



New York City
Food Policy Center
AT HUNTER COLLEGE

Promoting smart, fair food policy for New York

An Analysis of Food and Health Needs Assessments in East Harlem 2003-2013



Introduction

The New York City Food Policy Center conducted a search of needs assessments and food studies done in East Harlem over a decade between 2003-2013. We found a total of 19 assessments and food studies done by different groups, organizations and academics including:

- Columbia University School of Architecture, Urban planning and Preservation
- Community Board 11
- Mount Sinai
- New York Presbyterian Hospital
- NYC Department of Parks and Recreation
- NYC Health and Hospitals Corporation
- NYU Wagner School of Public Service
- New Yorkers for Parks

Why assess the needs of the East Harlem Community?

East Harlem is a diverse and vibrant community with specific health needs. Assessing the needs of the community can help better inform the design of policies, programs and services for East Harlem residents. The assessments cover a 10-year span in four main topic areas: Food Needs, Health Care Access, Opportunities for Physical Activity and Historic Preservation. Our goal was to avoid duplication of efforts and learn from the existing body of work and extensive research that has been conducted in East Harlem.

Key Findings and Recommendations: Food, Nutrition and Access

Findings

- In 2004, 92% of East Harlem emergency food programs reported an increase in demand over the previous year
- The death rate from diabetes in East Harlem has grown more than 230% in the last decade, twice the city average.
- Diabetes-related amputations in East Harlem are now five times the city average. According to United Way of NYC, Food Stamp program participation rate among eligible East Harlem residents in 2004 was just 63%, thus more than 7,000 East Harlem residents who are eligible for Food Stamps benefits but do not receive them.
- Presence of convenience stores near a child's residence in EH was associated with a higher BMI-percentile.
- Inequities in food store availability exist by race/ethnicity in East Harlem, New York.
- Bodegas are more abundant and supermarkets less common in East and Central Harlem compared with the Upper East Side.

Recommendations

- Renovate La Marqueta and create the environment to attract an anchor tenant that will create foot traffic at La Marqueta.
- East Harlem's workforce development infrastructure must address the needs of a large number of residents who require employment. Local employment and training organizations and the Department of Small Business Services should work to connect local residents to employment opportunities in growth industries and local development-based employment.
- City agencies that regularly enforce codes and regulations that impact small businesses must create forums where local merchants can be educated on current and changing agency rules and solicit feedback from merchants with complaints of unfair treatment.
- Increase availability of fresh and healthy foods in East Harlem by promoting and marketing the City's FRESH program and by expanding the DOHMH's healthy bodegas initiative in East Harlem.
- Additional funding should be targeted to expand existing community-based peer-led interventions to promote weight loss and prevent diabetes.
- Additional funding is needed for home health aid programs in East Harlem to expand the number of available aides and also pay higher wages to attract quality professionals who can assist seniors in their daily activities.
- Plan for economic opportunities particularly on vacant lots, including the Park Avenue corridor
- Provide healthier offerings at local food establishments, especially in neighborhoods with few healthy food options.
- Promote consumer demand for nutritious food at affordable prices through education and social marketing.
- Encourage new venues for purchasing healthy foods.

Key Findings and Recommendations: Access to Health Care

Findings

Access to care is limited by:

- Lack of health insurance. A significant number of residents in these communities are eligible for public health insurance but not enrolled
- Large number of patients are not seen a primary care provider, particularly among residents.
- Cancer, heart disease, accidents and injuries, mental illness, diabetes, HIV/AIDS, asthma, assault and homicide are consistently the leading causes of hospitalization and/or death.
- Obesity, diabetes, asthma, and mental health are major health concerns
- Even among those with access to care there remain significant financial barriers to good diabetes care, and a need to address and optimize how individuals with diabetes manage their disease.

Health Status:

- While 90% of respondents said they know how to take their medicines, between 19% and 39% do not understand other aspects of their diabetes management.
- Many limit their diabetes care due to concerns about money (16% to 40%), and other barriers, such as language and transportation (19% to 22%).
- Greatest health care needs identified were: diabetes and pre-diabetes; lack of education on medication management for men with diabetes, i.e. impotence; high blood pressure; high cholesterol; obesity; HIV/AIDS smoking; alcohol and substance abuse; depression/mental health/ stress; domestic violence; geriatrics
- Although the majority of the population (86%) was insured and had a source of primary care, cancer screening guidelines for breast, cervical, prostate, and colorectal cancers were not being followed.

Recommendations

- Cultural competency in the form of language skills, health literacy strategies and cross-cultural communication skills are necessary to earn the trust of the population.
- Enhancements are needed for diabetes prevention and care and cardiovascular disease management.
- Outreach strategies, targeted curricula, educational sessions, and screening programs should be developed and implemented to improve knowledge levels and increase screening participation.

Key Findings and Recommendations: Opportunities for Physical Activity

Findings

- Safety concerns as well as individual barriers correlated with lower physical activity levels.
- The more resources a child had available, greater the level of outdoor unscheduled physical activity.
- Neighborhood physical activity resource availability differs by demographic factors, potentially placing certain groups at risk for low physical activity level.
- Availability of select physical activity resources was associated with reported physical activity levels of East Harlem children but not with objective measures of physical activity.
- East Harlem meets OSI standards in number of fields, courts, play areas, community gardens and permeable surfacing in parks but fails to meet standards in active, passive and total open space; walking distance to pocket, neighborhood and large parks, recreation centers, overall park maintenance and tree canopy coverage.

Recommendations

- Maximize public use of existing open space by developing an open space strategy for NYCHA Properties
- Ensure that community gardens are truly public; continuing successful PlaNYC Open Space Initiatives;
- Build upon and enhance existing open space resources.
- Connect people to parks by making passageways to parks safer
- Promote streets as connectors among parks; and expand access from East Harlem to Randall's Island.

Key Findings and Recommendations: Historic Preservation

Findings

- Propose East Harlem Historic District be certified eligible for National Register eligible, nominate 19 Individual Landmarks and two Historic Districts, the East Harlem Historic District and the Early East Harlem Historic District, to NYC Landmarks Preservation Commission, and amend current zoning to compliment these Districts
- Major themes included: need for appropriate supportive services; health care access and financial challenges; beliefs related to stigma, trust, and accountability; and the impact of the physical environment on health. Education was seen as a critical area of need and intervention.
- Structured observation identified many sidewalks in disrepair or obstructed, few benches, and highly variable times allocated for pedestrians to cross at cross walks
- East River waterfront viewed as site with great potential for development, particularly as a waterfront esplanade.
- *Land use* - Responses relating to size and scale of local development issues included vacant lots and abandoned buildings, existing public housing and a desire for more affordable housing.
- *Transportation* - Respondents recognized a need for more transit options; respondents were only somewhat satisfied with the reliability of service. Respondents expressed concerns about number of pot holes, trash pickup, turn signals, speeding motorists, crosswalk safety, sidewalk conditions and sidewalk obstructions.
- *Environmental Quality* - concern about the air quality, water quality, marine transfer station, noise pollution, street cleaning and trash collection in both neighborhoods. Several respondents mentioned negative health impacts, particularly asthma, and the burning of heating oil.
- *Streetscape* - Most frequent comment was a request for more trees.

Key Recommendations

- Increase street tree stocking level from 63% to 90% by 2030;
- Increase tree survival.

- Establish programs that increase the community's appreciation for street trees.
- Identify policies that influence the urban forest.
- Track progress on the overall vision and action items specified in this plan.
- Design and construct a walking tour of East Harlem. The tour will be marked by tree-lined streets, art, and signs.
- Programming that encourages sustained interest in the walk will be advertised through the print media, public events and the Internet.

Next Steps

Future projects should take into account the previous findings of these assessments of East Harlem.

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