

Communities Driving Recovery:

Our plan for effectively using Recovery Funds received by the DOHMH

A Community-Driven Plan for Effectively Using the Doubled Recovery Funds Received by the DOHMH Bureau of Equity and Wellness. We are united in our commitment to ensure improvements in our communities and neighborhoods health and social needs.

Concerned about the manner in which federal, state and city funds are allocated repeatedly to large organizations, rather than to community-based organizations who are on the ground actually doing the work, often lacking proper resources, we are writing to urge a plan, with proposals which fundamentally assists in ensuring that the very large increase in the NYC DOHMH's budget, particularly the doubling of the Department's Center for Health Equity to \$108 million is used in effective community partnership.

An important step of implementing a community-rooted response to COVID-19 in the work is the Test & Trace and Vaccination (T2) Community Group Coalition and Advisory Board. It needs to stay in place, supported and strengthened, because community-based organizations are crucial components of the communities most impacted by the pandemic and the economic devastation. We are important employers, service providers, and community builders for these marginalized communities.

Our Goals

1. Presenting an array of potential projects in hardest hit communities that can be effectively implemented in the one to two years within which the recovery-related funds must be expended.
2. Continuing to strengthen the T2 Community-based infrastructure, including the recently added VEPE grantees, by proposing program areas in which a wide array of community groups can participate and adapt to address the needs of their respective communities.
3. Outlining an accelerated planning and contracting process that involves immediate planning meetings with the city and CBOs to develop the program areas, simplify the application process using contract modification to add approved new program areas/activities for funding to the existing T2 contracts, which avoids a lengthy contracting process, which would inhibit the expeditious use of these funds. Community-based organizations/groups should be included in any RFP process for the next phase.
4. Work towards contracts with the community-based organization sector in ways that enable them to (1) equitably and timely receive funds 2) share in government decisions 3) compensate their workforce fairly and equitably and (2) implement internal policies and practices that promote equity and address disparities

The five major program areas we consider critical are:

1. Allocating an estimated \$16 million for a widespread implementation of proven peer-delivered and other community-based chronic disease prevention methods, with education on self-care included at community sites; training community organizations and groups on sustaining these programs by becoming certified providers; and enabling these community members to start translating key materials into culturally appropriate languages, currently unavailable. This approach addresses the overwhelming impact of diabetes and other chronic disease.

2. To apportion an estimated \$12 million for food justice and building community members' access to nutritious food; that is, to effectively fund more food pantries, launch community-driven initiatives to widely increase community gardens, including at NYCHA properties, encourage programs for community groups to be linked with existing community/home gardens and then to food pantries for more regular donations of fresh food, expand Health Bucks using CBO outreach for distribution, expand overall education programs to all CBOs who participated in T2 by funding them to provide interactive local workshops on the relationship of food/nutrition/food racism to chronic disease rates, and poor physical and mental health.
3. Allocating an estimated \$14 million to navigation and service coordination/SDOH Assessment and Referral, which includes funding community groups to be able to provide the navigation/service coordination/risk mitigation to streamline the participants' engagement with medical, behavioral, social health delivery systems and wellness activities like yoga and exercise.
4. Recognizing faith-based initiatives' role in communities that an estimated \$6 million funding allocation can assist with augmenting and continuing to support many health programs now being provided by faith-based organizations.
5. Utilizing an estimated \$6 million apportionment to ending IT inequity and racism. Of those funds, provide an estimated \$50,000 to \$75,000 for the 70 CBO groups (original T2 groups and VEPE grantees). Funding can be aimed at supporting efficient referrals and linkages by providing CBOs with IT. plus necessary technical assistance, which enables these organizations to track their clients, activities, and outcomes efficiently and accurately. Through technological investment, as another social determinant of health, it enables all participating groups to undertake critical upgrades to their IT systems and field capacity for data/information collection and analysis, development of cybersecurity protocols protecting their IT infrastructure, people they serve, and equipment from hackers and unauthorized access.

All training, technical assistance, and other supportive services necessary for implementing these programs MUST be provided by T2 organizations, themselves, where available.

These proposed program areas intend to directly and immediately launch critical improvements to health in the communities severely impacted by COVID-19 pandemic. The city cannot repeat ignoring and injuring communities that have suffered terribly and disproportionately. We are adamant in our insistence that community-based organizations are sufficiently capable to provide the services to achieve these goals, as opposed to the practice of importing outside contractors, such as the newly formed, "Public Health Corps", who often lack experience and cultural sensitivity to these communities.

Our community-based organizations are the Public Health Corps the City's DOHMH needs.

*For more information or to discuss this proposal,
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