RED HOOK COMMUNITY HEALTH ASSESSMENT

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HEALTH ACCESS AND OUTCOMES IN RED HOOK, BROOKLYN
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Executive Summary

In the spring of 2009, Hunter College worked in conjunction with the Red Hook Initiative (RHI) to perform a health needs assessment for the residents of the Red Hook Houses. The reason behind this needs assessment was to gather data that would 1) determine if disparities in health data for the population of the Red Hook Houses were being masked by the more affluent populations that reside in the 11231 zip code and 2) better represent the health issues and barriers to access faced by the Red Hook housing population.

A survey of the community was conducted during the months of March – May of 2009; 406 surveys were collected that produced statistically significant results for many of the survey questions.

A summary of survey results showed the following:

1) 89.2% of the respondents of the Red Hook Houses are insured.
   a) 49% of respondents who do not have health insurance earn less than $10,000.
   b) 29% of respondents who do not have health insurance earn between $10,000 and $20,000.

2) 17.9% of the respondents have been diagnosed with diabetes as compared to 6% in the 11231 zip code and 9% in all of New York City.

3) 26.4% of the respondents have been diagnosed with asthma as compared to 8% in the 11231 zip code and 5% in all of New York City.

4) 33% of the respondents diagnosed with asthma also found mold in their apartment.

5) 33% of the residents have not visited the dentist in over a year; 9% of residents do not remember their last dental visit.
Overall the results of the health assessment reinforced observations made by RHI’s executive director and staff. Health issues for the residents of the Red Hook Houses are being masked on the New York City Department of Health survey by combining their health data with data collected in the more affluent 11231 neighborhoods.

The following recommendations have been made:

1) Those respondents who do not have insurance may qualify for subsidized insurance under various government programs, due to their income levels. Efforts must be made to make them aware of their eligibility and to help them navigate the application system.

2) The high rate of diabetes in the community shows a clear need for the continued work of RHI's Diabetes Health Educator Program. This program should possibly be expanded.

3) The high rate of asthma in the community needs to be addressed with another community health outreach program, possibly a Participatory Action Research project on Youth Asthma. The causes of asthma, such as housing conditions, should be investigated further.

4) Ongoing efforts to make dental care more accessible to the residents of the Red Hook houses should be supported.

5) The results of this needs assessment should be shared with other stakeholders including the South Brooklyn Health Center and New York City Housing Authority.
Introduction

For the residents of the Red Hook Houses, learning how to live and maintain a healthy lifestyle has become an important focus. The community of Red Hook was once home to a thriving shipping industry and a population of 21,000, at its peak\(^1\). After changes to the shipping industry moved the jobs to New Jersey ports and the physical isolation of the neighborhood with the construction of the Gowanus Expressway in 1946 and the Brooklyn Battery Tunnel in 1950, the Red Hook community lost half its population and most of its jobs. The physical isolation of the community, coupled with the lack of economic development led to the decline of the neighborhood and subsequently, the health of its residents. Today, the Red Hook Houses are home to approximately 8,500 of the 10,215\(^2\) people that reside in Red Hook. It is a community that has struggled with intergenerational poverty, unemployment, and low levels of high school completion.

The Red Hook Health Initiative (RHHI) was formed as a project of Long Island College Hospital (LICH) in 2002 to address the health issues that had been observed as Red Hook residents visited the hospital. A community needs assessment for the Red Hook Houses was carried out in 2005 the ECQ Group, as contracted by RHHI, in response to these health issues. This study identified a number of pressing needs in the community, which led to the formation

\(^1\) http://www.waterfrontmuseum.org/redhook2.htm
\(^2\) http://library.downstate.edu/community/2004/cd6.pdf
of the Red Hook Initiative (RHI), a community based organization located in Red Hook. The original focus of RHHI was reproductive health care, but RHI has since expanded its mission to include not only other health issues but also programs to assist the residents with the larger range of issues affecting their lives such as education and employment.

The New York City Department of Health conducts a health survey of each of the five boroughs according to zip code each year. The Zip Code 11231 where Red Hook is located also includes a number of higher income, owner occupied neighborhoods, with populations that have greater access to health care than people living in Red Hook. For example, according to recent NYC Government statistics (US Census Bureau), overall the proportion of residents living below the poverty line in the 11231 zip code is 19.1%. However, there are extreme variations within this. A total of 49.1% of Red Hook’s population is living below the poverty line in comparison to 10.5% and 6.4% in Carroll Gardens and Cobble Hill respectively. This demonstrates the huge disparities in quality of life.

RHI recognized the need for a separate collection of health data to bring to light the inaccuracies of the data collected in the annual city survey. As a result, RHI decided that a detailed survey should be conducted with a sample of people living in the Red Hook Houses. They wanted to conduct a survey, similar to that conducted by the Department of Health, specifically of households living in this community, rather than by zip code.

Similarly, Community District 6 where Red Hook is located also includes Carroll Gardens and neighboring Park Slope, again diluting some of the more disturbing socio-economic indicators and problems that affect Red Hook. Finally, some demographic data is available by
Census Tract from the 0055, 0057, 0059 and 0085 tracts where the Red Hook Houses are located. However, this information is limited to income, education, age, employment status and nativity, and therefore do not capture the health data, race or ethnicity.

This survey will investigate community health issues and access to health care. The portion of the survey that focuses on health issues will be mostly quantitative in nature in order to collect data that can be compared to health statistics in the 11231 zip code and to citywide statistics. The second part of the survey will be used to gauge the community’s opinion regarding access to health care and if they do have access, if their experience meets their needs. In addition to the survey, we will be conducting key informant interviews with people who provide health care to the Red Hook community.

Overall, this Community Needs Assessment will highlight the health care problems and access issues for people living in the Red Hook Houses. This will demonstrate that greater funding and services should be provided in this area.
Methodology

Subjects

The subject group of this research was the residents of the Red Hook Houses. All participants had to be over 18 years of age and this was something that we confirmed prior to distributing the survey. All of the research was carried out within the Red Hook area, in close proximity to the Houses, at various locations frequented by local residents. As approximately 40% of the local population is Hispanic or Latino, we went out into the field with both English and Spanish copies of the survey (US Census Bureau). This was to ensure that we could access all willing participants.

Once the intended subject was established, the sample size was calculated based on the population of 8,500 people living in the Red Hook Houses. It was concluded that in order for the sample to be statistically significant, a total of 371 people would have to be surveyed. We rounded up our target to 375 to allow some flexibility. In total the Red Hook Initiative (RHI) and the Hunter Team surveyed 406 residents from the Red Hook Houses.

Whilst carrying out the surveys all participants were informed that we were doing a community needs assessment on behalf of RHI to investigate the health issues and access to medical care of the population living in the Red Hook Houses. It became clear that a large proportion of the residents were aware of RHI and the work that they carry out in the community so we used this as our starting base to explain our intentions. Although some were initially suspicious, once a full explanation of the research objectives had been provided, the majority were very willing to complete the survey. We also informed participants that the
survey was completely anonymous and all questions were optional. It was important to stress this especially considering the sensitive nature of a number of the questions.

We had hoped to conduct some surveys at a local school and church. However, the individuals in charge at these locations did not agree to let us survey. While conducting the surveys we found that many people wanted to participate. Those that refused were generally elderly and thought that it would be too time consuming. Some refused after looking at the questions as they obviously considered them to be too personal.

**Instruments**

As discussed, the method of research used to carry out this health needs assessment was questionnaires. Please refer to Appendix B to view this document. After initial discussions with RHI it was clear that their main objective was to obtain health data specifically from the residents of the Red Hook Houses so that it could be compared to the wider Department of Health statistics for the zip code. RHI wanted to demonstrate that the health issues and problems are more acute for the residents of the Red Hook Houses than in the surrounding, more affluent neighborhoods in the same zip code. Questionnaires provided the most straightforward way of surveying a large number of people from the community on different health issues, in a short time frame.

The questionnaire design was carried out in partnership with RHI. In order to ensure that we collected comparable results, the majority of the questions were taken from the Department of Health’s Annual Survey. As a result all of the questions on the survey were quantitative. An example of one of the Department of Health’s questions used is as follows:
"When was the last time you saw a health care provider?"

We initially discussed whether the questions on the survey should ask about the whole household, for example “Has your household...?” rather than “Have you...” as we thought that this would provide us with a wider picture of health issues among the population. However, to ensure we had data that we could compare with the Department of Health Survey, it was agreed that the results would be the most effective if we also directed the questions toward the individual, as per the DOH survey.

It is important to note that we did include one question toward the end of the survey that dealt with household health issues. For example:

“Q16. In the following list, which ‘health problems’ have you or any member of your household experienced?”

We then provided a detailed list covering issues, some previously asked in the survey, such as asthma and diabetes and then presented other options including mental health problems and sexually transmitted diseases. The main reason for doing this was to gain insight into the respondent’s household health conditions but also to ensure that when analyzing our results, the trends identified were reflective of what is occurring in the general community.

We discussed the draft survey with the Director of RHI and after further consultation with her staff she asked us to include a number of other questions in our survey about issues that they felt required specific attention. For example, RHI is particularly interested in levels of asthma in the community and whether there are any links between its prevalence in the
community and household apartment conditions. As a result we included the following question:

“Q12. Have you ever found mold in your apartment?”

RHI is also interested in providing better access to dental care in the community. Consequently we included a question focusing on this issue. It followed the same format as the health care provider question, which was taken from the Department of Health’s Annual Survey.

“Q6. When was the last time you saw a dentist?”

Other additional questions focused on the residents’ abilities to pay for medical prescriptions:

“Q7. Do you ever have a hard time filling prescriptions?”

Although RHI knew that we would not have any comparable data for these questions, they felt that the information would be useful anyway to provide another insight into the issues specifically affecting the residents of the Red Hook Houses.

RHI also suggested certain alterations to the choices in answers presented in the questionnaire. For example, they suggested that we include additional options for insurance coverage such as COBRA, as they had encountered a number of people insured with COBRA during their outreach work. Another example includes the income levels. The original survey used “less than $20,000” as the lowest range. RHI suggested using a finer gradation due to the high poverty rates among residents. In the final survey “less than $10,000” was used as the bottom range. A further example was the level of education that the residents had received.
They suggested that we include a “didn’t finish high school” option also as they felt that this was the educational status of a large percentage of residents who they encounter.

Finally, in order to ensure that the survey was not too long, yet still obtaining the appropriate information, we decided to merge a number of the questions into one. An example of which is:

“Q13. Which preventative cancer screening have you had in the last year?”

“Choice of Answers: Colonoscopy, Pap smear, Mammogram, None.”

Originally there was a separate question for each of the screenings listed above but we thought this question could be condensed.

We also included a final qualitative question where we asked survey participants if they had any additional comments about health issues in the Red Hook community. For example,

“Is there anything else that you would like to share with us about health issues in the Red Hook Houses?”

It was important that we included this question as it enabled participants to highlight any issues that were not covered in the rest of the survey. On some occasions this question also led the participants into a longer discussion about the health problems that they are personally experiencing. These informal interview responses have formed an important part of the research and are used in our results and discussion sections.
Once the consultation was completed we decided that it was important to carry out a pre-test to ensure that all the questions were easily accessible and would be understood by people living in the community. We conducted a sample of 15 surveys with some of the RHI staff. As the majority of the employees are residents of the Red Hook Houses, these participants were in an excellent position to provide a true reflection on whether people in the local community would understand the questions and be willing to answer them. The analysis of the pre-test results did not highlight any problems with the questionnaire and as a result no additional changes were made.

**Procedures**

As previously discussed, the majority of staff members working at RHI are residents of the Red Hook Houses. In the initial discussions about our research it was agreed that they would assist the Hunter Team in distributing the questionnaires to residents. In addition, the Diabetes Health Educators also conducted surveys throughout the community. Before the RHI staff conducted the surveys, two members of the Hunter team provided a brief training session on how to approach potential participants. We wanted to make three things clear: 1) all respondents should be at least eighteen, 2) they needed to live in the Red Hook Houses, and 3) responses to the survey were completely anonymous. Everyone involved found this a useful experience.

Locations that the outreach team and RHI staff visited to conduct surveys included local schools, churches, the Senior Citizen’s Center, Brooklyn Public Library (Red Hook branch), PAL Head Start and the Salvation Army day care centers. This assistance in carrying out the required
research was essential for the project as these individuals accessed parts of the community that would probably not have been open to the Hunter Team. Overall, the RHI staff conducted two thirds of the questionnaires.

The Hunter Team surveyed in different locations throughout the Red Hook community, including outside the local bank and shopping area, at the library and at the local baseball fields where residents from the houses were watching games. The team visited these locations on three different occasions, ranging from mid-week to weekend days, as we wanted to access a wide variety of people to participate in the survey. While stationed at the shopping area, bank and library the Hunter Team set up a table with a sign saying “Red Hook Houses Residents” in order to attract people. On the first occasion Dunkin Donuts were also provided as an incentive. However, the majority of people were interested in completing the survey anyway. Most of participants filled in the surveys independently but on some occasions people needed assistance. For example, at one table there was couple with slight learning difficulties; one of the Hunter Team members spent time with them to ensure that they understood what was being asked. At other times, the Hunter Team responded to individuals who had needed clarification with certain questions.

Analysis

Data was entered and tallied in an Excel spreadsheet. Graphs demonstrating the results collected have been provided (See Appendix B). It is important that the analysis and results are easily understandable to the health workers and key stakeholders in the community. A basic comparative and correlative analysis was performed on the results. We sought to compare
results from the survey with secondary data available for the surrounding community and New York City as a whole. Correlations between certain data sets were also performed, most importantly between income and access to health insurance and between housing conditions and asthma rates. Full results have been provided to RHI. Opportunities for further detailed analysis may still exist
Results

Four hundred and six residents of the Red Hook Houses participated in this Community Health Needs Assessment.

Demographics

Age

Figure 1 demonstrates that a large cross section of residents from a range of age groups, participated in this survey. The largest age group surveyed was 26-39 year olds, accounting for 32% of all respondents.

Ethnicity

Figure 2 shows that the majority of people who participated in this research are African American/ Black accounting for 63% of all respondents. The second largest group surveyed were Hispanic/ Latino who represented 28% of the sample. This information cannot be
compared to Census Tract data to check whether our sample is representative of the general population as the Census Tract data is not calculated by race/ethnicity.

**Educational Attainment**

Figure 3 shows that 54% of all respondents have obtained a High School Diploma.

**Income Level**

Figure 4 indicates that approximately 68% of all respondents earn less than $20,000, 40% of whom earn less than $10,000. In contrast only 11% of respondents earn over $35,000. This echoes the high poverty levels among residents of the Red Hook Houses.
Health Insurance

Health Insurance Coverage

Figure 5 shows that 86% of respondents are insured. The majority, 42%, are insured by Family Health Plus or Medicaid. Medicare insures another 20% of respondents and the remainder are insured through various programs such as COBRA or through unions.

However, only 15% of respondents receive insurance through their employer. Interestingly, only 11% of respondents did not have any medical insurance.

Year-Long Comparison

Figure 6 shows that the proportion of survey respondents who are uninsured is below the average levels for North West Brooklyn, Brooklyn and New York City as a whole. Of those who have insurance, 71% have been insured for the entire year. Although this figure is lower than the average of 76% for North West Brooklyn, it is in line with the overall Brooklyn and City averages of 70% and 71% respectively. However, 16% of
those who have insurance have not been insured for the whole year. This is higher than the averages for three other locations, which are all around 11% to 12%.

**At any point in the last year, have you gone without health insurance?**

Figure 7 shows that 69% of respondents have not gone without health insurance at any point in the last year.

**Uninsured Comparison**

Figure 8 shows that only 11% of survey respondents do not have medical insurance. This level is extremely low in comparison to the
wider borough and city average of 18%. It is also interesting to compare this low figure for the sample with the US average for the ‘Poor/ Near Poor’ category of 29%. The Red Hook average is approximately 40% lower than the national average.

**Health Access & Issues**

**Relationship with your health provider**

Figure 9 shows that 60% of respondents claim to see the same doctor every time they visit and 24% occasionally see the same doctor. In contrast only 8% said that they never see the same person every time, and 5% of respondents claimed that they do not have a medical provider.

**When was the last time you saw your health care provider?**

Figure 10: The overwhelming majority of respondents, 84%, have seen a medical provider within the past year. A further 9% have seen one within the past two years. However, 2% have not seen a medical provider within five years and 4% don't remember the last time that they saw one, suggesting that the former figure could be higher.
When was the last time you saw a dentist?

- 59% within the last year
- 21% within the past two years
- 6% within the past five years
- 9% more than five years ago
- 5% don't remember
- 6% not sure

Figure 11: 80% of respondents have visited a dentist within the past two years. Within this the majority, 59%, have see one in the last year. In contrast, 5% of respondents have not seen a dentist within the past five years with a further 9% unable to remember when they last saw one. This suggests that the previous figure could be higher.

Have you ever been told by a health professional that you have hypertension/high blood pressure?

- 280 respondents said yes
- 106 respondents said no
- 15 respondents don't know/not sure

70% of respondents have never been told by a health professional that they have hypertension/high blood pressure.
Have you ever been told by a health professional that you have Diabetes?

18% of respondents have been told by a health professional that they have diabetes. The majority (80%) do not have diabetes.

Diabetes Rate Comparison

Despite the fact that only 18% of the survey respondents have diabetes, Figure 14 demonstrates that this level is extremely high in comparison to the Brooklyn, New York City and national averages. For Brooklyn as a whole the average rate of diabetes is 10%. The level of diabetes amongst the Red Hook Houses population is therefore 8% above the borough average for Brooklyn. Interestingly, the Red Hook level is also 4% above the national average for other ‘Poor/ Near Poor’ areas demonstrating that diabetes is a critical issue.
Have you ever been told by a health professional that you have asthma?

26% of survey respondents have been told by a health care provider that they have asthma.

Asthma Rate Comparison

The level of asthma among the Red Hook population in extremely high in comparison to Brooklyn and New York as a whole. The Red Hook levels are three times higher than those for North West Brooklyn and five times higher than the averages for Brooklyn and New York City as a whole.
Have you had an episode of asthma or an asthma attack in the last 12 months?

Despite the fact the number of residents in Red Hook who suffer from asthma is proportionately higher than the borough and city averages, 47% reported that they have not had an asthma attack in the last year. A further 38% indicated that they do not have asthma. 14% of respondents have suffered from an asthma attack in the last year.

Have you ever found mold in your apartment?

40% of survey respondents reported that they have found mold in their apartment at some point. 55% indicated that they have never found mold.
Have you ever had an HIV test?

Of those surveyed, 77% have had an HIV test at some point in their life time. A further 21% have not. However, only 76% of respondents answered this question suggesting that the results sample does not accurately reflect the general population.

Have you had an HIV test in the last 12 months?

Nearly 60% of all respondents have had an HIV test in the last year. However, again these results are questionable given its sensitive nature and that fact that only 71% of participants completed the question.
HIV Testing Comparisons (Past Year)

58% of all respondents have taken a HIV test in the last year. This level is double the averages for Northwest Brooklyn, Brooklyn, and New York City where only 21% to 23% of their overall populations have taken a test in the past year. Again, this data may not be accurate as the sample population surveyed did not answer this question often enough to be considered statistically significant.

Cancer Screenings

These results are reflective of the fact that 71% of the survey respondents were women by the high number of individuals that have had a pap smears in the past year. Only 46% of those surveyed had mammograms. A large number of respondents have not had any cancer screenings in the past year. There is not any comparable data from the NYC Department of Health for this question. Therefore, it is unclear whether these rates for the Red Hook sample are in line with the rest of Brooklyn.
This question was important as it enabled respondents to report any other health issues that they thought were important in the community and that have affected their own households. The results indicate that the majority of respondents thought that asthma is the main problem affecting the population living in the Red Hook Houses. High blood pressure and diabetes ranked as the second and third most important issues for respondents, followed by aging, dental health, obesity, cancer and mental health. These results appear to mirror the main health problems that have been identified in the survey.
Discussion

The Red Hook Health Initiative (RHHI) was created in 2002 to begin addressing the health needs of the Red Hook community, specifically reproductive health needs for women and teenage girls. In 2005, RHHI carried out its first community needs assessment in order to better understand the issues faced by the residents of Red Hook. The data gathered from this needs assessment necessitated a change of RHHI’s original mission to include more services to the Red Hook community, which led to the formation of the Red Hook Initiative (RHI) in 2006. The original health mission was not lost and, in fact, required more data, specific to the Red Hook Houses as the NYC Department of Health’s annual survey combines all the health data collected from the 11231 zip code. The neighborhoods in this zip code combined show 19.1% of residents living below the poverty line. In the Red Hook Houses, 49.1% of residents live below the poverty line. Separating the health stats of residents of the Red Hook Houses from the rest of the 11231 zip code became the focus of the 2009 Hunter College and RHI health needs assessment.

There were several issues with the data collection that weakened the overall results. First, a question regarding the number of children per household should have been included on the survey. Potentially there was more health data that could have been collected pertaining to the children in the household. This survey was conducted on adults 18 years of age and older. Second, the wording of certain questions either discouraged respondents from answering or was not worded in a way that enabled a data comparison. The two HIV testing
questions were skipped over in at least half of the surveys. Reasons this question may have been ignored are: 1) the sensitive nature of the question or 2) the question was misinterpreted, or possibly both. As the survey was written and conducted in a manner to minimize the respondent’s time commitment, the mention of HIV could have prompted a person to skip over these two questions. The two questions pertaining to cancer screenings and hypertension were not worded in a manner that allowed the results to be compared. Closer attention should have been paid to the wording on the NYC Department of Health and Center for Disease Control’s health surveys. The cancer screening and hypertension data collected is good, but cannot be viewed, as per the mission of this needs assessment. Third, the location of where the data was collected is unclear. Although, there was a question at the end of the survey that asked for the specific location of where the survey was conducted, the respondents answered most of the time, “RHI”. This indicates that an RHI employee administered the survey, but does not denote the exact location where the respondent was surveyed. And finally, time was a factor in our needs assessment. Four weeks were dedicated to collecting surveys from the residents of the Red Hook Houses. The goal for a statistically significant sample was 375 completed surveys. Overall, 406 surveys were completed. However, it would have been useful to spend a longer period of time in the field to ensure we got a wider cross section of respondents. For example, only 29% of those that participated were men. Although a large proportion of households in the community are headed by women, additional time would have enabled further outreach to this section of the population (Red Hook Community Needs Assessment, 2005)

Because RHI began as a health initiative, there is already an awareness of health issues that are prevalent in the Red Hook community. This needs assessment provided conclusive
results for a few of their main concerns. The first is health insurance. We found that 86% of respondents do have some form of health insurance coverage, mostly in the form of Medicaid, Family Health Plus or Medicare. When compared to 2006 citywide insurance data, Red Hook had the lowest percentage of uninsured residents (11%). When this number is compared to 2005-2007 US insurance data, populations in the same income bracket as Red Hook are listed at 29.2% uninsured. The results of this data set show that, clearly, New York City has better outreach to its poor/near poor citizens in regards to providing education about and access to health insurance options. The results also show that possibly, many of the survey respondents have already sought out RHI for health insurance information and guidance through the Medicaid/Family Health Plus or Medicare system. The survey analysis, regarding health insurance that will be most beneficial to RHI and the Red Hook community identifies the target groups that are eligible, but are still uninsured. 40.7% of the uninsured population earn less than $10,000 per year and 20% earn between $10,000 and $20,000 per year. The largest uninsured population was between 26 and 39 years of age. 18.5% of adults 25 or younger are currently uninsured in Red Hook. Clearly, there are many residents of Red Hook that may not know they are eligible to receive health insurance or they are unable to navigate the application system.

The second result in this discussion pertains to dental care. RHI would like dental care to be more accessible to the Red Hook community. 33% of respondents have not seen a dentist in over a year and 9% couldn’t remember their last dental visit. As good dental health is indicative of a healthy community, these numbers seem to provide evidence that dental services are mostly inaccessible to the residents of the Red Hook Houses.
The third discussion point is the findings from the diabetes survey question. RHI recognizes that there is a diabetes health crisis in the Red Hook community. They have already begun a community outreach program with a group of residents, the Diabetes Health Educators (DHE). There was an indication at the beginning of this needs assessment, that the data collected regarding residents with diabetes in the Red Hook Houses would be very helpful to the outreach already in progress. At first glance the data did not seem that it would be useful. We found that 78% of the respondents had never been diagnosed with diabetes. But when compared to rates of diabetes in New York and the rest of the country, there is a clear need for the program RHI is providing. Almost 20% of Red Hook Houses residents have been diagnosed with diabetes. The rate for all of NYC is 9% and the number for the rest of the country that falls into the same income bracket, is 14.2%. The rate of diabetes in the Red Hook Houses is 10.4% higher than the rest of the city and 5.2% higher than the rest of the country (poor/near poor income level). This result shows a clear need for diabetes education in the Red Hook community, with an emphasis on preventative measures, such as better access to health and nutrition programs.

The fourth discussion point pertains to asthma rates in the Red Hook Houses. There is already a lot of data to backup the claim that asthma rates are higher in inner city/urban households. The data provided by this needs assessment confirms this. Again, as with the diabetes question, the data, taken on its own, looks as though asthma would not be a problem for the respondents; 72% said that they had never been diagnosed with asthma. But when compared to New York City and the rest of the country, there is clear need for RHI to organize more asthma outreach for the community. Within the Red Hook Houses, 27.2% of residents
have been diagnosed with asthma. This is compared to 5% in all of NYC and 7.7% in the rest of the country. The rate of asthma in the Red Hook Houses is 22% higher than all of NYC and 19.5% higher than the rest of the country.

In conjunction with the asthma question, the survey asked the residents about finding mold in their apartments. Forty percent responded “yes.” The more interesting component to this question is that 42% of respondents who claimed to have asthma, also found mold in their apartments. This again indicates a clear need for advocacy within the New York City Housing Authority (NYCHA). Residents may not know of their rights to live in a “mould free” apartment or may not know how to address the issue. There are also other initiatives in place at RHI to combat the high rate of asthma, such as the Red Hook Street Tree Project to improve the air quality. The survey results seem to indicate a need for more asthma related programming and the possible involvement of a city agency (or another needs assessment) to better understand why the asthma rate is so high in this community.
Recommendations

Our research has provided valuable information about both access to health care and health issues in the Red Hook Houses. We have found four general areas where further action is needed: Access to Insurance, Health Issues, Sharing Information with Stakeholders, and Access to Dental Care Providers. More specifically we see opportunities to better target sections of the population who are in need and health issues, which have been shown to be prominent in the Red Hook Houses, especially when compared to surrounding communities.

Access to Insurance

While we have found that overall health insurance coverage is good (86%), we have identified specific populations, which may be at risk of slipping through the cracks. Many residents who are eligible to receive insurance through Medicaid or Family Health Plus are not taking advantage of these programs; 49% of respondents who do not have health insurance earn less than $10,000. Also, of those surveyed without insurance, 29% earn between $10,000 and $20,000. Depending on the size of their households, these people may also be eligible for Medicaid or Family Health Plus. In total, more than half of those without insurance may qualify for such programs. They represent a vulnerable population, which could be serviced by already existing programs, but they have not yet been reached. Efforts must be made to make them aware of their eligibility and to help them navigate the application system.

We have also identified opportunities to target outreach to specific groups. The two
populations most apt to be uninsured were 26 – 39 year olds (32%) and 25 years and under (24%). Targeted outreach needs to be done to reach these populations. The work can not end with simply making sure people are covered. As we have seen the vast majority of residents receive their health insurance through government programs, and the system of bureaucracy surrounding these programs can be quite complex. An important area of work for the Red Hook Initiative could be to focus on educational efforts making sure recipients know their rights and the benefits available to them.

**Health Issues**

Our results have also shown that residents of the Red Hook Houses have a much higher rate of diabetes than those in the surrounding communities. Among our respondents, diabetes rates are more than three times higher than the rest of Northwest Brooklyn and more than twice that of the City as a whole. In fact, the diabetes rate in Red Hook is even higher than in communities with comparative income levels in the nation as whole. This shows a clear need for the continued work of RHI's Diabetes Health Educator Program. This program should possibly be expanded, and hopefully our results will open the doors for further funding.

We are also recommending a Participatory Action Research project on childhood asthma. Again, our results show a much higher rate of asthma than in surrounding communities. Among our respondents, asthma rates were more than three time higher than both Northwest Brooklyn and the nation as a whole. Yet, our survey only looked at adults. And it also just scratches the surface of possible causes. We feel that more research is needed to address those questions, and that a Participatory Action Research project would be an ideal way to do this research. It fits nicely with RHI's existing focus on youth empowerment by directly involving
young people in the work. In fact, they may be able to leverage their existing Peer Health Educator program in this effort. Participatory Action Research has been increasingly used as a way for disadvantaged communities to tackle health and environmental issues (Israel et. al. 1998; Minkler et. al. 2008). By tying further research to an emphasis on youth participation, RHI can both gain more important knowledge around this issue facing their community as well as keep with their philosophy of developing young people as leaders.

**Access to Dental Care Providers**

We have also found a clear need for dental care providers in the area. Approximately 33% of respondents had not seen a dentist within the past year; 22% had seen one within the past two years, 5% had not seen a dentist in five years, and a further 5% hadn’t seen one in over five years. This is concerning considering it has been recommended by the New York State Department of Health that in order to maintain good dental health, individuals should visit a dentist once every six months. The fact that 9% of respondents could not remember the last time that they saw a dentist suggests that these percentages could be higher. From our key informant interviews, we know that there is already an ongoing effort to bring a dental clinic to the neighborhood. We recommend that RHI fully support this effort.

**Sharing Information with Stakeholders**

We also believe that it is important for RHI to share the information gained through this study with other stakeholders in the community. The South Brooklyn Health Center is clearly the largest provider of medical care in Red Hook, with over 46% of respondents using its services. Although the results show that a large number of patients are able to see the same doctor every
time they visit, our research has highlighted a number of complaints about the center. These were expressed during informal discussions with survey participants and the open-ended qualitative question at the end of the survey. In general, we heard the following:

- Mistrust of staff members. Some reportedly live in the community and breach patient confidentiality.
- High turnover of staff at the center
- Lack of resources and staff members to see all patients
- Refusal to treat certain patients on occasion

It is important to note however that a number of respondents praised individual staff members at the Health Center for their hard work and commitment.

Mounting evidence points to poor-quality housing having a direct relationship with poor health outcomes (Bashir 2002; Rauh et. al. 2002). Our study is no different, and it raises a concern with the Red Hook Houses. We have found that 33% of respondents who claimed to have asthma, also found mold in their apartment. This information should be shared with the NYC Housing Authority. Depending on their response, this could be a potential target for action. Further research focused on improving housing conditions, either as part of the previously suggested Participatory Action Research program or in partnership with NYCHA, is also suggested.
Conclusions

Our study has confirmed the disparities in health outcomes between the population of the Red Hook Houses and surrounding communities that anecdotal evidence had previously suggested. This shows the need for RHI’s continued work, especially around diabetes education, and identifies areas where their work can be expanded, particularly around asthma. It has also pointed to opportunities for targeted outreach to increase health insurance coverage in the community. Many residents who qualify for subsidized insurance programs are not taking advantage of them. Yet, our study has also shown that these disparities in health issues cannot be completely accounted for by lack of access to health care. This suggests that further research is needed, possibly around housing and environmental conditions in the neighborhood. The issues facing the residents of the Red Hook Houses are large, but we feel that the Red Hook Initiative is well positioned to offer help in facing them.
Appendix A: Results

1. Demographics
   a. Age

Figure 1

b. Ethnicity

Figure 2
c. Educational Attainment

Figure 3

- Didn't finish high school: 2%
- High school diploma or GED: 19%
- College degree or higher: 25%
- Other: 54%

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d. Income Levels

Figure 4

- Less than $10,000: 7%
- $10,000 to $19,999: 4%
- $20,000 to $34,999: 21%
- $35,000 to $59,999: 28%
- $60,000 or over: 40%
2. Health Insurance
   a. Health Insurance Coverage

   Figure 5

   b. Year-Long Comparison

   Figure 6
c. At any point in the last year, have you gone without health insurance?

Figure 7

![Bar chart showing uninsured comparisons.]

- Yes: 107
- No: 275
- Don't know / Not sure: 19

Figure 8

- Uninsured Comparisons:
  - Red Hook (2009): 10.8%
  - Northeast Brooklyn (2006): 13.0%
  - Brooklyn (2006): 18.0%
  - NYC (2006): 18.0%
  - Northeast (2005-2007) Poor/Near Poor: 17.8%
  - Northeast (2005-2007) All Incomes: 11.0%
  - US (2005-2007) Poor/Near Poor: 29.2%
3. Health Access & Issues
   a. Relationship with your health provider

![Pie chart showing relationship with health provider]

   - See the same doctor every time: 60%
   - Occasionally see the same person: 24%
   - Never see the same person: 8%
   - I don’t have a medical provider: 5%
   - Don’t know / Not sure: 3%

b. When was the last time you saw your health care provider?

![Pie chart showing last time seen a health care provider]

   - Within the last year: 84%
   - Within the past two years: 9%
   - Within the past five years: 2%
   - More than five years ago: 4%
   - Don’t remember: 1%
c. When was the last time you saw a dentist?

Figure 11

![Pie chart showing the percentage of respondents by time since last dental visit.]

- Within the last year: 59%
- Within the past two years: 21%
- Within the past five years: 6%
- More than five years ago: 5%
- Don't remember: 9%

d. Have you ever been told by a health professional that you have hypertension/high blood pressure?

Figure 12

![Bar chart showing the number of respondents who answered 'Yes', 'No', and 'Don't know/Not sure'.]

- Yes: 106
- No: 280
- Don't know/Not sure: 15
e. Have you ever been told by a health professional that you have diabetes?

Figure 13

f. Diabetes Rate Comparison

Figure 14
g. Have you ever been told by a health professional that you have asthma?

Figure 15

![Asthma Rate Comparison](image)

h. Asthma Rate Comparison

Figure 16

![Asthma Rate Comparison](image)
i. Have you had an episode of asthma or an asthma attack in the last 12 months?

Figure 17

![Pie chart showing responses to the question about asthma](image)

- Yes: 173
- No: 141
- I don’t have asthma: 51
- Don’t know / Not sure: 7

j. Have you ever found mold in your apartment?

Figure 18

![Bar chart showing responses to the question about mold](image)

- Yes: 150
- No: 209
- Don’t know / Not sure: 20
k. Have you ever had an HIV test?

Figure 19

I. Have you had an HIV test in the last 12 months?

Figure 20
m. HIV Testing Comparisons (Past Year)

![HIV Testing Bar Chart]

n. Cancer Screenings

![Cancer Screenings Bar Chart]
Household Health Issues

Figure 23
Appendix B: Survey Instrument

Community Health Survey

The purpose of this survey is to get your opinions about community health in Red Hook. Results of this survey will be distributed to all community agencies in Red Hook so that they can identify the most pressing health issues and address them through community action.

Please take a minute to complete the survey below if you are over eighteen and a resident of the Red Hook Houses. Participation is voluntary; you can decide not to answer any question. All answers you give will be confidential.

Thank you and if you have any questions, please contact Rebecca Fishburne, Community Health Coordinator at 718-858-6782 or becky@rhicenter.org.
1. Do you have any health insurance coverage, including private health insurance, H-M-Os, Medicare or Medicaid? If so, what type of health insurance do you use to pay for your doctor or hospital bills? Who provides your insurance:

☐ I don’t have insurance
☐ Your employer
☐ Someone else’s employer
☐ Self-pay
☐ Medicare
☐ Family Health Plan or Medicaid
☐ The military or the VA
☐ COBRA
☐ Through a union
☐ Don’t know / Not sure

2. At any point in the last year have you gone without health insurance?

☐ Yes
☐ No
☐ Don’t know / Not sure

3. Where do you normally go to receive health care?

☐ The South Brooklyn Health Center
☐ A clinic outside the neighborhood
☐ A private doctor
☐ A hospital emergency room
☐ Other __________________________
☐ Don’t know / Not sure

4. What situation best describes your relationship with your medical provider?

☐ See the same doctor every time
☐ Occasionally see the same person
☐ Never see the same person
☐ I don’t have a medical provider
☐ Don’t know / Not sure

5. When was the last time you saw a health care provider?

☐ Within the last year
☐ Within the past two years
☐ Within the past five years
☐ More than five years ago
☐ Don’t remember

6. When was the last time you saw a dentist?

☐ Within the last year
☐ Within the past two years
☐ Within the past five years
☐ More than five years ago
☐ Don’t remember

7. Do you ever have a hard time filling prescriptions?

☐ No.
☐ Yes, I have insurance and can’t afford them
☐ Yes, I have insurance but the co-pay is too high
☐ Yes, local pharmacy does not carry my medication
☐ Yes, other ______________________

8. Have you ever been told by a doctor, nurse or other health professional that you have hypertension, also called high blood pressure?

☐ Yes
☐ No
☐ Don’t know / Not sure

9. Have you ever been told by a doctor, nurse or other health professional that you have diabetes?

☐ Yes
☐ No
☐ Don’t know / Not sure

(continued)
10. Have you ever been told by a doctor, nurse or other health professional that you had asthma?
   □ Yes
   □ No
   □ Don't know / Not sure
11. If so, have you had an episode of asthma or an asthma attack in the last 12 months?
   □ Yes
   □ No
   □ I don't have asthma
   □ Don't know / Not sure
12. Have you ever found mold in your apartment?
   □ Yes
   □ No
   □ Don't know / Not sure
13. Which preventative cancer screenings have you had in the last year?
   □ Colonoscopy
   □ Pap smear
   □ Mammogram
   □ None
14. Have you ever had an HIV test?
   □ Yes
   □ No
   □ Don't know / Not sure
15. Have you had an HIV test in the last 12 months?
   □ Yes
   □ No
   □ I've never had an HIV test
   □ Don't know / Not sure
16. In the following list, which “health problems” have you or any members of your household experienced. Check any that apply:
   □ Aging problems (like arthritis, hearing/vision loss, etc.)
   □ Domestic Violence
   □ Heart disease and stroke
   □ Obesity (over-weight)
   □ Asthma
   □ High blood pressure
   □ Rape / sexual assault
   □ Cancers
   □ HIV / AIDS
   □ Sexually Transmitted Diseases
   □ Child abuse / neglect
   □ Homicide
   □ Suicide
   □ Dental problems
   □ Infant Death
   □ Teenage pregnancy
   □ Diabetes
   □ Infectious Diseases
   □ Other ________________
   □ Other ________________
   □ Mental health problems
   □ Other ________________
17. Sex: □ Male □ Female
18. Age: □ 25 or less
   □ 26 - 39
   □ 40 - 54
   □ 55 - 64
   □ 65 or over
19. Ethnic group you most identify with:
   □ African American / Black
   □ Asian / Pacific Islander
   □ Hispanic / Latino
   □ Native American
   □ White / Caucasian
   □ Other ________________
20. Education:
   □ Didn't finish high school
   □ High school diploma or GED
   □ College degree or higher
   □ Other ________________
21. Household income:
   □ Less than $10,000
   □ $10,000 to $19,999
   □ $20,000 to $34,999
   □ $35,000 to $59,999
   □ $60,000 or over
   (continued)
22. Where did you get this survey?

23. Is there anything else that you'd like to share with us about health issues in the Red Hook Houses?

This survey is anonymous, however, if you'd like to speak to someone about any issues identified here or receive assistance applying for insurance, food stamps, filling prescriptions, or getting a medical appointment, please give us your name, address, and phone number at a RHI staff member will contact you over the next week to assist you.

Thanks for taking the time to help improve health in Red Hook!

Name: _________________________

Address: _______________________

Phone: _________________________
Appendix C: References


Census Data, 2000


New York City Department of Health and Mental Hygiene. 2006. *Community Health Profiles: Northwest Brooklyn*.
