PEOPLE FOCUSED RESEARCH: CREATING HEALTH IN BROOKLYN

Participatory Action Research in Bedford Stuyvesant, Crown Heights, and East Flatbush
**Project Sponsors:**
New York Community Trust (NYCT)

**Interfaith Medical Center (IMC)**
LaRay Brown, President & Chief Executive Officer
Gina Thompson, AVP, Planning & Program Development
Benjamín González, Associate Director, Grants Management
Tajria Afrin, Intern, Ladders for Leaders
Dorcas Eng, Data Specialist, Grants Management
Alida Ortiz, Associate, Grants Management

**Kingsbrook Jewish Medical Center (Kingsbrook)**
Enid Dillard, Director of Marketing & Public Affairs
Joyce Leiz, Director of Development & DSRIP Coordinator

**Community Care of Brooklyn (CCB)**
David I. Cohen, MD, MSc, Chair, Executive Committee
Karen Nelson, MD, MPH, Chief Medical Officer
Shari Suchoff, Vice President, Policy & Strategy
Okenfe Lebarty, Senior Community Engagement Specialist
Veronica Simpson, Program Associate

**CCB Community Action and Advocacy Workgroup (CAAW)**
Maurice Reid, Chair, Community Action and Advocacy Workgroup
Humberto Brown, Arthur Ashe Institute
LaRay Brown, Interfaith Medical Center
Gina Thompson, Interfaith Medical Center
Benjamin Gonzalez, Interfaith Medical Center
Alida Ortiz, Interfaith Medical Center
David Cohen, MD, Msc, Chair, Executive Committee
Karen Nelson, Maimonides CSO
Enid Dillard, Kingsbrook Jewish Medical Center
Joyce Leiz, Kingsbrook Jewish Medical Center
LaZetta Duncan-Moore, Brooklyn Plaza Medical Center
Cynthia Piard, Brooklyn Plaza Medical Center
Torian Easterling, Department of Health and Mental Hygiene - Center for Health Equity
Ewel Napier, Department of Health and Mental Hygiene - Center for Health Equity
Barbara Felker, Northwell Health
Patricia Fernandez, Bedford Stuyvesant Family Health Center
Craig Pogue, Bedford Stuyvesant Family Health Center
John Plateau, DuBois-Bunche Center at Medgar Evers College
Yvonne Graham, DuBois-Bunche Center at Medgar Evers College
Roger Green, DuBois-Bunche Center at Medgar Evers College
J. Phillip Thompson, NextShift Collaborative
Harvey Lawrence, BMS Family Health Center
Toni Lewis, Immediate Past Chair, SEIU Healthcare
Selena Pitts, 1199 Funds
Bruce Richard, 1199 Funds
Eric Smith, NYSNA
Denise West, Brooklyn Perinatal Network.

**Research Team**
NextShift Collaborative, LLC (NextShift)
Prof. Phil Thompson, PhD, Principal Investigator
Alexis Harrison, MCP, Project Manager
Alina Schnake-Mahl, MPH, Project Manager
Wilnelia Rivera, MUP, Project Manager

DuBois Bunche Center for Public Policy, Medgar Evers College, RF CUNY
Prof. John Flateau, PhD, MPA, Principal Investigator
Prof. Yvonne Graham, MPH, RN, Project Manager
Prof. Roger Green, DBC Senior Fellow, Principal Investigator

Wellness Empowerment for Brooklyn (WEB) Research Team

Graduate Researchers:
- Tatianna Echevarria, Massachusetts Institute of Technology
- Cynthia Odu, Massachusetts Institute of Technology
- Mark Freker, Pratt Institute
- Abigail Ellman, Pratt Institute, PAR 1 & 2
- Anna Cash, University of California, Berkeley
- Julieth Ortiz, University of California, Berkeley

Undergraduate Researchers:
- Cameron Bryan, Medgar Evers College & DBC-CUNY Service Corps
- Greshawna Clement, Medgar Evers College, PAR 1 & 2
- Jessica Collins, Medgar Evers College & DBC-CUNY Service Corps
- Saradia Eugene, Medgar Evers College (alumn)
- Bert Griffith, Medgar Evers College (alumn), PAR 1 & 2
- Khaalida Jones, Medgar Evers College, PAR 1 & 2
- Reann Oyola, Medgar Evers College
- Natasha Rowley, Medgar Evers College (alumn)
- Leozard Simon, Medgar Evers College, PAR 1 & 2
- Anthony Taylor, Medgar Evers College
- Catherine Vautor-Laplacieliere, Medgar Evers College (alumn), PAR 1 & 2
- Kelvin Tejada, John Jay College & DBC-CUNY Service Corps
- Miles Morris, New York University
- Sydney Thompson, College of Staten Island, IMC Volunteer

Community Representative:
Rakim Covington, Center for Nu Leadership

High School Researchers:
- Boys and Girls High School
  - Danessa Archer
  - Danita Archer
  - Kesron Edwards
  - Woodlyne Macon
- Academy for Health Careers
  - Shania Muschette
  - Abigail Robinson
  - Fatoumata Niane
  - Jaden Smith
  - Sarahi Barthelemy
  - O'Hayyah Boynton
  - Monica Gaspard
- Medgar Evers College Preparatory School
  - Toni-Ann Anderson
  - Jhanai Campbell
  - Breanna Labastide
  - Zasia Simmons

Pathways in Technology Early College High School (PTech)
- Shanaes Akhtar
- Sharon Bailey
- Kearra Binker
- Amaya Locke
- Kiana Moore

Bedford Academy
- Faisal Alam
- Ockacia Bigby
- Makeja Cabey
- Nicole Grant
- Leila Mohamed

World Academy for Total Community Health (WATCH) alumn
- Medjilou Cerime, PAR 1 & 2
- Shemiza Sears, PAR 1 & 2
“Becoming an active community researcher gave me the ability to see beyond the common definition of health relating to only the body. In my perspective, health is the overall balance of one’s life in areas such as financial health, physical health, environmental health, social health, and mental health; once there is a balance and satisfaction in all these areas then one is considered healthy.”

- Member of the PAR 1 and PAR 2 research teams

“This needs to be a civic engagement responsibility. We are looking for an infrastructure that affordable housing is a part of. If there is no infrastructure, then we will always need to start over.”

- Central Brooklyn stakeholder

"Gentrification in general is an opportunity for conversation—to question what the soul of the neighborhood is... Time to lift up and center long term residents and low-moderate income people. Opportunity to build institutions that really see themselves as resiliency mechanisms. Economic resilience mechanisms."

- Central Brooklyn community organization leader

“Our role is to be the best provider we can be and to be an anchor to the community: to be engaged in economic issues... as we purchase supplies and services, prioritizing, when possible, our community of Central Brooklyn. [We want to be] a venue or forum for issues of social justice to be articulated, to support those types of democratic processes.”

- Central Brooklyn health care leader

“For my grandma and mother, all information was disseminated at church. Information is now disseminated in the hospital setting. The hospital is the biggest community outreach center there is, if structured effectively. The community can come here for studies like this [PAR focus group]. Or open up hospital spaces for the community to use.”

- Central Brooklyn resident
BACKGROUND

NYS Delivery System Reform Incentive Payment (DSRIP) Program
The New York State DSRIP program is a federally-funded $8 billion overhaul of the State’s Medicaid program that is systematically restructuring and reorganizing the State and the City's healthcare system. With Medicaid spending at $63 billion in 2016 and nearly a quarter of the state’s population covered, New York has one of the largest Medicaid programs in the country. The program allows the state to reinvest billions of federal dollars into collaborations between hospitals, healthcare providers, and community-based organizations in Performing Provider Systems (PPS) within specific geographic areas aimed at reducing preventable hospitalizations and emergency department use. The critical health challenge faced by the State and City is accomplishing this while reducing persistent health inequities across race, gender, and income (Health 2011, Analysis 2015).

Vital Brooklyn
In March 2017, NY Governor Andrew Cuomo announced Vital Brooklyn, a $1.4 billion state investment in community health in Central Brooklyn. Vital Brooklyn proposes $700 million for community-based health care, mandating the creation of 36 new ambulatory care centers, $563 million for affordable housing, and other community initiatives. The initiative targets seven critical sectors connected to the social determinants of health that were identified as integral to improving community health in the PAR I research, along with a comprehensive set of wellness-based development initiatives that promote collaboration across these sectors to improve community health. Regarding the Vital Brooklyn initiative, Governor Cuomo noted:

“For too long investment in underserved communities has lacked the strategy necessary to end systemic social and economic disparity, but in Central Brooklyn those failed approaches stop today. We are going to employ a new holistic plan that will bring health and wellness to one of the most disadvantaged parts of the state.1”

---

One Brooklyn Health
In January 2018, Governor Cuomo announced $664 million for One Brooklyn Health system improvements, including a plan for Interfaith Medical Center (IMC) to renovate and expand its emergency department and develop a psychiatric emergency program and a plan for Kingsbrook Jewish Medical Center (Kingsbrook) to repurpose its campus to better address social determinants of health. In addition to meaningfully undertaking direct improvements in population health, all of these activities create opportunities for locally-owned, community-centered businesses, and local wealth creation—thereby directly addressing systemic economic poverty—one of the key drivers of poor health.

Participatory Action Research (PAR) in Brooklyn
PAR centers on popular education pedagogy that includes the view that neighborhood residents and local stakeholders are experts with critical insight into how best to identify community assets and address community challenges. PAR is a collaborative and dynamic approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research project—from generating the questions asked, to analyzing and publishing the data.

PAR I (Brownsville and East New York)
In the summer of 2016, Community Care of Brooklyn (CCB), a Brooklyn PPS, hired NextShift to assemble a team of 28 young adults to engage in PAR I to better understand the East New York and Brownsville communities’ priorities for health creation. The core question that guided the project was:

“How do we mobilize the Brownsville and East New York communities to address the social, physical, and environmental inequalities that affect health?”

The team used a survey of 525 residents, 23 interviews with key neighborhood stakeholders, and one focus group to explore five dimensions of health and develop a set of recommendations and action steps to create a healthier Central Brooklyn. Key findings of the PAR I research included:

- Less than half of respondents rated their own health as “Very Good” or “Excellent.”
- Residents reported facing significant barriers to physical activity, including inaccessible and unaffordable facilities, lack of connection and support, and social challenges including sexual harassment and violence.
- Over half of respondents reported lack of access to affordable healthy food
- Respondents identified numerous social, cultural, and human assets in Brownsville and East New York that are ready to be leveraged in the service of a healthier community.

Together, the findings prompted CCB to prioritize food justice for intervention and helped inform local and state policy advocacy efforts. The Vital Brooklyn initiative targeted seven critical sectors connected to the social determinants of health that were identified as integral to improving community health in the PAR I research.
PAR II (Bedford Stuyvesant, Crown Heights, and East Flatbush)
The success of PAR I and the adoption of the priority intervention areas by Vital Brooklyn led to PAR II, initiated by IMC and Kingsbrook, with support from the New York Community Trust (NYCT) and CCB in the summer of 2017. PAR II sought again to understand and investigate community perceptions of health and well-being in Central Brooklyn, this time focusing on and identifying priority social determinants of health in:

Bedford Stuyvesant
Crown Heights
East Flatbush

Though these neighborhoods experience adverse indicators, including excess mortality, high rates of chronic disease, and economic challenges, the neighborhoods have strong community-based organizations, a health system invested in improving community health and wellbeing, and residents engaged in, and dedicated to, their communities’ well-being. Recognizing these challenges and opportunities, the PAR II research team embarked on an ambitious project to spur community transformation that can improve community health and well-being. Their strategy sought to involve and invest in the people and organizations already doing the challenging work of building community, holding up the economically disenfranchised, and making their communities places where everyone can thrive.

This report’s principal effort is to explore how critical stakeholders in the Central Brooklyn healthcare system—CCB and its partner hospitals, IMC, and Kingsbrook—can build on existing community assets to improve wellness and reduce health disparities among residents in each neighborhood, among neighborhoods, and between these three Central Brooklyn neighborhoods and the rest of New York City.
Table 1. Identified Zip Codes of Target Study Areas for Surveying

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Target Zip Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crown Heights</td>
<td>11225, 11213, 11238, 11216, 11233</td>
</tr>
<tr>
<td>Bedford Stuyvesant</td>
<td>11216, 11221, 11233, 11206</td>
</tr>
<tr>
<td>East Flatbush</td>
<td>11226, 11210, 11203, 11212, 11236</td>
</tr>
</tbody>
</table>

* This section is based on a literature review conducted by the PAR II research team. For the findings of the PAR II Study, please see pages 13-14.
Neighborhood Demographics
Though Central Brooklyn was historically the cultural center of Brooklyn’s Black community, the Black population has been shrinking while the percentage of all other racial and ethnic groups has increased (Small 2017). Three-quarters of Bedford Stuyvesant residents identified as Black in 2000, but in the following fifteen years, the Black population decreased 17%, while the White population saw a 1235% increase. Crown Heights has also experienced a significant shift in the racial diversity of its population—Community District 8’s white population increased by 203% between 2000 and 2015, while the Black and Hispanic or Latino population decreased by 23% and 83%, respectively; in the same time period Community District 9 saw an increase in White (by 160%), Asian (by 341%), and Hispanic or Latino (by 3%) population, while the Black population decreased by 18%.

Given Brooklyn’s relatively large number of foreign-born residents (including U.S. citizens and noncitizens), a substantial amount report that they speak a language other than English at home. In East Flatbush, home to a large West Indian and Caribbean population, only 79% of residents speak English alone.

Income and Poverty
Low income and limited wealth make it difficult to access resources such as health care, quality housing, healthy diet, and neighborhoods with quality schools, low crime, and health-promoting assets (i.e. parks, sidewalks, gyms). Living below the poverty line puts people at higher risk for physical and mental health challenges such as adverse birth outcomes, diabetes, stroke, and asthma (Schiller, Lucas, and Peregoy 2012, Case, Lubotsky, and Paxson 2002). Median household incomes in Central Brooklyn fall dramatically below income levels of Brooklyn and New York City as a whole.

Table 2. Median Household Income and Percent below the Poverty Line NYC, Brooklyn, and the three study neighborhoods

<table>
<thead>
<tr>
<th>Geography</th>
<th>Median Household Income</th>
<th>Percent of Residents Living Below Poverty Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York City</td>
<td>$53,373</td>
<td>21%</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>$48,201</td>
<td>23%</td>
</tr>
<tr>
<td>Bedford Stuyvesant</td>
<td>$24,424</td>
<td>32%</td>
</tr>
<tr>
<td>Crown Heights</td>
<td>$42,390</td>
<td>24%</td>
</tr>
<tr>
<td>East Flatbush</td>
<td>$46,725</td>
<td>17%</td>
</tr>
</tbody>
</table>

2 Crown Heights is split between Community District 8 and 9; North Crown Heights is combined with Prospect Heights and Weeksville in Community District 8 and South Crown Heights is combined with Lefferts Garden and Wingate in Community District 9.
Employment, Economic Opportunity, and Incarceration

Though Central Brooklyn has high levels of concentrated poverty, its neighborhoods are undergoing substantial economic transformation and business growth. Business growth, particularly of small businesses, may confer protective health effects, particularly in low-resource areas, by creating employment opportunities, generating strong economic ties to the community, and spurring further economic growth, all factors associated with better community health (Keppard and Schnake-Mahl 2016). However, the gentrification associated with this economic growth may negatively impact long-term residents’ health, particularly the health of Black residents, by breaking down social networks and cohesion, displacing local residents and businesses, exacerbating stress associated with potential displacement, and forcing residents to spend more money on rent in order to stay in their homes as housing costs increase (Gibbons and Barton 2016).

Table 3. 2014 Incarceration rates in NYC, Brooklyn, and the three study neighborhoods

<table>
<thead>
<tr>
<th>Geography</th>
<th>Incarceration Rates*</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYC</td>
<td>93</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>96</td>
</tr>
<tr>
<td>Bedford Stuyvesant</td>
<td>244</td>
</tr>
<tr>
<td>Crown Heights and Prospect Heights (District 8)</td>
<td>105</td>
</tr>
<tr>
<td>South Crown Heights and Lefferts Gardens (District 9)</td>
<td>105</td>
</tr>
<tr>
<td>East Flatbush</td>
<td>112</td>
</tr>
</tbody>
</table>

*Rate of persons incarcerated in local jails (not including prisons) per 100,000 adults (ages 16+), by address of residence.
Source: NYC DOHMH 2015 Community Health Profiles Public Use Data; 2014 NYC Department of Corrections

Among the target population, low educational attainment levels, substantial involvement with the criminal justice system, and high chronic disease burden additionally impact the health status and put residents at risk for avoidable use of costly hospital services.3

The Built Environment and Resource Access

Access to green space, nutritious and affordable food options, and transportation can be crucial factors in determining the likelihood of an individual being healthy. Parks provide places for physical activity, relaxation, and connection to nature—all essential factors for mental and physical well-being. Walking or biking to and from public transportation can play an important role in meeting daily suggested physical activity goals. Access to public transit can ensure better access to jobs and necessary human services such as medical care. Yet, in East Flatbush, only

---

3 This report’s limited emphasis on crime and safety is not intended to minimize the implications of neighborhood security for resident health, and the authors recognize violence as a health issue (Dahlberg and Mercy 2009). However, the community-based PAR team did not emphasize these factors, and crime and safety did not emerge as dominant features of community discourse throughout the research process.
68.8% of residential units are within the half-mile distance most people are willing to walk public transportation, whereas over 96% of Bedford Stuyvesant and Crown Heights housing is within a half-mile.

NYC’s poorest neighborhoods have the highest rates of diet-related disease, and, often, the most limited access to healthy and affordable food. Crown Heights ranks 50th of community districts for square footage of supermarkets per 100 people and Bedford Stuyvesant ranks 32nd. All three study neighborhoods report daily fruit or vegetable consumption levels below Brooklyn and NYC averages (PolicyLink 2010).

**Housing**

**Table 4. Housing Tenure, NYC, Brooklyn, and the three study neighborhoods**

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Owner-Occupied</th>
<th>Renter-Occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYC</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>Bedford Stuyvesant</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Crown Heights</td>
<td>16%</td>
<td>84%</td>
</tr>
<tr>
<td>East Flatbush</td>
<td>34%</td>
<td>66%</td>
</tr>
</tbody>
</table>

Source: ACS 2011-2015, 5 Year, B25003.

Affordability, safety, and quality of housing in a neighborhood, and the relative concentration of these factors, all affect residents’ and communities’ health. Lack of affordable housing increases the risk of poor housing quality and instability for low-income residents, potentially undermining mental and physical health (Burgard, Seefeldt, and Zelner 2012, Shaw 2004). As housing prices increase, people are forced to spend more of their income on rent, and have less money to spend on life necessities including health care, healthy food, leisure activities, and other assets that contribute to good physical and mental health. The percentage of residents that are severely rent burdened, or spend more than 50% of their income on rent, is close to or above 30% in all three study neighborhoods.

**Neighborhood Change**

Central Brooklyn residents experience worse health outcomes, higher rates of preventable mortality, and lower life expectancy than majority-white neighborhoods in NYC. A multitude of factors explain these racial disparities, but exposure to interpersonal and structural racism likely plays a substantial role in the expression of poor health in these communities (Krieger 2000).

The study neighborhoods have, until recently, been highly residentially segregated by race. Segregated neighborhoods tend to have limited employment opportunities, high levels of poverty, few health-promoting resources, degraded built environments, and limited preventive care access.
Despite decades of disinvestment, the study neighborhoods, particularly Bedford Stuyvesant and Crown Heights, are now experiencing substantial gentrification and displacement pressure due to an influx of higher-income (predominantly) White residents, with concomitant increases in property and housing prices, and city-driven investments.

Table 5. Study Neighborhood Turnover Rates between 2010 and 2015

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Percent of New Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford Stuyvesant</td>
<td>31%</td>
</tr>
<tr>
<td>Crown Heights</td>
<td>30%</td>
</tr>
<tr>
<td>East Flatbush</td>
<td>24%</td>
</tr>
</tbody>
</table>

Source: ACS 5 Year Estimates, 2011-2015, Table B25038 (Tenure by Year Householder Moved into Unit)
METHODOLOGY

Preparing the PAR II Research Team

The PAR framework centers on the belief that neighborhood residents and local stakeholders have critical insight into how best to identify community assets and address community challenges. PAR aims to gather perceptions of how the community understands its own health and to assess residents’ priorities for healthcare system transformation in their own neighborhoods. It can help drive action towards community improvement by facilitating articulation of communities’ priorities. Also, by training local community members to become researchers, surveyors, and facilitators, PAR also helps build ongoing capacity for decision-making and informed action by residents. When youth are involved, it is also a direct investment in the professional and academic development of local secondary school and undergraduate students.

To ensure student involvement in PAR II, local secondary and undergraduate students and urban planning graduate students were recruited by project sponsors, assembling a research team of:

- 27 students from neighborhood high schools
- 13 college students
- 6 graduate urban planning students
- 3 Principal Investigators from NextShift and the DuBois-Bunche Center

Together, the collaborative research team called themselves Wellness Empowerment for Brooklyn (WEB). Drawing from the group’s own understanding of the social determinants of health in Central Brooklyn, the group developed a foundational research question to answer through the study process:

“How can residents build power to pool existing assets and demand increased investment in a healthier, more supportive and more affordable Central Brooklyn now, and in the future?”

To answer this question and sharpen the focus of the study, WEB broke their interests into themes, which aligned with the Vital Brooklyn intervention categories:

- Economic justice
- Youth and families
- Housing and neighborhood resources
- Community and belonging
- Environmental justice
A summary of the survey development process

Next, WEB developed a sampling plan for administering surveys in each neighborhood. Researchers familiar with the neighborhoods prepared a list of high foot-traffic public locations, and teams of 3-5 high school students, supervised by undergraduate team members, sampled in a different public location each day. To collect create an approximately representative sample of community residents (according to age, gender, race, and ethnicity), WEB used heterogeneous purposive intercept sampling (convenience sampling with intentional selection of diverse respondents), adjusting sampling strategies as necessary. Populations still not well represented despite adjustments were later targeted for focus groups.

WEB set a goal of collecting 1,000 surveys over two and a half weeks. Only residents of the three neighborhoods who were over age 18 were eligible to participate in the survey. The survey was available in both English and Spanish and took approximately 15-20 minutes to complete. All participants were read a consent agreement, and verbally consented to participation. Participants received five “Health Bucks” as incentives which could be used to purchase $10 worth of fresh fruits and vegetables from NYC farmers markets. Participants also received a map of NYC farmers markets to help them identify where to redeem their health bucks. More than
4,500 NYC DOHMH Farmers’ Market Health Bucks were distributed in total to survey and focus group participants, representing a more than-$9,000 investment to support Central Brooklyn residents’ access to fresh fruit and vegetables.

During the final week, WEB undertook a collaborative data analysis. The team was presented with preliminary descriptive data, and based on the data, identified specific topics of importance and interest for further analysis. They then developed hypotheses about potential relationships in the data.

**Asset Map, Stakeholder Interviews, and Focus Groups**

The graduate team conducted an asset mapping process informed by stakeholder interviews and focus groups to qualitatively examine questions of community health, mobilization, and change. Stakeholder interviews highlighted the wealth of existing resources, programs, and services that could be strengthened with additional visibility and funding. Focus groups were leveraged as a tool to provide in-depth perspectives on topics not specifically addressed in the survey or to include the voices of under-represented groups.

The team contacted forty-nine stakeholder organizations and held fifteen interviews. In these interviews, the team aimed to identify stakeholders’ perceptions of neighborhood challenges, understand activities stakeholders were currently conducting to address health and determinants of health, and where they felt further work, policies, and interventions were needed. Despite being employed across a broad range of issue areas related to the social determinants of health, 60% of interviewees identified gentrification, neighborhood change, and the housing crisis as top challenges. The second and third most common responses were employment (40%), and food (20%) (see Table 6).

**Table 6. Key Neighborhood Health Challenges Identified by Percentage of Interviewed Stakeholders**

<table>
<thead>
<tr>
<th>Top Neighborhood Challenge</th>
<th>Percent of interviewed stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gentrification/Neighborhood Change/Housing Crisis</td>
<td>60.0%</td>
</tr>
<tr>
<td>Employment</td>
<td>40.0%</td>
</tr>
<tr>
<td>Food</td>
<td>26.7%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>20.0%</td>
</tr>
<tr>
<td>Health (Access, + access to other services)</td>
<td>20.0%</td>
</tr>
<tr>
<td>Environment/Open Space</td>
<td>20.0%</td>
</tr>
<tr>
<td>Violence/Safety</td>
<td>13.3%</td>
</tr>
<tr>
<td>Resources for Hospitals/Healthcare System</td>
<td>13.3%</td>
</tr>
<tr>
<td>Policing</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

Stakeholders were defined as neighborhood leaders, leaders of medical institutions, local non-profits, labor unions, community based organizations, anchor institutions, as well as healthcare providers working to improve the determinants of health in Crown Heights, East Flatbush or Bedford Stuyvesant.
<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health (Knowledge/education)</td>
<td>13.3%</td>
</tr>
<tr>
<td>Drug Use</td>
<td>13.3%</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>13.3%</td>
</tr>
<tr>
<td>Political Representation</td>
<td>6.7%</td>
</tr>
<tr>
<td>LGBTQ Issues</td>
<td>6.7%</td>
</tr>
<tr>
<td>Immigration</td>
<td>6.7%</td>
</tr>
<tr>
<td>Family Stability</td>
<td>6.7%</td>
</tr>
<tr>
<td>Coordination between CBOs and institutions</td>
<td>6.7%</td>
</tr>
<tr>
<td>Community cohesion</td>
<td>6.7%</td>
</tr>
<tr>
<td>Civic engagement</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

*Map of identified assets and actions collected during the asset mapping process*
FINDINGS

Though the research team aligned the research findings with key ongoing policy interventions, the local community’s active input strongly influenced the recommended actions. Recognizing the fundamental importance of community input, the team included community participation in every step of the research process: scheduling a series of stakeholder discussions to consider and respond to the findings; deriving explicit recommendations from the data collected by the community; presenting preliminary recommendations for deliberation and feedback at a community forum; and eliciting feedback from the community. *Together, the research team and the community arrived at four central findings:*

1. **GENTRIFICATION, HOUSING AFFORDABILITY, AND NEIGHBORHOOD CHANGE:**
   - 60% of stakeholders interviewed during the asset mapping process identified gentrification, neighborhood change, and the housing crisis as a top challenge for neighborhood health.
   - Cost-of-living was cited as the most common neighborhood challenge by more than half of survey respondents; gentrification and displacement the second-most commonly cited; and housing as the sixth-most commonly cited challenge.
   - Almost a quarter of survey respondents reported moving in the past five years and over 40% thought they would likely leave the neighborhood in the next five years. Among those survey respondents who said they would leave, over half said it would be for affordability reasons.

2. **ECONOMIC DEVELOPMENT AND MOBILITY:** Residents identified income insecurity and the lack of local economic development, quality jobs, or opportunity for economic mobility as key health challenges.
   - 64% of survey respondents reported being employed (the “not employed” category included students, those caring for family, or who are retired or homemakers), and 64.51% of employed respondents worked more than 35 hours per week.
   - Over 60% of survey respondents found it hard or very hard to cover costs and expenses each month and more than half of respondents were unsure about their income next month.
   - Less than half of survey respondents received health insurance from work; 50% reported having sick leave; 27% received paid time off; 24% received retirement benefits; and only 17% had a savings plan.

3. **SUSTAINABLE CIVIC INFRASTRUCTURE:** The study indicated a lack of neighborhood leadership and limited social cohesion within neighborhoods, between neighborhood residents, and between residents and the institutions and leaders that serve the neighborhoods.
● Stakeholder interview and focus group participants indicated that a strong social infrastructure is important to the future of their community. They indicated that in order to be healthy, a community requires accountability and collaboration from leaders. They also cited the impact of social isolation and the lack of community spaces for both recreation and communal gathering as drivers of poor health.
● 40.4% of survey respondents reported either that there were no leaders or they did not know whether there were leaders in their community.
● In Bedford Stuyvesant and Crown Heights, nearly 50%, and in East Flatbush nearly 60%, of survey respondents do not believe that people in their neighborhood work together to address challenges.
● More than 50% of survey respondents do not believe they can positively address challenges in their community.

(4) HEALTHCARE SYSTEM REDESIGN: Residents found healthcare leaders’ and workers’ lack of visibility or participation in the community to be a barrier to community health and wealth.

● Focus group participants and stakeholders interviewed believe that the leadership and staff of local hospitals do not reflect the communities they serve.
● Stakeholders interviewed expressed a desire for healthcare workers to more deeply and visibly engage with the community.
● Across all three neighborhoods, only 6% of survey respondents felt that health professionals were community leaders.
The recommendations below were developed based on key findings from the survey, focus groups, stakeholder interviews, and follow-up cross-sector stakeholder briefing meetings on the findings with CCB, New York State Nurses Association, 1199 Service Employees International Union, the Center for Health Equity, and local healthcare leaders. The recommendations call for action and systems-level changes to address both contextual determinants of health and individual-level factors that challenge people's ability to invest in their health. Strategies proposed to enact the recommendations require shifts in organizational culture as well as buy-in from healthcare executives. The strategies also suggest that local healthcare institutions leverage their multiple roles as community partners, stakeholders in neighborhood-specific policy interventions, and decision-makers charged with implementing or funding interventions.

### Community Research Recommendation Summaries

#### GENTRIFICATION, NEIGHBORHOOD CHANGE, AND HOUSING AFFORDABILITY

Make investments in equitable development strategies and promote local housing affordability to help maintain racially/culturally and economically diverse neighborhoods, particularly for low-income and impacted residents.

#### ECONOMIC DEVELOPMENT AND MOBILITY

Partner with local institutions, entrepreneurs, and small businesses to generate opportunities that increase employment, entrepreneurship, and local business capacity so as to increase individual income and community wealth for long-term neighborhood residents.

#### SUSTAINABLE CIVIC INFRASTRUCTURE

Create cross-sector collaborations between the healthcare system, philanthropic organizations, policy makers, and community-based organizations to address community-identified challenges. Build local organizing capacity and campaigns to support systems-level changes in Central Brooklyn. Invest in, and partner with, community-based organizations already doing the work on the ground.

#### CENTRAL BROOKLYN HEALTH REDESIGN

Restructure the Central Brooklyn healthcare system so that hospitals can act as economic and community anchors. Deepen hospital-community relationships; build community wealth and health. Restructuring the healthcare system will include: 1) recognizing the dual identity healthcare workers have as employees/healthcare providers and community residents/healthcare consumers; 2) investing...
and becoming champions of cross-sector partnerships focused on social determinants of health; 3) strengthening hospital executives’ and healthcare workers’ roles as leaders in building stronger community-hospital relationships and shaping policy decisions about the health of their communities.

This is an abridged version of People Focused Research: Creating Health In Brooklyn - Participatory Action Research in Bedford Stuyvesant, Crown Heights, and East Flatbush. For the full text, please contact support@CCBrooklyn.org or go to: https://www.ccbrooklyn.org/media/file/PAR%202%20Report%20and%20Appendix.pdf

References