RED HOOK COMMUNITY HEALTH

A Red Hook Community Health Needs and Assets Assessment (CHNAA) was conducted with support from the NYU Langone Health Community Service Plan. The assessment was planned by a team of six organizations: The Alex House Project, Family Health Centers at NYU Langone, Good Shepherd Services, NYU Langone Health Department of Population Health, Red Hook Community Justice Center, and the Red Hook Initiative.

More than 20 Red Hook organizations and more than 600 people who live or work in Red Hook participated in this collaborative, community-based project to get more information about:

- > Important health issues for the Red Hook community
- > Strengths and existing programs in Red Hook
- > Needed programs and services in Red Hook
- > Opportunities to connect the community's strengths and needs to improve the health and wellbeing of Red Hook residents

During the assessment process, the CHNAA team:

- > Looked at data from hospitals, the New York City Department of Health and Mental Hygiene, Red Hook organizations, and other agencies, and identified missing data needing further exploration
- Collected additional information from people who live and work in Red Hook through dot voting, surveying, and small-group conversations
- > Identified strengths and existing programs and resources
- > Identified potential future actions to address top health concerns

THE RED HOOK COMMUNITY

Red Hook is a resilient, diverse, and lively waterfront community in Brooklyn, New York. The neighborhood is known for its strong maritime and industrial history and deeply rooted public housing community. It is home to the NYC Housing Authority (NYCHA) Red Hook Houses, New York's second largest public housing complex (blue areas on the map).

- More than half of Red Hook residents live in public housing.²
- The majority of residents are racial and ethnic minorities. 41% of residents identify as Latino, 33% African American, 19% White and approximately 4% Asian.³
- > 23% of Red Hook's approximately 11,000 residents are under the age of 18.³

Like many NYC neighborhoods, Red Hook is experiencing gentrification resulting in an increase of commercial wealth, including Ikea and Fairway Market. The percentage of residents with incomes below the federal poverty level stayed about the same from 2006 to 2016, but the percentage of the wealthiest residents (incomes at least 5 times higher than poverty level) increased in the areas surrounding the Red Hook Houses.⁴ This highlights the disparities between the predominantly white homeowners living on the waterfront and the residents of the Red Hook Houses.

Red Hook is geographically isolated. Many residents live far from the subway system and the neighborhood is cut off from the rest of Brooklyn by the Brooklyn Queens Expressway, causing difficulty in accessing resources not available in the community. Community concerns about access to healthcare and affordable food increased in recent years with the closures of Long Island College Hospital in 2013 and Pathmark in 2015.

This very isolation also lends to social cohesion, neighborhood pride, and resiliency. Red Hook's many strengths serve as the groundwork to take on the many challenges that arise in the community.



THE RED HOOK COMMUNITY

Red Hook residents are engaged. Approximately 1 out of every 5 survey and small group conversation participants provided contact information to stay informed about findings and next steps in the process.

Red Hook has a connected network of community-based organizations. 39% of community members rated community-based organizations as a top strength in Red Hook.⁹ Red Hook is home to a dedicated network of nonprofits, arts and cultural organizations, religious institutions, and resident-led community building activities. This strong network is evident in the more than 20 organizations that helped recruit over 600 community members to participate in this assessment.

Residents value the community's affordable housing, parks, community gatherings, schools, and public transportation. 37% of community members rated affordable housing and parks and resources for physical activity as top strengths. 23% of community members rated community gatherings, good schools and good public transportation as strengths.

Poverty, high unemployment and low educational attainment are challenges in the community. 44% of children under the age of 18 in Red Hook live in poverty.³ Unemployment is extreme. 19% of residents 16 and older are unemployed, compared to 9% of residents citywide.³ 35% of adults have not completed high school.³

There are widespread outdoor and indoor environmental problems. Red Hook was greatly impacted by Superstorm Sandy and recovery efforts continue. Most of the Red Hook Ballfields were closed in 2012 and again in 2015 because of lead soil contamination. They have remained closed and efforts are underway to fix the problem. Many Red Hook residents are also impacted by poor housing conditions that affect the entire NYCHA system, such as heat and hot water outages, mold, and risk for lead exposure.¹⁰



11, 12, 13

TOP HEALTH CONCERNS

The Red Hook residents who participated in our survey reported worse overall health than NYC residents as a whole. 36% of Red Hook residents rated their health as fair or poor compared to 22% NYC wide.¹⁴

Most of Red Hook community members' top health concerns align with the health needs and risks the CHNAA team identified through hospital, NYC Department of Health and Mental Hygiene, and other data.



- 45% of survey participants rated asthma as one of the most important health issues in Red Hook. Residents made the connection between housing conditions and asthma in the small group conversations. They identified the impact that inconsistent heating and cooling, mold, and cockroaches and rats can have on people with asthma.
- Asthma diagnoses among children on > Medicaid and preventable asthma hospitalizations for adults are slightly higher in Red Hook and surrounding neighborhoods than in NYC as a whole.^{15,16}
- 23% of residents of the Red Hook Houses surveyed by Red Hook Initiative in 2016 had at least one family member with asthma, and 40% of those surveyed had mold in their apartments.¹⁷ Mold and other housing conditions can make asthma worse.

A STRESS + ANXIETY + DEPRESSION

- 35% of survey participants rated stress, anxiety and depression as one of the most important health issues in Red Hook. Needed home repairs, rent increases, housing insecurity, safety concerns, and over-policing were cited as causes of stress, anxiety, and depression.
- > Frequent mental distress is higher among Red Hook residents than NYC residents as a whole. Approximately 1 in 5 adults who live in the Red Hook Houses reported frequent mental distress.¹⁸

DIABETES

- 31% of survey participants rated diabetes > as one of the most important health issues in Red Hook. Diabetes was a major topic of discussion in the Spanish-speaking small group conversation.
- Approximately 18% of adults who live in > the Red Hook Houses reported having diabetes compared to 11% of adults in NYC as a whole.18
- 19% of adults with diabetes who live in the > Red Hook area have poorly controlled diabetes.¹⁹

SMOKING

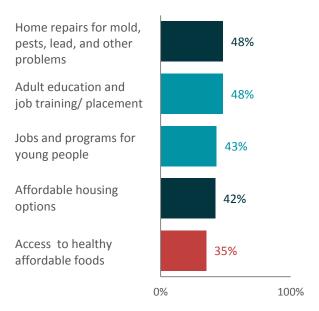
- > 31% of survey participants rated smoking as one of the most important health issues in Red Hook.
- The smoking ban in NYC public housing >came up in a few of the small group conversations and the CHNAA team's dayto-day work with community residents. 1 in 5 adults who live in NYC public housing smoke.²⁰

↓↓ SUBSTANCE USE (INCLUDING ALCOHOL)

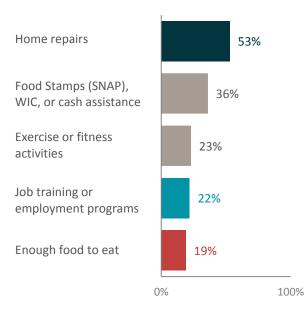
- 29% of survey participants rated substance > use (including alcohol) as one of the most important health issues in Red Hook. The connection between mental health and substance use came up in some of the small-group conversations and the CHNAA team's day-to-day work.
- Alcohol-related hospitalizations are higher >in the Red Hook area than the citywide rate.²¹ There are also more alcohol retailers in the area compared to the citywide rate.22

NEEDED SERVICES

Participants rated programs and services related to **housing**, education + training, and food access as most needed to improve the health and wellbeing of Red Hook residents.



Residents needed but had trouble accessing similar programs and services in the past 12 months.



HEALTH

Residents reported needing more (or better connections to) preventive and health management services in the community. In several of the small group discussions, residents said that they wanted more medical services and options to choose from in Red Hook. One group suggested that services could be offered in community locations where residents regularly go and not just in medical offices and clinics. Discussions also revealed the need for better awareness of and connection to existing resources in the community.

HOUSING

Residents reported that the current NYCHA repairs system takes a long time and often requires multiple steps. A few participants spoke about making repairs themselves, or getting needed repairs by advocating for themselves and with support from the Red Hook Community Justice Center.

Housing conditions have an effect on health.

Community residents identified home repairs as the #1 needed service to improve health in Red Hook. In the small group conversations, community members shared their experiences with poor housing conditions and the impact they have on their families' health, especially asthma and stress.

EDUCATION + TRAINING

More information is needed about how residents access existing education and training programs. Many Red Hook residents rated education and training programs as top needed services to improve health and wellbeing, yet 1 in 5 residents reported having trouble accessing job training or employment programs in the past year. This topic needs further investigation.

NEEDED SERVICES

FOOD ACCESS

Healthy food options seem limited and too expensive to many Red Hook residents. 58% of survey respondents reported not having places in the neighborhood to buy affordable fresh fruits and vegetables. Residents spoke about available options (such as C-Town, Fairway, and the Red Hook Community and Red Hook Houses Farms) but reported challenges such as cost, limited healthy and guality options, and inconvenient locations. Several small group conversation participants wanted more information about the safety of the soil at the Red Hook Farms because of the lead soil contamination at the NYC Department of Parks and Recreation Ballfields. (The soil is regularly tested and is safe for growing food).²³ Some residents also talked about challenges with food stamps (SNAP). Some said that they do not cover enough expenses. Other participants said they make too much money to qualify for food stamp benefits but still struggle to have enough money to put food on the table.

OTHER NEEDS

Residents reported that more services are needed in Spanish and Chinese. The Spanish- and Cantonese-speaking small group participants expressed a need for more community services in their languages. Members of the Cantonesespeaking group reported that they are sometimes required to complete and sign forms in English that they do not understand.

Residents have multiple, related needs and need help accessing a variety of programs and services.

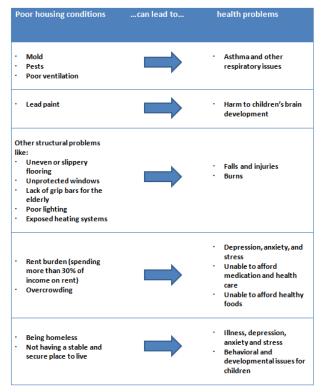
Residents reported needing access to a variety of services that focus on social needs, such as home repairs and workforce development, in the survey and in the small group conversations.

During the discussions other issues were raised that need more examination, such as:

SAFETY + POLICING. The Cantonese-speaking small group reported safety and violence as a major concern. They reported being afraid to answer their doors or go out early in the morning or late at night. The young parent small group reported police interactions as the primary contributor to stress, anxiety, and depression.

DISPLACEMENT + GENTRIFICATION. Displacement and gentrification came up at various points in the assessment. One of the small groups said the issues with NYCHA home repairs and the smoking ban seemed intentional to push out longtime NYCHA residents.

Did you know that housing problems can affect your health?



Handout used in the small group conversations

CONNECTING STRENGTHS + NEEDS

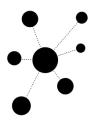
STRATEGIES

The following ideas build on community strengths, incorporate feedback from community members, and expand on successful practices already being used in Red Hook.



Peer-to-peer programs

Residents talked about the importance of trust and working with someone they can relate to. They thought that peer-to-peer programs were an appealing model to help with different health issues. These types of programs have been successful in Red Hook and other communities. Teen health and parenting programs are examples of programs in Red Hook that use this model. Potential services the peer workers can help with include health education, assistance accessing services, and organizing and advocacy. Peer-to-peer programs also provide an opportunity for training and job placement for Red Hook residents.



Holistic strategies that meet community members at the point of their most pressing need

Residents often have multiple, related needs. An approach that addresses a number of related issues at the same time would be more effective than strategies that address individual issues. Connections to Care is an example of a program in Red Hook that uses a holistic approach. It helps non-medical staff identify mental health and related needs, and connect community members to services.

Training and culturally-appropriate resources are needed for holistic strategies to be successful.



Advocacy and organizing

Many Red Hook residents experience systemic inequalities based on race and class, such as health disparities and inadequate funding of public housing. Continuing to build community capacity to advocate and organize can help address these and other longstanding challenges and create long-term change.

CONNECTING STRENGTHS + NEEDS

TAKING ACTION

The CHNAA team is exploring opportunities to implement these strategies to address the community's top health needs. The team also responded to needs as they came up during this year-long process. An existing education and home assessment program for people who have asthma and are on Medicaid was expanded to Red Hook. Materials about quitting smoking and lead exposure were also distributed to residents through CHNAA team organizations.

The CHNAA team is planning to use the results of this assessment to expand additional Red Hook programs and services through the NYU Langone Health Community Service Plan. This plan includes programs that focus on top community health needs in southwest and central Brooklyn (including Red Hook) and the Lower East Side and Chinatown in Manhattan. Updates will be posted on the <u>Red Hook HUB</u> (http://www.redhookhub.org/) and the NYU Langone Health <u>Community Service Plan</u> <u>website (https://nyulangone.org/ourstory/community-health-needs-assessmentservice-plan).</u> We hope community organizations and residents will use this information for program planning, advocacy, additional information gathering and more. Tools and more detailed data are available at <u>https://redhookchnaa.wordpress.com/</u>, including full survey results categorized by age and housing situation, community data from other sources, and additional information.



DATA SOURCES

Data review: The CHNAA team looked at community data from different agencies and organizations and identified missing data needing further exploration. An existing list of Red Hook programs and services was updated based on planning partner knowledge and information available on <u>HITE</u> <u>Site</u> (https://www.hitesite.org/) and the NYC Department of City Planning <u>Capital Planning Platform</u>

(https://capitalplanning.nyc.gov/facilities). The CHNAA team focused on programs and services that address the top health concerns and needed services identified in the survey results. There may be programs and services missing from the inventory. The goal was to get a general sense of existing services and gaps to help inform next steps.

Dot Voting: Approximately 187 Red Hook community members participated in dot voting during seven events at CHNAA team organizations. Most participants were young adults. 12 health issues and an "other" category were written on large posters. Participants were given three stickers to vote for the most important health issue(s) affecting the Red Hook community. Participants could place all three stickers under one issue, or place them under different issues. **Survey:** 594 people who live or work in Red Hook completed surveys (paper or online). Over 20 organizations in Red Hook helped with distribution. Surveys were completed in English (84%), Spanish (15%), and Chinese (1%).

Small Group Conversations: Approximately 57 community members participated in five small group conversations hosted by CHNAA team organizations. Three groups were conducted in English, one in Cantonese, and one in Spanish. The survey results and the connection between housing and health were discussed. Participants were recruited by word of mouth through staff and residents. Survey participants who provided their email addresses were also invited to participate.

Materials and additional data are available at https://redhookchnaa.wordpress.com/

DATA SOURCES

¹ Welcome to Red Hook mural by Groundswell located at the corner of Hamilton Avenue and West 9th Street.

² Total Red Hook population Census Tracts 53, 59, and 85 combined: U.S. Census Bureau, American Community Survey (ACS) 2012-2016, retrieved from <u>New York City Population FactFinder</u>. Red Hook Houses East and Red Hook Houses West total residents: "<u>MyNYCHA Developments Development Data</u>," New York City Housing Authority, accessed September 14, 2018.

³ Red Hook Asian population is an estimate. U.S. Census Bureau, American Community Survey (ACS) 2012-2016, retrieved from <u>New</u> <u>York City Population FactFinder</u>. Census Tracts 53, 59, and 85 combined.

⁴ U.S. Census Bureau, American Community Survey (ACS) 2006-2010 and 2012-2016, retrieved from <u>New York City Population</u> <u>FactFinder</u>.

⁵ Map created in "<u>DATA2GO.NYC</u>," Measure of America of the Social Science Research Council.

⁶ Red Hook Houses by Ross Joy is licensed under <u>CC0 1.0 Universal</u>.

⁷ <u>MG 2733</u> by <u>Sunghwan Yoon</u> is licensed under <u>CC BY-SA 2.0</u>.

⁸ <u>185 Van Dyke Street Red Hook 2d</u> by <u>Rhododendrites</u> is licensed under <u>CC BY-SA 4.0</u>.

⁹ While we reached over 600 people who live or work in Red Hook, findings from this Community Health Needs and Assets Assessment may not represent the entire Red Hook community.

¹⁰ See, for example: U.S. Attorney's Office Southern District of New York "<u>Settlement with NYCHA and NYC</u>," June 11, 2018; New York State Department of Health, "<u>Assessment of New York City Housing Authority (NYCHA) Properties</u>," March 2018; and New York City Department of Investigation, "<u>Investigation into False Certification of NYCHA Lead Paint Inspections</u>," November 2017.

¹¹ <u>MG 2900</u> by <u>Sunghwan Yoon</u> is licensed under <u>CC BY-SA 2.0</u>.

¹² <u>Dunk</u> by <u>Ludovic Bertron</u> is licensed under <u>CC BY 2.0</u>.

¹³ <u>NYC – Brooklyn – Red Hook: Red Hook Food Vendors</u> by <u>Wally Gobetz</u> is licensed under <u>CC BY-NC-ND 2.0</u>.

¹⁴ New York City Department of Health and Mental Hygiene, <u>New York City Community Health Survey</u>, 2016.

¹⁵ Data is from the Carroll Gardens – Columbia Street – Red Hook Neighborhood Tabulation Area. New York State Medicaid Enterprise System, 2015, retrieved from New York City Department of Health and Mental Hygiene, <u>New York City Neighborhood Atlas</u>.

¹⁶ Data is from the Carroll Gardens – Columbia Street – Red Hook Neighborhood Tabulation Area. Statewide Planning and Research Cooperative System (SPARCS) Inpatient Hospitalizations, 2012-2014, retrieved from New York City Department of Health and Mental Hygiene, <u>New York City Neighborhood Atlas</u>.

¹⁷ Findings may not represent all Red Hook Houses residents. Red Hook Initiative, "<u>The Impact of Mold on Red Hook NYCHA Tenants</u>," October 2016.

¹⁸ Data are estimates. Red Hook is defined as Census Tracts 53, 59, and 85. Census Tract 85 data was used as an approximation for Red Hook Houses residents. 500 Cities Project Data, Centers for Disease Control and Prevention, 2015 2 Year Modeled Estimates, retrieved from <u>City Health Dashboard</u>.

¹⁹ Data is from the Carroll Gardens – Columbia Street – Red Hook Neighborhood Tabulation Area. New York City A1C Registry, 2014, retrieved from New York City Department of Health and Mental Hygiene, <u>New York City Neighborhood Atlas</u>.

²⁰ New York City Department of Health and Mental Hygiene, <u>New York City Community Health Survey</u>, 2015.

²¹ There were 997 alcohol hospitalizations per 100,000 people 15-84 years old in the Carroll Gardens – Columbia Street – Red Hook Neighborhood Tabulation Area compared to 955 alcohol hospitalizations per 100,000 people in NYC as a whole. Statewide Planning and Research Cooperative System (SPARCS) Inpatient Hospitalizations, 2014, retrieved from New York City Department of Health and Mental Hygiene, <u>New York City Neighborhood Atlas</u>.

²² There are 47 alcohol retailers per 10,000 people in the Carroll Gardens – Columbia Street – Red Hook Neighborhood Tabulation Area compared to 26 alcohol retailers per 10,000 people in NYC as a whole. NY State Liquor Authority, Active License Data - Open NY, November 8, 2016, retrieved from New York City Department of Health and Mental Hygiene, <u>New York City Neighborhood Atlas</u>.

²³ "Frequently Asked Questions," Added Value Farms, accessed September 6, 2018.

²⁴ <u>MG 2740</u> by <u>Sunghwan Yoon</u> is licensed under <u>CC BY-SA 2.0</u>.

Many thanks to all of the community residents and organizations that helped make this assessment possible.

MORE INFORMATION

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