ALL FOR ONE

EMPOWERING NEIGHBORS

A Progress Report on the All for One Initiative,
a collaborative partnership of Bedford Stuyvesant Restoration Corporation,
Bridge Street Development Corporation and IMPACCT Brooklyn

1360 Fulton Street, Brooklyn, NY 11216 | Phone: (718) 636-6965 | www.restorationplaza.org

A project of

RESTORATION

Bridge Street DEVELOPMENT CORPORATION

COALITION FOR THE IMPROVEMENT OF BEDFORD-STUYVESANT

IMPACCT BROOKLYN

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EXECUTIVE SUMMARY

In 2014, Bedford Stuyvesant Restoration Corporation (BSRC), Bridge Street Development Corporation (BSDC), and IMPACCT Brooklyn, (formerly known as Pratt Area Community Council) banded together to form the Northern Bedford Stuyvesant Collaborative. This pilot initiative sought to increase participation rates in critical social and economic services utilizing a data-driven geographic saturation model and state of the art outreach and market segmentation approaches. The initiative evolved out of the Coalition for the Improvement of Bed Stuy (CIBS), a neighborhood membership organization whose goal was to coordinate service provision across many organizations in Bed Stuy.

The target area includes two high-needs census tracts in Northern Bedford Stuyvesant that represent some of the highest poverty and lowest educational attainment rates in the city. This collaboration leverages the deep relationships between these three renowned community development corporations, each with extensive assets, investments and community reach throughout Bedford Stuyvesant.

While the three partners and other community organizations had successfully provided much-needed services in the area in the past, as in many communities, efforts often had been 'siloed' without an overall plan to connect them and create community-level change. By forming the Collaborative, the three organizations committed to goal-oriented service coordination while imbuing a culture of learning and continuous improvement. The strategy sought to:

• **Increase access to information about critical neighborhood services**

• **Improve quality of communication, ease of access, and service delivery timelines**

• **Better match demand with supply through targeted market segmentation**

• **Encouraging proactive participation and peer leadership**

• **Improve participation and completion rates in multiple services**

• **Measure concrete educational, employment, income and housing gains**

• **Reduce persistent barriers to self-sufficiency and stability**

Anchored at Restoration and supported by the Coalition for the Improvement of Bedford Stuyvesant (CIBS), the Collaborative seeks to engage 60% of households in goal-oriented services that will shift key poverty indicators over time.

The two targeted census tracts, 255 and 283, represent some of the most challenged areas within Central Brooklyn. The total population is approximately 9,000 individuals across 1,800 households. Some stark indicators: a 25% unemployment rate, 62% high school graduation rate, and 47% poverty rate. Median household income (MHI) averages $24,000, and 54% of households rely on food stamps.

Our mission is to work with community residents to create an environment where economic mobility and opportunity is achievable for all.

A solid project foundation was built on data gathered from a community-wide survey designed to identify needs and corresponding service gaps, and to determine which custom blend of services would best 'move the needle' at a household and community level. With that data, we would be well-prepared to apply a market segmentation approach, targeting households with specific messages about our services and saturating the market to increase access and responsiveness to neighborhood needs. The survey period stretched from September, 2015 to March, 2016, during which we culled qualitative and quantitative data from 800 community residents. The survey focused on key social and economic indicators, including mental and physical health, education, employment, youth, housing and financial stability.

The findings from the survey were quite illuminating. Highlights included:

- Approximately **70%** of respondents were 'unbanked' or without a banking alternative
- **48%** of respondents indicated extremely high levels of depression
- **51%** indicated housing instability, identified as living with friends or in a home not owned or rented by them
- Over **20%** had never held a job in the formal economy for more than a year

Now called *All for One*, this progress report recounts the first phase of the Collaborative's work, including community-wide survey results, and outlines proposed strategies, services and interventions for the next phase of the project.

The "Data First" Model

"Data First" is a program development approach which seeks to first identify community conditions at a micro-level through culling and collecting both publically available and primary source data and then looking for meaningful patterns to inform programmatic decision-making.
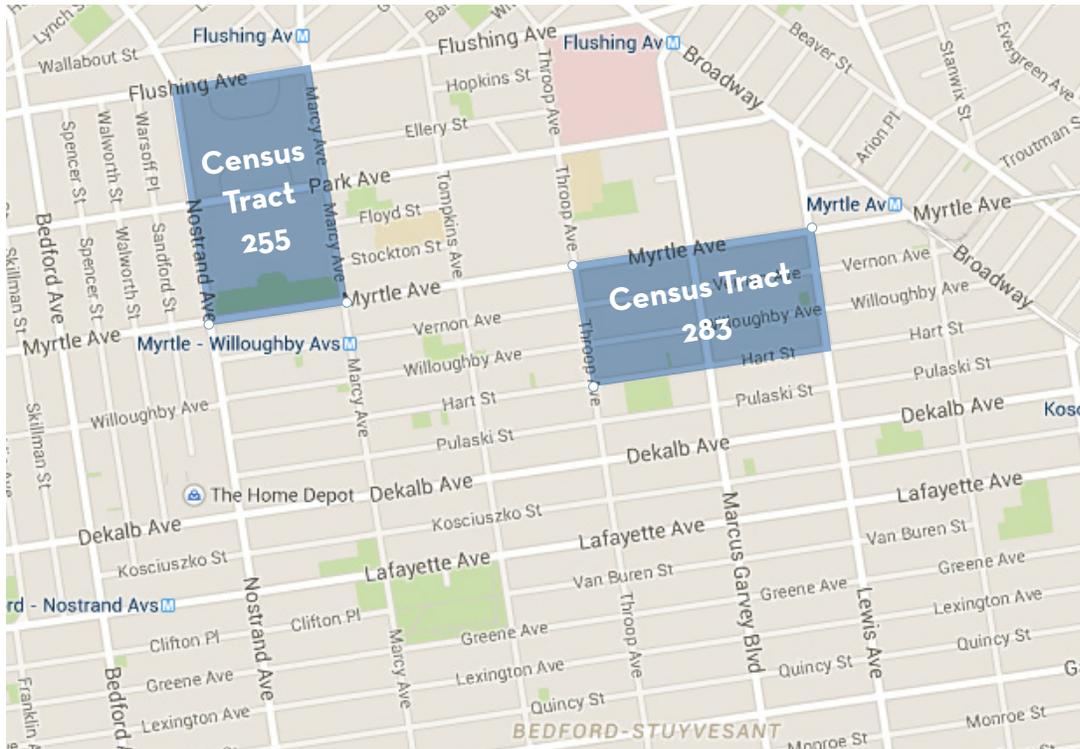
The first year of the project was focused on programmatic capacity-building, laying a solid program foundation on which to build the long-term success of the program. Activities focused on:

- Ramping up the business plan including hiring staff, developing a program 'brand', direct outreach efforts ("impact campaigns"), and program design and development
- Administering a community-wide survey and baseline analysis of the target area to identify micro-level needs
- Using the collected data to design program and services strategies and interventions
- Building and implementing a database to serve as a central storehouse for hundreds of collected data points. This included designing a uniform, shared intake system and service referral process
- Implementing a marketing and outreach strategy to prime the pump and increase service participation rates in the target area over the long-term
- Targeted "impact campaigns" around high-need areas such as legal services, virtual taxes, Earned Income Tax Credit and benefits screenings

2015:
A CAPACITY BUILDING YEAR

Getting Started

Because marketing and messaging is a core part of our strategy, giving the project a consumer-friendly name was important. We convened a community focus group to develop a name that reflected our approach—one of inclusivity, with residents and real data actively informing services. *All for One: Empowering Neighbors* was born.

Building the Team

The initial business plan was collaboratively developed by the All for One leadership team comprising of representatives from each of the three founding organizations. This steering committee hired Chiwoniso Kaitano as Project Director, who was tasked with activating the business plan and hiring frontline staff, including Community Coaches, who would be integral to the success of the program. These Community Coaches--community ambassadors drawn from the neighborhood--were instrumental as we worked to be visible and embed ourselves within our target communities. During this period we also took time to identify and on-board consultants to design and test the community-wide survey instrument, and to assist with marketing and communications strategies.

The 2015 All for One Community Survey: How We Did It

The development and execution of the 2015 Community Survey was a critical foundational activity. We had gathered publically available information about the target area from voter rolls, the American Community Survey, and the NYC data initiative, Data2Go, but we knew we needed primary source information from residents themselves to better understand their perceptions, experiences and needs in a variety of areas. We were most interested in the high-demand service areas of housing, finances, education and employment, mental and physical health, and youth. We needed to understand service gaps and success factors that would most move the needle and, ultimately, alleviate poverty at a household and community level. With that data, we would be well-prepared to apply a market segmentation approach, targeting households with specific messages about our services and saturating the market to increase access and responsiveness to neighborhood needs.

Working with our consultants and community residents, we developed two survey instruments—one targeted towards the general adult population and a youth survey targeted to ages 10 to 18. Where possible, survey items were adapted from existing national or other standardized resources, such as The Housing Status Assessment Guide for State TANF and Medicaid Programs Report to the Office of Human Services Policy (2009), the School-to-Work Transition Survey (SWTS) from the International Labour Organization, the Consumer Financial Protection Bureau report, Your Money, Your Goals (2014), and the Everyday Discrimination Scale (1997).

The survey, a 102-question form, was administered orally one-on-one, taking 20 to 30 minutes per respondent to complete.

Over a period of 6 months from September, 2015 to March, 2016, trained All for One community coaches and ambassadors conducted a boots-on-the-ground survey campaign. Armed with tablets, coaches stood outside subway stops, canvassed door to door on select blocks, waited at community food pantries, and held many community events to connect with residents and encourage survey participation. Residents were incentivized with modest gift certificates and Metro cards. The survey, a 102-question form, was administered one-on-one, taking 20 to 30 minutes per respondent to complete. All data was transmitted electronically to a central hub where results were reviewed and summarily analyzed. This process allowed us to tweak and modify questions for relevancy and proceed with more data gathering. We also translated the survey into Spanish to ensure inclusivity and representation among different demographics in the target community.
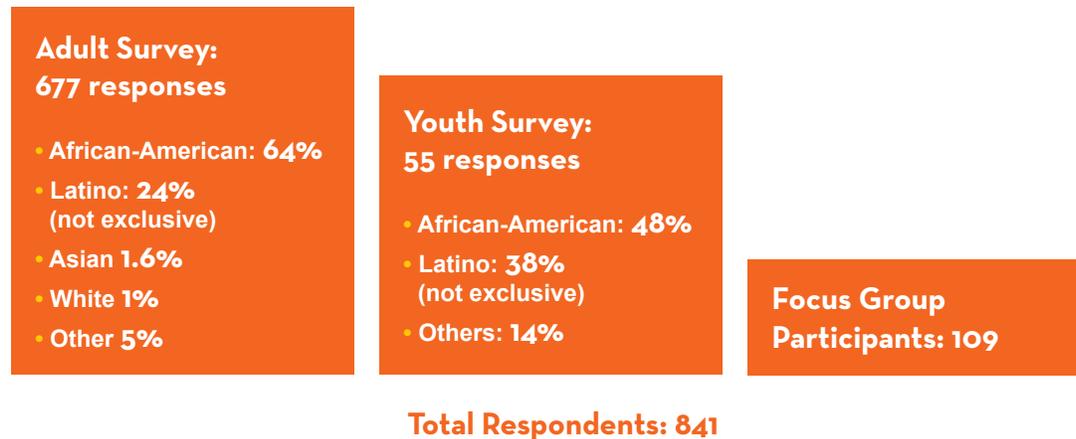
In addition to the general population survey, we conducted a separate survey for youth aged 10 to 18. While we garnered fewer responses for this segment of the population, we worked in partnership with neighborhood schools to reach the target demographic, accomplishing the dual goal of spreading information about our programs and services and gathering critical data about our youth population.

To supplement the survey data, we conducted a number of focus groups, collecting anecdotes and stories from forty community residents to build a more complete picture around the quantitative data. Detailed survey results are presented below and narratives from the focus groups are compiled in subsequent sections.

Of course longitudinal tracking is important, so our future plans include delivering the survey biannually to see whether there is change over time. We are also selecting a small handful of families for a concentrated, more intensive longitudinal study. Continued survey work and data from micro-targeted households will continuously inform the All for One partners in the field. Providers have access to shared client records in accordance with HIPAA regulations for a "whole-community" approach to service provision.

WHAT WE LEARNED:
SURVEY RESULTS OVERALL

The 2015/2016 All for One Community Survey yielded an extraordinary amount of information about how the residents in the target tracts live and perceive their lives.

**Adult Survey:
677 responses**

- African-American: **64%**
- Latino: **24%**
 (not exclusive)
- Asian **1.6%**
- White **1%**
- Other **5%**

**Youth Survey:
55 responses**

- African-American: **48%**
- Latino: **38%**
 (not exclusive)
- Others: **14%**

**Focus Group
Participants: 109**

Total Respondents: 841

Summary highlights include the following statistics which have informed initial programmatic priorities:

- **69.9%** of respondents are unbanked
- **25%** indicate extremely high levels of depression
- **51%** indicate housing instability living with friends or in a home not owned or rented by them; and
- Over **20%** have never held a job in the formal economy for more than a year

The following highlights of this section are more detailed findings under each priority service area.

Mental Health

Depression levels are high across the target area. More than 47% of the All for One survey respondents indicated either mild, moderate, or severe depression. In comparison, the national average level of high to extremely high depression hovers just around 7%:

Classes of Residents by Depression Levels

- **No Depression or Mild Depression (median score: 1.3 out of 5)**
- **Moderate Level of Depression (median score: 2.5 out of 5)**
- **High Level of Depression (median score: 3.8 out of 5)**
- **Extremely High Level of Depression (median score: 4.8 out of 5)**

Characteristics most strongly related to people experiencing higher levels of depression tended to be:

- **Concerns about some of the family members' high and dangerous anger levels**
- **Concerns about some of the family members' excessive alcohol use**
- **Experience of ethno-racial discrimination**

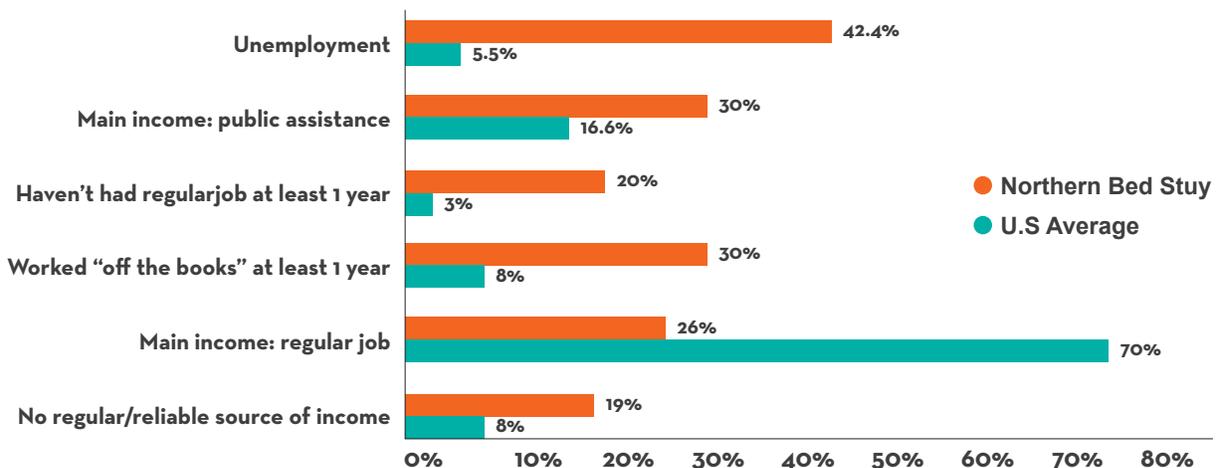## Relative importance of the factors associated with depression

$R^2 = 30\%$
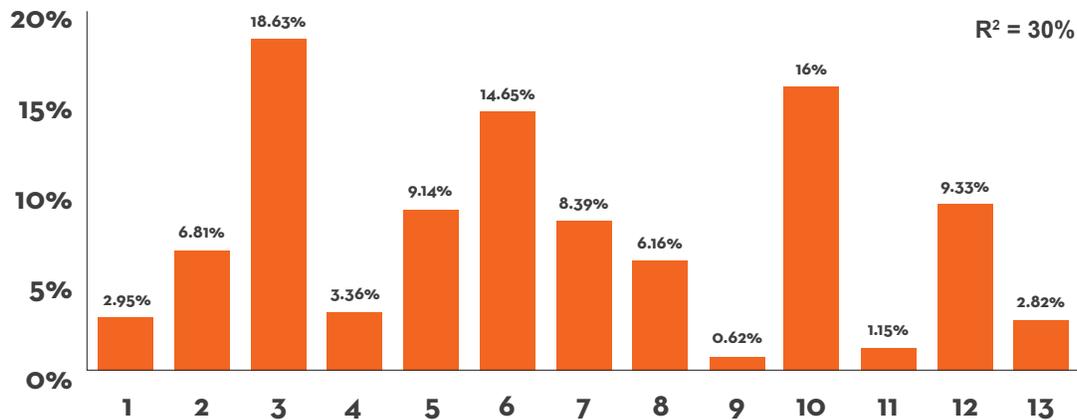
	Factor	Relative Importance
1	Concerns about some of the family members' health	2.95%
2	Concerns about some of the family members' mental health	18.63%
3	Concerns re. family members' dangerously high anger level	3.36%
4	Concerns re. household children's behavior	9.14%
5	Concerns re. family members' excessive weight	14.65%
6	Concerns re. family members' excessive alcohol use	6.81%
7	Concerns re. family members' marijuana use	8.39%
8	Concerns re. family members' hard drug use	6.16%
9	Index of economic (in)stability	0.62%
10	Experience of ethno-racial discrimination	16%
11	Membership in LGBTQ community	1.15%
12	Having dropped out of high school	9.33%
13	Index of educational success	2.8%

Employment Status

Socio-economic indicators were equally stark. We found that unemployment among All for One residents is eight times higher than the average U.S. indicators, and underemployment is also more common. An All for One resident is six times more likely than the national average to have not had a regular ("formal") job for at least a year. The area's Labor Force Participation Rate is 2.7 times lower than U.S. average.

Working-age resident's income indicators compared to U.S. average

Unemployment — Northern Bed Stuy: 42.4%, U.S Average: 5.5%
Main income: public assistance — Northern Bed Stuy: 30%, U.S Average: 16.6%
Haven't had regular job at least 1 year — Northern Bed Stuy: 20%, U.S Average: 3%
Worked "off the books" at least 1 year — Northern Bed Stuy: 30%, U.S Average: 8%
Main income: regular job — Northern Bed Stuy: 26%, U.S Average: 70%
No regular/reliable source of income — Northern Bed Stuy: 19%, U.S Average: 8%

● Northern Bed Stuy
● U.S Average

Further analysis suggests that labor force participation is strongly related to high school completion.

- **Among high school dropouts, labor force exclusion is *7.8 times* more prevalent than labor force participation**
- **High school dropouts are *twice as unlikely* to participate in labor force compared to high school graduates**
- **High school dropouts are *2.6 times as unlikely* to have a regular and reliable source of income, compared with high school graduates**

Significantly, unemployed parents are more likely to have children who drop out of high school, and that depression is known to decrease individuals' employability—both factors affirmed by the survey data.

Housing Stability

Access to stable housing provides a critical backbone to efforts to move people out of poverty. As noted by the Urban Institute: "Research shows that eviction can have enduring effects on families' ability to obtain basic necessities (e.g., food, clothing, and medicine) and can cause depression among mothers, and a strong body of evidence links inadequate housing and homelessness to child abuse and neglect. Housing instability can lead to frequent school moves, high rates of absenteeism, and low test scores among children. Housing affects almost everything."

Our survey found that only 24% of respondents own their own home compared to the 2015 national average of 64%. Renters comprised 51% of respondents, compared to 35% nationwide. 8.7% are "sheltered" in a homeless emergency or transitional shelter, compared to 0.1% nationwide, and that 6% are doubled up with friends or relatives, a rate that is six times the national average.

Housing instability is extraordinarily high. In addition, 36% of residents are either dissatisfied with their current housing; unable to stay in their current residence in the foreseeable future; or both. This figure is higher for those who are "sheltered" or "doubled up." Not surprisingly, labor force participants are significantly more likely to live in homes they own or rent themselves.
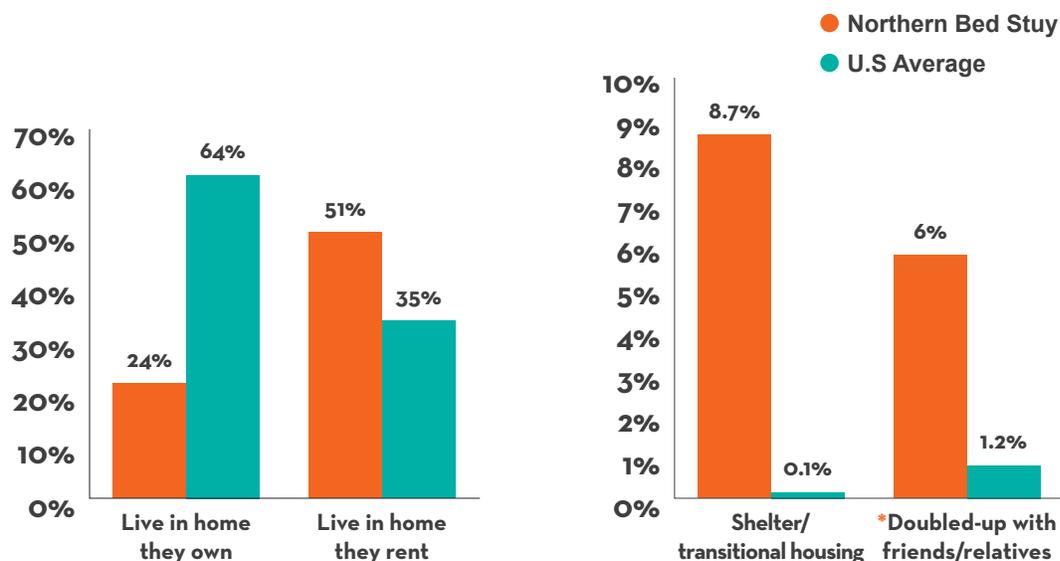
"Doubled-up" means residing in a home inhabited, owned or rented, by another family.

Youth

Adolescents in our target area have one of the nation's worst high school dropout rates, hovering at 65%. Dropout rates are, as expected, strongly correlated to unemployment/underemployment, housing instability and depression. We know from our research that there are a number of key causes of high dropout rates among youth:

- **Functional impairment from child/adolescent mental health conditions such as ADHD, Autism Spectrum Disorders (ASD), etc.**
- **Teenage pregnancy (highly correlated with the above mental health impairments)**
- **School disengagement leading to underperformance of key academic behaviors**
  - **> Homework performance**
  - **> School attendance** } **related to early career orientation**
  - **> Academic help-seeking**

Interviews with community stakeholders and focus groups with local adolescents reflected the following dropout indicators:

Classes of Residents by Depression Levels

Adolescents in our target area appeared to have higher levels of functional impairment from mental health conditions (e.g. ADHD and ASD) compared to peers elsewhere. In fact, more middle school students in Northern Bedford Stuyvesant tend to be in special education classes compared to peers in schools outside the neighborhood.

School Disengagement

School disengagement appears to be a leading reason why youth drop out of school. This was a persistent theme among youth, who cited the following reasons for disengagement, failure to attend class, or refusal to seek academic help:

- **Fear of public humiliation from teachers and/or fear of developing a reputation as "dumb"**
- **Deep social characterization of students who perform homework as "nerds"**
- **Lack of engagement in academic process/boredom associated with assignments**
- **Short-term motivation to "pass" classes/tests and avoid short-term disincentives such as "lunch detention"**
- **Lack of long-term motivation to learn important skills, gain knowledge, or advance in school or a career**

Financial Stability

Poverty indicators are enough to understand the deep financial distress experienced by residents of Northern Bedford Stuyvesant, but survey results provided a greater level of detail as we consider effective interventions. Among the more startling statistics is the disproportionate number of residents who are "unbanked," meaning they do not have a formal relationship with a regulated financial institution – 69.9%, compared to 7% nationwide. For residents in the target community, being "unbanked" is significantly correlated with:

- **The absence of a regular and reliable source of income**
- **The absence of emergency savings**
- **Owing a person or business money/having outstanding debts**
- **Being as financially constrained as to use pawn shops; rent furniture, appliances, etc.**

Bank Coverage among All For One Residents

30.1%

69.9%

- ● **Don't have a bank account (unbanked)**
- ● **Have a bank account**
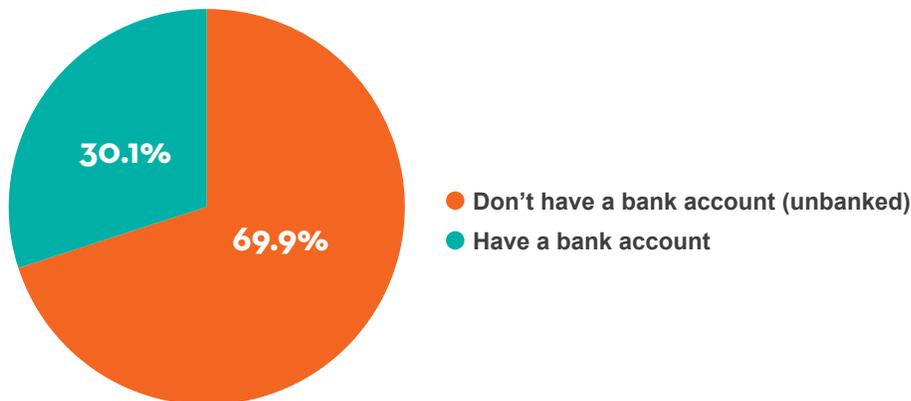
Residents most commonly cited the following reasons for avoiding formal financial institutions:

- **Fear of account monitoring due to child support responsibilities or court-mandated restitution**
- **General mistrust of the "oppressive system" and its ability to monitor and track transactions**
- **Complex TANF asset-limit rules that are not well understood by recipients**

Focus Groups and Interviews

To supplement the quantitative survey data, in December 2015 and January 2016 a total of 37 residents participated in four focus groups or phone interviews. Focus groups session lasted 90 minutes and phone interviews lasted 30-40 minutes. Respondents were asked a series of open-ended questions about their lived experience in Northern Bedford Stuyvesant (See page 27) Through these facilitated discussions, residents highlighted a number of challenges:

Pervasive Discrimination

Residents experience pervasive discrimination, particularly racial discrimination, but they are not uniformly comfortable talking about it. Feeling mistreated or misunderstood by others is a common experience for at least 25% of survey respondents, experiences that can be easily internalized and potentially affect one's behaviors, reactions, or general mental health.

Mental Health Issues Are Misunderstood or Feel Stigmatizing

The issue of mental health among those living in poverty is seldom discussed, even amongst those deeply affected. While hands raised easily when asked to identify family members of victims of homicide, hands were much more hesitantly raised for family victims of suicide or attempted suicide. The few who admitted to depression were very quick to assure everyone that they no longer suffer from it anymore. A lack of both private and public dialogue about mental health may help explain why few focus group participants selected "needing assistance with mental health and related support" as a high priority, despite survey evidence to the contrary. The definitions of "mental health" and "mental illness" are also grey areas for many respondents. For example, anger and substance abuse were viewed as matters entirely separate from mental health.

Focus on Financial Insecurity Instead of Mental Health

Many participants attributed feelings of hopelessness or a lack of control over one's life to financial insecurity. This connection may lead some to believe that financial assistance would resolve all challenges rather than seeking mental health support. Participants who were relatively financially stable expressed additional stress, anxiety and hopelessness due to the financial insecurity of family members.

Limited and Limiting Mental Health Options

Not only were mental health options seen as unavailable and unaffordable, but focus group members noted that these limited options are excessively focused on medications, and that diagnoses are made with little nuance or relevance to the individual and family circumstances or beliefs.

Perspectives from Residents of Northern Bedford Stuyvesant

A Needs Assessment Conducted by All For One

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Depression & Mental Health

Despite indications of high prevalence of mental illness, very few respondents indicated needing assistance:

- **58%** respondents frequently worry about the mental health of someone in their family
- **39%** respondents frequently worry about someone in their family getting so angry they could hurt someone
- Very few respondendents selected that they or their family members needed assistance with mental health, substance abuse or domestic violence

"**I'm gonna admit it. I went through a phase where I thought about killing myself. Where I was really depressed. But, I got through it.**"
(Black male, 23 years)

"**I can't believe this. Where is this coming from? This isn't me. I can't believe I'm doing this. You [are] supposed to be strong.**"
(Black female, 59 years, surpised at her tears)

"**My brother has some really anger and emotional problems, but the hospital just wanted to call him bipolar and give him some medication without really knowing him. He is not bipolar, he just needs a change in his environment and support.**"
(Black male, 22 years)

Discrimination & Poverty

- **34.7%** felt regularly treated as if others were better than them
- **54.4%** felt race was a main reason for feeling discriminated against. Skin color was a distant second. **(13%)** from over **10** choices including gender, religion, and sexual orientation
- **65%** of respondents have no money set aside for emergencies, **33%** are unable to cover monthly expenses, **36%** are not confident that they can improve their financial securiy in **1** year's time

"**We are forgotten about because everyone's concentrating on making things nice for the newcomers.**"
(Latino male, 36 years)

"**It is really discouraging. Um, I feel like it kind of puts a cap on how far I can go and how much I can do because people depend on me to keep their house.**"
(Black female, 24 years)

A woman cries as she talked about being the only one in the position to help in a family crisis. Each time she helps, she is less likely to help herself if something were to happen.
(Black female, 54 years)

"**I had to get over the guilt...find value with my family than just cash.**"
(Black female, 46 years)

Lessons & Calls to Action

- ☐ Include residents in decision-making on public and philanthropic spending to mitigate discrepancies in needs and services
- ☐ Improve awareness about signs and triggers of mental illness to reduce stigmas and improve utilization of support services
- ☐ Increase access to affordable mental health services that are client-centered and culturally competent

Participants overwhelmingly chose youth activities and youth community centers as the most important community issue to be resolved.

Youth Need Safe Spaces

While policies on affordable housing, employment, failing schools, crime and police harassment are front and center in current media and politics, residents in Northern Bedford Stuyvesant overwhelming want to focus on what they believe is an urgent and significant need: safe places and spaces for youth. As youth centers are not a prominent part of any New York City policy agendas, there is a clear disconnect between the priorities of policy experts and the real needs of disinvested communities.

Detailed narratives and additional qualitative data from the focus groups and interviews is available in the appendix.

PROPOSED
SERVICE INTERVENTIONS

The survey and accompanying focus groups highlighted a number of key areas that needed critical intervention. Our goal with the survey was to collate primary and secondary data sources, look for meaningful patterns in the qualitative and quantitative data and then use that information to inform programmatic decision making. Over the course of several months, the collected data was parsed and mined for 'nuggets.' Based on the survey results, we decided to focus our service intervention efforts in a number of key areas, namely:

- **Sustainable Financial Health: Improve financial stability and reduce the number of 'unbanked' and 'underbanked'**
- **Thriving and Mobile Workforce: More jobs, better paying jobs, more mobility and less unemployment**
- **Stable Housing Whether You Rent or Own or Neither: Support for renters and tenants, support for homeowners, more affordable housing, and supports for the homeless**
- **Healthier Communities including a focus on Mental and Physical Health: Support for mental and stress related illnesses, and promoting healthier families and neighborhoods**
- **Empowering and Motivating Youth: Thriving youth start with stable families and communities**

The proposed service interventions below are just some of the prescriptions we'll be deploying to address the critical needs of these communities in the coming years.

Financial: EITC & Tax Assistance and Credit Union Accounts

Background

The objective of this intervention is to enhance family financial health and economic self-sufficiency by unlocking the annual Earned Income Tax Credit relief offered to qualifying low-income families. In FY16 approximately 5,000 individuals received benefit screening that resulted in over $7.1 million in tax refunds, including $2.9 million in EITC. Our goal is to increase the number of filers accessing this form of relief within the target area.

Intervention Summary

Universally acknowledged to help lift families out of poverty, this intervention will identify eligible candidates and assist them to secure the EITC credit as they complete their tax return. Additionally, eligible families will receive assistance in opening affordable checking and savings accounts with participating financial institutions, including credit unions. Participants also will be enrolled in financial literacy classes hosted at local Financial Empowerment Centers to ensure they acquire the skills for improved financial outcomes.

Key Phases

1. **Program Outreach: Recruit eligible residents to participate in free tax prep services**
2. **Secure EITC: Help eligible residents to complete their tax returns**
3. **Connect to Regulated Financial Services: Assist recipients in opening credit union accounts**
4. **Cross-Sell Services: offer additional services such as benefits screening, job development, financial literacy and more**

Impact - Which indicators will this intervention impact?

- Bank utilization
- Savings balance
- Credit score
- Household debt
- Long term and retirement savings

Financial: Take it to the Bank/ "Bankhood" Alliance

Background

We know from our survey that a disproportionate number of our target area residents are "unbanked," a status that carries a weight of disadvantages including overpaying for check cashing, diminished ability to keep track of one's financial transactions, and reduced access to facilities and services that require connection to a bank account. Community residents often avoid financial institutions due to fears related to account monitoring by public agencies, general mistrust of the system, and a misunderstanding of TANF asset-limit rules.

Intervention Summary

Take It to the Bank is an education and awareness campaign coupled with hands-on assistance in accessing regulated financial services through specific community partners. Through brochures, messaging and one-on-one community outreach, we will help deconstruct the myths around banking, and reduce fears of corruption or asset loss due to public oversight. Information will be provided in a clear and non-threatening way, and financial instruments will be affordable and built to accommodate the limitations of participating residents.

Key Phases

1. **In collaboration with partners, create banking services tailored for low-income families and individuals and designed to improve their financial stability and capacity.**
2. **Develop messaging and marketing strategy to increase banking utilization rates**
3. **Tie banking services to other corollary programs that encourage sustainable career paths, training, employment and other opportunities**
4. **Offer modest financial incentives for households that accomplish financial goals, such as completing a career advice course, enrolling in vocational training, getting a job, etc.)**
5. **Offer financial literacy training for children, young adults and young families in partnership with area schools**

Impact - Which indicators will this intervention impact?

- **Bank utilization and savings balance**
- **Credit score**
- **Household debt**
- **Long term and retirement savings**
- **Job placement**
- **Family stability**
- **Career sustainability**

Financial: Transportation Cost Savings

Background

From our work in this community we know that the average spent monthly on commuting is around $200. This exorbitant costs weigh heavily on a community that can least afford it. Because Northern Bed Stuy is what is termed a 'transit desert' a geographic area with disproportionately fewer public transport options, many residents rely on car services to get around. Recognizing a dearth of accessible public transportation in Bed Stuy, we launched a pilot program that provides residents with an opportunity to reduce the cost burden of transportation and increase access, which may also lead to increased savings and potential to relocate funds to other areas of critical need.

Intervention Summary

The approach of this intervention is to encourage savings via providing access to transportation within the neighborhood. Partnering with Highbrid, a Bed Stuy-based marketing and media firm that has access to a fleet of vans, we have launched a van service which runs along two routes incorporating the commercial corridor along Fulton Street, the main thoroughfare in Bed Stuy. As part of this initiative we're also offering discounted rideshare (CitiBike) memberships. Residents of NYCHA housing, members of credit unions, and users of the BSRC's Economic Solutions Center receive discounted Citi Bike memberships ($60 per year rather than $150). Using Citi Bike's existing technology, the team will monitor Citi Bike usage for individuals enrolled in the program to determine overall savings. Participants will also attend literacy classes hosted at the local Financial Empowerment Center to ensure overall savings.

Our goal is to track savings from both the van and CitiBike rideshare memberships. Additionally, this program will help residents open a bank or credit union account, which is required for membership. Opening an account can help residents on the path towards savings and building credit, both of which are important building blocks of financial health.

Key Phases

1. Plan and map van route for maximum passenger capture
2. Develop messaging and marketing strategy to reach potential customers for the rideshare initiative (both van and bikeshare)
3. Tie savings from using discounted transportation to opening an account with a financial institution
4. Encourage passenger participation is additional services and supports

Impact - Which indicators will this intervention impact?

• Bank utilization and savings balance   • Household savings   • Transportation access

Targeted Long and Short Term Outcomes

Activity/Intervention	Indicator	2016-2017 FY Target	5 Year Result/ Impact/Outcome
Van share and bike share	Residents participate in van or bike share	**100** sign upf for bike share **250** ride van once	Reduction by **50%** in **69.9%** unbanked
Van share and bike share	Residents open account with bank or credit union	**350** new bank accounts opened	Reduction by **50%** in **69.9%** unbanked
Financial: BikeShare and Credit Union Accounts	Residents participate in opening new accounts	**75** save money **200** amount receive tax assistance. **$115K** amount in EITC received. **75** bank accounts opened	Reduction by **50%** in **69.9%** unbanked
Financial: EITC and Tax Assistance and Credit Union Accounts	Residents receive assistance in filing the EITC tax credit	Residents receive assistance in filing the EITC tax credit	Reduction by **50%** in **69.9%** unbanked
Financial: Take it to the Bank/Bankhood Alliance	Residents participate in opening new accounts.	Residents participate in opening new accounts.	Reduction by **50%** in **69.9%** unbanked

Workforce: Mobile Career Fairs, Virtual Job Access, Occupational Skills Training

Background

Residents have disproportionate socio-economic disadvantages, including elevated unemployment and under-employment rates, lack of sustainable career-oriented employment, and over-reliance on public assistance. Socio-economic stressors can disrupt educational and career continuity and compound challenges, e.g. teen pregnancy, family focus on daily survival, lack of social capital.

Intervention Summary

The goal of these interventions is to expose unemployed and underemployed residents to attractive opportunities with local employers. Working with a coalition of local business operators with career-development potential (hospitals, banks, local government bodies, food service, healthcare etc.), we will offer weekend-long employment fairs at various locations. The fairs will connect residents with opportunities to build dignity and self-esteem, supplement educational gaps (e.g. GED), direct applicants to hiring partners, and leverage existing skills within the community.

Key Phases

1. In collaboration with partners, create and market career services especially tailored for vulnerable families and individuals
2. Develop messaging and marketing strategy
3. Offer hands-on job development support including training, educational assistance, resume building and interview help
4. Directly connect individuals to employers including those in the new virtual marketplace such as care.com, sitter-city and online home health aide agencies
5. Offer incentives for individuals that accomplish employment goals (e.g. completing a career advice course; entering a vocational training program, or getting and retaining a job)
6. Ongoing career development training for adults preparing to enter the workforce or that are currently underemployed

Impact - Which indicators will this intervention impact?

• Employment   • Family strength and stability   • Financial stability

Targeted Long and Short Term Outcomes

Activity/Intervention	Indicator	2016-2017 FY Target	5 Year Result/ Impact/Outcome
Workforce	Residents participate in job training	300 residents placed in jobs from census tracts	Reduction by 50% in 20% unemployment
Workforce	Residents participate in job placement	125 residents placed in jobs	Reduction by 50% in 20% unemployment
Workforce	Residents retain jobs	100 residents retain jobs	Reduction by 50% in 20% unemployment

Workforce: Individual Placement and Support (IPS) Program*

Background

In addition to the socio-economic disadvantages that affect our residents (such as unemployment and underemployment), we found that residents are disproportionately vulnerable to unaddressed mental health issues e.g. learning impairments due to ADD/ADHD, moderate to severe depression, PTSD, and more. This intervention is designated to target residents with mental health problems that are most likely to experience career-building impediments.

Intervention Summary

Individual placement and support (IPS) is an evidence-based, systematic approach to helping people with mental illness achieve competitive employment. It is based on eight principles: (a) eligibility based on client choice; (b) focus on competitive employment; (c) integration of mental health and employment services; (d) attention to client preferences; (e) work incentives planning; (f) rapid job search; (g) systematic job development; and (h) individualized job supports. The goal is to have employment specialists partner with local mental health professionals to help residents with mental health problems to obtain competitive jobs while receiving ongoing support. The intervention emphasizes:

- **Dignity, self-esteem, and self-determination**
- **Integration of mental health and employment services**   • **Competitive employment**

Key Phases

1. **Engage Community Coaches and 'Dynamic Neighbors' in identifying unemployed residents with possible symptoms of mental health distress**
2. **Refer residents dually to receive one-on-one counseling**
3. **Provide job placements supports once issues are on the path for resolution**

Targeted Long and Short Term Outcomes

Activity/Intervention	Indicator	2016-2017 FY Target	5 Year Result/ Impact/Outcome
Workforce	Residents participate in opening new accounts	**125** residents placed in jobs from census tracts	Reduction by **50%** in **20%** unemployment
Workforce	Residents are referred for holistic counseling	**450** referrals for services	Reduction by **50%** in **20%** unemployment
Workforce	Residents are receive certification in occupational skills training	**150** residents receive certification	Reduction by **50%** in **20%** unemployment

Mental Health: Say "No" to Depression

Background

Based on our analysis of survey responses, we know that neighborhood residents are disproportionately affected by depression. The levels of depression correlate highly with adverse socio-economic indicators and other health-related consequences. Our goal for this intervention is to mobilize resources to address what is in essence a community mental health crisis.

Intervention Summary

This intervention will create Community Screening Networks (CSNs) by building partnerships between "Dynamic Neighbors," Community Coaches and Mental Health Providers/professionals to coordinate and perform depression screenings. CSNs also will provide community-based support interventions to moderately depressed residents, and refer more severely depressed residents to skilled clinicians at our mental health partners.

Key Phases

1. Recruit Dynamic Neighbors, or energetic and knowledgeable local residents such as retired teachers, church leaders or public servants, who can be trusted resources and communicators for their neighbors
2. Train Community Coaches and Dynamic Neighbors to perform simple but powerful screening procedures for depression and anger, and to coordinate and conduct community- based support interventions for moderately depressed residents ("befriending" intervention, informal support events, recovery meetings, etc.)
3. Partner with local mental health providers to assist with identifying more severe cases of depression and to provide clinical mental health services upon referral

Targeted Long and Short Term Outcomes

Activity/Intervention	Indicator	2016-2017 FY Target	5 Year Result/Impact/Outcome
Mental Health/Physical Health: Say "No" to Depression (C2C)	Residents are identified, screened, and referred for services	400 screened, 150 receive services, 20 referrals	Reduction by 50% in 48% severe and moderate depression
Mental Health/Physical Health: Strengthening Youth's Mental Health	Youth and families are identified for counseling	20 families are screened, 10 receive services	Reduction by 50% in 48% severe and moderate depression
Mental Health/Physical Health: Health and Wellness Promotion	Residents participate in physical health measures such as bike share and health classes	150 participants in wellness program	Reduction in obesity rates and other wellness indicators *blood pressure, etc.

Housing: Eviction Prevention, Foreclosure Prevention, Tenant Supports, Housing Stability

Background

Stable housing provides the critical backbone needed for a family to thrive. We know from our survey that about 47% of respondents from the target area either do not have a stable home or are strongly unsatisfied with their current housing situation, speaking to the high level of housing instability in the neighborhood. Our multi-pronged inventions will reduce housing instability.

Intervention Summary

These interventions will leverage and coordinate efforts already underway in and near our catchment area. Some of these interventions include mobile legal services clinics to help with tenant issues; rent stabilization rights education workshops; foreclosure and eviction prevention; organization of block and tenant associations; and weatherization for cost savings.

Key Phases

1. Door-to-door outreach by community coaches and Dynamic Neighbors to provide information on available services.

2. Workshops, clinics and awareness campaigns targeted towards homeowners and renters.

3. Practical programs to link homeless and housing-insecure residents to jobs and stable housing.

Targeted Short and Long-term Outcomes

Activity/Intervention	Indicator	2016-2017 FY Target	5 Year Result/ Impact/Outcome
Socio-Economic Housing	Residents receive supportive housing services	**125** residents attend legal, housing, foreclosure, eviction prevention workshops	Reduction by **50%** in **48%** severe and moderate depression

Youth: Family Skills Training, Youth Employment and Education

Background

Data confirms lower graduations rates for youth from our target community compared to their citywide peers. Youth also experience higher than typical incidences of ASD and ADHD disorders.

Intervention Summary

A holistic approach to youth empowerment, our goal is to provide youth and their families with the supports they need for youth to thrive from cradle to career. Families will be coached in communication, early identification of academic and social challenges, and practical supports and referrals to services such as summer youth employment programs, college-bound prep, universal pre-K, and more.

Key Phases

1. **Parental capacity building and outreach: Intensive campaign with brochures, classes, and online resources to educate parents on the importance of early intervention, utilizing a strengths and resiliency approach**
2. **Outreach by Community Coaches and Dynamic Neighbors to identify and engage young families**
3. **Partnering with local providers to identify and refer youth and families for holistic services**

Targeted Short and Long-term Outcomes

Activity/Intervention	Indicator	2016-2017 FY Target	5 Year Result/Impact/Outcome
Youth: Strengthening Youth's Mental Health	Youth and families are identified for counseling	20 families are screened, 10 receive services	Youth and families get support in ASD and ADD
Youth: Healthy Families Skill Training including teen pregnancy prevention	Youth and families are identified for counseling for Skills training	20 families are screened, 10 receive services	Improvement in family strength and stability
Youth: Youth Employment and Job Training	Summer Youth Employment Program from the Census Tracts	125 youth from census tracts are connected to summer and year-round internships	Reduction in youth unemployment
Youth: Education	Youth graduate on time from High School	125 'at-risk' youth screened for supports	Increase in high-school graduation rate by 5%

Conclusion

Our intention is to use the primary data captured during the survey period to drive the project and leverage additional resources to affect community-level change--an approach we call Data First. This approach involves a high level of community participation from community based organizations, EDCs, hospitals, schools, housing authorities and residents to identify service gaps and collaborate and coordinate service efforts. The success of the All for One initiative hinges on engaging, leveraging and coordinating available resources within the community and with the community in order to implement services more effectively.

Armed with comprehensive survey data and coupled with the Collaborative partners' deep experience in the field, moving forward we will apply interventions and approaches that directly address and target key challenge areas. Our multi-pronged strategy will be delivered through a robust, supportive on-the-ground community organizing approach. Specifically:

- **Market Segmentation: Fleshing out population micro-segments and their needs in order to effectively craft and conduct outreach campaigns, and to design more attractive or accessible services**
- **Services Saturation: Increasing service participation rates by saturating our market segments with compelling messages and multiple access points for programs and services**
- **Community Engagement: A peer-to-peer resident engagement model ("Dynamic Neighbors") that utilizes trained community coaches, volunteers and ambassadors from the neighborhood to conduct outreach and provide one-on-one case management referral**
- **Data as Driver: We will continue to build-out and populate a comprehensive, shared client tracking and referral system to facilitate information exchange and data tracking within the Collaborative**
- **Client retention will be key and will be promoted through continued case management and outreach**

This data-driven effort marks a fundamental change in the way we, as goal-oriented peers serving similar populations, communicate, plan, make decisions about and operationalize our service efforts. Our goal is to continue to search for and adopt new and creative strategies to enhance our impact in our community and fundamentally change people's lives for the better.

APPENDIX

I. Focus Group Narrative

III. Selected Survey Responses

Focus Group Narrative

Findings and implications are presented below from focus groups and interviews with residents of Northern Bedford Stuyvesant on the topics of gentrification, quality of life, discrimination, mental health, and priorities for community development. In order to embed the insights gained from intimate focus groups within a broader context, the content of these conversations are presented along with descriptive and qualitative data extracted from a larger survey of the same population. The synthesis of the two data collection methodologies with non-random sampling frameworks allows for a deeper examination into study results as well as a means to identify topic areas where further investigation and field work may need to occur.

In December 2015 and January 2016, a total of 37 residents of Northern Bedford Stuyvesant participated in four focus group session (33 participants) or a phone interview (4 respondents). Focus groups session lasted 90 minutes and phone interviews lasted 30-40 minutes. Respondents were asked a series of open-ended questions about their lived experience in Bedford Stuyvesant.

Focus Group Questions

1. **How would you describe the change in Bed Stuy? How has it affected you?**
2. **What are some positive and negative aspects to the increased diversity?**
3. **How long have you lived in Bed Stuy?**
4. **How long do you see yourself living in Bed Stuy?**
5. **If you could address one, and only one, community issue or need that you believed would change Bed Stuy for the better, what would it be?**
6. **What has been your experience (personal or with a loved one) with issues such as depression, suicide, substance abuse, or anger?**

While hesitant at first, participants in short time fully engaged with the questions. Many participants left the focus group appreciative that they had a space to voice their views and concerns. Several thanked the facilitator; three asked if another would be done so they could tell a family member or friend, and one asked if the facilitator could execute a focus group with a youth group. Participants were given $20 gift cards upon departure.

Demographic Snapshot

37 participants total

4 focus groups

33 focus group participants

4 phone interviews

4 phone interview participants

57% female

78% Black

100% Black or Latino
Black:27
Latino: 8
Black & Latino: 2

Age Range	Male	Female
18-24	2	1
25-35	5	3
36-50	3	7
>50	6	10

Bedford Stuyvesant in Transition

Focus Group Insights

> When asked about viewpoints on the increase in race and ethnic diversity in the neighborhood, most respondents immediately expressed either positive or neutral sentiments about the change. Rarely did any one expressed an immediate negative opinion of the increase diversity in the neighborhood:

"It's good to have different types of people here."
(Latino female, 54 years)

"It doesn't matter one way or another. Seems like it's good."
(Black female, 30 years)

> When asked to elaborate on the perceived benefits and consequences of the community's gentrification most could not identify a benefit to more neighborhood diversity, although many did connect new incomers with less affordable housing and businesses:

"Uh, I can't see how people benefit here, but good to have change."
(Black male, 20 years)

Positive aspects of gentrification expressed by participants (listed in order of frequency):

- More cops
- Cleaner streets
- Better facilities (i.e., doctor's offices)

Negative aspects of gentrification expressed by participants (listed in order of frequency):

- Less affordable housing/ more attempts to evict
- Affordable businesses closing
- More cops
- Reduced feeling of community/ no longer belonging
- More homelessness
- Dirtier streets and buildings

It is interesting to note that within the same focus group conversations, the additional cops were mentioned as both a positive and negative aspect of gentrification. When probed, the ambiguous feelings of greater police presence came from respondents feeling safer from crime, but also feeling under a daily threat of police harassment:

"Now that it's cold, I just don't know what to do with my hands. You know. I gotta keep them warm in my coat, like this [places his hands in his beige coat pocket which he kept on for the duration of the focus group]. But, they [the cops] gotta see my hands or something could happen. Honestly, when I see them, I'm scared."

(Black male, 42 years)

The quality of streets and buildings were described as both cleaner and dirtier than a decade ago. Respondents gave contradictory assessments of the sanitation of streets in Bed Stuy. Some stated trash being everywhere, while other stated there being less trash in general. When probed, however, respondents mentioned distinctions based by sub-areas of Bed Stuy. Trash was more likely to be found in and around public housing and subsidized buildings:

"Near the projects, its dirtier. More trash. Even in the buildings. Trash everywhere. They don't even paint anymore. It's been 20 years since they painted. Things go broke and they don't fix it. Not like they used to."

(Latino male, 52 years)

The discrepancy between the orderliness and cleanliness of various parts of the neighborhood or on different neighborhood blocks contributed to some residents feeling like they were no longer wanted in the "New Bed Stuy." Some felt strongly that they were actively being forced to leave:

> "None of this is for us. They not doing it for us. They pushing us out. Pushing us to down south."
> **(Black female, 39 years)**

> "We are forgotten about because everyone's concentrating on making things nice for the newcomers."
> **(Black female, 36 years)**

Many heads nodded in agreement at the comment about feeling pushed out or no longer felt like they belonged in their community. When asked whether any participants had plans to move or knew someone who had moved recently, an overwhelming majority said yes. Those who said that they would not consider moving were typically much older in age:

> "I ain't going nowhere. I don't care. My daughter she left. She has a nice house in Carolina. She say I can stay. Nu uh. I don't care. I be on streets if I have to. I know this place. I'm not going. No matter what."
> **(Black male, 64 years)**

All **11** younger participants (under the age of **35**) said that they either had plans to move or could see themselves moving out in the near future. When asked why they would move and where they would move to, most said they needed to find more affordable housing. A few mentioned "wanting something different." Locations considered for moving included Queens, New Jersey, Down South and Crown Heights.

Broader Survey Content

When asked if able and interested in staying where they currently lived for the foreseeable future, **51%** of survey respondents under the age of **40** years old said "No."

80% of those over **60** said they would stay in their current housing, and **65%** of those over **40** said the same.

To gauge day-to-day experiences with discrimination, respondents were asked to select how often they had the following experiences:

- **34.7%** were regularly treated as if others were better than them
- **26.7%** were regularly treated with less respect than others
- **27.6%** were regularly thought of as not smart by others
- **27.1%** were regularly stopped, searched questioned, threatened or abused by police
- **25.7%** regularly received poorer service than others at restaurants and stores
- **22%** were regularly not hired for a job unfairly
- **18.9%** were regularly acted afraid of by others
- **18.5%** were regularly called names or insulted
- **17.3%** were regularly threatened or harassed
- **16.6%** were regularly thought of as dishonest

To gauge day-to-day experiences with discrimination, respondents were asked to select how often they had the following experiences:

- **54.4% (368/677)** selected *Race*
- **13%** selected *Shade of Skin Color*
- **12.9%** selected *Gender*
- **9.7%** selected *Ancestry or National Origins*
- **9.7%** selected *Age*
- **79%** selected *Education or Income Level*
- **3.7%** selected *Religion*
- **3.5%** selected *Sexual Orientation*
- **4.9%** selected *Language Accent*
- **1%** select Height
- Criminal background, medical background or disability, dress/appearance, and weight were offered as *Other*

Mental Health

Focus Group Insights

Generally, when the phrase "mental health" or "mental illness" was used in focus group questions, participants were reluctant to respond. However, particular words describing behaviors or emotions associated with some mental illness symptoms were frequently revealed in discussion such as feeling "miserable," "hopeless," "angry all the time," "on edge," "up against the wall" or behaviors such as "never leaving the house," or "not wanting get out of bed."

Over the course of the four facilitated focus groups, four participants began to cry. An additional three, although able to physically hold back tears, showed they were having an emotional response. Responses describing feeling a lack of community or support, feeling overwhelmed, or feeling like no one cared was likely to elicit emotional reactions.

Two women talked in detail about their challenges with depression, one of these women had been medically diagnosed, the other had self-diagnosed. Another woman did not consider herself depressed, however, she did reveal frequently crying in the shower and not wanting to get out of bed. Two women verbally expressed shame at crying during the focus group. One woman publicly scolded herself:

> "I can't believe this. Where is this coming from. This isn't me. I can't believe I'm doing this. You [are] supposed to be strong."
> **(Black female, 59 years)**

Her partner sat beside her, quietly patting her shoulder. When I asked him if he knew about how she felt, he shook his head somberly and said:

> "No, I had no idea."
> **(Black male, 59 years)**

Despite little difference on the survey between men and women on worrying about family challenges with mental health, few men were vocal during conversations about their mental health or their family's mental health. One younger man did not raise his hand when I asked if any one experienced or had a loved one who experienced a mental health issue. After several minutes, however, he shared his story upon hearing one woman share her story:

> "I'm gonna admit it. I went through a phase where I thought about killing myself. Where I was really depressed. But, I got through it."

(Black male, 23 years)

When I probed how he overcame his depression he said, "I just did. I just realized."

Emotions also were difficult to stifle when respondents talked about their future or their financial responsibilities to family members who had less. One young woman, currently in college and working, reflected on her financial responsibility to her family. She said in a soft, sad tone while fidgeting in her chair:

> "It is really discouraging. Um, I feel like it kind of puts a cap on how far I can go and how much I can do because people depend on me to keep their house."

(Black female, 23 years)

A woman began to cry as she talked about being the only one in the position to help in a family crises despite knowing that each time she helps, she would be in a less likely position to help herself if something were to happen. (Black female, 54 years)

Another woman talked about being "over the guilt" and learning to "find value with my family than just cash." (Black female, 46 years)

Three respondents mentioned not seeking help for a family member who clearly was going through some mental health challenges because of their fear of a misdiagnosis or the doctor not really taking in consideration their loved one's situation:

"My brother has some real anger and emotional problems, but the hospital just wanted to call him bipolar and give him some medication without really knowing him. He is not bipolar, he just needs a change in his environment and support."

(Black male, 22 years)

Broader Survey Content

- **58%** of **631** respondents frequently worry about the mental health of someone in their family

- **39%** of **625** respondents frequently worry about someone in their family getting so angry they could hurt someone

- **27%** frequently worry about a family member's alcohol use, **25%** about marijuana use, and **23%** about hard drug use

- **21%** do not frequently feel that their family can talk about troubles and worries

- **19%** do not frequently feel that their family will always be there when needed

- The sex of the respondent does not seem to influence a respondent's worry about family mental health and anger

- **28%** of respondents are not confident that their family can be healthier and happier in a year's time; respondents older than **60** and those less than **25** year showed lower percentages of optimism

- Very few respondents selected that they or their family members needed assistance with mental health (**24** respondents), substance abuse (**14** respondents) or domestic violence (**8** respondents)

Community Priorities

Focus Group Insights

When asked the question, "If there were $20 million dollars that could be used to change one, and only one, community issue or need that you believe would change Bed Stuy for the better, what would it be?", the overwhelming response was establishing activities or a community center for youth. The view that youth urgently needing intervention and a place to be far exceeded any other priority need expressed by respondents:

"**Youth community centers.**"   "**Stuff these kids out here could do.**"

"**A place where kids could go.**"

Priority needs for the community (by order of prevalence)

• Youth community centers

• Affordable housing/better housing

• Jobs/jobs for youth/jobs for those with a criminal record

• Homelessness/getting people off the streets and out the shelters

Broader Survey Context

Survey respondents were given a list of options in which they could select multiple choices on challenges that should be addressed in the community. The following are the choices selected.

• **44% (297)** selected *Crime like drug dealing and shootings*

• **37% (247)** selected *Police brutality*

• **33% (220)** selected *Lack of affordable housing to rent and buy*

• **23% (155)** selected *Poor quality schools*

• **21% (141)** selected *Lack of employment opportunities*

• **4% (26)** selected *Other*

• Of those selecting *Other*, there were two non-unique responses: **1)** youth activities **2)** and food quality

Discussion

It is easy to see the population changes occurring in Bedford Stuyvesant. A 15-minute stroll down several blocks will reveal people of various races and ethnicities, particularly around the perimeter of Bedford Stuyvesant, where there is easy access to the train. Such a stroll 15 years ago would not have revealed as much racial diversity as today. While other demographic variables such as state and national origin, age, socio-economic background and religion are not as immediately perceptible as race and ethnicity, quick chats between neighbors reveal increasing diversity along these other demographic factors as well. In addition to demographic changes, it is also easy to see the economic development of the neighborhood. Empty lots have been replaced with housing and condos, once run down houses have been restored to full Brownstone glory and quaint cafes, pubs, boutiques and restaurants are popping up on tree-lined streets.

Still, economic development has not yet made its way to all of Bedford Stuyvesant. Certain blocks, particularly those with public housing, or near public housing, appear untouched by the development surrounding it. Nor has economic development seemed to have reached the residents of these enduringly impoverished blocks. Such economic incongruity in extremely close quarters presents quite a challenge to understand and to explain, especially for residents who have lived on these blocks for much of their lives. The neighborhood is clean, but dirty; there are more housing and businesses, but less that are affordable; it's nice that new people are moving in, but that means I might have to move out; more cops mean less crime, but more harassment.

Adults living in public housing are less concerned with having to move although they feel as if their presence is being attacked with a now purposeful lack of upkeep in the buildings. Building upkeep they remember was a part of observable routine maintenance 20 years ago, but in their opinion now has been halted. Younger adults have accepted that there is a countdown clock on their stay in their childhood community, while older people hold on as tight as they can. Discrimination is felt, particularly racial discrimination, but is not comfortably talked about. Yet, feeling mistreated or misunderstood by others is a common experience for at least 25% of survey respondents, experiences that can be easily internalized and potentially affect one's behaviors, reactions, and general mental health.

At the core of All For One's logic model in empowering community residents of Northern Bedford Stuyvesant to improve their economic outcomes and end the cycle of the intergenerational transfer of poverty is an intense focus on the physical and mental wellbeing of individuals and the nurturing stability of family. Poor health, physical and mental, unstable or volatile households can greatly undermine the efforts individuals, families and organizations make toward educational and economic advances. Still, the issue of mental health among those living in poverty is seldom discussed even amongst those deeply affected.

A lack of both private and public dialogue about mental health may be part of the explanation of why so little respondents selected the option of needing assistance with mental health and related support despite high rates of potential symptom prevalence. The definitions of mental health and mental illness are also grey areas for many respondents. New language may need to be developed and promoted to help respondents understand what falls under the purview of mental illness and to alleviate the stigma of its identification. Are problems with anger a mental health issue? Can you be depressed if you know your depression in deeply associated to worries about money? Breaking down the large concepts of mental health to observable behaviors is an excellent strategy to include in All for One's micro-targeting communication campaign. For example, how often do you cry in the shower? How often do you react extremely to something trivial like a car cutting you off or a child making too much noise? Community residents may be much more likely to relate and respond to specific behaviors than to nebulous and stigmatized concepts.

Another insight highlighted by focus group conversations about the discrepancy between high rates of mental health symptoms and low rates of seeking assistance is the connection respondents make between financial insecurity and a loss of hope/feeling a lack of control over one's life. This connection may lead some to believe that financial assistance would resolve all challenges and therefore seeking mental health support is unnecessary. Focus group respondents who were relatively financially stable seem to express additional stress, anxiety and hopelessness with obligations to the financial insecurity of family members. A third insight reflects not only the dearth of affordable options for mental health resources for community members in general, but the view that the limited available options for treatment are excessively focused on medications and diagnoses are made with little nuance or relevance to the individual and family circumstances or beliefs.

It was quite clear that focus group participants were holding on to a lot of angst, but many were unable or unwilling to put words to those feelings or even identify its connection to possible challenges with mental health. While hands raised easily when asked to identify family members of victims of homicide, hands were much more hesitantly raised for family victims of suicide or attempted suicide. The few who admitted to depression were very quick to assure everyone that they no longer suffer from it anymore. Anger and substance abuse were viewed as matters entirely separate from mental health. To increase the access and use of mental health services among residents, more intimate fieldwork will should be done to help develop non-stigmatized language that can clear up misunderstandings about the definition of mental health, to aid mental health resource organizations in increasing their cultural competence to address fears of misdiagnosis, and to help residents understand the connections of anger, loneliness, and financial insecurity to mental wellbeing.

At first glance, there appeared to be a mismatch between what respondents listed as priority community issues on the survey and during focus groups. The mismatch may be due, in large part, to the close-ended and multi-select structure of survey questions compared to the open-ended, single choice structure of the focus group question. In the focus groups, community issues were not identified, yet participants overwhelmingly chose youth activities and youth community centers as the most important community issue to be resolved. It is important to note, that during focus groups participants had the opportunity to hear all responses given and to change their answers on request. In fact, as people went around to give their opinion, four people requested to change their answers to youth centers when another participant offered it as a response for the first time. On phone interviews, two of the four interviewees also mentioned youth activities as what should be the top community priority. On the survey, three respondents wrote in youth activities. The low number of write-ins could also be influenced by the fact that the question was the last question of a 140 question survey.

All of the five options from the surveys were mentioned by focus group respondents, however crime and police harassment were much less likely to be considered a participant's number one priority issue. Since survey respondents could select more than one option, it is likely that while it is a concern for most, crime and police harassment are not what respondents view as most important when required to choose. Some focus groups participants also made a clear distinction between affordable housing and housing for the homeless. No such distinction was observable in the survey responses. Homelessness was not added in as an optional response and may be seen to many as addressed in the option of affordable housing. Poor quality schools was not selected by anyone in the focus group. The closest response was "more practical education on what it means to be healthy," but even that respondent clarified, when probed, that he meant education outside of school.

Policies on affordable housing, employment, failing schools, crime and police harassment are front and center in current media and political agenda in New York City. Interestingly, however, respondents overwhelming want to focus on what they believe is an urgent and significant need, a place for youth. Yet, youth centers are not a prominent part of any well-promoted policy agenda in New York at this time. This may point to a disconnect between the priorities of policy experts and the long-term inhabitants of Northern Bedford Stuyvesant in improving the lives and outcomes of community members. Therefore, additional work must be done to ensure the voices of those living in communities with high rates of concentrated poverty are more integrated into the formation and execution of the city's policy agenda.

Selected Survey Responses

Which census track does the community membership/respondent reside?
Do not continue survey if respondent does not live in either tract 255 or tract 283.

40%

53.4%

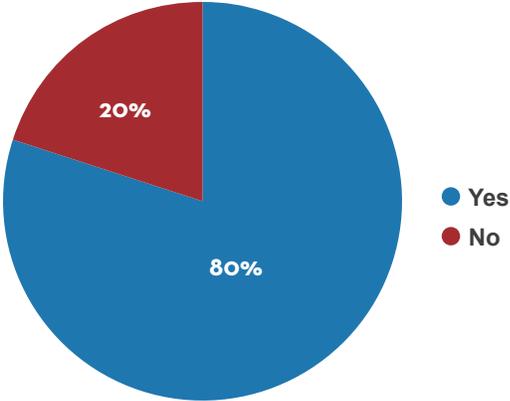- Census tract 255
- Census tract 283
- Don't know/Refused
- Other
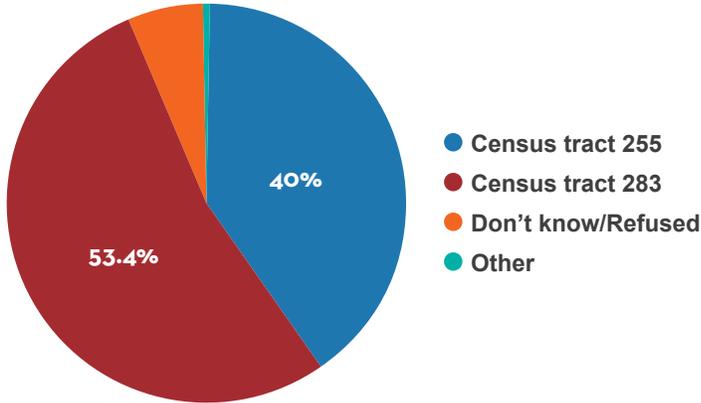
Is this housing subsidized? That is, are you paying lower rent because the federal, state, or local government is paying for part of your rent? This assistance could be Public Housing, a Section 8 voucher, a Section 8 project or privately owned subsidized housing.

8.4%

91.6%
(328)

- Yes
- No
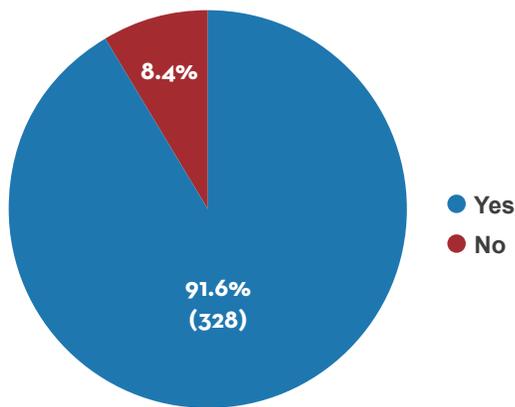
Have you ever stopped school?

- Yes 55.2%
- No 44.8%
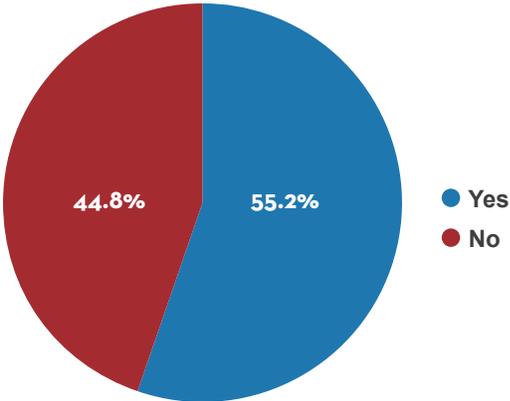
Have you ever worked in the formal economy (a regular job) for at least one year?

- Yes 80%
- No 20%

Select which one best describes your current employment status

- Selected

Gainfully employed
Employed
Unemployed
Retired
Self-employed

0%   25%   50%   75%   100%
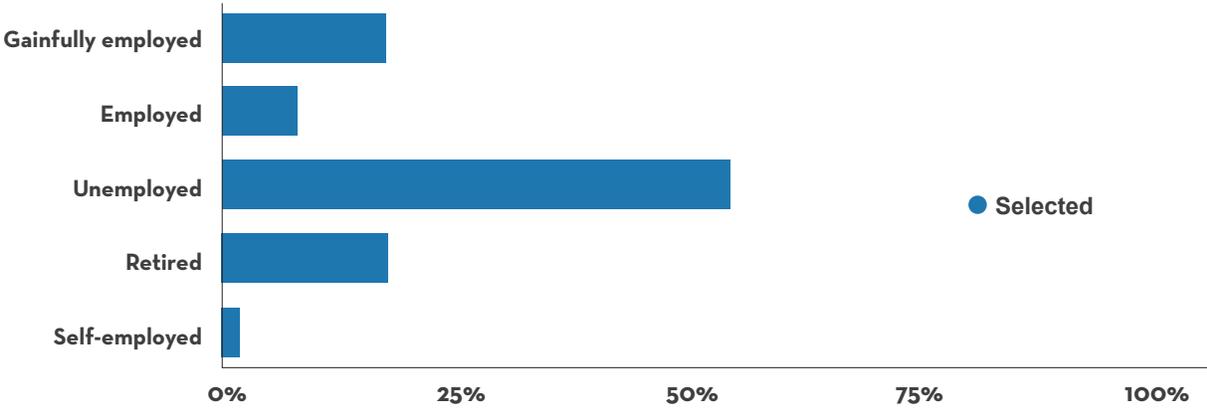
During the last 4 weeks, have you taken any steps to find work?

- Yes — 35.5%
- No — 64.5%
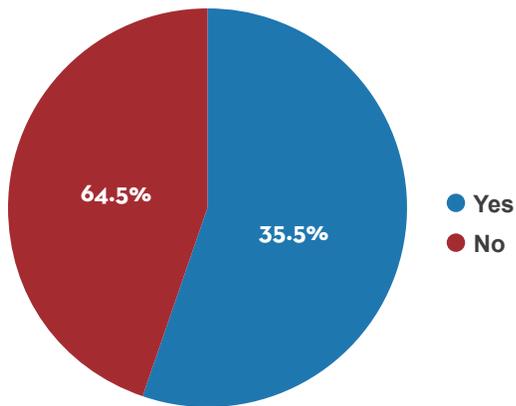
Do you plan to continue your education/training at a later stage?

- Yes — 53.5%
- No — 41.7%
- Don't know/Refused — 4.8%
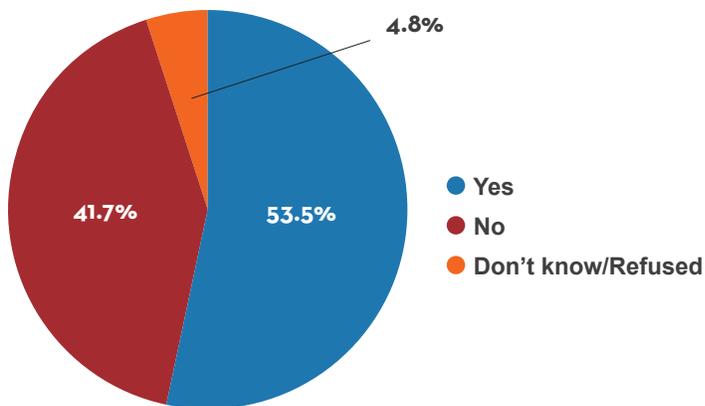
How confident are you that you can be more satisfied with your career or closer to achieving your career goals by one year from now?

- Not confident at all — 10.9%
- A little confident — 18.3%
- Confident — 8.4%
- Very confident — 62.4%
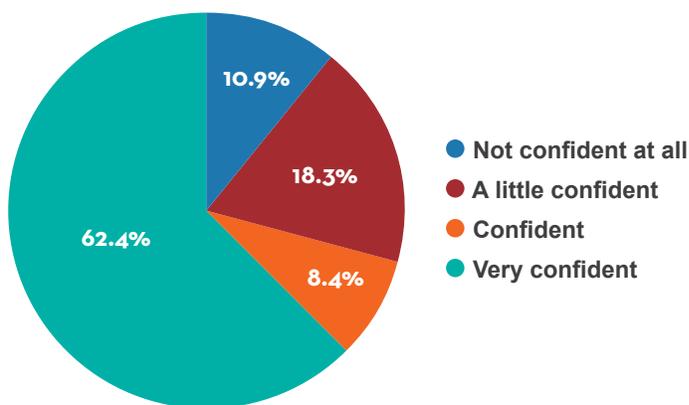
In what country were you born?

- US — 80%
- Other (please write in country) — 20%
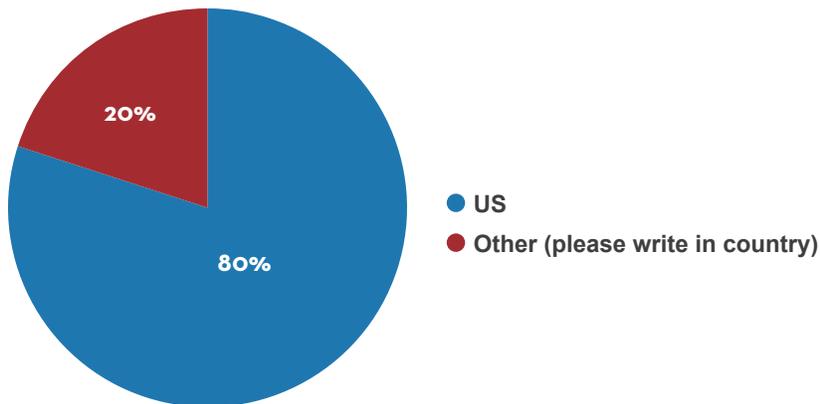
Do you consider yourself a member of the LGBTQ community?

- Yes — 7.4%
- No — 88.3%
- Don't know/Refused — 4.3%
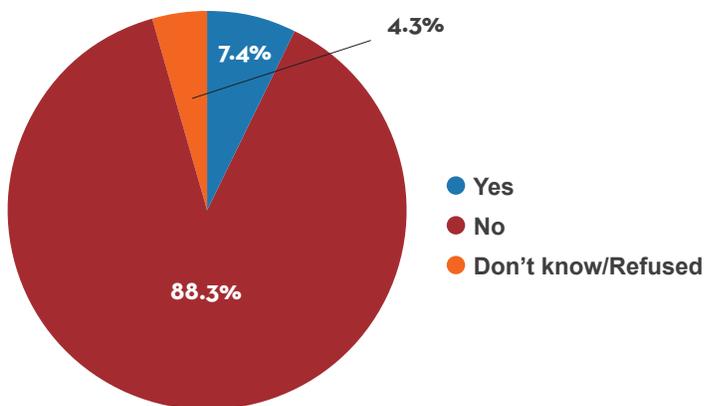
Please think of your three closest friends. To your knowledge, how many of them have concrete plans for a future career?

- Not confident at all — 12.5%
- A little confident — 4.2%
- Confident — 25%
- Very confident — 58.3%
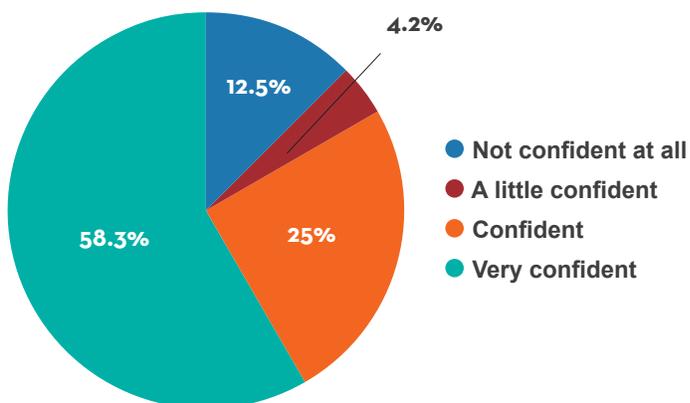
In school, how much do you feel that your teachers care about you?

● Selected

100%
75%
50%
25%
0%

Not at all | Very little | Somewhat | A moderate amount | Quite a bit | Very much
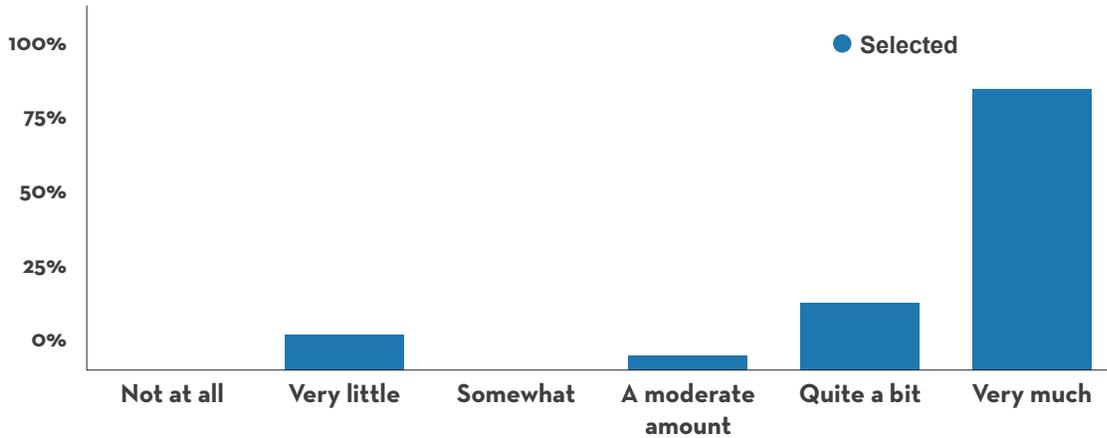
To your knowledge, how many of your three closest friends plan to go to college?

● Selected

100%
75%
50%
25%
0%

None of them | One (1) of them | Two (2) of them | Three (3) of them
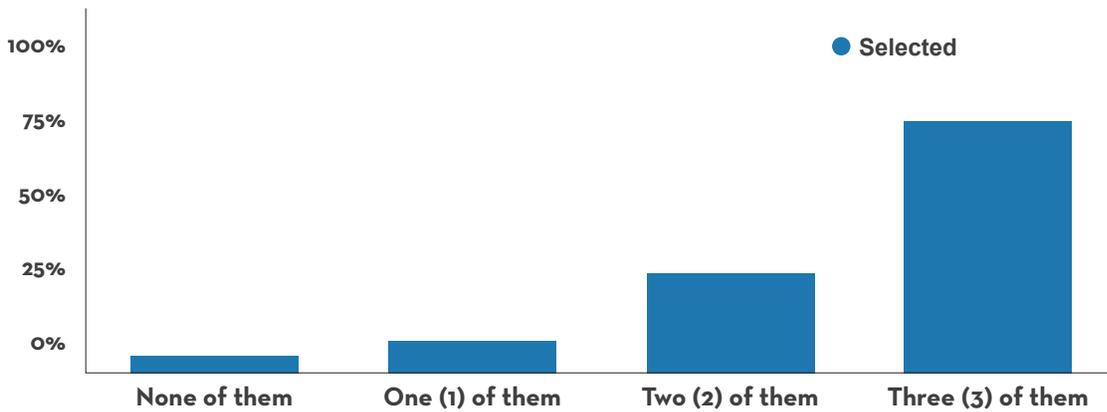
Overall, how negative or positive do you think your peers' opinions are about a youth your age who asks his or her teacher for academic help when they need it?

14.3%
4.8%
9.5%
58.3%
23.8%

● Strongly negative
● Moderately negative
● Neither
● Moderately positive
● Strongly positive