NYC Pandemic Response Institute

Community engagement insights

April 2021

Overview of this document

In December 2020, NYC Mayor de Blasio announced the launch of the Pandemic Response Institute (PRI), which would be dedicated to preparing the city for future health emergencies and epidemics. The **New York City Economic Development Corporation (EDC), Department of Health and Mental Hygiene (DOHMH), and other partners** have been spearheading a process to determine what role the PRI should play moving forward.

The overall vision of the PRI is to mobilize actors across the city in responding to and recovering from public health emergencies with equity at the center of all of its efforts. Guiding the development of the PRI Is a set of core design principles: (1) **Embed an explicit racial equity lens** into all of the PRI's work, to further transform public health response in NYC to be more equitable and inclusive, (2) **Shift power and resources towards communities of color** by centering community voices and engagement, (3) **Embrace agility and flexibility** to address both future pandemics and more regular health emergencies, and (4) **Leverage NYC's core assets** and ensure the Institute plays additive role to existing successes.

As EDC, DOHMH, and its partners continue to define the PRI's activities, they have intentionally incorporated perspectives from communities, academia, industry, and government. In particular, this process solicited input from **community leaders and residents across NYC neighborhoods** to ensure the PRI is created in a way that enables it to meet the unique needs of communities, and that community voices are actively embedded in the planning of the PRI's future efforts.

The objective of this document is to provide a short synthesis of what we heard from community leaders and residents. Therefore, these insights are **not exhaustive;** rather, we have highlighted themes that arose most consistently across the many discussions and inputs.

For more information on the Pandemic Response Institute and how you may engage further in this process, please contact **government&communityrelations@edc.nyc**.

Please note: All inputs from community leaders and residents remain confidential, and no sentiment has been individually attributed.

Theme #1: There is great mistrust in City actions and support among communities

Community leaders and residents expressed longstanding frustration with and mistrust in the authenticity of government and public health response efforts, which was only exacerbated during the Covid-19 crisis.

In general,

- **Both leaders and residents felt community input was rarely incorporated in gov't decision-making.** This has resulted in community leaders feeling fatigued from providing constant input without concrete action, and ineffective solutions not tailored to communities' needs.

- **Leaders and residents highlighted that healthcare workers and public health officials don't "look like" the communities they're serving.** This discrepancy has caused individuals to feel their voices are absent from key decisions and to mistrust the quality of care they receive via the public health system.

- **Residents, in particular, faced difficulty in navigating complex government process and documentation and inflexible government assistance programs.** These barriers have deterred them – particularly in Black and Hispanic communities and part-time workers – from accessing government resources (e.g., PPE relief, SNAP benefits), causing them to feel left out of the government's "safety net."

Select stakeholder quotes

"Mistrust is deeply rooted ... community input is necessary for the City to 'hear' the community's needs, rather than impose a top-down solution to what is externally perceived as a 'problem'."
-CBO leader

"[We need] people who look like us in the system – not only nurses but executives and spokespeople…people in decision making positions. Why can't there be long term career opportunities?"
-City-wide non-profit leader

"A total of 16 people died – to me that is devastating. The elected [officials] do not even know what or who was lost. It makes me look at them different and I can never look at them the same. If they couldn't help us during a pandemic, what would they ever do for us."
-NYCHA resident

Theme #2: Coordination among communities and government was severely lacking during Covid-19

Many local organizations felt coordination across communities and between government and community leaders was insufficient, which resulted in ineffective and inequitable deployment of solutions.

For example,

- **Community leaders and residents emphasized limited operational coordination between agencies and community organizations, and among community networks** as a key issue. This gap resulted in (1) disjointed efforts to distribute essential supplies (e.g., PPE) and roll-out testing and vaccination, and (2) delayed and fragmented resource deployment, especially in hardest to reach localities.

- **Community leaders pinpointed the ineffective use of local, disaggregated data on community needs** as a particular gap. This contributed to inequitable resource deployment across NYC, as well as limited transparency around what targeted actions resulted from identifying "priority neighborhoods" (further exacerbating a lack of trust in government responding to community needs).

Select stakeholder quotes

"The biggest gap from the beginning was a centralized mechanism to coordinate our response with the city."
-Settlement house leader

"In our community we were left for dead. Nobody was reaching out to us like they should have been."
-NYCHA resident

"Resources (e.g., vaccines, testing, mask distribution) are inequitably distributed and heavily based in Manhattan."
-Community health center leader

"I think the city is listening to certain neighborhoods, but they are not listening to the Rockaways. I see resources in other neighborhoods that we don't have"
-NYCHA resident

Theme #3: Messaging to local communities is often unclear and confusing

Input from community residents and leaders highlighted communications as a particular weakness during the pandemic, which resulted in confusion on how best to respond to the crisis.

By and large,

- **Community leaders highlighted the lack of coordinated messaging – and minimal use of trusted channels – in reaching communities.** As a result, there was lack of clarity around the appropriate health emergency response (due to conflicting messaging) and additional burden on community leaders to make decisions with minimal government guidance.

- **Both community leaders and residents said that the lack of targeted messaging and communications approaches through trusted channels exacerbated gaps in information uptake.** This untailored approach – including untranslated content, messaging that was inaccessible for individuals with disabilities, and emphasis on digital platform that are not used by all individuals – contributed to confusion among community leaders and residents on how best to respond to the pandemic (particularly seen in Hispanic and Asian communities).

Select stakeholder quotes

"The lack of clear and consistent decision-making led us to make our own decisions – what is the CDC saying, what is on MSNBC, PBS? I don't know. We had to make it all up."
-Settlement house leader

"What failed most of all is communication. The communication was shoddy. Info was wrong and there were too many lies. They failed the public. They failed Black and brown communities."
-NYCHA resident

"In different communities, people have different ways of getting their information. Press conferences and daily briefings are good, but not everyone tunes in."
-Community advocate

According to a survey of community leaders and residents, receiving accurate information' was the #1 health-related challenge faced by communities during Covid-19

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Theme #4: Systemic barriers presented an added burden to dealing with the pandemic

Individuals highlighted the importance of acknowledging and addressing peripheral systemic barriers that exacerbated the difficulties communities faced in responding to the pandemic.

In general,

- **Residents pinpointed limited economic opportunities and unstable housing** as key barriers, particularly in low-income neighborhoods and communities of color. These communities mentioned lack of stable employers, unaffordable grocery stores with fresh food, and unclean and unsafe parks as specific issues they faced.

- **Residents and leaders mentioned that disrupted food distribution networks, threatened the food security of homebound individuals and Black communities in particular.** The pandemic placed an additional burden on communities to ensure seniors, disabled individuals, and others could access food – which was both limited and often unaffordable.

- **Both community leaders and residents noted limited or delayed access to primary care services** as an added limitation during the pandemic. This was primarily caused by excessive strain and focus on emergency health services and prevented many individuals from accessing critical preventative and primary care services.

Select stakeholder quotes

"A lot of tenants were losing jobs, homeless and hungry. [I] reached out to private owners (private developers), and they sent boxes of food – still do. An elected official came out 2 months later and gave us hand sanitizers, jugs and a couple of masks. For them to be elected and NYCHA to be as big as they are – I was looking for something more outgoing and powerful."
-NYCHA resident

"When we looked at data during the highest infection rates (Jackson Heights) - South Asians had the highest infection rate and Chinese individuals had the highest death rates – all in areas where there was overcrowding."
-City-wide non-profit leader

"Many neighborhoods need safe, accessible doctors, dentists and other medical providers who can continue to provide basic care without having to close for weeks or months at a time during a health emergency."
–CBO leader

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Theme #5: Rapid mobilization of community organizations and local innovations flourished during the pandemic

A major bright spot highlighted across the board was the effective response from community organizations and networks in filling gaps in City support and response efforts.

For example,

- **Community networks executed effective, nimble, and trusted intra-community collaboration to mobilize and deploy resources more rapidly than government.** These efforts were also carried out in a more tailored way to meet specific needs of individuals, which strengthened relationships between CBOs and residents.

- **Local organizations developed innovative and adaptive approaches to meeting unique community needs.** In particular, this enabled them to address specific barriers faced by community residents in receiving health care services.

- **Communities called attention to and increased access to critical services peripheral to emergency response.** These include digitalization and telehealth services, community-level health care delivery, and solutions focused on mental well-being – which had a particular impact in in Black and Hispanic youth communities

Select stakeholder quotes

"Small and local CBOs have been able to mobilize community resources more quickly than the City has with its top-down approaches."
–Mutual aid group leader

"[Pandemic response] worked well because the community came together. And because we brought food, masks, whatever worked well was because of the community and community residents. Red Hook Initiative organized vaccines without leaving our neighborhood."
-NYCHA resident

"Work with community-based organizations (CBOs) and mutual aid groups (MAGs) [helped] to ensure health access to the most marginalized communities."
–Community health center leader