

Community Health Research, Restaurants, and Adjusting amid Uncertainty

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My last day of normalcy was a sunny Sunday at the beginning of March. I spent most of the day at Heritage Radio Network (HRN), recording the second half of the *Gastronomica* podcast series for the show “Meant to be Eaten,” hosted by Coral Lee, with whom we have been collaborating since January 2020. This was my second weekend, after sitting down with fellow editorial collaborative member (and this issue’s editor), Bob Valgenti, the weekend before. The episodes aired between March 1 and April 5, 2020, coinciding with the escalating COVID-19 emergency. Little did I know then the nostalgia I would feel listening to the episodes. Not for the interviews but for the background noise. HRN is housed inside two recycled shipping containers behind Roberta’s Pizza, a busy, culinary pillar of Brooklyn, New York. The sounds of muffled conversation served as backdrop for the clinks of glasses and silverware, and even some distant laughter. These are the sounds of meals being shared in a crowded restaurant—sounds I often experienced and took for granted as part of life. That Sunday afternoon was the last time I really heard those sounds, sharing pizzas, drinking beer, and enjoying the company of others, sitting much less than six feet apart.

The restaurant sector has been one of the most affected by the COVID-19 pandemic. In New York, restaurants are an essential part of the pulse of the city—not only facilitating pleasurable meals but also providing livelihoods for thousands throughout the food system. Many of these food workers are part of communities of color, which have been carrying a higher burden of disease and death from the virus (CDC 2020). This deadly inequity can be partially explained by lack of healthcare access and a greater incidence of preexisting conditions, many of which are diet-related and most of which are the ultimate result of poverty and unequal access to opportunities. The pandemic has worsened the existing racial

inequities, at times exposing food workers to hazardous conditions on top of already high-risk and taxing jobs.

As a public health nutrition scholar, I am not new to the health inequities highlighted by the virus. Most of my career as a researcher has been spent conducting community-based work aimed at bringing voices of minority communities to the forefront. The work is personal, as I am a member of these so-called minority communities, a Puerto Rican scholar. Through my work as a researcher and teacher, I aim to shift the individual focus prevalent in the nutrition field to one that promotes health from an environment-based approach, while engaging social determinants of health. My current focus is on Latin American restaurants. I see these establishments as key community institutions with the potential to change social norms about healthier eating behaviors. The National Institutes of Health agreed with my vision. In August 2019, I received a research and career development award (a K01, in NIH-speak) with the aim of collaborating with Latin American restaurant stakeholders to co-design and test an intervention to make restaurant environments more conducive to healthy eating. The project involves a community-engaged plan applying principles of design thinking and implementation science. The goal is not only to expand my training in these areas but also to develop innovative ways to tackle persisting diet-related disparities in the community, while also being mindful of the economic well-being of these important establishments.

Things have changed since the onset of the COVID-19 emergency. This moment, without COVID, would have found me out in the community, working with my students to recruit stakeholders and plan group discussions. Instead, I am sitting at home, adapting research plans to an unknown future and a more precarious business climate for the restaurants with which I intend to engage.

Restaurants at the higher end of the price spectrum are beginning to close, with their stories disseminated and mourned

in popular news outlets. Latin American restaurants in the city at the lower end of the price spectrum remain largely invisible from the mainstream culinary media, much like the communities they serve. While most New Yorkers see these establishments as the source of a cheap meal or a culinary adventure, these restaurants serve important roles in the community. They act as an economic entryway for newcomers, serve as community meeting places, and help satiate cravings from the warm homes many of us left behind. Today, the role of restaurants is shifting. Those that remain open have morphed from places for socialization to sites for contactless delivery and take-out. Restaurants are still keeping us fed, but at a potentially high cost to those working behind the now-closed doors. These recent changes involve careful calculations balancing the economic well-being of the business with that of the workers who risk, at a minimum, infection, and as a result possibly severe illness and even death, to continue to keep the restaurant and their own livelihoods afloat.

Just as these businesses adapt to the changing and challenging circumstances, within careful calculations, so will my research. The road ahead to accomplish the aims set out in my very first NIH-funded project will certainly be a steep one but also a necessary one. Now more than ever, we, as food and nutrition scholars, need to think beyond publications and conference presentations to better engage the structural realities that ultimately create persisting and preventable health inequities in the communities around us. Community food businesses—bodegas, street vendors, and restaurants—will continue to be essential in this task, and ultimately, in all of our lives. 

REFERENCE

CDC (US Centers for Disease Control and Prevention). 2020. “COVID-19 in Racial and Ethnic Minority Groups.” Page last reviewed April 22. www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html.