

**RACE TO
JUSTICE**

Advancing
Racial Equity
& Social Justice

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Community Engagement Framework

MAY 2017





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Introduction

In 2014, under the leadership of Commissioner of Health Dr. Mary T. Bassett, the New York City Department of Health and Mental Hygiene made advancing health equity a clearly articulated agency goal. Since then, the Health Department has launched a multi-faceted internal reform effort called Race to Justice, which aims to build our organizational capacity to advance health equity. Racial equity and social justice are necessary to achieving the Health Department's mission to promote the health of all New Yorkers, and this work outlines how we can strengthen our policies and practices to improve outcomes across the city. Expanding and aligning the agency's community engagement activities is essential to advance health equity and is a core action area of Race to Justice.

Although community engagement is an essential element of public health work, much variation exists across the Health Department in what community engagement means and entails. In the spring of 2015, staff from each division formed the Community Engagement Workgroup in an effort to unify the agency's understanding and approach to community engagement. From March through December 2015, the Workgroup, including its Steering Committee and various subcommittees, worked on the following:

- Identification of current agency assets and practices in community engagement
- A specific community engagement framework for the agency
- Recommendations for a process to develop agency-wide indicators
- Recommendations for a process to train staff in the use of the framework and indicators
- Recommendations to continue this work and align it with ongoing efforts to examine our practices with a racial equity and social justice lens and to determine opportunities for improvement

A brief description of the workgroup's process can be found in the Appendix. The Community Engagement Framework that follows is an adaptation of a publication from the U.S. Department of Health and Human Services.¹ It is simple and flexible and will allow staff across the agency to establish a common language for discussion and refining agency work related to community engagement. The framework can be used as both a planning and an assessment tool. It also has broad application to community engagement work across all divisions and complements other models for collaborative work currently in use across the agency, including Collective Impact.²

This document is the written articulation of months of discussion, comparisons with other paradigms for community engagement, and examination of the agency's current practices. If the process that has begun continues, this document will change and grow as staff start using and building on the various approaches outlined here.

1. *Principles of Community Engagement, Second Edition*, NIH publication No. 11-7782, 2011.

2. Kaina, J., Kramer, M. Collective impact. *Stanford Social Innovation Review*. Winter 2011. Retrieved Jan 27, 2017 from: https://ssir.org/images/articles/2011_WI_Feature_Kania.pdf

Definitions

The words we use to describe our work should be clear and familiar to all agency staff. Because these terms are also commonly used in everyday language, it is important to articulate their specific meanings for our purposes. The following are the working definitions of terms used in this framework:

Community Engagement: "...the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting the well-being of those people." (CDC, 1997)

Community: A group of people with diverse characteristics that share commonalities, including geography or social, political, or economic experiences.


Stakeholders: Individuals, communities or organizations that are invested in and effect or are affected by the system, intervention or program. Specifically, stakeholders include:

- The individuals or groups most affected by the issues being addressed
- Individuals or organizations responsible for addressing the issue; those whose jobs or lives might be affected by the process or results of the intervention or program
- Institutions and their representatives who have the power to make decisions about the intervention or to influence others; those who have a vested interest in the outcome of the effort (e.g., government officials, policy makers)

Partners: Individuals, communities, and/or organizations that enter into a mutual agreement with the Health Department (and perhaps other organizations and agencies as well). These may include but are not limited to: local, state, national, international, public, faith- and community-based, private and academic organizations. Partners may or may not be directly affected by the activities they are engaged in.

Partnerships: Partnerships generally involve shared objectives, distinct accountabilities, and reciprocal obligations. Partnerships are expected to add value to what each individual partner could achieve alone. Such arrangements build on the strengths and capabilities of each entity to produce larger and more sustainable impacts.

Strategic partnerships help define local priorities for social investment, assign responsibilities, apportion costs, mitigate risks, establish accountabilities, improve productivity and resolve conflicts. Ideally, partnerships avoid duplication of efforts, capitalize on each actor's expertise and pool resources to tackle complex social problems.

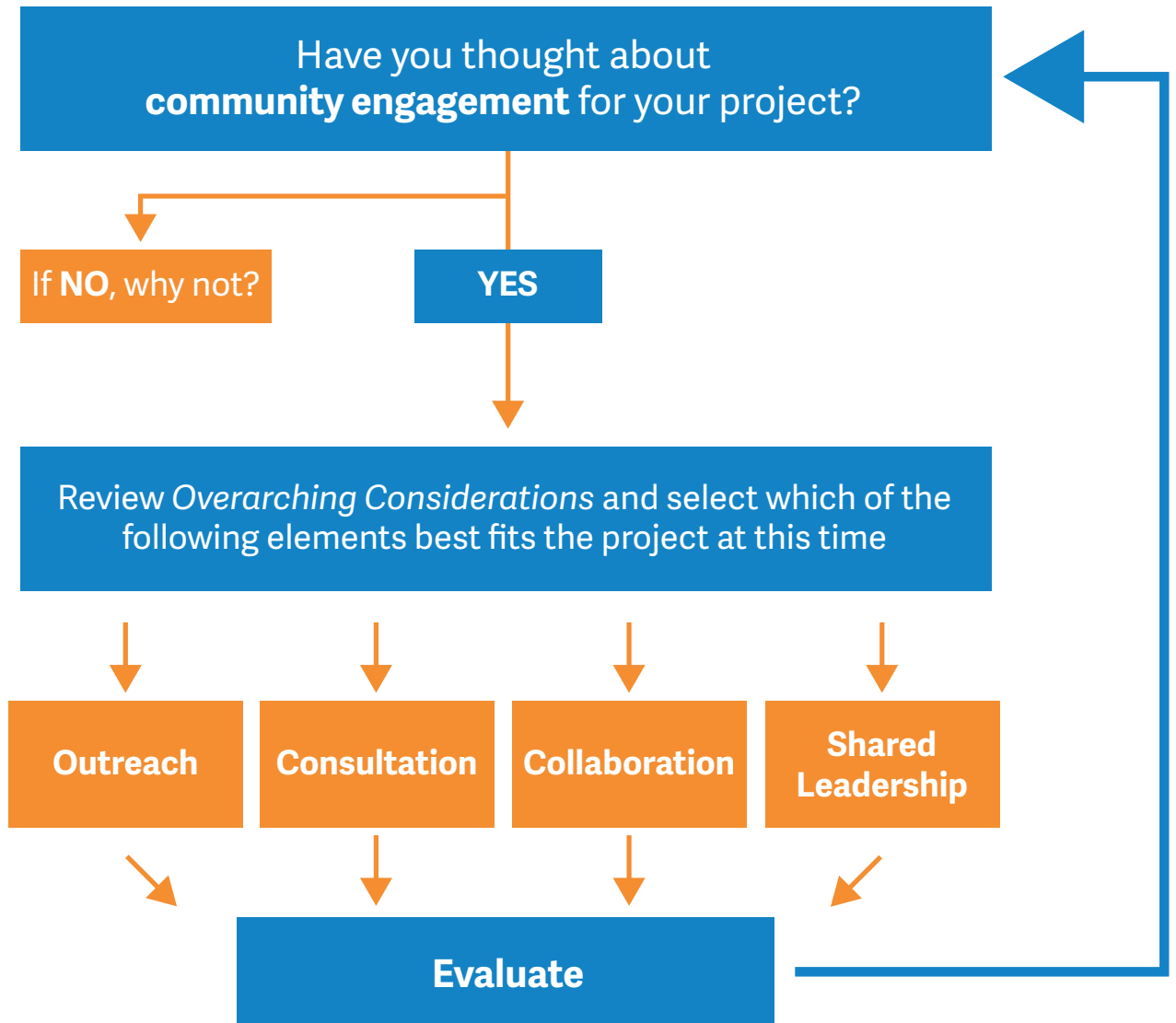


Health Equity: When all people to have the opportunity to attain the highest level of health. No one is kept from reaching the highest level of health because of their social position (e.g., class, immigration status) or social identities (e.g., race, gender, sexual orientation). (Adapted from CDC.)

Social Justice: The view that everyone deserves equitable economic, political and social rights and opportunities.

Racial Justice: The fair treatment of people of all races across policies, institutions and communities resulting in equal opportunities and outcomes for all. (Adapted from Race Forward.)

Framework Diagram



Overarching Considerations

Background

Community engagement is defined as the direct participation of neighborhood residents or other members of cultural, religious, social or political communities in addressing issues directly affecting that population. As New York City's Health Department, we work with many different groups of people, including other city government agencies, community organizations, faith-based organizations, schools, academic institutions, and residents living in the city and many others. The framework acknowledges that communities are overlapping and concentric and values the importance of building authentic, sustainable and trusting relationships with community members. It considers residents and those most affected by our decisions as the primary stakeholders in the Health Department's work. This motivates us to think critically about our relationships with various communities and innovate ways to encourage stakeholder participation in agency planning and decision-making.

The framework will support and guide our agency's practice to advance health equity. Health equity is the attainment of the highest level of health for all people, where no one is kept from achieving this level of health due to social position or identities. Implicit in this definition is the fact that optimal health for all is not yet a reality, as some are unfairly disadvantaged by social conditions and systems, while others are unfairly advantaged. To advance health equity, we must identify the underlying social and systemic injustices that drive health inequities and intentionally design strategies that change these systems by promoting social, racial and economic justice.

As a local public health department, we can advance justice through critical research, policy, advocacy, program development and evaluation, and other public health practices. This work includes examining the power dynamics and structures within and among the institutions—including our own—that maintain inequities. Understanding and addressing these dynamics is critical to meaningful community engagement; they determine who we choose to engage and how, who is included in decision-making, and how community members' power is valued and accounted for in our work.

Clarity in our language is important. The Health Department understands that people use similar terms in different ways. This document includes a glossary of the terms used throughout the document (see page 6).

PolicyLink³ notes that, “Community engagement is not just a set of activities and methods confined to a particular project, policy or process. Rather, it is a way of communication, decision-making and governance” that recognizes community members’ power and includes them and other stakeholders in identifying problems and making decisions that promote equitable outcomes. PolicyLink continues, “Public agencies have plenty of tools for basic public participation and protocols for using them, but many of these are ineffective because they do not address the legacy challenges in low-income communities and communities of color, nor do they tap into their expertise and organizing capacity. Community engagement encompasses a more comprehensive approach, creating practices and institutionalized mechanisms” that prioritize the interests of marginalized communities and facilitate interactions between agency staff and diverse stakeholders.

As we work to advance health equity across the city, we must embrace community engagement as an agency-wide strategy, expanding our approach beyond the discreet needs or activities of programs. This strategy aims to build and maintain relationships with partners and residents, as well as create planning and decision-making structures that support their voice in multi-stakeholder collaborative efforts. These long-term relationships will benefit our work by accelerating efforts to mobilize against health threats, increasing access to information about the spread of diseases, and improving our understanding of and capacity to address the root causes of inequities. All types of community engagement—from outreach, to consultations, to long-term collaboration and shared leadership—help foster and sustain the relationships that make our work more efficient and effective.

It is also important to recognize that we are public servants in a government agency, funded by taxpayer dollars to protect and promote public health. We approach this work with different types of expertise in public health and experiences in community engagement, epidemiology, health education, program development and related areas. The roles of public agency employees come with the obligation and challenge to leverage the resources we have to carry out our mission. Many of the communities we engage with do not have the time or money to do this work. Therefore, the Health Department works to efficiently use City resources to address their needs. Finally, we must increase the capacity of organizations and individuals. The Health Department strives to engage people beyond merely providing “technical assistance” and to recognize the existing experience, voice and power of our residents and partners. In addition to providing direct services, we must also ask community members about their needs and strengths and, with intention, include them in our processes of finding solutions when able.

3. Bergstrom, D., Rose, K., Olinger, J., Holley, K. *The community engagement guide for sustainable communities*. PolicyLink and Kirwan Institute. 2013. Retrieved January 27, 2017 from: https://www.policylink.org/sites/default/files/COMMUNITYENGAGEMENTGUIDE_LY_FINAL%20%281%29.pdf.

Core Values and Principles

| Values | Principles |
|-------------------------------------|--|
| Equity | <ul style="list-style-type: none"> • Share decision-making and initiative leadership as often as possible • Treat participants with integrity and respect |
| Racial and Social Justice | <ul style="list-style-type: none"> • Work to undo racism and other injustices to advance fair opportunities and outcomes for all residents, particularly those who are marginalized |
| Resident Power and Inclusion | <ul style="list-style-type: none"> • Prioritize the expertise of city residents most affected by inequities when identifying health challenges and developing lasting solutions |
| Accountability | <ul style="list-style-type: none"> • Build processes that are responsive to feedback from those we work with • Be willing to change and adapt throughout the process |
| Transparency | <ul style="list-style-type: none"> • Communicate openly about motives, resources, power dynamics and decision-making processes • Acknowledge challenges and limitations and work openly to address these and maintain community members' trust |
| Sustainability | <ul style="list-style-type: none"> • Continually reflect, assess and communicate to maintain and deepen relationships for long-term action • Allocate adequate resources to maintain relationships with communities over the long-term |
| Capacity Building | <ul style="list-style-type: none"> • Increase community involvement, impact, trust and communication by improving coordination, enhancing existing services, advocating for policy change and learning through pilots |

Key Considerations

Before starting a community engagement effort...

- a. Be clear about the purpose, goals and desired outcomes of the effort
- b. Define the community you want to engage and identify other stakeholders
- c. Identify and assess existing partnerships—particularly collaborative and shared leadership relationships—both within your program/bureau/division and agency-wide. Then consider creating new relationships.
- d. Become knowledgeable about the community—its culture, belief/religious systems, economic conditions, social networks, power structures, norms and values, history, previous experience with outside groups and with the Health Department, etc.
- e. Assess existing internal capacity and resources for engagement
- f. Establish processes and select strategies for engagement
- g. Establish how to review and evaluate engagement
- h. Understand the Health Department's role as a government agency in the engagement effort. Recognize any constraints that role may have on the effort

For engagement to occur, you must...

- a. Go to the community and neighborhoods to build relationships and work with community leaders to lay the groundwork for future collaborations
- b. Build diverse and varied partnerships and relationships across the many sectors in a community (education, housing, business, healthcare, social service, etc.)
- c. Ensure partners commit to join the effort
- d. Reflect on and reassess the process throughout
- e. Be flexible, open and humble. Remember and accept that no external entity can bestow power on a group to act. Honor the self-determination of all people in the community.
- f. Discuss the effort with your team and others; seek guidance as needed

For engagement to succeed...

- a.** Sustain communication and determine how to create and maintain processes for community engagement
- b.** Recognize and respect the diversity of every community
- c.** Leverage community assets and strengths to sustain commitment and build community capacity
- d.** Reinforce access to networks and resources
- e.** Remain humble and teachable
- f.** Be open to addressing new issues that may be more important to community members than what was originally on your agenda
- g.** Invest resources (both time and money) in building and maintaining partnerships
- h.** Assess sustainability and effectiveness of the model and/or strategy, focusing on shared leadership

How to Use the Framework

Department of Health staff can use the framework in the following ways:

- Program/Strategy Development
 - Use this tool in the initial stages of an effort or when developing a new strategy to identify which type of community engagement is most appropriate and best aligns with the values and principles outlined above
 - Use it when creating a program to ensure that resources are allocated to creating and sustaining relationships, and implementing the selected community engagement practice. Ensure necessary staffing, funding and other resources for engagement
- Protocol Development
 - Use the model and definitions to inform any program/bureau/division-wide policies about engaging communities (e.g. required language for RFPs)
- Grant Writing
 - Use the community engagement practices in the model to identify a strategy and deliverables for a proposed grant program
- Material and Communications Development
 - Incorporate the definitions and descriptions of community engagement principles and practices into your unit's materials
- Assessment of Outcomes and Impact
 - Evaluate effectiveness of chosen community engagement practice
 - Assess current community engagement practices along the continuum. Identify strengths and gaps within current community engagement practice

Application Across Division(s)

The framework can be used in all divisions of the Health Department and should inform numerous agency practices, including the creation of policies, programming and inter-divisional collaborations that allows for alignment of community engagement activities.

Categories of Community Engagement within the Framework

Community engagement can take many different forms and can evolve over time. This model includes four categories of community engagement that exist along a continuum. While the categories are not rigidly defined, it is useful to refer to these categories as your work progresses.

Consider what form of community engagement is appropriate for the specific work that is being done. For example, in an emergency situation such as an infectious disease outbreak, the Health Department might strategically work to conduct a vigorous outreach campaign. This would inform the communities most likely to be affected by the outbreak, as well as the medical providers who serve those communities. In this case, the flow of information is almost entirely unidirectional.

In a different example, when considering how to lower deaths from opioid use, the Health Department might seek to consult with a specific community, such as injection drug users. In this situation the flow of information would be bidirectional. In addition, these processes may be sequential or change over time. In several recent cases, the agency's work began as an outreach effort and moved to consultation, before finally becoming a more developed collaboration. Shared leadership is important, but is not a common type of community engagement. It can take many forms and, in some circumstances, entails joining and accepting the leadership of others.

More detailed descriptions of each category follow, along with pros and cons, a brief discussion of techniques and methods and best practice considerations.

Outreach

Description

- Community Engagement Outreach (CE Outreach) is an interaction with a community during which information flows from the Health Department to co-existing entities with the purpose of informing and including the community. The desired outcome of CE Outreach is to establish and utilize communication channels for outreach and subsequent community involvement.
- Outreach can also be an invitational process to stimulate further discussion and/or public involvement in information sharing, mobilization efforts, resource allocation or sharing and/or deliberation of decisions or actions.

- The agency's approach to decision-making about an outreach effort is guided by the nature of the information. For example, emergency-related, incident-driven information is subject to extensive existing governance policies (e.g., ICS policies). By contrast, program-level initiatives may only be subject to minimal communications policies.
- The parties desiring to establish a connection and/or share information with a certain audience manage any outreach activities. They have governing control over what information is shared and/or can extend an invitation to discuss topics further. While these parties drive the parameters and content of the outreach, others can inform the design or execution of the outreach.

Governance (Decision-Making)

- The Health Department initiates and provides the information or content of outreach materials and objectives. Partners work with the Health Department to reach target audiences and inform best communication practices, thus improving how information is currently presented.

Communication Flow

- This is generally unidirectional. Information sharing is not bi-directional; the relationship at this level is generally not collaborative.

Intention/Purpose

- The Health Department uses outreach to establish communication channels with entities for the purpose of information dissemination and possible subsequent relationship building.

Pros

- Allows for relatively quick, broad dissemination of public health information
- Potential for subsequent relationship building and networking
- Less costly approach to establishing community engagement
- Expedient, limited deliberation, information is controlled

Cons

- Unable to offer higher levels of engagement
- Could be perceived as impersonal or intrusive
- Limited public/community input or influence

Techniques/Methods

- Information and public health materials distributed via email lists, mailing lists, phone calls; through direct community visits and presentations; at community events and meetings, public announcements, listening sessions or media interviews

Best Practice Considerations

- Leverage existing networks to expand outreach
- Work to understand the cultural norms of the communities targeted for CE Outreach. Partner with localized entities familiar with and accessible to target audience

Consult

Description

- An information seeking practice that incorporates community input about systems and interventions in the decision-making process.
- Health Department shares information with communities, who then provide feedback on proposals and ultimately influence agency priorities and agendas.

Governance (Decision-Making)

- The Health Department informs the community about proposals that affect new or existing systems and interventions. Mechanisms are established, using appropriate methods to solicit feedback from the community. The Health Department considers input from community members when making decisions.

Communication Flow

- Communication flows to the community and then back; the Health Department presents information, then asks questions and seeks input from community partners.

Intention/Purpose

- To inform communities about proposals, listen to community members' opinions and needs and provide feedback about how their input influenced decision-making.

Pros

- Communities afforded influence as local experts
- Builds trust between Health Department and community
- Teaches Health Department about community norms
- Increases cultural sensitivity and humility
- Gives Health Department platform to solicit community input during decision-making process
- Holds Health Department accountable to community for suggestions that were incorporated or excluded
- Dialogue between community and Health Department fosters transparency
- Health Department perceived as a leader in the community

Cons

- Potentially extends system/intervention development timelines
- May require additional resources to collect, analyze and disseminate community input
- Added transparency may expose Health Department to criticism if certain feedback is not incorporated in final decisions
- Requires increased sensitivity about public messaging and media coverage
- Health Department must continually reach out beyond existing partners. If not, consulting is considered a rounding up of the “usual suspects” without reaching a deeper level of engagement

Techniques/Methods

- Surveys, questionnaires, facilitated discussions, focus groups, interviews, social media engagement, email blasts, websites, SMS mobile, community input sessions, advisory boards, community driven information dissemination (newsletters, etc.)

Best Practice Considerations

- Appropriate representation of target populations
- Community-based participatory approaches
- Community input sessions
- Neighborhood planning sessions

Involve/Collaborate⁴

Description

- Developing relationships with stakeholders/partners built on trust through improved communication and community involvement.
- As a responsible partner, the Health Department must engage external partners from two perspectives: as “the driver” and “the passenger.” This ensures effective and substantive community engagement.
- The Health Departments seeks to form partnerships with stakeholders to achieve a common goal.

Governance (Decision-Making)

- Gain consensus between external stakeholders and partners and Health Department, ensuring decisions are mutual.

Communication Flow

- Bidirectional

Intention/Purpose

- To create community buy-in, participation and community ownership, facilitate trust building and community acceptance and improve outcomes through interventions tailored to community needs. Collaborating with community stakeholders and partners enhances Health Department’s ability to accomplish our goals.

Pros

- More commitment from community partners—in the form of time or other resources—is needed over time to foster a collaborative relationship.
- More likely to affect better public health outcomes.

Cons

- More labor intensive for Health Department staff
- Relinquishing power to community stakeholders and partners can be difficult. Authentic community engagement will require this in certain situations.
- Less control of the process means we must accept unknown outcomes when the Health Department is not leading implementation

4. The subcommittee was assigned to amend the “Involve and Collaborate” principles of the Community Engagement Continuum, as originally described in *Principles of Community Engagement, second edition*, NIH publication No. 11-7782, 2011. The attributes defined in these principles are similar; as a result, the subcommittee combined the definitions of both principles.

Techniques/Methods

- Involve stakeholders and partners to obtain feedback or input. This can be used to accomplish shared goal(s)
- Share the responsibility of implementation with stakeholders and partners

Best Practice Considerations

- Transparency
 - Use widely available platforms to disseminate information (i.e., nyc.gov/health or other websites)
 - Be consistent with and mindful of communication
 - Ensure linguistically-appropriate language
 - Be as honest as possible with information and/or intentions
- Inclusivity
 - Engage community stakeholders and partners early in the planning process
 - Engage a diverse spectrum of community stakeholders and partners (e.g., City agencies, community-based organizations, faith-based organizations, private sector businesses)

Shared Leadership

Description

- Strong system of relationships, reciprocity and trust
- Consensus driven decision-making

Governance (Decision-Making)

- Stakeholders represented equally in the partnership
- Shared planning and accountability
- Shared responsibility for outcomes
- Participatory evaluation

Role of Government and Relationship With the Engaged Entities:

- Share control with communities
- Flexible about how the shared leadership group identifies the problem and develops solutions
- Ensure partners have knowledge and resources needed for shared leadership
- Support data and other infrastructure
- Emphasize mutually reinforcing strategies and activities; support initiatives that are led by other entities

Communication Flow

- Establish and maintain systems for transparency and consistent, rigorous and open dialogue
- Ensure communication cuts across all levels of the partnership
- Rely on a variety of communication approaches

Intention/Purpose

- Shared leadership leads to collective ownership of a problem and its solution. With shared ownership comes increased responsibility, accountability, power and diversity of strategies. It acknowledges that the Health Department is not the only expert for a given project; engaging different voices is critical to the success of certain projects.

Pros

- Builds long-lasting relationships that can extend beyond the initial goals and scope of the project
- Can create organizational structures that go beyond the Health Department and into the community. These structures can then facilitate the sustainability of the initiative.

Cons

- Takes time, consistency, flexibility and focus. Not as useful during emergencies, but can be built into emergency preparation.
- Better suited for broader issues that people of varying skill levels and interests can participate in. Requires more human resources for areas that have a high degree of technical detail (e.g., maintaining water quality, improving air quality)
- Government agency requires mayoral review and approval

Techniques/Methods (see literature on “collective impact”)

- Create a common agenda
- Establish shared framework for performance measurement
- Mutually reinforce activities
- Maintain continuous communication
- “Backbone” support, such as providing staff to create meeting agendas, take minutes, keep track of key documents, etc.

Best Practice Considerations

- Be explicit about who is sharing leadership
- Establish clear governance structure
- Engage the wider community
- Hold all parties accountable
- Build relationships outside your everyday work
- Leverage emergent opportunities
- Utilize data
- Prioritize and build on early wins to create and nurture structures, processes and relationships that will carry forward into future work
- Be explicit about the limitations of sharing leadership with mayoral agency

Appendix

Brief Description of the Health Department's Community Engagement Workgroup Process

Throughout the nine-month process of the Health Department's Community Engagement Workgroup (CE Workgroup) the Steering Committee and Workgroup members had robust discussions on key questions, including:

- What kinds of communities is each division in the agency engaging?
- How are the divisions engaging these communities?
- What effective practices are used in the divisions, and how they might differ across divisions?
- What are some of the challenges when engaging communities?
- What is the meaning and importance of community engagement, especially as it relates to advancing health equity?
- How does the Health Department define “community,” “stakeholder” and “partner”?

The Steering Committee’s process for the Health Department’s Community Engagement Workgroup:

1. Purpose/Goals of the Workgroup

- Assess the agency’s capacity to engage communities in New York City
- Establish a common framework and language
- Understand best practices
- Advance the agency’s use of community engagement as a strategy to advance health equity in New York City

2. Deliverables

- Initial identification of current agency assets and practices in community engagement

- A specific community engagement framework for the agency. Recommendations for a process to develop agency-wide common indicators
- Recommendations for a process to train staff in the use of the framework and indicators.
- Recommendations to continue to align this work with ongoing internal efforts to examine our practices with a racial equity and social justice lens, and to determine opportunities for improvement

3. Process: How the Steering Committee approached the Community Engagement Workgroup

- Two representatives from each division were involved.
- The Steering Committee—comprised of eight staff from the Center for Health Equity (CHE), the Office of Emergency Planning and Response (OEPR) and the Office of External Affairs (OEA)—met weekly for 60 to 90 minutes.
- Full workgroup meetings (two hours) were held monthly between April and December 2015, except August, when the full workgroup was divided into subcommittees and these subcommittees met individually.
- The Steering Committee debriefed after each Community Engagement Workgroup monthly meeting to make improvements for future meetings.

4. Factors That Helped Make This Workgroup Successful:

- Had concrete deliverables
- Steering Committee met for 1 ½ hours weekly and worked between meetings
- Workgroup attended monthly meetings and also worked between meetings
- Posted deliverables on the wall at every workgroup meeting to keep group focused
- Created subcommittees when appropriate (e.g., definitions, continuum adaptations)
- Steering Committee members were an integral part of subcommittee structure
- Had one person “staff” the overall coordination work, including drafting meeting materials, PowerPoint presentations, meeting notes and reviewing collected documents/homework from the Workgroup
- Used the agency's intranet to make work easily accessible by all workgroup members
- Solicited input about the process at every Community Engagement Workgroup meeting using a “Plus/Delta” paradigm (Plus = what worked well; Delta = what could be improved for next time). Made adjustments to the process based on this feedback.

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