



EATING

IN

EAST

HARLEM

**AN ASSESSMENT OF CHANGING FOODSCAPES
IN COMMUNITY DISTRICT 11, 2000-2015**



SECTION 1

INTRODUCTION

Since 2000, East Harlem has changed dramatically.

New retail and housing developments are springing up on Third Avenue, 125th Street and along the East River. New populations are moving in, changing the demographic composition of the community. Since 2014, a new Mayor and City Council have made improving East Harlem a priority, bringing new public resources into the neighborhood. In the food sector, many new food businesses and public and non-profit food programs have opened, presenting East Harlem residents with a wide variety of food choices.

Since 2000, East Harlem has changed hardly at all.

It still has among the worst health statistics in the city and experiences high levels of food insecurity and diet-related diseases. For forty years, East Harlem has been one the poorest neighborhood in New York City. The most common food outlets in East Harlem, now as in 2000, are bodegas and fast food outlets that still sell mostly unhealthy food. Now, as in 2000, many East Harlem residents still depend on SNAP (Food Stamps) and soup kitchens to get enough food to feed their families. For many, even these supports aren't enough to ensure that no one goes to bed hungry. East Harlem still has the second highest density of

public housing in the city, providing a stable supply of affordable housing, but public housing residents continue to report maintenance problems and experience high rates of preventable health conditions.

How can we understand these two accurate but profoundly different assessments of East Harlem? How can we better understand what has and has not changed and why? How can we use evidence of change to set meaningful goals in food policy but also in other areas—for East Harlem for the next five, 10 or 15 years? How can we ensure that the residents, organizations and leaders of East Harlem have the information they need to make informed decisions about our community's future?

In this report, we analyze how foodscapes have changed in East Harlem since 2000. In the last 15 years, there has been a growing recognition that food is a lens through which we can examine health, poverty, economic development, culture and happiness. Foodscapes are defined as the places where people in East Harlem acquire, prepare and eat their food. They also describe the institutional arrangements, cultural and social spaces, and policies that shape how and what people eat.



A small grocer in East Harlem.
Photo credit: New York Common Pantry

To identify changes in health and well-being, we make comparisons across time and place. Comparing East Harlem to one of the wealthiest and healthiest communities in New York City allows us to ask what changes in living and economic conditions in East Harlem could produce the health results achieved by residents of the Upper East Side?

Differences in economic and social conditions also influence food environments. Thus, East Harlem residents seeking to shrink the many gaps between our community and our wealthier neighbors to the

South will need to consider what economic and social changes will be needed to achieve our food goals—and what changes in food can contribute to the broader goal of a healthier, more just city.

This report reflects the incredible work of the many community groups that work to improve the health and well-being of East Harlem residents. It seeks to recognize and celebrate the progress we have made. But we also want East Harlem to be better able to identify what else needs to change in order to create a community where hunger and food insecurity are history and where epidemics of diet-related conditions like obesity and diabetes are on the road to elimination.

No community can prosper and sustain itself without access to healthy, affordable food for all its residents. This report is dedicated to strengthening East Harlem's capacity to turn that vision into reality.

SECTION 2

CHANGES IN RETAIL FOOD IN EAST HARLEM

Where people in East Harlem buy and eat food has changed dramatically since the late 1990s. At that time, community activists concerned about the lack of large, full service food retailers in East Harlem led the City to support the creation of a Pathmark supermarket the size of a city block. Almost 20 years later, the neighborhood has more of every kind of food retail: Costco, the world's second largest retailer and America's largest organic food seller shares space with Target and Aldi in a giant shopping center on the East River. Smaller supermarkets have been upgraded, and new independent grocers have moved to the neighborhood. Green Carts, farmers' markets and urban agriculture programs provide alternative access to produce. But East Harlem also has more unhealthy food available than it did in 2000: four times as many chain fast food restaurants today compared to 2000, and 26 percent more bodegas.



A CSA pick-up site at La Marqueta's Urban Garden Center, located at 116th street and Park Avenue

And as this report was being written, the Pathmark that the community fought so hard to bring to East Harlem shut its doors and another large supermarket, the Associated on 116th Street and Third Avenue, also announced its intention to close. These closures are at least partly a result of economic development policies that have made these sites much more lucrative for residential and commercial development than for a supermarket. It is a highly visible example of the shift in the food environment that has resulted from East Harlem's gentrification, and suggests the need for those concerned about health to pay closer attention to effect of development policies on food retail.

SOME SIGNIFICANT CHANGES IN EAST HARLEM'S FOOD ENVIRONMENT BETWEEN 2000 AND 2015 INCLUDE:

- 42 percent increase in the number of food retailers
- 80 percent increase in the number of supermarkets, from 10 in 2000 to 18 in 2015
- 84 percent increase in restaurants, with the number of fast food franchises more than quadrupling from 11 in 2000 to 47 in 2015
- Fast food sales increased from 28 percent to 38 percent of all restaurant sales.

These changes in the distribution of retail outlets and their sales have several implications for nutrition, health and community well-being. The increase in the number of supermarkets, Green Carts, and farmers' markets suggests that fruits and vegetables are now more available in East Harlem than in 2000. Some studies suggest that more fruit and vegetable availability in low-income communities leads to more consumption. The increase in the number of restaurants and in their revenues suggest people are eating more outside their home, a trend associated with diets higher in calories, fat, sugar and salt that put people at risk of diet-related disease.

The rapid growth of sales by chain restaurants suggests more people are eating more unhealthy food.

The significant increase in the number of chain restaurants and supermarkets that are part of chains shows that more food outlets today than in 2000 are taking profits generated within East Harlem to national corporate headquarters outside East Harlem, a trend that contributes to the outflow of dollars from East Harlem.

Targeted programs, as well as broader land use and economic changes in East Harlem, have resulted in a denser and more diverse retail food environment in 2015 than in 2000. By the end of 2015, East Harlem is neither simply a food desert—a place where no healthy food can be found—nor a “food swamp”, a community with abundant but largely unhealthy food options. Rather, our community is a complex mix of healthy and less healthy food sources, innovative food purchasing programs and conventional supermarket chains, and a combination of fast food and ethnic restaurants.

To reduce the food insecurity and diet-related diseases associated with East Harlem's current retail system, changes are needed at two levels. First, East Harlem needs targeted programs and policies to encourage retailers to sell healthier foods and to bring healthier and more affordable food to the community. Second, the community as a whole needs broader civic engagement in planning, zoning, and economic development policies to ensure that food is considered as the community is redeveloped and that neighborhood development does not displace affordable food retailers. By acting on these two levels, East Harlem can create new opportunities for healthy food retailers to thrive in our community.

SECTION 3

CHANGES IN FOOD INSECURITY AND FOOD ASSISTANCE IN EAST HARLEM

In 2015, 34 percent of East Harlem residents received benefits from the Supplemental Nutrition Assistance Program (SNAP), the first line of defense against food insecurity, among the highest rates in the city. When SNAP benefits fall short, the Emergency Food Assistance Program (EFAP) in New York City, through food banks and soup kitchens, provides a safeguard against hunger. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is another buffer against malnutrition for vulnerable families.

Improving the health of East Harlem residents will require a commitment to reducing food insecurity.

Ensuring a living wage and stable rents to keep life in East Harlem affordable for all would be ideal. However, with high numbers of working poor and continuing cost of living hikes, community and government support for increased access to public food benefits and emergency food remain vital safety nets.

FOOD INSECURITY IN EAST HARLEM

Food security is vital to ensuring health, well-being and the ability to lead an active lifestyle. From 2000 to the present, changes in federal, state and local food benefit programs have directly affected residents in East Harlem and their level of food security. Between 2009 and 2012, East Harlem ranked 14th highest in levels of food insecurity among the city's 59 community districts. In 2014, the Food Bank for New York City estimated that 23 percent of East Harlem's residents- more than 28,000 people- were food insecure, again ranking 14th highest among the city's community districts.

FIGHTING HUNGER IN EAST HARLEM: 2000 TO 2015 CHANGES IN SNAP



Previously known as the Food Stamp Program, the Supplemental Nutrition Assistance Program (SNAP) aims to alleviate hunger and malnutrition through monthly benefits to eligible low-income families. SNAP participation rates in East Harlem almost tripled between 2001 and 2013—from 24 percent of households to 63 percent of households. In addition to policies that have expanded access to SNAP and reduced barriers to participation, public and non-profit organizations and city agencies have amplified efforts to assist program participants to apply for SNAP.

SNAP HOUSEHOLDS AND PURCHASING POWER IN EAST HARLEM

Several demographic groups face distinct challenges in enrolling in SNAP, including immigrants and senior citizens. In 2000, the East Harlem zip code of 10029 was estimated to have 1,449 eligible immigrants not participating in SNAP. The Council of Senior Centers and Services (CSCS) reports half of SNAP eligible seniors in East Harlem are not receiving food benefits.

THE EMERGENCY FOOD ASSISTANCE PROGRAM

Like other low-income neighborhoods, East Harlem has a robust network of soup kitchens, food pantries, food banks, and food rescue organizations providing emergency food assistance. However, between 2004 and 2015, the number of organizations providing such assistance in East Harlem fell from 29 to 22. Many SNAP participants still turn to emergency food regularly to make ends meet. A mix of federal, state, and local government, and private and charitable funds support the emergency food assistance system.

SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN

The WIC program provides additional assistance for low-income pregnant, postpartum and breastfeeding women and infants, and children determined to be at “nutritional risk” by a health professional. In 2009, the New York State Department of Health determined that 17,247 women, infants and children were eligible for WIC in East Harlem but data on those actually enrolled are not available.

SECTION 4

CHANGES IN INSTITUTIONAL FOOD: THE PUBLIC PLATE IN EAST HARLEM

Meals provided or funded by New York City's public agencies enhance the foodscape of East Harlem in at least four ways. They:

1. Reduce hunger and food insecurity by creating access to food for low-income individuals and families thus freeing household resources to meet other needs.
2. Improve nutrition and combat diet-related disease by serving meals that meet rigorous nutrition standards, and by contributing to the development of healthy food habits.
3. Provide jobs, sometimes with adequate wages and benefits, some of which are held by East Harlem residents.
4. Generate business for local vendors.

The "public plate" is one of the sectors of the food system most directly susceptible to intentional intervention by government. When public agencies prepare and serve meals, or fund meals served by other organizations, they are able to exercise a high degree of control over who eats the meals and what is served. Thus the public plate enables government to address both food insecurity and diet-related disease. We use three types of institutional food (school food, senior meals and hospitals) to illustrate the power of the public plate to alter or maintain the neighborhood's food system.

SCHOOL FOOD

School meals contribute to community well-being by reducing food insecurity and preventing hunger, improving nutrition and promoting health, creating jobs and a huge market for locally and regionally produced food products, and waste reduction. All public schools in East Harlem serve breakfast and lunch, and have done so for many years.

School meals are a big undertaking in East Harlem. The overwhelming majority of these meals, 90 percent, were served to students eligible to eat free.

Since 2000, the number of lunches served has dropped by 15 percent, largely due to enrollment declines. The number of school breakfasts, on the other hand, has increased, reflecting a policy change that made breakfast free for all students beginning in 2003-2004, and the addition of Breakfast in the Classroom in some schools in subsequent years. School breakfasts served in the neighborhood rose to a peak of 881,613 in school year 2011-2012. School lunch participation measured has varied only slightly since 2002, while school breakfast participation nearly doubled before a significant decline last year, explained partly by a substantial increase in attendance despite a modest drop in enrollment.

SENIOR MEALS



A food service worker washing up at Carver Senior Center

Senior meal programs create jobs and bring federal, state, and city dollars into the area, while providing nutritious meals to seniors. New York City Department for The Aging (DFTA) has long had nutrition standards for meals, and agency nutritionists monitor centers for compliance, including at least two site visits per year. When the New York City Food Standards were promulgated in 2008, stronger limits on sodium and greater requirements for fiber, fruits, and vegetables were established. There has been no systematic study of meal quality in the centers in East Harlem, but center directors express general satisfaction with the rules, and a conviction that the standards have promoted better health among seniors. Centers use a variety of procurement strategies for fresh produce and other food and expressed interest in a DFTA initiative to promote direct purchase from upstate vendors.

Eight senior centers funded by Department for the Aging (DFTA) are located in East Harlem, where the population sixty and over numbers nearly nineteen thousand. Together, these centers serve about 740 congregate lunches on an average day. Despite the relatively small volume, the meals are important to many of the seniors who consume them: many East Harlem seniors live alone (42 percent compared to 29.4 percent citywide), many are poor (24 percent compared to 9.9 percent nationally), and more than half of those seniors who are SNAP eligible are not enrolled.

HOSPITALS

Two hospitals are located in East Harlem (one public and one private), and a third is located close enough that it undoubtedly serves East Harlem residents. Beginning in 2008, patient meals in public hospitals were required to meet the New York City Food Standards, as well as the standards of the Joint Commission on Hospital Accreditation and various therapeutic specifications prescribed by physicians. Hospitals also serve meals to the City's 125,000 hospital employees and to thousands of visitors. In public hospitals, these meals too must comply with the New York City Food Standards for the food they purchase.

Hospitals provide the clearest example of the potential influence of public agencies on private organizations. In 2011, with support from the federal Centers for Disease Control and Prevention (CDC), the New York City Department of Health and Mental Hygiene (DOHMH) launched the New York City Healthy Hospital Food Initiative to encourage all hospitals in the city to increase access to healthier foods and beverages in which 17 private hospitals voluntarily participate. All three of the institutions in East Harlem have at least a silver star ranking.

New York City | HEALTHY HOSPITAL FOOD INITIATIVE

The Healthy Hospital Food Initiative works with NYC hospitals to create healthier food environments using the NYC Food Standards. The Standards include working on patient meals, food and beverage vending machines, and cafeterias. Each participating hospital is recognized for their level of accomplishment on this map.

-  Highest level of recognition; Implement all four NYC Food Standards.
-  Implement two NYC Food Standards.
-  Implement one NYC Food Standard.
-  Join the initiative and start implementing the NYC Food Standards.



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For more information, please contact: nycfoodstandards@health.nyc.gov



Made possible by funding from the Centers for Disease Control and Prevention and the Department of Health and Human Services.

SECTION 5

CHANGES IN EDUCATING FOR HEALTHIER EATING IN EAST HARLEM

In the last 15 years, nutrition education initiatives in East Harlem have increased in response to growing concerns about obesity and diet-related diseases and the development of new policies and funding streams for educating people about food and nutrition.

In 2015, we identified 64 separate programs offering nutrition or food education in East Harlem, 53 percent of which had started after 2009.

A few facts illustrate the scope of these efforts:

- 39 percent taught basic nutrition facts, 23 percent healthy cooking skills, and 9 percent the importance of reducing consumption of unhealthy food.
- Most common populations reached by these programs were the general community (served by 39 percent of programs), 5-12 year olds and teens, (30 percent each), adults (22 percent), and young adults (16 percent). Fewer than 6 percent of program specifically served older adults, people with diet-related diseases or recent immigrants, suggesting unmet needs.
- 52 percent of programs were based in East Harlem; the remainder were citywide programs that provided services in East Harlem.

- Programs used various educational strategies including cooking-based programs (used by 28 percent of programs) followed by classroom instruction (16 percent), gardening-based, media and retail strategies (used by 11 percent each).
- Schools, youth programs and community centers were the most common setting for nutrition education in East Harlem. Fewer programs were offered in preschool centers, public housing or senior centers.

Few programs have the resources to evaluate their interventions or to report the evidence that led them to use that strategy. There may be a great value in strengthening the capacity for evaluation and evidence-based program development

CITY INITIATIVES

Under the Bloomberg administration, several citywide policy changes and public education campaigns were enacted to educate New Yorkers about the dangers of consuming foods high in fat, sugar and salt. Calorie labeling on chain restaurant menus, a graphic anti-soda campaign illustrating the effects of sugar-sweetened beverages, and an attempted soda cap campaign all combined to make public health campaigns about food more visible to the average New Yorker, and also helped to create a dialogue about the DOHMH's role in educating the public about healthy eating.

COMBATING INDUSTRY



Counter-marketing image developed by Youth Food Educators for East Harlem

As the discussion about the intersection of food and health became a more popular subject for public discussion, the food industry's marketing efforts intensified. More specifically,

food and beverage companies made a concerted effort to target marketing for nutritionally poor foods directly to Black and Hispanic youth.

This is of particular importance for the East Harlem community where 50% of the population is Hispanic and 31% is Black. Given the disproportionate exposure to media and food marketing public health practitioners are beginning to create initiatives that seek to reduce unhealthy food marketing to youth of color and increase marketing of nutritious foods.

East Harlem has seen an increase in the number of healthy eating initiatives in the community over the past 15 years. Some of these programs have been successful in engaging community members, increasing the dialogue about healthy eating in schools, and modestly improving health outcomes. However, there are gaps in providing nutrition education services for vulnerable groups in East Harlem including those with limited English proficiency and the senior population. Moving forward it will be a challenge to coordinate the multiple healthy eating and nutrition education efforts in the East Harlem community. Sharing best practices within and among organizations is crucial to support successful programs and increase program sustainability.

SECTION 6

CHANGES IN HEALTH AND DIET IN EAST HARLEM

This section describes changes in diet, health and health behavior in East Harlem, compared to New York City as a whole in two broad areas: health and dietary behavior, and self-reported diet-related and other health conditions and diagnoses. This review of changes in health in East Harlem since 2000 reveals both positive and negative trends.

POSITIVE TRENDS INCLUDE:

1. Modest increases in the proportion of East Harlem adult residents who meet CDC recommendations for daily fruit and vegetable consumption.
2. Although East Harlem adults have generally reported less daily fruit and vegetable consumption than adults in New York City as a whole, the gap has gotten smaller over time.
3. The proportion of East Harlem adults and children and youth who consume more than one can of soda a day has dropped over the last 5 years and the portion consuming one can a day or less has increased. In addition, the gap between daily soda consumption rates in East Harlem and New York City for adults as a whole had shrunk considerably in the past five years.
4. The proportion of children ages 5-14 who attend school or live in East Harlem who are overweight or obese has declined somewhat between 2006 and 2011 and this decline has been greater than the decline for New York City as a whole.
5. The gap between the proportion of adults in East Harlem who have been diagnosed with diabetes and those in New York City as a whole with such a diagnosis was smaller in 2013 than 2002. However, part of the decline in the gap was due to an increase in the diabetes rates in NYC as a whole.

6. The death rates for diet-related diseases such as heart diseases, diabetes and cerebrovascular diseases declined in East Harlem between 2000 and 2013 and the decline was greater in East Harlem than in New York City as a whole.

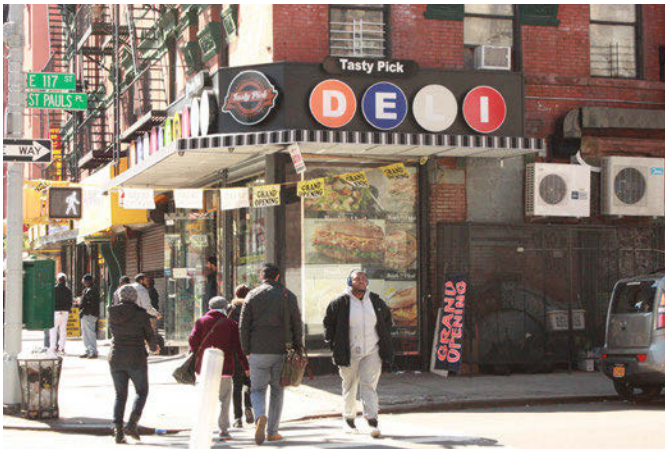
TROUBLING TRENDS INCLUDE:

1. Very few East Harlem adults meet the CDC's recommendations for daily fruit and vegetable consumption.
2. Most children and youth in East and Central Harlem do not meet CDC recommendations for daily fruit and vegetable consumption.
3. For children and youth, the gap between the higher rates of daily consumption of more than one can of soda a day in East and Central Harlem and New York City as a whole has not shrunk over the last five years.
4. The proportion of East Harlem adults who report fair or poor health and serious psychological problems is much higher in East Harlem than in New York City as a whole and the gaps have not diminished over time.
5. The proportion of adults in East Harlem and youth in Central and East Harlem whose height and weight (BMI) make them overweight or obese is higher in East Harlem than New York City as a whole and the gap has not declined over time.
6. The death rates from diabetes, cerebrovascular diseases and all causes was higher in East Harlem than in New York City as a whole in both 2000 and 2013.

SECTION 7

CONCLUSIONS AND RECOMMENDATIONS

Our review of changes in the food landscape in East Harlem between 2000 and 2015 tells a complex story that shows some significant improvements, some deterioration and other areas that have barely changed. What conclusions can we draw from this overview?



Grand opening of a deli at East 117th Street and St. Pauls Place

In the coming months, researchers, public health professionals, health care providers, community workers, activists and residents in East Harlem will need to consider what mix of the following approaches will best lead to reductions of high rates of food insecurity, overweight, obesity and diet-related diseases in East Harlem:

1. We're on the right track—keep it up.
2. We're on the right track but need to do more and better.
3. To achieve more meaningful changes, we need more transformative approaches to policy and programs that affect diets and health.

These three approaches are not mutually exclusive, but only by gathering and analyzing evidence can we show which of these explanations best explains the various changes we have reported. This in turn will help the people and organizations of East Harlem to determine the most effective strategies for achieving our common goals.

POLICY RECOMMENDATIONS

Based on the findings of this report and on extensive conversations we have had with others doing food work in East Harlem and New York City, we recommend 10 broad food policy goals for discussion and action in East Harlem. Our recommendations are intended to spark a community discussion on cross-cutting, intersectoral food policy goals and strategies. In the full report, we provide a rationale for each goal.

1. Create more community-based and community-owned alternative food outlets such as farmers' markets, food co-ops, CSAs and mobile markets.
2. Reduce promotion and ubiquity of unhealthy food at community, city, state and national levels.
3. Find new ways to use SNAP to encourage purchase of healthier food and increase demand for healthy affordable food and maximize enrollment in SNAP in East Harlem.
4. Create East Harlem based healthy food procurement center that can assist local service agencies, child care and senior programs, private schools and others to purchase more affordable healthy and, where appropriate, local food for their institutional food programs.
5. Encourage public agencies and community institutions to adopt a "food in all policies" approach.
6. Create and sustain an East Harlem Food Policy Council.
7. Make East Harlem's Community School District 4 a free-for-all school meals district.
8. Launch an East Harlem Soda Free Community Campaign.

9. Organize a coordinated and comprehensive initiative for Healthy Eating for NYCHA residents in East Harlem.

10. Create a centralized public database that lists and describes all food and nutrition education programs in East Harlem.

East Harlem is rich in the human assets that can change our foodscape from one that too often leaves too many of our community's residents hungry or sick. No single change will by itself transform East Harlem's foodscape but by identifying our common problems, coordinating our efforts, and acting together on goals such as these, we can be sure that 15 years from now East Harlem's foodscape will better support the well-being of our community.

ABOUT THE REPORT

This executive summary provides an overview of our findings. The full report, acknowledgements and appendices are available at: eatingineastharlem.org. We used publicly available data, identified by source in the reference notes included in the full report. In some cases, we were forced to use different start or end dates because of the lack of availability of data for certain years. In several cases, we gathered additional information through telephone interviews with city officials or food policy analysts or advocates. These interviews are included in our reference notes in the full report. Through preparing this report, we were reminded that reconstructing a foodscape from publicly available data is fraught with problems. One of the values of this project is identifying what indicators we need to track at the community level so that we can more reliably understand changes in a community's foodscape. Additionally, we invite input and corrections from our partners and consider this to be a living document intended to serve East Harlem the best way it can. Please send comments, corrections, questions and suggestions to: urbanfoodpolicy@sph.cuny.edu.

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