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“Public space is a platform for urban life. Parks, trees, pathways, and green infrastructure—or lack thereof—can have a profound effect on quality of life.”

New York Restoration Project



Context, Part I

URBAN PARKS & THE BRONX

Most city-dwellers would agree that public parks provide welcome relief from the commotion of the streets. But some people may not realize they do even more than that—urban greenspaces are actually integral to neighborhood health.

Much research suggests that access to greenspace may produce diverse health benefits, including improved air quality, enhanced physical activity, stress reduction and greater social cohesion. There is also evidence that urban green space may be ‘equigenic’ —in other words, the connection between health benefits and access to green space may be strongest among lower socioeconomic groups.¹

In the Mott Haven/Melrose neighborhood of the South Bronx, 43% of residents live below the Federal Poverty Level, making it the third-poorest neighborhood in NYC (out of 69); the six highest poverty neighborhoods are also all in the Bronx.² And whereas 79% of New Yorkers on average are within a 10-minute walking distance to any park, only 50% of residents in Mott Haven have the same access to a large park, and only 68% are within a five-minute walk to a small park or playground.³

Where we live, work, and play greatly impacts our health, so not surprisingly, Mott Haven/Melrose also has some of the poorest health outcomes in NYC, including high rates of diabetes and asthma hospitalizations, and low levels of physical activity.²

Thus, access to safe and suitable greenspaces are a health priority for communities in the South Bronx.

¹ *Urban green spaces and health*. Copenhagen: WHO Regional Office for Europe, 2016.

² King L, Hinterland K, Dragan KL, Driver CR, Harris TG, Gwynn RC, Linos N, Barbot O, Bassett MT. *Community Health Profiles 2015, Bronx Community District 1: Mott Haven and Melrose*; 2015; 13(59):1-16.

³ Marton D, Peterson C. *The Haven Project*. New York Restoration Project; 2015.

Discovery

A WALK IN THE PARK

Through my volunteer work with the Randall’s Island Park Alliance I learned about St. Mary’s Park in Mott Haven. Despite being a designated community “Anchor Park,” St. Mary’s was apparently failing to meet the needs of its community in a big way. At the start of my thesis journey, neighborhood organizations had already started to come together to “reactivate” the space and improve its contribution to neighborhood health.

Curious about why and how a 35-acre park could be “failing” its community, I rode the 10 minutes up to Mott Haven and went for a walk in the park.

Multiple issues were clear to me immediately: playgrounds and sports fields falling apart, intense police presence, litter strewn about everywhere, and overgrowing plantlife to name a few.

But after just a couple visits to St. Mary’s Park, one situation began to stand out clearly as the most concerning to visitors, the most dangerous, and the most urgent...





GOOGLE REVIEWS

Like a true Millennial, I also scoured Google Reviews to get a baseline understanding of how community members perceive St. Mary's Park. On the right are the 24 most common themes among 200+ reviews.

1. Sports facilities listed (27x) <i>*including bball, handball, tennis courts..</i>	9. Free concerts/programs (13x)	17. Dog park (9x)
2. Good for kids (23x)	10. Lots of space (12x)	18. Clean (7x)
3. Visit with family/friends (20x)	11. BBQs (11x)	19. Safe (5x)
4. Personal memories (17x)	12. Beautiful (11x)	20. Better than it used to be (5x)
5. Trash/dirty (17x) <i>*multiple mentions of "no respect from visitors"</i>	13. Nature (11x) <i>*including any mention of grass, trees, wildlife, hills</i>	21. "Bad" people (5x) <i>*includes mention of bullies, gangster kids, etc...</i>
6. Dangerous (17x) <i>*including no lights and unsafe natural features</i>	14. Rec center (10x)	22. Historical significance (4x)
7. Broken/maintenance/neglect (15x)	15. Relaxing/peaceful (10x)	23. A Bronx asset (4x)
8. Addiction (14x) <i>*includes any mention of junkies, drugs, drunks</i>	16. Rock formations (9x) <i>*multiple mentions of a natural rock slide</i>	24. Crowded (4x)





“NEEDLE PARK”

One morning, I found members of St. Mary’s Park staff picking up what seemed to be trash throughout the park. As I approached them, I realized they were actually picking up used syringes off the ground. Piles of them. Apparently dozens of people had been injecting drugs here the night before (and most nights). Many of the syringes still had their needle tips exposed.

The staff I met that day—Wanda, Millie, and Juan—had been picking up syringes for 3 hours in an effort to keep the park as safe as possible for their community. But they expressed reaching a point of desperation. They estimated the number of syringes they were picking up in the park had tripled within the past year alone and stressed they don’t have the resources needed to continue managing this safety issue.

“Please help us. It’s horrific. We’ve had to cancel our educational programs—you just can’t have kids digging around in the dirt here.”

Wanda, NYC Parks, Park Manager

“Over the past couple years we’ve reached a crisis point. We’ve been winging this a little bit and anything we can think of is just not enough.”

Julien, NYC Parks, Bronx Operations Manager



“If there’s a syringe on the ground, that means there was a person there. How can we reach that person and provide them the services they need?”

Pia, Field Manager, Syringe Access and Outreach at NYHRE



FROM SYMPTOM TO ROOT PROBLEM...

I've since learned that the St. Mary's Park staff is picking up around 200 syringes a day—adding up to around 1400 syringes collected per week—and that these numbers are only going up.

And a number of other parks in the Bronx, including Tremont Park and Claremont Park, are experiencing similar public injection phenomenons.

Once I understood the scope of the discarded syringe issue, it was important to acknowledge that syringes on the ground are not actually the problem... they are a *symptom* of a much bigger problem. Thus, in order to solve for the safety issues in parks, we must draw our attention to the needs of a growing and vulnerable population of people who use drugs (PWUDs) in public spaces.



Photo by RYAN CHRISTOPHER JONES for the New York Times, *The Bronx's Quiet, Brutal War With Opioids*. October, 2017.

“Kelly Culbert, right, an outreach worker, consoled a woman who had just injected heroin in the Bronx. The borough is struggling with a dramatic increase in opioid deaths.”



Context, Part II

OPIOIDS & THE BRONX

In this document, the term “opioid epidemic” unofficially refers to the nationwide surge of opioid addiction and deaths since the 2000s, largely caused by the overprescribing of prescription opioids for chronic pain during that time.

From 1999 to 2014, drug overdose deaths nearly tripled in the United States.¹ Even after pharmaceutical companies, government, and physicians began to understand the consequences of overprescribing painkillers such as methadone, addiction was already widespread and people were switching to heroin which is cheaper and easier to obtain.²

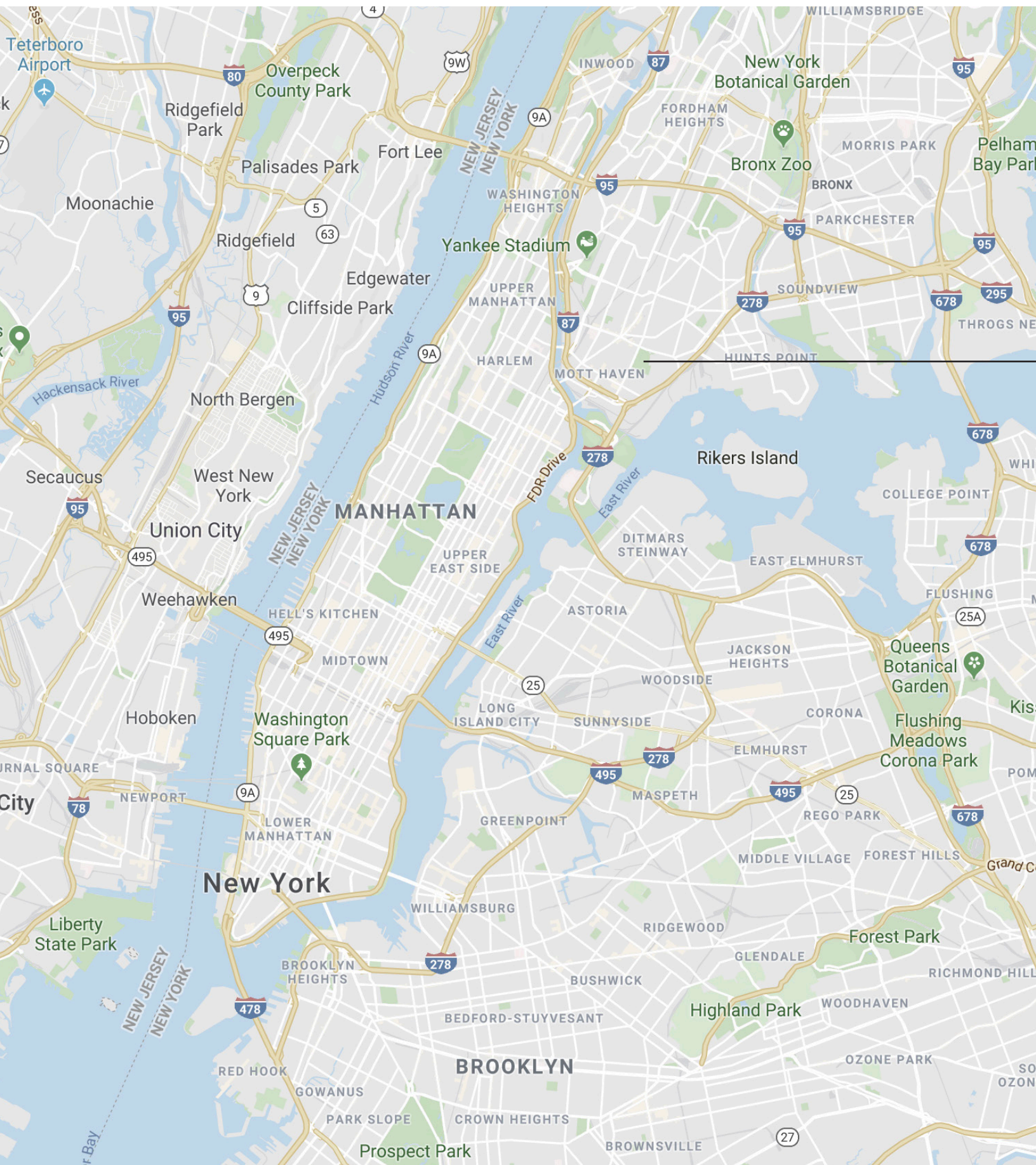
In 2015, more than 52,404 Americans died from drug overdose; 63.1 percent (33,091) of those deaths involved an opioid—a 15.6 percent increase in opioid-related deaths from 2014. These most recent spikes in opioid-related death rates have been driven by an increase in the illegal production of synthetic opioids like fentanyl which are usually unknowingly manufactured with heroin and highly dangerous even in small amounts.¹

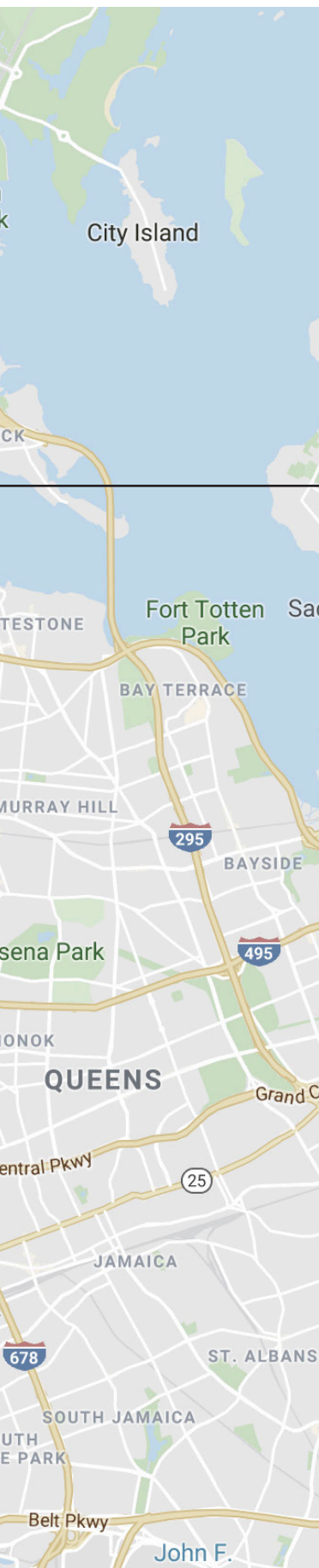
Although NYC has not experienced the highest death rates from drug overdose compared to other states, the city still experienced an alarming 13.9 drug overdose deaths per 100,000 residents in 2015. In 2016, about 1,075 New Yorkers died from opioid overdoses.³ Nearly three quarters (72%) of all overdose deaths involved heroin and/or fentanyl.⁴

¹ *Increases in Drug and Opioid-Involved Overdose Deaths – United States, 2010–2015*. Centers for Disease Control and Prevention. 14 Aug. 2017. <https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm>

² *Vital Signs: Demographic and Substance Use Trends Among Heroin Users – United States, 2002–2013*. Centers for Disease Control and Prevention. 10 Jul. 2017.

³ NYC Office of the Chief Medical Examiner and NYC Department of Health and Mental Bureau of Vital Statistics, unpublished provisional data





ST. MARY'S PARK AT THE CENTER

Although the opioid epidemic in NYC spans race, age, and economic class demographics, the burden of overdose is not equally distributed throughout the city. The lowest-income communities bear the biggest burden of disease: in 2016 four out of the top five neighborhoods with the highest rates of opioid-related overdose were in the Bronx.¹ People living in the Bronx are particularly vulnerable to opioid misuse given the borough's long history of drug availability, addiction, and neglect/disinvestment.

Out of all neighborhoods in NYC, Hunts Point-Mott Haven had the highest rates of drug overdose over combined years 2015 and 2016.¹ In other words, St. Mary's Park is located at the epicenter of the opioid crisis in NYC.

NYC is already tackling the city's opioid epidemic in a variety of ways. The City has been taking action in the form of: Naloxone—a lifesaving overdose reversal medication—distribution in kits throughout the city since 2009, an \$850 million investment over four years through a program called ThriveNYC which helps New Yorkers get access to mental health and substance abuse services, and through the RxStat program, which is a platform that connects local, state, and federal health and law enforcement agencies and allows them to share real-time data about opioid misuse.^{2,3}

Additionally, the City launched a comprehensive initiative in March, 2017 called HealingNYC, investing \$38 million annually to reduce opioid overdose deaths by 35% next 5 years. And in March, 2018, the Mayor boosted funds an additional \$22 million, bringing the annual contribution to \$60 million.

¹ NYC Office of the Chief Medical Examiner and NYC Department of Health and Mental Bureau of Vital Statistics, unpublished provisional data

² Mental Health Roadmap. <https://thrivenyc.cityofnewyork.us/>.

³ RxStat Technical Assistance Manual. <http://www.pdmpassist.org/pdf/Rx-Stat.pdf>

SUMMARY OF RESEARCH

20+ HOURS OF
OBSERVATION

200+ COMMUNITY
MEMBER
DISCUSSIONS

10+ STAKEHOLDER
INTERVIEWS

15 HARM
REDUCTION
PARTICIPANT
INTERVIEWS

Research Methods

OBSERVATION

The first research sessions conducted involved walking around St. Mary's Park a couple hours at a time at varying times of day, days of the week, and weather conditions.

The observational research was mostly exploratory in nature, and some of the key insights it uncovered were the location of distinct spots in the park where PWUDs cluster, as well as the time of day and weather conditions in which they were most likely to be present.

INTERCEPT INTERVIEWS

While in the Park, I conducted interviews with passing visitors in order to understand the type of language people are using to talk about heroin use and the opioid crisis and gauge their general attitudes and comprehension of the issue.

Due to ethical and potential safety concerns, I did not conduct any intercept interviews with people actively injecting in the park. However, I continued to seek appropriate access to this population as their experiences and realities are the most central to this issue.

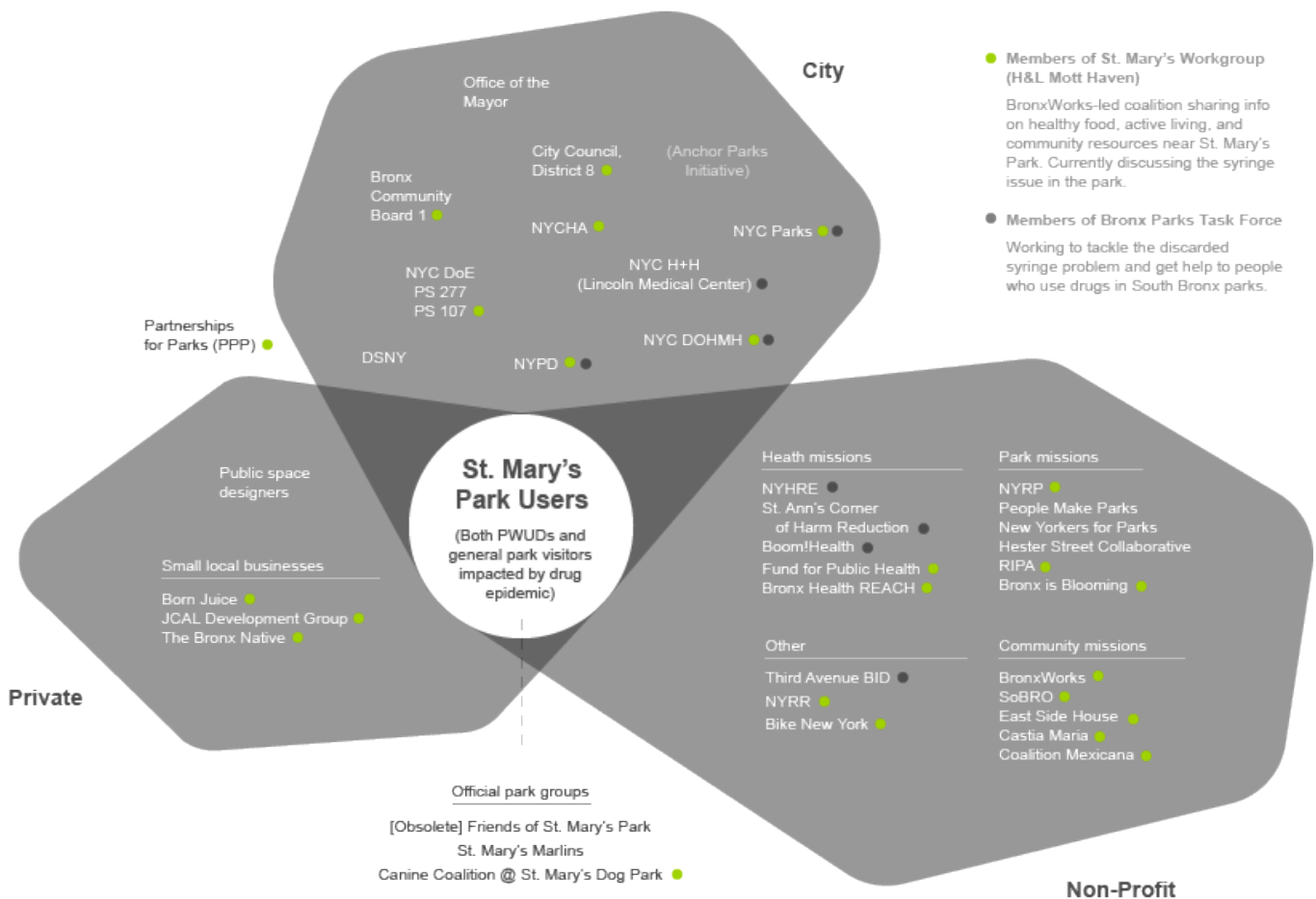
OTHER RESEARCH

Throughout the research process, ethnographic methods were supplemented with academic literature on opioids, urban health, harm reduction, and behavioral science.

I also arranged scripted interviews with various “secondary” stakeholders (i.e., not end users), including Bronx Community Board 1, the adjacent school’s principal (at PS277), New York Harm Reduction Educators, NYC Parks staff, BronxWorks, Partnership for Parks, New York Restoration Project, DOHMH Bronx Health Action Center, the St. Mary’s Canine Coalition, and others, to better understand the level of consciousness and/or action around drug use in St. Mary’s Park.

Based on those discussions, I was able to understand which stakeholders were tackling the growing opioid crisis head-on, and which were more “blind” to this issue right in their backyards. I also started to notice where some overlaps/gaps might be occurring between different organizations’ efforts.

This map (below) represents stakeholders specific to the St. Mary’s Park community and are organized by the sector in which they operate. Collaborative groups currently addressing increased drug use in and around this Park are denoted by green and grey icons. The “end users” are the people who use the park—which of course includes both the general community and PWUDs—and thus are represented at the center of all stakeholders.



Problem Framing ...and Reframing

INSIGHTS

Initially it was difficult to get access to people actively using heroin, so I proceeded with alaysis and synthesis of reseach I had collected with general community members, recovered PWUDs, and harm reduction staff. After articulating separate insights from the community research and the research with recovered PWUDs, I noticed an even bigger insight pattern emerging:

Drug use and litter in the park is seen as lazy and inconsiderate rather than a symptom of complicated health + social problems

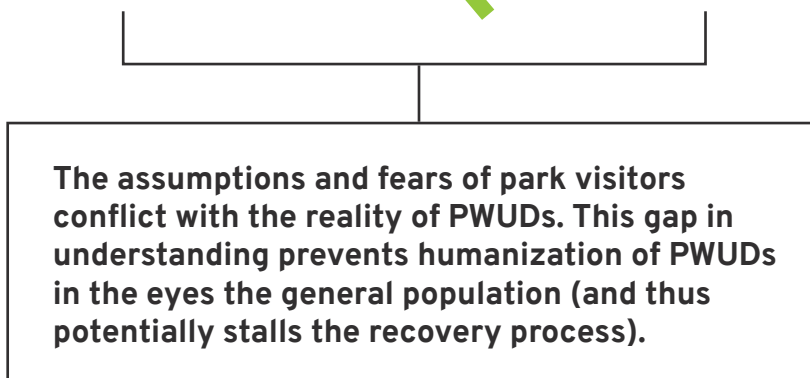
Park users are generally uninformed about effective vs ineffective solutions to drug use in the park

People demonstrate a lack of empathy and humanity when discussing drug use in the park, perpetuating addiction-related stigma

People using injectables in the park don't want to hurt others and often wish to be a part of the solution to drug-related problems

Drug users' access to health and harm reduction services is dependent on those services "meeting people where they're at."

Safety, dignity, and acceptance are conditions that must precede rehabilitation



“This park has a lot of junkies and I’m sure you wouldn’t want your kids looking at them doing drugs and getting high as a kite.”

Gino, Park User

“At harm reduction, people weren’t stigmatizing me and I learned to stay safe, which kept me healthy until I decided I was ready to go through the next level of change.”

Juan, Holistic Specialist at New York Harm Reduction Educators

DESIGN CHALLENGE

How might the St. Mary’s community support the healing process of people suffering from addiction in order to respond to an opioid crisis, build a stronger park community, and improve the safety of the park for all?

PROTOTYPE:

Based on the finding that there's a lack of general understanding about how to humanely and sustainably reclaim the park, and that there's a deep misunderstanding between the two very different park users, my goal for the a prototype was to find out:

If introduced to the connection between supporting drug users and getting their park back, would that information resonate with the general community and inspire them to act?

To that end, I created a poster that introduced the connection between park safety and humanizing and supporting resident PWUDs.

I then set up a text message “service” through Google Voice, whereby people reading the sign could immediately respond to the call to action and text messages of support—rather than hostility—to “someone struggling with addiction” (they would actually be sent to me, as the message dispatcher).

A dozen posters—translated in English and Spanish—were placed in and around the perimeter of the park. For many reasons, the service was never utilized.

Concerned about drug use problems in this park?

In order to improve this park, our neighbors struggling with addiction FIRST need harm reduction services, safety, and most importantly the support of their community.

If you would like to offer your support, text messages of encouragement and hope to (631) 954-2355.

Sample message:
"To my neighbor, I too have suffered. Be strong. Never forget: you matter, you are enough."

Our park and our neighbors thank you.

Preocupado por los problemas de consumo de drogas en este parque?

Para mejorar este parque, nuestros vecinos que luchan contra la adicción PRIMERO necesitan servicios de reducción de daños, seguridad y lo más importante, el apoyo de su comunidad.

Si desea ofrecer su apoyo, mande mensajes de texto de aliento y esperanza a (631) 954-2355.

Mensaje de muestra:
"Para mi vecino, yo también he sufrido". Sé fuerte. Nunca lo olvides: tú importas, Tú eres suficiente".

Nuestro parque y nuestros vecinos les agradecemos.

LEARNINGS

Feedback from viewers revealed that the call to action was confusing and that they wouldn't trust texting an unknown number. Also, shortly after placing these posters additional research rendered the prototype irrelevant, revealing that—while issues of stigma are very present in the lives of PWUDs—they are not a primary concern for the most vulnerable.



INTERVIEWS WITH PWUDs

In March, I was invited to speak with harm reduction participants (many whom are actively injecting drugs) at syringe exchange sites in Mott Haven and Tremont. My goal for these interviews was—first—to get to know each individual participant: what are they passionate about? How do they like to express themselves? How do they experience community?

And the secondary goals were to understand: why syringes end on the ground in the first place, what kinds of resources participants need most (especially in public spaces), what kind of features/behaviors in public spaces reinforce stigma and what kind of features/behaviors are humanizing for participants.

INSIGHTS

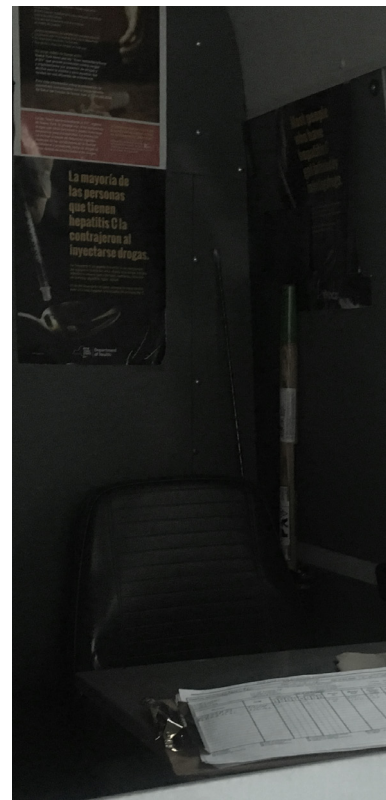
After about 15 interviews, I was surprised to learn that the participants approaching the service van are NOT the same PWUDs who are injecting in parks. Again, specific learnings gave way to a powerful and underlying insight:

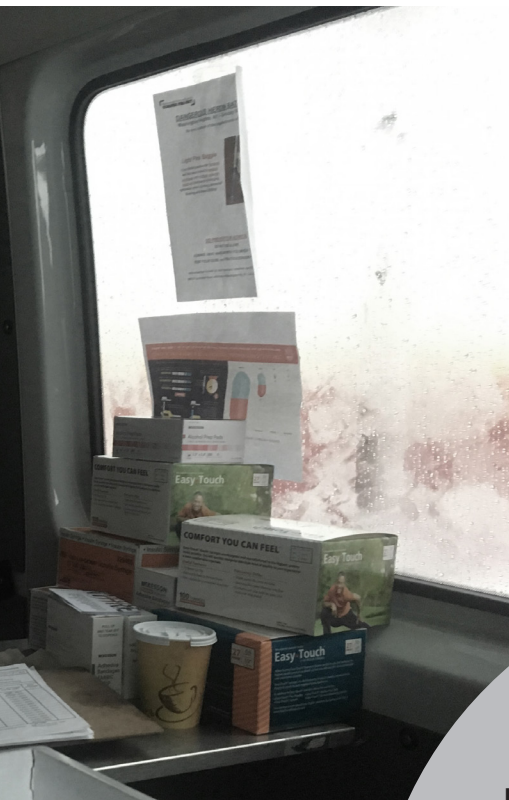
The stigma surrounding drug use in parks is especially strong WITHIN the drug-using community

Many PWUDs don't trust services and rely on strong networks of other PWUDs for supplies and information

Current community initiatives will likely serve many PWUDs, but still not the most vulnerable populations

There are subsets of active users who have different behaviors, needs, and attitudes—the most vulnerable of these groups aren't being reached.





“People in the park are too addicted to consider using services. All they’re thinking about is their fix. They don’t come to harm reduction seeking help. That I guarantee.”

**Luis
Harm
Reduction
Participant**







BRINGING DESIGN TO A GOVERNMENT TASK FORCE

Around the same time, I was invited to participate in a government task force that had recently assembled to tackle the exact problem of discarded syringes and increased drug use in South Bronx parks. Their common goal for convening was established to be:

To collaboratively tackle the discarded syringe problem and get help to users stationed in South Bronx parks.

3-PRONGED APPROACH

The stakeholders in the task force are tackling this goal with a 3-pronged approach to:

1. Conduct an in depth health assessment of users
2. Install syringe disposal kiosks in 13 parks
3. Develop strategies for service outreach, kiosk maintenance, and health promotion

THE TEAM

The task force includes ongoing participation from Bronx-specific stakeholders, including: NYC DOHMH, NYC Parks, NY State Health, NYPD, Bronx-based treatment and harm reduction organizations, Bronx hospitals, health non profits, and the Third Avenue Business Improvement District.

INSIGHTS

Due to the very real urgency of the discarded needle situation in 13 Bronx Parks (and other public areas), the main focus of the task force thus far has been planning for the design, installation, and communication of the proposed syringe disposal kiosks.

However, once the kiosks are installed at the end of this month, there will be an opportunity to reaffirm the group goals and apply insights gathered from design research to the conversations moving forward.

I have gained additional learnings from participating in the task force approach, and see where the completed design research potentially intersects:

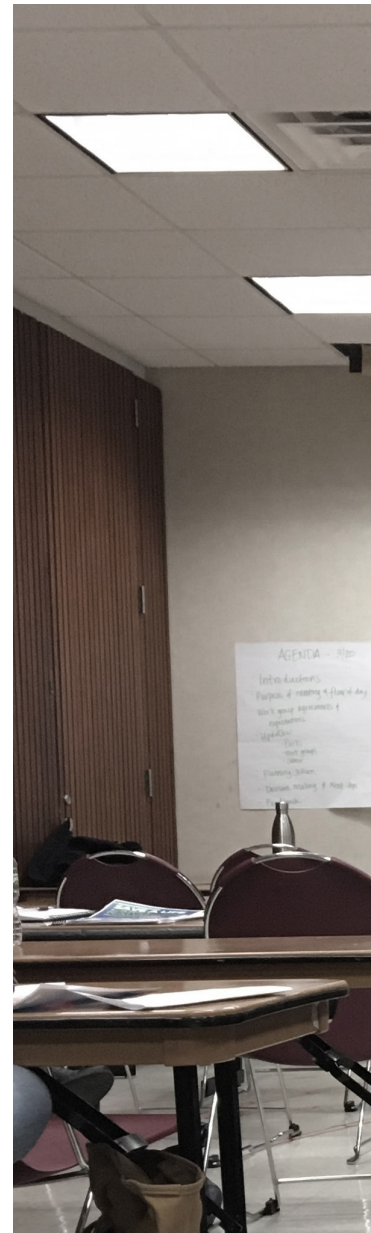
Emphasis of the task force is being placed on solving for symptoms, rather than problems

Workgroup strategies tend to reflect the group's assumptions about a relatively "little-known" population

Current task force initiatives will serve some subsets of PWUDs, but likely not the most vulnerable ones



The task force has an opportunity to maximize their impact and increase efficiencies by integrating the expert knowledge and experiences of the active and vulnerable PWUDs themselves.





REFRAMED DESIGN CHALLENGE

How might a government task force incorporate the design process to identify and address the urgent needs of people who are injecting in parks?

(And thus solve the discarded syringe problem?)

Introducing...





[_____] estuvo aquí / was here

The name of the program was inspired by a quote from one of my design champions in this process, Pia Marcus. She once said *"If there's a syringe on the ground, that means there was a person there. How can we reach that person and provide them the services they need?"*

And thus is the goal of the program: to shift the focus from symptoms of an epidemic to the people who are suffering from it. The bilingual name of the program underscores the importance of speaking directly to the end users and inviting them to be a part of this process.

Intervention

OVERVIEW

[_____] Estuvo Aquí is a program that introduces the social design process into the effort to solve the overwhelming issues of the opioid epidemic in public parks by shifting from the symptoms of public injection and discarded syringes to the urgent need of the health of the most vulnerable PWUDs.

By gradually introducing design tools and methodologies to the task force, together we can identify group assumptions, gaps in group knowledge/experience, and how to maximize efficiencies within a bureaucratic process...

with the ultimate goal being the group's recognition that having an "expert opinion" (that of PWUDs themselves) in the room is critical to meeting PWUD's needs—and thus, eliminating discarded syringes in parks.

Although the immediate purpose of the task force is to install syringe disposal kiosks and address the obvious safety issues as quickly as possible, there is an opportunity to capitalize on the diversity and enthusiasm already in the room to expand on that impact.

INTRODUCTIONS AND LISTENING

- attend monthly task force meetings
- making introductions and listening

BUILDING TRUST

- assist with kiosk-centric community research
- share insights
- brainstorm health promotion strategy

REVEALING GAPS

- stakeholder map
- semantic profiles
- persona creations

Below is the program’s design for introducing the design process into the task force setting in six overarching phases:



- group purpose-affirming workshop
- “focus group” to listen and be heard

- pledge for PWUD inclusion
- identifying barriers and assets

- creative activities



“EXPERTS AND ALLIES MAP”

One of the tools introduced to the task force was stakeholder mapping, for the purpose of identifying which members of the community are central to the issue (the experts), and which secondary stakeholders that are not in the room but could be potential partners in this process (the allies).

The mapping process also helps identify what community groups might unknowingly be overlapping efforts (and move toward collaboration), as well as assessing the topical diversity of the existing task force members. Clearly there is potential for more diversity, not least of all inclusion of the end users themselves.

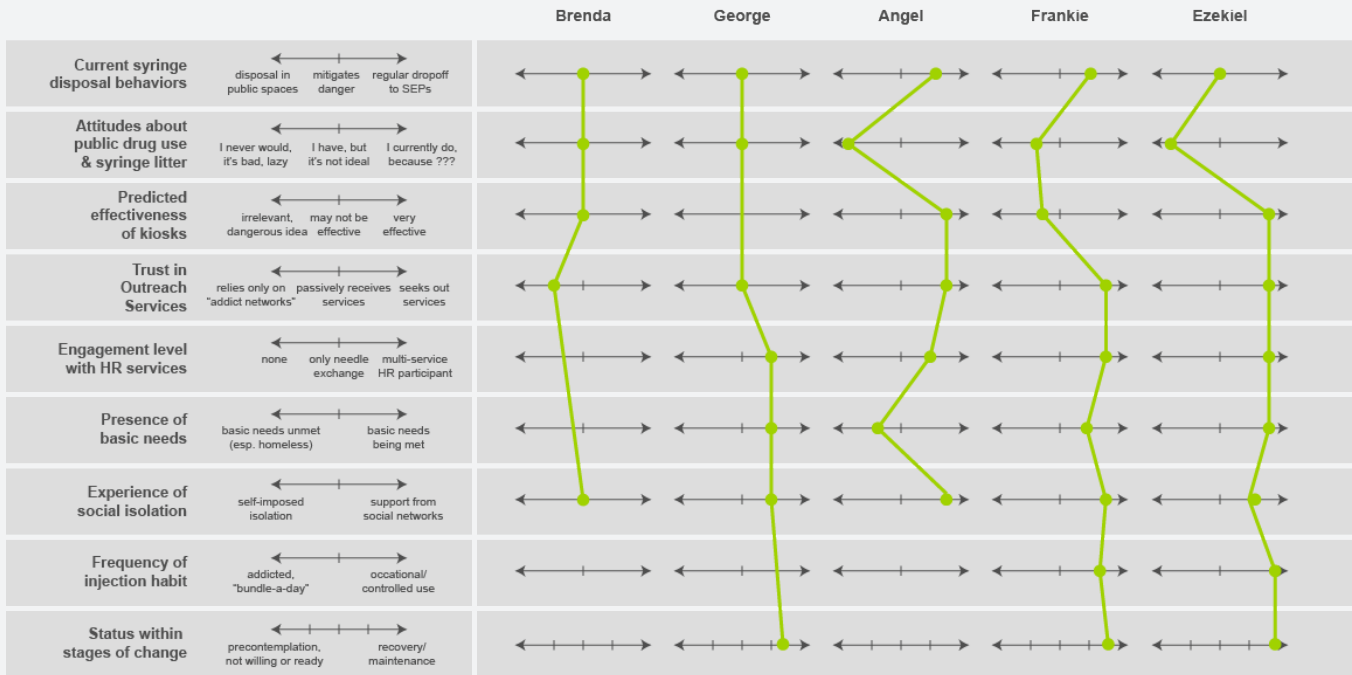
The map is by no means a “final” thing, it continues to be a living document and is updated as understanding of the stakeholder landscape grows,

Dedicated Task Force

Working to tackle the discarded syringe problem and get help to people who use drugs in South Bronx parks.

The issue of drug use in South Bronx parks impacts three central and overlapping user groups: PWUDs (orange), park visitors (green), and their larger communities (grey).

Although some organizations serve all three end user groups, each stakeholder is positioned near the one or two populations with whom their mission is most closely aligned.



Current syringe disposal behaviors

Attitudes about public drug use & syringe litter

Predicted effectiveness of kiosks

Trust in Outreach Services

Engagement level with HR services

Presence of basic needs

Experience of social isolation

Frequency of injection habit

Status within stages of change

“PWUD PROFILES”

Another tool introduced to the task force is semantic profiles for analysis. It became clear during my discussions at the syringe exchange site that not all PWUDs approve of injecting in the park and that there is a large spectrum of PWUDs with different attitudes, needs, and behaviors (ranging from those who are homeless to those who inject only occasionally and hold stable jobs).

So, based on patterns revealed in the participant interviews, I defined nine different attribute scales reflecting specific attitudes needs, and behaviors of PWUDs—including syringe disposal habits and trust in health services (the complete list is to the left).

Then each of the 15 participants were plotted along the attribute scales (if the information was never provided by the participant, that measurement was skipped). We also started to create a profile for the PWUDs in parks—who were NOT present at the harm reduction site—but who were vaguely described by the participants (who generally spoke of them as “other”).

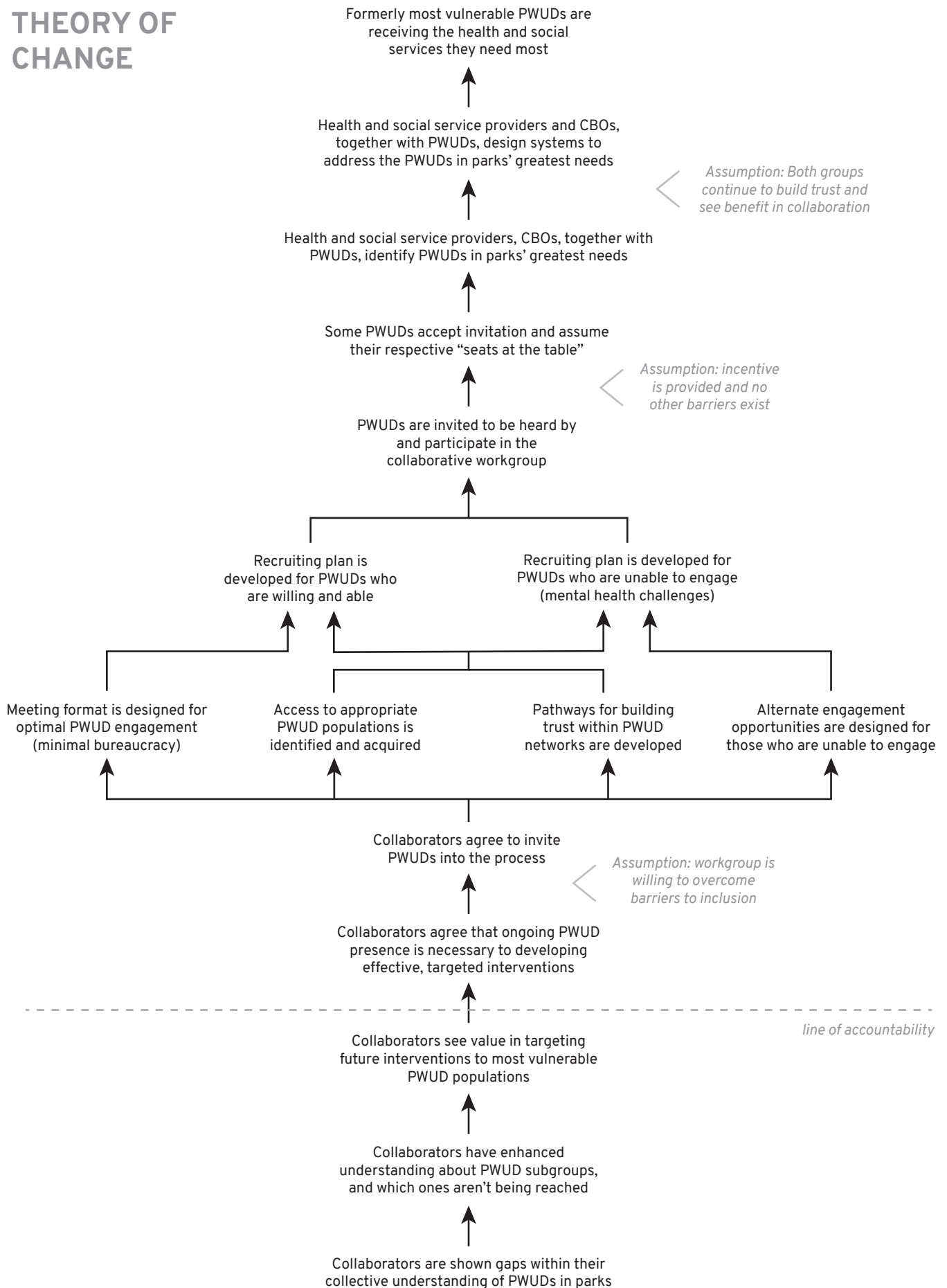
This tool begins to segment different types of PWUDs and highlights the gaps in those who are apparently not being reached by health and safety services—thus the most vulnerable.



Impact



THEORY OF CHANGE







Onward and Upward

NEXT STEPS

Cities across the United States are making fighting the opioid crisis their top priority. With the majority of municipal and national resources going toward distribution of life-saving Naloxone and drug abuse prevention, cities must still grapple with how to address the immediate needs of PWUDs and the immediate safety of their larger communities—two issues which are deeply intertwined.

At the conclusion of the Parks, Syringe Disposal, and Vulnerable Communities Task Force gatherings, I will be creating a Cities Guide for Collaborative Design that captures the process, tools, and discussions that are have been most helpful in facilitating the collaborative effort here in NYC.

This project was possible because of the support, networks, advice, and trust of many, especially:

Archie Lee Coates IV – Thesis Advisor

Cheryl Heller – Chair, MFA Design for Social Innovation, SVA

Julien Scott – Bronx Operations Manager, NYC Parks

Renée Nicolas – Field Responder, Rapid Assessment & Response (RAR), Bureau of Alcohol & Drug Use Prevention, Care & Treatment, NYC DOHMH

Pia Marcus – Field Manager of Syringe Access and Outreach, NYHRE

Rosanne Haggerty – President, Community Solutions

Marc Rettig – Managing Principal, Fit Associates; Professor, SVA MFA in Design for Social Innovation

Kim Wong – Program Director, Community Health Programs, BronxWorks

Carlos Acosta – Bronx Outreach Coordinator, Partnerships for Parks

Thank you.

And thanks to the rest of the Parks, Syringe Disposal, and Vulnerable Communities Task Force for your commitment to the safety and health of the community and for enthusiastically inviting both me and the design process into your midst.

Thank you to my family and my loving roommates for their unwavering support and patience with this process. And thank you to all the DSI faculty and 2018 cohort, with special recognition of a few who supported this journey in a major way:

Jeralyn Powell and **Amanda Finuccio** – for being my unofficial partners on this journey, I couldn't have done this without you. Could not.

Jessie Silver – for always making connections and sharing critical resources left and right.

Lastly, thank you to the inspirational harm reduction community for sharing their stories and patiently helping me understand the complex realities of drug use and addiction. I won't forget you.



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