236	100.0
Sex												
Male	2,758	72.6	2,003	72.0	755	74.1	2,800	68.4	66,200	69.4	1,536	68 7
Female	1,042	27.4	778	28.0	264	25.9	1,294	31.6	29,034	30.4	700	31 3
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	183	0.2	0	0 0
Race/Ethnicity												
Black	2,006	52.8	1,448	52.1	558	54.8	2,111	51.6	42,872	44.9	1,189	53 2
Hispanic	1,077	28.3	769	27.7	308	30.2	1,266	30.9	30,296	31.8	713	31 9
White	607	16.0	483	17.4	124	12.2	641	15.7	19,929	20.9	316	14 1
Asian/Pacific Islander	93	2.4	66	2.4	27	2.6	56	1.4	1,160	1.2	13	0 6
Native American	*	*	*	*	0	0.0	7	0.2	83	0.1	0	0 0
Other/Unknown	13	0.3	11	0.4	*	*	13	0.3	1,077	1.1	*	*
Age Group (Years)												
0-12	18	0.5	16	0.6	*	*	8	0.2	963	1.0	*	*
13-19	138	3.6	119	4.3	17	1.7	65	1.6	1,476	1.5	12	0 5
20-29	829	21.8	709	25.5	120	11.8	432	10.6	5,742	6.0	51	2 3
30-39	1,150	30.3	865	31.1	285	28.0	1,123	27.4	20,312	21.3	290	13 0
40-49	1,041	27.4	703	25.3	338	33.2	1,502	36.7	37,731	39.5	824	36 9
50-59	461	12.1	281	10.1	180	17.7	736	18.0	22,170	23.2	771	34 5
60+	165	4.3	88	3.2	77	7.6	228	5.6	7,023	7.4	286	12 8
Borough of Residence												
Manhattan	1,044	27.5	784	28.2	260	25.5	1,164	28.4	28,940	30.3	613	27 4
Brooklyn	1,047	27.6	749	26.9	298	29.2	1,062	25.9	23,530	24.7	666	29 8
Bronx	861	22.7	599	21.5	262	25.7	1,019	24.9	20,617	21.6	548	24 5
Queens	596	15.7	447	16.1	149	14.6	552	13.5	12,850	13.5	262	11 7
Staten Island	63	1.7	49	1.8	14	1.4	62	1.5	1,682	1.8	46	2 1
Unknown/Ouside NYC	189	5.0	153	5.5	36	3.5	235	5.7	7,798	8.2	101	4 5
Transmission Risk												
Men who sex with men	1,421	37.4	1,113	40.0	308	30.2	1,134	27.7	27,661	29.0	322	14 4
Injectiondrug use history	266	7.0	191	6.9	75	7.4	632	15.4	21,079	22.1	934	41 8
Heterosexual	767	20.2	554	19.9	213	20.9	787	19.2	15,921	16.7	333	14 9
Perinatal	17	0.4	15	0.5	*	*	37	0.9	2,427	2.5	17	0 8
Other	0	0.0	0	0.0	0	0.0	12	0.3	424	0.4	7	0 3
Unknown	1,329	35.0	908	32.7	421	41.3	1,492	36.4	27,905	29.2	623	27 9
Clinical Status												
HIV (non-AIDS)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	35,482	37.2	273	12 2
AIDS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	59,935	62.8	1 963	87 8

Note: As reported to the HIV Epidemiology Program, New York City Department of health and mental Hygiene by September 30, 2006.
Cells representing 1-5 person(s) are marked with an asterisk.

The HIV/AIDS epidemic in NYC continues to disproportionately affect blacks and Hispanics. In 2005, 81% of new HIV diagnoses and 82% of new AIDS diagnoses were in blacks and Hispanics **(Figure 4-16).** Black women accounted for 63% of AIDS cases in women. Among Black males the prevalence of HIV/AIDS is 3.0%, significantly higher than the citywide average of 1.2%. Among middle-aged black men (40-54), the prevalence is even higher, at 8.3%.

For women, heterosexual sex with an infected partner is the predominant risk for HIV, accounting for 87% of new HIV diagnoses in women with known risk. Among men, sex with men is the most important transmission risk, accounting for 77% of new HIV diagnoses among persons with known risk (71% of Black men, 74% Hispanic men, and 89% White men).

Many of the city's poorest neighborhoods have high concentrations of HIV/AIDS: South Bronx, Central Brooklyn and Harlem **(Figures 4-17, 4-18).** The prevalence of men living with HIV/AIDS is highest in Manhattan (35% of all male cases), and the prevalence of

women living with HIV/AIDS is highest in Brooklyn (31% of all female cases), followed closely by the Bronx (29% of all female cases).

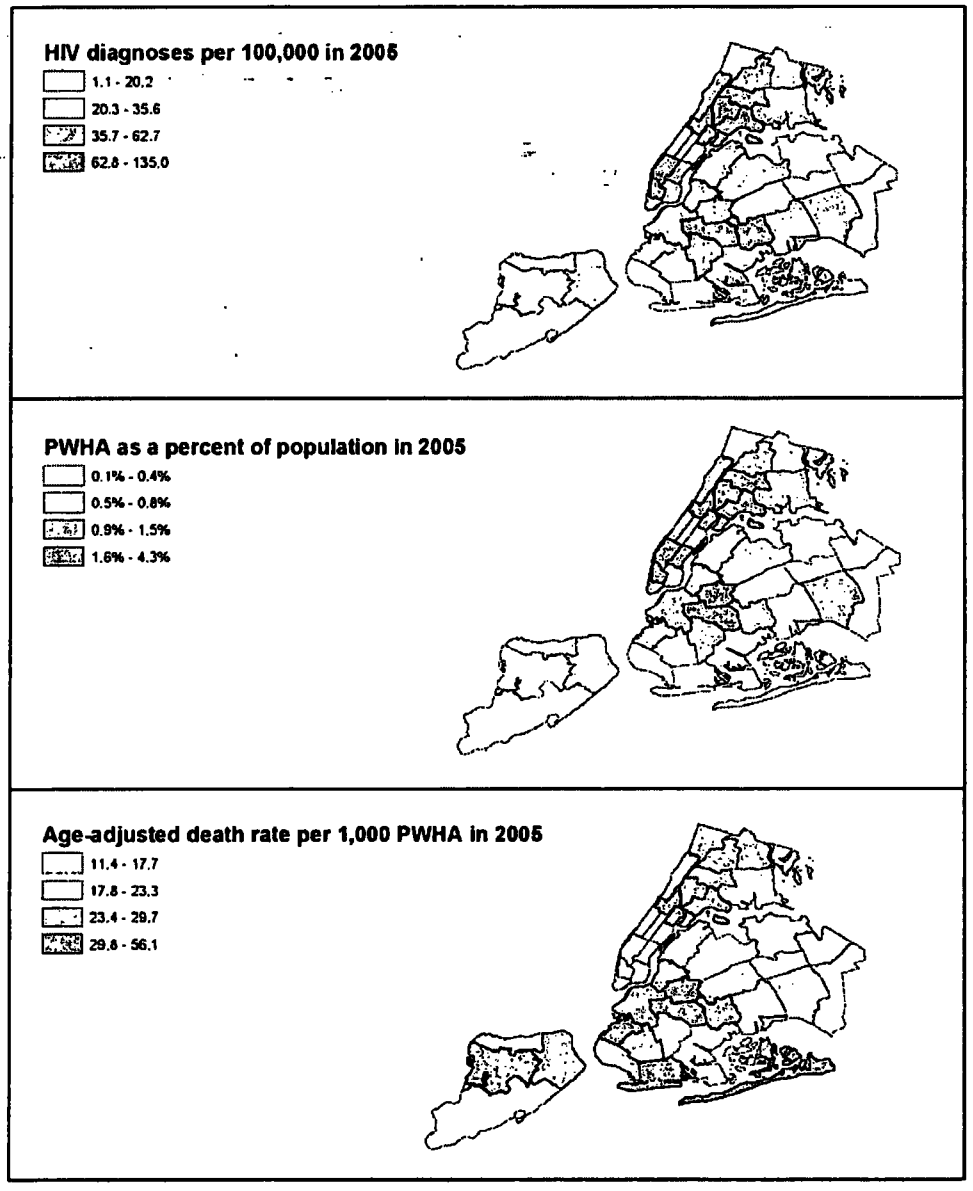
Figure 4-17
Rates of reported HIV Diagnoses, PWHA, and Deaths among PWHA in New York City, 2005
Overall and by Borough and UHF Neighborhood of Residence

	HIV Diagnoses[1] per 100,000 Population	Reported PWHA as Percent of Population	Age-Adjusted Death Rate per 1,000 PWHA[2]	Population from 2000 Census
Total	**47.5**	**1.2**	**22.9**	**8,008,278**
Manhattan[3]	***68.3***	***1.9***	***19.8***	***1,529,375***
Central Harlem - Morningside Heights	132.4	2.6	31.9	151,375
Chelsea - Clinton	135.0	4.3	11.4	122,998
East Harlem	108.2	2.6	32.6	108,092
Grammercy Park - Murray Hill	57.0	1.6	17.5	124,477
Greenwich Village - Soho	90.8	2.3	14.1	83,709
Lower Manhattan	48.6	1.2	15.3	30,895
Union Square - Lower East Side	49.2	1.5	18.1	197,138
Upper East Side	20.2	0.6	14.5	218,167
Upper West Side	35.6	1.4	21.6	222,109
Washington Heights - Inwood	50.2	1.2	21.5	270,677
Brooklyn[3]	***42.5***	***1.0***	***27.9***	***2,465,326***
Bedford Stuyvesant - Crown Heights	93.9	1.9	32.5	317,296
Bensonhurst - Bay Ridge	7.2	0.2	28.2	194,558
Borough Park	11.7	0.3	23.9	324,411
Canarsie - Flatlands	30.3	0.5	17.2	197,819
Coney Island - Sheepshead Bay	12.9	0.4	32.7	286,901
Downtown - Heights - Park Slope	43.8	1.3	26.1	214,696
East Flatbush - Flatbush	65.4	1.2	17.6	316,734
East New York	64.5	1.4	33.3	173,716
Greenpoint	31.3	0.7	28.6	124,449
Sunset Park	15.8	0.6	32.4	120,441
Williamsburg - Bushwick	60.2	1.7	32.8	194,305
Bronx[3]	***64.8***	***1.6***	***26.5***	***1,327,690***
Crotona - Tremont	82.7	2.1	27.5	199,530
Fordham - Bronx Park	62.7	1.5	24.0	250,491
High Bridge - Morrisania	100.1	2.4	29.7	189,755
Hunts Point - Mott Haven	104.2	2.3	32.2	122,875
Kingsbridge - Riverdale	21.4	0.5	26.1	88,989
Northeast Bronx	33.9	0.8	23.4	185,998
Pelham - Throgs Neck	40.7	1.1	21.0	290,052
Queens[3]	***26.6***	***0.6***	***20.3***	***2,242,159***
Bayside - Little Neck	1.1	0.1	23.3	88,164
Flushing - Clearview	11.7	0.2	20.6	255,542
Fresh Meadows	8.6	0.3	17.4	93,148
Jamaica	39.2	0.9	23.2	285,568
Long Island City - Astoria	28.1	0.7	19.5	220,960
Ridgewood - Forest Hills	15.4	0.4	20.0	240,901
Rockaway	28.1	0.7	35.9	106,738
Southeast Queens	26.5	0.4	13.8	203,670
Southwest Queens	23.3	0.4	22.2	269,952
West Queens	37.7	0.8	17.7	477,516
Staten Island[3]	***14.2***	***0.4***	***27.3***	***443,728***
Port Richmond	28.7	0.6	22.1	62,788
South Beach - Tottenville	4.4	0.2	13.2	179,892
Stapleton - St. George	21.5	0.7	29.7	116,227
Willowbrook	9.4	0.2	56.1	84,821

Note: As reported to the HIV Epidemiology Progrm, New York City Department of Health and Mental Hygiene by September 30, 2006.

[1] *HIV diagnoses include diagnoses of HIV without AIDS and HIV concurrent with AIDS.*
[2] *Age-adjusted to the city-wide population of PWHA at the end of 2005.*
[3] *Borough-level data include persons residing in unknown UHF neighborhoods.*

Figure 4-18. Rates of Reported HIV Diagnoses, PWHA, and Deaths Among PWHA in New York City, 2005
By United Hospital Fund neighborhood of residence



PWHA = Persons with HIV/AIDS

As reported to the HIV Epidemiology Program, New York City Department of Health and Mental Hygiene by September 30, 2006.

Sexually Transmitted Diseases

During the year 2005, there were 616 cases of primary and secondary syphilis (P&S syphilis) reported to the DOHMH; the number of cases and the associated case rate is essentially unchanged from 2004 **(Figures 4-19, 4-20).** Males continue to comprise 96% of reported P&S cases during 2005, with only 22 cases of P&S syphilis among women reported in that year **(Figure 4-19).** The ratio of male to female P&S syphilis cases remained the same as in 2004, 27:1.

Figure 4-19
STDs in New York City by Gender (2000-2005)

Disease	Region	Gender	Race	Age	Cases					
					2000	2001	2002	2003	2004	2005
Chlamydia	(NYC)	Female	(All)	(All)	22,663	25,118	27,364	27,173	26,398	26,946
		Male			3,377	4,477	5,876	7,397	7,703	12,242
		Unknown			130	54	36	209	88	27
Gonorrhea	(NYC)	Female	(All)	(All)	6,051	6,671	6,456	6,691	5,544	5,051
		Male			5,573	5,914	6,343	6,720	5,286	5,540
		Unknown			45	29	12	57	30	5
P & S Syphilis	(NYC)	Female	(All)	(All)	10	19	18	22	22	22
		Male			107	263	416	509	599	594
		Unknown			0	0	0	0	0	0
Early latent Syphilis	(NYC)	Female	(All)	(All)	139	152	158	177	106	188
		Male			308	396	567	774	575	792
		Unknown			0	0	2	0	0	0
Early Syphilis	(NYC)	Female	(All)	(All)	149	171	176	199	128	210
		Male			415	659	983	1,283	1,174	1,386
		Unknown			0	0	2	0	0	0
Late Latent Syphilis	(NYC)	Female	(All)	(All)	1,046	1,133	1,014	926	856	644
		Male			1,045	1,291	1,234	1,329	1,469	942
		Unknown			6	13	30	31	47	0

Source: New York City Department of Health and Mental Hygiene

Figure 4-20
Syphilis in New York City

Reported Primary and Secondary Syphilis Cases New York City 2000-2005
Cases/100,000 Persons By Borough

	2000	2001	2002	2003	2004	2005
Manhattan	4.1	9.5	16.2	17.9	21.5	18.1
Bronx	1.2	3.4	3.8	5.1	4.8	5.1
Brooklyn	1.0	2.9	3.4	4.6	5.4	7.4
Queens	0.6	0.8	2.1	3.0	4.0	3.7
Staten Island	0.0	0.7	1.4	2.0	1.6	1.6
New York City	***1.5***	***3.5***	***5.4***	***6.6***	***6.6***	***7.8***

Reported Early Latent Syphilis Cases New York City 2000-2005
Cases/100,000 Persons By Borough

	2000	2001	2002	2003	2004	2005
Manhattan	11.8	13.1	19.7	25.0	18.2	25.6
Bronx	6.2	7.9	10.8	13.0	6.9	10.7
Brooklyn	4.9	7.3	8.2	10.8	7.3	11.4
Queens	2.8	2.6	3.3	5.3	5.6	6.7
Staten Island	0.5	0.9	2.0	2.3	1.4	3.4
New York City	***5.6***	***6.8***	***9.1***	***11.9***	***16.3***	***19.9***

Reported Congenital Syphilis Cases New York City 2000-2005
Cases/100,000 Live Births

	2000	2001	2002	2003	2004	2005
New York City	***24.3***	***29.8***	***23.0***	***25.7***	***13.2***	***4.5***

Source: New York City Department of Health and Mental Hygiene

Among male P&S syphilis cases for whom behavioral data were available, 70% reported having sex with other men. Furthermore, among those male P&S syphilis cases who reported sex with other men in 2005, nearly half were HIV-infected.

There were 980 reported cases of early latent syphilis in 2005, representing a 44% increase from 2004 when 681 cases were reported **(Figure 4-19).** During 2005, there were 5 presumptive cases of congenital syphilis reported, a decrease from 15 cases in 2004.

From 2004 to 2005, reported cases of chlamydia increased by 15% and reported cases of gonorrhea decreased by 2% in New York City **(Figures 4-19, 4-21, 4-22).** Adolescents ages 15-19 years continue to be disproportionately affected by these diseases. In 2005, 22% of all reported gonorrhea cases and 33% of chlamydia cases reported for females were among adolescents ages 15-19 years. The increase in the number of male chlamydia cases reported in NYC in 2005 is largely attributable to the introduction of routine screening for chlamydia among men admitted to NYC detention facilities, and, to a lesser extent, to increases in detection by health care providers across the city **(Figure 4-19).**

Figure 4-21
Reported Gonorrhea Cases, New York City 2000-2005
Cases/100,000 Persons By Borough

	2000	2001	2002	2003	2004	2005
Manhattan	175.0	182.8	195.2	218.1	163.1	155.0
Bronx	210.0	219.8	227.0	223.9	174.1	174.7
Brooklyn	170.2	190.6	188.5	201.4	169.4	156.8
Queens	83.7	89.5	87.4	87.3	75.9	82.0
Staten Island	29.8	44.0	46.7	53.6	39.4	45.5
New York City	145.7	157.5	160.0	168.2	135.6	132.3

Source: New York City Department of Health and Mental Hygiene

Figure 4-22
Reported Chlamydia trachomatis Cases, New York City 2000-2005

	2000	2001	2002	2003	2004	2005
Manhattan	565.7	562.1	605.8	584.5	419.7	492.7
Bronx	855.6	872.0	926.5	945.1	620.1	703.4
Brooklyn	599.1	724.1	774.9	782.7	513.9	546.0
Queens	325.0	383.7	443.2	422.8	275.9	359.5
Staten Island	173.2	195.4	261.3	253.0	153.5	184.8
New York City	537.8	596.1	649.4	644.8	426.9	489.7

Source: New York City Department of Health and Mental Hygiene

In 2005, there were 28 cases of Lymphogranuloma venerum (LGV), an invasive strain of Chlamydia trachomatis infection rarely recognized in New York City before 2003. To date, cases have all been male, and are predominantly among men who have sex with men. Many of the cases of LGV have a history of primary and secondary syphilis, suggesting that the population at risk for syphilis is similar to that at risk for LGV.

Tuberculosis

In 2005, New York City recorded 984 confirmed tuberculosis cases, the lowest number since tuberculosis became reportable in 1897 **(Figure 4-23).** This marks the first time in the City's history that there were fewer than 1,000 cases confirmed in a year. Since the peak of the most recent TB epidemic in 1992, the number of confirmed tuberculosis cases in New York City has declined by 74%, from 3,811 in 1992 to 984 in 2005.

Figure 4-23
Tuberculosis Incidence, New York City, 1920 - 2005

Year	Number[1]	Rate Per 100,000[2]	Culture Positive Cases	Sputum Smear-Positive Cases[3] (Rate Per 100,000)	Multidrug-resistant Cases[4]	# of TB Deaths	TB Deaths (Rate per 100,000)
1920	14,035	246.9				7,915	144.1
1930	11,821	170.2				4,574	68.2
1940	9,005	120.8				3,680	50.0
1950	7,717	97.8				2,173	27.4
1960	4,699	60.4				824	10.6
1970	2,590	32.8				432	5.5
1971	2,572	32.9				316	4.0
1972	2,275	29.4				335	4.3
1973	2,101	27.5				259	3.4
1974	2,022	26.7				215	2.8
1975	2,151	28.7				208	2.8
1976	2,151	29.1				187	2.5
1977	1,605	21.9				175	2.4
1978	1,307	18.1				188	2.6
1979	1,530	21.4				121	1.7
1980	1,514	21.4				143	2.0
1981	1,582	22.3				155	2.2
1982	1,594	22.4				168	2.4
1983	1,651	23.1				151	2.1
1984	1,629	22.7	1,527			168	2.3
1985	1,843	25.6	1,785			155	2.2
1986	2,223	30.8	2,181			186	2.6
1987	2,197	30.3	2,157			219	3.0
1988	2,317	31.9	2,241			246	3.4
1989	2,545	34.9	2,405			236	3.2
1990	3,520	48.1	3,372			256	3.5
1991	3,673	49.7	3,484	1772 (24.0)	366	245	3.3
1992	3,811	51.1	3,442	1856 (24.9)[6]	441	200	2.7
1993	3,235	43.0	2,854	1526 (20.3)	296	166	2.2
1994	2,995	39.4	2,479	1265 (16.7)	176	133	1.8
1995	2,445	31.9	2,014	989 (12.9)	109	94	1.2
1996	2,053	26.5	1,721	837 (10.8)	84	67	0.9
1997	1,730	22.2	1,401	665 (8.5)	56	55	0.7
1998	1,558	19.8	1,255	558 (7.1)	38	52	0.7
1999	1,460	18.4	1,143	515 (6.5)	31	49	0.6
2000	1,332	16.6	1,066	467(5.8)	25	44	0.5
2001	1,261	15.7	964	453 (5.7)	24	33	0.4
2002	1,084	13.5	823	429 (5.4)	27	30	0.4
2003	1,140	14.2	872	427 (5.3)	21	19	0.2
2004	1,039	13.0	798	391 (4.9)	18	30	0.4
2005	984	12.3	745	373 (4.7)	24	21	0.3

[1]For "phthisis," or pulmonary cases, 1920-1940; thereafter, all forms of tuberculosis.

[2]Rates through 2000 are based on official Census population data and intercensal estimates. Rates since 2000 are based on 2000 Census data.

[3]Patients with a sputum smear positive for acid-fast bacilli regardless of culture result and regardless of site of disease.

[4]Resistant to at least isoniazid and rifampin. Drug susceptibility made mandatorily reportable during 1991; figure from that year is not complete.

[5]Case definition revised in 1978 to include persons who had verified disease in the past and were discharged or lost to supervision for more than 12 months and had verified disease again.

[6]This information was estimated for 1992, exact figures are not available.

Source: New York City Department of Health and Mental Hygiene

Tuberculosis incidence rates for the years 1920 to 2005 are reported in **Figure 4-23**. The city's 2005 tuberculosis case rate was 12.3 cases per 100,000 persons, compared with a rate of 13.0 recorded in 2004 and a rate of 51.1 in 1992. Despite the overall 13-year decreasing trend, New York City's 2005 tuberculosis rate remains much higher than both the national average of 4.8 per 100,000 and the Centers for Disease Control and Prevention's Healthy People 2010 objective of 1.0 per 100,000.

In 2005, 24 New York City tuberculosis patients had strains of Mycobacterium tuberculosis that were resistant to the two most important medications available to treat tuberculosis, isoniazid and rifampin (MDRTB). This constitutes a 94.6% decline since 1992. More MDRTB cases were observed among non US-born (13) New York City residents than in US or Puerto Rico-born (10) New York City residents (one MDRTB case had an unknown place of birth).

Tuberculosis incidence rates for 2005 by borough and United Hospital Fund Neighborhoods are provided in **Figure 4-24**. Of particular note:

UHF neighborhoods that had TB rates greater than 20/100,000 in 2005 included: Sunset Park (29.9), Williamsburg-Bushwick (23.2), Central Harlem (23.2), and West Queens (22.4).

Several neighborhoods experienced an increase in TB rates in 2005 of 30% or more compared to 2004, including Sunset Park, East Flatbush-Flatbush, Greenpoint, Southeast Queens, Ridgewood-Forest Hills, Chelsea-Clinton, and the Upper East Side.

On the other hand, several neighborhoods experienced a decrease in TB rates in 2005 of 30% or more compared to 2004, including Greenwich Village-Soho, Stapleton-St George, Lower Manhattan, East Harlem, Canarsie-Flatlands, Upper West Side, Port Richmond, Fresh Meadows, Bayside-Little Neck, and South Beach-Tottenville.

Figure 4-24
Tuberculosis Rates by United Hospital Fund (UHF) Neighborhood, New York City, 2000-2005

UHF Neighborhood	2005 # Cases	Rate per 100,000 population[1,2]					
		2005	2004	2003	2002	2001	2000
BRONX	**158**	**11.9**	**13.3**	**13.3**	**12.4**	**12.7**	**16.3**
HIGH BRIDGE-MORRISANIA	34	17.9	18.4	22.7	6.7	17.4	21.1
CROTONA-TREMONT	32	16.0	16.0	14.0	8.1	13.0	23.1
HUNTS POINT-MOTT HAVEN	18	14.6	19.5	13.0	5.9	18.7	13.8
PELHAM-THROGS NECK	33	11.4	12.1	9.7	16.3	12.8	11.7
FORDHAM-BRONX PARK	24	9.6	11.6	17.2	16.3	13.6	20.0
KINGSBRIDGE	6	6.7	6.7	7.9	17.5	6.7	16.9
NORTH EAST BRONX	11	5.9	8.1	6.5	16.4	5.4	7.5
BROOKLYN	**323**	**13.1**	**12.7**	**14.8**	**14.0**	**15.8**	**18.1**
SUNSET PARK	36	29.9	22.4	19.9	14.4	27.4	33.2
WILLIAMSBURG-BUSHWICK	45	23.2	19.6	24.7	5.6	25.2	22.1
EAST FLATBUSH-FLATBUSH	61	19.3	14.5	18.6	11.5	18.9	31.3
BEDFORD STUYVESANT-CROWN HEIGHTS	42	13.2	14.2	18.6	18.6	18.0	23.6
BOROUGH PARK	40	12.3	13.3	13.6	14.2	10.5	10.5
EAST NEW YORK	21	12.1	13.8	11.5	15.3	16.7	15.0
CONEY ISLAND	29	10.1	10.8	10.5	9.1	12.9	11.5
DOWNTOWN-BKLYN HEIGHTS-PARK SLOPE	18	8.4	9.3	12.1	19.1	15.4	15.4
GREENPOINT	8	6.4	4.8	9.6	22.1	9.6	15.3
BENSONHURST-BAY RIDGE	12	6.2	7.7	8.7	10.5	10.8	13.4
CANARSIE-FLATLANDS	11	5.6	9.6	12.6	10.8	12.1	9.1
MANHATTAN	**182**	**11.9**	**12.9**	**15.6**	**14.8**	**16.7**	**17.9**
CENTRAL HARLEM	35	23.2	24.5	21.2	20.8	20.5	28.5
CHELSEA-CLINTON	21	17.1	6.5	10.6	11.4	23.6	16.3
EAST HARLEM	17	15.7	24.1	28.7	17.6	28.7	27.8
UNION SQUARE-LOWER EAST SIDE	29	14.7	17.8	19.8	8.4	20.8	22.3
LOWER MANHATTAN	4	12.9	19.4	3.2	6.9	12.9	12.9
GRAMERCY PARK-MURRAY HILL	15	12.1	13.7	19.3	9.7	15.3	20.1
WASHINGTON HEIGHTS-INWOOD	32	11.8	12.6	19.6	31.1	17.7	19.2
GREENWICH VILLAGE-SOHO	9	10.8	15.5	9.6	8.6	16.7	19.1
UPPER EAST SIDE	11	5.0	2.3	4.1	14.5	5.0	8.3
UPPER WEST SIDE	9	4.1	7.2	13.1	16.3	12.6	9.9
QUEENS	**304**	**13.6**	**14.3**	**14.7**	**14.4**	**18.6**	**16.2**
WEST QUEENS	107	22.4	26.8	30.6	20.8	32.5	25.3
FLUSHING	44	17.2	17.6	15.7	17.2	22.3	21.9
JAMAICA	35	12.3	12.6	8.1	6.8	18.9	11.9
SOUTHWEST QUEENS	32	11.9	9.3	9.6	7.5	11.5	10.0
LONG ISLAND CITY-ASTORIA	25	11.3	14.0	12.7	25.5	19.0	16.7
RIDGEWOOD-FOREST HILLS	26	10.8	5.8	11.2	10.7	10.0	12.9
SOUTHEAST QUEENS	17	8.3	4.4	8.8	6.4	13.3	10.3
FRESH MEADOWS	7	7.5	17.2	12.9	10.3	10.7	17.2
ROCKAWAY	8	7.5	7.5	0.9	4.8	11.2	10.3
BAYSIDE-LITTLE NECK	3	3.4	7.9	10.2	13.7	6.8	11.3
STATEN ISLAND	**17**	**3.8**	**6.3**	**6.5**	**5.6**	**6.1**	**7.2**
STAPLETON-ST GEORGE	8	6.9	10.3	17.2	8.0	9.5	15.5
PORT RICHMOND	3	4.8	9.6	8.0	8.6	17.5	11.1
WILLOWBROOK	4	4.7	5.9	4.7	4.7	3.5	5.9
SOUTH BEACH-TOTTENVILLE	2	1.1	2.8	0.0	3.3	1.1	1.1
Total NYC	**984**	**12.3**	**13.0**	**14.2**	**13.5**	**15.7**	**16.6**

[1] Rates since 2000 are based on 2000 Census data.
[2] There were 2 cases in 2001 with missing zipcode information that are not included in the totals. Rates are estimated for these years.
Source: New York City Department of Health and Mental Hygiene

Known infection with the human immunodeficiency virus (HIV) among TB cases decreased to 15.3% in 2005 from 16.3% in 2004. This is a considerable decrease from 33.3% at the peak of the recent TB epidemic in 1992. In 2005, 30.1% of US-born cases were co-infected with HIV, while 9.1% of non-US-born cases were co-infected. The

percentage of patients with unknown HIV status remained essentially the same in 2005: 32.3% of non-US-born patients and 24.5% of US-born patients.

Two trends observed among New York City's tuberculosis cases suggest directions for tuberculosis control interventions:

For the eighth consecutive year, the proportion of non-U.S. born cases exceeded the proportion of U.S.-born cases; in 2005, 70% of all cases were non-U.S. born. Tuberculosis control in New York City will depend increasingly on effective case finding and treatment of tuberculosis disease and infection among non-U.S. born persons.

The proportion of tuberculosis cases among females has increased from 27.8% in 1986 to 35.5% in 2005. Ensuring that tuberculosis control services are accessible to women is essential not only to meet the needs of women, but also to maintain effective control over pediatric tuberculosis, as children may be more likely to have contact with care-givers who are women.

As new cases of tuberculosis continue to decrease in New York City, it is important to focus our efforts on the control of TB and of latent TB infection (LTBI) to avoid resurgence. The success in reducing tuberculosis is attributed to appropriate case finding, contact investigation, Directly Observed Therapy (DOT), and the Patient Review Approach to case management. Despite much progress, tuberculosis control in New York City is a challenge, and will remain so as long as TB is a major infection worldwide and until we have more effective means of detecting patients with LTBI and providing shorter LTBI treatments.

Chronic Disease

Heart Attack and Stroke

Heart disease is the number one cause of death in New York City, accounting for 22,619 deaths in 2005, as well as many hospitalizations **(Figure 4-10).** 3,487 of these deaths were among people under the age of 65 **(Figure 4-11).** Cerebrovascular disease (stroke) was the fifth leading cause of death in New York City in 2005, accounting for 1,647 deaths, of which 397 were among people under the age of 65 **(Figures 4-10, 4-11).** Although deaths from cardiovascular disease have declined over time, most of the decrease is in whites compared to other races and ethnicities (TCNY).

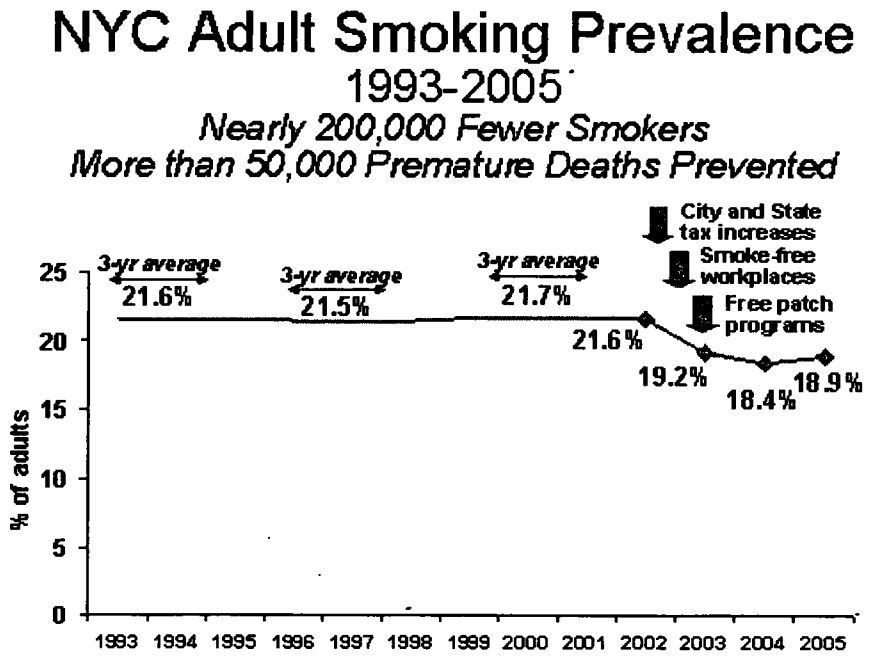
Tobacco Use

According to the 2004 U.S. Surgeon General's report, smoking remains the number one cause of preventable death in the United States and is a major factor in the disease process for nearly every organ of the body.

Between 2002 and 2005, citywide adult smoking prevalence in New York City dropped 13% from 21.5% to 18.9% (CHS 2005; **Figure 4-25).** DOHMH initiatives in 2005 aimed at reducing adult smoking have included the distribution of six-week courses of nicotine replacement patches to 75,000 New Yorkers. Of these, 45,000 courses were distributed

through the DOHMH's large-scale giveaway conducted in collaboration with 3-1-1. Using results from a similar program in 2003 that demonstrated a 33% quit rate, we estimate that the 2005 large-scale giveaway helped almost 15,000 New Yorkers quit smoking and may have helped to prevent almost 5000 tobacco-related deaths (TCNY).

Figure 4-25



Gender Disparities in Tobacco Use

Despite evidence that tobacco use in NYC has declined sharply since 2002, disparities in levels of use and the rates of decline persist. Males continue to demonstrate a higher smoking prevalence than females, with a smoking rate of 22.5% in 2005 (compared to 15.6% of females). Moreover, whereas female smoking rates have declined 21% since 2002, the rate among males has remained nearly steady since the 2002 rate of 23.4%.

Adolescents and Tobacco Use

Between 2001 and 2005, the NYC Youth Risk Behavior Survey (YRBS) demonstrated a decline in current smoking among public high school students of 36%, from 17.6% to 11.2%. However, disparities in smoking based on gender and race persist: white female public high school students remain more than twice as likely to be current smokers compared to their Hispanic and Black counterparts. Although male teens have a lower smoking prevalence than female teens, the YRBS data shows that male teens who do smoke are more likely to smoke frequently and heavily, compared to female teen smokers.

Asthma

More than 300,000 New York City children and 700,000 adults have been diagnosed with asthma at some time in their lives. The number of hospitalizations for asthma among New York City residents decreased by more than 9% from 28,212 in 2004 to 25,615 in 2005.

Age 0-14

As in prior years, children 0-14 years have the highest asthma hospitalization rates. Asthma hospitalization rates per 1,000 were 5.4 for 0-14 year olds – a 43% decrease since 1997 and a 17% decrease since 2004 **(Figure 4-26).** Hospitalization rates for ages 0-14 continue to vary widely across neighborhoods, with the highest rates occurring in the United Hospital Fund (UHF) neighborhoods of East Harlem (11.9), Central Harlem (11.2), Highbridge-Morrisania (11.0), Williamsburg-Bushwick (10.5), Crotona-Tremont (10.3), and Hunts Point-Mott Haven (9.6) **(Figure 4-26).**

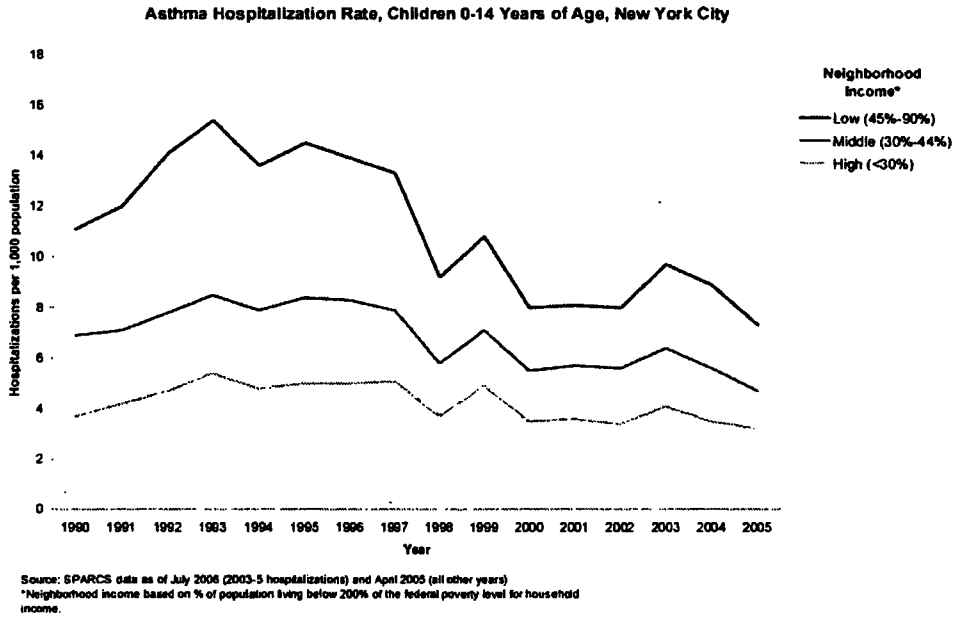
Figure 4-26
Asthma Hospitalizations, New York City, by UHF Neighborhood, Age 0-14 Years

Neighborhood	1995		1997		2001		2003		2004		2005		% Change	
	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	1997-2005	2004-2005
Kingsbridge	101	6.8	99	6.6	55	3.6	68	4.4	73	4.8	62	4.0	-39%	-17%
Northeast Bronx	316	9.4	344	9.5	303	7.7	376	9.5	305	7.7	261	6.6	-31%	-14%
Fordham-Bronx Park	961	16.3	970	15.7	592	8.9	711	10.7	736	11.1	577	8.7	-45%	-22%
Pelham-Throgs Neck	790	13.5	771	12.6	631	9.7	674	10.4	621	9.6	521	8.0	-37%	-17%
Crotona-Tremont	1,058	18.3	959	16.3	605	10.0	873	14.4	723	11.9	627	10.3	-37%	-13%
Highbridge -Morrisania	989	18.9	1,000	18.6	582	10.4	816	14.6	700	12.5	615	11.0	-41%	-12%
Hunts Point-Mott Haven	760	22.5	798	22.6	342	9.4	469	12.9	465	12.8	349	9.6	-58%	-25%
Bronx	4,998	16.1	4,941	15.4	3,110	9.2	3,988	11.8	3,623	10.7	3,012	8.9	-42%	17%
Greenpoint	156	5.3	120	4.0	93	3.1	77	2.6	81	2.7	60	2.0	-50%	-26%
Downtown-Heights Slope	391	10.6	332	9.1	183	5.1	232	6.5	206	5.7	124	3.5	-62%	-39%
Bedford Stuyvesant-Crown Heights	1,230	15.4	1,119	14.0	827	10.3	1,001	12.5	865	10.8	639	8.0	-43%	-26%
East New York	630	13.3	591	12.3	468	9.5	558	11.3	477	9.7	404	8.2	-33%	-15%
Sunset Park	203	8.2	183	7.1	87	3.2	97	3.6	82	3.0	62	2.3	-68%	-23%
Borough Park	179	2.6	183	2.5	94	1.2	109	1.4	108	1.4	86	1.1	-56%	-21%
East Flatbush-Flatbush	707	9.4	761	10.2	550	7.4	627	8.5	543	7.3	454	6.1	-40%	-16%
Canarsie-Flatlands	208	5.7	236	6.0	155	3.6	201	4.7	192	4.5	174	4.0	-33%	-11%
Bensonhurst-Bay Ridge	73	2.6	71	2.4	36	1.1	51	1.6	48	1.5	34	1.1	-54%	-27%
Coney Island	216	4.5	183	3.7	97	1.9	150	2.9	98	1.9	90	1.7	-54%	-11%
Williamsburg-Bushwick	789	14.4	703	12.9	565	10.4	629	11.6	672	12.4	574	10.5	-19%	-15%
Brooklyn	4,784	9.0	4,483	8.3	3,155	6.7	3,734	6.7	3,372	6.1	2,701	4.9	-41%	-20%
Washington Heights-Inwood	591	10.2	537	9.2	288	4.9	293	5.0	235	4.0	191	3.3	-64%	-18%
Central Harlem	695	22.3	667	20.9	417	12.6	472	14.3	444	13.4	371	11.2	-46%	-16%
East Harlem	913	36.5	733	29.2	427	16.9	374	14.8	336	13.3	301	11.9	-59%	-11%
Upper West Side	137	5.6	158	6.4	94	3.7	118	4.7	85	3.4	96	3.8	-41%	12%
Upper East Side	66	3.1	88	4.0	54	2.3	64	2.8	44	1.9	60	2.6	-35%	37%
Chelsea-Clinton	93	10.5	127	14.4	54	6.2	64	7.4	51	5.0	37	4.3	-70%	-27%
Gramercy Park-Murray Hill	37	5.3	48	6.7	22	2.9	27	3.6	23	3.1	21	2.8	-58%	-10%
Greenwich Village-Soho	29	4.1	21	3.0	8	1.1*	15	2.1	14	2.0	8	1.1*	-63%	-45%
Union Square	278	10.7	243	9.8	136	5.5	138	5.6	123	5.0	100	4.1	-57%	-18%
Lower Manhattan	10	3.0*	12	3.5*	14	4.1	16	4.7	10	2.9*	14	4.1	17%	41%
Manhattan	2,851	13.4	2,638	12.3	1,514	6.9	1,581	7.2	1,366	6.3	1,204	5.5	-55%	-13%
Long Island City-Astoria	245	7.5	218	6.3	151	4.2	144	4.0	118	3.2	123	3.4	-46%	6%
Western Queens	589	7.7	556	6.8	308	3.5	389	4.4	330	3.7	283	3.2	-53%	-14%
Flushing	196	5.0	134	3.3	117	2.8	143	3.4	148	3.5	118	2.8	-15%	-20%
Bayside-Little Neck	36	2.7	19	1.4	21	1.5	29	2.0	27	1.8	27	1.9	36%	0%
Ridgewood	163	4.5	185	4.9	144	3.5	178	4.4	164	4.0	170	4.2	-14%	5%
Fresh Meadows	87	5.4	62	3.7	84	4.8	55	3.1	60	3.4	49	2.8	-24%	-18%
Southwest Queens	307	6.3	355	6.8	319	5.6	356	6.2	253	4.4	194	3.4	-50%	-23%
Jamaica	587	10.2	551	9.3	466	7.8	509	8.2	473	7.6	329	5.3	-43%	-30%
Southeast Queens	270	7.0	269	6.7	220	5.2	227	5.4	196	4.6	194	4.6	-31%	0%
Rockaway	168	6.9	203	8.1	235	9.1	233	9.0	224	8.7	217	8.4	4%	-3%
Queens	2,654	6.9	2,555	6.4	2,088	4.9	2,266	5.3	1,994	4.7	1,708	4.0	-38%	-15%
Port Richmond	80	5.7	89	6.0	65	4.0	82	5.1	72	4.4	76	4.8	-20%	9%
Stapleton-St. George	133	6.0	113	4.9	125	5.1	119	4.8	100	4.1	84	3.4	-31%	-17%
Willowbrook	47	2.9	48	2.9	33	2.0	27	1.6	31	1.9	29	1.7	-41%	-11%
South Beach-Tottenville	68	2.0	81	2.3	40	1.1	71	1.9	43	1.2	44	1.2	-48%	0%
Richmond	328	3.8	331	3.7	265	2.8	299	3.1	246	2.6	235	2.5	-32%	-4%
New York City	15,615	10.2	14,948	9.8	10,132	6.2	11,868	7.3	10,603	6.5	8,860	5.4	-43%	-17%

*Source: SPARCS data, July, 2006 update for 2003-05 hospitalizations, April 2005 update for 1995-2001 hospitalizations. * Relative Standard Error is >30% indicating low reliability.*

As a group, low-income neighborhoods like these have had the highest asthma hospitalization rates over time but have also experienced the greatest decline in rates since 1997 (45% decline) compared with those living in the wealthiest neighborhoods (37% decline) **(Figure 4-27).** Given the large number of neighborhoods tracked (each relatively small), year to year changes in hospitalization rate in individual neighborhoods should be interpreted cautiously as they may be due to chance.

Figure 4-27



Age 15-34

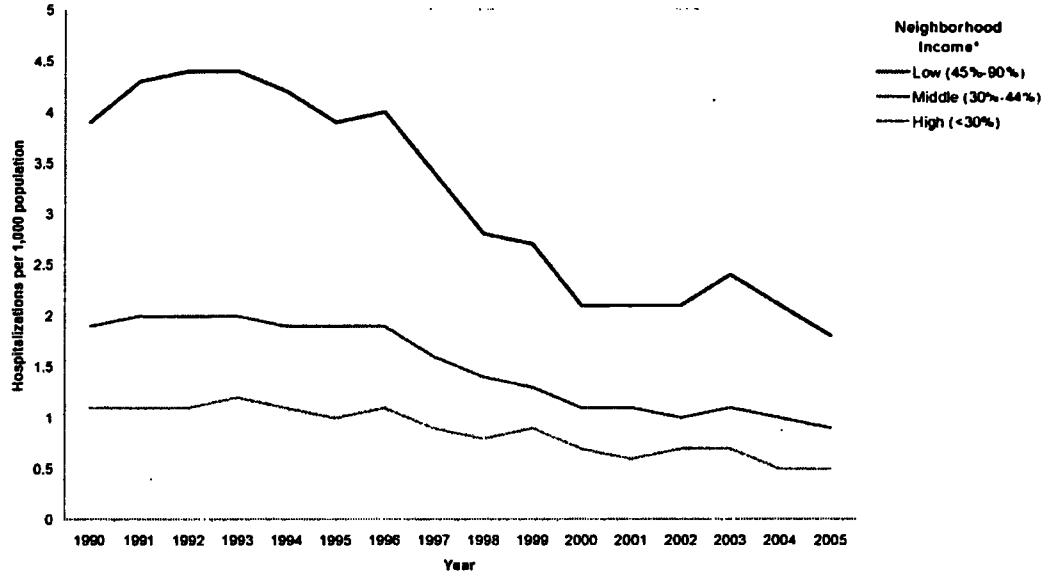
Asthma hospitalization rates were lowest (1.1 per 1000) among those 15-34 years of age – a 48% decrease since 1997 and an 8% decrease since 2004 **(Figure 4-28).** As with children under 15, hospitalization rates for those 15-34 years of age vary considerably among neighborhoods with East Harlem (4.0) and Hunts Point-Mott Haven (3.9) having rates more than three times the citywide rate **(Figure 4-28).** Although the gap in asthma hospitalization rates between persons living in low-income neighborhoods and in the most affluent neighborhoods has narrowed somewhat, more than a three-fold difference remains **(Figure 4-29).**

Figure 4-28
Asthma Hospitalizations, New York City, by UHF Neighborhood, Age 15-34 Years

Neighborhood	1995		1997		2001		2003		2004		2005		% Change	
	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	1997-2005	2004-2005
Kingsbridge	40	1.6	36	1.5	29	1.2	30	1.2	23	1.0	25	1.0	-33%	0%
Northeast Bronx	96	2.0	100	2.0	82	1.6	85	1.7	86	1.7	91	1.8	-10%	6%
Fordham-Bronx Park	314	3.9	273	3.4	229	2.8	253	3.1	233	2.8	186	2.2	-35%	-21%
Pelham-Throgs Neck	246	2.9	204	2.4	163	1.9	176	2.1	150	1.8	142	1.7	-29%	-6%
Crotona-Tremont	362	5.6	340	5.3	245	3.8	242	3.8	200	3.1	165	2.6	-51%	-16%
Highbridge -Morrisania	272	4.6	322	5.4	190	3.2	258	4.3*	216	3.6	178	3.0	-44%	-17%
Hunts Point-Mott Haven	229	5.3	190	4.6	131	3.4	207	5.3	196	5.0	152	3.9	-15%	-22%
Bronx	1,559	3.8	1,468	3.6	1,071	2.6	1,251	3.1	1,104	2.7	939	2.3	-36%	-15%
Greenpoint	87	2.2	80	2.0	44	1.0	21	0.5	24	0.6	13	0.3*	-85%	-50%
Downtown-Heights Slope	226	2.8	167	2.1	111	1.4	105	1.3	69	0.9	75	1.0	-52%	11%
Bedford Stuyvesant-Crown Heights	382	3.8	340	3.4	198	2.0	225	2.3	207	2.1	170	1.7	-50%	-19%
East New York	220	3.9	193	3.5	87	1.6	125	2.3	105	1.9	102	1.9	-46%	0%
Sunset Park	96	2.5	89	2.2	39	0.9	36	0.9	34	0.8	28	0.7	-68%	-13%
Borough Park	92	1.1	77	0.9	42	0.4	47	0.5	43	0.5	36	0.4	-56%	-20%
East Flatbush-Flatbush	208	2.1	204	2.1	115	1.2	126	1.3	103	1.1	84	0.9	-57%	-18%
Canarsie-Flatlands	92	1.6	70	1.3	47	0.9	67	1.2	53	1.0	58	1.1	-15%	10%
Bensonhurst-Bay Ridge	35	0.7	40	0.7	23	0.4	23	0.4	21	0.4	11	0.2*	-71%	-50%
Coney Island	135	1.9	114	1.6	82	1.1	74	1.0	68	0.9	42	0.6	-63%	-33%
Williamsburg-Bushwick	558	8.6	472	7.3	232	3.7	232	3.7	165	2.6	168	2.7	-63%	4%
Brooklyn	2,131	2.9	1,850	2.5	1,020	1.4	1,081	1.4	892	1.2	787	1.0	-60%	-17%
Washington Heights-Inwood	242	2.8	197	2.3	106	1.2	127	1.4	94	1.1	69	0.8	-65%	-27
Central Harlem	166	3.4	169	3.5	91	1.9	152	3.1	117	2.4	92	1.9	-46%	-21%
East Harlem	264	7.6	185	5.4	115	3.3	127	3.7	123	3.6	138	4.0	-26%	11%
Upper West Side	58	0.8	63	0.9	27	0.4	38	0.5	32	0.4	36	0.5	-44%	25%
Upper East Side	26	0.4	34	0.5	21	0.3	18	0.3	14	0.2	13	0.2*	-60%	0%
Chelsea-Clinton	50	1.1	43	1.0	29	0.6	35	0.8	18	0.4	17	0.4	-60%	0%
Gramercy Park-Murray Hill	22	0.5	16	0.4	11	0.2*	18	0.4	12	0.3*	13	0.3*	-25%	0%
Greenwich Village-Soho	23	0.8	18	0.6	–		–		–		–			
Union Square	164	2.3	99	1.4	70	1.0	80	1.1	61	0.9	55	0.8	-43%	11%
Lower Manhattan	10	0.9*	10	0.8*	9	0.7*	6	0.5*	–		–			
Manhattan	1,027	2.0	837	1.6	485	0.9	607	1.2	478	0.9	442	0.8	-50%	-11%
Long Island City-Astoria	76	1.0	61	0.8	44	0.6	46	0.6	37	0.5	29	0.4	-51%	-22%
Western Queens	135	0.9	118	0.8	75	0.5	107	0.6	74	0.4	87	0.5	-38%	25%
Flushing	47	0.7	29	0.4	34	0.5	36	0.5	25	0.4	15	0.2	-50%	-50%
Bayside-Little Neck	6	0.3	11	0.5	9	0.4*	6	0.3*	8	0.4*	12	0.6*	20%	50%
Ridgewood	107	1.6	89	1.3	71	1.0	61	0.9	49	0.7	32	0.5	-62%	-29%
Fresh Meadows	24	1.0	20	0.8	14	0.6	25	1.0	16	0.6	14	0.6	-25%	0%
Southwest Queens	73	1.0	98	1.2	73	0.9	81	1.0	61	0.7	56	0.7	-42%	0%
Jamaica	199	2.4	166	2.0	100	1.2	124	1.5	96	1.2	90	1.1	-45%	-8%
Southeast Queens	106	1.9	81	1.4	57	1.0	56	1.0	44	0.8	33	0.6	-59%	-25%
Rockaway	82	2.8	74	2.6	37	1.3	40	1.4	39	1.4	53	1.9	-27%	36%
Queens	864	1.3	751	1.1	514	0.8	582	0.9	450	0.7	422	0.6	-45%	-14%
Port Richmond	63	3.7	29	1.7	19	1.1	31	1.8	30	1.7	14	0.8	-51%	-53%
Stapleton-St. George	115	3.6	80	2.5	39	1.2	38	1.2	49	1.5	36	1.1	-54%	-27%
Willowbrook	22	0.9	35	1.5	7	0.3*	11	0.5*	11	0.5*	9	0.4*	-73%	-20%
South Beach-Tottenville	44	0.9	57	1.2	29	0.6	34	0.7	24	0.5	25	0.5	-58%	0%
Richmond	244	2.0	201	1.7	96	0.8	114	1.0	114	1.0	84	0.7	-59%	-30%
New York City	5,825	2.4	5,107	2.1	3,186	1.3	3,635	1.5	3,038	1.2	2,674	1.1	-48%	-8%

*Source: SPARCS data, July 2006 update for 2003-5 hospitalizations. April 2005 update for 1995-2001 hospitalizations. *Relative Standard Error is >30% indicating low reliability. –Less than 6 hospitalizations.*

Figure 4-29
Asthma Hospitalization Rate, Persons 15-34 Years of Age, New York City



Source: SPARCS data as of July 2006 (2003-5 hospitalizations) and April 2005 (all other years)
*Neighborhood income based on % of population living below 200% of the federal poverty level for household income.

Age 35 and Older

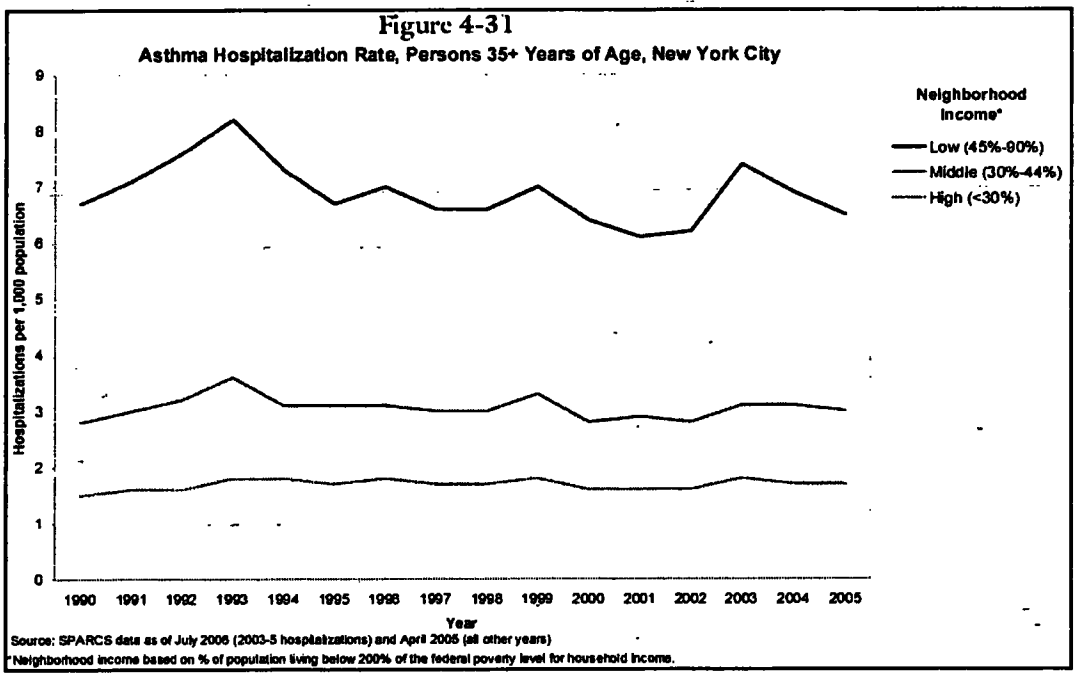
For those age 35 years and older, the asthma hospitalization rates was 3.6 – a 3% decrease since 1997 and a 5% decrease since 2004) **(Figure 4-30).** Compared with younger age groups, those over age 35 have experienced a much smaller decline in hospitalizations for asthma since 1997 (3%). Neighborhood variation follows a similar pattern to those seen at younger ages with low-income neighborhoods having the highest rates **(Figure 4-31).**

Figure 4-30
Asthma Hospitalizations, New York City, by UHF Neighborhood, Age 35+ Years

Neighborhood	1995		1997		2001		2003		2004		2005		% Change	
	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	N	Rate per 1,000	1997-2005	2004-2005
Kingsbridge	139	2.8	115	2.3	141	2.8	170	3.4	225	4.5	189	3.8	65%	-16%
Northeast Bronx	269	2.9	268	2.9	280	2.9	328	3.4	329	3.4	363	3.8	31%	12%
Fordham-Bronx Park	696	7.2	612	6.2	597	5.9	721	7.1	718	7.1	724	7.1	15%	0%
Pelham-Throgs Neck	635	4.7	616	4.5	668	4.8	788	5.6	702	5.0	689	4.9	9%	-2%
Crotona-Tremont	751	11.0	743	10.5	832	11.1	915	12.2	973	13.0	840	11.2	7%	-14%
Highbridge -Morrisania	687	10.2	703	10.0	677	9.1	1,067	14.4	943	12.7	818	11.0	10%	-13%
Hunts Point-Mott Haven	459	10.3	511	11.2	510	10.7	786	16.5	712	15.0	630	13.2	18%	-12%
Bronx	3,642	6.6	3,568	6.3	3,706	6.3	4,777	8.2	4,606	7.9	4,260	7.3	16%	-8%
Greenpoint	256	5.1	247	4.8	179	3.5	202	3.9	132	2.5	169	3.3	-31%	32%
Downtown-Heights Slope	554	5.6	455	4.6	450	4.5	452	4.5	444	4.4	459	4.6	0%	5%
Bedford Stuyvesant-Crown Heights	882	6.6	804	6.0	771	5.6	1,032	7.5	939	6.8	916	6.6	10%	-3%
East New York	416	6.4	391	5.9	311	4.5	501	7.2	426	6.1	472	6.8	15%	11%
Sunset Park	205	4.4	226	4.6	220	4.3	219	4.2	168	3.2	219	4.2	-9%	31%
Borough Park	268	1.9	282	1.9	273	1.8	299	2.0	274	1.8	285	1.9	0%	6%
East Flatbush-Flatbush	405	2.8	472	3.3	447	3.0	445	3.0	460	3.1	429	2.9	-12%	-6%
Canarsie-Flatlands	220	2.3	239	2.5	225	2.2	218	2.2	219	2.2	219	2.2	-12%	0%
Bensonhurst-Bay Ridge	154	1.5	166	1.6	167	1.5	154	1.4	122	1.1	134	1.2	-25%	9%
Coney Island	414	2.7	395	2.5	411	2.5	436	2.7	452	2.8	389	2.4	-4%	-14%
Williamsburg-Bushwick	1,041	14.2	1,018	13.6	987	12.9	904	11.8	781	10.2	856	11.2	-18%	10%
Brooklyn	4,618	4.4	4,696	4.2	4,447	3.8	4,888	4.2	4,417	3.8	4,551	3.9	-7%	3%
Washington Heights-Inwood	541	4.5	563	4.7	457	3.7	569	4.6	544	4.4	450	3.6	-23%	-18
Central Harlem	405	6.0	498	7.3	404	5.8	533	7.7	484	7.0	436	6.3	-14%	-10%
East Harlem	583	12.7	541	11.5	541	11.2	617	12.8	551	11.4	465	9.6	-17%	-16%
Upper West Side	222	1.8	270	2.2	204	1.6	248	12.0	216	1.7	218	1.8	-18%	6%
Upper East Side	119	1.0	125	1.0	126	1.0	116	0.9	122	1.0	111	0.9	-10%	-10%
Chelsea-Clinton	177	2.5	172	2.5	157	2.3	160	2.3	138	2.0	166	2.4	-4%	20%
Gramercy Park-Murray Hill	101	1.4	91	1.3	102	1.5	126	1.8	138	2.0	137	2.0	54%	0%
Greenwich Village-Soho	59	1.3	44	1.0	44	1.0	40	0.9	29	0.6	29	0.6	-40%	0%
Union Square	362	3.6	378	3.8	431	4.3	423	4.2	458	4.5	367	3.6	-5%	-20%
Lower Manhattan	31	2.2*	29	2.0	29	1.9	34	2.3	28	1.9	40	2.7	35%	42%
Manhattan	2,610	3.3	2,720	3.5	2,506	3.2	2,870	3.6	2,711	3.4	2,422	3.1	-11%	-9%
Long Island City-Astoria	250	2.5	280	2.7	247	2.3	220	2.1	245	2.3	249	2.4	-11%	4%
Western Queens	357	1.7	411	1.9	380	1.7	449	2.0	422	1.9	402	1.8	-5%	-5%
Flushing	171	1.3	88	0.6	171	1.2	191	1.3	189	1.3	143	1.0	67%	-23%
Bayside-Little Neck	57	1.2	34	0.7	42	0.8	49	0.9	42	0.8	39	0.7	0%	-13%
Ridgewood	281	2.2	279	2.2	263	2.0	305	2.3	280	2.1	287	2.3	5%	10%
Fresh Meadows	78	1.6	45	0.9	66	1.3	96	1.9	78	1.6	87	1.7	89%	6%
Southwest Queens	224	1.9	270	2.2	242	1.9	344	2.6	291	2.2	289	2.2	0%	0%
Jamaica	589	4.5	475	3.5	472	3.4	585	4.2	558	4.0	466	3.3	-6%	-16%
Southeast Queens	243	2.4	274	2.7	209	2.0	267	2.5	281	2.6	219	2.1	-22%	-19%
Rockaway	190	3.8	182	3.6	149	2.8	176	3.4	162	3.1	206	3.9	8%	26%
Queens	2,469	2.3	2,343	2.2	2,245	2.0	2,687	2.4	2,554	2.3	2,407	2.1	-5%	-9%
Port Richmond	65	2.5	93	3.4	92	3.2	74	2.6	78	2.7	93	3.2	-6%	19%
Stapleton-St. George	168	3.2	209	3.8	163	2.8	166	2.8	138	2.4	142	2.4	-37%	0%
Willowbrook	78	1.9	65	1.5	73	1.6	61	1.3	44	1.0	71	1.5	0%	50%
South Beach-Tottenville	103	1.2	109	1.2	101	1.1	102	1.1	92	1.0	135	1.4	17%	40%
Richmond	414	2.0	476	2.2	430	1.9	403	1.8	353	1.5	441	1.9	-14%	27%
New York City	13,953	3.8	13,803	3.7	13,334	3.4	15,805	4.0	14,641	3.8	14,081	3.6	-3%	-5%

*Source: SPARCS data, July 2006 update for 2003-5 hospitalizations, April 2005 update for 1995-2001 hospitalizations, * Relative Standard Error is >30% indicating low reliability.*

Figure 4-31



Place of Residence

Among boroughs, in 2005 the Bronx had the highest rate for all three age groups and Staten Island had the lowest rate for all three age groups **(Figures 4-26, 4-28, 4-30)**. Location of residence clearly plays a role in asthma rates, as low income areas experience higher rates. For example, Highbridge-Morrisania in the Bronx, Central Harlem, and East Harlem each had asthma hospitalization rates for children through age 14 years more than twice the city-wide rate **(Figure 4-26)**. The reasons for higher rates of asthma in lower-income population are not completely known, but may include differences in health care access and asthma treatment, in housing conditions such as roach infestation, and in other environmental factors.

Diabetes

In 2004, approximately 9% of New York City adults reported having been diagnosed with diabetes; an additional 3.8% of adults had undiagnosed diabetes, bringing the total to 12.5% of New York City adults with diabetes. Another 23.5% of adults, or 1.3 million adults, had higher-than-normal fasting blood sugar levels, defined as pre-diabetes. These individuals are at increased risk of developing diabetes later in life but this can be prevented by maintaining a healthy weight and being physically active. (New York City Health and Nutrition Examination Survey (NYC HANES).

Risk Factors for Diabetes

There are a number of risk factors for diabetes, of which the most important modifiable factors are overweight/obesity and lack of physical activity. In New York City, more than half (56%) of adults are overweight/obese (CHS 2004). This trend starts early as evidenced by the fact that in 2003 43% of elementary school aged children were overweight/obese (NYC Vital Signs 2003: 2(5);1–2); in 2004, 42% of Administration for

Child Services Head Start children were overweight/obese (NYC Vital Signs 2006, 5(2):1–2).

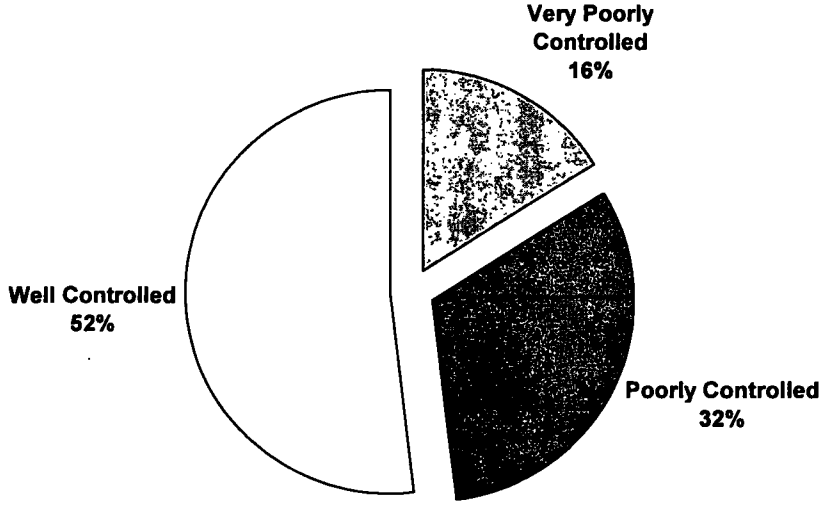
In 2003, the proportion of adults who reported engaging in physical activity at least once in the past 30 days was 64% (CHS 2003), but only 26% of all adults reported physical activity for at least 30 minutes for at least 4 days a week (NYC Vital Signs 2005, 4(2): 1–4.). The current recommendation for the prevention of diabetes is 150 minutes per week of moderate physical activity.

Managing Diabetes

Diabetes is a serious disease. Keeping blood sugar in check through diet, physical activity, and medications can prevent complications for the nearly 700,000 New Yorkers who already have diabetes. About 16% of New Yorkers have very poorly controlled blood sugar levels. **(Figure 4-32).** These 105,000 individuals - some diagnosed, some not - are at very high risk of heart attack, stroke, kidney failure, blindness, and amputations. Among adults with diagnosed diabetes, 19% have very poorly controlled blood sugar, 50% have poorly controlled blood pressure, and 22% are current smokers. Findings suggest that poor diabetes control is common even among people with access to health care. Of New Yorkers with diagnosed diabetes that is not well controlled, 94% have some sort of health insurance. (NYC HANES).

Figure 4-32

Blood Sugar Control Among All People with Diabetes

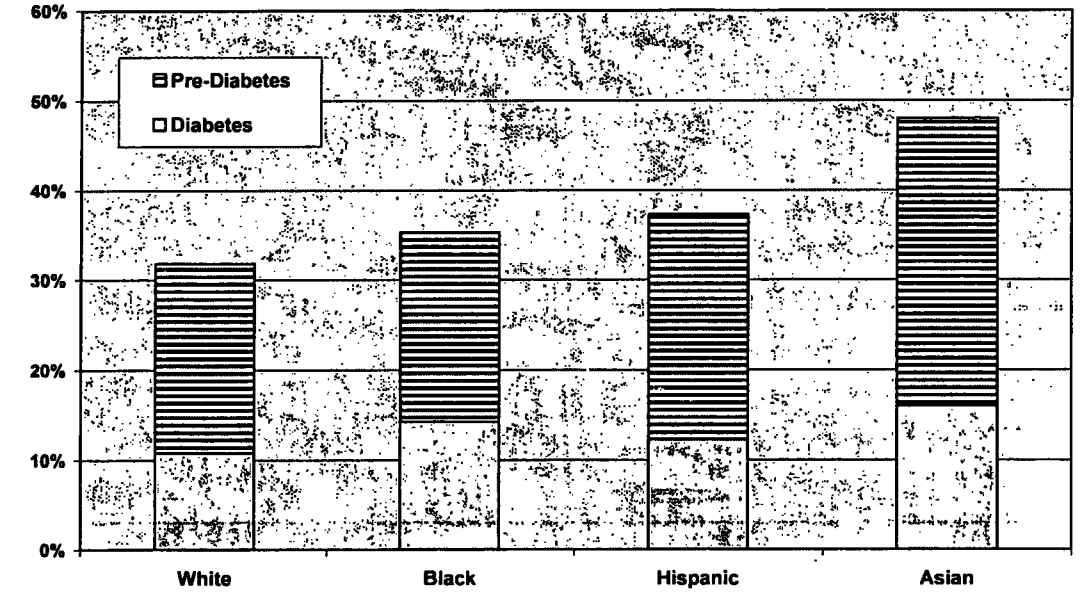


Source: New York City Department of Health and Mental Hygiene

There are wide variations in diabetes prevalence among racial and ethnic groups. Asian New Yorkers have the highest rate of diabetes of all racial and ethnic groups **(Figure 4-33)**. Nearly one in six Asian New Yorkers (16%) has diabetes. The prevalence is 14.3%

among black New Yorkers, 12.3% among Hispanics and 10.8% among whites. (NYC HANES).

Figure 4-33
Diabetes and Pre-Diabetes Prevalence in NYC, by Race/Ethnicity, HANES, 2004



Source: New York City Department of Health and Mental Hygiene

Asians are also more likely to have pre-diabetes. Nearly one in three Asian New Yorkers (32%) has pre-diabetes, compared to 25% of Hispanics and 21% of whites and blacks. Nearly half of all Asian New Yorkers have either diabetes or pre-diabetes.

Disparities exist among the modifiable risk factors for diabetes. The prevalence of obesity among adult New Yorkers is higher among African Americans (29%) and Hispanics (27%) than among whites (17%) and the same holds true for lack of physical activity (28%, 41%, and 19%, respectively) (CHS 2004).

Death rates due to diabetes vary by race and ethnicity as well, with African-Americans having nearly 3 times the death rate (45 deaths per 100,000) compared to whites (14 per 100,000). Hispanics have nearly twice the death rate (31 per 100,000) of whites (NYC Vital Records 2004).

Weight, Diet, and Physical Activity

More than half of adult New Yorkers are overweight (34%) or obese (22%) (CHS 2004). Being overweight increases risk for chronic disease, such as diabetes and heart disease **(Figure 4-34).**

Figure 4-34
Prevalence of Health Condition by Weight Status

Health Condition	Healthy Weight	Weight Status Overweight	Obese
Diabetes	5%	9%	16%
High Blood Pressure	18%	27%	41%
High Cholesterol	28%	35%	39%

Source: CHS 2002,2003, New York City Department of Health and Mental Hygiene

Nine out of ten New Yorkers (91%) do not eat the recommended five or more servings of fruits and/or vegetables per day (CHS 2002). Communities with the lowest proportion of residents eating at least five fruits and/or vegetables a day also have the highest rates of obesity: Williamsburg-Bushwick, Bedford Stuyvesant-Crown Heights, East Harlem, Central Harlem-Morningside Heights, and the South Bronx (CHS 2002).

Only 26% of New Yorkers engage in physical activity for at least 30 minutes on most days each week (CHS 2002, 2003). Obese New Yorkers are less likely to exercise regularly than those who are at a healthy weight.

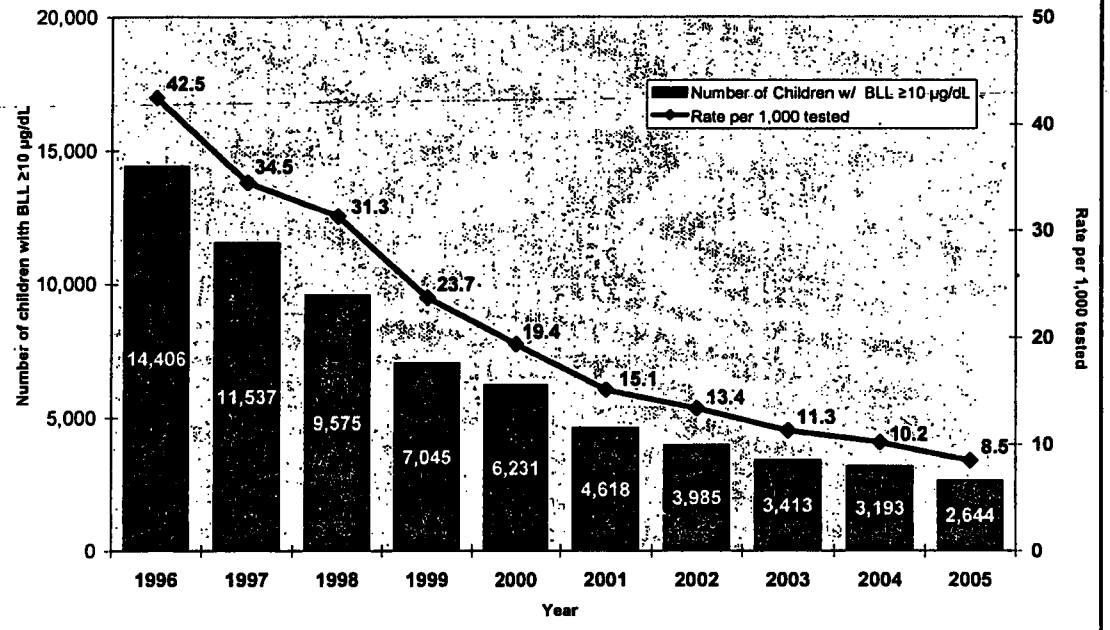
Obesity is associated with poverty. In neighborhoods with the highest levels of obesity, more than one third of the population lives in poverty; prevalence of obesity is lower in higher-income areas. This pattern is related to less access to healthy food options and safe spaces for physical activity in poor neighborhoods.

Safe Environments

Childhood Lead Poisoning

The dramatic decline in the number and rate of children with lead poisoning has been a major public health success story both nationally and in NYC. In the ten year period between 1996 and 2005, the number of children (6 months to less than 6 years of age) newly identified with lead poisoning (a blood lead level of 10 micrograms per deciliter or higher) declined 82% (from 14,406 in 1996 to 2,644 in 2005). The rate of children newly identified with lead poisoning showed a similar decline, decreasing 80% in the ten year period (from 42.5 per 1,000 tested in 1996 to 8.5 per 1,000 tested in 2005) **(Figure 4-35).**

Figure 4-35
Steady Decline in Number of Lead-Poisooned Children*



*Number and rate (per 1,000 tested) of children, ages 6 months toless than 6 years, newly identified with blood lead levels ≥10 µby year: NYC, 1996-2005.

The decline in childhood lead poisoning has occurred throughout the five boroughs. Between 1996 and 2005, the greatest decline in children (6 months through 6 years of age) newly identified with lead poisoning was seen in the Bronx (83%). Declines in other boroughs were just as substantial, with the largest decline in Brooklyn and Manhattan (each at 82%), followed by Queens (79%) and Staten Island (78%) **(Figure 4-36).**

Figure 4-36
Number of Children Newly Identified with a Blood Lead Level ? 10 µg/dL* Ages 6 Months to less than 6 years Calendar Years 1996-2005

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	% Change Since 1996	% Change Since 2000
Bronx	3,144	2,127	1,783	1,268	1,078	833	759	630	599	520	-83%	-52%
Brooklyn	5,804	4,741	4,023	3,068	2,624	1,997	1,622	1,379	1,266	1,073	-82%	-59%
Manhattan	1,994	1,825	1,487	1,027	952	719	571	564	511	357	-82%	-63%
Queens	2,882	2,471	2,031	1,494	1,411	952	919	733	701	607	-79%	-57%
Staten Island	395	215	219	177	166	117	106	104	116	87	-78%	-48%
All NYC	14,406	11,537	9,575	7,045	6,231	4,618	3,985	3,413	3,193	2,644	-82%	-58%

*A blood lead level ? 10 µg/dL is defined as an elevated venous or capillary blood lead level.
Source: New York City Department of Health and Mental Hygiene

DOHMH provides risk assessment, case coordination, and environmental inspection and enforcement services for all children (0 to less than 18 years of age) who are identified with a blood lead level at or above the Environmental Intervention Blood Lead Level (EIBLL). The EIBLL threshold was lowered in August 2004 resulting in DOHMH providing services to more children at lower blood levels -- from 587 children in 2003 to 764 in 2004, and the increase continued with 875 children in 2005. This rise in the number of children with EIBLLs reflects the lower threshold for providing services rather than an increase in lead poisoning.

Even with the recent increase in the number of children (0 to less than 18 years of age) newly identified with EIBLLs, NYC has experienced a decline in children with EIBLLs in the ten year period between 1996 and 2005. Citywide, the number of children newly identified with an EIBLL decreased 36% (from 1,377 in 1996 to 875 in 2005). Declines in the number of children with EIBLLs were seen in all five boroughs, with the largest decline in the Bronx (41%), followed by Brooklyn (39%), Manhattan (38%), Staten Island (28%) and Queens (27%) **(Figure 4-37).**

Figure 4-37
Number of Children Newly Identified with an Environmental Intervention Blood Lead Level*
Ages 0 to Less Than 18 Years
Calendar Years 1996-2005

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	% Change Since 1996	% Change since 2000
Bronx	251	210	210	168	118	133	132	100	163	147	-41%	25%
Brooklyn	629	511	462	426	362	283	278	255	314	382	-39%	6%
Manhattan	125	104	87	67	80	65	66	57	65	77	-38%	-4%
Queens	331	289	256	206	226	153	135	142	194	240	-27%	6%
Staten Island	41	35	26	26	31	19	17	33	28	29	-29%	-6%
All NYC	1,377	1,149	1,061	893	817	653	628	587	764	875	-36%	7%

**Between 1994 and 6/30/99, the Environmental Intervention Blood Lead Level (EIBLL) was defined as a venous blood lead level ? 20 µg/dL. From 7/1/99 to 8/2/04, EIBLL has been defined as either (a) a single venous blood lead level ? 20 µg/dL or (b) two blood lead levels of 15-19 µg/dL that were drawn at least 3 months apart where the second test was a venous sample. As of August 2004, the EIBLL is defined as a single venous blood lead level ? 15 µg/dL.*

Source: New York City Department of Health and Mental Hygiene

The decline in childhood lead poisoning is likely due to a combination of factors, including government regulations prohibiting the use of lead in gasoline, paint and other consumer products. Despite the overall decline in childhood lead poisoning since 1996, far too many NYC children remain at risk for elevated blood lead levels. NYC's extensive older, deteriorated housing stock, concentrated in low-income neighborhoods, is the primary source of lead exposure for young children. More than 67% of housing units in NYC were built before 1960, the year lead-based paint was banned for use inside NYC homes.

Mental Health and Alcohol and Drug Use

Mental Health

The 2005 Community Health Survey of adult NYC residents estimated that 6.3% experience nonspecific psychological distress (NPD). Persons with NPD experience distress consistent with a Diagnostic and Statistical Manual (DSM) diagnosis and report substantial impairment in functioning (2007 NYC Local Governmental Plan: Mental Health Services (LGP-MHS)).

39% of those with NPD participated in treatment (counseling and/or medication) during the year prior to the survey but 24% of adults with NPD reported experiencing barriers to treatment. The highest rates of NPD were reported in the Manhattan neighborhoods of East Harlem and Washington Heights, the South Bronx, and in the Brooklyn neighborhood of East New York (LGP-MHS).

For 2004, the prevalence of "major depressive disorder" among NYC adults was estimated at 7.5% and the prevalence of "generalized anxiety disorder among NYC adults was estimated at 3.5% (LGP-MHS).

Youth Behavior Risk Surveys have found that symptoms of depression and suicidal ideation in NYC public high school students have been stable over the past several years. In 2005, the survey found that within the twelve months prior to the survey 32.3% of students reported feeling so sad or helpless almost every day for at least two weeks that they stopped doing their usual activities; 15.3% considered suicide; 9.6% attempted suicide; and 2.6% were injured in their suicide attempt (LGP-MHS).

Alcohol Use

Alcohol Use by Adults

The 2005 CHS collected data on the 30 day prevalence of two types of problem drinking: binge drinking and heavy drinking. Binge drinking is defined as five or more drinks on at least one occasion in the month prior to the survey. Heavy drinking is defined as 30 drinks and 60 drinks for women and men respectively, in the month prior to the survey. The 2005 CHS found that approximately 15.5% of adult New Yorkers are binge drinkers and 4.7% are heavy drinkers.

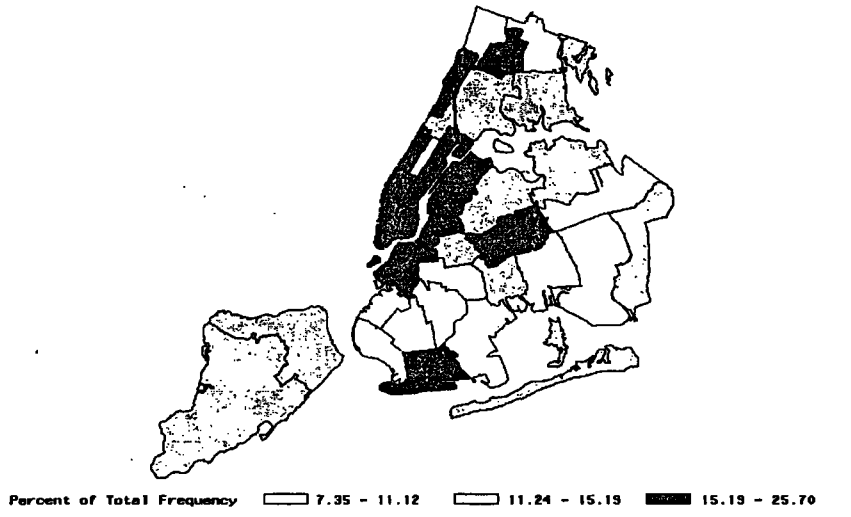
Adults age 21 to 24 reported the highest rates of problem drinking. Analyses of survey data from 2002 through 2005 found that 28.3% in this age group are binge drinkers and 8.7% are heavy drinkers. Rates of problem drinking were also found to be relatively high for 18 to 20 year olds (who are below the legal drinking age), with 18.1% identified as binge drinkers and 5.4% as heavy drinkers (2007 NYC Local Governmental Plan: Chemical Dependency Services (LGP-CDS)).

High rates of problem drinking among adults were also found by the 2004 NYC Health and Nutrition Evaluation Survey. That survey found that the one-year prevalence rates of binge drinking and heavy drinking were 24.7% and 7.1% respectively among adults ages 20 and older.

Binge drinking by adults occurs most frequently in the following neighborhoods: in Manhattan, below 96th Street; in Brooklyn, in Park Slope, the Heights, Greenpoint, and Downtown Brooklyn; and in Queens, in Long Island City and Astoria (LGP-CDS; **Figure 4-38).**

Figure 4-38

Prevalence of binge drinking by neighborhood, NYC Community Health Survey 2005



Bureau of Epidemiology Services, NYC DOHMH

Alcohol Use by High School Students

Among high school students, the Youth Risk Behavior Study (YRBS) found that binge drinking has declined. The prevalence in 2005 was 13.6%, down from 17.9% in 2001. The percentage of students reporting that they are current drinkers has also dropped, from 41.8% in 2001 to 35.5% in 2005. Geographically, the prevalence of current drinkers was 46% in Staten Island, 40% in Manhattan, 35% in the Bronx, 34% in Brooklyn, and 31% in Queens. (LGP-CDS).

Alcohol-Related Deaths

Alcohol is a leading contributor to preventable deaths: It is a direct cause for certain conditions (e.g., alcoholic liver disease, alcohol-related psychiatric disorders). There are also alcohol-related deaths from injury and violence (e.g., homicide, suicide, motor vehicle accidents, and other accidents and poisonings). Alcohol also contributes to deaths from causes such as liver disease, high blood pressure, heart disease, stroke and cancer (TCNY). In 2004 there were 1,444 deaths attributable to alcohol; of these 40.7% were the result of the direct effects of alcohol, 41.9% were alcohol-related deaths from injury and violence, and 17.4% were other deaths from a variety of causes to which alcohol contributes (TCNY). Alcohol-related deaths are declining; they decreased to 1,444 in 2004, down 4.6% from 1,514 in 2003, and down 6.9% from 1,551 in 2002 (TCNY).

Drug Use

The 2004 NYC HANES survey estimated that 4.5% of New Yorkers used illicit drugs in the year prior to the survey. Younger adults ages 20-29 reported the highest rate of use, 7.5%. The prevalence of the use of crystal methamphetamine, a drug of increasing concern in New York City, is currently about 0.4%, according to the 2005 CHS (LGP-CDS).

Marijuana use among high school students has declined significantly, from 17.8% in 2001 to 12.3% in 2005. Lifetime use of heroin among NYC high school students, however, seems to have increased over the past few years, from 1% and 0.9% in 1999 and 2001, respectively, to 1.6% in 2003 and 1.8% in 2005 (LGP-CDS).

Drug-Related Deaths

Death due to the use of or poisoning by psychoactive substances (excluding alcohol and tobacco) is a leading cause of death in New York City. In 2005, the total number of deaths due to the use of or poisoning by psychoactive substances (excluding alcohol and tobacco) was 906 **(Figure 4-39)**. Of these 906 deaths in 2005, 76% were male and 24% were female, the same proportions as in 2004 **(Figure 4-10).**

Figure 4-39
Deaths Due to Use of or Poisoning by Psychoactive Substances (excluding alcohol and tobacco)
NYC 2000-2005

	2000	2001	2002	2003	2004	2005
Deaths	932	909	905	960	855	906

Source: New York City Department of Health and Mental Hygiene

Health and Hospitals Corporation

The New York City Health and Hospitals Corporation (HHC) provides medical, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six large Diagnostic and Treatment Centers, and 95 community and school-based clinics. HHC also provides specialized services such as trauma care, high risk neonatal and obstetric care and burn care. HHC acute care hospitals also serve as

major teaching hospitals affiliated with medical schools throughout the New York Metropolitan area. HHC operates a certified home health agency and a health maintenance organization, MetroPlus. HHC is the single largest provider of health care to uninsured New Yorkers. HHC serves approximately 1.3 million New Yorkers. This means that one in every six New Yorkers is provided health care by New York City's public hospital system.

Utilization Trends

HHC hospitals have made significant strides in reducing acute inpatient average length of stay (ALOS). The ALOS declined from 7.1 days in fiscal year 2001 to 6.5 days in fiscal year 2005. The acute care length of stay, excluding psychiatry and rehabilitation inpatient services, the reduction was even greater with ALOS decreasing from 5.3 days to 4.8 days. HHC hospitals and health centers provided a slight increase in total volume of clinic visits from 4,827,331 in fiscal year 2001 to 4,899,000 in fiscal year 2005. Primary care and emergency room visits volumes declined by 6.6% and 8.4%, respectively. In fiscal year 2005, primary care visits and emergency room visits were 1,828,420 and 802,283, respectively, compared to 1,956,703 and 875,445 visits, respectively, in fiscal year 2001 (**Figure 4-40**).

Figure 4-40
Health and Hospitals Corporation
Acute and Long Term Care, FY2001-FY2005

	FY01	FY02	FY03	FY04	FY05	%Δ FY01-FY05
Acute Care						
Bed Complement (Beds in Use)	4,629	4,629	4,592	4,592	4,632	0.10%
Discharges	209,850	206,891	210,709	216,147	215,266	2.60%
Occupancy Rate	88.50%	87.50%	86.30%	86.50%	84.90%	-4.10%
ALOS (including Psych & Rehab)	7.1	7.1	6.9	6.7	6.6	-7.00%
ALOS (excluding Psych & Rehab)	5.3	5.3	5.1	4.9	4.8	-9.40%
Long Term Care						
Bed Complement	2,826	2,826	2,827	2,831	2,831	0.20%
Discharges	3,322	3,498	3,701	3,802	4,042	21.70%
Occupancy Rate	95.30%	95.10%	94.20%	95.60%	95.80%	0.50%
Average Length of Stay	318.4	307.5	297.6	286.2	281.5	-11.60%
Ambulatory Care						
Total Clinic Visits (general care, psychiatry, substance abuse, and other visits)	4,827,331	4,915,515	4,796,402	4,859,079	4,899,000	1.50%
Primary Care Visits	1,956,703	1,890,908	1,841,417	1,860,641	1,828,420	-6.60%
Emergency Room Visits	875,445	917,072	875,825	852,614	802,283	-8.40%

Note: Primary care visits are included in total clinic visits. Emergency room visits do not include visits resulting in admissions.

Source: HHC Corporate Reimbursement Services, Inpatient and Outpatient Monthly Utilization Reports FY2001-FY2005

Behavioral Health

HHC is a major provider of mental health and chemical dependency services to New Yorkers. HHC operates almost half of the licensed adult psychiatry inpatient beds in the City, a third of the detoxification beds and provides almost one million mental health visits per year.

Effective, evidence-based treatments that are vital for consumers' recovery are now available for most serious mental illnesses and chemical dependency disorders. HHC continues to revamp its behavioral health programs to be more recovery and rehabilitation focused. For example, Assertive Community Treatment Teams (or ACT Teams) have been documented to be effective by the National Institute of Mental Health and the federal Substance Abuse and Mental Health Services Administration. In fiscal year 2005, HHC expanded ACT service capacity from seven to ten teams. ACT services are targeted to consumers who have not responded well to less intensive mental health services and have histories of multiple psychiatric hospitalizations. ACT services are provided 24-hours a day, seven days a week, for as long as they are needed.

The involvement of consumers in the behavioral health treatment process is another best practice that HHC is seeking to expand. HHC has piloted Consumer Case Management Programs at four of its facilities. The pilot programs promote adherence to treatment, facilitate the consumers' transition between inpatient and outpatient care, engage consumers in decisions about their treatment and provide training to encourage early identification of and screening for depression in primary care clinics. HHC has also expanded the use of Peer Counselors in its mental health programs. At the end of fiscal year 2005, 20 new Peer Counselors were hired to work in various HHC facilities' inpatient and outpatient mental health program.

HHC also offers an extensive array of chemical dependency services for adults and adolescents, including inpatient detoxification, residential treatment, methadone treatment, and outpatient services. All programs include a focus on self sufficiency and employment as an outcome of treatment. HHC is also committed to the implementation of evidence-based best practices in the chemical dependency area. One such best practice initiative is the expansion of the use of buprenorphine. Buprenorphine is an important treatment tool for people addicted to heroin and other opioids, including prescription pain killers. Buprenorphine is one of the first narcotic drugs available for treatment of opiate dependence that can be prescribed in an office setting. In June 2005, buprenorphine was made available at six HHC facilities.

Information Technology

HHC continues to implement cutting-edge information technology to drive safe, effective and efficient health care. The public hospital system's has added state-of-the-art features to its advanced electronic medical record (EMR), including an electronic chronic disease management registry. In fiscal year 2005, a system-wide web-based Clinical Data Warehouses went live across all HHC Networks. The HHC registry has been built to support data proactive care for patients with chronic diseases such as diabetes, heart failure, asthma and depression. The Clinical Data Warehouses were connected to the system-wide HHC patient registry and feed data into this application.

Ambulatory Care Restructuring Initiative

HHC facilities serve a critical role in providing the outpatient primary and specialty care to the City's residents. To increase patient satisfaction, HHC initiated a multi-year

system-wide redesign of its outpatient operations in June 2002, eliminating redundant front desk administrative processes, instituting reminder call systems, and streamlining appointment scheduling procedures that have helped clinic staff make measurable strides toward the goals and have resulted in increased patient satisfaction. The goals of this initiative are to: a) reduce primary care visit cycle time (i.e., the time a patient spends from the time they arrive for their appointment until they leave the clinic), b) reduce visit no-show rates, and c) increase patients' ability to get an appointment with their primary care provider in three days or less of their requests. Key aspects of the redesign include implementing a team model of care, eliminating unnecessary patient hand-offs and consolidating administrative tasks that occur in an outpatient setting. As of the end of December 2005, HHC reached its average cycle time goal of 60 minutes at its primary care clinics.

HHC Options

HHC has a long and proud tradition of serving everyone regardless of their ability to pay. As HHC strives to be competitive and become the health care system of choice for all New Yorkers, HHC's commitment to the individuals without health insurance, to limited English speakers, and to communities whose residents suffer disproportionately from disease and illness, remains steadfast. Through HHC Options, HHC's financial assistance program, the public health system has helped patients obtain government-sponsored health insurance and provided financial counseling related to payment and insurance options; and HHC provided discounted services to low-income uninsured patients. For most HHC patients, the amount charged is reduced to an affordable level and is well below HHC's costs for providing the services rendered.

Limited English Proficiency (LEP) Initiative

According to *The Newest New Yorkers, 2000: Immigrant New York in the New Millennium*, there were 2.9 million foreign-born New Yorkers in 2000 – 1.3 million of whom speak a language other than English at home, the largest number in its history. In fiscal year 2003, HHC embarked on a Corporate-wide Limited English Proficiency (LEP) program. LEP initiatives include the translation of written material, development of signage in multiple languages, the establishment of LEP coordinators at each Network and development of interpreter capacity. Significant progress has been made in ensuring linguistic and cultural competency of HHC's services. Examples of LEP innovations made by several HHC facilities include the assignment of multi-lingual patient navigators; the implementation of pictograms for medical instructions and development of an extensive language bank. In fiscal year 2005, HHC continued to build translation capacity and improve the quality of communication by translating additional materials in 12 languages on the HHC intranet website in fiscal year 2005. In October 2005, HHC sponsored the "Workshop Healthcare Providers on Working with Interpreters" which was conducted by Cross Cultural Health Care Program (CCHCP), a national program that is responsible for providing professional development programs that prepare bilingual individuals to work as medical interpreters so that they can effectively communicate with LEP patients. The workshop included 75 providers throughout HHC facilities and included topics on: consequences of poor communication in healthcare, techniques

working with trained interpreters and techniques for helping untrained interpreters provider clearer communication. In November 2005, HHC staff from Elmhurst, Jacobi, Harlem and Metropolitan hospitals were trained in a Train-the-Trainer (TOT) program which equips trainees with the tools and skills they need to conduct medical interpreter training and assessment at all levels in their organization. In addition, HHC continues its expansion of language interpretation through a two-year $384,000 grant from the Altman Foundation, an educational partnership with the American Cancer Society, and expanding its ability to communicate with patients with LEP and low literacy.

The New York City's public hospital system has established a dramatically different and tremendously improved approach to language and interpretation for health and human services. This program called Team/Technology Enhanced Medical Interpreting System (TEMIS) enables patients with limited English proficiency (LEP) to communicate directly with English-speaking health care providers in near real-time. Many of the program's interpreters, who operate from a remote location, are blind or visually handicapped and are recruited and trained in collaboration with the New York State Commission for the Blind and Visually Handicapped. TEMIS provides quality-controlled, remote, simultaneous medical interpretation in Spanish, Cantonese, Mandarin, Fukinese and Bengali and is in the process of adding Haitian Creole and French. The service is accessible to Gouverneur Hospital's 210-bed nursing facility and outpatient clinics; Bellevue Hospital Center's emergency services and outpatient clinics, and a number of inpatients and procedures areas; and has expanded to serve Kings County Hospital Center.

Major Capital Plan Projects

HHC's $1.3 billion five-year capital investment plan includes major modernization projects to provide improvements to facilitate unmet needs to address unmet services needs, address regulatory requirements, replace or renovate aging facilities to create state-of-the-art environments, increase patient safety and satisfaction, and ensure operational efficiencies. New ultra-modern buildings at Kings County Hospital Center, Queens Hospital Center, Bellevue Hospital Center and Coney Island Hospital are now open. Significant modernization projects are also underway at Jacobi Medical Center and Harlem Hospital Center, while more modest improvements are being implemented at other facilities.

CHAPTER FIVE: EDUCATION AND CULTURE

This portion of Chapter Five provides an update on aspects of the New York City's public elementary and secondary schools, including performance standards, student enrollment, dropout rates, graduation rates, post-high school plans, and Regents diplomas earned.

Elementary and Secondary Education: New York City Public Schools

New York City has a city testing program that is aligned with the New York State testing assessment program. Students in elementary and middle grades are tested each year on combined city and state English language arts (ELA) and mathematics tests. Grades 3, 5, 6, and 7 take New York City standardized tests and students in grades 4 and 8 take New York State standardized tests. The city and state report ELA and mathematics test results as criterion-referenced scores that indicate mastery of skills in reference to four proficiency levels. Level 1 indicates minimal achievement of the standards; Level 2 indicates partial achievement of the standards; Level 3 represents achievement of all standards; and Level 4 represents superior performance for all standards for the grade level. Students scoring in Levels 3 or 4 are considered to have met or exceeded the standards.

Beginning with school year 2005-2006, ELA and mathematics tests administered in grades 3-8 in New York City public schools will be New York State standardized tests.

City and State Assessments

In 2005, ELA and mathematics tests were administered to approximately 460,000 general education students and students with disabilities -- 308,000 in grades 3, 5, 6, and 7 took the citywide tests and 152,000 in grades 4 and 8 took the state tests. Students with disabilities who were tested included students in general education with supplemental aids and services (e.g., resource room, related services, consultant teacher services, integrated programs) and students in self-contained classes with testing modifications as required by their Individual Education Programs (IEPs).

In 2005, 51.8 percent of all students tested in ELA met or exceeded standards (Levels 3 and 4); an increase of 10.7 percentage points over the 41.1 percent achieved in 2004 (**Figure 5-1**). The percentage of all students scoring at Level 1 decreased by 6.3 percentage points from 17.9 percent in 2004 to 11.6 percent in 2005.

In 2005, 52.9 percent of all students tested in mathematics scored at Levels 3 and 4 compared to 46.7 percent in 2004, an increase of 6.2 percentage points (**Figure 5-2**). A total of 18.0 percent of all students tested scored at Level 1 in 2005 compared to 21.6 percent in 2004, a decrease of 3.6 percentage points.

Figure 5-1
Combined State and City ELA Test Results
2004 and 2005
Grades 3, 4, 5, 6, 7, 8
(All Students)

District	Percent Below Basic Proficiency by District (Level 1)		Percent Meeting or exceeding Standards By District (Levels 3 & 4)		One Year Change 2004-2005	
	2004	2005	2004	2005	Level 1	Levels 3 & 4
1	15.1	9.3	40.5	52.6	-5.8	12.1
2	6.3	3.9	67	75	-2.4	8
3	14.4	9	44.8	56	-5.4	11.2
4	19.9	13.2	31.6	44.3	-6.7	12.7
5	25.9	15.7	24.6	36	-10.2	11.4
6	21.1	13.2	30.1	41.4	-7.9	11.3
7	30.6	20.8	20.4	30.3	-9.8	9.9
8	24	16	31.1	41.3	-8	10.2
9	29.3	18.5	23.3	34	-10.8	10.7
10	22.6	13.5	30.6	43.8	-9.1	13.2
11	18.7	12.9	35.5	46.7	-5.8	11.2
12	27.3	18.7	24.4	34.7	-8.6	10.3
13	19.8	14.4	35.4	45	-5.4	9.6
14	18	11.8	39.7	48.8	-6.2	9.1
15	13.7	9	47.7	58.1	-4.7	10.4
16	25.2	18.6	30	38.3	-6.6	8.3
17	23	15.9	32.9	41.5	-7.1	8.6
18	17.3	10.7	39.6	49.8	-6.6	10.2
19	24.3	14.4	28.3	40.9	-9.9	12.6
20	11.6	6.5	54	64.4	-5.1	10.4
21	10.5	6.8	56.2	65.3	-3.7	9.1
22	11.5	7.1	51.9	62.1	-4.4	10.2
23	23.3	14	31.1	45.4	-9.3	14.3
24	13.7	8.3	46.6	56.7	-5.4	10.1
25	7.1	4.1	60.6	70.8	-3	10.2
26	3	1.7	74.7	82.2	-1.3	7.5
27	18.7	10.6	39.9	53	-8.1	13.1
28	11.4	7.2	51.7	61.7	-4.2	10
29	15.3	10	40.9	51.9	-5.3	11
30	11.9	7.4	49.4	60.4	-4.5	11
31	11.5	7.1	54.1	64	-4.4	9.9
32	20	15.6	37	44.5	-4.4	7.5
79	48.1	53.3	5.1	6	5.2	0.9
Citywide Special Ed	66.2	58.2	7.5	12.5	-8	5
Total	17.9	11.6	41.1	51.8	-6.3	10.7

Source: NYC Department of Education

Figure 5-2
Combined State and City Math Test Results
2004 and 2005
Grades 3, 4, 5, 6, 7, 8
(All Students)

District	Percent Below Basic Proficiency by District (Level 1)		Percent Meeting or Exceeding Standards by District (Levels 3 & 4)		One Year Change 2004-2005	
	2004	2005	2004	2005	Level 1	Levels 3 & 4
1	17.5	14.7	49	54.8	-2.8	5.8
2	8.2	7	72.3	73.5	-1.2	1.2
3	17.7	14.9	50.8	54.8	-2.8	4
4	23.6	17.9	39	47.3	-5.7	8.3
5	28.9	23.4	32.1	38.3	-5.5	6.2
6	27.2	22.2	36.8	42.7	-5	5.9
7	36.2	30.3	27.1	32.4	-5.9	5.3
8	25.8	22.1	38.6	45	-3.7	6.4
9	32.7	28.8	29.7	34.7	-3.9	5
10	27	22.3	36.5	43.4	-4.7	6.9
11	21.9	18.7	42.8	49.4	-3.2	6.6
12	30.2	25.9	33.4	40	-4.3	6.6
13	23.5	21.5	39.8	45.6	-2	5.8
14	21.9	19.7	45.9	50.2	-2.2	4.3
15	17.9	15.9	52.3	56.9	-2	4.6
16	29.2	25.4	34.4	40.4	-3.8	6
17	29.9	26.2	34.7	39	-3.7	4.3
18	22.9	18	43.2	50.7	-4.9	7.5
19	27.4	22	36.1	44.8	-5.4	8.7
20	14.6	11.7	60.3	66.4	-2.9	6.1
21	13.5	10.9	61	66.9	-2.6	5.9
22	15.1	11.4	57.2	63.6	-3.7	6.4
23	27.3	23.3	37.7	44.2	-4	6.5
24	17.5	14.1	51.6	58.2	-3.4	6.6
25	9.6	6.6	67.7	75.1	-3	7.4
26	4.3	3.5	80.2	84.9	-0.8	4.7
27	21	16.1	46.8	55.6	-4.9	8.8
28	13.9	11	57.3	65	-2.9	7.7
29	21.6	17.2	42.9	50.9	-4.4	8
30	16.8	13.6	53.8	60	-3.2	6.2
31	14.9	12.1	56.7	62.9	-2.8	6.2
32	24.5	23.7	41.8	44.7	-0.8	2.9
79	73.4	64.3	5	4.7	-9.1	-0.3
Citywide Special Ed	**70.9**	**64.8**	**8.7**	**11.4**	**-6.1**	**2.7**
Total	**21.6**	**18**	**46.7**	**52.9**	**-3.6**	**6.2**

Source: NYC Department of Education

In 2005, as in 2004, state ELA test results indicated that in grade 4 New York City students compared favorably to their counterparts in other large cities in New York State. A larger percentage of students tested in grade 4 (59.5 percent) in New York City met or exceeded ELA standards than did grade 4 students (54.2 percent) in other large cities (**Figure 5-3**). Conversely, the percentage of students tested in grade 8 scoring at Levels 3 and 4 in New York City declined from 2004 to 2005 (35.6 percent to 32.8 percent), while the performance of their peers in other large cities remained the same (23.3 percent to 23.5 percent). In addition, the percentages of students in grades 4 and 8 in New York City and in other large cities in New York State scoring at Level 1 decreased by up to 1.0 percentage point over the same period of time (11.4 to 10.4 and 16.0 to 15.3 respectively).

Figure 5-3
New York City Grade 4 and Grade 8 ELA Results and Comparison with Other Large Cities and New York State Public Schools
School Year 2004-2005

Percentage of Students in Selected Proficiency Levels

Proficiency Level	NYC		Other Large Cities[a]		NYS Public Schools	
	Grade 4	Grade 8	Grade 4	Grade 8	Grade 4	Grade 8
Below Basic (1)	7.8	10.4	11.1	15.3	5.4	6.6
Proficient or Advanced (3 & 4)	59.5	32.8	54.2	23.5	70.4	48.1

[a]Buffalo, Rochester, Syracuse, and Yonkers
Source: NYC Department of Education

State mathematics test results in 2005 indicated that more than three-fourths (77.4 percent) of New York City students in grade 4 and slightly over two-fifths (40.8 percent) of students in grade 8 scored at Levels 3 and 4; outperforming their peers in other large cities in New York State (**Figure 5-4**). These results continued the progress New York City has made in math in recent years. The percentage of New York City students in grade 4 increased by 9.3 percentages points, from 68.1 percent in 2004 to 77.4 percent in 2005.

Figure 5-4
New York City Grade 4 and Grade 8 Mathematics Results and Comparison with Other Large Cities and New York State Public Schools
School Year 2004-2005

Percentage of Students in Selected Proficiency Levels

Proficiency Level	NYC		Other Large Cities[a]		NYS Public Schools	
	Grade 4	Grade 8	Grade 4	Grade 8	Grade 4	Grade 8
Below Basic (1)	5.4	20.4	5.4	30.3	3.1	13.0
Proficient or Advanced (3 & 4)	77.4	40.8	73.1	25.2	84.8	55.5

[a]Buffalo, Rochester, Syracuse, and Yonkers
Source: NYC Department of Education

Student Enrollment

From FY2001 through FY2005, the total enrollment of New York City public schools decreased from 1,103,245 to 1,075,338 students (**Figure 5-5**). This represents a decline of 27,907 students (-2.5 percent) over the past five years. Over the same period of time, prekindergarten

enrollment increased from 41,069 to 46,028 students (12.1 percent); enrollment in kindergarten decreased by 10.1 percent, from 70,015 to 62,976 students. The number of English language learners (ELLs), including general and special education students was 143,500 for FY 2005, representing a 5.3 percent decrease from 151,530 students in FY 2001.

Figure 5-5
Public School Education FY 2001-FY 2005

	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	% Change 2001-2005
Total Public School Enrollment	1,103,245	1,098,832	1,091,717	1,086,886	1,075,338	-2.5%
Total Prekindergarten	41,069	45,028	49,876	46,018	46,028	12.1%
Total Kindergarten	70,015	67,196	64,660	65,503	62,976	-10.1%
# HS Graduates Reporting Higher Education Plans	22,689	26,943	26,247	28,190	25,984	14.5%
Percent	66.1%	65.9%	66.8%	66.6%	62.9%	-4.8%
# Elementary & Middle School Students in Performance Level 1 in Reading	60,268	65535b	61172b	53055c	49,511	-17.8%
Percent	19.6%	17.3%	16.1%	14.8%	11.6%	-40.8%
# Schools with 50% or More Students in Performance Level 1 in Reading	60[a]	39[b]	61[b]	46[c]	35	-41.7%
# English Language Learners (ELLs)	151,530	144,942	134,508	144,545	143,500	-5.3%
Special Education Student						
# in Rel. Svcs.,Sp.Ed Tch. Supp. Svcs[d]	64,093	65,212	65,130	65,544	67,310	5.0%
# in Coll. Team Teaching Svcs[d]	6,322	9,559	10,664	11,128	13,737	117.3%
# in Self-Cont., Home Inst., Hosp/Agcy	77,324	71,870	71,061	71,228	70,337	-9.0%
# of Initial Referrals	29,434	30,235	32,811	31,150	36,518	24.1%
# of Recommended Decertifications	6,120	5,403	5,224	4,234	4,868	-20.5%
# Pupils Receiving Free Lunch	711,830	708,274	719,377	669,145	730,002	2.6%

[a]Includes grades 3, 4, 5, and 7 only. Comparisons are only appropriate for 2000 and 2001.
[b]Includes grades 3, 4, 5, 6, and 8 only. Comparisons are only appropriate for 2002 and 2003.
[c]Includes grades 3-8.
[d]Special Education Teacher Support Services include resource room and consultant teacher services. Collaborative Team Teaching Services are integrated services.

Source: NYC Department of Education

Immigrant students are students born outside the United States or its territories who have been enrolled in U.S. schools for 3 years or less. In FY 2005, the total number of immigrant students, 75,046, continued to decrease from the high of 129, 463 in 1996.

The special education data shown in **Figure 5-5** were disaggregated to reflect the substantial increase in the number of students receiving Collaborative Team Teaching Services (integrated services) whereby students receive special education services in a general education classroom. This change reflects systemwide efforts to place students in the least restrictive environment with opportunities to be educated with their nondisabled peers. The total number of students receiving collaborative team teaching services in FY 2005 was 13,737, an increase of over 100 percent from 6,322 students in FY 2001.

Post-High School Plans

During the senior year, high school students answered a survey about post-secondary plans. **Figure 5-5** indicates that in FY 2005, over three-fifths (62.9 percent) of the Class of 2005 planned to attend a two-or four-year college.

Graduation Rate

The four-year graduation rate for the Class of 2005 was 58.2 percent. This is 3.9 percentage points higher than the comparable rate of 54.3 percent for the Class of 2004 (**Figure 5-6**). The 2005 graduation rate is the highest in over a decade. In addition, a total of 27.0 percent of the Class of 2005 was still enrolled in school and scheduled to enter a fifth year of high school in September 2005. This was a decrease of 2.4 percentage points from the 29.4 percent for the Class of 2004.

Figure 5-6
Comparison of Four-Year Outcomes for the Classes of 1992 to 2005

Class of	Dropouts	Graduates	Still Enrolled	Total Number
1992	19.1	50.7	30.2	60,161
1993	18.4	49.7	31.9	61,359
1994	18.3	50.7	31.0	63,159
1995	18.1	48.2	33.7	65,254
1996	16.4	48.3	35.3	66,536
1997	15.9	48.4	35.7	66,703
1998	15.6	49.7	34.6	63,803
1999	17.5	50.1	32.4	65,748
2000	19.3	49.9	30.8	67,072
2001	20.4	51.0	28.6	65,727
2002	20.3	50.8	28.9	63,460
2003	20.3	53.4	26.3	63,505
2004[a]	16.3	54.3	29.4	66,947
2005[a]	14.8	58.2	27.0	65,705

Note: Students who were discharged from the school system are not included in the above results.

[a] Beginning with the Class of 2004, dropout statistics reflect students who dropped out by June 30th of their fourth year. The reduction in dropout rates is substantially due to a new DOE policy requiring planning interviews for students above compulsory school age before schools are permitted to discharge them to dropout status. The interview process may delay many students from dropping out until their fifth, sixth, or seventh years, and those students will be captured when the DOE calculates final seven-year statistics for the Class of 2005; however, many students remain enrolled in high school and graduate. As with prior classes, the final determination of the Class of 2005 dropout and graduation rates will not be known for an additional three years.

Source: NYC Department of Education

Dropout Rate

The dropout rate for the Class of 2005 – students who entered the ninth grade in fall 2001 and were scheduled to graduate on time in 2005 after four years of high school -- was 14.8[1] percent (**Figure 5-6**). The dropout rate for the Class of 2005 represents a decline of 1.5 percentage points from the16.3 percent rate for the Class of 2004.

Regents Diplomas[2]

The percentage of 2005 graduates awarded Regents Diplomas and Advanced Regents Diplomas was 60.7 percent, a sizeable increase of 27.5 percentage points over the 33.2 percent for the 2004 graduates.

Nonpublic School Enrollment

Elementary and secondary enrollment in New York City's nonpublic schools reached 265,562 students in FY 2004/2005 (**Figure 5-7**). This represents a 3.5% decrease over the last five years. From FY 2000/2001 to FY 2004/2005, kindergarten through 12th grade enrollment declined in all five boroughs. In FY 2004/2005, Queens had the largest drop in K-12 enrollment, at 7.3%. Brooklyn had the largest number of students, at 39% of the citywide total. Pre-school enrollment (not included in the total enrollment) increased by 1.2% in the Bronx, but decreased by 2.4%, 5.1%, 7.9% and 20.3% in Manhattan, Brooklyn, Queens and Staten Island, respectively, over the last five years.

Figure 5-7
Nonpublic School Enrollment
2000/2001 to 2004/2005

	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	% Change 2000/2001 to 2004/2005
Manhattan						
Pre-School	4,693	4,448	4,308	4,578	4,579	-2.4%
K-12 (Total)	48,207	48,288	46,059	46,727	46,958	-2.6%
Bronx						
Pre-School	2,714	2,899	2,871	2,859	2,747	1.2%
K-12 (Total)	43,092	43,085	42,238	41,383	40,693	-5.6%
Brooklyn						
Pre-School	9,915	9,579	10,540	10,145	9,405	-5.1%
K-12 (Total)	104,720	105,117	103,951	103,656	103,631	-1.0%
Queens						
Pre-School	5,135	5,055	4,804	4,877	4,728	-7.9%
K-12 (Total)	58,916	58,956	58,081	56,293	54,643	-7.3%
Staten Island						
Pre-School	1,929	1,858	1,777	1,603	1,538	-20.3%
K-12 (Total)	20,209	20,180	19,991	19,646	19,637	-2.8%
Citiwide Total (K-12)	**275,144**	**275,626**	**270,320**	**267,705**	**265,562**	**-3.5%**

Source: New York State Education Department

Higher Education

From 2001 to 2005, there was an 10.7% increase in the total number of students enrolled in New York City institutions of higher education. From 2004 to 2005, there was a 1.5% increase in the total number of students enrolled. From 2001 to 2005, enrollment in the City University of New York system increased by 11.8%. In 2005, 47% of New York City higher education students were enrolled in the CUNY system. From 2001 to 2005, undergraduate enrollment in New York City Universities and colleges increased 10.4%, and first professional and graduate enrollment increased by 11.5%. In CUNY, the number of enrolled undergraduates increased by 12.7% and first professionals and graduate enrollment increased by 6.8%, from 2001-2005 (**Figure 5-8**).

Figure 5-8
Enrollment at NYC Institutions of Higher Education
2001-2005

2001	Undergraduate	Grad. & 1st Prof.	Total
Manhattan	155,548	73,423	228,971
Bronx	33,410	9,442	42,852
Brooklyn	60,732	13,076	73,808
Queens	57,744	8,759	66,503
Staten Island	11,646	1,792	13,438
NYC Total	***319,080***	***106,492***	***425,572***
CUNY Total	***169,455***	***27,676***	***197,131***
2002	**Undergraduate**	**Grad. & 1st Prof.**	**Total**
Manhattan	160,396	78,677	239,073
Bronx	35,530	10,203	45,733
Brooklyn	63,078	13,104	76,182
Queens	61,427	9,650	71,077
Staten Island	12,372	1,854	14,226
NYC Total	***332,803***	***113,488***	***446,291***
CUNY Total	***178,884***	***29,978***	***208,862***
2003	**Undergraduate**	**Grad. & 1st Prof.**	**Total**
Manhattan	161,887	79,808	241,695
Bronx	37,298	9,569	46,867
Brooklyn	63,250	12,847	76,097
Queens	62,634	10,145	72,779
Staten Island*	13,028	1,713	14,741
NYC Total	***338,097***	***114,082***	***452,179***
CUNY Total	***182,808***	***29,903***	***212,711***
2004	**Undergraduate**	**Grad. & 1st Prof.**	**Total**
Manhattan	166,352	82,233	248,585
Bronx	39,410	9,679	49,089
Brooklyn	64,236	12,715	76,951
Queens	64,209	10,330	74,539
Staten Island*	13,158	1,642	14,800
NYC Total	***347,365***	***116,599***	***463,964***
CUNY Total	***188,476***	***29,660***	***218,136***
2005	**Undergraduate**	**Grad. & 1st Prof.**	**Total**
Manhattan	168,629	84,472	253,101
Bronx	40,787	9,467	50,254
Brooklyn	65,755	12,719	78,474
Queens	64,083	10,573	74,656
Staten Island*	12,994	1,488	14,482
NYC Total	***352,248***	***118,719***	***470,967***
CUNY Total	***190,920***	***29,566***	***220,486***

Source: New York State Department of Education

Cultural Institutions

The **Department of Cultural Affairs** (DCLA) sustains and promotes the cultural life of the City of New York. Serving as an advocate, a source of funding and a supporter of quality programming, the Department works closely with not-for-profit art and cultural organizations throughout the City's five boroughs. In Fiscal 2005, DCLA provided a total of $115.5 million in funding to a wide variety of arts organizations. The 34 institutions on City owned property known as the Cultural Institutions Group (CIG) received $97.5 million in operating and energy support, and, the remaining $17.2 million in programmatic support was dispersed to 595 organizations providing cultural services in all five boroughs.

In Fiscal Year 2005, the attendance at the Cultural Institutions Group (CIG) was 16.7 million visitors (**Figure 5-9**). Total attendance at the CIG by New York City borough is as follows: Manhattan: 9.8 million; Brooklyn: 2.3 million; the Bronx: 2.7 million; Queens: 1.2 million; and Staten Island had around 638,000 visitors.

Activities funded by DCLA reach deep into New York neighborhoods and support organizations of all sizes and cultural disciplines. For instance, organizations rooted deep in their community, such as Pregones Theater and Harlem Arts Alliance, benefit from DCLA support. Similarly, internationally recognized organizations such as the American Museum of Natural History, Joyce Theater Foundation, the New York Philharmonic, Brooklyn Academy of Music and Jazz at Lincoln Center all receive funds from DCLA.

Educational activities are an important component of the programming provided by New York City's cultural organizations. In Fiscal Year 2005, funding support from DCLA assisted in sustaining arts-in-education programs offered by groups such as Alliance for the Arts, Brooklyn Botanic Garden, Carnegie Hall, Wyckoff House, Guggenheim Museum, School of American Ballet, New York City Opera, Third Street Music School, and New Victory Theater. Also in Fiscal Year 2005, DCLA supported cultural organizations whose out-of-school capacity building programs were devoted to developing the creative potential in the City's youth. One such organization is the Ghetto Film School, which offers an after-school film production training program for including 20 teenagers, ages 14-20 years old, primarily from the South Bronx, workshops that result in full film productions and public screenings.

Additionally, DCLA-funded organizations reach out to the community through social service programs. For instance, the Vocational Training Center at the Staten Island Botanical Garden provides training in academics and horticulture to 15 - 20 at-risk youth each year. The program aims to help students earn their GED and prepares them for full-time employment upon its successful completion. N.Y. Writers Coalition reaches out to the community by providing free creative writing workshops for economically disadvantaged youth, adults with mental illness and substance abuse issues, people with cancer, and survivors of World Trade Center attacks.

Figure 5-9
Cultural Institutions Attendance

	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	% Change FY 2001 FY 2005
Manhattan						
American Museum of Natural History	3,387,324	2,640,402	2,546,101	2,849,385	2,787,246	-17.7%
Carnegie Hall	646,414	679,532	637,340	703,891	674,604	4.4%
Lincoln Center for the Performing Arts	471,646	446,851	376,847	361,318	477,274	1.2%
El Museo del Barrio	51,915	74,651	79,426	79,487	91,960	77.1%
Metropolitan Museum of Art	5,415,815	4,166,050	4,937,502	4,712,430	4,513,087	-16.7%
Museum of the City of New York	73,081	66,650	92,499	134,170	137,114	87.6%
Museum of Jewish Heritage	151,666	98,391	72,820	108,067	113,713	-25.0%
NYSF/Public	184,932	183,824	195,467	262,272	260,911	41.1%
New York City Ballet	379,448	377,319	374,852	678,034	381,419	0.5%
New York City Opera	275,958	288,370	276,269	259,389	266,734	-3.3%
Studio Museum in Harlem	116,159	128,297	134,250	114,604	95,996	-17.4%
Sub Total:	**11,154,358**	**9,150,337**	**9,723,373**	**10,263,047**	**9,800,058**	**-12.1%**
Brooklyn						
Brooklyn Academy of Music	362,858	294785	393,181	333,853	363,213	0.1%
Brooklyn Botanic Garden	873,886	836499	768,832	708,990	686,360	-21.5%
Brooklyn Children's Museum	160,400	118600	163,320	163,000	140,870	-12.2%
Brooklyn Museum	531,922	415,232	314,909	325,501	411,409	-22.7%
Wildlife Conservation Socety/Aquarium	761,230	773,428	661,558	703,969	726,997	-4.5%
Sub Total:	**2,690,296**	**2,438,544**	**2,301,800**	**2,235,313**	**2,328,849**	**-13.4%**
Bronx						
Bronx County Historical Society	8,447	6,662	6,571	6,781	7,404	-12.3%
Bronx Museum of Art	14,474	21,808	15,946	15,946	18956	31.0%
New York Botanical Garden	543,685	585,307	571,192	604,824	635,571	16.9%
Wildlife Conservation Socety/Zoo	2,430,212	2,073,287	1,707,474	1,937,430	1,932,638	-20.5%
Wave Hill	108,708	108,352	109,997	113,899	107,108	-1.5%
Sub Total:	**3,105,526**	**2,795,416**	**2,411,180**	**2,678,880**	**2,701,677**	**-13.0%**
Queens						
Museum of the Moving Image	60,374	62,016	71,684	74,336	70,620	17.0%
Flushing Town Hall	39,761	57,602	60,631	74,336	81,088	103.9%
PS1	116,800	123,300	95,000	97,600	120,304	3.0%
Jamaica Center for Arts & Learning	68,774	37,986	33,182	15,881	40,275	-41.4%
New York Hall of Science	265,593	280,620	246,686	239,693	333,628	25.6%
Queens Botanical Garden	311,895	318,884	289,404	359,277	329,538	5.7%
Queens Museum of Art	60,990	46,215	76,447	83,369	164,196	169.2%
Queens Theatre in the Park	113,330	106,440	108,789	101,079	79,903	-29.5%
Sub Total:	**1,037,517**	**1,033,063**	**981,823**	**1,045,571**	**1,219,552**	**17.5%**
Staten Island						
Snug Harbor Cultural Center	46,355	46,900	12,434	29,550	32,028	-30.9%
Staten Island Botanical Garden	300,000	295,500	30,680	16,400	215,268	-28.2%
Staten Island Children's Museum	111,884	91,615	86,310	93,023	90,900	-18.8%
Staten Island Historical Society	75,572	85,336	86,783	80,807	98,293	30.1%
Staten Island Museum	24,610	15,129	18,197	18,569	223,944	810.0%
Staten Island Zoological Society	228,961	221,905	180,549	187,979	178,355	-22.1%
Sub Total:	**787,382**	**756,385**	**414,953**	**426,328**	**638,788**	**-18.9%**
TOTAL ATTENDANCE:	**18,775,079**	**16,173,745**	**15,833,129**	**16,649,139**	**16,688,924**	**-11.1%**

Source: NYC Department of Cultural Affairs

The main goal in DCLA's Capital Program has been to upgrade and renovate major cultural venues as well as community cultural facilities to enable cultural organizations to increase access and provide better service to the public. To further this goal, the Agency has committed funding to reconstruct existing cultural facilities, upgrade mechanical systems, restore landmark structures, make ADA improvements, install new technology and equipment and increase exhibition, gallery, performance and storage space at these sites.

In Fiscal 2005, the capital unit at DCLA provided close to $136 million in funding towards projects for the cultural community. During Fiscal 2005, completed capital projects funded by DCLA include: a new studio and classroom building for Alvin Ailey, a new wing for the New York Hall of Science, a new facility for Jazz at Lincoln Center at Columbus Circle, a new facility for the Jewish Children's Museum, renovation of the Museum of Modern Art, exterior restoration of P.S. 1 Contemporary Art Center, new food service building at the New York Aquarium, and the new Visitors Center at Wave Hill.

DCLA's Percent for Art Program oversees the implementation of the City's Percent for Art law, which, subject to certain limitations, requires City agencies to dedicate 1 percent of their capital budget allocation for construction projects involving facilities open to the public to the commissioning of public art. The Percent for Art Program administers the commissioning of the artwork, and its creation and installation. In Fiscal 2005, the Percent for Art program completed five projects and initiated five projects across the City.

Other DCLA programs include the Community Arts Development Program, a federally funded grants program that supports the development of community arts by helping to preserve and sustain neighborhood arts facilities. In Fiscal 2005, CADP completed five projects including a public art project at P.S. 72 and an ADA compliance project for Nuyorican Poet's Cafe. The program also issued its bi-annual request for proposal. Awards for this funding cycle will be awarded in Fiscal 2006. Meanwhile, DCLA's Materials for the Arts Program (MFTA) received donations of new and used materials and equipment valued at $3.9 million for redistribution to arts and cultural organizations, public schools and social, health and community service organizations with arts programs.

Tourism

Tourism in New York City was heavily impacted by the events of September 11th, as well as, by the economic downturn in the City. However, it seems that the industry is picking up. Visitors, domestic and international, totaled 42.6 million in 2005 (according to NYC and Company), an increase of 6.5 percent. Visitor spending is also on the rise. In 2005, tourist spending increased by 8.1%, to 22.8 billion dollars. (**Figure 5-10**). The tourism industry is key to New York City's economic health and it generated $14.2 billion dollars in wages and supported 333,158 jobs by visitor spending in 2005.

Figure 5-10
New York City Tourism

	2001	2002	2003	2004	2005	% Change 2001-2005
Visitors (millions)						
Domestic	29.5	30.2	33.0	33.8	35.8	21.4%
International	5.7	5.1	4.8	6.2	6.8	19.3%
Total	**35.2**	**35.3**	**37.8**	**40.0**	**42.6**	21.0%
Visitor Spending						
Domestic and International (Billion$)	$15.1	$14.1	$18.5	$21.1	$22.8	51.0%
Source: NYC and Company						

Broadway Attendance

In New York City, during the 2004-05 season, Broadway show ticket sales grossed $769 millions despite a decrease of 0.3 percent, from the previous season. Broadway shows dollars in ticket sales in the 2004-05 season. Attendance decreased from 11.61 million to 11.53 million (0.7 %) in the 2004-05 season (**Figure 5-11**). Broadway contributed almost 5 billion dollars to the New York City economy and supported 45,000 local jobs during the 2004-05 season.

Figure 5-11
Broadway Theaters-Box Office and Attendance

	2000-01	2001-02	2002-03	2003-04	2004-05	% Change 2000-01 to 2004-05
Attendance (Millions)	11.89	10.95	11.42	11.61	11.53	-3.0%
Ticket Sales Gross (Million$)	$666	$643	$721	$771	$769	15.5%

Source: League of American Theaters and Producers

CHAPTER SIX: POVERTY AND SOCIAL SERVICES

Poverty and Social Services

In FY 2005, the public assistance population continued to decline as more New Yorkers moved toward self-sufficiency. Although the rate of decline has slowed, public assistance recipients are still finding jobs and leaving the welfare rolls for employment. At the end of FY 2005, the number of public assistance (PA) recipients was 416,164 in June 2005; a 4.9 percent decrease over Fiscal 2004 and a 62.8 percent decrease over June 1995 (**Figure 6-1**). The number of children on PA declined last year by 3.8 percent. While the number of public assistance recipients declined, the number of Food Stamp and Medicaid enrollees increased. Food stamp participation increased from 991,793 in June 2004 to 1,086,190 in June 2005, a 9.5% increase. The number of Medicaid enrollees increased from 2,458,087 in June 2004 to 2,591,289 in June 2005, a 5.4% increase. Of this total, those Medicaid enrollees not receiving either public assistance or SSI increased from 1,634,639 in June 2004 to 1,769,991 in June 2005, an increase of 8.2 percent.

For FY 2005, the Human Resources Administration (HRA) focused efforts on assisting PA participants to enhance their employability, retain employment and provide short-term crisis intervention services to resolve immediate risk and provide ongoing services for the vulnerable, frail and disabled to ensure safety and independence.

Replacing Welfare with Work and Self-Sufficiency

Since welfare reform initiatives began in 1996, the City has had great success in moving people from welfare to work. The number of public assistance (PA) recipients has decreased from almost 1.2 million to fewer than 416,200 in June 2005. As more people on welfare find jobs, however, those remaining on public assistance have more barriers to employment. The proportion of recipients who are partially or fully unable to engage in work or work related activities increased from 55.3 percent in Fiscal 2004 to 56.5 percent in Fiscal 2005. Nonetheless, during FY 2005, the number of job replacements for PA recipients increased to 88,654, reversing a four-year declining trend and increased by almost 13 percent compared to last year job placement of 78,486 (**Figure 6-1**).

The City is responding to this change in the client population by developing customized assistance services, which provide specialized services to address the needs of HRA's client population. HRA began a new initiative entitled, "Wellness, Comprehensive Assessment, Rehabilitation and Employment," or WeCARE. It provides customize programs tailored to meet the needs of clients with medical and/or mental health conditions that are barriers to work participation. WeCARE also identifies participants who qualify for federal benefits and assists them in the application process.

To support clients who leave welfare for work, HRA provides transitional assistance and services, such as childcare, public health insurance, food stamps, Metrocards, and counseling to help them retain jobs or advance in their careers. Of clients who have been placed in jobs, 78.6 percent did not return to welfare six months after leaving for work, up from 76.4 percent in June 2004, and slightly above the target of 75 percent.

In Fiscal 2005, 30.8 percent of young public assistance recipients (ages 19-21) who are heads of public assistance households were previously PA dependents, down from 32.1 percent in Fiscal 2004. In addition, 40.4 percent of young PA recipients are engaged in training or education, slightly less than in FY 2004.

In FY 2005, HRA introduced a new indicator that reflects the new State rule that expanded the allowable participation Safety Net households without children in education and job skills activities. Previously, this group could only be assigned to such activities on a minimal basis in addition to core work activities.

Food Stamps

As indicated, the number of public assistance recipients declined substantially during FY 2005. The City continues emphasize the provision of food stamps and health care to all eligible recipients, including those who are not receiving cash assistance. The June 2005 total of 1,086,190 food stamp recipients exceeded the June 2004 total by 9.5 percent (**Figure 6-1**). This growth occurred primarily among individuals who are not on public assistance. Since June 2004, these recipients have increased by 18.2 percent, from 532,448 to 629,399 recipients. At the same time, HRA achieved its lowest food stamp payment error rate in the 25-history of the federal Food Stamp Quality Control program. For the federal fiscal year ending September 2004, the payment error rate was 3.92 percent, outperforming both the rest of New York State (5.7 percent) and the nation as a whole (5.9 percent).

Refugee and Immigrant Services

HRA has two Job Centers, Center47 and Center 49, which provide services to refugees and immigrants who are eligible for public assistance. During Fiscal 2005, the two job centers for refugees and immigrants served approximately 5,667 public assistance cases. These centers are staffed with bilingual workers who speak Albanian, Arabic, Bosnian/Serbo-Croatian, Chinese (Mandarin and Cantonese), French, Haitian Creole, Hindi, Khmer, Russian, Spanish, Vietnamese, Yiddish and Farsi. Access to additional languages is provided through onsite and telephone contracted interpreter services.

Both of the refugee and immigrant Job Centers refer public assistance recipients who have been in the United States for less than five (5) years to a network of refugee service providers. The refugee providers in this network has extensive experience placing refugees and other immigrants in employment and in work activities such as job preparation, English-as-a-Second-Language (ESL) programs, skills training, job placement, and post-placement support services. Some of the refugee providers in this network also serve refugees and immigrants who have been in the country for more than 5-years and U.S. citizens with language barriers. Once clients are placed into employment, they maintain an excellent record of being able to retain employment.

Public Health Insurance

During Fiscal 2005, the number of people receiving public health insurance increased from 2.46 million to 2.59 million. Most of this growth occurred among non-public assistance, non-SSI recipients, making up 68.3 percent of New Yorkers receiving public

Figure 6-1
Public Assistance and Related Services

	1995	2001	2002	2003	2004	2005	% Change 1995-2005	% Change 2001-2005	% Change 2004-2005
PA Recipients *									
Total Number of Persons *	1,119,448	497,113	430,419	421,546	437,453	416,164	-62.8%	-16.3%	-4.9%
Cases *	534,475	235,164	208,634	209,405	218,591	211,055	-60.5%	-10.3%	-3.4%
Children *	575,293	287,688	249,763	241,713	248,240	238,942	-58.5%	-16.9%	-3.7%
Employment Services for PA Recipients									
Public assistance recipients placed into jobs	25,170	151,376	112,860	84,560	78,486	88,654	252.2%	-41.4%	13.0%
Pct. Job Placement	5%	64%	54%	40%	36%	36%	660.2%	-44.4%	-0.3%
Calendar year-to-date average of public assistance cases who retained employment income 180 days after being placed in a job (%)	NA	NA	63.3%	73.1%	72.5%	74.6%	NA	NA	2.9%
Calendar year-to-date average of public assistance cases whose cases were closed due to income from employment and did not return within 180 days (%)	NA	NA	NA	NA	76.4%	78.6%	NA	NA	2.9%
Engageable public assistance cases participating in work or work-related activities in accordance with New York City guidelines (%)****	N/A	57.0%	58.6%	59.6%	59.6%	60.6%	NA	6.3%	1.3%
Public assistance cases who are partially or fully unengageable in any work or work-related activity (%)****	N/A	N/A	N/A	N/A	55.3%	56.5%	NA	NA	2.2%
Food Stamps									
Total Number of Recipients	1,442,051	836,158	820,480	871,295	991,793	1,086,190	-24.7%	29.9%	9.5%
PA	1,131,365	480,918	426,624	432,311	459,345	456,791	-59.6%	-5.0%	-0.6%
SSI	122,831	137,185	145,393	143,134	147,242	193,505	57.5%	41.1%	31.4%
Non-PA	187,855	218,055	248,463	295,850	385,206	435,894	132.0%	99.9%	13.2%
Total Number of Households	684,327	430,425	430,920	451,111	512,868	580,198	-15.2%	34.8%	13.1%
PA	482,763	207,231	187,530	189,434	204,033	200,753	-58.4%	-3.1%	-1.6%
SSI	113,420	122,165	129,430	127,026	130,997	177,450	56.5%	45.3%	35.5%
Non-PA	88,144	101,029	113,960	134,651	177,838	201,995	129.2%	99.9%	13.6%
Number of SSI Recipients	358,199	395,323	399,049	398,466	398,627	400,988	11.9%	1.4%	0.6%
Persons Certified Eligible for Medicaid	1,822,092	1,608,707	2,028,133	2,219,172	2,458,087	2,591,289	42.2%	61.1%	5.4%
Public Assistance	1,089,726	498,185	418,652	416,199	424,905	418,124	-61.6%	-16.1%	-1.6%
SSI	344,823	397,259	391,117	393,521	398,543	403,174	16.9%	1.5%	1.2%
Medicaid Only	344,381	663,728	1,166,889	1,360,087	1,634,639	1,769,991	414.0%	166.7%	8.3%
Nursing Home Patients Eligible for Medicaid	43,162	49,535	51,475	49,365	47,589	46,046	6.7%	-7.0%	-3.2%
Prepaid Managed Care (HMO) Enrollment	441,548	417,715	666,725	1,153,720	1,356,461	1,474,265	233.9%	252.9%	8.7%
The Cases Receiving Home Care Services	61,205	65,000	65,419	65,887	66,378	66,114	8.0%	1.7%	-0.4%
Persons Receiving AIDS Services	18,254	29,005	30,713	31,811	31,863	31,644	73.4%	9.1%	-0.7%
Domestic Violence Nonresidential Program Caseload	N/A	1,513	1,443	1,606	1,626	2,480	NA	63.9%	52.5%

* Prior to January 1999 the figures reported for PA Persons, Cases and Children reflect duplicated counts.
** This data reflects individuals who reported employment to HRA, employer-reported job placements for PA and non-PA food stamps recipients and PA applicants whose PA cases were not opened due to employment. The 2001 total includes 10,238 non-public and
*** As of the 2002 total, placement data includes only the unduplicated number of public assistance applicants and recipients who obtained Self-Reported PA job placements and Employer Reported placements during the reporting period.
**** Figures now show an average for the reporting period, rather than end-of-period figures, to be more representative of the entire reporting period.
Source: NYC Human Resources Administration

health insurance. The non-PA, non-SSI Medicaid population is composed of Medicaid–only consumers, including Family Health Plus and former PA recipients who are no longer receiving cash assistance but are still eligible for Medicaid. By the end of FY 2005, 18 of HRA's 19 Medicaid offices were converted to "model offices" designed to streamline workflow, resulting in reduced wait time for applicants and recipients and greater access to services.

Services to the Vulnerable, Frail and Disabled

HRA's Adult Protective Services helps adults who need assistance managing their affairs. It responds to referrals by the Housing Court, City Marshall's Office, advocacy groups and concerned individuals. The percent of referrals visited within three days in Fiscal 2005 was 87.4 percent, about the same last year and higher than the State's mandate of 85 percent.

HRA provides home care services to vulnerable, frail and disabled individuals, either on a short- or long-term basis, to enable them to remain in their homes. A total of 66,114 people were receiving home care services at the end of Fiscal 2005, almost the same as

the 66,378 persons receiving home care services at the end of Fiscal 2004. The Agency's response time to requests for these services continues to be well below the State target of 30 days, at 17.6 days in June 2005 compared to the 22.4 days in June 2004. This service improvement was achieved through enhanced contractual requirements, including prompt nursing evaluations. In addition, HRA implemented electronic information gathering systems to improve efficiency.

HIV/AIDS Services

The number of individuals with HIV/AIDS who are receiving HRA's comprehensive case management services decreased slightly from 31,863 in June 2004 to 31,644 in June 2005 (**Figure 6-1**). In Fiscal 2005, HRA stated reported the average number of days to issue housing-related financial benefits to HIV/AIDS Services Administration (HASA) recipients. These benefits help clients secure or maintain for housing by providing a range of financial supports, including payments that provide rent increases, home furnishing requests and provide moving and storage expenses. The time to provide these services has improved from an average of 32.2 days in Fiscal 2001, to 18.7 days in Fiscal 2004 and 18.5 days in Fiscal 2005. In Fiscal 2004, approximately 12,600 persons were assisted in applying for SSI, while in Fiscal 2005, this number dropped to approximately 8,400. The difference is due to backlog cases while the Fiscal 2005 figure reflects current cases only and not a reduction in service.

Domestic Violence

In Fiscal 2005, HRA helped victims of domestic violence through its 1,955 bed residential emergency shelter system, through contacts with non-residential service providers, and through various HRA-run programs. During 2004, HRA awarded new contracts for programs to increase the availability of domestic violence services throughout the City. In addition to core services such as maintaining hotlines, crisis intervention counseling, and referrals for social services, the new contracts provide for legal services in all five boroughs. For Fiscal 2005, the non-residential programs served a monthly average of 2,284 clients, compared with 1,626 in the previous year.

Children Services

The mission of the **Administration for Children's Services (ACS)** is to ensure the safety, permanency, and well-being of all the children of New York City. To fulfill this mission, Children's Services protects children by investigating more than 50,000 reports of abuse or neglect each year; helps families in need through providing family support services that stabilize and strengthen families in crisis and prevent the placement of children into foster care; provides nurturing, temporary homes for approximately 17,000 children in foster care; assures that children in care find safe, permanent homes in a timely manner, preferably with their birth families and, if this is not possible, then with adoptive parents; and provides child care and Head Start programs for approximately 80,000 children.

New York City's child welfare system has undergone enormous change over the past decade. During this period, the nation's largest city-administered child welfare system has enhanced the quality of services to children and families, sharply improved training

and oversight of direct staff and contract agency service providers, and shifted the system toward keeping children safe while supporting them and their families with quality services in their own neighborhoods. A sustained track record of reform has yielded significant and measurable improvements in quality and results. As one example, 13,000 fewer children are now in foster care than in recent years. Looking forward, Children's Services is improving the system even further by continuing to shift the center of gravity in service delivery from out-of-home care to neighborhood-centered family support, reorient financial incentives to advance that objective, and invest more in family-focused foster care rather than institutional care.

In addition, the agency has begun to strengthen its commitment to the safety of all children in New York City. Earlier this year, Mayor Bloomberg and Commissioner John B. Mattingly announced the Children's Services 2006 Child Safety Action Plan which sets forth ACS's plan to:

- Build on the extensive performance data management systems that have guided ACS operations over the past decade with new indicators that enhance accountability and more precisely gauge key child safety outcomes and related trends;

- Enhance child protective investigatory practice among Children's Services staff, supervisors and managers; and

- Ensure that every part of the ACS system of services – from child protection to family support to foster care – as well as every interaction ACS workers have with an at-risk or abused child is focused foremost on ensuring safety.

The agency's work on these initiatives is ongoing and will continue through the next year.

Protective Services

During FY 2005, Children's Services responded to 50,251 reports of suspected child abuse or neglect involving 79,351 children, compared to 51,477 reports involving 79,555 children in FY 2004 (**Figure 6-2**). This reflects a decrease in overall reports of 2.4% over FY 2005 and a decrease of 0.3% in the total number of children involved. Between FY 2000 and FY 2005, the number of reports decreased by 6.1%, while the number of children in those reports decreased by 2.8%. The average number of cases a child protective caseworker handles increased slightly between FY 2004 and FY 2005 from 12.1 per caseworker to 12.7 per caseworker.

Since October 1999, the Division of Child Protection has utilized the Family Team Conference (FTC) model, a continuum of service planning conferences that extend over the life of a case. As multi-disciplinary, strength-based, team-building forums, FTCs provide an opportunity for families, Children's Services staff members, service providers, and community supports to work together to create individualized, comprehensive service plans. Within the FTC continuum, 72-Hour Child Safety Conferences and 30-Day

Family Permanency Conferences are held to keep children safe at home in cases of increased risk of abuse or neglect (elevated-risk conferences), or are convened shortly after a protective removal and placement of children into foster care (post-placement conferences). In FY 2005, the percent of parents attending 72-Hour Child Safety Conferences increased 3.6 percentage points to 74.3 percent. This displays an upward trend in parent engagement, based upon the increase from 67.3% in FY 2003 to 70.7% in FY 2004 to the current 74.3% in FY 2005.

Figure 6-2
Children Services Indicators

	FY00	FY01	FY02	FY03	FY04	FY05	% Change FY 04-05	% Change FY 00-05
Protective Services								
Abuse neglect reports	53,540	57,224	55,925	53,894	51,477	50,251	-2.40%	-6.10%
Number of children in reports	81,673	88,312	87,315	84,431	79,555	79,351	-0.30%	-2.80%
Preventive Services								
Cumulative families receiving preventive services	25,564	27,399	30,313	31,692	31,217	29,174	-6.50%	14.10%
ACS direct	7,512	8,086	7,214	7,072	6,679	5,603	-16.10%	-25.40%
Contract	18,052	19,313	23,099	24,620	24,538	23,571	-3.90%	30.60%
Foster care population								
Total Census	34,354	30,858	28,215	25,622	22,082	28,781	30.30%	-16.20%
Adoptions								
Total adoptions	3,148	2,715	2,695	2,793	2,735	2,364	-13.60%	-24.90%
Child Care								
Total enrollment in publicly funded subsidized day care	56,549	61,553	61,544	61,429	60,055	61,358	2.20%	8.50%
Center-based care	46,225	48,331	47,495	46,297	43,805	42,735	-2.40%	-7.60%
Family Care	9,190	10,627	10,718	10,857	11,610	12,574	8.30%	36.80%
Informal Care	1,134	2,595	3,331	4,275	5,140	6,049	17.70%	433%
Head Start								
Total enrollment	17,356	17,148	17,146	16,924	18,075	19,886	10.00%	14.60%

Source: NYC Administration for Children Services

To reduce trauma to children and improve the coordination of investigations, Instant Response Teams, comprised of staff from Children's Services, the New York Police Department, and the City's District Attorneys' Offices jointly interview children involved in reports of severe abuse and neglect. These multi-disciplinary interviews occur at child friendly locations such as Child Advocacy Centers or other special child abuse clinics, whenever possible. Overall, the Instant Response Team process minimizes the re-traumatization of children by reducing the number of repetitive interviews that would otherwise be conducted separately by law enforcement, child protective staff, medical and mental health professionals, and members of the legal system. In addition, Instant Response Teams promote effective gathering and sharing of evidence, thereby improving the quality of subsequent interventions and leading, where appropriate, to the removal of an alleged abuser instead of a child. In FY 2005, there were 2,789 Instant Response Team cases.

Also in its fourth year of operation, the Clinical Consultation Program has placed throughout Child Protective Field Offices integrated teams consisting of specialists in the areas of domestic violence, substance abuse, and mental health. The aim of the program is to strengthen the agency's capacity to address critical problems present in the lives of children and their families. Clinical Consultation Teams provide three types of services:

case-specific consultation, office-based training, and assistance with referrals for community-based resources. In FY 2005, there were 8,983 consultations and 428 office-based trainings.

Family Support Services

One of the most important programmatic shifts accomplished by Children's Services has been the emphasis placed upon keeping children safe while stabilizing families and providing neighborhood-based services designed to help families when there is a risk of abuse or neglect so that placement of children into foster care does not become necessary. In keeping with the neighborhood-based services approach, preventive services contracts call upon each provider to focus on specific community districts of the city. During FY 2005, 29,174 families received preventive services, either directly from Children's Services or through contracted organizations, compared to 31,215 families during the previous fiscal year. Children's Services direct preventive programs provided services to 5,603 of these families (**Figure 6-2**).

Foster Care

During FY 2005, approximately 6,000 fewer children were in foster care than during FY 2000, representing a 16.2% decline over the period. In FY 2005, on average there were 28,781 children in foster care (**Figure 6-2**). And this decline has continued: as of the most recent figures from July 2006, 16,256 children were in foster care.

In FY 2005, admissions to foster care numbered 4,887, a 21.5% decrease from FY 2004, when 6,227 children were placed into out-of-home care. New admissions into kinship care decreased by 10.6%, while admissions to non-relative foster boarding homes decreased by 24.1% and admissions to congregate facilities decreased by 13.7%.

To reduce the number of adolescents living in institutional settings, Children's Services instituted the Congregate Care Bed Reduction Initiative. Poorly performing congregate care homes, identified through performance evaluations, were selected for closure and youth interviewed to find out what they want in a foster home and if there are adults in their lives whom they trust and with whom they would like to establish a permanent connection. Children's Services staff has been working to find suitable foster homes for as many youth as possible, either with compatible foster parents or adults whom teenagers have already identified.

Adoption

During FY 2005, Children's Services, with its contract agency partners and the Family Court, completed the adoptions of 2,364 children, a significant decline when compared to the 2,735 children adopted in the previous fiscal year (**Figure 6-2**). This decline is mostly due to the lower number of children in care who are available for adoption. During FY 2005, Children's Services successfully increased the rate of adoption of eligible children, completing adoptions for 7 out of 10 children who were eligible.

Children's Services has focused on eliminating or reducing systemic barriers to adoptions. With the Adoption Now project, which is underway in collaboration with the

courts, the state, and other agency partners, Children's Services has improved its adoption processes to achieve foster care adoptions in a more timely fashion.

Child Care and Head Start

Children's Services Child Care provides children with a safe, healthy, and educational environment while parents or caregivers work, attend school, or participate in training or treatment programs. These child care services are offered for infants, toddlers, preschool, and school-age children in licensed, center-based programs and licensed family child care settings throughout the city. In addition, through the use of vouchers, children also receive services in private settings, as well as with family child care and informal child care providers. Enrollment in ACS-subsidized child care totaled 61,358 at the end of FY 2005.

Head Start is a federally funded, comprehensive early childhood development program for low-income children and families. Since its inception, Head Start in New York City has provided parents with primarily part-day child care services. Over the past five years, however, as more parents have entered the workforce, the need for full-day services has increased. In response, Children's Services has converted many part-day slots to full-day, so that now the majority of services offered last at least 6 hours per day, with some lasting as long as 10 hours a day. At the end of FY 2005, 19,886 children were enrolled in Head Start through Children's Services, an increase from 18,075 children in FY 2004 (**Figure 6-2**).

Homeless Services

The **Department of Homeless Services (DHS)** was established in 1993 and was made a permanent independent mayoral agency by Local Law 19 in 1999. DHS prevents homelessness whenever possible and provides short-term emergency shelter and re-housing support whenever needed. In Fiscal 2005, DHS continued to pursue its goals in partnership with those it serves, public agencies and the business and nonprofit communities, so that individuals and families can retain their own housing or quickly return to permanent housing if they do become homeless. DHS has three service divisions: Prevention and Aftercare, Family Services, and Adult Services.

Prevention and Aftercare

DHS created a new program unit in the beginning of FY 2004 called the Prevention and Aftercare Unit, under which DHS began managing the legal services contracts that had been overseen by the Human Resources Administration (HRA), the Department of Housing Preservation and Development (HPD), and the Office of Criminal Justice Coordinator. In November 2004, DHS added the HomeBase prevention program in six high-need NYC communities that accounted for 25 percent of all families entering shelter: East Tremont, South Bronx, East Harlem, Bushwick, Bedford/Stuyvesant, and Jamaica. DHS continues to build this new Prevention and Aftercare Unit, focusing on contract management and the development of new prevention initiatives.

The Division of Family Services

The Division of Family Services oversees emergency shelter for homeless families in New York City. Families include adults with their children, couples without children who are a legal family through marriage, legal domestic partnership or verifiable co-dependence (adult families), and pregnant women.

In FY 2005, the Division of Family Services provided shelter to families in 163 facilities of which 75 were Tier II residences; 20 were residences for adult families; and 68 were hotels, scatter-sites or reception centers. Families are moved to transitional residences if found eligible for temporary housing. In FY 2005, 8,986 families were found eligible to receive temporary housing. Transitional family residences come in a variety of models most of which offer apartment style units and a wide array of support services including employment training, educational services, intensive case management, substance abuse prevention, independent living skills training, and child care. All families are expected to work cooperatively with staff to develop a mutually agreed upon independent living plan. A family must cooperate with service providers and meet the terms of this plan before they can be referred to permanent housing.

DHS housed an average of 8,778 families per day in FY 2005, which represents a -6% decrease over FY 2004. These families consisted of an average of 27,425 individuals, consisting of 12,576 adults and 14,849 children in FY 2005, compared to an average of 29,691 individuals, including 13,287 adults and 16,404 children in FY 2004 (**Figure 6-3**). Approximately 52% of family heads of household were African-American, 33% were Hispanic, 2% were White, 0.3% were Asian and Pacific Islander, Native American, or Alaskan and 12% were of unknown race or ethnicity.

The Division of Adult Services

The Division of Adult Services oversees the Agency's shelter system of transitional housing facilities for single adults. Adult Services is organized into three main functional areas: outreach, intake and assessment; transitional services; and housing and program planning.

As of FY 2005, 52 facilities were in use for single adults, seven of which were operated directly by the Department of Homeless Services and 45 of which are operated by non-profit organizations under contract with DHS. In FY 2005, 69% of shelters for single adults consisted of program beds associated with triage and referral/assessment, employment training, mental health rehabilitation, specialized services for veterans, substance abuse treatment, or programs for the elderly.

In FY 2005 an average of 8,473 single adults (6,447 men and 2,026 women) resided in the shelter system each night, which is an increase over FY 2004 during which an average of 8,445 single adults were sheltered (**Figure 6-3**). A total of 29,177 single adult individuals (22,713 men and 6,464 women) were provided temporary housing over the course of FY 2005. Fifty-seven percent of these individuals are African American, 27%

Hispanic, 11% White, 1% Asian or Pacific Islander, 0.2% Native American or Alaskan, and 4% were identified as other or unknown.

Figure 6-3
SERVICES FOR HOMELESS SINGLE ADULTS AND FAMILIES
FY 2001-FY 2005

	FY 01	FY 02	FY 03	FY 04	FY 05	% Change 2001-2005
Total Single Adults Per Night in Temporary Housing	**7,187**	**7,662**	**7,962**	**8,445**	**8,473**	**17.9%**
Average Men Per Night in Temporary Housing	5,547	5,920	6,077	6,463	6,447	16.2%
Average Women Per Night in Temporary Housing	1,640	1,742	1,885	1,982	2,026	23.5%
Total Families Per Day in Temporary Housing Facilities	**5,563**	**6,985**	**9,165**	**9,347**	**8,778**	**57.8%**
Families in Hotels, Scattered or Overnight Facilities	1,641	2,939	4,110	N/A	3,831	133.5%
Families in Residences for Adult Families	329	511	916	980	994	202.1%
Families in Tier II Facilities	3,593	3,535	3,936	3,992	3,953	10.0%
Family Members in Temporary Housing Facilities	**18,161**	**23,263**	**29,468**	**29,691**	**27,425**	**51.0%**

Source: New York City Department of Homeless Services

In addition, DHS funds a network of drop-in centers, outreach programs, reception centers, faith-based voluntary shelters as well as other services to assist and engage homeless individuals who inhabit public spaces and sleep on New York City streets each night.

During FY 2005, the City's outreach efforts included 118,628 direct contacts with street homeless persons resulting in 11,245 referrals for services and 5,496 placements into temporary housing. In 2005, DHS produced its first point-in-time, city-wide estimate of the unsheltered population: 4,395 individuals were estimated to be living on the streets, in parks, in encampments, under highways, in airports and in the subway stations and trains in New York City.

DHS relocated 5,609 single adults into long-term subsidized housing during Fiscal 2005, including 1,189 in Supportive housing, 79 in subsidized housing, 462 in Residential Rehabilitation and 3,879 returned to family or independent living.

CHAPTER SEVEN: HOUSING AND INFRASTRUCTURE

New York City Housing Market

Housing Stock

Additions to New York City housing stock are generally from new construction, substantial rehabilitation of deteriorated buildings and building conversions from non-residential to residential use.

In FY 2005, a total of 8,221 gut rehabilitation and new construction units, and 10,031 moderate rehabilitation units were started by HPD, leading to a total of 18,252 units of governmentally assisted housing (**Figure 7-1**).

Figure 7-1
HPD Housing Starts by Type
FY 1994- 2005

Fiscal Year	New Construction	Gut Rehabilitation	Moderate Rehabilitation	Total
1994	2,479	3,146	4,371	9,996
1995	1,742	1,637	3,299	6,678
1996	1,887	1,546	4,636	8,069
1997	1,864	1,442	6,793	10,099
1998	2,981	1,436	4,812	9,229
1999	2,864	1,233	5,526	9,623
2000	2,850	800	3,970	7,620
2001	2,515	1,055	8,984	12,554
2002	3,728	1,088	7,014	11,830
2003	2,729	1,025	4,576	8,330
2004	5,168	356	4,677	10,201
2005	6,968	1,253	10,031	18,252

Source: NYC Housing Preservation and Development

The decline in the number of city-owned vacant buildings has continued from 1,763 in FY 1994 to 221 in FY 2005 as a result of the city's continuing success in rehabilitating its vacant buildings and returning them to the private sector (**Figure 7-2**). The city's stock of vacant buildings will continue to decline in future years, as buildings are completed and returned to tax rolls.

At the end of Fiscal 2005, the total number of units in occupied buildings in HPD's central management portfolio was 1,114 compared to 1,970 at the end of FY 2004 and over 30,000 in FY 1994. This inventory is the smallest since the late 1970's when HPD first assumed management of in rem residential property. The Department of Housing Preservation and Development attributes the high rate of in rem sales since FY 1996 to the success of its Building Blocks initiative.

Figure 7-2
HPD's *In Rem* Inventory
Occupied and Vacant Buildings/Units
FY 1994-2005

Fiscal Year	Occupied Buildings	Units	Vacant Buildings	Units	Total Buildings	Units
1994	2,992	30,358	1,763	13,675	4,755	44,033
1995	2,885	27,922	1,521	11,190	4,406	39,112
1996	2,684	24,503	1,349	9,971	4,033	34,474
1997	2,484	22,298	1,139	8,177	3,632	30,475
1998	2,232	19,084	1,029	7,511	3,253	26,595
1999	1,905	15,333	869	6,664	2,774	21,997
2000	1,730	13,613	805	6,295	2,535	19,908
2001	1,203	8,299	633	4,979	1,836	13,278
2002	919	5,715	524	3,762	1,443	9,477
2003	610	4,049	367	2,370	977	6,419
2004	373	1,970	275	1,806	648	3,776
2005	235	1,114	221	1,294	456	2,408

Source: NYC Housing Preservation and Development

Privately-Owned Residential Permits

According to the U.S. Census Bureau, the total number of new privately-owned residential permits issued citywide increased by 87.5%, from 2001 to 2005. New York, Kings and Queens Counties had the most permits issued in 2005. Kings and New York counties experienced increases of 32.3% and 86.5% in total permits issued over the year (**Figure 7-3**).

There were 5,438 permits issued for one and two family residential buildings in 2005; the largest number was issued in Queens (2,152). In 2005, New York Country was issued the most permits for three units or more residential buildings at 8,488, while the Bronx, Queens and Kings Counties had impressive numbers of permits issued that ranged from 4,414 to 7,997.

Figure 7-3
2005 New Privately-Owned Residential Units based on Building Permits
United States Census Bureau
NYC

County	2001	2002	2003	2004	2005	Total 2001-2005	% Change 2001-2005	% Change 2004-2005
Bronx								
Single Family	20	18	55	33	29	155	45.0%	-12.1%
Two Family	684	776	600	654	494	3,208	-27.8%	-24.5%
Three and Four Family	520	719	565	1,145	1,376	4,325	164.6%	20.2%
Five and More Family	1,028	113	1,715	3,092	3,038	8,986	195.5%	-1.7%
Total	2,216	2,626	2,935	4,924	4,937	17,638	122.8%	0.3%
Kings								
Single Family	229	189	118	113	105	754	-54.1%	-7.1%
Two Family	916	1,004	1,334	880	926	5,060	1.1%	5.2%
Three and Four Family	771	1,011	1,392	1,882	2,268	7,324	194.2%	20.5%
Five and More Family	1,057	3,043	3,210	3,950	5,729	16,989	442.0%	45.0%
Total	2,973	5,247	6,054	6,825	9,028	30,127	203.7%	32.3%
New York								
Single Family	4	3	1	1	3	12	-25.0%	200.0%
Two Family	10	6	14	6	2	38	-80.0%	-66.7%
Three and Four Family	241	54	7	51	24	377	-90.0%	-52.9%
Five and More Family	5,854	5,344	5,210	4,497	8,464	29,369	44.6%	88.2%
Total	6,109	5,407	5,232	4,555	8,493	29,796	39.0%	86.5%
Queens								
Single Family	142	214	161	265	334	1,116	135.2%	26.0%
Two Family	1,184	1,302	1,446	2,206	1,818	7,956	53.5%	-17.6%
Three and Four Family	726	884	1,194	1,627	1,595	6,026	119.7%	-2.0%
Five and More Family	1,212	1,064	1,598	2,755	3,522	10,151	190.6%	27.8%
Total	3,264	3,464	4,399	6,853	7,269	25,249	122.7%	6.1%
Richmond								
Single Family	1,306	913	1,222	604	829	4,874	-36.5%	37.3%
Two Family	984	774	1,306	1,394	898	5,356	-8.7%	-35.6%
Three and Four Family	4	45	32	11	39	131	875.0%	254.5%
Five and More Family	0	24	38	42	106	210	N/A	152.4%
Total	2,294	1,756	2,598	2,051	1,872	10,571	-18.4%	-8.7%
New York City Total	16,856	18,500	21,218	25,208	31,599	113,381	87.5%	25.4%

Source: U.S. Census Bureau

Bridges

The Department of Transportation manages most of the City's transportation infrastructure, including 790 bridge structures, which includes six tunnels. Of the 790 bridges and tunnels, 19 connect boroughs. Of the remaining 771, a total of 20 percent are in the Bronx, 23 percent are in Brooklyn, 23 percent are in Manhattan, 26 percent are in Queens, and 8 percent are in Staten Island. The four major East River crossings are the Brooklyn Bridge, the Williamsburg Bridge, the Manhattan Bridge, and the Queensboro Bridge. In Calendar 2005, the four bridges had an average daily traffic volume, collectively, of 498,213. Queensboro led with 178,610 (an decrease of one percent from Calendar 2004), followed by Brooklyn with 132,210 (an decrease of 3.9 percent), Williamsburg at 107,030 (a decrease of 3.2 percent), and lastly, Manhattan with 80,363 (an increase of 1.6 percent) **Figure 7-4.**

There are 2,027 bridges in New York City. The Port Authority of New York and New Jersey operates and manages the George Washington Bridge (GWB) and bus station, PATH trains, the Lincoln and Holland tunnels, Newark, LaGuardia and Kennedy airports, and three Staten Island bridges the Bayonne, Goethals and Outerbridge Crossing. The Port Authority is also the co sponsors of two ferry services; Hoboken, NJ to the World Financial Center and from Queens to East 34th Street.

The GWB had a daily traffic volume of 315,066 in 2004, and 304,302 in 2005 **(Figure 7-4).** Staten Island crossings comprised of the Goethals and Bayonne bridges and the Outerbridge Crossing had a combined daily traffic of 174,268 in 2004 and 171,653 in 2005, across both the Arthur Kill and the Kill Van Kull; a decrease of 1.5%. In 2004, the annual average weekday traffic of the Lincoln Tunnel was 125,159 and 126,455 in 2005; an increase of 1.0%. The Holland Tunnel's annual average weekday traffic was 96,171 in 2004 and 96,960 in 2005; an increase of 0.8 percent.

Figure 7-4
New York City Bridges and Tunnels-Annual Average Weekday Traffic Volumes
2001-2005

	2001	2002	2003	2004	2005	% Change 2004-2005
Port Authority's Bridges and Tunnels						
George Washington Bridge	309,310	310,771	319,029	315,066	304,302	-3.4%
Holland Tunnel	43,377	92,557	101,097	96,171	96,960	0.8%
Lincoln Tunnel	106,257	129,511	127,323	125,159	126,455	1.0%
Bayonne Bridge	23,631	21,327	20,208	22,510	21,755	-3.4%
Goethals Bridge	78,196	81,384	75,724	71,532	68,790	-3.8%
Outerbridge Crossing	75,424	76,429	78,650	80,226	81,108	1.1%
Total	***636,195***	***711,979***	***722,031***	***710,664***	***699,370***	***-1.6%***
MTA's Bridges and Tunnels						
Brooklyn Battery Tunnel	13,762	56,976	56,271	54,488	49,043	-10.0%
Henry Hudson Bridge	69,087	70,731	72,209	73,114	70,407	-3.7%
Queens-Midtown Tunnel	72,864	82,834	85,377	86,599	86,063	-0.6%
Triborough Bridge-Manhattan Plaza	102,224	94,759	93,177	97,758	91,898	-6.0%
Bronx-Whitestone	111,764	123,258	113,441	117,591	105,059	-10.7%
Cross Bay	19,626	20,010	20,233	20,460	19,852	-3.0%
Marine Parkway	19,527	21,684	21,745	21,556	19,456	-9.7%
Throgs Neck	104,429	104,535	111,092	112,001	114,973	2.7%
Triborough Bridge-Bronx Plaza	77,631	72,259	74,113	82,810	77,257	-6.7%
Verrazano-Narrows	218,971	212,491	206,444	205,544	193,687	-5.8%
Total	***809,885***	***859,537***	***854,102***	***871,921***	***827,695***	***-5.1%***
DOT's East River Bridges						
Brooklyn Bridge	95,586	121,145	134,444	137,563	132,210	-3.9%
Manhattan Bridge	73,064	66,152	73,767	79,129	80,363	1.6%
Queensboro Bridge	176,469	176,419	184,964	180,369	178,610	-1.0%
Williamsburg Bridge	82,202	103,364	100,243	110,528	107,030	-3.2%
Total	***427,321***	***467,080***	***493,418***	***507,589***	***498,213***	***-1.8%***

Source: New York City Bridge Traffic Volumes 2005, New York City Department of Transportation

The MTA bridges are the Triborough, Throgs Neck, Verrazano Narrows, Bronx Whitestone, Henry Hudson, Marine Parkway Gil Hodges Memorial, and Cross Bay Veterans Memorial; its tunnels are the Brooklyn Battery and Queens Midtown. In 2004, the combined average weekday vehicular volume was 871,921. In 2005 the average weekday volume was 827,695; a decrease of 5.1 percent.

Roadway Repair and Maintenance

The Department of Transportation manages the City's approximately 5,700 miles of streets and highways. During Fiscal 2005, DOT resurfaced a total of 763.9 lane miles of streets and highways, repaired a total of 274,632 potholes, and reconstructed 2.7 million square feet of sidewalks.

Traffic Operations

DOT's Division of Traffic Operations maintains and collects revenue from approximately 78,000 metered spaces, operates 52 municipal parking facilities, and installs and maintains over 1.3 million signs, approximately 11,700 signalized intersections, and over 300,000 streetlights. As of the end of December 2005, approximately 97 percent of the City's 61,000 parking meters citywide were electronic.

The Department installed 196 traffic signals during Fiscal 2005, compared to 191 signals installed during Fiscal 2004. In Fiscal 2005, DOT installed 100 percent of new signals within six months of approval. The Department manufactured 70,897 and installed 138,737 new traffic signs in Fiscal 2005, compared to 66,794 signs manufactured and 124,330 signs installed in Fiscal 2004.

Rapid Transit

The MTA network of subways, buses and railroads move over 2 billion New Yorkers and visitors a year, about one in every three users of mass transit in the United States and two thirds of the nation's rail users. While nearly 85 percent of the nation's workers need automobiles to get to their jobs, four out of five rush hour commuters to New York City's central business district avoid congestion by taking transit services, operated mostly by the MTA.

NYC Transit keeps New York moving, as its subways speed through underground tunnels and elevated structures in the boroughs of Manhattan, Brooklyn, Queens and the Bronx. In Staten Island, NYC Transit's Staten Island Railway links 22 communities. NYC Transit's buses run in all five boroughs, on more than 200 local and 30 express routes. These 235 routes total 1,871 miles. Buses travel about 107 million miles annually. They account for 80 percent of the city's surface mass transportation. Annual average weekday ridership on the buses and subway was 6.9 million in 2004, a decrease of 18.4% from the previous year. Ridership was 7.1 million in 2005; an increase of 2.2% percent from 2001 **(Figure 7-5).** From 2001 to 2005, bus ridership decreased by 0.3 percent and subway ridership increased by 3.4 percent. Long Island Bus average weekday ridership reached 105.3 million, a 0.9 percent increase from 2001.

Commuter Rail

The growth in employment opportunities, incomes and population also increased demand on other transportation links throughout the region. Metro North Railroad's average annual weekday ridership in 2004 was 248,500, and 257,800 in 2005; an increase of 2.1 percent from 2001 **(Figure 7-5).** (This number includes the Harlem, Hudson and New Haven lines as well as the Port Jervis and Pascack Valley lines).

The Long Island Rail Road (LIRR) carried an annual average of 278,400 passengers each weekday in 2004 and 282,400 in 2005; an increase of 1.4 percent **(Figure 7-5).** The LIRR system is comprised of nine branches which currently serve Nassau, Suffolk, Queens, Kings and New York counties.

Figure 7-5
New York City Annual Average Weekday Ridership
(Thousands)

	2001	2002	2003	2004	2005	% Change 2001-2005
MTA/NYC Transit Bus	2,382.7	3,542.7	2,977.9	2,361.3	2,374.8	-0.3%
MTA/NYC Transit Subway	4,579.2	4,590.6	5,566.5	4,612.0	4,737.1	3.4%
Total Bus and Subway	6,961.9	7,043.3	8,544.4	6,973.3	7,111.9	2.2%
MTA Long Island Bus	104.4	104.6	102.4	102.1	105.3	0.9%
MTA Long Island Rail Road	306.2	299.3	339.0	278.4	282.4	-7.8%
MTA Metro-North Railroad	252.5	251.8	251.3	248.5	257.8	2.1%
MTA Staten Island Railway	14.4	13.0	12.3	12.1	12.6	-12.5%
Staten Island Ferry	59.1	61.9	60.0	65.1	58.0	-1.9%
Private Ferries	39.8	62.6	61.2	38.0	35.0	-12.1%
Private Bus	431.7	379.9	398.6	391.3	278.7	-35.4%
Lift-Equipped Private Buses	72.0%	72.2%	73.3%	73.4%	73.0%	1.4%
Local-annual (millions)	98.3	85.9	91.6	90.2	66.6	-32.2%
Express-annual (millions)	14.4	13.0	12.4	11.9	4.7	-67.4%

Source: MTA Annual Report, NYC Department of Transportation

Private Bus Ridership

As a result of the One City, One Fare program, two-fare zones were eliminated and free intermodal transfers between the subsidized franchised buses and the New York City Transit system were established. In Calendar 2005, a total of 71.3 million passengers rode these buses, compared to 102.1 million during Calendar 2004 **(Figure 7-5).** The ridership figures for all private buses dropped significantly due to the gradual transfer of the franchise buses from the Department to the Metropolitan Transit Authority.

Ferry Service

Average weekday ridership on the Staten Island Ferry was approximately 58,000 in Calendar 2005, an decrease of almost 11 percent from Calendar 2004 **(Figure 7-5).** Due to a computer problem with the electronic turnstiles, data was only collected for the first six months of Calendar 2005. The problem has since been corrected, and the system is operating normally. Average weekday ridership on all private ferries combined was 35,000 during Calendar 2005, a decrease of approximately 8 percent from Calendar 2004. This was a result of the reopening of the PATH station in Lower Manhattan in November 2003.

Private ferries are operated on a number of routes between Manhattan and other areas of New York City and between New York City and destinations in New Jersey. The Department of Transportation licenses those operators who pick up or discharge passengers at City-owned docking facilities. In Calendar 2005, approximately 9.8 million passengers were transported on privately operated commuter ferries.

Airports

In 2004, 93.9 million passengers used the region's three airports, and in 2005, the number increased by 6.3% to 9.8 million passengers. Kennedy Airport had an increase of 8.8% percent, over the last year, with LaGuardia and Newark following with increases of 5.8% and 3.7% percents, respectively. Over a five-year period (2001-2005), all three airports had increase in commercial passenger traffic, with Kennedy leading (39.3%), and LaGuardia (14.9%) and Newark (6.3%) following. **(Figure 7-6)**

Figure 7-6
Annual Majort Airport Activity

	2000	2001	2002	2003	2004	2005	% Change 2001-2005	% Change 2004-2005
John F. Kennedy								
Commercial and Non-Commercial Flights								
Total	345,311	294,026	287,657	280,318	320,014	349,406	18.8%	9.2%
Domestic	220,813	180,792	180,766	174,156	205,497	231,042	27.8%	12.4%
International	124,498	113,234	106,891	106,162	114,517	118,364	4.5%	3.4%
Commercial Passenger Traffic								
Total	32,827,864	29,350,052	29,939,212	31,736,489	37,575,457	40,880,497	39.3%	8.8%
Domestic	14,159,880	13,361,480	14,602,878	16,436,858	20,088,422	22,095,542	65.4%	10.0%
International	18,667,984	15,988,572	15,336,334	15,299,631	17,487,035	18,784,955	17.5%	7.4%
Cargo (short tons)								
Total	1,864,422	1,521,498	1,686,551	1,740,043	1,790,448	1,744,188	14.6%	-2.6%
Domestic	457,539	390,430	426,711	460,798	472,242	428,076	9.6%	-9.4%
International	1,406,883	1,131,068	1,259,840	1,279,245	1,318,206	1,316,112	16.4%	-0.2%
LaGuardia								
Commercial and Non-Commercial Flights								
Total	384,555	367,871	362,439	374,961	399,775	404,853	10.1%	1.3%
Domestic	362,280	348,734	343,316	355,907	377,669	381,263	9.3%	1.0%
International	22,275	19,137	19,123	19,054	22,106	23,590	23.3%	6.7%
Commercial Passenger Traffic								
Total	25,360,034	22,519,874	21,986,679	22,482,770	24,453,203	25,878,601	14.9%	5.8%
Domestic	24,013,839	21,375,263	20,869,575	21,435,246	23,191,610	24,407,472	14.2%	5.2%
International	1,346,195	1,144,611	1,117,104	1,047,524	1,261,593	1,471,129	28.5%	16.6%
Cargo (short tons)								
Total	20,190	16,474	11,709	12,333	14,096	16,006	-2.8%	13.5%
Domestic	19,299	15,765	11,321	11,989	13,817	15,689	-0.5%	13.5%
International	890	709	388	344	279	317	-55.3%	13.6%
Newark								
Commercial and Non-Commercial Flights								
Total	450,289	439,275	405,817	406,879	437,446	436,244	-0.7%	-0.3%
Domestic	385,563	374,406	342,851	340,387	364,752	359,980	-3.9%	-1.3%
International	64,726	64,869	62,966	66,492	72,694	76,264	17.6%	4.9%
Commercial Passenger Traffic								
Total	34,188,701	31,100,491	29,220,775	29,450,514	31,893,372	33,072,769	6.3%	3.7%
Domestic	25,788,493	23,483,246	21,847,809	21,781,881	23,035,255	23,707,764	1.0%	2.9%
International	8,400,208	7,617,245	7,372,966	7,668,633	8,858,117	9,365,005	22.9%	5.7%
Cargo (short tons)								
Total	1,070,380	918,705	909,772	975,595	995,256	957,465	4.2%	-3.8%
Domestic	824,598	705,963	728,039	738,065	739,005	718,357	1.8%	-2.8%
International	245,781	212,741	181,733	237,530	256,251	239,108	12.4%	-6.7%

Source: 2004 and 2005 Airport Traffic Report, Port Authority of NY & NJ

Cargo activity decreased at Kennedy and Newark airports from 2004 to 2005. However, over the last five years, international cargo at Kennedy increased by16.4%, and increased by 12.4% at Newark. Domestic volumes reached 1.16 million tons in 2005, a 3.3 percent decrease from 2004.

Oceanborne Shipping

Oceanborne general cargo increased 10.4 percent, to 28 million long tons in 2005. In 2005, the number of imports accounting for all of the cargo growth, increased by 37.2 percent, to 20.2 million tons. The total oceanborne bulk cargo increased by 5.7 percent from 2001 to 2005 **(Figure 7-7).**

Figure 7-7
Port of New York and New Jersey Oceanborne Cargo Tonnage
(in metric tons)

	2001	2002	2003	2004	2005	% Change 2001-2005
Oceanborne General Cargo						
Total	**20,001,362**	**21,633,277**	**23,538,926**	**25,474,164**	**28,132,497**	**40.7%**
Imports	13,873,067	15,587,567	16,926,159	18,572,460	20,236,519	**45.9%**
Exports	6,128,295	6,046,709	6,612,767	6,901,704	7,895,978	**28.8%**
Oceanborne Bulk Cargo						
Total	**53,548,466**	**48,479,847**	**54,926,615**	**55,169,827**	**56,621,526**	**5.7%**
Imports	51,403,246	44,346,340	51,953,591	51,768,248	53,449,638	**4.0%**
Exports	2,145,221	4,133,507	2,973,024	3,401,579	3,171,888	**47.9%**

Source: Port of New York and New Jersey

Automobile Use and Availability

In 2005, the number of residential and commercial passenger car registrations decreased by 9.2% in New York City since 2001 **(Figure 7-8).** From 2004 to 2005, the number of passenger car registrations decreased in the Bronx and Queens. Brooklyn had the largest decrease in auto registration over the last five years with a decrease of 14.8% while Richmond County was the only county to increase its car registration by 1.2% over the same period of time.

Figure 7-8
Standard Vehicle Registration

County	2000	2001	2002	2003	2004	2005	% Change 2001-2005	% Change 2004-2005
Bronx	248,197	249,785	235,939	222,093	215,300	214,812	**-14.0%**	**-0.2%**
Kings	440,510	426,786	399,082	216,507	362,289	363,450	**-14.8%**	**0.3%**
New York	227,043	229,715	223,111	371,378	215,521	217,094	**-5.5%**	**0.7%**
Queens	706,843	700,531	675,833	651,135	639,849	638,948	**-8.8%**	**-0.1%**
Richmond	231,101	235,660	235,809	235,957	236,989	238,454	**1.2%**	**0.6%**
New York City	**1,853,694**	**1,842,477**	**1,769,774**	**1,697,070**	**1,669,948**	**1,672,758**	**-9.2%**	**0.2%**

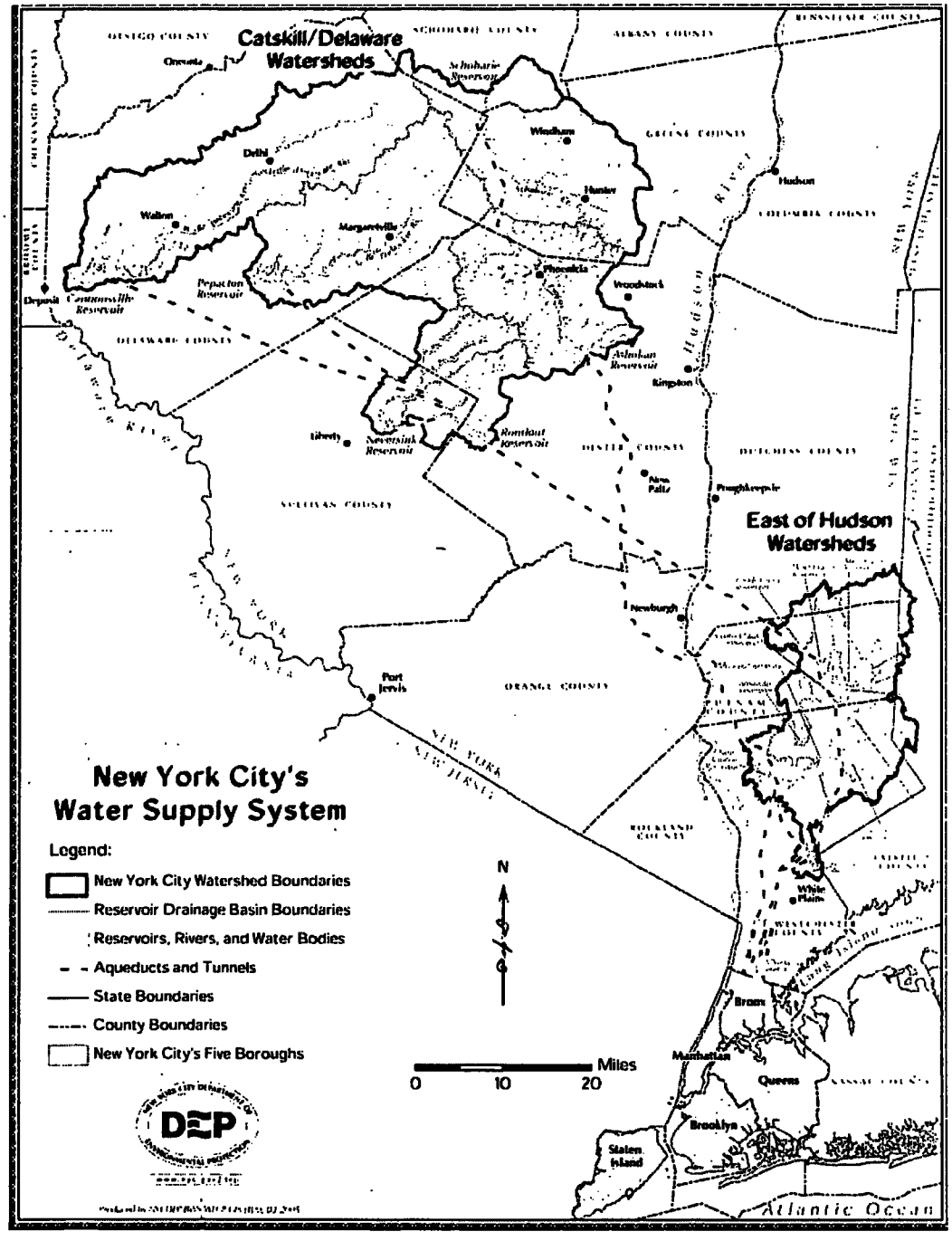
Source: NYS Department of Motor Vehicles

Water Supply

All New York City consumers rely on water supplied by the City from its upstate reservoirs. Most of the City depends on the Catskill-Delaware ("Cat-Del") Supply, largely from watersheds west of the Hudson River in the Catskills. However, parts of the Bronx and Manhattan depend on the Croton Supply, from east-of-Hudson sources mostly

in Westchester and Putnam Counties. In the area of southeastern Queens, formerly the NYC service area of the Jamaica Water Supply Company which was acquired by the City in May 1996, water pumped from underground aquifers is mixed with the Cat-Del Supply (**Figure 7-9**).

Figure 7-9
Watersheds and transmission systems of the Cat-Del and Croton Supplies



The six collecting reservoirs in NYC's West-of-Hudson Catskill-Delaware System draw from some 1600 square miles of watershed drainage areas; that supply is transmitted through the Catskill and Delaware Aqueducts to the System's balancing and distribution reservoirs, Kensico and Hillview. The 12 collecting reservoirs in NYC's Croton System draw from a 375 square mile watershed; the Croton supply is transmitted to the Jerome Park distribution reservoir via the New Croton Aqueduct. The storage capacity of the entire NYC reservoir system is 580 billion gallons.

The quality of the water delivered to New York City consumers continues to be high, meeting virtually all Federal and State health-related drinking water quality standards.

Moreover, there is plenty of it. Normally, demand for New York City supply is well within available resources, and as the City's water conservation programs take hold, demand has descended to the level of "safe yield" -- the supply that would be available in a replay of the worst recorded drought, 1961-1966.

Drinking Water Quality

1. Coliform

Coliform bacteria levels in distribution system samples remained extremely low. The federal Total Coliform Rule, which went into effect in 1991, requires enhanced surveillance of water distribution systems for total coliform bacteria and *Escherichia coli* (*E. coli*). Although *E. coli* does not itself cause disease except in rare cases, its presence can indicate contamination by disease-causing organisms ("pathogens"). In calendar year 2005, 10,773 compliance samples were collected in the distribution system, of which 37 were positive for total coliform and no samples were positive for *E. coli*. **(Figure 7-10)**.

Figure 7-10
Total Coliform and E. Coli in the NYC Distribution System
1995-2005

Year	Number of Samples	Total Coliforms		E. coli Positives	
		Number	% of Total	Number	% of Total
1995	10,364	17	0.20%	0	0%
1996	10,178	26	0.30%	0	0%
1997	11,069	24	0.20%	1	0%
1998	11,380	26	0.20%	1	0%
1999	11,389	26	0.20%	0	0%
2000	11,001	32	0.30%	1	0%
2001	11,114	27	0.20%	0	0%
2002	11,223	22	0.20%	1	0%
2003	11,065	28	0.30%	3	0%
2004	11,074	21	0.20%	3	0%
2005	10,773	37	0.30%	0	0%

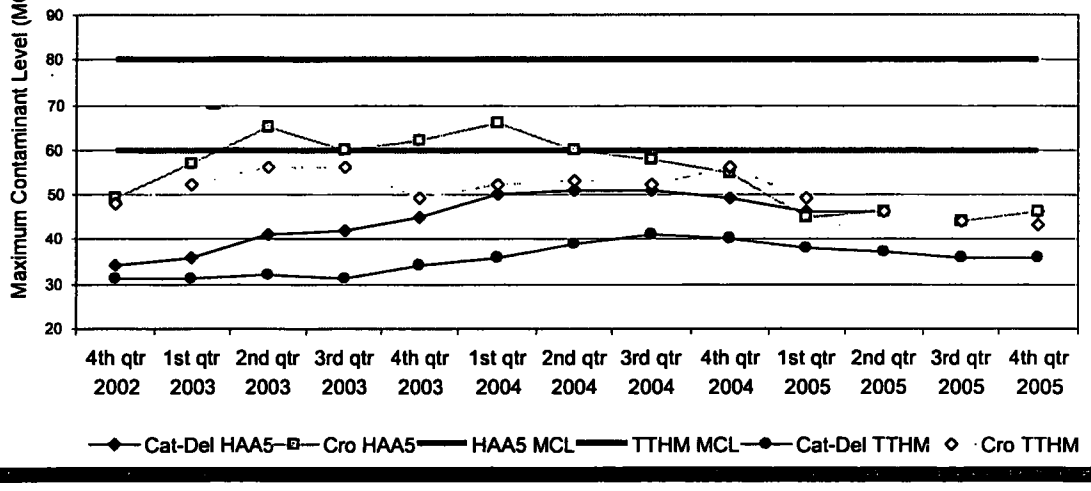
Source: NYC Department of Environmental Protection

2. Organics and Inorganics

During calendar year 2005, New York City's drinking water met all health related standards for organic and inorganic chemicals. Usually, the only organic chemicals of concern observed in the City's surface water supply are disinfection by-products (DBPs),

especially trihalomethanes (TTHMs) and five haloacetic acids (HAA5s). These organic compounds are formed when chlorine reacts with organic material in the raw water supply. The federal standards regulating TTHMs and HAA5s are 80 µg/L and 60 µg/L respectively. In 2005, none of the Quarterly Running Averages of TTHM and HAA5 samples from the Catskill-Delaware, Croton, and Groundwater Service Areas exceeded the present standards (**Figure 7-11**). While levels of DBPs in NYC drinking water continue to be well below the present standards, studies suggest that, for some people, long-term exposure to DBPs (20 to 30 years) may be associated with certain types of cancer. In addition, more recent health studies have reported potential associations between chlorinated drinking water and reproductive and development health effects. Because of past exceedances in the Croton System, DEP is moving ahead with the construction of a Croton filtration plant that will remove DBP precursors from the raw water supply and therefore reduce DBP levels. Until the plant is constructed, DEP will be instituting additional measures to minimize TTHMs and HAA5s in city water without sacrificing disinfection.

Figure 7-11
Total Trihalomethanes (TTHM) and Haloacetic acids (HAA5) in NYC's Catskill-Delaware and Croton Systems
Quarterly Running Average



In 2005 the system did experience some exceedances of secondary standards which are related to contaminants that generally affect the aesthetic qualities of drinking water such as taste, color, and odor. In the Catskill/Delaware System there were exceedances of iron and manganese. Iron has no associated health effects, and the Food and Nutritional Board of the National Research Council determined an estimated safe and adequate daily dietary intake of manganese to be 2000-5000 µg/L for adults, well above the levels found in New York City water.

In the Groundwater System, pH was elevated at site 76850 (St. Albans, 11412), which received water from Well 5. Elevated laboratory pH readings above 8.5 were detected on

1/03/05, 2/05/05, and 3/09/05. On 2/05/05 and 3/09/05 samples were also collected from the downstream sampling station at site 76850 which had pH values of 7.5 and 7.1, respectively. The elevated pH values may have been a result of 1) the treatment process at Well 5 which increases pH, 2) stagnation of the water flow between the groundwater and surface water which mixes at this location, and/or 3) the influence from new water main construction in the area. On 3/29/05 sampling at site 76850 indicated Catskill/Delaware surface water had a pH value of 8.8 and a low chlorine residual of 0.12 mg/L. Sampling was performed at the downstream sampling station and had a pH of 7.3. This further demonstrates the fluctuation between surface and groundwater at this location.

In general, DEP's testing for over 120 organic chemicals, including pesticides, herbicides and other synthetic or volatile organic compounds, nearly always shows no detectable levels of these substances; and in the few cases when compounds have been detected they are at extremely low levels.

3. Lead and Copper

Tests indicate there is rarely a detection of lead in the City's water distribution system, even though lead is found at some consumers' taps. The problem arises when the water leaves the water main, where it can absorb lead from service lines or solder, fixtures, and pipes found in the plumbing of some buildings or homes. The federal Lead and Copper Rule (LCR) requires all water suppliers to collect samples from the water taps of residential buildings identified as most at risk for exposure to lead from plumbing sources.

In 2004 the New York State Department of Health issued DEP a Notice of Violation of the LCR. This violation was in relation to DEP's reporting of past data collected under the LCR. Despite the violation, DEP's lead program has proven highly effective in reducing lead exposures through drinking water. As a result of the City's Corrosion Control Program, which began in October 1992, the 90th percentile lead level at-the-tap of selected "worst case" sites has been reduced in the surface water systems from 55 parts per billion (ppb) to 13 ppb in 2005, below the 15 ppb lead Action Level. The Groundwater System, acquired in 1997, had an at-the-tap 90th percentile lead level of 5 ppb in 2005.

In 2005 the 90th percentile levels for copper were 0.268 parts per million (ppm) and 0.326 ppm for the surface water and groundwater systems respectively, continuing to be well below the 1.3 ppm Action Level for copper.

4. Source Water Quality Highlights

New York City delivers unfiltered water of excellent quality from all three of its upstate water sources, in the Catskill, Delaware and Croton watersheds. Under the federal Surface Water Treatment Rule, all surface drinking water supplies must be filtered unless strict conditions for "Filtration Avoidance" can be met. The City's Catskill and Delaware supplies meet the objective water quality standards for Avoidance, including source water standards for fecal coliform and turbidity.

For the Catskill and Delaware Supplies, the City has secured a series of Filtration Avoidance Determinations from the EPA based on the comprehensive program of watershed protection developed and implemented by the City. For the Croton Supply, the City has agreed to construct a filtration plant, based on a history of periodic taste and odor problems and to ensure compliance with federal regulatory standards on disinfection byproducts and microbiological removal. Construction of the filtration plant is expected to be completed by 2011.

5. Water Treatment Events

Due to several significant rain events in 2005, water quality in the City's reservoirs experienced high turbidity levels, especially in the Catskill System. DEP requested and received permission from the State Departments of Health and Environmental Conservation (NYSDOH and NYSDEC) to add aluminum sulfate (alum) and sodium hydroxide to Catskill water as it enters Kensico Reservoir on an emergency basis to reduce turbidity levels within the reservoir. DEP had a treatment technique violation in June 2005 for water entering the Delaware Aqueduct at the Kensico Reservoir which exceeded 5 nephelometric turbidity units (NTUs). This event occurred downstream of the alum addition, and was therefore not controlled by chemical treatment. However, operational changes were made to prevent turbid water from flowing into the City. At the time of the event, the New York City Department of Health and Mental Hygiene (DOHMH) decided to issue a drinking water advisory for immuno-compromised New Yorkers. However, it is important to note that turbidity has no health effect, but it can interfere with disinfection and provide a medium for microbial growth.

In addition, starting on November 29, 2004 through the first three months of 2005, there were periods when redundant (back-up) chlorine feed line at Kensico Reservoir, servicing the Catskill Water Supply System, was not operating optimally or was inoperable. However, federal and State disinfection requirements were met throughout these periods. The failure to provide ongoing, redundant components to the chlorine disinfection system serving the public is classified as a treatment technique violation requiring public notification. A complete replacement of the Catskill chlorination feed lines was completed and operational on October 13, 2005.

Lastly, due to a delay in awarding the contract for replacing flow-paced fluoride dosing equipment there was a subsequent delay in installing the equipment which was required by December 31, 2005. The upgrading and repair work of the fluoride feed system in 2005 led to a brief period when fluoride was not continuously supplied to the Catskill/Delaware System. NYSDOH Bureau of Dental Health has indicated that a brief interruption of fluoridation to the Catskill/Delaware System is not expected to have a significant impact on dental health.

Sufficient Supply

During 2005, average daily consumption of water within New York City was 1107.6 million gallons per day (mgd), including 2.2 mgd supplied from Queens groundwater. Total demand for the City's upstate supplies was 1231.0 mgd, including 123.4 mgd

supplied to upstate communities. (**Figure 7-12** shows average daily demand for NYC supplies both within the City and in upstate communities from 1997 – 2005. It also shows the sources – upstate surface supplies and Queens groundwater – used to meet those demands.)

Figure 7-12
Average Daily Demand & Supply
City and Upstate Demand, NYC and Groundwater Supplies
1997-2005

Year	Demand (mgd)			NYC Suppplies (mgd)	
	Total	City	Upstate	Surface Sources	Queens Groundwater
1997	1,329.1	1,206.0	123.1	1,307.5	21.6
1998	1,344.7	1,220.0	124.7	1,314.0	30.7
1999	1,365.7	1,237.2	128.6	1,346.2	19.5
2000	1,365.3	1,240.4	124.9	1,353.7	11.6
2001	1,312.5	1,184.0	128.4	1,300.3	12.2
2002	1,256.7	1,135.6	121.1	1,244.6	12.1
2003	1,209.6	1,093.7	115.9	1,201.0	8.6
2004	1,217.1	1,099.6	117.5	1,210.7	6.4
2005	1,231.0	1,107.6	123.4	1,228.8	2.2

Source: NYC Department of Environmental Protection

As already noted, the average normal demand for New York City water supply is falling to the System's "safe yield" in the drought of record, 1,290 mgd, due to the City's extensive water conservation program and new conservation technology. This reduction in consumption reduces the City's need to identify new sources of supply to meet new normal demand. Alternative permanent and temporary sources will still need to be identified in order to provide sufficient coverage when one of the City's aqueducts is out of service for inspection or repair for an extended period. The reduced average daily demand also results in reduced need to expand the capacity of the systems that handle sanitary sewage (i.e. used water supply), including sewage treatment plants.

Current Plans

Drinking Water Quality

During 2005 the City continued to make considerable progress in its comprehensive program to protect drinking water quality, including initiation of many of the water quality programs set forth in the New York City Watershed Memorandum of Agreement. The MOA, finalized on January 21, 1997, was signed by New York City, New York State, and the US Environmental Protection Agency (EPA), by Westchester and Putnam counties east of the Hudson River and the Coalition of Watershed Towns west-of-Hudson and by an Ad Hoc Environmental Coalition. These watershed protection programs, created by the MOA, are described below.

1. Distribution System Monitoring

The quality of New York City water is continuously evaluated as it enters the distribution system, and samples taken throughout the City are tested for a broad spectrum of microbiological, chemical and physical criteria. In 2005, the Department of Environmental Protection collected over 33,200 samples in the City and approximately 410,600 analyses were performed of these samples.

Two tests, which are critical for ensuring the microbiological safety of the water supply, are for coliform, as an indicator of contamination, and chlorine residual, as an indicator of continued disinfection capacity. Under the federal Total Coliform Rule, New York City is required to collect and analyze 480 compliance samples per month. In practice, over 900 compliance samples are analyzed. Another 400 samples are analyzed under DEP's Surveillance Monitoring Program. The Surveillance Monitoring Program, while not required by regulation, assures early detection of water quality fluctuations and better process control.

In addition, tests for organic and inorganic chemicals and physical parameters are performed on a regular basis. Samples collected from sites throughout the distribution system are analyzed each month for over 100 chemicals and yearly for over 50 additional contaminants including pesticides, herbicides, volatile organic chemicals, synthetic organic chemicals and PCBs.

2. Waterborne Disease Risk Assessment Program

During the past few years, considerable attention has been directed towards the pathogenic protozoans *Giardia lamblia* and *Cryptosporidium parvum*. These microbes are of special concern to water suppliers everywhere because they are found in virtually all surface water supplies and may cause gastrointestinal illness in the form of diarrhea and/or vomiting. In addition, *Cryptosporidium* is resistant to chlorination and there are no proven, effective medications to treat cryptosporidiosis, the disease it causes. While cryptosporidiosis is self- limiting in the general population, it can be very serious for individuals with severely compromised immune systems, including AIDS patients. The City's construction of the ultraviolet disinfection plant for the Cat-Del system and the filtration plant for the Croton system will further limit the risk of giardiasis and cryptosporidiosis.

Figure 7-13
Giardiasis and Cryptosporidiosis
Number of Cases and Case Rates
New York City, 1997-2005

Year	Giardiasis		Cryptosporidiosis	
	Number of Cases	Rate per 100,000	Number of Cases	Rate per 100,000
1997	1,787	22.9	172	2.2
1998	1,961	24.9	208	2.6
1999	1,896	23.9	261	3.3
2000	1,770	22.1	172	2.1
2001	1,525	19.0	123	1.5
2002	1,419	17.7	148	1.8
2003	1,212	15.1	125	1.6
2004	1,088	13.6	138	1.7
2005	875	10.9	148	1.8

Source: NYC Department of Environmental Protection

In response to these concerns, DEP has developed and implemented a Waterborne Disease Risk Assessment Program, in collaboration with the NYC Department of Health and Mental Hygiene. Goals of the Program are: (a) to obtain the best possible data on the rates and demographics of giardiasis and cryptosporidiosis, along with demographic and risk factor information on case patients; (b) to provide a system to track diarrheal illness to assure rapid detection of outbreaks; and (c) to determine the contribution (if any) of tap water consumption to gastrointestinal disease. In order to achieve these goals, three program components were developed: active disease surveillance, outbreak detection, and epidemiological studies.

Active laboratory-based surveillance and interviews of all cases began in July 1993 for giardiasis and in January 1995 for cryptosporidiosis. (**Figure 7-13** shows the case numbers and case rates [rate per 100,000 population] for both giardiasis and cryptosporidiosis for the period 1997 through 2005.)

In addition, the City has implemented a number of systems to detect outbreaks using surrogate indicators for diarrheal illness. Indicators that are tracked include: sales of anti-diarrheal medication, clinical laboratory stool submissions and emergency room visits. The City also has close ties with nine sentinel nursing homes around the city that report outbreaks of gastrointestinal illness in their patients and provide stool specimens for testing when an outbreak is identified.

3. Lead in Drinking Water Program

DEP's Lead in Drinking Water Program has two main elements: a federally mandated Lead and Copper Monitoring Program and a Free Residential Testing Program.

During the second half of 2005, 117 surface water and 79 groundwater samples were analyzed under the federally mandated Compliance Monitoring Program. In addition, for the entire 2005 calendar year, 2232 samples were analyzed under the Free Residential Testing Program. The Free Residential Testing Program allows all New York City residents to have their tap water tested for lead free of charge. If an excessive lead level

is detected, DEP suggests the resident retest the water, and advises the resident of ways to minimize exposure to lead from tap water. The Residential Testing Program is the largest of its kind in the Nation: over 70,000 sample collection kits have been distributed since the start of the program in 1992.

In response to the 2004 notice of violation from the State Health Department, in 2005, DEP re-instituted a lead public education program, returned to semi-annual at-the-tap monitoring in the distribution system, began monitoring the surface and groundwater systems separately for lead, and established a program to replace City-owned lead service lines (LSLs). Working with other City agencies through an inter-Agency Task Force, 50 City-owned LSLs were identified and replaced. DEP is currently in discussions with NYSDOH and DOHMH to assess the necessity of further activities under the NOV. In the meantime, DEP continues in its efforts to inform the public of the health effects associated with lead and to suggest ways to minimize exposure from all sources.

Watershed Protection Programs

In November 2002, DEP secured an additional 5-year waiver from the federal filtration requirement for the Cat-Del system. The City's continued success in securing these filtration waivers is testament to the high quality of Cat-Del source water and the significant achievements of the watershed protection program. As part of the waiver, DEP agreed to expand certain existing programs and initiate several new programs in certain areas.

- Acquisition of Watershed Lands – Since January 1997, when the City received a State permit to acquire lands in the watershed, the Department of Environmental Protection has solicited owners of more than 380,000 acres of Catskill and Delaware land. Of these, the City has secured – in fee simple or under conservation easements – over 61,000 acres from willing sellers. The City-funded program to acquire permanent easements on farmland, managed by the Watershed Agricultural Council, has secured more than 14,000 additional acres in the Cat/Del. The City has secured another 2,670 acres in the Croton system since 1997.

- Septic Rehabilitation and Replacement Program - The City has set aside more than $28 million to address failing septic systems in the West of Hudson Watershed. In addition, the Catskill Watershed Corporation has added another $3 million of City funds to the program. Failing septics can be a significant source of pathogens and nutrients, two pollutants of concern in the Watershed. Approximately 2,300 septic systems have been repaired or replaced to date.

- Wastewater Treatment Plant Upgrades - Under the revised watershed regulations, which went into effect in 1997, all existing wastewater treatment plants (WWTPs) in the Watershed must be upgraded to tertiary treatment. DEP agreed to fund those upgrades and developed a program to accomplish the upgrades of all 102 non-City-owned WWTPs. Facilities that account for more than 96% of the permitted flow in the West of Hudson watershed have completed upgrades.

Preliminary design plans have been approved for facilities that account for nearly 90% of the wastewater flow from East of Hudson plants that are actively participating in the Upgrade Program. Facilities in the program accounting for 50% of East of Hudson flow either have begun construction or completed upgrades.

- In addition, City funds are being used to construct new wastewater treatment plants in areas where septic systems are failing or are likely to fail; to extend sewers from upstate City-owned wastewater treatment plants to areas with known water quality problems; to enhance protection against stormwater runoff, a major source of reservoir pollution; and to continue implementation of the Watershed Agricultural Program, a cooperative upstate/downstate partnership that seeks to reduce pollutant runoff from watershed farms while maintaining the economic viability of the watershed farming sector.

Special Kensico Research Program

Under normal operating conditions, Kensico Reservoir, in central Westchester County, serves as the terminal reservoir for the City's Catskill and Delaware Systems -- the last reservoir before the supply is disinfected. Because of its critical role, Kensico has been the subject of intensive study and a comprehensive plan to control potential sources of pollution.

DEP has implemented a program of waterfowl control at the reservoir, which has led directly to a reduction in reservoir coliform levels; construction of best management practices to control stormwater runoff; and inspection and repair of sewer lines in and around the basin.

As a result of these initiatives, water quality in Kensico remains high and the City continues to meet all applicable standards for drinking water.

Sufficient Supply

The focus of City efforts to ensure sufficient long-term supply is a series of programs to manage demand.

The Universal Water Metering Program, begun in 1988, is 97% complete, approaching the goal of installing a water meter in every residential building in New York City, to measure actual water use. Before the Program began, there were water meters in most non-residential buildings but in only 15% of residential properties. The "frontage" water rates that applied to unmetered residential properties provided no incentive for water saving, since they were unrelated to actual consumption, and credible data on residential consumption patterns were virtually non-existent.

As stated above, 97% of the City is now metered. The remaining unmetered properties include technically difficult situations, vacant and exempt properties and approximately 11,000 properties that have refused to meter and have been assessed with a 100% surcharge on their annual flat-rate water/sewer bill.

DEP currently conducts a Residential Water Survey Program, providing free leak inspections and reports, showerheads and aerators to residential customers. Through FY 2006, more than 450,000 housing units had been surveyed. DEP is planning new incentive programs for replacement of old toilets, urinals and clothes washers for 2008-2010 aimed at reducing water use by approximately another 60 MGD.

Even with a decreasing "water supply deficit" -- a narrowing gap between normal-year demand and drought-year safe yield -- DEP is studying options for augmenting City supply, on either a routine or an emergency basis, to meet long-term need.

In the Brooklyn-Queens Aquifer Study, DEP is investigating expanded use of groundwater from within the City. In some neighborhoods, such a system of groundwater withdrawals would have the additional benefit of alleviating chronic flooding of sub-surface structures, including basements and subways. DEP is also continuing the development of a computer model of the reservoir system for both planning and operations, to optimize the management of existing supplies.

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CHAPTER EIGHT: THE ENVIRONMENT

Solid Waste Disposal

The Department of Sanitation operates 59 district garages and manages a fleet of 2,040 rear-loading collection trucks and 450 mechanical brooms. Each day approximately 11,900 tons of household and institutional waste is collected. The Department clears litter, snow and ice from approximately 6,000 City street miles, and removes debris from vacant lots as well as abandoned vehicles from City Streets.

During FY 2004 DSNY collected 3,525,714 tons of residential solid waste, and 3,288,271 tons in FY 2005, an increase of 10.52% from FY 2001. A total of 2,080,782 tons of waste was recycled in FY2004 and 2,103,530 tons in FY2005, an increase of 0.97% from FY 2001 (**Figure 8-1**). Fiscal 2005 reflects the first full year of reinstatement of glass into the recycling program. As a result, the amount of garbage disposed by DSNY declined and is expected to decrease further as more recyclables are diverted from the waste stream.

Figure 8-1
New York City Solid Waste

	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	% Change FY 2001 FY 2005
Tons collected from residential buildings	2,975,288	2,999,340	3,461,667	3,525,714	3,288,271	10.52%
Tons Disposed at Landfill	813,672	0 *	N/A	N/A	N/A	-100.00%
Tons Disposed of in Other Non-City Locations	2,702,674	3,359,670	3,799,294	3,772,226	3,588,499	32.78%
Tons Disposed of in Incinerators	N/A	N/A	N/A	N/A	N/A	N/A
Tons Recycled (all programs)	2,083,224	1,868,880	1,829,336	2,080,782	2,103,530	0.97%

Source: NYC Department of Sanitation

Street Cleanliness

In FY 2005, for the first time in the 31 year history of tracking this statistic, the annual rating of acceptable street cleanliness set a new record of 91.5 percent. This is the highest annual rating since the City began tracking this statistic in 1974. In addition, out of a total of 230 individual sanitation sections, none was rated dirty or marginal, compared to one in Fiscal 2004 and 30 in Fiscal 2003. The Department attributes its strong performance to its focus on problem area most in need of street sweeping and rubbish removal. DSNY significantly increased their number of scheduled litter basket routes from 69 to102; almost 100 percent of these routes were completed, which contributed to a reduction in sidewalk and street litter.

In addition, in FY 2001, as a result of DSNY's improved mechanical broom route scheduling, new regulations were implemented that require vehicle owners to move their cars for only 30 minutes on commercial or metered streets and 90 minutes on residential streets (compared to the one and three hours respectively that were required). The improved route scheduling also allows DSNY to clean more frequently on commercial streets. These regulations remain in effect in FY2005 for 53 of the city's 59 districts. In FY 2005 DSNY completed 45,796 of the 45,834 mechanical broom routes.

Physical Environment
New York City's physical environment is good in most respects and is improving overall.

While the City's air quality is improving, it still does not meet the national ambient air quality standards ("NAAQS") for ozone or fine particulate matter (PM-2.5).

Measured by the conventional parameters of coliform, dissolved oxygen and biochemical oxygen demand, the waters around New York have significantly improved over the past 25 years. However, combined sewer overflows remain a problem, and the levels of PCBs and metals in Harbor sediments create critical policy issues for dredging and the future of the Port.

Air Quality
Despite a long-term trend toward improved air quality in New York City, the City continues to be designated by the United States Environmental Protection Agency (EPA) as being in "severe non-attainment" under the national ambient air quality standard (NAAQS) for ground-level ozone, a colorless, odorless gas associated with smog. Ground level ozone causes eye irritation at lower concentration levels and respiratory problems at higher concentrations.

The City was recently designated as being in "moderate non-attainment" for PM-2.5 and Manhattan remains classified as a "moderate non-attainment" area for PM-10. PM-10 and 2.5 designate a variety of solid, semi-solid and liquid particles and droplets with a diameter of 10 microns or less (coarse) and 2.5 microns or less (fine) which can lead to impaired lung functioning, lung cancer and heart attacks. Diesel emissions remain a source of concern for PM levels.

The New York City Metropolitan Area's designation was changed to "attainment" for carbon monoxide. Other "criteria contaminants", including elemental lead, nitrogen dioxide and sulfur dioxide, are not air quality problems in this region.

The Federal Clean Air Act makes the states primarily responsible for developing air pollution control programs and regulations to bring all areas of the state into attainment with the NAAQS for the criteria contaminants, including ozone, carbon monoxide, PM-10 and PM-2.5; New York City and the surrounding counties are required to attain the standards for ozone and particulate matter by 2010. These programs and regulations are assembled in documents called State Implementation Plans (SIPs), which are submitted to EPA.

EPA requires that the entire New York Metropolitan Area be in attainment for region-wide pollutants such as ozone. Therefore, the entire Metropolitan Area would remain in non-attainment if there were upwind exceedances in New Jersey or downwind exceedances in Connecticut even if New York City does not record exceedances of the NAAQS.

Ozone

The original NAAQS for ozone was 0.12 parts per million (ppm) averaged over one hour, referred to as the "one hour standard". In 1997, the US Environmental Protection Agency (EPA) promulgated a more stringent standard: the average of the fourth highest eight-hour averages recorded in each year of the past three years could not exceed 0.08 ppm, referred to as the "eight hour standard". Compliance with the one-hour standard would still have to be demonstrated for non-attainment areas.

Figure 8-2
Air Quality at NYC Monitoring Sites
Ozone
One-Hour Standard
Standard-Maximum one-hour average of 0.12 parts per million (ppm); not to exceed an average of once per calendar year during the past three years. The standard is not exceeded unless the hourly ozone concentration is greater than 0.124 ppm.

Monitoring Sites	1999	2000	2001	2002	2003	2004
The Bronx						
Morrisania II						
Hours exceeding standard	1	--	--	--	--	--
2nd highest 1-hr value (ppm)	0.123	--	--	--	--	--
Botanical Gardens						
Hours exceeding standard	2	0	0	0	0	0
2nd highest 1-hr value (ppm)	0.139	0.095	0.098	0.126	0.104	0.096
IS 52						
Hours exceeding standard	--	--	--	1	0	0
2nd highest 1-hr value (ppm)	--	--	--	0.116	0.107	0.091
Manhattan						
Mabel Dean Bacon HS (shutdown 6/01)						
Hours exceeding standard	0	0	0	--	--	--
2nd highest 1-hr value (ppm)	0.12	0.072	0.083	--	--	--
Queens						
Queens College II (from 7/01)						
Hours exceeding standard	--	--	1	--	0	0
2nd highest 1-hr value (ppm)	--	--	0.123	--	0.106	0.095
College Point PO (from 5/98)						
Hours exceeding standard	0	0	0	0	0	0
2nd highest 1-hr value (ppm)	0.1	0.087	0.105	0.11	0.096	0.081
Queensboro CC (from 5/98)						
Hours exceeding standard	4	1	1	2	--	--
2nd highest 1-hr value (ppm)	0.132	0.106	0.122	0.127	--	--
Staten Island						
Susan Wagner HS						
Hours exceeding standard	3	0	2	1	1	1
2nd highest 1-hr value (ppm)	0.145	0.116	0.127	0.123	0.12	0.108

Source: NYS Department of Environmental Conservation

A lawsuit challenging EPA's promulgation of the eight-hour standard was decided in March 2002. Thereafter, EPA requested that the first step in implementing the new standard be taken and NYS made its recommendations in response. NYS Department of Environmental Conservation (DEC) submitted its recommendations on 8-hour standard non-attainment areas in the state to the EPA in July 2003. DEC has proposed that the

New York Metropolitan Consolidated MSA, consisting of the five boroughs of the City as well as Nassau, Suffolk, Westchester and Rockland counties, be designated as being in moderate non-attainment.

The tables in **Figures 8-2 and 8-3** present data for both the one-hour and eight-hour standards. In 2002, the one-hour standard was exceeded at one site in the City (Susan Wagner High School on Staten Island) for one hour. Also, the three-year average under the eight-hour standard was exceeded at the same site.

Figure 8-3
Air Quality at NYC Monitoring Sites
Ozone
Eight-Hour Standard
Standard-Average of fourth highest 8-Hour averages in each of the past three years cannot be more than 0.08 parts per million (ppm). The standard of 0.08 is not exceeded unless the 8-Hour average is greater than 0.084

Monitoring Sites	2002	2003	2004	3-Year Average
The Bronx				
Botanical Gardens				
4th highest 8-hr average	0.096	0.079	0.074	0.083
IS 52				
4th highest 8-hr average	0.089	0.082	0.069	0.08
Manhattan				
Mabel Dean Bacon HS				
4th highest 8-hr average	--	---	--	--
Queens				
College Point PO				
4th highest 8-hr average	0.082	0.072	0.064	0.072
Queensboro CC				
4th highest 8-hr average	0.089	--	--	--
Queens College 2 (from 7/01)				
4th highest 8-hr average	0.089	0.086	0.075	0.083
Staten Island				
Susan Wagner HS				
4th highest 8-hr average	0.099	0.086	0.083	0.089

Source: NYS Department of Environmental Conservation

Carbon Monoxide

The NAAQS for carbon monoxide (CO) is 9 parts per million averaged over eight hours. The Clean Air Act deadline for attainment was 1995; however, an extension was granted to agencies in the Region because of measured violations in New Jersey. Air monitors throughout the City indicate that the City is meeting the NAAQS for carbon monoxide (**Figure 8-4**), providing support for the City's revised designation as an "attainment" area.

Figure 8-4
Carbon Monoxide
Standard-maximum average of 9 parts per million (ppm) for eight consecutive hours not to be exceeded more than once per calendar year. the standard of 9 ppm is not exceeded unless the 8-Hour average is greater than 9.4 ppm.

Monitoring Sites	1999	2000	2001	2002	2003	2004
Brooklyn						
Flatbush & Tillary						
Days exceeding standard	0	0	0	0	0	0
2nd highest 8-hr value (ppm)	5.0	4.3	3.5	3.4	2.6	2.5
Manhattan						
Canal Street (Shutdown 12/31/01)						
Days exceeding standard	0	0	0	--	--	--
2nd highest 8-hr value (ppm)	4.1	4.2	3.0	--	--	--
34th Street & Third Avenue						
Days exceeding standard	0	0	0	0	0	0
2nd highest 8-hr value (ppm)	4.8	3.3	3.2	3.0	3.0	2.4
Bloomingdales (Shutdown 10/9/01)						
Days exceeding standard	0	0	0	--	--	--
2nd highest 8-hr value (ppm)	4.7	3.9	3.0	--	--	--

Source: NYS Department of Environmental Conservation

Particulate Matter

There are two NAAQSs for particulate matter. The NAAQS for PM-10 is 50 micrograms per cubic meter, measured as an annual arithmetic mean, and for PM-2.5, the NAAQS is a three-year average of 15 micrograms per cubic meter and a 24-hour, standard of 65 micrograms per cubic meter.

The entire City is presently in attainment for PM-10. Monitoring continues for this standard.

The EPA promulgated the current NAAQS for fine particulate matter, PM-2.5, in 1997. The new standard, like the 1997 ozone standard, was challenged in court but ultimately upheld. Measurement of PM-2.5 began at a limited number of sites in 1999 and reached the complete network size in 2001 (**Figure 8-4**). EPA finalized the PM-2.5 non-attainment designations in December 2004 and is currently preparing the implementation rule.

Figure 8-5
Air Quality Monitoring Sites
PM-2.5
(Annual Average)
Standard- 5µg/m3 based upon a three-year average

Monitoring Sites	2001	2002	2003	2004
Manhattan				
J.H.S. 45	15.2	14.1	14.5	13.1
P.S. 59	18.1	15.8	18.6	15.1
P.S. 19	N/A	15.6	16	15.2
Canal Street P.O.	17.6	15.4	15.8	14.4
The Bronx				
Morrisania II	15.9	15.4	15.7	14.4
NY Botanical Garden	14.4	13.5	13.4	12.8
I.S. 52	14.9	14.3	14.8	12.1
Brooklyn				
J.H.S. 126	15.3	14	14.8	14
Queens				
Queens College	14.3	12.8	13.5	12.2
Staten Island				
Susan Wagner	13.1	10.9	11.4	11.3
Port Richmond P.O.	14.5	13.8	13.2	13.3

Source: NYS Department of Environmental Conservation

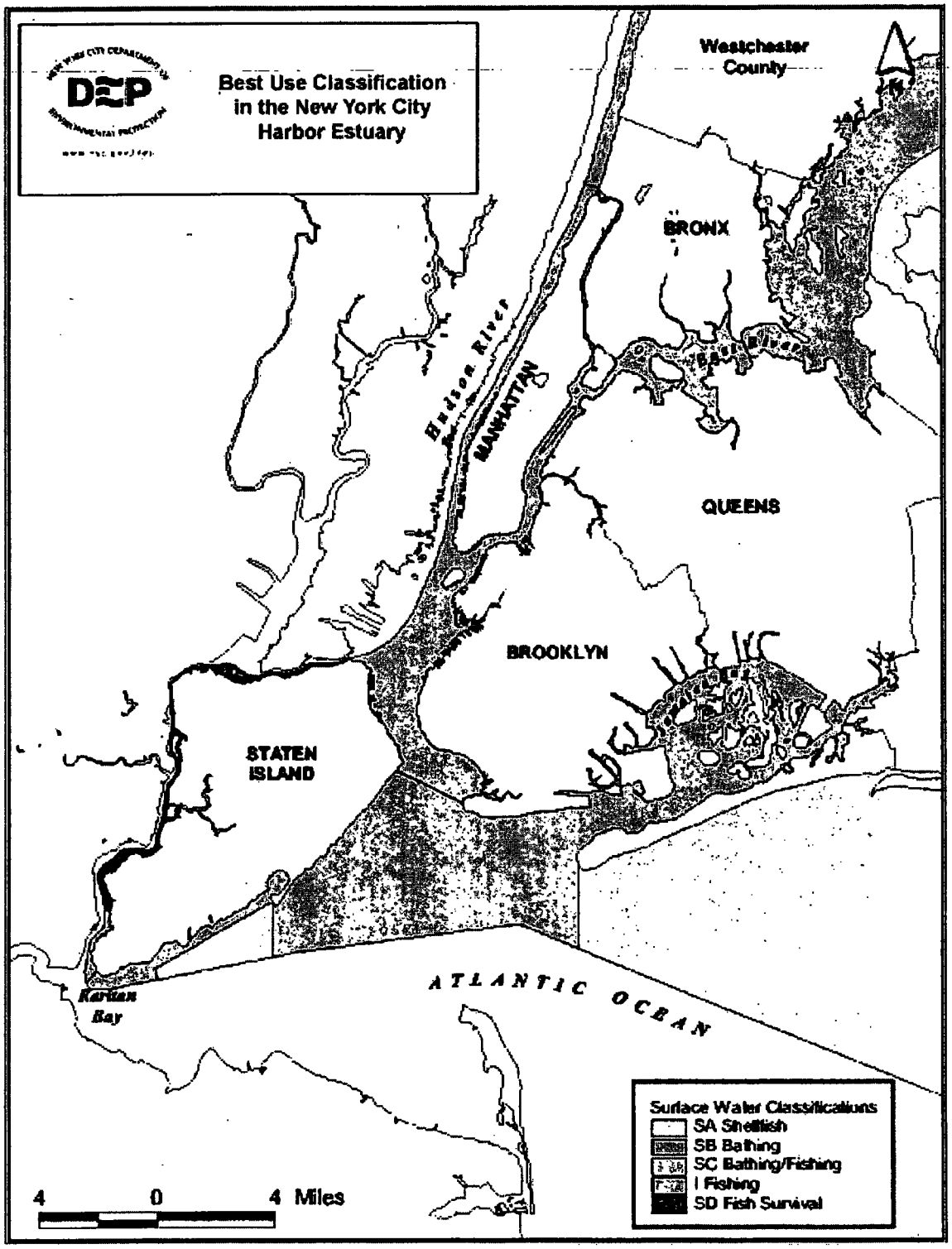
Regulations, such as those being promulgated under Local Law 77, will help in reaching attainment for PM-2.5. The proposed regulations require that the City and its construction contractors use ultra low sulfur diesel fuel in their construction equipment and retrofit this equipment with technology that reduces particulate emissions.

Harbor Waters

Measured using "conventional" parameters commonly used to characterize water quality, fecal coliform, dissolved oxygen and floatables, nearly all Harbor water bodies have improved over the past 25 years, although some problems remain. Those problems can generally be traced to combined sewers, which handle both sanitary wastewater and stormwater runoff. In dry weather, combined sewer flows go to the City's sewage treatment plants. In a heavy rain condition, when the hydraulic capacity of the treatment plants is exceeded, excess combined sewer flows are diverted to outfalls that discharge into the water bodies that surround the City.

Figure 8-6 shows the "Best Use Classifications" for the Harbor established by the NYS Department of Environmental Conservation (DEC): they range from SA (for shellfish harvesting) to SD (for fish passage), and each classification has an associated set of standards. Classifications are reviewed by DEC every three to five years.

Figure 8-6


Best Use Classification in the New York City Harbor Estuary
Westchester County
BRONX
Hudson River
MANHATTAN
QUEENS
BROOKLYN
STATEN ISLAND
Raritan Bay
ATLANTIC OCEAN
4 0 4 Miles
Surface Water Classifications
SA Shellfish
SB Bathing
SC Bathing/Fishing
I Fishing
SD Fish Survival

Despite some signs of improvement, concentrations of other parameters (including PCBs, dioxin and a number of heavy metals) in Harbor sediments continue to be among the highest in the nation.

Fecal Coliform, Dissolved Oxygen and Floatables

Fecal coliform bacteria, dissolved oxygen (DO) and floatables are among the parameters commonly used to describe water quality. Fecal coliform is an indicator of sewage-related pollution and the possible presence of disease causing organisms associated with sewage. Dissolved oxygen in the water column is required by all aerobic forms of life for respiration. Persistently low DO can degrade habitat and cause a variety of sub-lethal effects on aquatic life; extreme events ("hypoxia") can be deadly to marine life. Floatables, such as plastic, paper and wood, are aesthetically unpleasant, can harm marine life, foul engines of small craft and wash up on beaches.

The Annual New York Harbor Survey collects surface and bottom samples, year-round, at sites throughout the City's waterways. **Figure 8-7** shows data on fecal coliform and dissolved oxygen gathered by the Harbor Survey for the ten-year period 1996-2005.

Figure 8-7
Water Pollution in New York Area Waters
Compliance with NYS Standards at Harbor Survey Sites
1996-2005

Fecal Coliform*										
Stations Estimated in Compliance (%)	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Surface	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Bottom	100%	100%	100%	99%	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**

*NYS Standards for total and fecal coliform require atleast 5 samples in a 30-day period, but the Harbor Survey typically samples each station only 3 or 4 times in that period over the summer- 8 to 12 times in all. Compliance is estimated using the geome

** Bottom samples were not tested for Fecal Coliform after 1999.

Dissolved Oxygen***										
Stations in Compliance %	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Surface	59%	65%	98%	49%	88%	48%	46%	71%	56%	47%
Bottom	42%	48%	81%	34%	63%	27%	38%	56%	44%	41%
Annual Summer Average Meets the Regulatory Value (% Stations)	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Surface	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%
Bottom	91%	98%	100%	98%	95%	82%	89%	91%	85%	91%

***NYS standards for dissolved oxygen are "never less than" the regulatory value. As a result, a station may be non-complying, even though it has a high annual average DO level if it contravenes the never-less-than standard only once.

Source: NYC Department of Environmental Protection, Annual Harbor Water Quality Survey

The most dramatic change in recent years has occurred in the Hudson River and the lower East River, as a result of construction of the City's last two sewage treatment plants: North River, in Manhattan, operating since 1986, and Red Hook, in Brooklyn, operating since 1987. Other contributions to quality improvement are abatement of illegal connections, additional sewer connections, increased maintenance of regulators, pumping stations and sewers, and decreased storm water overflow.

Estimated compliance with State coliform standards has been high in almost all parts of the Harbor during the past nine years, with major benefits for recreational and commercial shellfishing and water-related recreation.

Estimated compliance in 200 was 100% at Harbor Survey stations. On the basis of year 2005 coliform data, most open water Harbor areas are in compliance with State primary contact recreational water quality standards but, after major rainfall events, may not attain City Health Department guidelines for bathing.

Dissolved oxygen levels in the Harbor have greatly improved since 1988, with the cessation of dry weather discharge; on an average annual basis, DO levels meet the regulatory value at nearly all Harbor Survey stations. However, many stations still do not meet the State standard, which requires not average compliance but levels that are "never less than" the regulatory value. DO levels show a wide inter-annual variation, and a link between DO levels and precipitation is currently being investigated.

Lingering pollution problems and physical modifications, including wetland destruction, still impair the best uses of Harbor waters.

The major source of continued pollution is combined sewer overflow (CSO) from outfalls in New York City, New Jersey and Westchester. More than 70% of the City's 6,000 miles of sewers are "combined." Beach litter and illegal dumping are additional sources of pollution and floatables.

Heavy Metals, PCBs and Other Toxics

The high concentrations of heavy metals, PCBs and other toxics in sediments at the bottom of the City's waterways have significant immediate and long-term implications. The most immediate concern relates to Harbor dredging because of problems finding acceptable disposal sites for contaminated dredged material. Long-term problems relate to Harbor quality and ecosystem health, since pollutants can be released from the sediments and bio-accumulate in the food chain and cause other toxic effects.

The quantities of toxics deposited in sediment have decreased in recent years due to product bans, increased regulation of industry, improved wastewater treatment and capture of combined sewer overflows and untreated dry-weather discharges, and DEP's aggressive program of pre-treatment for commercial and industrial sewage and water main corrosion control.

Current Plans

Harbor Water

The City is strongly committed to a comprehensive "watershed management" approach to planning for the waters of the New York Harbor Estuary. It is applying this approach in its participation in the federal National Estuary Programs for New York/New Jersey Harbor (Harbor Estuary Program, HEP) and Long Island Sound, in its contributions to the HEP Total Maximum Daily Load (TMDL) program, and in its own Use and Standards Attainment (USA) and Long Term CSO Control Plan (LTCP) projects.

The TMDL program is conducted by the states of New York and New Jersey with the cooperation of EPA. It is intended to allocate wastewater and non-point source pollution

loadings to ensure that the ability of the Harbor to assimilate the pollution is not exceeded, thereby providing compliance with water quality standards. The City is participating in this project by sharing scientific and engineering knowledge developed by the City during its planning activities. This knowledge includes complex computer models of Harbor water quality.

The USA Project was a multi-year study involving comprehensive review of water body classifications, water quality standards, and remedial actions for the water bodies of New York Harbor.

The City began developing watershed plans for individual water bodies under the USA Project in 2001. In 2004, the USA Project began a transition to the LTCP Project, which established 18 study areas within New York Harbor based on watersheds affected by CSOs. The current goal is to have water body plans for these study areas completed by mid-2007, allowing the development of LTCPs shortly thereafter. Watershed plans for those water bodies not impacted by CSOs will be developed after mid-2007.

Contributing Agencies and Organizations

League of American Theaters and Producers, Inc.
Metropolitan Transportation Authority of the State of New York
New York City Administration for Children Services
New York City Department of Buildings
New York City Department of Correction
New York City Department of Cultural Affairs
New York City Department of Education
New York City Department of Environmental Protection
New York City Department of Health and Mental Hygiene
New York City Department of Housing Preservation and Development
New York City Department of Juvenile Justice
New York City Department of Probation
New York City Department of Sanitation
New York City Department of Transportation
New York City Fire Department
New York City Health and Hospitals Corporation
New York City Human Resources Administration
New York City Police Department
New York State Department of Labor
New York State Office of Court Administration
Port Authority of New York and New Jersey

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