

# Red Hook Health Initiative / Long Island College Hospital



**Continuum** Health Partners, Inc.

## Red Hook Community Needs Assessment June, 2005

Funded by a grant to the Red Hook Health Initiative  
from the New York Women's Foundation

Prepared By:

**ECQ**Group

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## Introduction

The Red Hook Health Initiative (RHHI) is fast approaching its third year anniversary. In these three years it has successfully established a strong foundation within the community and has earned the respect and trust of the people living there. This is reflected in the wide variety of program offerings including pre-teen classes, social work based groups, health education and reproductive health assistance for teens, physical fitness programs like yoga, aerobics, nutrition and self defense, as well as work/training programs for adults and teens to be health educators. Services include pregnancy testing, referrals for medical care, assistance in obtaining health insurance, and support services for adolescents. All of these programs and services are free and open to the residents of Red Hook.

As RHHI spreads its roots deeper into the community it is in a natural phase of transition for a young organization. With the generous support of the New York Women's Foundation and the Independence Community Foundation, RHHI has been able to expand. In fall of 2004, RHHI hired a part-time social worker. At the same time, Jill Eisenhard, Red Hook Health Initiative Founder & Director, increased her hours, with the goal of increasing direct reproductive health work with teens while building the organization's foundation. A group of eight Peer Health Educators are now also a part of RHHI's staff. The staffing increases are a

result of the fact that more women and adolescents are accessing services, more people have identified RHHI as a place of support, and more community groups are contacting RHHI for collaboration.

One of the essential principles of RHHI is that it strives to help the community support itself. A central part of that goal involves ongoing collaboration and dialogue with the other social service agencies in Red Hook. RHHI does not duplicate services offered in the neighborhood, rather it offers complimentary programming to support existing services. RHHI has done long term programming with Added Value, the Red Hook Community Justice Center, PS 27, PAL Daycare, Literacy Inc., Headstart, and the PAL Miccio Community Center. Outreach and short-term programming has been provided to PS 15, PS 58, the Red Hook Library, Independence Community bank, Good Shepherd Services, and the Yoga Center of Brooklyn. Community Health Educators (CHEs) represent RHHI at meetings for Community Board 6, Red Hook Youth Advisory Board, Red Hook West Tenant's Association and Red Hook East Tenant's Association. Through these means, the RHHI is deeply integrated into the community.

This past year has been a period of transition and growth. By employing people from the community, enabling them to implement their ideas and their projects, and teaching them about the disparities in health, change is possible. Through a technical assistance grant from the New York Women's Foundation, RHHI commissioned this community needs assessment in order to ensure that it

continues to meet the needs and gaps in the Red Hook neighborhood. The outcomes and measures as indicated by the needs assessment will provide a baseline and direction for how to develop programs, train staff, and seek funding to address the actual issues that are important to the people in Red Hook, not the issues that leaders at RHHI perceive to be important.

The Red Hook Health Initiative currently receives funding or in-kind support from Long Island College Hospital, the Police Athletic League of New York City, New York Lawyers for the Public Interest, the New York Women's Foundation, Independence Community Foundation, Stony Wold Herbert Fund, and the Laura B. Vogler Foundation.

By the end of summer 2005 RHHI plans to launch a new model for health and wellness in the Red Hook community. The results of this community needs assessment will play a large part in shaping that future vision.

## Executive Summary

The Red Hook Health Initiative hired ECQ Group, Inc. a New York City non-profit technical assistance provider, to design and conduct this community needs assessment. While the focus of the project was limited in scope and duration, RHHI wanted to analyze the health-related needs of community members in Red Hook, and to learn how residents might benefit from additional programming. The goals for the community needs assessment are to identify 1) the major barriers to health care for people living in Red Hook, 2) the gaps in programs or services relating to health and social services in the community, and 3) the individual health issues of greatest concern to Red Hook residents. By having this information directly from the community, RHHI will be able to create programs and services to meet these needs. Future training programs for Community Health Educators and staff development will be created in direct response to the needs of the community.

Red Hook is a peninsula that is surrounded by the Gowanus Bay, Erie Basin and Buttermilk Channel. Red Hook was the original Dutch name given to the area as it was a descriptive nautical reference point for sailors navigating Brooklyn's coastline. Just across the harbor from Governors Island and the tip of Manhattan, the neighborhood is surrounded by waterfront on three sides. It is divided into two different sections by Columbia Street. Red Hook has one of

Brooklyn's largest public housing projects, home to 8,500 people<sup>1</sup>. The overwhelming majority (71%) of Red Hook residents live in these Red Hook Houses, which was completed in 1938. Approximately 7,275 men, women and children lived in the Red Hook Houses in 2000<sup>2</sup>. Together with the Columbia Street District, Red Hook was host to the first Puerto Rican enclave in the United States in 1950.

The construction of the Gowanus Expressway in the late 1940s and the opening of the Brooklyn Battery Tunnel in 1950 served to geographically sever Red Hook from the rest of Brooklyn Community District 6, and led to the economic decline of this neighborhood. The loss of the shipping industry in the 1960s, the heroin epidemic of the 1970s and the crack epidemic of the 1980s and early 1990s<sup>3</sup> led to the further economic deterioration of Red Hook.

The history of the Red Hook community is as tumultuous a story as any New York neighborhood has to tell. Once a vibrant, highly populated shipping community located on the South Brooklyn waterfront, Red Hook fell victim to the development of racially and economically isolating public housing and the violence and misery of a flourishing drug trade amidst diminishing job opportunities. Red Hook's decline was highlighted with the 1992 death of local school principal Patrick Daly. Accidentally killed in a drug-related shoot-out, Mr.

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<sup>1</sup> New York City Neighborhoods, Red Hook, Brooklyn [www.nyc.gov](http://www.nyc.gov) p. 1

<sup>2</sup> Consider the Future: Strengthening Children and Family Services in Red Hook, Brooklyn, p. 4

<sup>3</sup> [www.communityjustice.org](http://www.communityjustice.org), Community Outreach, June-July 1997, p.1

Daly's death demonstrated the human cost of violence and drugs to a community<sup>4</sup>

The community faces ongoing daily challenges illustrated by a socio-economic profile that includes an unemployment rate of 10.67%, low average levels of educational achievement, the highest poverty levels, and the highest population of youth relative to the other neighborhoods in the district. Residents often express concern and frustration over the lack of available services and normal amenities located in most neighborhoods. The median income is \$9,443 annually. Seventy-five-percent of residents live in the Red Hook Houses, one of the largest and most violent housing projects in the city. Sixty-two percent of the families are headed by single women <sup>5</sup>.

Zip code 11231 includes Red Hook, but also includes parts of Park Slope and Carroll Gardens wealthier neighborhoods with better health outcomes. Therefore, health statistics that are normally captured by zip code obscure some of the health disparities facing Red Hook residents. Similarly, Community District 6, includes Red Hook, Carroll Gardens and parts of Park Slope, again diluting some of the more disturbing socio-economic indicators that affect Red Hook. However, 2000 Census Tract data from the 0055, 0057, 0059 and 0085 tracts capture Red Hook demographics. These are limited to income, education, age, employment status, and nativity, and therefore, do not capture health data,

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The 2001 Operation Data survey <sup>4</sup>

<sup>5</sup> Red Hook Community Profile 2003, Brooklyn AIDS Task Force

race or ethnicity. In spite of the limitations of Census Tract data, what is clear is that of the 10, 215 Red Hook residents, approximately 12.35% are foreign born. Approximately 31.3% of residents are under the age of 18, and approximately 7.37% are seniors. Most of the seniors are clustered in Census Tract 0085, part of the Red Hook Houses.

Income and education indicators for the four Census Tracts that encompass Red Hook are significantly lower than those of surrounding neighborhoods in Community District 6. For example, the average median household income for these four Census Tracts is \$27,777. However, for the Red Hook Houses, the median annual household income was \$10, 372 in 1999<sup>6</sup>. Moreover, 29.2% of Red Hook residents live below the poverty line, and 26.37% of families in Red Hook live below the federal poverty line. Although 63.92% of Red Hook residents have a high school diploma or higher, the unemployment rate is still significant, at 10.67%.

Fifty-eight percent of the population in the Red Hook Houses were women and girls. Of the adult population (18 years and older, 37% were men and 63 percent were women. Forty percent of the populations (2,934 people) were boys and girls aged 19 or younger, and one-quarter of the population of the Red Hook Houses was between the ages of 5 and 14. Half (47.4%) of the households in Red Hook Houses, or 1,317 of them, had children under age 18<sup>7</sup>.

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<sup>6</sup> Consider the Future: Strengthening Children and Family Services in Red Hook, Brooklyn, p.5

<sup>7</sup> Consider the Future: Strengthening Children and Family Services in Red Hook, Brooklyn, p.4

Sixty-one percent of the population in Red Hook Houses were Black or African American. Forty-two percent were Latino, and three-quarters of these were Puerto Rican. Non-Latino Whites comprised 1.3 percent<sup>8</sup>. In terms of family status, in Red Hook Houses, 184 households with children under age 18 were composed of families headed by a married couple. Eight hundred sixty eight households were headed by a single mother. Two hundred and nineteen families with children were headed by a grandparent, relative, friend or foster parent. Eight-hundred fifty nine households were comprised of a single person living alone<sup>9</sup>. In Red Hook Houses, 63.7 percent of the population spoke only English at home, and 35.8 percent spoke only Spanish at home. Nineteen percent spoke English less than “very well.”<sup>10</sup>

According to a report written by the Milano School entitled: **Consider the Future, Strengthening Children and Family Services in Red Hook, Brooklyn**, Red Hook residents have several unmet needs. These include: greater access to income supplements and job supports, such as food stamps, EITC, access to training and public assistance for working and non-working people with low incomes; resources for outreach to teens and more flexible counseling and services for teens; accessible and appropriate mental health services for teens, integrated with recreational, educational and other programs; access to group work and parent education for teen parents and pregnant teens; strategic

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<sup>8</sup> Ibid, Note: These numbers don't add up to 100 percent because some Latinos describe themselves as Black

<sup>9</sup> Ibid, p. 4

<sup>10</sup> Ibid, p. 5

planning to develop more accessible pre-GED and basic education services; strategic planning to promote civic involvement through community education, mentoring, information sharing and other strategies on a larger scale than is currently pursued; greater collaboration, coordination and integration among neighborhood-based human service organizations and government agencies; and lastly, a comprehensive initiative to promote parent engagement in child development, early literacy and education. These findings are consistent with the results from the provider and resident focus group, and the survey responses included in this needs assessment.

In addition, the following issues were identified as pressing needs for the Red Hook community in ***Community Board Six: District Needs Statement for Fiscal Year 2005:***

- Pursue the development of affordable housing, new and in-fill housing units to stabilize the residential population, provide additional homeownership opportunities to current residents and utilize existing residentially-zoned properties for residential development.
- Identify potential resources for expanded senior transportation, recreation and educational programming needs.
- Target Sanitation surveillance efforts to enforce against illegal dumping in the area, especially chronic dump out locations in industrial areas at night.

- Identify potential resources for expanded employment programs, such as Job Creation and Jobs Readiness programs, designed for adults and youth ready to enter the workforce. Job development efforts must focus on promoting stronger local linkages between residents and businesses.
- **Perform a community-wide health assessment of the neighborhood residents, followed up with targeted health care services and programs.**
- Promote expansion of small business assistance programs that target minorities, women and locally owned businesses.

## Methodology

This community needs assessment has three primary data components: a focus group with Red Hook residents, and a focus group with providers who serve the Red Hook community, a thorough literature review of primary and secondary data sources, and survey analysis and distribution to approximately 100 individuals living in the Red Hook Houses and in the neighborhood of Red Hook.

Participants in the focus groups and respondents to the survey were chosen through a convenience sample. The only requirement for participation was that participants had to either reside or work in Red Hook. All focus group participants submitted anonymous demographic forms.

Eight providers participated in the Provider Focus Group held at the Red Hook Health Initiative on October 26, 2004. Elizabeth Levine, Executive Director of ECQ Group, Inc. facilitated the focus group. Jill Eisenhard, RHHI Founder and Director conducted two additional key informant interviews.

Twelve Red Hook residents participated in the Resident Focus Group held at the Red Hook Health Initiative on November 18, 2004. RHHI would like to thank the participants of both groups for their candid participation.

## Findings

Survey and focus group participants identified the following positive changes in Red Hook: new programming at the recreation center, a computer lab, the Red Hook Community Justice Center, improvements in public safety, health screening, gentrification and the subsequent influx of new businesses, and many local community based organizations. However, data from survey and focus group participants indicate that there are still challenging problems in Red Hook. Both providers and residents identified children, seniors and Latinos as subpopulations in Red Hook that are particularly vulnerable. Survey participants responded that their families suffered from asthma and hypertension (25% and 22%, respectively)

Twenty-five percent of survey respondents identified drug use and drug dealing as the greatest problem in Red Hook, followed closely by unemployment (twenty-three percent). In descending order, teenage pregnancy, poor performing schools and lack of activities for teens and preteens were identified as major issues for the Red Hook community. These findings are consistent with the Operation 2001 Survey administered by the Red Hook Justice Center that found that “for the fifth year in a row, respondents cited drug selling and drug use as the “biggest problems”— 80% and 70% respectively, in Red Hook. In 2001, respondents felt that problems with youth crime were less serious than in previous years. Youth drug selling and drug use,

however, remain high at 74% and 70% respectively. These top two youth problems have not changed significantly from 1999, when 76% thought youth drug selling was a big problem and 72% thought youth drug use was a big problem."

Providers who attended the focus group identified different areas of concern, stating that drugs, lack of Spanish speaking services, and lack of organizations dedicated to community organizing or advocacy were the three greatest challenges facing Red Hook residents. Providers identified the following additional programs that would better serve community residents: a community organizing program, better collaboration among providers, a one-stop government benefits/ services building, additional programming that would result in keeping kids off the street, formal education and advocacy around education, tutoring, mental health services and employment and job training. Residents also identified the need for additional programming for teenagers and youth, including after school programming, elder programming, bilingual programming and services, and vocational training.

Participants in both the provider and resident focus groups identified multiple barriers that inhibit residents from accessing services. These included literacy problems, lack of bilingual programs, need for mental health services, lack of family support (including teenagers who must watch younger siblings), transportation, geographic isolation, and services that did not have evening or weekend hours to accommodate the schedules of working residents.

Participants stressed the fact that there is a lack of government assistance or benefit agency in Red Hook. Confidentiality issues also raised concerns for Red Hook residents, and caused them to seek medical and social services outside of their neighborhood. However, residents stated that they would access services in Red Hook if they were improved. Transportation, a government entitlement /benefits office, and shorter waiting times at the South Brooklyn Health Center would all increase the likelihood that Red Hook residents utilize services in their neighborhood. The need for bilingual (Spanish and Arabic) staff and services was identified as an ongoing problem.

While 67% of survey respondents had heard of RHHI, only 36 percent had availed themselves of these services. Providers and residents identified additional programming that RHHI could provide to attract and support greater community involvement: women's health medical services, job training and peer education, entrepreneurship programs, cooking and nutrition classes, tutoring services, parenting groups, Girls/Boys Clubs, Girls/Boy Scouts, more youth activities and more mental health services for adolescents.

## Provider Focus Group Results

On average, most participants had worked in Red Hook for the past eight years. This allowed participants to have a historic perspective on how the community had changed in recent years. Moreover, two of the providers had lived and worked in Red Hook for over thirty years. One provider had worked in Red Hook for 27 years.

**Participants had witnessed both positive and negative changes in the community during their tenure as providers.** Some of the positive changes included:

- New computer programs at the recreation center that adults and teens can access (however, some people mentioned that the community wasn't accessing the program)
- A computer lab with 20 new computers
- The Recreation Center
- The Justice Center
- Improvements in public safety
- People caring more about their health
- Outreach from the South Brooklyn Health Center to conduct vision and blood pressure screening at the Rec. Center
- Health information is disseminated and available
- Residents are registering for Child Health Plus (health insurance)
- Programs are staying in Red Hook
- Demographic changes that come along with gentrification
- Funding is flowing
- More community input into designing programs than there was in the past when "assumptions" were made about what was best for Red Hook
- Good Shepherd
- South Brooklyn Medical Center
- Rise in Red Hook real estate
- Police Athletic League
- Fifth Avenue Committee
- South Brooklyn Local Development Corp.
- There are more businesses
- There is an increase in collaborative work among the existing organizations

- There are more stable after school programs that offer a wide array of services
- Red Hook has its own high school
- In the last 15 years services have become more stable

**Some of the negative changes cited by the group included:**

- More guys hanging out in the street
- Resources are not fully utilized
- There is a disconnect between parents and the community at large; it is difficult to engage parents
- While there are six nutritionists in Red Hook, they don't collaborate (this was seen as a chronic problem across most of the social services)
- Poor performing WIC centers
- Drugs (W. 9<sup>th</sup> Street, Columbia Street, Lorraine Street, Van Brunt Street, Coffey Street)
- Prostitution
- Medical care continues to be a challenge as is health insurance; the direct care that is provided is often poor.

**Participants were asked to identify what they perceived to be the biggest problems faced by the residents of Red Hook? (After the group compiled the list, participants ranked the problems 1= lowest priority, 2= medium priority 3=high priority)**

- Resistance to seeking services
- Lack of jobs
- **Lack of Spanish speaking services (3 high priority)**
- Lack of educational support
- Lack of knowledge on how to advocate for yourself
- **No institution dedicated to community organizing or advocacy (3 high priority)**
- Worst performing elementary schools
- **Drugs (3 high priority)**
- Intergenerational poverty
- **Lack of collaboration among providers (2 medium priority)**
- Unemployment and lack of training opportunities
- Transportation
- A lack of shopping and resources (quality choices)
- Lack of medical services
- Lack of mental health services
- Need more positive recreation activities

**Providers who attended the focus group currently offered the following services:**

- Recreating, weight training
- Aerobics, self-defense
- Senior program
- Computer program
- Head Start
- Referrals
- Parent training and workshops, advocacy
- Mediation
- Domestic Violence
- GED
- Job training, job seeking
- Interventions for criminal justice involved youth through the Red Hook Justice Center
- Project TEACH Peer Educators
- Training community health educators
- Support groups for teens
- Self-defense classes
- Food and nutrition
- Yoga/exercise
- Women's health
- Medical advocacy
- Screening
- Alternative high school: (includes one on one counseling as well as group counseling (includes conflict mediation and crisis intervention within the school); job readiness and college counseling
- Family counseling and preventive services
- Parenting "journey" a 12 week after school program for parents

**In addition, providers stated that they would like to offer the following services, could not currently, either because of capacity, space, or funding.**

- Something for parents, groups on parenting skills or support groups
- More funding to hire more kids for community programs like the farmers market
- Girls/Boys Clubs
- Girl Scouts and Boy Scouts
- More activities for Kids
- Comprehensive Job Training, including an assessment and entrepreneurial component
- Community Calendar
- More mental health services for adolescents
- More psychiatric services (quality) for adolescents and children

**Providers identified the following additional programs that would better serve community residents:**

- Community Organizing program
- Better collaboration among providers
- A one-stop government benefits, government services building
- Keep kids off the street
- Formal education and advocacy around education
- Tutoring
- Mental health services
- Employment and job training

**Providers stated that the following specific subpopulations within the Red Hook Community are particularly vulnerable:**

- Children of substance abusers
- Children of incarcerated parents
- Children being raised by grandparents
- 14-19 year olds
- Seniors
- Kids (much due to under/un employment affect on family)
- Isolation of Spanish speakers

**Providers stated that their clients currently face multiple barriers in accessing services. These include:**

- Teenagers have to watch younger siblings
- Poorly trained service providers
- Literacy problems
- Lack of Bilingual Programs, Arabic and Spanish, particularly GED programs
- Need for mental health services
- Family support

**Providers believed that RHHI could better meet the needs of community residents in improving health outcomes through the following mechanisms:**

- Hearing/vision screening
- Build provider networks
- Collaboration with the school
- Mental health support services
- Relationship violence workshops
- Ongoing dialogue

## Resident Focus Group Results

Residents had lived in Red Hook for an average of 41.77 years, which enabled them to observe both positive and negative changes in the community over the last four decades.

### **Positive Changes:**

- There has been a positive impact of having a Justice Center in the community
- The addition of a police precinct in the Red Hook Houses
- Parks have been improved
- Piers and areas of Red Hook (outside the projects) have been improved
- There is now a Domestic Violence Project in Red Hook
- South Brooklyn Local Development Corporation helps find local residents jobs
- Justice Center has a job training and resume readiness program
- Youth Court
- TEACH program
- Police Athletic League programs, including after school
- The Recreation Center
- After school program at PS 27
- New parks
- More programs for teens
- Services are handicapped accessible
- Red Hook Health Initiative
- Summer camps, and scholarships are available
- Repairs and upkeep of housing projects has improved through Tenants Association community organizing, although the order of improvements is “backward”
- Community Policing
- Red Hook is building a new police station
- IKEA is coming to Red Hook, which could potentially generate jobs
- High income housing is coming to the Red Hook waterfront; gentrification

### **Negative changes included**

- Increase in teenage pregnancy (motherhood and fatherhood)
- Drug problem got really bad with the crack epidemic (late 80s), then got better, now in the middle range of those two
- School performance has decreased (PS 27 and 15)

- Fluctuation in crime rate; 40 years ago there was virtually no crime and then 25 years ago there was an increase in violence and crime
- Parents used to watch out for all of the children in the neighborhood; there was more community spirit
- Decrease in the respect for senior citizens
- Increase in drug use
- Younger kids are now involved in drug dealing (8-10 year olds)
- Increase in high school drop outs and younger kids who aren't in school
- Lack of parental involvement resulting in unsupervised children
- Children threaten their parents that they will call ACS, "they have too much power"
- Low participation in churches and other faith based organizations (the following local faith based organizations were identified Brown Memorial, Holloways Church and Calvary Baptist)
- Increase in STIs
- Increase in chronic health problems like diabetes and high blood pressure
- Increase in crack use
- Lack of job opportunities in the community
- Increase in prostitution, including transgender prostitution
- Different stores over time, lack of a good grocery store

**Residents identified the biggest problems faced by the residents of Red Hook**

Teenagers not being in school, and lack of jobs were viewed as the two biggest problems faced by Red Hook residents. Low performing schools and lack of stores and commercial enterprises also posed problems for residents. Teenage pregnancy, and the separation of East and West Red Hook Houses were also noted as problems by more than one participant. Other problems cited by residents include:

- Rats
- Drugs and drug dealing
- Roaches
- Public safety
- Teenagers are idol and not in school
- Teenage pregnancy
- Increase in AIDS
- Domestic violence, both verbal and physical
- Police corruption
- Loud music
- Dogs-particularly Pit Bulls, no curbing of dogs
- Residents of Red Hook are stereotyped by those from the outside and housing management as having a bad rap because of the few who choose not to follow rules **(rated 1 = low priority)**

- Lack of stores and commercial enterprise; those that are here are not centrally located **(rated 2 = medium priority)**
- There has been no quality food market that has been stable (always going out of business)
- Many resources are just outside the boundary of Red Hook (McDonalds, Pathmark, movies, etc.)
- Could a place like Clinton St. be developed to have diners, stores, services?
- Lack of jobs **(rated 3 = high priority)**
- Teenage pregnancy **(rated 1 = low priority)**
- Drugs and drug dealers getting younger **(rated 3 = high priority)**
- Low performing schools **(rated 2 = medium priority)**
- Separation of East and West Housing Project **(rated 1 = low priority)**
- Perks for each side are different and is based on the Tenant's Assn. rep
- One side gets one thing, other side has different standard
- No cohesiveness

**Residents from the focus group utilized the following services in Red Hook**

- Good Shepherd Services for counseling
- Using NYCHA for housing services (repairs, rent issues etc.)

All of the participants left Red Hook to seek medical services, choosing either Brooklyn Heights or Downtown Brooklyn for accessing medical care. Participants also left the neighborhood to access social services because concerns about confidentiality made people seek services elsewhere. Participants stated that more outreach is needed to publicize services that are currently available, including health fairs. The geographic divide between East and West Red Hook was also noted as a barrier to accessing services.

**Residents identified the reasons why they access services outside of their neighborhood and why:**

- Services are better in other locations
- No confidentiality in Red Hook when you access services in the community
- Lack of government/entitlement programs in Red Hook force residents to leave the neighborhood
- Services in Red Hook are not centrally located
- Medical services- South Brooklyn Health Center is not reliable; they loose files and have very long waiting time with no reasonable cause
- Working outside of the community so it's easier to get care there because of hours of work vs. appointments

**Participants stated that transportation within Red Hook is a problem**, and as a result senior citizens are not accessing services. There is a shortage of elder services in Red Hook, including lack of an SSI/SSDI office, lack of home care and home attendants, or meals on wheels. One participant stated that the population between ages 50-65 is underserved in Red Hook.

The group expressed concern about the unemployment rate in Red Hook and the need for financial assistance for residents. They also suggested that a space be created for a social service agency that could provide government benefits.

**The following additional services are needed to better serve community residents:**

- More programs for teenagers 14-18 years old
- More programs for seniors
- More programs for individuals 50-65 years old who are disabled
- More programs/services for mono-lingual immigrants (Mexican and Central American)
- More bilingual signs and directions in Spanish for Spanish speaking residents
- Medical facility needs to be improved to be faster, have more competent staff and improved confidentiality in order for people to use it.
- Vocational training programs are needed
- Medical screening like blood pressure and diabetes to be offered in more places
- Elderly services are needed such as meals on wheels or check-in services (separate from a home health aide).
- After school programs need to go later in order to assist the parents who work (some parents can't leave work and pick kids up by 6pm)
- School supports are needed for 16 – 21 year olds: GED or assistance program

**Residents stated that they would access these services if they were available here in the neighborhood, if they were improved.**

**Residents identified teens, adolescents and seniors as particularly vulnerable subpopulations in Red Hook.** Participants stated that adolescents have nothing to do, and are getting in trouble because they have too much free, unsupervised time. In addition, when a parent is working, there are no checks and balances to see if their children go to school. Seniors can't get out or get around Red Hook because of poor transportation.

**Residents itemized the following obstacles in accessing services for themselves and family members, including their children:**

- Transportation
- Geographic isolation
- No social service agency in Red Hook
- Lack of Spanish speaking services
- Only two buses serve Red Hook
- No after school programs for 4 and 5 year olds
- Need more consideration for people who work in offices 8:30 – 5:30pm; many things here do not serve the working person
- Housing does not have hours that work for working people- if you need things fixed you have to take a day off to wait for them, puts job in jeopardy

**Residents had the following suggestions for how RHHI could better meet the needs of community residents in improving health outcomes:**

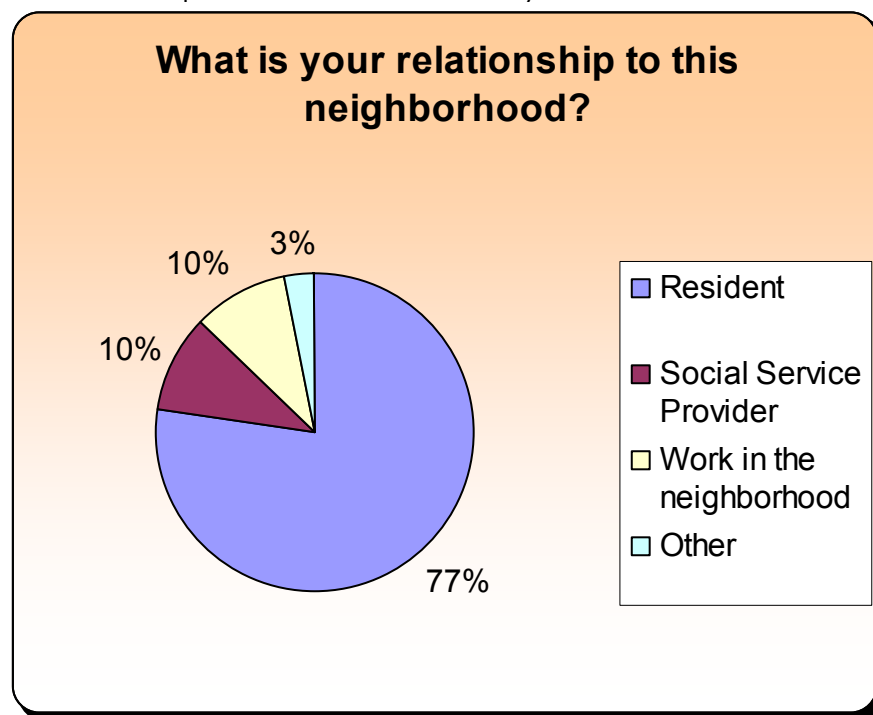
- Sexuality/Teen Pregnancy Prevention
- Another GED program
- Activities for 14-18 year olds
- Job training/vocational education
- Medical services
- Senior services
- Computer classes for all ages
- Cancer awareness
- Free mammograms
- Diabetes/hypertension programs (Diabetes workshops and services around diabetes education)
- Hard to say because many people in Red Hook do not take full advantage of what is offered to them and health is not a priority for them
- Asthma related services
- Medical care for the uninsured
- Free consultations (temperature, blood pressure, diabetes screen) and then refer to a doctor for full assessment- might get more people in the door

## Survey Results

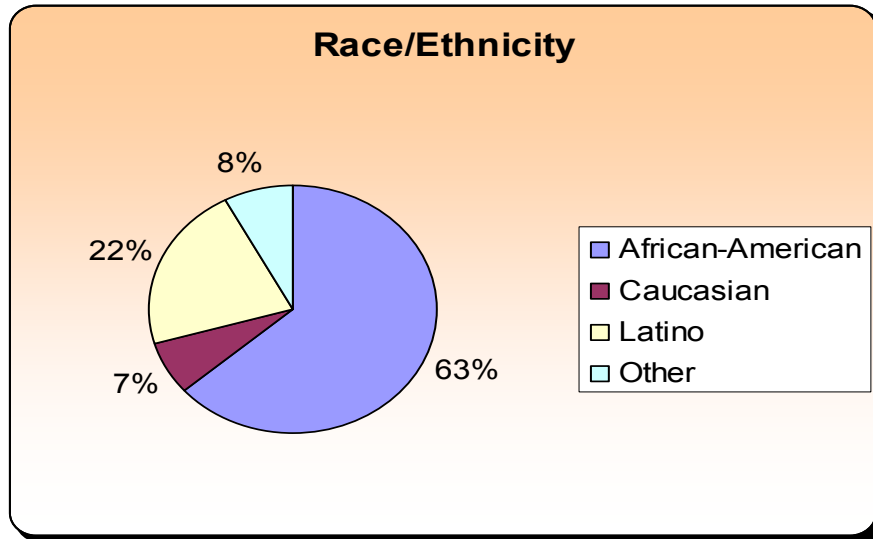
Ninety nine Red Hook participants participated in this survey. Participants were recruited through the Community Health Educators from the Red Hook Health Initiative. Therefore, some sampling bias may have occurred in the respondents; meaning that respondents were more likely to be known to the interviewer.

### Limitations of the methodology

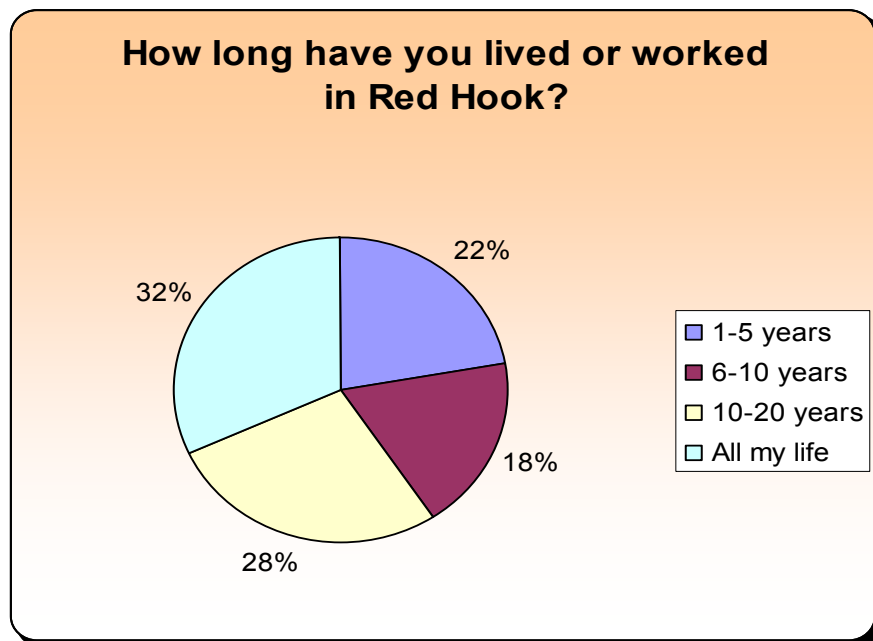
The fact that men represented only 17 percent of survey respondents could potentially mean that the gaps in services and health concerns of the men in Red Hook are not well represented in this survey.



Seventy-seven percent of survey participants were Red Hook residents. Since the Community Health Educators from the Red Hook Health Initiative administered the survey, there could be sampling bias in the people who responded, meaning that respondents were more likely to be people that the interviewers knew personally. An additional ten percent of survey participants were merchants or worked in the neighborhood, and ten percent were social service providers.

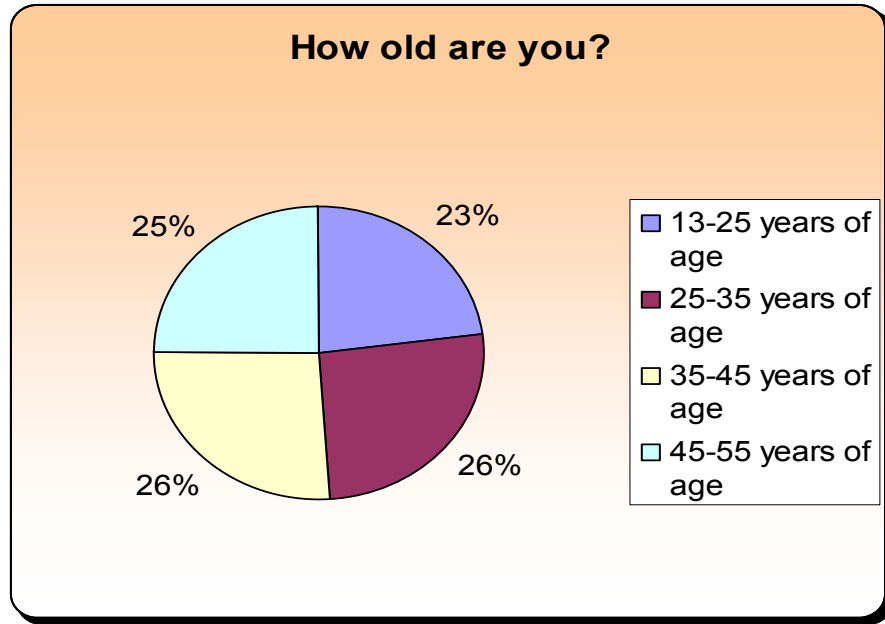


Sixty-three percent of survey respondents were African American, twenty-two percent of respondents were Latino, seven percent were Caucasian, and eight percent of respondents self-identified as other race/ethnicity. The Census data from 2000 is for all of Community District 6, which includes parts of Carroll Gardens and Cobble Hill. Census Tract data is not calculated by race/ethnicity. Therefore, the racial distribution of this particular survey may or may not be representative of all of Red Hook.

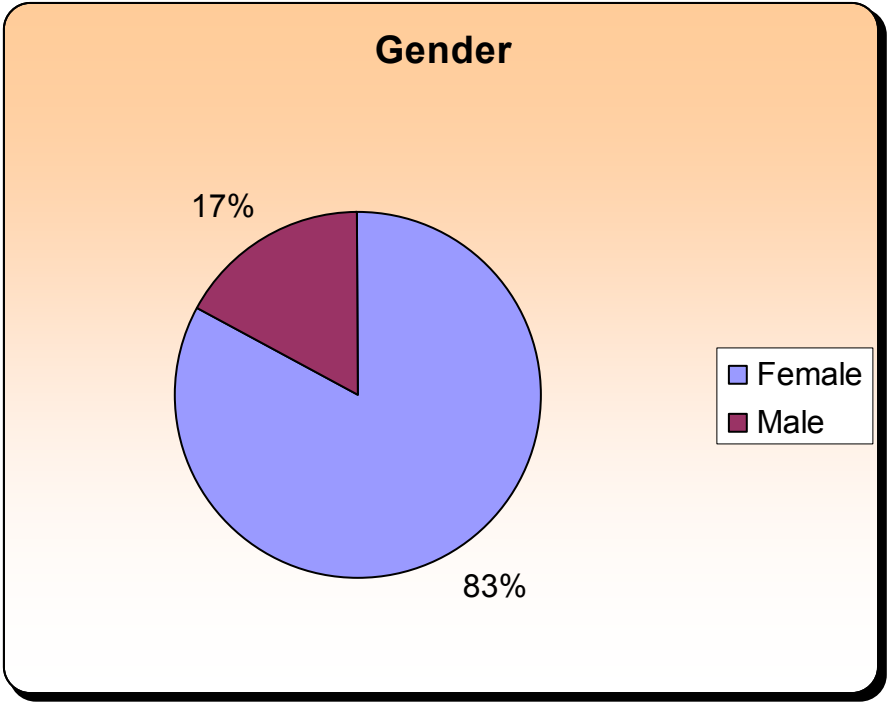


Thirty-two percent of all survey participants had lived in Red Hook for their entire life, and twenty-eight percent had lived in Red Hook for ten-twenty

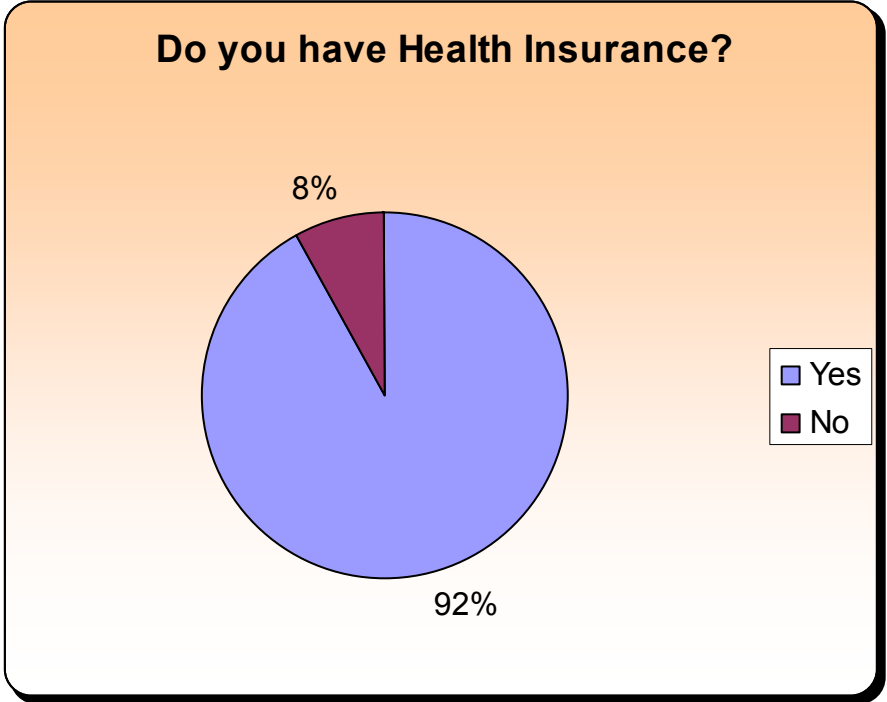
years. Therefore, sixty percent of all survey participants had lived in Red Hook for at least ten years. Eighteen percent had lived in Red Hook for six-ten years and twenty-two percent had lived in Red Hook for the last one to five years.



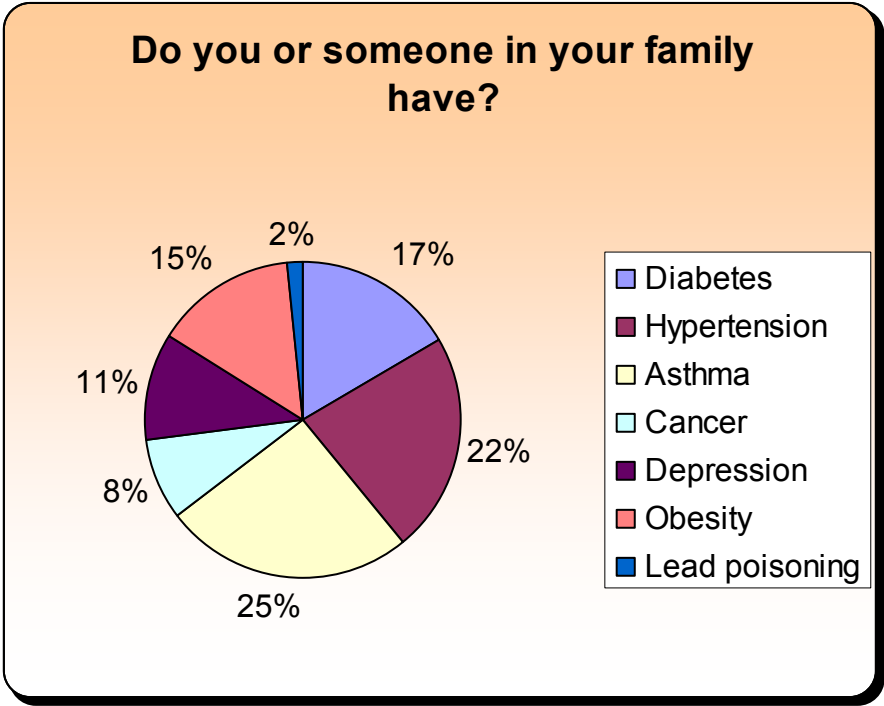
The age distribution of survey participants spanned from 13-55 years. 2000 Census tract data 0055,0057,0059 and 0085, the four tracts that comprise Red Hook, indicate that approximately one-third of all Red Hook residents are under the age of 18. (25.1%, 31.6%, 31.4% and 37.1% respectively)



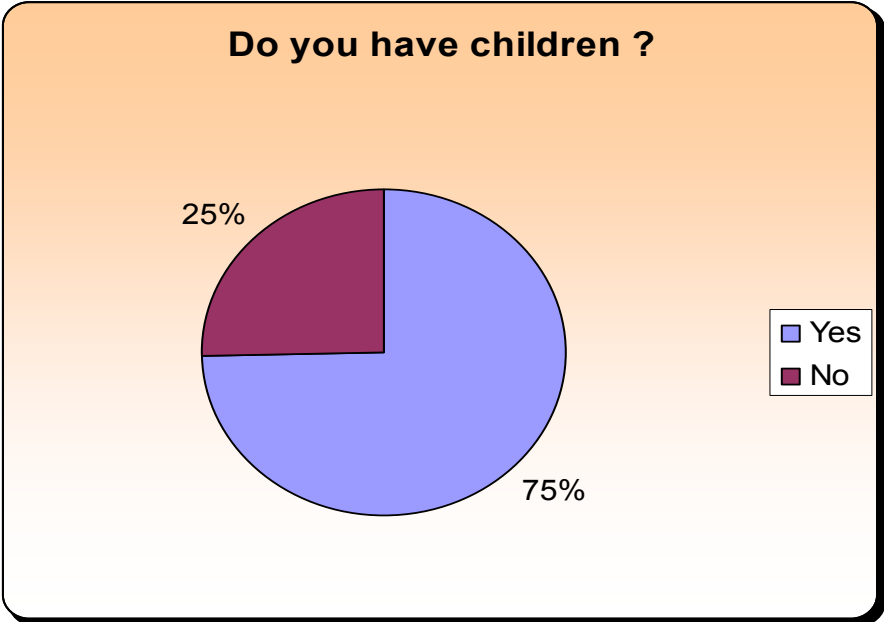
Eighty-three percent of survey participants were female and seventeen percent were male. This could indicate that the findings of the survey illustrate the concerns of female residents in Red Hook more than those of the male residents.



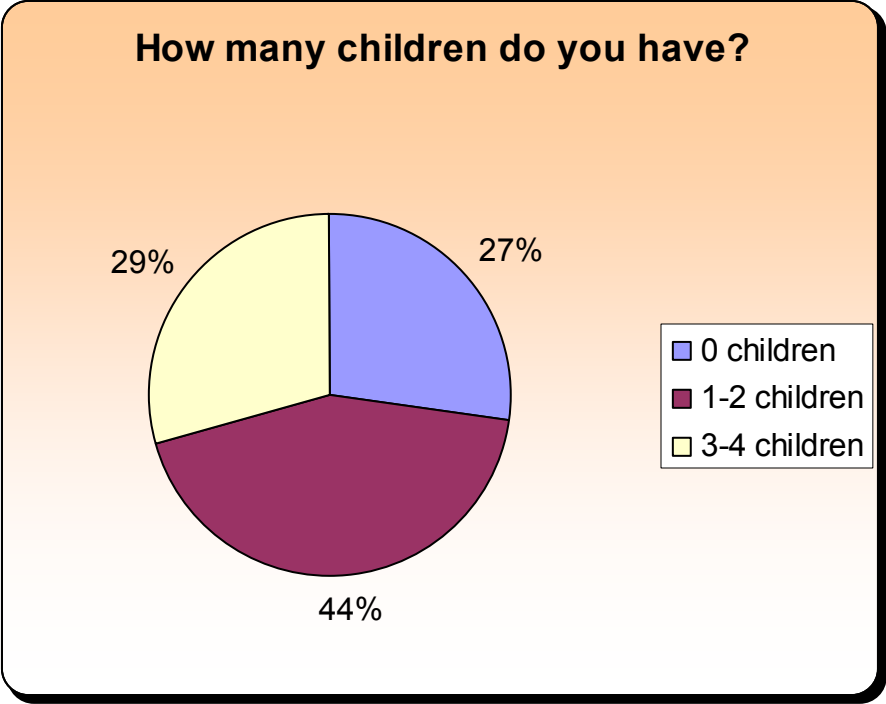
The majority of survey respondents had health insurance.



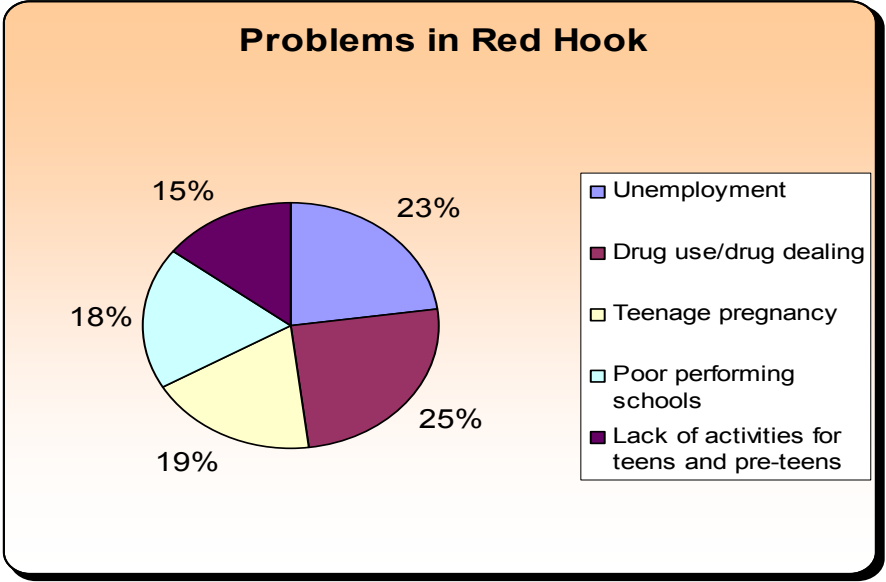
Survey respondents identified asthma and hypertension as the two biggest health problems for themselves and their families. Seventeen percent of respondents identified diabetes and fifteen percent identified obesity as health problems in their family. Eleven percent identified depression as a health issue.



Two-thirds of survey respondents had children.

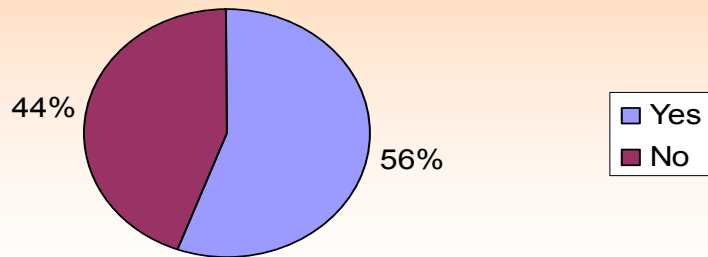


Of those respondents that had children, the majority (44%) had between 3-4 children.



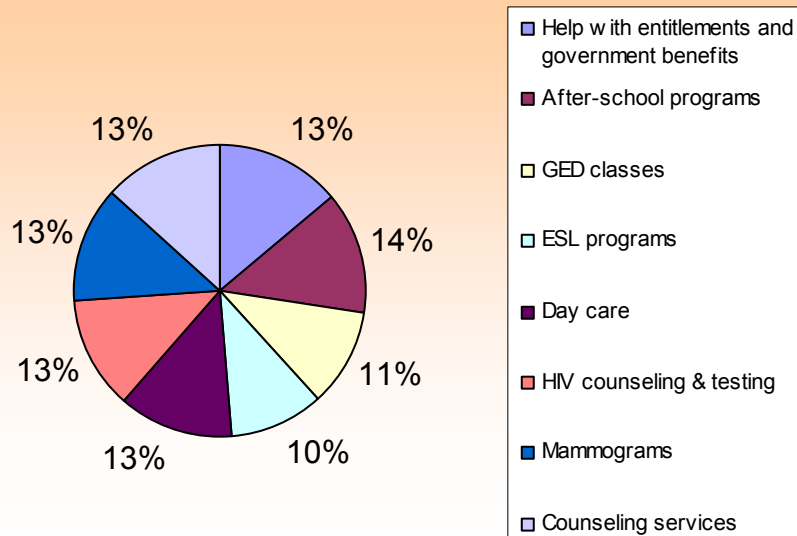
Participants identified problems in the Red Hook community and then ranked them in order of magnitude. Twenty-five percent of survey respondents identified drug use and drug dealing as the greatest problem in Red Hook, followed closely by unemployment (twenty-three percent). In descending order, teenage pregnancy, poor performing schools and lack of activities for teens and preteens were identified as major issues for the Red Hook community.

**Do you think there are enough Spanish speaking services for Latino residents in Red Hook?**

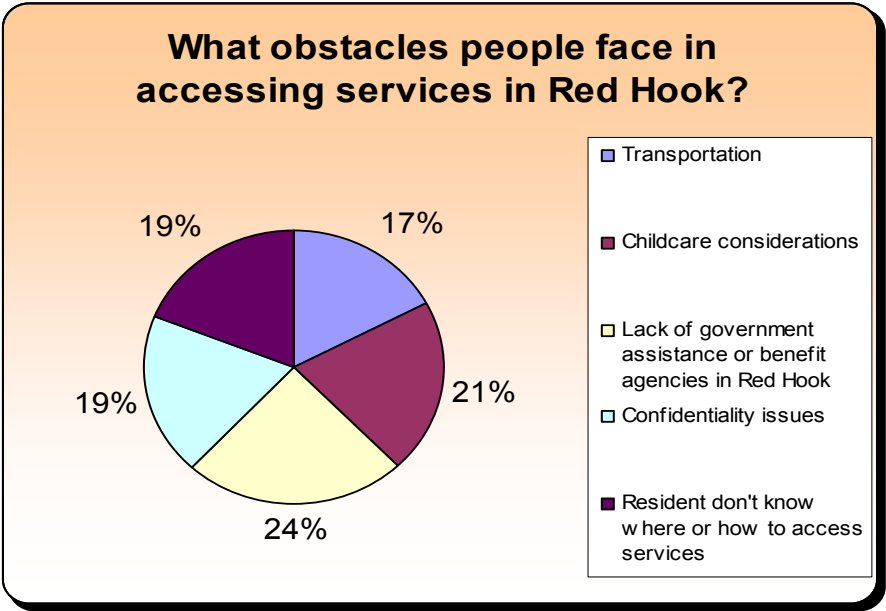


Forty-four percent of survey respondents stated that there were not enough Spanish speaking services available for Latino residents of Red Hook.

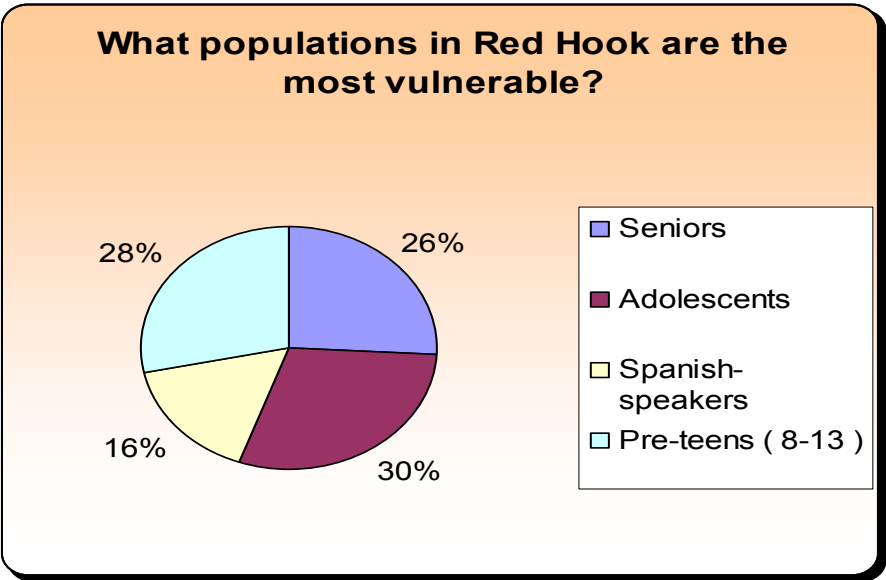
**If the following services were available in Red Hook, would you use them?**



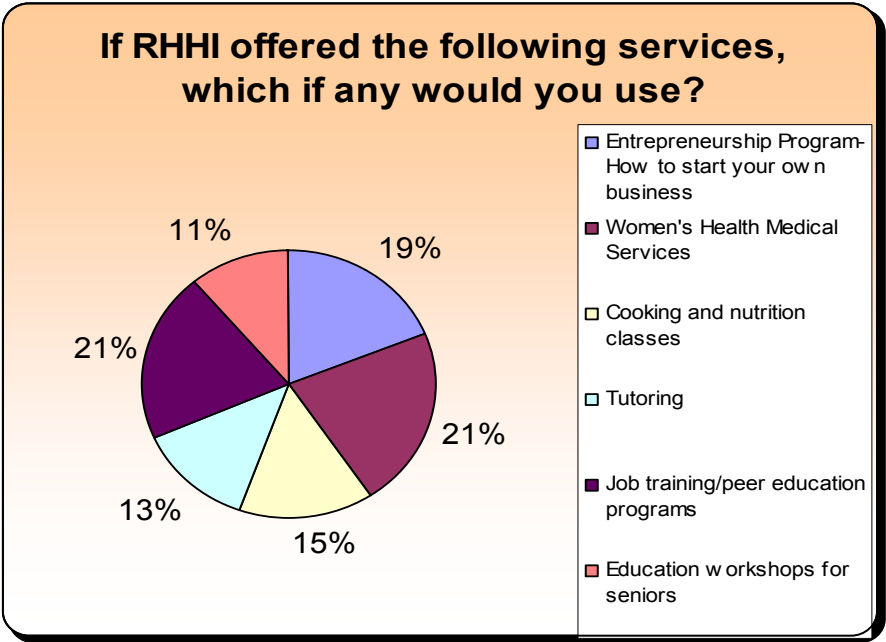
Responses were very evenly distributed across program areas, with after-school programs, day care, HIV counseling and testing, mammograms, and help with government entitlements all attracting participants' interest.



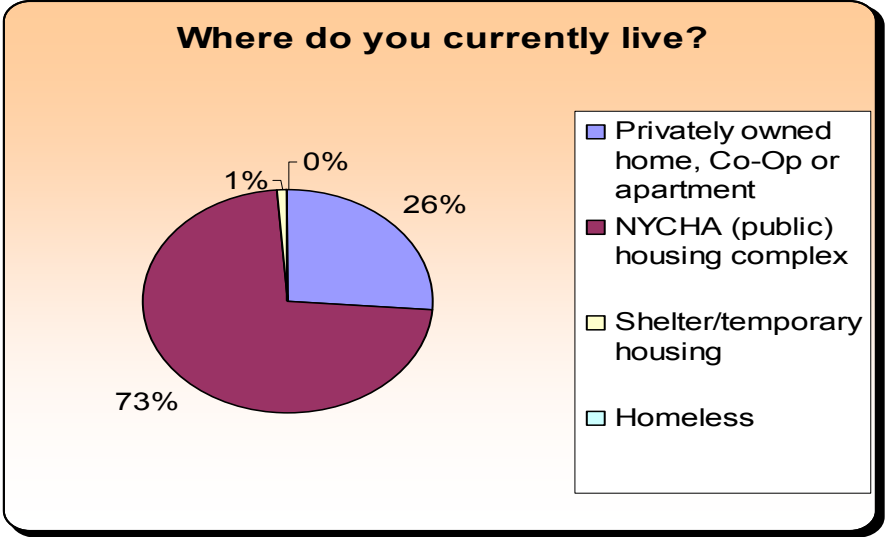
Red Hook residents stated that lack of a government assistance or benefit agencies was the single biggest obstacle that Red Hook residents faced in accessing services. Twenty-one percent of survey respondents identified child care considerations as an obstacle to accessing services. Confidentiality concerns and lack of knowledge about where, and how to access services also creates barriers for potential users of services. Transportation was an additional barrier for seventeen percent of respondents.



Adolescents were identified as the most vulnerable population in Red Hook, followed by pre-teens, seniors and Spanish-speaking residents.

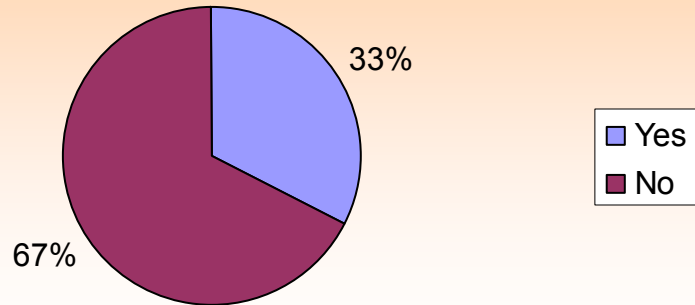


Women's Health medical services and job training/peer education programs received the most interest from Red Hook residents. Twenty-one percent of survey participants expressed the greatest interest in these two services. Nineteen percent indicated that they would be interested in joining an entrepreneurship program on how to start their own business, fifteen percent were interested in cooking and nutrition classes, and thirteen percent of participants were interested in tutoring.

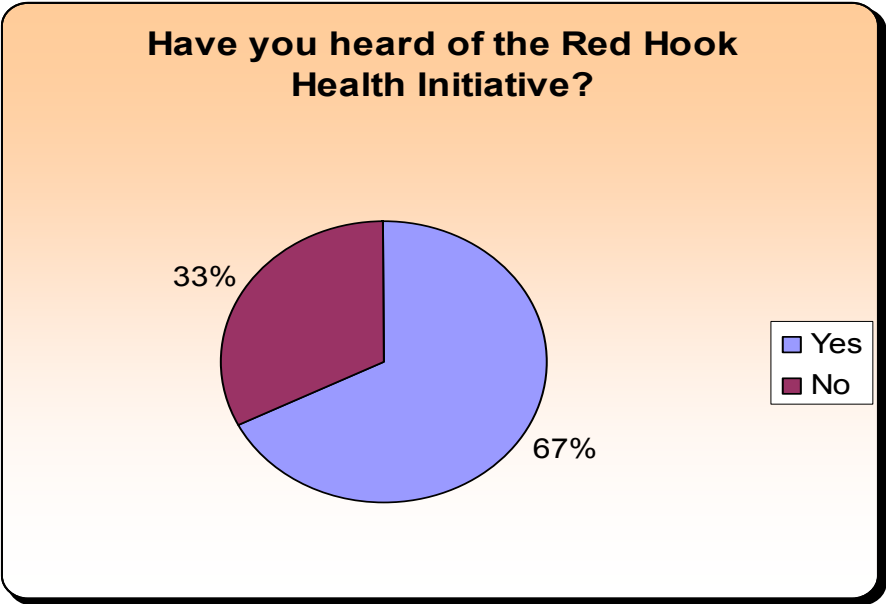


Seventy-three percent of survey respondents lived in the Red Hook Houses, and twenty-six percent resided in privately owned homes or apartments.

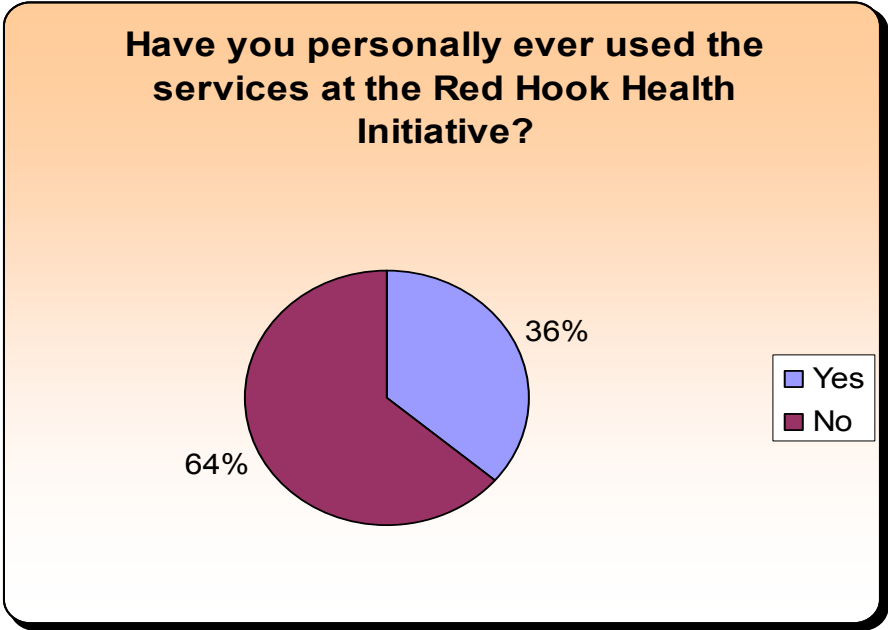
**Have you been unemployed within the past six months?**



The majority of participants had not been unemployed within the last six months, but a third had been unemployed.



The majority of survey respondents had heard of the Red Hook Health Initiative. Since the survey was administered by the RHHI Community Health Educators, there may be sampling bias in the response. Nevertheless, the fact that RHHI has only operated for two years, but is known to the majority of respondents, would indicate that the program has been successful in marketing its services to the community.



While many survey participants had heard of the RHHI, fewer had actually used services that are currently offered.

## Conclusion

Red Hook is ideally located, through its proximity to downtown Manhattan and its waterfront, to be a vibrant commercial and artistic community. Yet certain problems, including geographic isolation, and a large community of disadvantaged public housing residents, continue to pose ongoing challenges for the community. Over 125 Red Hook residents, merchants and providers participated in surveys and focus groups in the fall of 2004 and winter of 2005, in order to share their thoughts on what services are needed in Red Hook, what prevents residents from accessing services in Red Hook, and how the community has changed over the past forty years.

From the provider perspective, lack of coordination or provider networks creates additional challenges in the provision of social services for Red Hook. Improved collaboration between medical and social service providers, the government, and the school system could greatly impact health and social service programming.

Residents continue to identify basic sanitation and safety issues as an ongoing concern. Quality of life issues including drug dealing, truancy, loud music, lack of stores in the community, lack of job opportunities, and poor transportation contribute to a sense of geographic isolation from other wealthier neighborhoods that comprise Community District 6.

While zip code and census data do not paint an accurate picture of the health and human service needs of Red Hook residents because they include data from Carroll Gardens and Gowanus, focus group and survey data illustrate that Red Hook residents are aware of their needs, are willing to access services in Red Hook if they are improved, and if confidentiality is respected, and are eager to work with providers to overcome the identified barriers to accessing care.

Although providers offered a wide range of services, additional unmet programming needs exist for the community. However, providers are currently unable to offer these needed services either because of capacity, space or funding limitations. An ongoing coordinated effort by providers in Red Hook could lead to joint fundraising opportunities to create and develop these aforementioned services. Other issues, like transportation, require the involvement of city councilmen, local merchants and government.

Survey participants identified services that they would like to see Red Hook Health Initiative offer. Since most of the survey respondents who had children had several children, it is not surprising that after school programs and day care were chosen as two additional services that residents would like to see offered. Assistance with government benefits and entitlements would also help residents access medical care and other needed social services that RHHI cannot currently provide.

# Appendix A

## **Focus Group Questions for Red Hook Health Initiative Provider Focus Group October 26, 2004**

1. How long have you worked in Red Hook?
2. What changes have you observed in the community over this time (prompt: increase/decrease in crime, increase in health problems, decrease in job opportunities)?
2. What do you feel are the biggest problems faced by the residents of Red Hook? (After the group compiles the list, have them rank the problems they identify 1= lowest priority, 2= medium priority 3=high priority)
3. What services does your agency currently provide?
4. What services would you like to provide, but currently cannot?
5. What additional programs are needed to better serve community residents?
6. Are there specific subpopulations within the Red Hook Community that are particularly vulnerable (i.e. teens, seniors etc.)
7. What obstacles do your clients currently face in accessing services. (these can be institutional or system barriers, no health insurance, or geographic)
8. How can the RHHI better meet the needs of community residents in improving health outcomes?

## Appendix B

### Focus Group Questions for Red Hook Health Initiative Resident Focus Group October 26, 2004 and November 8, 2004

1. How long have you lived in Red Hook?
2. What changes have you observed in the community over this time?
3. What do you feel are the biggest problems faced by the residents of Red Hook?
4. Do you currently receive any services in Red Hook? If the answer is yes(prompt: medical or social services)
5. If you do not receive services in Red Hook, what services do you access outside of your neighborhood and why?
6. If you currently receive services in Red Hook, what additional services would be needed to better serve community residents?
7. Would you access these services if they were available here in the neighborhood (prompt: address confidentiality concerns)
8. Are there specific subpopulations within the Red Hook Community that are particularly vulnerable (i.e. teens, seniors etc.)?
9. What obstacles do you currently face in accessing services for yourself? For your children? (these can be institutional or system barriers, no health insurance, or geographic)
10. How can the RHHI better meet the needs of community residents in improving health outcomes?

## BIBLIOGRAPHY

Census Data, 2000

Community Board Six, District Needs Statement for Fiscal Year 2005

Community Health Profiles, The Health of Northwest Brooklyn, New York City Department of Health and Mental Hygiene, 2003

Consider the Future: Strengthening Children and Family Services in Red Hook, Brooklyn, Milano School

Operation Data 2001: "Community Assessment and Perceptions of Quality of Life in Red Hook, Brooklyn". Kelli D. Moore, July 2004

Jonathan Boweles, "Red Hook and Gowanus Reborn", Reports & Publications, August 5, 2002, <  
[http://www.nycfuture.org/content/reports/report\\_view.cfm?repkey=83](http://www.nycfuture.org/content/reports/report_view.cfm?repkey=83)> (May 05, 2005)

Reentry National Media Outreach, "Red Hook Justice"  
<<http://www.reentrymediaoutreach.org/redhook.htm>> (May 05, 2005)

Red Hook AIDS Profile 2002 : Brooklyn AIDS Task Force

"Red Hook Diary, Brooklyn, New York" Community Justice Exchange,  
[http://www.communityjustice.org/levelPages.asp?heading=Best+Practices%5F1&pt=y&...>](http://www.communityjustice.org/levelPages.asp?heading=Best+Practices%5F1&pt=y&...) ( May 10, 2005)

"New York: A City of Neighborhoods" New York City Department of City Planning  
<<http://www.ci.nyc.ny.us/html/dcp/html/neighbor/neighl.html>>

The Neighborhoods of Brooklyn, Citizens Committee for New York City, Yale University Press, 1998

# Appendix C

## Survey Tool