

Monday, October 7, 2019

## CB9 HEALTH & ENVIRONMENT

start at 6:30

EXCUSED: LAQUITA & MONICA

present: Adam, Miriam, Heather, Edwin present, Matthew, Victor, Narda  
Jenny I

Guests: Matt columbia govt offices

Lamont- web MD but here as an entrepreneur

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- agenda adopted with change Sireny committee not present
  - Welcome to new members: Narda, Adam & Heather, table introductions
  - Chair gives background on SIRENITY Mt Sinai ambulances
  - 9/24 MBP meeting with MT Siani over 80k new location in East Harlem: Heather gives background Greater Harlem Coalition & Argus attempts in CB9, Miriam on MBP meeting. Long Discussion:
    - Heather explains Argus next plan on 145st Phase piggy back
    - Edwin explains items Chair has asked H& E to look need cross committees, at Land Use, youth ed to review are needs assessment being met, impact of these facilities on other community projects. Location makes us very attractive ( trains, lower rents) if CB9 creates report about our fair share, must have data to back why we do not want them here. challenge why they are here, look at all the center we have how are they doing? what is their success rate? make sure and those centers are really here doing what they claim they are doing
    - Q NYPD: substance abusers street traffic/usage near schools/ parks policing policy?
    - Q: how much collaboration with CB10, CB11, CB12 answer not enough. The more we all work together the better, no double work
    - regardless of treatment we need to know
      1. what services are really needed
      2. who is receiving them currently in CB9, and Greater Harlem, even look at Manhattan as a whole
      3. need the numbers by CB. the city # states hospital visit per CB. They are ending up in CB9 hospitals for OD but where are the people from, what substance are they

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using, age, gender...we need a user profile to understand the real community need. That will determine who is geographically in need to receive services in CB9 vs who is coming to NOMA to purchase & consume

4. need all committees involved to look at this from their communities needs based assessment: our biggest health concern is diabetes, heart disease and asthma
  - what is their funding model? how are they making money? What are their success outcomes? How will they be measured?
  - Adam: worked over summer in Staten Island observed really hit hard with opioid, what is breakdown of city average per borough. really important to make sure the places are staffed well and supported vs putting money into services real estate
  - Staten Island has 4 methadone , Harlem has 19 and SI has a bigger issue & “not in my backyard” mentality
  - we want our community to have its needs met first then take in outer boroughs problems: fair share
  - Challenge the city and state on how they are approaching healing addiction. Get data on how Malibu and Betty Ford work ( how the \$\$ rich heal treat addiction) .
  - Get data from Columbia & CUNY on alternative healing that way works vs prescribing narcotics to maintain addiction ( methadone, vivtral, and others). What is research saying best way to treat addiction vs current out dated model ( out patient day clinic in over populated urban settings)
  - NY state has a lot of land, as does LI. what is their data saying on persons seeking treatment locally vs travel. What are outcomes when they travel?
  - must work with youth, economic development, land use to see this issue from all sides
  - argument is that clinics need to be statistically based
  - NYT article recently opioid addiction
  - Discussion on mobile needle exchange creation of a synergistic relationship between users, dealers around bus: WAHI current issue
  - look up social and medical scientist data to back change of treatment
  - need a team, work with other committees with agenda and data for us to have a solid foundation on this: Adam, Matt, Narda willing to help
  - We have no success data on methadone or any of the centers in our community

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- Argus update needed, invite to committee: gave update to coalition do not have license yet.
- while we want to address and support addicts, our job protect this population as well meaning what is here
- people do not get off methadone, its anarchic substitute
- not ok to blame addicts
- talk to Columbia to support us via CBA commitments to research medical issue as bought up by Victor, is they can help with data on best way to treat addiction?
- CUNY, Columbia, WHDC are pumping millions into Cb9 to improve quality of life for their students and faculty as well. How does adding methadone or behavior support centers/clinics to our community support their visions for CB9? Specifically on 145st where their students used the transportation ( project Phase pigback proposal)

#### Health forum

- collab with seniors committee & invite insurance companies on signing up Medicare, explain to people what is what to look for, Anthony (co chair) doing health first, emblem, blue cross. Edwin/Miriam/Jenny follow up
- paragraph for Zita: our successes( Sirenty) welcome new members
- Sugarhill request for canna follow up to cover more medical program: per Edwin we do not want to support any one cause, no decision
- Adam brings up: vape concerns with with THC not nicotine. Should speak about it. mentions vape indicators private schools are using
- A. chair clarifies vaping impact on lungs, medically truth is we don't know what is causing it: oils, metal no-one including FDA did proper research but common sense adding moisture to lungs creates breeding ground for bacteria...
- B. Adam: adding vape detectors in PB for school
- C. interested having convo with THC/vaping with Youth Committee maybe large CB convo
- community benefits agreement per Victor, shows us what they are doing, what needs to be done asks we review to see where we are what we can use

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D. 1 million for medical tech, annual report for CBA shows where all the

E. Matt to review data against what Jerome center is offering

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- end: 7:50PM