

Central NStat Working Group #2 - Health & Well-being
March 17, 2021 - 4-6pm
Notetaker: Devin

Food Security Breakout Notes

- What are our primary food security concerns?
 - Fresh food in our neighborhood is virtually inaccessible
 - They promote fast food, fatty and unhealthy foods on the street and in grocery stores
 - The quality of the food in the supermarket is poor, does not last long, and is in limited supply
 - Emergency food that is distributed to families is subpar at best, plus some of us do not get it at all or do not get enough to feed our families
 - Many people in my neighborhood lack the knowledge to cook fresh food so they do not buy it
 - There is information inequity when it comes to food and nutrition
 - Linguistic isolation plays a large role in this (immigrant, non-english speaking families can struggle to learn what to buy and how to cook it)
- Why is this a pressing issue in our communities?
 - Unemployment makes it hard to afford fresh food/groceries
 - Supermarket price gouging on essential items
 - Supermarket price gouging when SNAP benefits are received from families.
 - Emergency food deliveries have become essential during the pandemic but they are not doing enough
 - Concerns about the longevity of food resources
- Ideas of success:
 - GCF is thinking of ways to make food growth and access to fresh foods more transparent
 - Meal prep is a great way to cook once in bulk and have food for days
 - Matching trainings and outreach with food distribution is a great way to get the community informed on nutritional health
- Who has been impacted by this issue?
 - Immobile individuals and families
 - Immigrant communities (especially with language barriers)
 - Food pantries have a stigma against young people making it difficult for them to acquire fresh food
- Does this affect everyone equally?
 - **Black, Brown, Indigenous, and POC communities are the most impacted by concentrated poverty, economic instability and more**
 - These communities have carried the brunt of COVID-19, especially when it comes to health and food security
 - Small families have it hard due to what they can afford and how they can properly acquire fresh food

- Large families have it hard to properly feed everyone in the family, especially since emergency food only distributed one parcel per family
- Where does this issue occur? All developments?
 - MAP developments and other NYCHA developments
 - The communities mentioned above (Black, Brown, POC, Indigenous)
- What changes do we want to see?
 - Residents:
 - High quality of fresh food for folks who live uptown
 - Food should be available to anyone who needs it - not just specific groups (i.e. qualifications for benefits and emergency food leave some groups out)
 - Intergenerational farming, resource sharing, etc.
 - Ability to get deliveries easily so more options are available to residents
 - All residents to know what's available through signage, flyering, etc as well as digital communications
 - CBOs and Agencies
 - More Green City Force!
 - New York Academy of Medicine (NYAM) is working on creating a free public repository of healthcare and nutritional health resources
 - Door to door delivery of emergency food
 - New Initiative
 - Food Equity Programming, Health Care for All
 - Equal access to quality, affordable food in all the stores
 - Can current mutual aid efforts be scaled up in size/funding? Can things like shared fridges be implemented? Can suppliers/restaurants donate food?
 - "Farmacy" - prescriptions from Dr for fresh produce
- What are the obstacles?
 - Residents:
 - There is better produce in wealthier neighborhoods (specifically downtown), crappier food in lower-income neighborhoods (specifically uptown) - in regard to manhattan
 - Local stores are overpriced and have poor quality food
 - Residents tend to go to stores like Aldi and Costco (i.e. East Harlem + Wagner folks) due to good prices in bulk. The grocery stores are either overpriced or have low quality produce/food for sale
 - How do residents get information about opportunities to get fresh produce or pantry bags?
 - No doormen for deliveries - can be hard to get things straight to your door - unsafe to get packages delivered
 - CBOs and Agencies
 - General barrier - lack of trust or relationships with existing agencies/resources

- Food resources eligibility limited by age
 - Emergency food deliveries are just 1 box for any family size
 - Price gouging food right around the time when beneficiaries receive SNAP and other benefits
 - New Initiative
 - Food resources (Farmacy) not always known by community residents - need outreach done
 - If food sits outside in hallway, residents will often reject if due to concerns about why has handled it
- What's been done before? What has worked? What hasn't worked? Or what could be improved on?
 - Has Worked:
 - When residents are more involved in the program = that program is more successful
 - Partnerships with volunteer-based orgs like GCF
 - Cooking demos and virtual cooking classes
 - More info on the Farragut Food Club - <https://www.enterprisecommunity.org/blog/online-snap-access-plus-quick-pivot-bring-health-equity-brooklyn>
 - Has not Worked:
 - Only junk is at the registers when checking out, not healthy. They should push healthy all over the store and stop incentivizing people to buy unhealthy
- What actions can we take?
 - Residents
 - Resident advocacy
 - Funding for resident-led efforts
 - Mutual aid leadership
 - CBOs
 - More language access - translation
 - for GCF/CBOs- more programming, more outreach/education/engagement, more translation
 - City Agencies
 - More language access - translation
 - Watchdog for price gouging during emergencies
 - Enforcement and accountability for supermarkets & bodegas if they get incentives
- What do we need to do to change this issue?
 - Building strong referral systems
 - Get resident input on local programs
 - Get residents to fill out needs assessment so we have good data on needs
 - Make call to elect official to fund mutual aid
 - Make a phone call to elected official to fund resident effort
 - Food sovereignty - more community agency and ownership

- Share the needs assessment data with City to try to improve how programs are designed and delivered
- Check the fridge to make sure supermarkets are clean and keeping the right temperature. Guidelines need to be upheld.
- Call EDC to enforce and monitor the supermarkets that are receiving the grants
- more education/information on using EBT for online grocery shopping
- Community advocacy campaign to improve quality of produce & meat
- Google map with resident feedback on local stores
- Example of a google food map in Astoria, that could be modified around food security.
<https://www.google.com/maps/d/u/0/viewer?ie=UTF8&oe=UTF8&msa=0&mid=1tJlbqldtCXuQ0HTX2xSp02iuaw&ll=40.76438950288222%2C-73.9145595&z=14>
- Who holds the power to this issue?
 - Store owners
 - Food-based entrepreneurs
 - DOH - Bodega Program
 - Stakeholders
 - GROWN NYC
 - Elected Officials
 - Lobbyists
 - City Harvest
 - Tenant Associations
 - Agriculture? Industry
 - EDC
 - Funders for GCF
- What do we need to know to develop solutions?
 - *Did not get here*

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ISSUE #1: MENTAL HEALTH BREAKOUT

[Jamboard](#)

1. What are our mental health concerns? Why is mental Health and Issue?

- **STIGMA** - Mental health is taboo topic, "a secret in the house/family"
 - LABELING people. People use terms like Bipolar etc. when we might just be stressed. Need for appropriate use of terms as these terms carry stigma
 - Lack of education and awareness around services that are available, esp. in communities where they are residing
 - Culturally competent care
 - Normalizing language - how to make it more accessible to make it an access point vs. trying to diagnose behavior. "Leave diagnosis to the doctors"
 - "Mental Fitness" - new terms ; culturally specific/social stigma - the shame prevents people from sharing that important info with their medical providers
 - WHOLE PERSON approach - how can we apply the mainstream "wellness/fitness campaign" to addressing mental health issues - so that it's normalized
- Culturally competent care
 - Misunderstandings of cultures. Not only dealing with stigma within communities, lack of awareness of how to address in culturally specific communities
 - First Responders - How to improve and design for communities - proper training on how to reach and provide services to communities of color
- Access to insurance to pay for costs of care

2. Who has been most impacted by this issue?

- a. Black and Brown communities
- b. Women who are care-takers in their families
- c. People (men) who are unemployed due to mental health issues
- d. All of us in society across culture, race - we're all impacted
- e. Children - we may not notice but they're also struggling to cope with remote schools, stress, isolation

3. Does it affect everyone equally?

- a. Racial traumas to Black/Brown communities - there are real disparities in access to care
- b. No but how many lives would be improved if we just addressed as a society our mental health issues - we are all INTERCONNECTED
- c. So much resilience within BI/Brn communities - but it's being weaponized against us.

- d. Our community is affected by every 1 person with mental illness. But being in denial prevents them from getting the help they need
 - e. There is social pressure to not show weakness - that is very much a part of our culture (and our experience)
 - f. People are using alcohol and drugs as self-medication. It is a symptom of mental illness. We are losing so many people to this coping method itself.
4. Where does this issue occur?
- a. Everywhere - it's a human issue. It goes way beyond any one development. Covid is also making that more visible.
 - b. At Wagner, Polo Grounds....etc. we are seeing it among too many young people too.
 - c. How much back to back crisis, trauma can we take as a community - we need opportunities to grieve, support one another
5. Of things tried before, what has worked?
- a. Resource Fairs and groups provide care/support
 - b. Health Engagement Access Team (HEAT) - providing communities (Wagner, Harlem, etc.) education on services, resources
6. What hasn't worked? Or what could be improved on?
- a. Group therapy without calling it "therapy" which has a stigma - so people can get in the practice of sharing and building trust - need more small intimate groups and regular meetings for community to come together (to also grieve).
 - b. Tele-health - how to make that more accessible for communities without the best wifi connections
 - c. DOE's campaign in schools - while good direction, could be revamped or rethought to adapt to student's new context of remote schooling - how to make it more accessible
 - d. Harder for youth to seek help when there's intervention from NYPD and other official entities - how to get them help before it goes to "enforcement"
 - e. More and better outreach and education
 - f. Updated policies and information on what is reportable to ACS - what's a "crisis" and what is getting help, and how each are handled differently
 - g. How we talk about mental health - change the term/attitude: "Fitness v. Illness"
7. What actions can we take? What policies do we want to see?
- Residents:
- a) We are the "boots on the ground". How do we as a community help identify what is and what is not a crisis, help connect to services/resources, and mental health professionals. "Charity starts at home".
 - b) To be "boot on the ground" we need more training to ID/discern crisis from support.

- c) Visibility: NYC Well has been advertised but Word of Mouth is important.
- d) Community ambassadors, trusted relationships within communities are vital for information sharing.
- e) Re HOTLINE - NYC Well - some in the room were unaware of this service. How to make that more accessible and widespread.

CBOs:

City Agencies:

- f) HOTLINE: NYC Well is 24/7 via text/phone: trained counselors, free behavioral services, apps, staffing to provide referrals in 200+ languages.
- g) HEAT is in 10 areas throughout the city - act as health ambassadors
- h) More PR around these services so that EVERYONE knows about them
- i) Train the trainer Programs - mental health first aid training?
- j) Covid19 community conversations -modification of mental health first aid to center racial equity, skills-building, coping skills

- 8. What changes do you want to see? What are the obstacles?
 - a. *Did not cover*

POLICY + POWER ANALYSIS

- 1. What do we need to do to change this issue?

ISSUE we want to tackle: **LABELING**

POLICY EVENTS:

- a. Sensitivity Training - Education on terminology and language
- b. Establishing common language (affirming language)
- c. Space to practice: if residents, CBOs could shift the language, labeling, and terminology in mental health work, agencies could hold space to practice this shift in language

- 2. Who holds the power to this issue?
 - a. *Did not cover. To address in next WG#4?*

KNOWLEDGE BUILDING

- 1. What do we need to know to develop solutions?
 - a. *Did not cover. To address in next WG#4?*