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Health, Human Services, Immigration & Seniors Committee Monday, October 3, 2016, 6:00pm Board Office

MINUTES

- Present: Jarquay Abdullah, Ricardo Concepcion, Carlos Diaz, Wendy Ferreira, Raymond Ferreira, Emily Grajales, John Green, Debbie Quiñones, Mahfuzur Rahman, Robin Strashun
- Excused: N/A
- Absent: Lilybelle Gonzalez, Marie Winfield

1. Call to Order– Adoption of the Agenda – Motion made by Robin seconded by Wendy
2. Presentations & Discussions
 - a. Due to meeting date change presenters will be rescheduled for November
 - b. Committee discussion of FY18 Statement of District Needs and Budget Priorities.

The committee suggested the inclusion of a statement for support for Trap Neuter and Release to reduce the feline population.

The committee also suggested including the *East Harlem Neighborhood Plan* recommendations on Health and Seniors as well as the findings of the report *Examining the Role of Gentrification on the Health Status of East Harlem Residents*. Please see attached.

3. Policy Discussion

- Intro 1262 – to prevent inmates from wearing prison jumpsuits when making court appearances.

Rationale – Rich people can make bail and dress professionally and poor folks can't so they appear guilty.

- K2 Research Bill – To authorize the CDC to complete a study on studies how combat the drugs use and help treat drug users, as well as require other government agencies including the National Institute of Health and Drug Abuse and DEA to come up with a national outreach campaign to reach out to community leaders about the drug's risk.
- Rationale – Continue to build on the work to combat K2 in East Harlem.
Introduced by Rep. Nydia Velasquez
Community Follow Up
- Sodium Warnings on menus - Please check for implementation in East Harlem.
- Paid Sick Leave : A Win Win – A study of the effects of paid sick leave in NYC and 85% of employers reported no effect on business. What are businesses doing in EH?

4. Spirit of Service Event Update

The Spirit of Service Event is funded by Councilmember Be Kelos where the goal is to match people that want to volunteer with organizations that are looking for volunteers. The expected outcome is to promote civic service, community participation and to support the Community Service infrastructure. The project will seek to invite 20 groups 10 from Eh and 10 from outside EH to table to recruit and then provide a report back to the Community Board. The target date is Spring 2017 and the event should take place in Kelos's portion of the district. The event is a project of the committee and staff (Hunter Intern) has been assigned to work on it. Debbie has provided her with the following tasks. To draft an invite form to table, identify 10 EH agencies and to share her work with the committee. The Speakers Office is aware of the project and will be working with the committee. Potential sites have been identified and Debbie will follow up

5. New Business

- a. Support resolution for Oscar Lopez Rivera

D. Quinones was contacted by the 35 Women for Oscar to request a resolution for the support for his release after 35 years of imprisonment. The committee asked to invite them to provide more information.

6. Adjournment

**Examining the Role of Gentrification on the Health Status of East Harlem Residents
Submitted by Anna-Luisa Mirto, MSII & Ann-Gel S. Palermo, DrPH, MPH
October 2016**

Gentrification is unquestionably occurring at a rapid rate in East Harlem; the consequences of the increasing rents, shifting businesses, and a changing neighborhood fabric all impact the lives of long-standing residents in both tangible and intangible ways. Much of the current rhetoric focuses on direct impacts on the housing market and potential shortages of affordable foods, goods, and services; however, there is insufficient examination on how the forces of gentrification can be characterized as a chronic stress factor and may impact individual and community physical and mental health of longstanding East Harlem residents.

In the summer of 2016, an exploratory project was conducted to examine the role of gentrification on health. The exploratory was co-sponsored by the East Harlem Community Health Committee, Inc., a longstanding community health and consumer coalition, and Manhattan Community Board 11's Health Care and Human Services subcommittee. Project findings from over 25 semi-structured interviews of a cross-section of East Harlem residents and community leaders showed that community members who work and live in East Harlem are most confronted with and concerned by the immediate effects of gentrification which included preserving their housing and local businesses, services, and spaces in the community that preserved the cultural milieu of El Barrio. While it was acknowledged that combating and or embracing gentrification in a way that would keep East Harlem intact as a community of interest is a stressful experience, it was less obvious for these individuals to see how the stress associated with the forces of gentrification may impact their own or the community's physical and mental health status. Research shows that experiencing chronic stress [in this context caused by gentrification] can interfere with one's ability to live a normal life, and for an extended period, it can become even more dangerous. The longer the stress lasts, the worse it is for both one's mind and body; and by extension, collectively for the community as a whole. At this time, the link between gentrification and health is not well understood and needs further examination in order to preserve and sustain good health and well-being in East Harlem.

Therefore, let it be known in this District Needs Statement that in East Harlem, the following declarations represent CB11's current position on the role of gentrification on health:

- Gentrification is not adequately recognized as a public health concern or issue; especially in gentrifying communities like East Harlem.
- Local policy and planning initiatives that either combat or embrace gentrification do not consider the health impact on individuals and the community as a whole
- The connection between gentrification and health is not well understood by stakeholders external to the health care system and requires additional examination to understand the short and long-term effect of of gentrification as a chronic stress factor.

- The financial self-interest by city government and real estate developers is prioritized over authentic/participatory strategies by community members most affected.

DRAFT

OBJECTIVES & RECOMMENDATIONS

1.

Create a local food system in East Harlem to improve access to healthy, affordable and quality food.

1.1

Amend the Food Retail Expansion to Support Health (FRESH) program to allow for a variance for food cooperatives and nonprofit grocers to be eligible for zoning and tax incentives under the program. ●●

1.2

Establish a year round comprehensive farmer's market in La Marqueta that is affordable to residents and businesses.

1.3

Increase funding and expansion of food box programs. Ensure that new pick-up sites are evenly distributed throughout East Harlem utilizing Grow NYC's 6 block radius threshold.

1.4

Increase food production/manufacturing and commercial kitchen spaces through light industrial zoning in East Harlem (see zoning rec 2.2). This would include establishing wash, chop & bag facilities that can cater to schools, senior centers, and other places that regularly prepare large quantities of food as part of their programs.

2.

Improve health service coordination and access.

2.1

Identify capital support for the Neighborhood Health Action Center, including assisting community organizations with building out the spaces that they will operate.

2.2

Increase funding for HIV prevention programming & services in East Harlem. Increase the number of supportive housing units for those living with HIV/AIDS and/or make this cohort the primary set aside for supportive housing units in East Harlem.

2.3

Conduct feasibility study to determine the placement and number of new Federally Qualified Health Centers (FQHC's) and Primary Care Clinics in East Harlem with a focus on the geographic middle of district boundaries.

2.4

Designate East Harlem as a priority community for the rollout of Direct Access NYC to ensure that East Harlem residents who are immigrants have access to the myriad of services, programs and initiatives under Direct Access NYC, including more translation services at neighborhood health facilities for Cantonese, Mandarin, Spanish and French speakers. ●●

2.5

Decrease the number of uninsured residents through equitable distribution of health insurance navigator programs.

2.6

Select East Harlem as a priority neighborhood for the rollout of Thrive NYC Initiatives including: Mental Health First Aid Training, NYC Mental Health Corps, Youth Mental Health First Aid.

3.

Create a neighborhood environment that allows for seniors to age in place comfortably.

3.1

Create an Aging Improvement District boundary designation building off the Neighborhood NORC (Naturally Occurring Retirement Communities) designation definition. The density and number of persons over age 50 in a given area is to be considered. Businesses, development projects, etc would be encouraged through use of existing incentives to make physical plants, services, goods age-friendly. Example: businesses in an age-friendly district would be allowed to use SBS storefront improvement funds to make age-friendly physical improvements. Note: The Mayor's Age-friendly NYC Commission should do this.

3.2

Prioritize built environment improvements called for in the East Harlem Age-friendly Neighborhood Action Plan, including ensuring the pedestrian plaza at 125th St. and Park Ave. is inclusive of older adults in its design and on-going programming.

3.3

For affordable units created on privately owned sites through MIH, ensure that they are built with accessibility features that cater to seniors, and that preference for some percentage of units is given to seniors.

4.

Enhance the built environment to promote health.

4.1

Work with NYCHA to ensure that proper connections are made through its waterfront developments leading to the Randall's Island footbridge at 103rd Street. Wayfinding, markings, and signage are required to identify routes from First Avenue, as well as dedicated bicycle and pedestrian routes and pavement and sidewalk improvements. While NYCHA must provide these on its property, DOT can provide technical

assistance and design guidelines for greenway connections. Coordination is also needed with NYCHA to ensure that scaffolding does not obscure route across 102nd St.

4.2

Establish a Health District in East Harlem centered around the Neighborhood Health Action Center. Health districts are places where healthy choices are the easiest ones to make. They are places to heal, work, and live where new ideas on improving healthcare and public health can be developed, tested, and disseminated. A health district holistically connects the community to hospitals, health department offices, healthy food and commercial options, health-related incubators and technology, and career training.

4.3

Establish a multi-generational playground in East Harlem that has options for seniors and adults. Explore solutions to current DPR regulations preventing seniors from using seating near playgrounds. ●●

5.

Foster safe and healthy living environments.

5.1

Encourage the adoption of the Active Design Guidelines: Affordable designs for Affordable Housing as an industry standard in East Harlem. ●●

5.2

To the greatest extent possible, renovation and new construction should implement health-promoting practices including building envelope restoration; new heating, electrical, and ventilation systems; air sealing; new insulation and exterior cladding; window replacement; Energy-Star fixtures and appliances; asbestos and mold abatement; apartment gut retrofits; low volatile organic chemical and moisture-resistant materials; exercise enhancements; and indoor no-smoking policy.

The EHNP Steering Committee has recommended that a Health Impact Assessment (HIA) be conducted on subsequent ULURP processes, transportation plans, and NYCHA infill projects in East Harlem. More details on the HIA recommendation are outlined on pages 126-127 of this report.

HEALTH & SENIORS

PRECEDENTS



Via Verde © David Sundberg, Esto



Multigenerational playground in Benidorm, Spain, By ClemMcGann (Own work) [Public domain], via Wikimedia Commons

Active Design Guidelines

Active design means harnessing the interior and exterior built environment to promote physical activity and a healthier population. Active design can be as simple as constructing buildings to facilitate users taking the stairs instead of the elevator. The Center for Active Design compiles strategies into Active Design Guidelines,¹ which promote active transportation options, greater physical activity within buildings, better spaces for active recreation and increased access to fresh food options.²

This precedent relates to Recommendation 5.1

- 1 <http://centerforactivedesign.org/guidelines/>
- 2 <http://centerforactivedesign.org/ourapproach>

Multi-generational Playgrounds

Multi-generational playgrounds and outdoor gyms serve as places where children, adults and seniors of varying abilities can spend time outdoors, exercise and practice a healthy lifestyle. These playgrounds feature equipment traditionally used for children, and mix in senior and adult-friendly equipment.

The multi-generational approach to outdoor play is spreading across the nation. This concept is in part borrowed from cities in China and Europe, where outdoor fitness areas for adults have become routine. The Green Heart playground in Hull, Yorkshire is an especially unique type of playground where users can charge cell phones, power lights at the workout station and even contribute power to nearby buildings.³ Closer to home, Macombs Dam Park in the Bronx features a state of the art adult playground, complete with comprehensive workout areas and equipment with moving pieces.⁴

This precedent relates to Recommendation 4.3

- 3 <http://www.gizmag.com/tgo-green-heart-electricity-generating-gym/23078/>
- 4 <http://www.nytimes.com/2012/07/01/nyregion/new-york-introduces-its-rst-adult-playground.html>

Improving Immigrant Access to Health Care in New York City

A Report from the Mayor's Task Force on Immigrant Health Care Access
Liliana Barros-Paoli, Chair



Cover, Improving Immigrant Access to Health Care in New York City, Mayor's Task Force on Immigrant Health Care Access, from <http://www1.nyc.gov/assets/home/downloads/pdf/reports/2015/immigrant-health-task-force-report.pdf>



FRESH at Super Fi Emporium
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Direct Access NYC

In late 2015, Mayor de Blasio announced the launch of Direct Access NYC, based on the report by the Mayor's Task Force on Immigrant Health Care Access. Direct Access, set to begin in 2016, seeks to provide reliable and more easily accessible health care opportunities for foreign-born residents who are uninsured and susceptible to poor health. The program seeks to increase the cultural and language competencies within the healthcare system, increase awareness of coverage options and increase accessibility to healthcare services.¹

This precedent relates to Recommendation 2.4

¹ <http://www1.nyc.gov/ofce-of-the-mayor/news/701-15/mayor-de-blasio-plan-improve-immigrant-access-health-care-services>

FRESH Program

New York City's Food Retail Expansion to Support Health (FRESH) program aims to increase access to fresh and nutritious foods in underserved parts of the city. The city designates FRESH-eligible areas, meaning that zoning and financial benefits are available for projects that bring grocery stores to designated neighborhoods. Since the program's launch in 2009, 20 projects have been approved.² Together, they will provide approximately 590,000 square feet of grocery store space, retain 500 jobs and create 940 new jobs.³ The FRESH program surveyed customers in these new stores: 96 percent of respondents believe that the new store increased their access to fresh produce, and 80 percent of customers agree that they now purchase more fruits and vegetables.⁴

This precedent relates to Recommendation 1.1

² <http://www.nyc.gov/html/misc/html/2009/fresh.shtml>

³ <http://www.nycdc.com/program/food-retail-expansion-support-health-fresh>

⁴ <http://www.nycdc.com/system/les/les/program/FRESH%20Impact%20Report.pdf>

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