# PEOPLE-FOCUSED RESEARCH:
## Participatory Action Research in Bay Ridge, Borough Park, Kensington, Midwood, and Sunset Park   SUMMER 2019

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# Introduction

*During the summer of 2019, 45 students from 12 Southwest Brooklyn high schools, colleges, and universities came together under the banner of Wellness Empowerment for Brooklyn (WEB). This group of students created the Southwest Brooklyn Participatory Action Research Team (SWB PAR), which encompassed the neighborhoods of Bay Ridge, Borough Park, Sunset Park, Midwood, and Kensington. This team was assembled to provide a youth and community-generated understanding of how Southwest Brooklyn residents perceive their own health, the health of the community, and what types of changes they believe will improve the health and well-being of their neighborhoods.*

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│                         SWB Schools                             │
│ High Schools                                                    │
│ Sunset Park High School                                         │
│ Franklin D. Roosevelt High School                               │
│ Urban Assembly of Criminal Justice                              │
│ Fort Hamilton High School                                       │
│ High School for Telecommunication Arts and Technology           │
│ Al-Noor School                                                  │
│                                                                 │
│ Higher Education                                                │
│ Brooklyn College                                                │
│ Kingsborough Community College                                  │
│ Medgar Evers College                                            │
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Bay Ridge, Borough Park, Sunset Park, Midwood, and Kensington are vibrant communities and proximate to the economic opportunities of the metropolitan region, ethnically diverse, and rich in community institutions. However, there are sections of these neighborhoods where residents face the challenges of high housing and food costs. These neighborhoods have large foreign born populations with low English proficiency, which can impede their access to healthcare and social services; all of which are consistently reported as a source of stress.[1]

New York State and New York City have been investing billions of dollars in addressing these challenges, from the Delivery System Reform Incentive Payment Program (DSRIP) and Governor Cuomo's Vital Brooklyn, to the New York City Department of Health and Mental Hygiene's Neighborhood Health Action Centers.

In Brooklyn, many of these investments have been made by Maimonides Medical Center, Brooklyn's premier specialty care teaching hospital and the designated leader for one of the Performing Provider System (PPS) in the NYS DSRIP program.  Known as Community Care of Brooklyn (CCB), the PPS is a network of health care providers and social service organizations working together to achieve targeted improvements in population health and the reduction in avoidable hospital use by Medicaid beneficiaries in Brooklyn. CCB integrates hospitals, Federally Qualified Health Centers, ambulatory care centers, Health Homes and their associated provider networks, long term care providers, as well as both hospital-based and community physicians. CCB has been the leading sponsor of WEB since its inception, convening community stakeholders, providing resources--both financial and human--to PAR community research efforts, and supporting the implementation of the recommendations that have been derived from the PAR studies to date.

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An initiative like WEB is an important aspect of these investments because it builds on the leadership, knowledge, and civic infrastructure that are crucial to its success. Like WEB, these investments are united in their mission to reshape a health care system to address not just physical health—but the economic, social, and cultural factors that so strongly influence the well-being of Brooklynites of all genders, ages, and backgrounds.

## Overview of the WEB PAR Process

To prepare for their role as community health researchers, the SWB PAR team studied the Community Health Profiles created by the NYC Department of Health and Mental Hygiene for each of the study neighborhoods (Sunset Park, Borough Park, Bay Ridge, Kensington, and Midwood). The team also integrated their own knowledge as residents of and/or students in the neighborhoods as they took an inventory of assets, strengths, challenges, and potential solutions to those challenges. The team engaged in training in the social determinants of health, (see page 27), and the fundamentals of participatory action research. Once complete, they began to identify key themes and begin to develop research instruments. Youth researchers were also made aware of their role, as residents of these communities, in finding solutions to the issues that impact them and their neighbors.

The SWB team developed a central research question to better understand how residents perceive the assets and challenges to health and well-being in their neighborhoods. The final research question was: "In what ways can culturally competent medical and social services impact health outcomes and social cohesion in multigenerational immigrant communities in Southwest Brooklyn?" This question drove the construction of a 58 question survey that explored access to and cultural competence in healthcare and social services, sense of social cohesion and community, and the extent, if any, that federal immigration policies have had on residents' health and well-being.

Once the survey was developed and translated into Spanish, Chinese, Russian, and Arabic, the team took to the streets and meeting places in Bay Ridge, Borough Park, Sunset Park, Midwood, and Kensington to begin surveying. The goal was to complete 1,065 surveys, and after two weeks of surveying, the team conducted 1,136 community surveys, surpassing their goal. The team conducted six focus groups and 35 stakeholder interviews with individuals representing 25 community-based organizations, elected officials, community boards, and religious institutions. This allowed the team to hear from as many community voices and experiences as possible over the course of the SWB PAR. The team then collaboratively entered the survey data, and analyzed the results of both quantitative and qualitative data to make recommendations to address the concerns raised by the community.

## Cultural Competence and PAR

The diversity of the Southwest Brooklyn (SWB) PAR neighborhoods required a fluid approach that integrated cultural competence throughout the entire research process. The key populations of this study were the immigrant communities within Bay Ridge, Borough Park, Sunset Park, Midwood, and Kensington which brought up considerations in both language and the focus of the research and survey questions developed. This PAR project included a large percentage of foreign born residents. 31% of Borough Park residents, 39% Bay Ridge residents, and 48% of Sunset Park residents were born outside the United States. In addition to the foreign born population, there existed a large population of Muslim and Jewish residents in the catchment area, which required even more emphasis on the team's cultural awareness, regardless if these residents were born in the US or not.

Moreover, the socio-political climate under the Trump administration made this research both timely and necessary, while also presenting challenges and potential barriers to engaging with and surveying residents. Interviews with community stakeholders reinforced the initial concern that the SWB PAR team would face issues in coming into the neighborhoods and gaining the trust of residents to complete research. Many steps were taken throughout the research process to ensure cultural competency, from training to research tool development.

For example, in July 2019, six Immigration and Customs Enforcement (ICE) raids occurred in SWB, with four happening in Sunset Park, one in Bay Ridge, and one in Midwood. The Mayor's Office of Immigrant Affairs estimates that nearly 127,000 of the half a million undocumented New Yorkers live in Brooklyn, and though the raids were unsuccessful and lower in number than expected, "fear is still high in immigrant communities." This fear came up multiple times in stakeholder interviews and conversations with community members during our surveying period. This sense of fear and anxiety within the community was especially true in immigrant populations, who were the target population of the SWB PAR study. This raised concerns about being able to get residents to consent to take a 15 minute survey without being afraid of giving up too much information or being out and exposed in the community for too long. The team found that in actuality surveying one individual could take anywhere from 15-45 minutes, depending on the language needs of those being surveyed, or questions needing to be explained or defined further. This barrier to the community was something the research team took seriously in planning for field work and surveying to ensure that residents were both comfortable sharing their stories and that their voices were represented in a meaningful way.

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On August 14th, 2019, in the midst of survey collection, the Department of Homeland Security and the U.S. Citizenship and Immigration Services, at the direction of Donald Trump, published a proposed new change related to public charge in the Federal Register. The ruling indicated that it would grant or deny legal permanent residence status (also known as a green card) by whether or not the applicant is likely to rely on public benefits in the future, determined by income level, English proficiency, and current SNAP and Medicaid enrollment. Though this rule was not set to take place until October 2019, if approved, stakeholder interviews and input from community researchers indicated that this was a large concern for the immigrant populations in these neighborhoods. There has been a lot of confusion and anxiety from residents on the potential impact of this ruling on their lives and families and this presented another potential barrier for the team. The survey developed asks demographic questions that have been standardized across all three previous PAR projects, which includes questions about receiving government assistance and what those are. Brooklyn alone represents 20% of all Medicaid beneficiaries in New York State and over 33% of New York City's Medicaid population, therefore it is likely that residents surveyed would represent this as well. Given that many of the residents of these neighborhoods meet all three of the criteria for denial as laid out under the new public charge rule, the team felt that the national discourse on this issue would cause participants to feel uncomfortable with the potential for our research to be used against them.

At the time of this writing, the Trump administration's push to ask about citizenship status on the 2020 Census had been blocked by the Supreme Court, yet it was still a current events issue whose lingering rhetoric had impacted undocumented immigrant communities in SWB throughout much of the research process. This discourse increased fear in immigrant communities as much of this discussion was targeted at identifying undocumented immigrants, which is in line with the current administration's anti-immigrant efforts. The team had to take into account that this might contribute to a general reluctance to interact with people doing a survey.  Though there were no questions in the SWB survey that asked directly about citizenship status, similar demographic questions were asked, including country of birth, household size, and languages spoken. There exists a fear within the undocumented community that revealing their status can lead to deportation, and this was a large consideration in the pre-survey and survey stages.

On a larger scale, the confusion and fear surrounding the Census may impact the number of residents that answer, which can lead to undercounting in the borough. This has been a problem historically, as Brooklyn is the "hardest to count county" in New York, and over 80% of Brooklyn residents live in hard to count neighborhoods. Census undercounts impact a community's ability to receive adequate and appropriate funding from both federal and state grants allocated to New York State each year, which are based on Census data. This discrepancy

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can impact the health and well-being of residents in these neighborhoods, and will require culturally appropriate and specific approaches to ensure that reporting is accurate.

Challenges facing these communities were not only on a federal and national level. Recent events local to New York City and Brooklyn have highlighted how diverse and complex the target population for this project were, and continued to show the importance of cultural competency. On April 9th, 2019 a public health emergency was declared in New York City due to the second largest measles flare-up since 2000. The cases of measles were largely concentrated in Orthodox Jewish communities in Brooklyn, and were likely the result of travel to hotspots like Israel. New York City spent $6 million in response to the outbreak, deploying more than 500 staff and issuing mandatory vaccination for people living and working in four Brooklyn neighborhoods, including Borough Park. Many community members were targeted by the anti-vaccine movement through the spread of misinformation and rallies, but groups within the ultra-Orthodox Jewish community fought back to counter the misinformation and fear that was being brought to the community. These groups organized sessions with parents and clinicians to allow questions about the science of vaccines to be answered and work with their community to address the outbreak. Data collected from stakeholder interviews and focus groups in Borough Park have indicated that there was a need for increased cultural competence in the approach towards the measles outbreak, which will be discussed further in the report.

In order to properly address the challenges presented in surveying extremely diverse populations in the current socio-political climate, cultural considerations had to be made at every step of the research process. As with previous PAR projects, youth researchers, who lived in and/or went to school in the target neighborhoods, provided insight into their communities and served as credible messengers. In addition to their knowledge of the neighborhoods, the SWB team spoke 15 different languages between 45 people, including Spanish, Cantonese and Mandarin, Arabic, Russian and Urdu, representing many of the languages spoken in the target neighborhoods.

Trainings for the community research team incorporated lessons on cultural awareness that taught students about the health issues immigrant populations face in the United States and how this may impact their overall well-being. These sessions also integrated current event articles in many of the countries that community residents migrated from to provide insight into residents' lived experiences. The research team also invited prominent stakeholders from local CBOs and elected officials offices in Bay Ridge, Borough Park, and Sunset Park to speak on panels about their neighborhoods. This gave the research team more insight into the target populations and the health challenges they face, as well as a chance to ask stakeholders for additional advice on engaging with the community.

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Community engagement was critical to the success of this project, and in addition to providing advice on best practices for working with their community members, community stakeholders also equipped the team with invaluable resources and access. Partnerships with organizations enabled the research team to set up tables and survey within their spaces, which provided a sense of familiarity and security that allowed residents to feel more comfortable interacting with the team. Information about the research project was disseminated in meaningful and culturally competent ways through community partners, who also assisted in the recruitment for focus group participants to ensure that voices representative of the neighborhoods participated. Frequent check-ins throughout the data collection process allowed the team to create survey teams that met the language and cultural needs of each community and make adjustments as needed based on community interactions and engagement.

SWB PAR data provided important insight into the extent that sociopolitical and health policies had on the well-being and livelihood of SWB residents. The team was able to not only meet but exceed all goals set for data collection by leveraging the knowledge and experience found within in our research team, but also through extensive community engagement by and constantly collaborating with vital community partners/stakeholders. It is intended that the collaborative findings and recommendations in this report will have both a short-term and long-term impact on the health and well-being of SWB residents in general, and multigenerational immigrant community residents in specific.


# Overview of Findings and Recommendations

## *Findings Overview*
The overall findings from the SWB PAR study reveal that, although conditions vary by neighborhood, residents of Bay Ridge, Borough Park, Sunset Park, Kensington and Midwood neighborhoods share many of the same concerns about the health needs of their communities. Following is a summary of some of the key findings.

### Neighborhood Assets & Challenges
We learned from our focus groups and interviews that residents find *social cohesion, physical environment and access to resources* as the best parts of their neighborhood. When it came to challenges, though, the top five for our survey respondents were *the cost of housing, transportation, poverty, employment and education.*

### Health & Stress
Our questions about health and stress focused on residents' perception of their own health and

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wellbeing, and their reported levels of stress. While nearly 2 in 3 (57%) participants rated their health as good or very good, 64% also reported a stress level of 3 or higher on a scale from 1 to 5. Places to go relax, more psychological services, more outreach services and culturally specific support were the most commonly selected options for helping people in their communities cope with stress. About half of the residents were unsure if mental health services would be utilized in their neighborhood, citing cost, social stigma and lack of information as barriers for people to access them.

### Housing & Cost of Living
The cost of housing was identified as the top challenge in all neighborhoods on both the survey and in the focus groups and interviews. 84% of survey respondents reported that the cost of housing is a problem in their neighborhoods, and we learned that this was a burden that caused stress to many neighborhood residents. We asked questions about overcrowding and found this varied by neighborhood, but it was a problem primarily in Sunset Park, Borough Park, Bay Ridge and Midwood.

### Poverty & Homelessness
Poverty was one of the top challenges reported on the survey, and 57% of participants reported homelessness as a problem in their neighborhoods. This was reported more in Bay Ridge, Sunset Park, and Kensington than the other SWB neighborhoods.

### Access to Care & Cultural Competence
The biggest reported obstacles to receiving needed medical care were cost, time, and distance, and survey responses represented relatively high primary care usage. Our survey asked participants if their doctor's offices spoke their preferred languages, and though the majority responded yes, a higher percentage of participants in Sunset Park reported that their doctors did not. We followed up on this question by asking if any cultural differences impacted their ability to receive adequate medical care and advice. Overall, about 10% of respondents answered 'yes', while 20% of Sunset Park residents reported this as an issue.

### Access to Resources
When asked what social services were most needed, SWB participants rated housing and immigrant assistance as the most needed services for their neighborhoods. Reported barriers to accessing these resources were awareness, language, location and time. Additionally, our survey asked where residents receive their information about social services and found that the internet, neighbors/word of mouth, and libraries were where most residents get their information. Overall, SWB residents rated food as easily accessible, but indicated that the price of fresh food was relatively high in their neighborhoods.

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### Immigration

Our survey asked whether federal immigration policy has impacted residents directly, and if it stopped them from doing anything in their daily lives. Bay Ridge and Sunset Park reported the most impact of immigration policy, and the top three challenges reported were going to work, seeking medical care, and walking around the neighborhood and community.

### Political and Community Engagement

The survey asked if participants knew who their elected officials were, and how represented they felt by them. We found that residents in Bay Ridge and Borough Park were more likely to know who their elected officials were than the other SWB neighborhoods. Most participants said that they felt moderately to highly represented by their elected officials, and said that they believe increased community engagement and improved cultural awareness would make them feel more well represented. Additional questions were asked about the potential for community events in these neighborhoods. About half of all respondents indicated they would be interested in attending events, with cultural celebrations, street fairs, and community gatherings chosen as the top three options for types of events they'd consider attending.

## Recommendations Overview

Recommendations based on the study's findings fall into 6 categories:

- Physical and mental health
- Housing affordability and access
- Immigrant advocacy and support
- Access to resources
- Community engagement and education
- Physical environment (transportation and sanitation)

Recommendations for improving **physical and mental health** focus on increasing awareness, communication and services to engage multigenerational immigrant populations to get connected to healthcare and mental health services. The focus of these recommendations is to ensure that this is done in a culturally competent way and to provide as much information as needed for residents to feel safe seeking services.

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**Housing** recommendations focused on increasing the number of options of truly affordable and accessible housing, specific to the SWB populations. It is recommended that there is an increase in senior and public housing options, as these are limited resources in SWB, but our findings show that there is a need for them. Recommendations to **increase immigrant advocacy and support** include increased community education and outreach to immigrant populations regarding the services that are available to them, and increased efforts to protect vulnerable populations in SWB.

The study also revealed that lack of information limited the utility of resources that currently exist to support residents. Recommendations regarding **communication and community involvement**, therefore, focus on working with Community Boards, CBOs, hospitals, schools and precincts to improve awareness of and access to community resources. In the realm of **green spaces and places to relax,** the recommendation is to increase the number of green spaces and places to relax in those parts of the neighborhood where there are few existing options.

Overarching recommendations--actions that should be taken in relation to each recommendation--include promoting cultural competency; improving social cohesion; advocating for the financial health of residents and community based organizations; strengthening the civic infrastructure through joint planning; and continuing to include community members in ways exemplified in the WEB PAR projects.

# Background

*The SWB PAR is the fourth in a series of Wellness Empowerment for Brooklyn (WEB) PAR studies. Wellness Empowerment for Brooklyn 2019 is a partnership between Community Care of Brooklyn at Maimonides Medical Center, The Coalition to Transform Interfaith, The Dubois Bunche Center for Public Policy at Medgar Evers College, MIT Community Innovators Lab, Brooklyn College, and Kingsborough Community College. It is supported financially by Community Care of Brooklyn, (CCB) the entity charged by New York State with leading Medicaid and health systems reform in Brooklyn.*

*WEB also benefits from the stewardship of the Community Action and Advocacy Workgroup (CAAW), a CCB committee established to coordinate an in-depth involvement of the local community in the DSRIP process. The CAAW is an alliance of labor unions, community based organizations, hospitals, elected officials, government agencies, and Federally Qualified Health Centers (FQHC). The CAAW meets regularly, supporting day-to-day communication and coordination in the interest of the health and well-being of Brooklyn communities.*

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## The Roots of Wellness Empowerment for Brooklyn and the Central Brooklyn PARs

The Coalition to Save Interfaith was catalyzed in 2013 when long-running underfunding, cuts to Medicaid and Medicare, and changing market conditions[1] threatened to close Bedford Stuyvesant's Interfaith Medical Center (IMC).[2] The Coalition is an alliance of health care workers, labor and community leaders, educators, clergy, business leaders, and elected officials working toward a new model of care for Central Brooklyn.

Although the Coalition was formed to save IMC in particular, its efforts were directly relevant to neighboring hospitals like Brookdale University Hospital Medical Center (BUHMC) and Kingsbrook Jewish Medical Center (KJMC) that face the same realities and threats that threatened IMC. All three of these hospitals are *safety net hospitals,* or hospitals that serve low-income communities, "with high rates of chronic disease and poverty and low levels of commercial insurance."[3] These three hospitals have since begun the process of integrating as *One Brooklyn Health Systems*, "a new unified health care system to transform the health care system and increase access to quality care throughout Central Brooklyn."[4]

## Preserving and Transforming Health and Hospitals in Central Brooklyn

When a safety net hospital closes it means a loss of access to healthcare, hospital jobs, and anchor institutions in some of the poorest and most densely populated parts of the city and state. The Coalition and its partners aimed not only to preserve these assets, but to leverage the opportunities presented by state and local health care restructuring to develop the community wealth necessary for improving well-being and health outcomes. The Coalition's community-driven, asset-based approach to saving and sustaining IMC was developed through a three-year,

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[1] Berger, Stehen, Rodriguez, Ramon Jesus, Swain, Elizabeth, Toby, William, Webb, Arthur Y. 2011. *At the Brink of Transformation: Restructuring the Healthcare Delivery System in Brooklyn--Report of the Brooklyn Health Systems Redesign Work Group.* Albany: New York State Department of Health
https://www.health.ny.gov/health_care/medicaid/redesign/docs/brooklyn_mrt_final_report

[2] Wellness Empowerment for Brooklyn Research Team. 2017. *People Focused Research: Creating Health in Brooklyn--Participatory Action Research in Bedford Stuyvesant, Crown Heights and East Flatbush.* Brooklyn, NY: Community Care of Brooklyn. pp. 20-21.
https://www.ccbrooklyn.org/media/file/PAR%202%20Report%20and%20Appendix.pdf

[3] Berger, et al. ibid.

[4] Governor Cuomo Announces Transformation of the Health Care System in Brooklyn.
https://www.governor.ny.gov/news/governor-cuomo-announces-transformation-health-care-system-brooklyn
Accessed September 13, 2018.

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participatory effort among an organized group of African-American community leaders, labor leaders, elected officials, businesses, and academic institutions. The resultant model included:

- Strengthening coordination across systems
- Increasing the supply of family-supporting, wealth-creating jobs
- Building a robust community-owned entrepreneurial ecosystem
- Addressing multi-generational poverty
- Creating equitable development policies and practices, and
- Countering gentrification and related dynamics that displace longtime residents.[5]

The Coalition wanted not just to keep IMC open to operate as a hospital, but also to transform it as an actor and asset in the community. In 2014, Governor Cuomo announced the DSRIP program —a multi-year $6.42 billion reinvestment of Medicaid dollars in New York State with the "primary goal of reducing avoidable hospital use by 25% over 5 years."[6] DSRIP provided a multifaceted opportunity for the Coalition and its partners to work together in new ways

## Timeline

| 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|------|------|------|------|------|------|------|
| Interfaith Medical Center in danger of closing; Coalition to Save Interfaith formed | DSRIP announced; CCB established | CCB workgroup on drivers of cardiovascular health in Central Brooklyn formed; PAR 1 commissioned | PAR I - Brownsville & E. New York | Vital Brooklyn announced; PAR II - Bedford-Stuyvesant, Crown Heights & E. New York | CFF PAR - Canarsie, Flatlands & Flatbush | SWB PAR- Bay Ridge, Borough Park, Sunset Park with pockets in Kensington and Midwood |

CCB is responsible for leading Brooklyn's DSRIP process. DSRIP funds are significant not just in the amount of funding allocated, but *where* it is allocated, with millions dedicated to collaborations between hospitals, health care providers, and community based organizations

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[5] Wellness Empowerment for Brooklyn 2017, p. 21.

[6] New York State Department of Health. *DSRIP Overview.* https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/overview.htm Accessed September 12, 2018.

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that are known to affect health but also exist "beyond hospital walls," in the neighborhoods of the residents they serve.

## The Brooklyn PAR Projects

In this context of the urgency of threatened hospital closure, overall health system restructuring, and increasing evidence that community involvement is crucial to improving community health outcomes, Brooklyn healthcare and community stakeholders decided to invest a portion of Brooklyn's DSRIP dollars in a participatory action research study designed to:

- Build knowledge about the neighborhoods at stake
- Develop neighborhood-based leadership and capacity
- Engage increased numbers of community members across generations to improve health outcomes and increase overall wellbeing in Central Brooklyn, and
- Facilitate cross-sector and cross-system collaboration

This collaboration led to PARs 1, 2, and 3, which are described below, and eventually the SWB PAR.

## What is PAR?

PAR, or *participatory action research,* is a "framework for creating knowledge that is rooted in the belief that those most impacted by research should take the lead in framing the questions, design, methods and analysis and determining what products and actions might be the most useful in effecting change."[7] PAR is a collaborative and dynamic approach to research that equitably involves community members, neighborhood stakeholders,[8] and researchers in all aspects of the research project—from generating the questions asked, to analyzing and publishing the data.[9]

The first PAR effort (PAR I) sponsored by CCB took place in 2016 and focused on the Central Brooklyn neighborhoods of Brownsville and East New York. PAR I's central research question asked, "How do we mobilize the Brownsville and East New York communities to address the

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[7] Torre, Maria Elena. 2009. *Participatory Action Research Map.* New York, NY: The Public Science Project. http://www.publicscienceproject.org/files/2013/04/PAR-Map.pdf Accessed May 31, 2018.
[8] The term "stakeholder" refers to the full population of health care institutions, labor leaders, and civic organizations operating in Central Brooklyn
[9] Wellness Empowerment for Brooklyn, p. 8.

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social, physical and environmental inequalities that affect health?"[10] The results of the PAR I study led to recommendations focused on food justice, nutrition, and physical activity.

The second PAR effort, known as PAR II, took place in 2017 and focused on the Central Brooklyn neighborhoods of Bedford Stuyvesant, Crown Heights, and East Flatbush. It asked: "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?" PAR II and CFF PAR (PAR III) recommendations[11] were broader in scope than those that emerged from PAR I, and pointed to the need to:

- Introduce equitable development strategies that promote housing affordability
- Increase individual income and community wealth
- Build local organizing capacity and campaigns to support systems-level changes in Central Brooklyn
- Restructure the Central Brooklyn health care system so that hospitals can act as economic and community anchors, and
- Strengthen hospital executives' and health care workers' roles as leaders in building stronger community relationships and shaping policy decisions about the community health

CCB and the CAAW are working to implement these recommendations, as well as those developed from PAR I. Partners are also developing plans to broaden collaboration efforts by exploring which types of campaigns and policy interventions will result in the most impactful change. Thus far, CCB's implementation efforts have included:

- The Healthy Savings Program with the Mayor's Office of Food Policy and Federally Qualified Health Centers
- Building hydroponic farms in partnership with Brooklyn Sprout and Teens for Food Justice
- A farm-to-institution initiative in partnership with the Bedford Stuyvesant Restoration Center
- The Fan 4 Kids year-round fitness and nutrition education program that services underserved elementary schools in Brownsville and East New York, and
- Initiating a Food Justice workgroup to better understand the food system landscape of Central and East Brooklyn

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[10] Wellness Empowerment for Brooklyn. 2016. *Healthy Brooklyn: Community Centered Study--Proposed Health and Wellness Interventions in Brownsville and East New York.* Brooklyn, NY: Community Care of Brooklyn, p. 2. https://www.ccbrooklyn.org/media/file/FINAL_CCB_PAR_REPORT.PDF
[11] Wellness Empowerment for Brooklyn 2017, pp. 78-89.

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- East Brooklyn Call to Action, a collective of health care leaders, labor unions, service providers and community advocates seeking to increase the health of residents of Brownsville and East New York
- Brooklyn Communities Collaborative, a community led, anchor institution supported effort to improve health and wealth in Brooklyn

These efforts continue and are being expanded as the CCB WEB team undertakes a comprehensive planning process for implementing the recommendations that have been generated by all of the PAR studies to date.

## The Impact of the Brooklyn PARs

In March 2017, Governor Cuomo announced Vital Brooklyn, a $1.4 billion initiative designed to be "a model for community development and wellness,"[12] stating:

> "For far too long, chronic disparities in healthcare have contributed to systemic poverty in Central Brooklyn, and Vital Brooklyn is a national model for tackling those challenges and addressing every facet of community wellness. This holistic investment creates a sustainable, unified health care system to empower historically underserved communities, support health and wellness and ensure a brighter future for the people of Brooklyn."

The PAR projects directly informed Vital Brooklyn's explicit focus on the social determinants of health, its participatory approach to stakeholder coordination, and its commitment to building a wellness based community-owned entrepreneurial ecosystem.[13] The partners and sponsors of the Central Brooklyn PARs are proud to have contributed to Vital Brooklyn's necessary departure from approaches that seek to increase access and cut costs without addressing the contexts in which community members are living.[14]

The Brooklyn PARs have helped to catalyze other important investments in Central Brooklyn, particularly by informing the eight areas of Vital Brooklyn's investment.[15] The Coalition to Save Interfaith and the research of the Brooklyn PARs have amplified the voices of Central Brooklyn community members, trained a growing cadre of high school and college students from Central

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[12] "The Vital Brooklyn Initiative" https://www.ny.gov/transforming-central-brooklyn/vital-brooklyn-initiative-0

[13] Wellness Empowerment for Brooklyn Research Team. 2017, p. 9.

[14] Ibid.

[15] The eight areas of investment include open space and recreation, healthy food, comprehensive education and youth development, economic development and job creation, community-based violence prevention, community-based health care, affordable housing, and resiliency

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Brooklyn in the social determinants of health and participatory action research, and developed young community health leaders.

Building on the track record of the first three PARs, and recognizing the unprecedented opportunities presented by health care reform in New York, the Wellness Empowerment for Brooklyn 2019 team puts forth this report on SWB PAR with the intention that it, too, will catalyze the economic, community, institutional, and leadership resources required to effect measurable change in health and well-being in Brooklyn.

*The 2019 Wellness Empowerment for Brooklyn Team*



## The Brooklyn PAR Approach: Health Equity and the Social Determinants of Health

The Central Brooklyn PARs have taken two complementary approaches to improving individual and community health: (1) health equity and (2) the social determinants of health (SDOH). Health equity, as adapted from the Bedford Stuyvesant, Crown Heights, and East Flatbush PAR report, refers to the notion that "everyone has a just and fair opportunity to be healthier" (Braveman, 2006). Braveman and Gottlieb (2014) have also defined health equity as "social justice in health (i.e. no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged)." Opportunities for health and wellness are largely determined by the social, environmental, and economic conditions of the

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places in which we live, work, play, and learn—the social determinants of health (Robert Wood Johnson Foundation, 2011).

Research demonstrates that factors such as physical environment, food insecurity, housing instability, unemployment, poverty, and lack of wealth are associated with increased risk of poor health, more healthcare utilization, and higher healthcare costs. In New York City, this reality contributes to neighborhood-level differences in life expectancy by as much as ten years (Li, et al. 2017). Addressing non-medical needs can significantly improve individual and population health, often more decisively than improvements in medical care (Weinstein et. al., 2017).

Structural inequities also have significant effects on communities, driving disparities in health outcomes. For example, a person's zip code affects their access to quality education, housing options, rent levels, exposure to violence, crime, and toxins, as well as levels of social capital–all of which are key determinants of health. Risks for smoking, low levels of physical activity, and obesity also have been shown to be associated with place, even after taking into account the individual characteristics of residents (Diez Roux, 2001).

In sum, the SDOH approach is helpful in identifying the relationship between: a) the underlying causes of poor health; b) the role of community-based interventions; and c) ways to promote health equity. Figure 1 is an example of the dynamic relationship between all of these factors, as well as the need to consider multi-scalar (e.g. individual, community, city, state, etc.) and multi-sector interventions for improving the social determinants of health in Brooklyn neighborhoods and produce wide-ranging health benefits.

The following section articulates the SDOH that were considered in SWB PAR, along with short descriptions of how each determinant affects health and wellbeing. These determinants are also closely related to the indicators examined in the Neighborhood Profiles section of this report.



*Figure 1: The Health Impact Pyramid*
Source: Frieden T. R. (2010)



*Figure 2: Structural Inequities and Biases, Socioeconomic and Political Drivers of Health.*
Source: Weinstein et al. 2017

## Social Determinants of Health Considered in SWB PAR

| Social Determinant | Effects on Health & Wellbeing |
|---|---|
| Early Life | "A good start in life means supporting mothers and young children: the health impact of early development and education lasts a lifetime. The foundations of adult health are laid in early childhood and before birth." (Wilkinson and Marmot, 2003) |
| Stress | "Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death." (Wilkinson and Marmot, 2003)<br><br>"Neuroscientists have identified physiologic mechanisms that can explain how chronic stress--such as stress associated with long-term economic hardship or family trauma--can get into the body to impair health. Chronic stress during childhood appears to have particularly profound and enduring adverse effects on health throughout life." (Braveman and Egerter, 2013) |
| Work | "Stress in the workplace increases the risk of disease. People who have more control over their work have better health." (Wilkinson and Marmot, 2003) |
| Income & Wealth | "More income increases access to nutritious food and other health-promoting goods and services, and can reduce stress by making it easier to cope with daily challenges. More income can buy the ability to live in a safe neighborhood with good public schools or send children to private schools. This can affect a child's ultimate educational attainment, which in turns shapes job prospects and thus income levels in adulthood." (Braveman and Egerter, 2013) |
| Unemployment | "Job security increases health, wellbeing and job satisfaction. Higher rates of unemployment cause more illness and premature death." (Wilkinson and Marmot, 2003) |
| Poverty | "Poverty [has] a major impact on health and premature death, and the changes of living in poverty are loaded heavily against some social groups." (Wilkinson and Marmot, 2003) |
| Social Inclusion/ Exclusion | "Social exclusion results from racism, discrimination, stigmatization, hostility and unemployment. These processes prevent people from participating in education or training, and gaining access to services and citizenship activities. They are socially and psychologically damaging, materially costly, and harmful to health. People who live in, or have left, institutions, such as prisons, children's homes and psychiatric hospitals, are particularly vulnerable." (Wilkinson and Marmot, 2003) |
| Racial or Ethnic Group | Racial or ethnic differences in health can be explained in part by socioeconomic disadvantages that are the persistent legacy of discrimination. Chronic stress related to experiences of racial bias may also contribute to ill health--even without overt incidents of discrimination, and even among affluent and highly educated people of color. (Braveman and Egerter, 2013) |
| Immigration Status | Depending on country of origin and immigration status, residents born outside of the US are may face language barriers and social exclusion in the society at large. The current |

| | |
|---|---|
| | national anti-immigration climate and the public policies that are being put into place are also likely to affect many residents of the study neighborhoods, possibly discouraging their efforts to work, attend school, access healthcare and participate in civic life. |
| Social Support | "Friendship, good social relations and strong supportive networks improve health at home, at work and in the community." (Wilkinson and Marmot, 2003) |
| Education | "There are strong links between health and education, including longer life, lower rates of infant mortality, obesity rates, diabetes rates and heart disease." (Braveman and Egerter, 2013) |
| Food | "A good diet and adequate food supply are central for promoting health and wellbeing. A shortage of food and lack of variety cause malnutrition and deficiency diseases. Excess intake . . . contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity and tooth decay." (Wilkinson and Marmot, 2003) |
| Housing | Housing plays a key role in health, from its quality and condition to its cost. Poor quality housing can cause illnesses, for example respiratory illness caused by exposure to moldy housing. The cost of housing can also affect health, introducing additional stress when housing costs are unaffordable. |
| Neighborhood/ Physical Environment | "Health and health-related behaviors have been linked with a range of neighborhood features, including: the concentration of poverty; the density of convenience stores, liquor stores, and fast-food restaurants relative to grocery stores selling fresh foods; access to transportation; the condition of buildings; and the presence of sidewalks and places to play or exercise." (Braveman and Egerter, 2013) |
| Transportation | "Healthy transport means less driving and more walking and cycling, backed up by better public transport. Cycling, walking and the use of public transportation promote health in four ways. They provide exercise, reduce fatal accidents, increase social contact and reduce air pollution." (Wilkinson and Marmot, 2003) |
| Public Safety | Safe neighborhoods increase the likelihood that residents will have a sense of security, spend time outdoors, and interact with each other. Neighborhoods that are perceived to be dangerous or overly-surveilled keep residents inside and discourage productive public life. |

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# Neighborhood Profiles

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The 2019 PAR, also referred to as the SWB (Southwest Brooklyn) PAR project, encompassed the following neighborhoods: Bay Ridge, Borough Park, Sunset Park, Kensington, and Midwood.

For the purposes of this study, we have defined each neighborhood by the following zip codes:
- What we refer to as the Bay Ridge catchment area encompasses all individuals residing in the 11209 zip code
- We define the Borough Park catchment area by the 11219 zip code
- We define the Sunset Park catchment area by the 11220 and 11232 zip codes
- We defined Kensington and Midwood catchment area as the 11218 and 11230 zip codes, respectively.
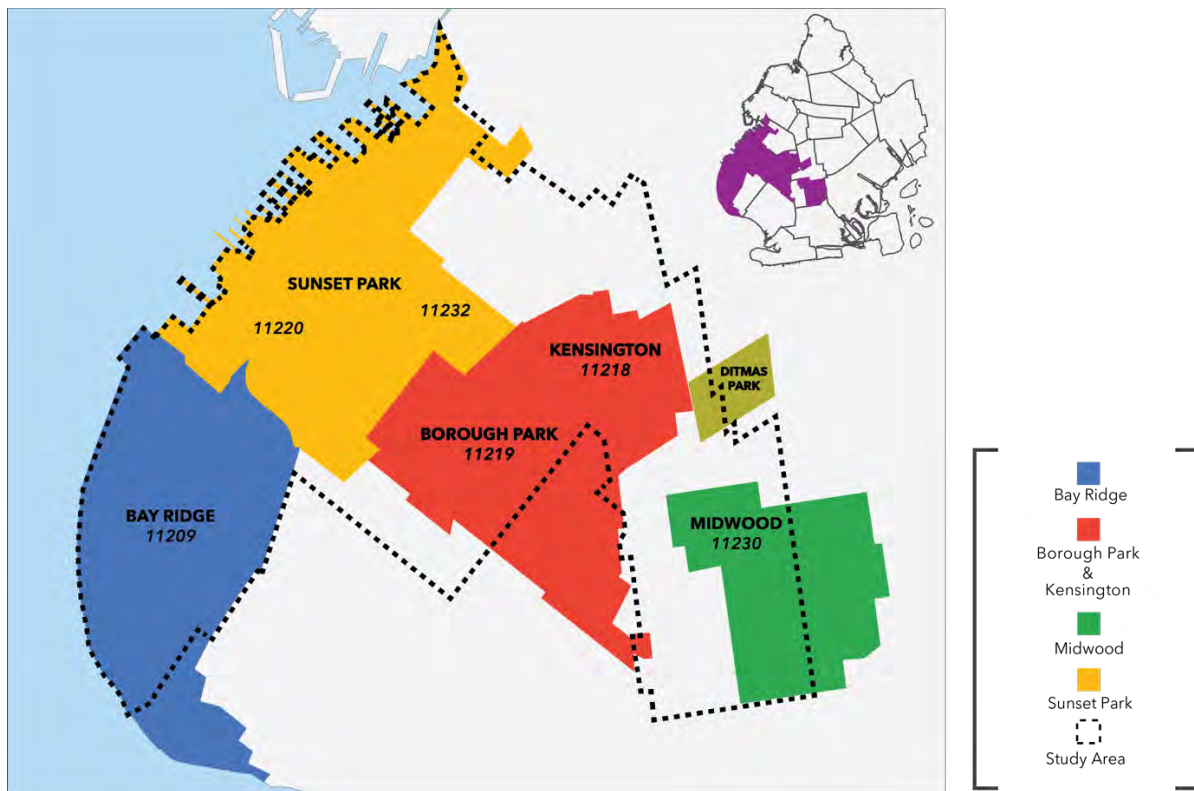


*Figure 3: Brooklyn zip codes in the SWB PAR study catchment area*

## Sunset Park (11220 and 11232)

Sunset Park began to grow rapidly in the 19th century as industrialization exploded in the United States and waterfront commerce became critical in supporting the industry's development. By the mid-century there was an influx of Irish, Polish, Finnish, and Norwegian immigrants, helping construct some of the first buildings, infrastructure, and homes in the neighborhood (Agrawal, 2018). The neighborhood developed around a model industrial plant and continued to grow through World War II when the Brooklyn Navy Terminal employed over 10,000 civilians. After the War, the closing of the Army Terminal, the decreased importance of heavy industry, and the suburban sprawl and white flight led to a general decline of the neighborhood. Families began to move out, properties lost value, and the construction of the Gowanus Expressway cut the neighborhood off from the harbor (Snyder-Grenier, 2004).

Since the early 1900's, Sunset Park's population has been predominately made up of a large Latino population, made up of immigrants from Puerto Rico, the Dominican Republic, Ecuador, Colombia; as well as immigrants from Asia, with the largest segment of migrants coming from China, helping to establish one of the largest Chinatowns in New York City outside of Manhattan (The Atlantic, 2016). More recently, Sunset Park has become one of the many gentrifying neighborhoods in Brooklyn, evident in the increasing rent burden despite decreasing unemployment and a stagnant poverty rate. Recently, there has been major real estate and commercial development in the neighborhood, such as Industry City, as well as an influx of new luxury housing (The Atlantic, 2016).

## Bay Ridge (11209)

Settled by the Dutch in the 17th century, Bay Ridge was formerly broken up into two villages, called Yellow Hook and Fort Hamilton. The present name of the neighborhood was given based on its proximity to the New York Bay (Frishberg, 2016). Since its settlement in the 17th century by the Dutch, Bay Ridge has historically and remains to present day to be a neighborhood characterized as a quiet, residential enclave. In contrast to surrounding neighborhoods, which utilized its waterfront for industrial use, homes and recreational clubs were built for wealthy families along or proximity to the waterfront (Peu-Duvallon, 2014).

The extension of the subways into the area in 1915 brought Manhattan workers in search of quieter surroundings to the area, which expanded the neighborhood into a middle-class community. As of the 2010 Census, nearly 80,000 people call Bay Ridge home (US Census, 2010).

Bay Ridge's streetscape primarily being made up of one-and two-family houses with lawns and garages, large prolific places of worships, and schools help characterize it as a suburban area

compared to other surrounding neighborhoods (Peu-Duvallon, 2014).Bay Ridge has a strong family presence as there are many multigenerational families that have lived in the area for decades. As a result, there is a large elderly population and the neighborhood is considered a naturally occurring retirement community (Gregor, 2013). Bay Ridge has large Irish, Italian and Greek populations, and has seen an influx of Syrian and Lebanese Americans in the last few decades (US Census, 2010).

## Borough Park (11219)

Borough Park (sometimes spelled Boro Park) is a neighborhood with one of the largest Orthodox Jewish communities in the United States (Rubia, 2017). Settled by the Dutch in the 17th century, Borough Park's economy was primarily in agriculture and specifically vegetable production. Following the rest of New York City, in the late 19th century, Borough Park began to urbanize and its agricultural economy began to dwindle and the population began to rise. Borough Park experienced a huge influx of Italian, Irish, and Orthodox Jewish immigrants (Rubia, 2017). During the 1960's, Borough Park's Orthodox Jewish population exploded as fights between Orthodox Jew communities and West Indian communities in Crown Heights, a neighborhood in Central Brooklyn, escalated to an unprecedented point and Orthodox Jews fled to Borough Park which was considered a safer alternative. The neighborhood is growing both in population and in economic resources, and has achieved global recognition, especially with Israeli expatriates, and has recently become a popular attraction for visitors to New York City.

## Kensington (11218)

Kensington was first colonized by Dutch farmers during the 17th Century and was re-settled by English colonists in 1737. After the development of Ocean Parkway, Kensington was fully developed in 1885 and was named after the borough in West London. Kensington is bordered by Ditmas Park and Prospect Park to the east, Windsor Terrace to the north, Borough Park to the west and Midwood to the south (Mahmood, 2014). Kensington is a predominantly residential area but has popular commercial streets such as Coney Island Avenue, Ditmas Avenue, Church Avenue, and McDonald Avenue. It is also a racially and ethnically diverse area.

The population of Kensington consists of African-American, Ukrainian, South Asian (Bangladeshi and Pakistani), Chinese, Orthodox Jewish, Hasidic, Irish, Polish, Italian, Albanian, Russian, Mexican, Australian, and Caribbean communities (Frishberg, 2016). Kensington is also routinely recognized as one of the safest neighborhoods in the city by popular New York City media outlets and publications, consistently showing some of the lowest major crimes per 10,000 residents (Gustafson, 2014).

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# Midwood (11230)

Midwood was called Midwout by settlers of New Netherlands and was considered a part of Flatbush. It was originally settled by the Dutch in 1652 and was conquered by the English in 1664 (Frisberg, 2014). Midwood was rural for the most part until it became more developed in the 1920s, and in the 1970s residents of Midwood started to move away to the suburbs leaving the neighborhood and its commercial value to decline. In the 1980s, new diverse immigrant residents began streaming in, which transformed Midwood from being predominantly Jewish into an ethnically diverse community. The ethnic makeup now consists of Irish and German Americans as well as large numbers of residents from Eastern Europe, Turkey, Syria, India, and Bangladesh, among others. Midwood is often referred to as being part of Flatbush and is often combined with Flatbush for data collection.

# Section Summary

As part one of the neighborhood profiles illustrate, the study neighborhoods in SWB are as unique as they are diverse. Across the board, they are made up of largely multigenerational immigrant families. Though their backgrounds are varied, the neighborhoods share similar stories of the relationship between immigration and neighborhood transformation Southwest Brooklyn.

The second half of the neighborhood profiles section focuses on data from the NYC DOHMH Community Health Profiles, which provide demographics, data on health outcomes and access, and various neighborhood aspects that impact the health and well-being of residents.

*Note*: In the Community Health Profiles, Midwood is combined with Flatbush, and for the purpose of this study the neighborhood profiles information was taken from the Census Tract Data to only include Midwood. The Health Profiles combine Borough Park and Kensington due to their proximity and similarities and were kept together for this section. All charts and graphs below are made with statistics taken from the Community Health Profiles.

*Source: NYC Department of Health and Mental Hygiene Community Health Profiles*
https://www1.nyc.gov/site/doh/data/data-publications/profiles.page#bk

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# Neighborhood Statistics

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## *Age*

0-17: Most of the neighborhoods have relatively similar rates of 0-17 year olds, while the percent of the population for this age range for Midwood is 28% and Borough Park and Kensington is 34%, which are both much higher than 21% for NYC.

18-24: All the SWB neighborhoods are around 8-9% of the population in this age range, with a slightly higher number in Midwood at 11%.

25-44: Compared to NYC's 32% of the population for this age range, Bay Ridge and Sunset Park both have higher numbers of this age group, at 34% and 39%, respectively. The rates in the other SWB neighborhoods are lower than in NYC and the rest of the catchment areas.

45-64: Bay Ridge has the same rate of residents who are 45-64 as there are in NYC at 25%, but the rest of the neighborhoods have lower rates of this age group than the rest of the city.

65+: All of the neighborhoods rates for this age group are relatively the same with NYC and one another, but Borough Park and Kensington and Sunset Park have lower rates, highlighting a younger population.



**Age of Residents**

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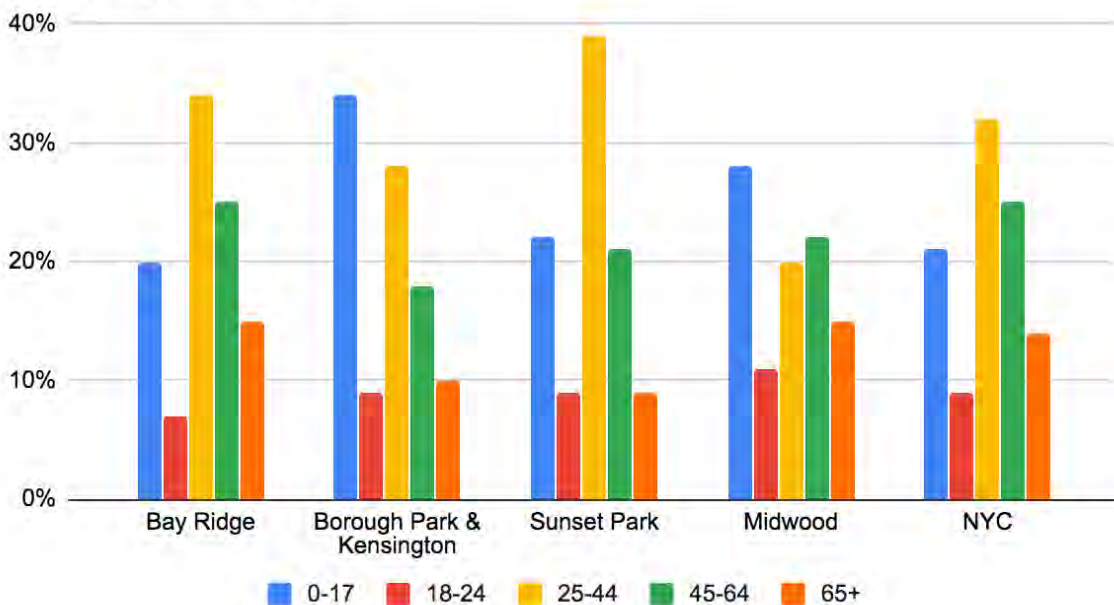
## *Race*

- Bay Ridge, Borough Park and Kensington, and Midwood all have white populations that are much higher than the NYC average.
- Bay Ridge, Borough Park and Kensington, and Sunset Park all have Asian populations higher than the NYC average, with the Asian population in Sunset Park (30%) doubling that in NYC (15%)
- 42% of Sunset Park residents are Latino, compared with 29% in NYC; this rate is much higher than the other SWB neighborhoods.
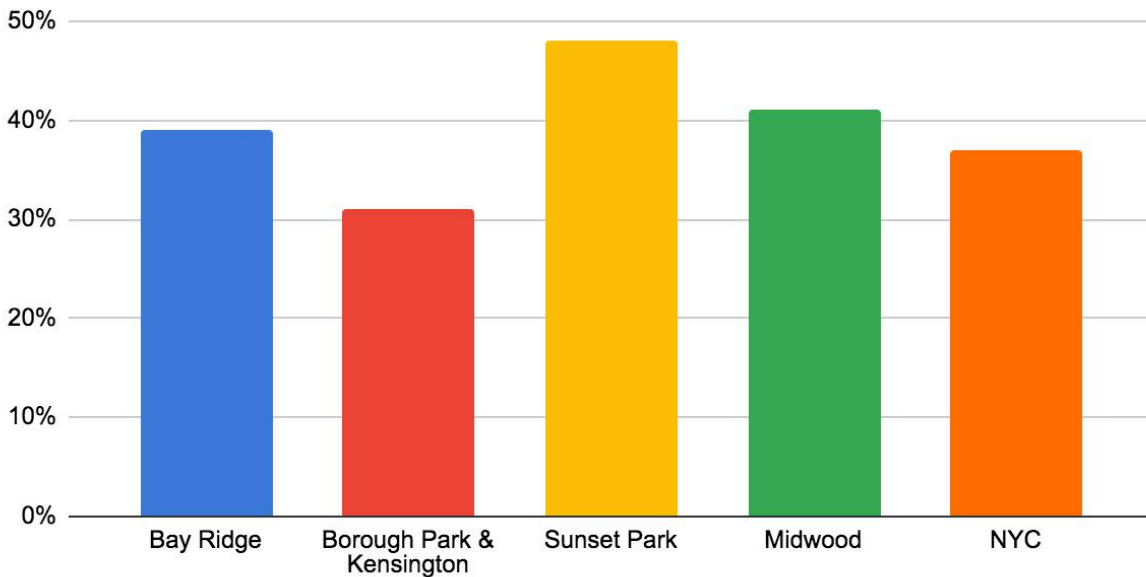
## Race of Residents

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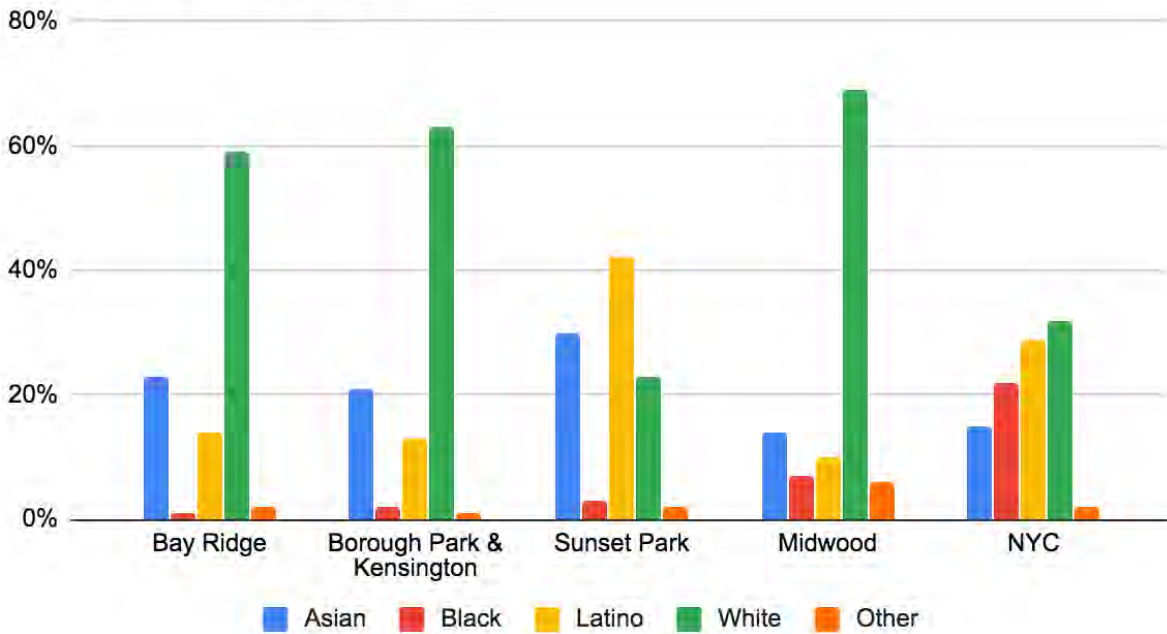
## *Foreign Born Residents*

- Bay Ridge, Sunset Park, and Midwood all have rates of foreign born residents that are higher than NYC (37%), at 39%, 48%, and 41%, respectively.
- Nearly 1 in 2 (48%) residents in Sunset Park are foreign born, the highest of the entire SWB catchment area.
- Borough Park and Kensington have lower rates of foreign born residents than the city-wide rate, and at 31% are much lower than those of the rest of the SWB neighborhoods.

## Foreign Born Residents

Percent of population born outside the US or US territories

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## English Proficiency

- All of the SWB neighborhoods have a higher rate of residents with limited English proficiency than the citywide average.
- Similar to the percent of foreign-born residents, Sunset Park also has 49% of the residents with limited English proficiency, significantly higher than NYC's 23%.
- Borough Park, Kensington and Midwood all have 32% of the community with limited English proficiency, and 28% of Bay Ridge residents have limited English proficiency, though the rate of foreign-born residents is high.

**Residents with Limited English Proficiency**
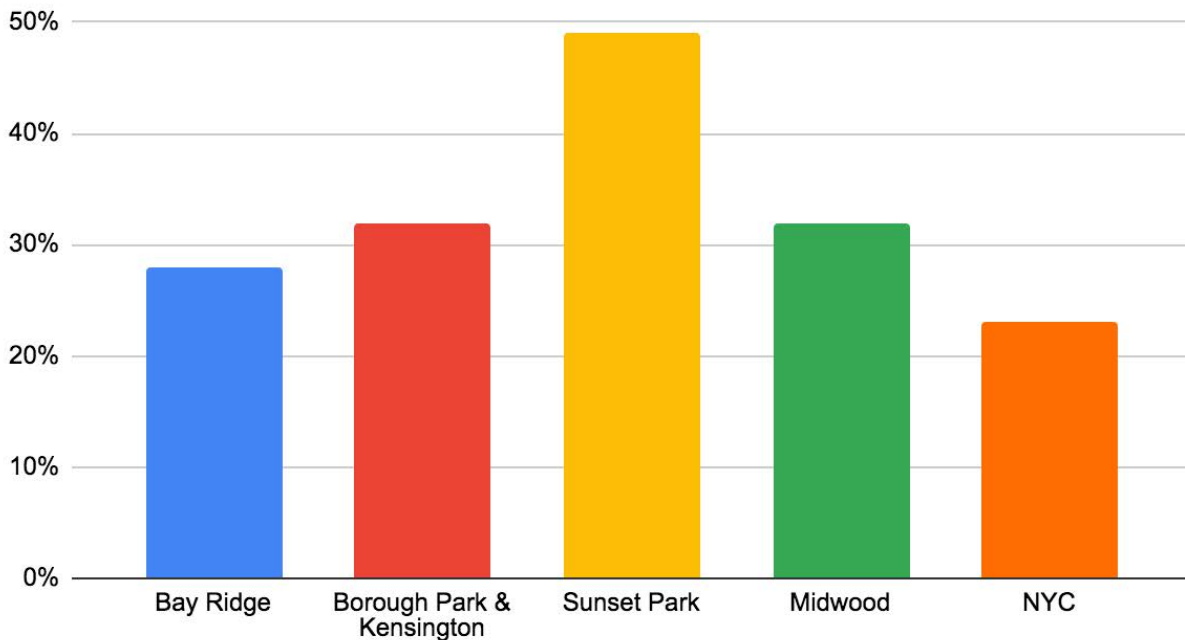
# *Education*

*Less than high school:* Bay Ridge and Midwood have similar rates, at 19% and 17%, respectively, which are close to NYC's rate of 19%. The rate in Borough Park and Kensington is higher than these neighborhoods and the citywide rate, at 23%, and Sunset Park's rate is much higher, at 41% of the community holding less than a high school degree.

*High school graduate or some college:* Borough Park and Kensington have the highest rate of residents who are high school graduates or have some college, at 45%, compared to the citywide rate of 38%. Sunset Park has the lowest rate of residents with this level of education, at 29%, which is lower than the citywide rate as well as the rates of the other SWB neighborhoods.

*College graduate:* Nearly 1 in 2 (46%) of Bay Ridge residents are college graduates, which is higher than NYC's rate of 43%. Both Borough Park and Kensington and Sunset Park are much lower than the rest of the neighborhoods, at 32% and 30%, respectively.

**Highest Level of Education**

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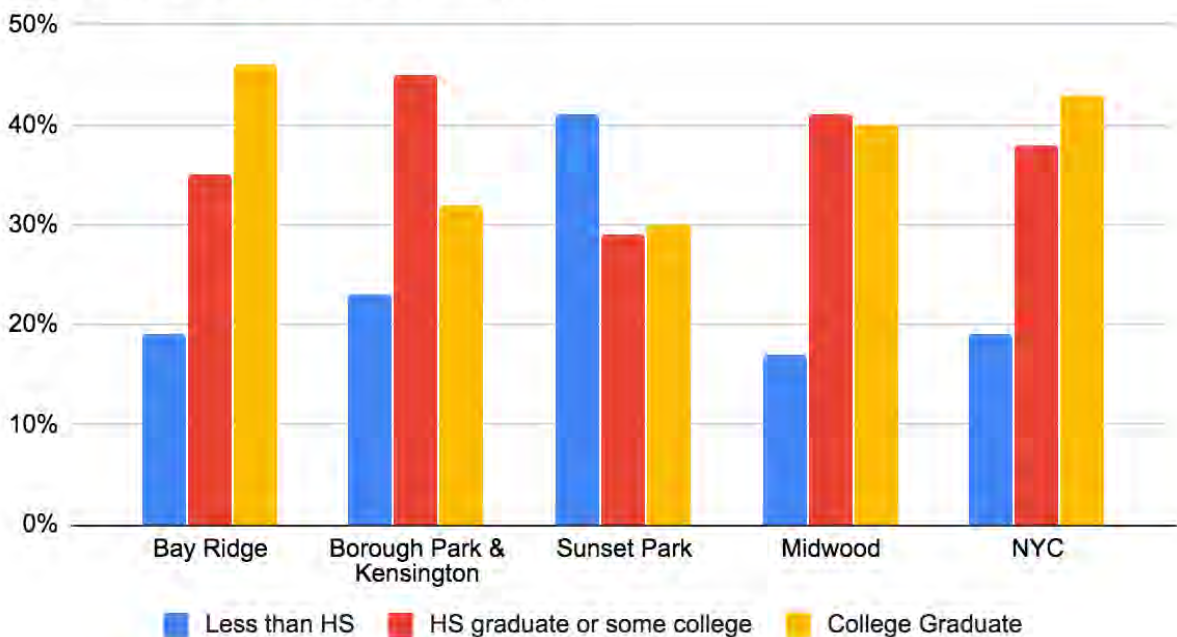
## *Poverty*

With the exception of Bay Ridge, all of the neighborhoods in the SWB study have a larger population of residents living below the federal poverty line than the NYC average (20%). Sunset Park, Borough Park and Kensington have higher poverty rates than the rest of the neighborhoods and the city, with nearly 1 in 3 residents living in poverty (29% and 28%). Bay Ridge's poverty rate is slightly lower than the citywide rate at 19% compared to 20%.
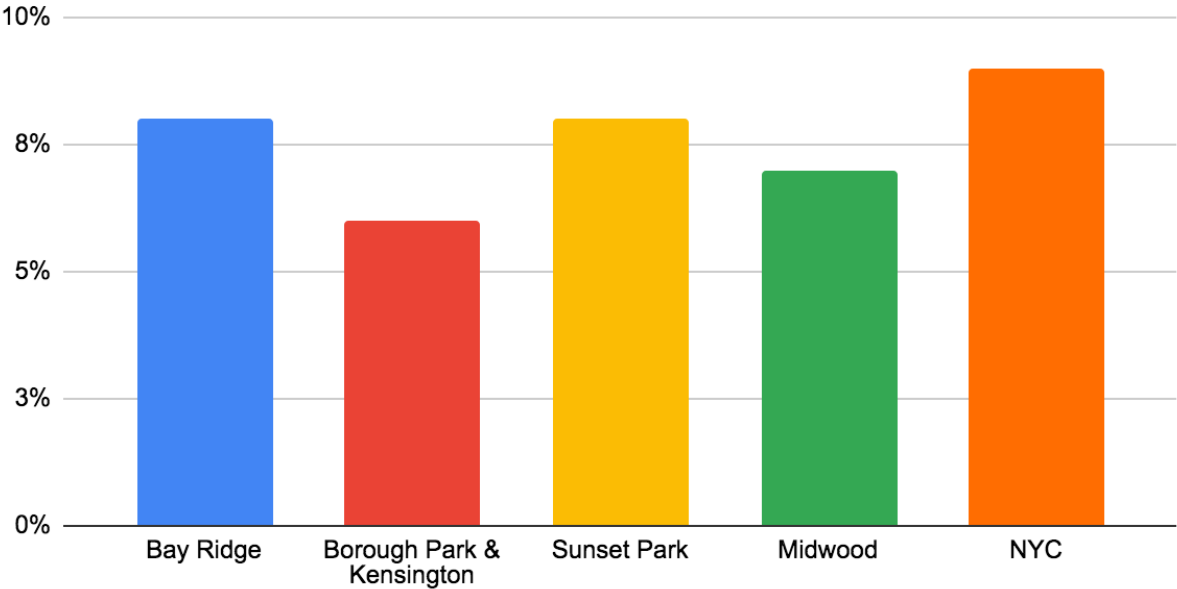
**Percentage of population all ages living below federal poverty line**

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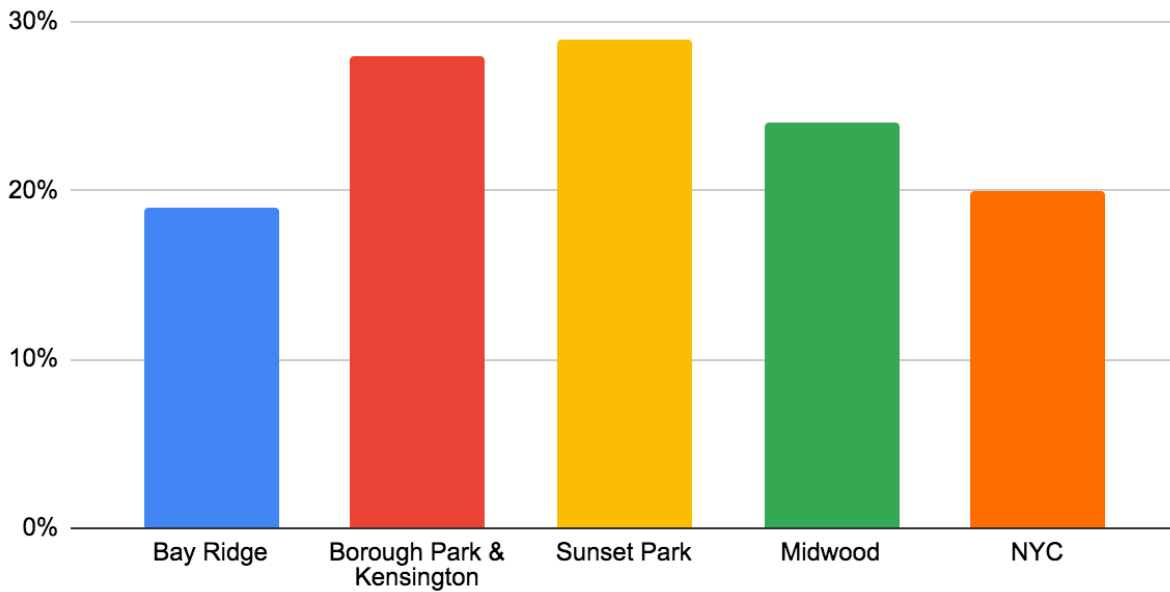
## *Unemployment*

- Unemployment in study neighborhoods is below the city-wide rate of 9%. Borough Park and Kensington are particularly lower than the rest of the neighborhoods, with rates at 6%.

Percent of civilian (non-military) labor forces age 16 and older who are unemployed

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## *Premature Death*

- Bay Ridge, Borough Park and Kensington, and Sunset Park all have a lower rate of total premature deaths compared to the city-wide average. However, Midwood is significantly higher than the other study neighborhoods and at the same rate as the city-wide rate.
- Bay Ridge has the highest rate of drug-related deaths compared to other neighborhoods.
- Midwood has the highest rate of accident-related deaths among the neighborhoods. Although the type of accident is not specified, fall-related accidents often take place in areas with a higher percentage of elderly people.

Rate of deaths per 100,000 before 65

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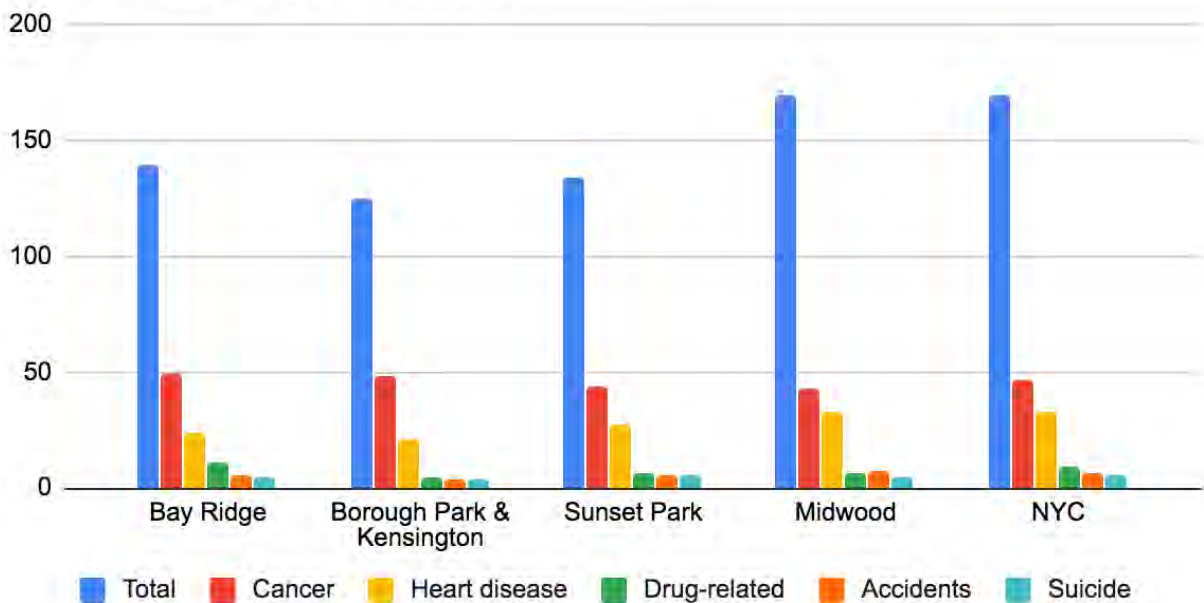
## *Adults Without Needed Medical Care*

- Bay Ridge, Borough Park, Kensington, and Midwood all have a high percentage of adults with no need for medical care, similar to the city-wide percentage.
- Though Sunset Park has high levels of unemployment and poverty rates, only 4% of its residents going without medical care, compared to the citywide rate of 10%.
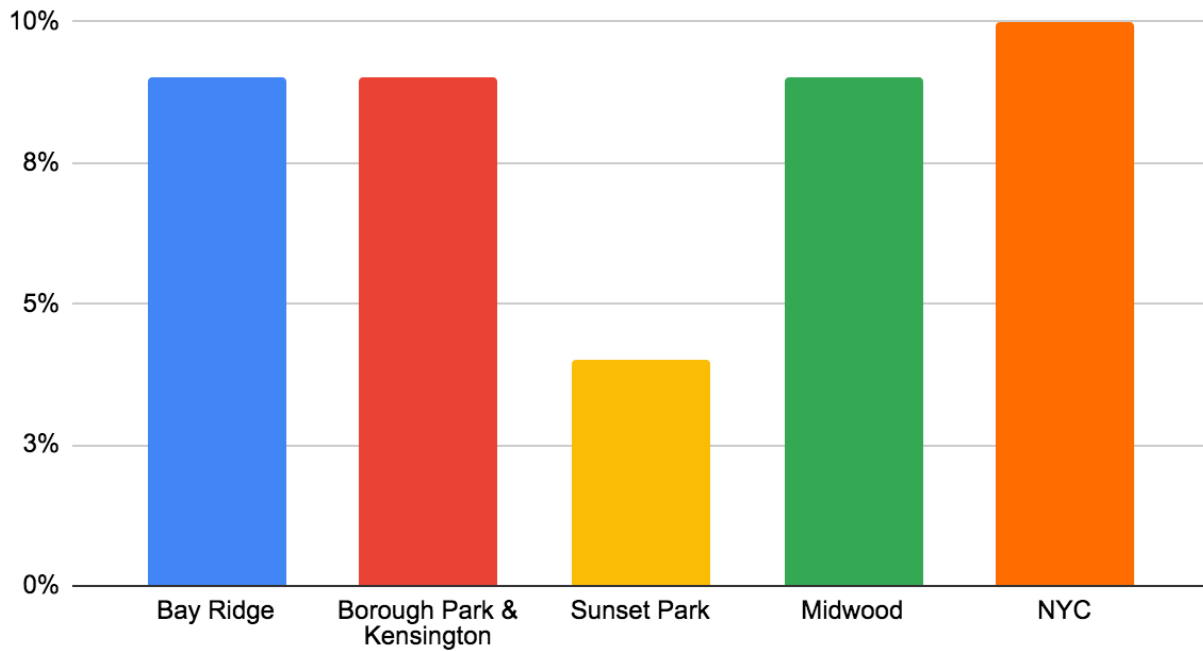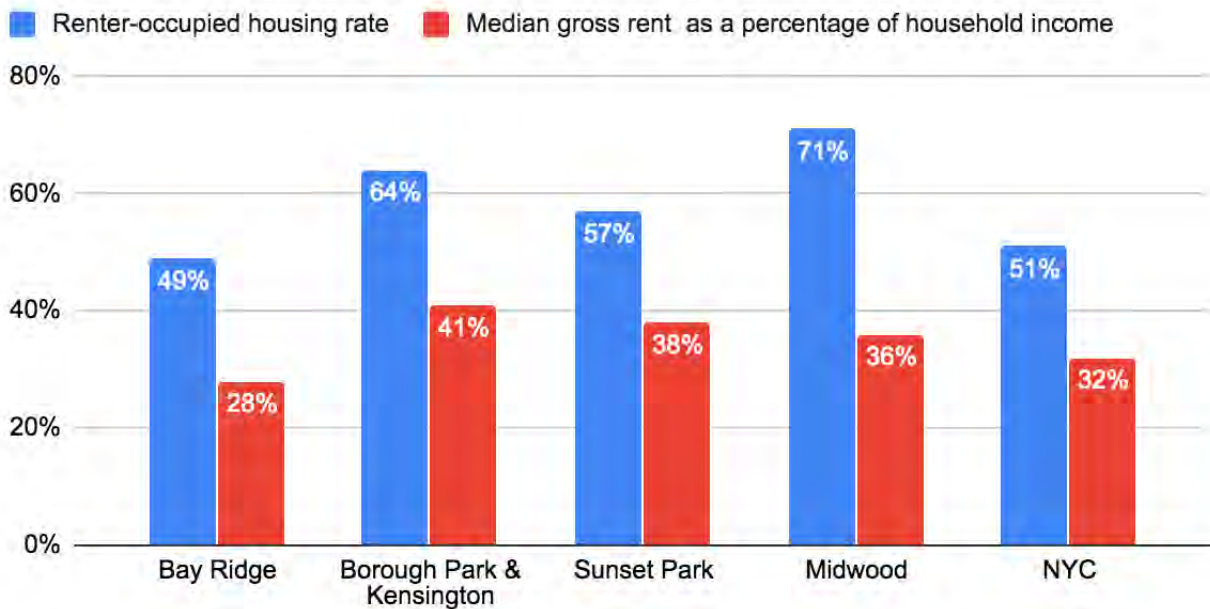
## *Adults Without Health Insurance*

- All SWB neighborhoods have higher rates of uninsured residents than the citywide average.
- Bay Ridge, Borough Park, Kensington, and Midwood all have similar rates of uninsured adults, at 15%, 15%, and 16% respectively. This is higher than the citywide rate of 12%.
- Sunset Park has a significantly higher rate of uninsured residents, with 22% of adults in the community not having health insurance.

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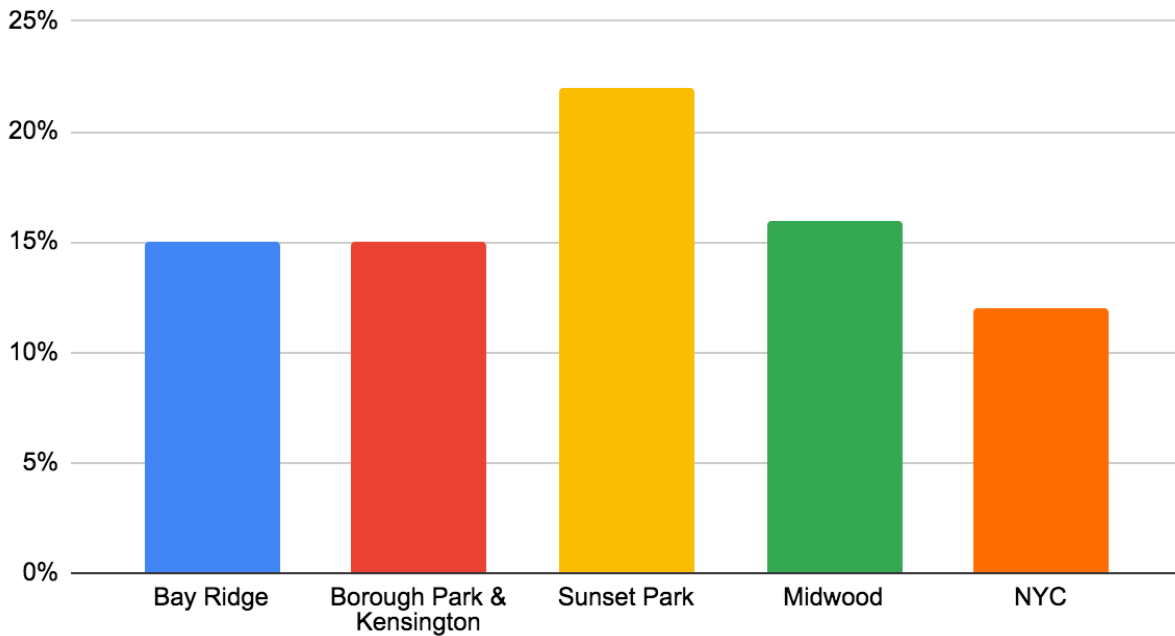
## Rent Burden

- For the purpose of this project, the percentage of renter-occupied houses was compared to rent as a percentage of household income to define rent burden.
- All of the SWB neighborhoods have larger percentages of dwellings that are renter occupied, besides Bay Ridge, which is slightly lower than the citywide rate.
- Of these neighborhoods, Midwood and Borough Park and Kensington have very high rates of renter-occupied homes, representing a large rental market in these neighborhoods.
- Residents across neighborhoods pay a larger percentage of their income towards rent compared to the citywide average. Borough Park and Kensington spend 41% of their income on rent, highest among the study neighborhoods and 9% higher than the NYC average of 32%.

### Renter occupied housing units and median rent/income

■ Renter-occupied housing rate ■ Median gross rent as a percentage of household income

| Neighborhood | Renter-occupied housing rate | Median gross rent as % of household income |
|---|---|---|
| Bay Ridge | 49% | 28% |
| Borough Park & Kensington | 64% | 41% |
| Sunset Park | 57% | 38% |
| Midwood | 71% | 36% |
| NYC | 51% | 32% |

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# Methodology

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## Overview of Training and PAR Research

The PAR framework centers on the belief that neighborhood residents and local stakeholders have critical insight into how best to mobilize community members and assets to address community challenges. The Southwest Brooklyn project in Bay Ridge, Borough Park, Sunset Park, Kensington, and Midwood (SWB PAR) aimed to gather insight into how the community understands its own health and to assess residents' priorities for transforming the health care system and other related conditions and circumstances in their own neighborhoods. It also intended to drive action towards community improvement by facilitating the articulation of communities' priorities. By training local community members in research methodology, community engagement, and the importance of community organizing, PAR builds residents' capacity for decision making and informed collective action. Further, when community youth are involved, a project of this nature furthers the professional and academic development of local secondary school and undergraduate students.

Community Care of Brooklyn (CCB) worked with local high schools, the DuBois-Bunche Center at Medgar Evers College, Kingsborough Community College, and Brooklyn College to recruit local high school and college students to make up the 2019 Wellness Empowerment for Brooklyn (WEB) PAR research team. The WEB team was assembled in early summer of 2019 with a total of 45 youths and adults:

- 25 students from neighborhood high schools, including Sunset Park High School, Franklin D. Roosevelt High School, Urban Assembly of Criminal Justice, Fort Hamilton High School, High School for Telecommunication Arts and Technology, and the Al-Noor School
- 6 undergraduate students from Medgar Evers College, 3 of whom are returning researchers from previous PAR studies
- 7 undergraduate students from Kingsborough Community College, 4 of whom are returning researchers from previous PAR studies
- 2 undergraduate researchers from Brooklyn College
- 3 graduate students in public health and public administration from New York University, John Jay College of Criminal Justice and CUNY School of Public Health, 1 who is a returning researcher from previous PAR studies
- 2 Project Managers from MIT CoLab and Community Care of Brooklyn, and 2 Project Coordinators from Medgar Evers College and Kingsborough Community College

The graduate students comprised the administrative leadership team and supervised all college and high school students. The graduate team and college students were employed by CCB, while high school researchers were employed by Brownsville Multi Services Family Health & Wellness

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Center (BMS). Together, the collaborative research team became known as Wellness Empowerment for Brooklyn (WEB), a name developed by the research team during the first iteration of PAR. The Southwest Brooklyn (SWB) project employed multiple research methods, including community surveying, asset mapping, stakeholder interviews, and focus groups.

## Graduate Team Training and Train-The-Trainers

In April 2019, three graduate students joined the SWB PAR project as the administrative team. This team included a recent MPA graduate from John Jay College of Criminal Justice, a recent MPH graduate from NYU, and a current MPH student at CUNY School of Public Health, a returning PAR veteran. This team began building on the existing "train-the-trainer" curriculum that had been developed in previous PAR projects and started working on early community outreach and engagement. The full curriculum included components on the SDOH, PAR research and methodology, collaborative research design, and community engagement strategies. Additional trainings were integrated about cultural competency to address the unique and diverse population of the SWB neighborhoods.

In June 2019 the graduate team was joined by 15 undergraduate researchers at Brooklyn College to begin their training. These students came from Medgar Evers College, Kingsborough Community College and Brooklyn College. Of these students, seven were returning PAR veterans with several PAR projects behind them. For four weeks, the undergraduate researchers were trained in SDOH, PAR, and research methodology along with cultural competency, and then began to work on preparing the curriculum to use to train the high school researchers. The team went to each neighborhood to conduct walking tours to familiarize themselves with the communities, introduce themselves to residents, identify potential surveying locations, and build on the community outreach the graduate team began in the spring. The team also brought in guest speakers from local community based organizations (CBOs) to share insight with the team, for example, the unique challenges their communities face and how to best approach community residents when surveying.

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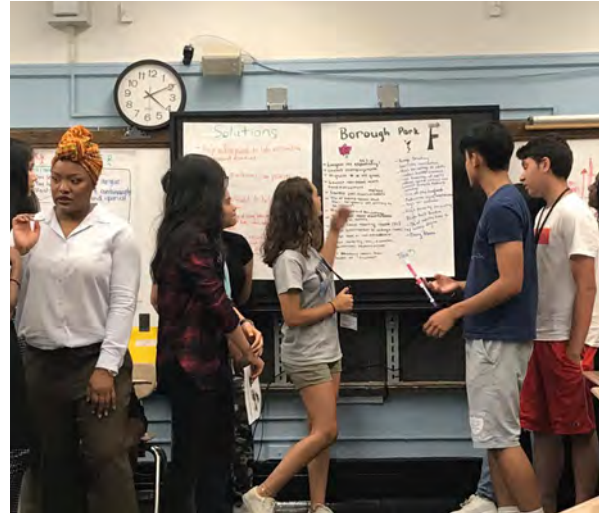
## Asset Mapping

As the research team also managed the asset mapping process. Asset mapping is an urban planning tool that helps to familiarize researchers with the 'assets' of and opportunities in the neighborhoods of study. The team developed its asset map containing a comprehensive list of individuals, public and private spaces, organizations, and plans that fit within the categories of civic, financial, institutional, political, physical, and arts/cultural. (The asset map is available in the SWB PAR archives and will be used to inform Wellness Empowerment for Brooklyn's implementation efforts.) When the team conducted neighborhood walking tours of the five study neighborhoods, they spoke to local business owners, organizations, and residents, which further informed the development of the asset map. The map was further supported via internet research and in-person meetings and interviews.
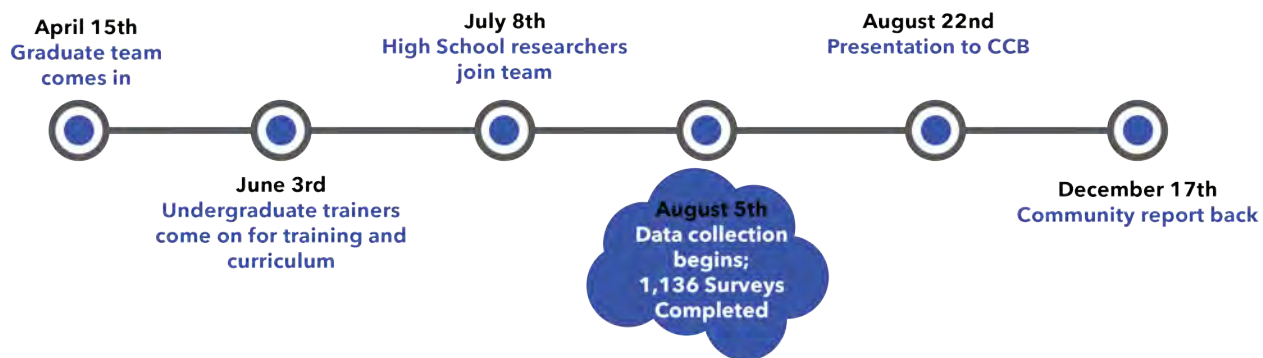
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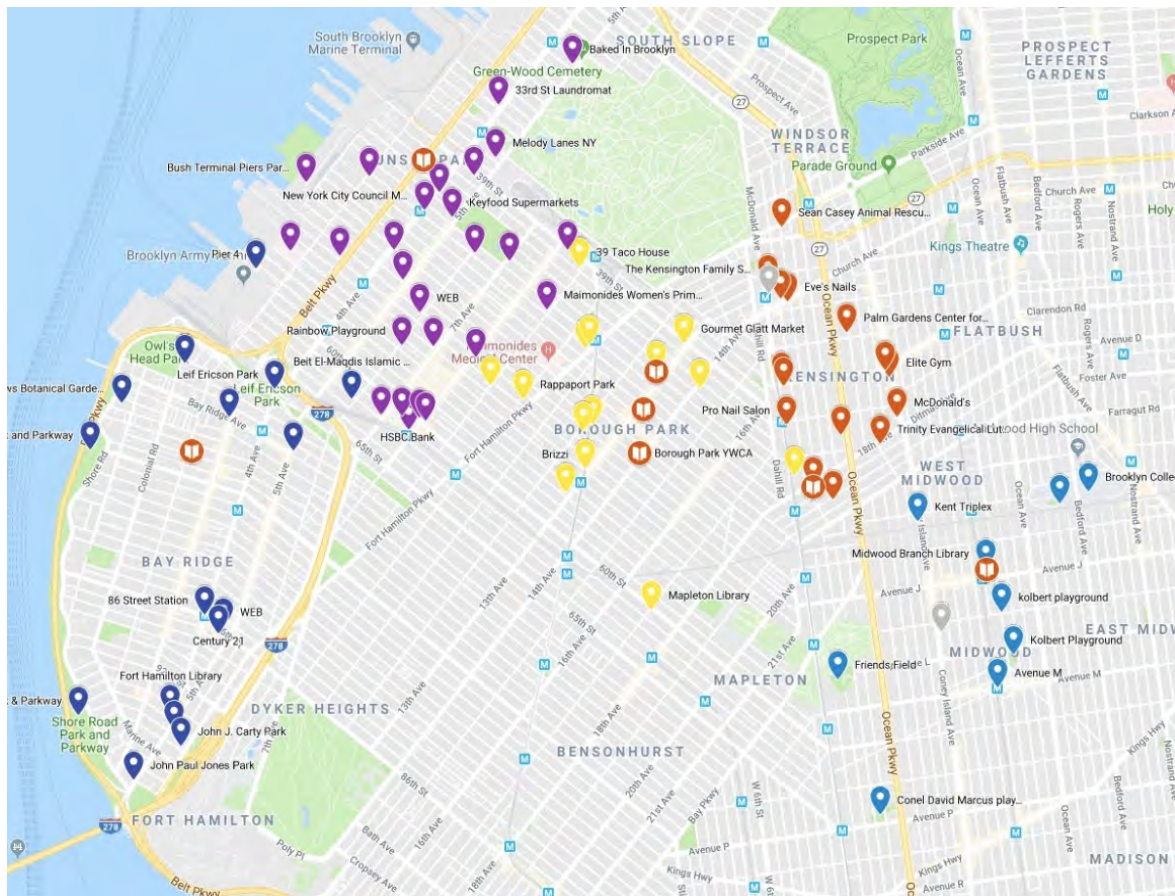


*Figure 4: PAR 4 timeline*

## Research Training and Survey Development

The high school researchers joined the team in early July and were led through the SDOH and PAR curriculum developed by the trainers. The trainings in this curriculum covered neighborhood health conditions and history, SDOH concepts, and the fundamentals of PAR. The team had three days of guest speaker panels, which allowed for discussions with local CBOs prior to entering the field for surveying.

The training process also introduced principles of collaborative research design as the team began developing their research question, designing the survey, and mapping key locations for surveying and engaging with stakeholders. While the trainings were primarily designed to introduce high school researchers to these core research design concepts, the training and leadership teams were also intentional about developing the research team's capacities as young leaders. To that end, the curriculum included scaffolded time for researchers to practice and improve presentation skills, teamwork techniques, critical thinking, and develop personal commitments that would support the team's success as well as their own. The leadership team also learned plenty from the youth researchers, who, as residents of SWB, and by virtue of that definition, shared valuable insight with the team that informed the project every step of the way. This included ideas for survey locations and the lived experiences of residents and the community, which also helped with community engagement.

During the collaborative research design sessions of the training, the team developed the research question that guided the course the research by articulating the team's central interest: *"In what ways can culturally competent medical and social services impact health outcomes and social cohesion in multigenerational immigrant communities in Southwest Brooklyn?"*

To answer the research question and sharpen the focus of the study, the WEB research team developed ten sub-themes: **community assets and challenges, transportation, social services,**

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community and civic engagement, housing and community, health, health care access, healthy food access, education and immigration related issues. These sub-themes were formulated following a series of facilitated workshops with the research team where the researchers explored the dimensions of health that were of the most interest to them as both residents and researchers of the study neighborhoods. Researchers then formed small groups where they developed research questions for each of the sub-themes to help direct the survey question development along these thematic lines.

After developing survey questions for each sub-theme, the research team—with support from CoLab, Kingsborough and Medgar Evers staff—undertook several rounds of presenting, deliberating, discussion, reflection, revising, and formatting the questions and final survey instrument. (Final survey can be found in Appendix A).

## Sampling Plan

The catchment area, determined by Community Care of Brooklyn's service area, included zip codes that both expand beyond and omit certain parts of Bay Ridge, Borough Park, and Sunset Park geographic boundaries. Zip codes that fell across neighborhood geographic boundaries were assigned to either Bay Ridge, Borough Park, Sunset Park, Kensington, or Midwood.

CoLab staff developed a sampling plan (Appendix B) to determine how many surveys needed to be collected in each zip code within the catchment area in order for the survey to be representative. Once the sampling plan was complete, the team identified key locations for surveying within each neighborhood and zip code. To prepare for collecting surveys from neighborhood residents, the research team conducted role-playing activities: writing and reciting "elevator pitches" for engaging survey participants; simulating dealing with different personalities and language barriers, and practicing conducting surveys.

The researchers began surveying in the neighborhoods in groups of between four and five individuals, led by two graduate or undergraduate trainers. Survey locations ranged from public libraries, business improvement districts, CBOs, storefronts, senior centers, parks, and bus stops.
To collect community survey responses that were as close to representative as possible, we used heterogeneous purposive sampling, or convenience sampling, with intentional selection of diverse respondents in public locations. At the midway point of collecting surveys, the staff compared the characteristics of the sample with the characteristics of the three neighborhoods across several key demographics (age, gender, and race) and adjusted sampling strategies as necessary to more closely approximate a representative survey sample (i.e. shifting planned survey locations into less represented zip codes, getting more Chinese speaking respondents).

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More information about this midpoint data check can be found along with the sampling plan in Appendix B.

The team set a goal to collect 1,064 in order to achieve the most representative sample. Surveys were collected over a two-week period (from August 5-16th, 2019). Only residents living within the six zip codes who were over the age of 18 and who spoke English, Spanish, Chinese, Arabic, or Russian were eligible to participate. The survey was available in the aforementioned languages and took anywhere between 15-45 minutes to complete. All participants were read a consent agreement and verbally consented to participate in the study. Respondents received "Health Bucks" to compensate them for their participation, which could be used to purchase fresh fruits and vegetables at participating NYC farmers markets.

The research team surpassed their goal and surveyed 1,136 residents of Borough Park, Bay Ridge, Sunset Park, Kensington and Midwood.

During the final week of the summer research program, the WEB research team undertook a collaborative data analysis process. The team examined the preliminary data and identified specific areas of interest for the data analysis stage. These areas included:

Cost of Living
Education
Employment
Health
Access to Resources
Physical Environment
Immigration
Cultural Competence
Social Cohesion
Political Engagement

The administrative graduate team further cleaned and analyzed the data in September and October, computing descriptive (summary) statistics, and the survey findings section presents outcomes of the analysis.

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## Stakeholder Interviews and Focus Groups

Interviews were conducted with stakeholders throughout the duration of the summer by the graduate administrative team, and additional interviews and community focus groups took place in the fall with those who were unavailable during the summer.

Stakeholders were identified by participants of the Community Action and Advocacy Workgroup (CAAW), the training team's asset mapping, word of mouth, and community outreach. For the purpose of this research, stakeholders are defined as neighborhood leaders, leaders of medical institutions, local non-profits, labor unions, religious institutions, community based organizations, anchor institutions, and health care providers working to support health equity and improve the social determinants of health in Bay Ridge, Borough Park, Sunset Park, Midwood, and Kensington.

Topics for the focus groups and interviews were developed by the research team, as were questions that the team hoped to inspire more open-ended responses than could be captured with a survey. Interview participants included social service providers (housing, health, youth development), cultural leaders, and elected officials. Focus group participants included Jewish men and women in Borough Park, Spanish speaking Sunset Park residents, Arabic women from Bay Ridge, and Chinese seniors from Sunset Park. Focus group and stakeholder interview findings can be found in the Focus Groups and Interviews section.

Stakeholders participating in both focus groups and interviews were asked about both the best and most challenging aspects of living and/or working in their neighborhoods in terms of health and well-being; what obstacles stood in the way of health and well-being of residents in the neighborhood; if there was social cohesion within the community, whether services in the neighborhoods were culturally competent, and to what extent, if any, immigration policy had impacted them or their neighbors. Stakeholders were also asked what an ideal neighborhood would look like and what could be done to accomplish this. (See Appendix C for interview protocol.)

The team contacted 59 stakeholders within the three main target areas and was able to conduct interviews with 35 individuals representing 25 community-based organizations, elected officials, community boards, and religious institutions. The team conducted 6 focus groups with 46 participants, and the majority of focus group and interview participants lived in the study neighborhoods. Those who were not residents worked in the study neighborhoods. All focus group and interview sessions were transcribed and the responses were entered into a matrix for review and analysis by the team. They were coded and analyzed both individually and across responses using a combination of thematic content and narrative analysis methods. This allowed

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for the identification of information and insights contained within and across each interview and focus group, revealing major themes and their recurrence.

## Project Evaluation

During the training phase of the program, the research team completed daily anonymous written evaluations to assess what they had learned that day, any challenges they may be having with the material or the training structure, and any suggestions they might have for improvement. This was done for both the undergraduate trainers by the graduate team and for the high school youth researchers by the undergraduate trainer team. These evaluations were reviewed each day and were used to adjust or update the material as needed. At the end of each day, the training team also led an exercise called "Plus/Delta," where researchers were able to share what they enjoyed (Plus) and what things they felt needed to change (Delta). Each day's trainings and activities were strongly influenced by the preceding daily evaluations and Plus/Delta responses and tailored to better suit the research team's needs; these efforts were observed by the research team, who responded positively as they were able to recognize that their suggestions were being taken into immediate consideration.

On the last day of the summer research, the team was given a final evaluation form. A summary of these evaluation findings can be found in the Appendix D.

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# Survey Findings

## Introduction

The following analysis was conducted on 1,136 surveys collected over two weeks. All survey data and analysis reflect the boundaries of 11209, 11219, 11220, 11232, 11218, and 11230 (the six zip codes in the research catchment area as provided by Community Care of Brooklyn). Table 1 provides a summary of survey number goals and final surveys collected in each neighborhood. Further detail regarding the sampling plan can be found in the Methodology section.

|  | Borough Park | Bay Ridge | Sunset Park | Midwood | Kensington | Total |
|---|---|---|---|---|---|---|
| Survey Goal | 266 | 280 | 266 | 144 | 144 | 1100 |
| Completed Survey | 211 | 303 | 306 | 157 | 159 | 1136 |

*Table 1: Survey sampling goals and results by neighborhood*

This section details the demographics of survey respondents and key data points including household characteristics, economic health, top neighborhood challenges, social cohesion, cultural competency, access to medical and social services, education, community engagement, and neighborhood safety. Most percentages will not total to 100% due to some questions not being answered and questions where respondents could select more than one option. Each of the results are presented by zip code unless otherwise noted. Additionally, "other" responses were not analyzed.

## Demographic Characteristics

Across the zip codes, demographic characteristics varied widely. This was particularly true for ethnic groups and age. This can be seen in Sunset Park where 52% of participants are Latino and 32% are Asian or South-Asian, and in Bay Ridge where 28% of participants also report being Latino. There was a lower than expected number of respondents reporting being Arab, due to the fact that this was not listed as an option, and the surveys that reflected this were written in. Some Arab participants chose "Caucasian", though they did not feel they identified with it. Respondents from Sunset Park, Kensington, and Borough Park were younger than the other neighborhoods, and respondents from Bay Ridge were more likely to be aged from 55-75+, which is representative of the older ages of residents in this NORC (naturally occurring retirement community).
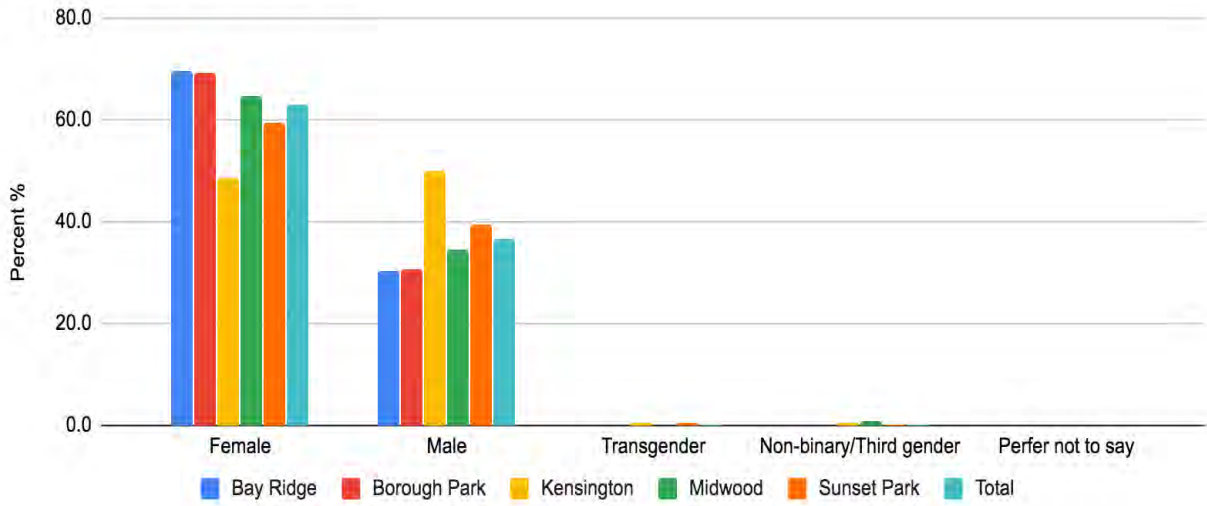
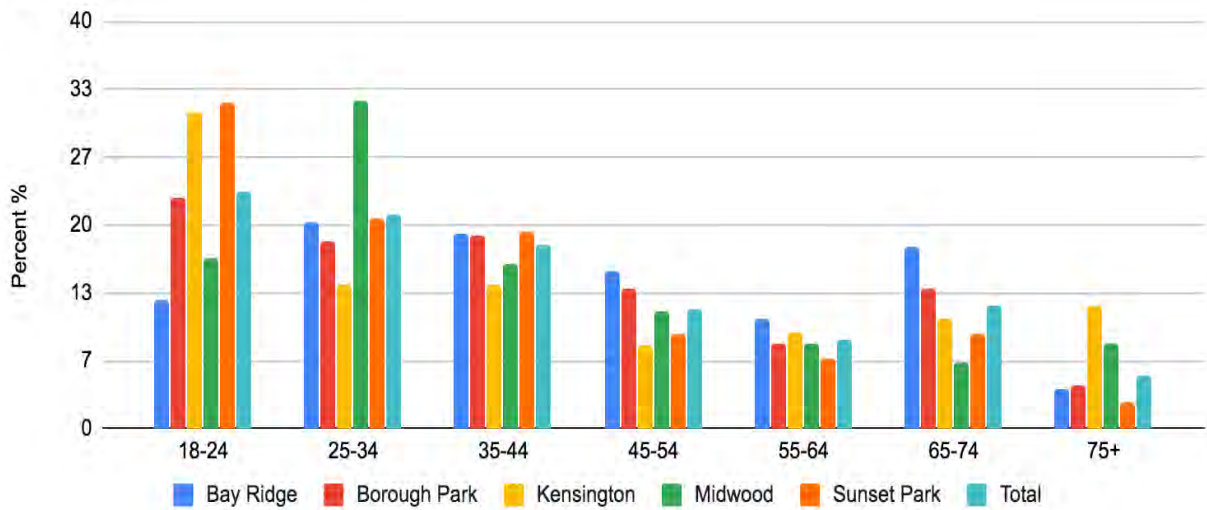`



*Figure #6: Gender identification of SWB respondents*

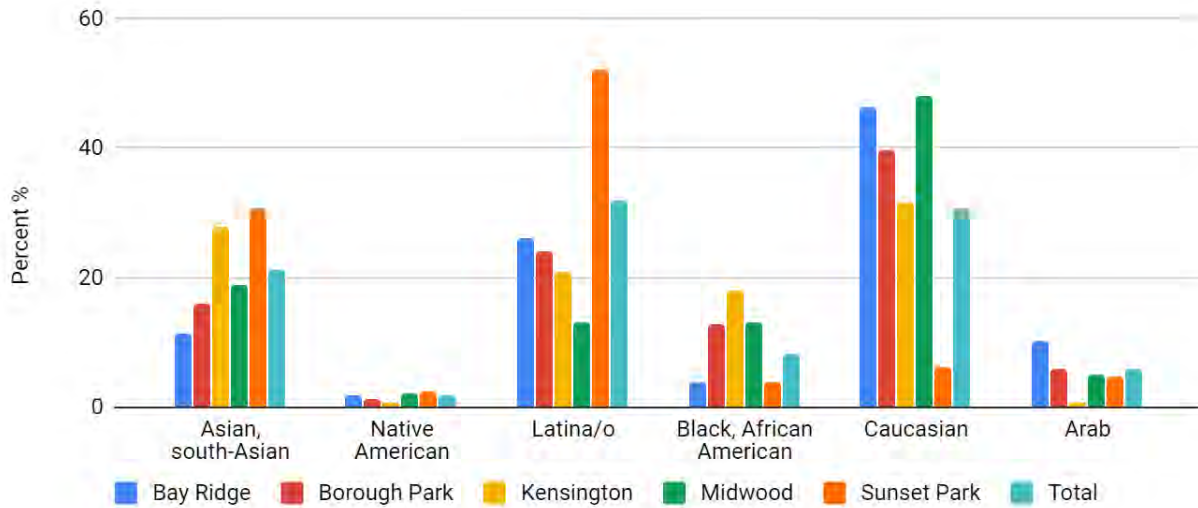

*Figure #7: Age of SWB participants*

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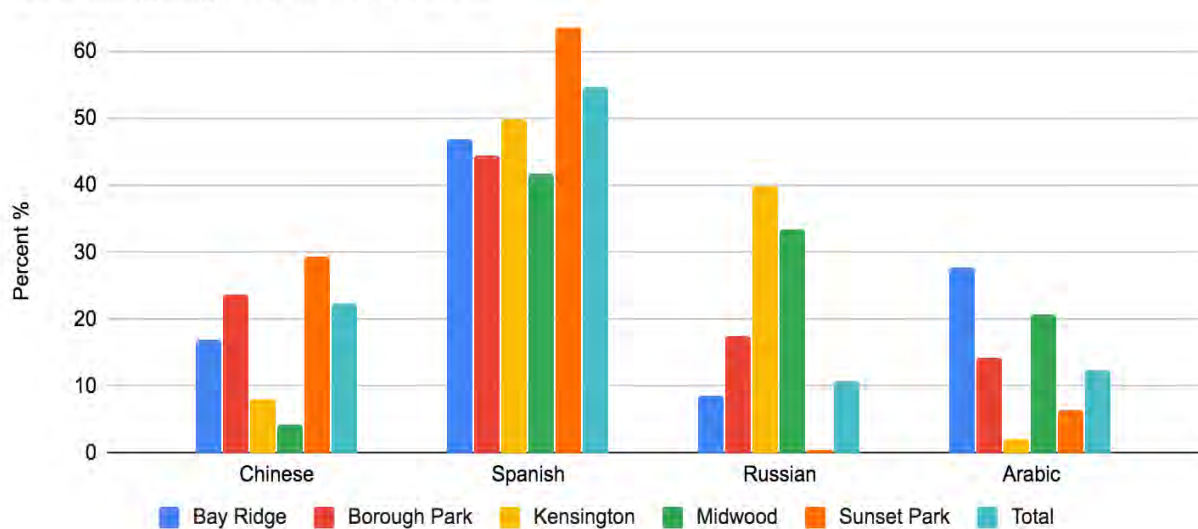*Figure #8: Ethnic groups of SWB respondents*



*Figure #9: Languages spoken at home across SWB participants*

The selected language groups (outside of English) reported across all participants reflect the high levels of diversity of the neighborhoods in the SWB study. Sunset Park in particular had high numbers of Spanish and Chinese speaking respondents with some Arabic speaking respondents, and Bay Ridge reported the highest number of Arabic speakers. Kensington had the highest number of Russian speakers.

## Employment

Participants across the zip codes participants had relatively similar employment rates, with a range from 44%-53%, with the exception of Midwood (11230), which had an employment rate of 36%. Respondents from Borough Park (11219) had the highest employment rate, at 53%. Unemployment rates among respondents were also relatively the same across the neighborhoods, ranging from 4.5% to 7.6%, where Bay Ridge (11209) and Sunset Park (11221 and 11232) had the highest unemployment rates.
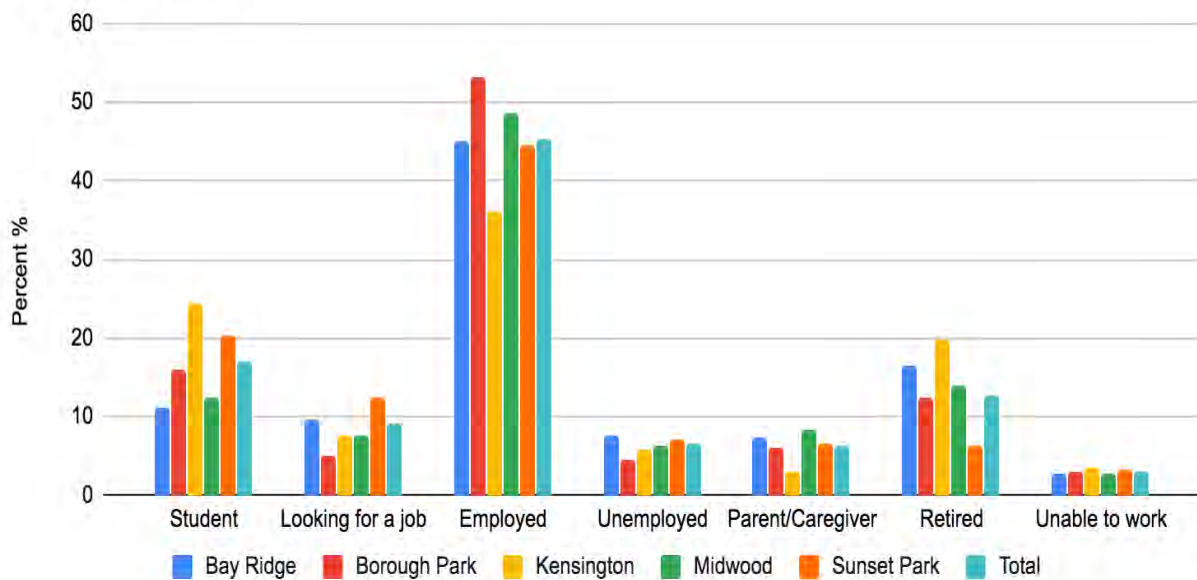


*Figure #10: Employment status SWB participants*

## Education

There were notable differences in the educational attainment reported among SWB survey respondents. In Sunset Park, the highest reported level of education was a high school diploma (45%) or less than a high school diploma (21%). Borough Park reports similar rates of high school diplomas (38%), which is the second highest among the neighborhoods. In Midwood and Bay Ridge, the majority of participants report having a Bachelor's degree or higher.
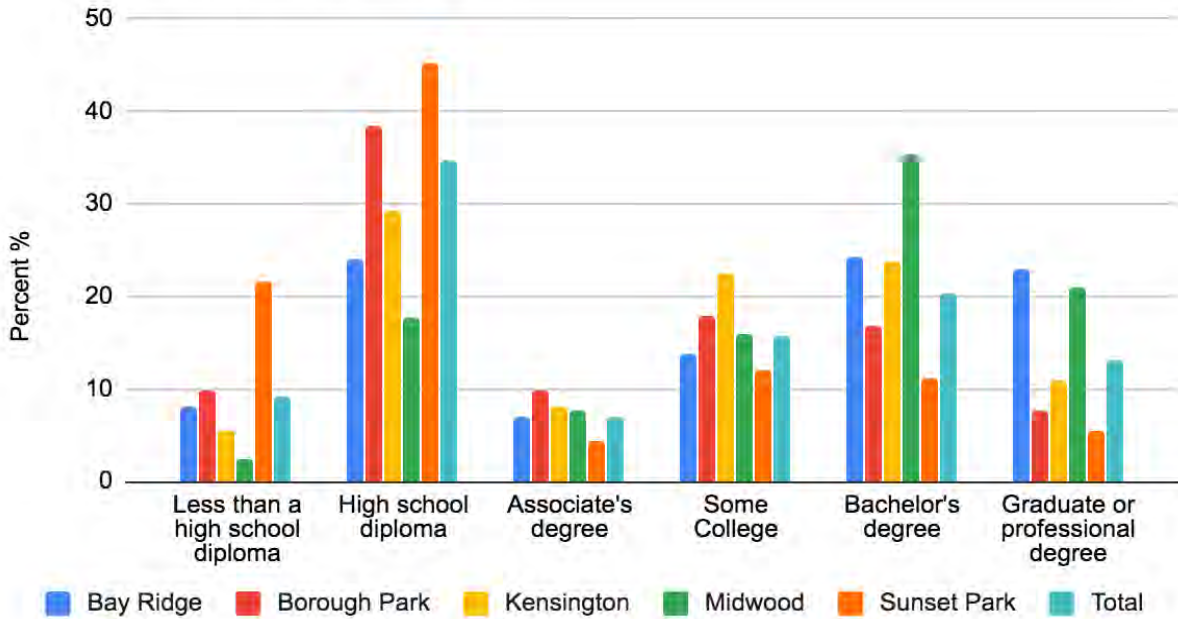
*Figure #11: Academic Attainment in SWB participants*

## Household Income

Across all zip codes, the majority of respondents chose "I prefer not to answer" when asked about their household income. From the participants who did respond, however, there were clear differences across the neighborhoods. The Sunset Park participants reported making between $0-$49,999 in 2018 at much higher rates than respondents from the other neighborhoods. Borough Park similarly reported lower incomes than the other neighborhoods. The income division in Bay Ridge was much more equally distributed, with 16% of participants reporting an annual income in 2018 of $75,000-$99,999 and 21% reporting $100,000 and over. This was higher than other neighborhoods, excluding Midwood residents in the $75,000-$99,999 category, with 22% of Midwood respondents reporting this household income.
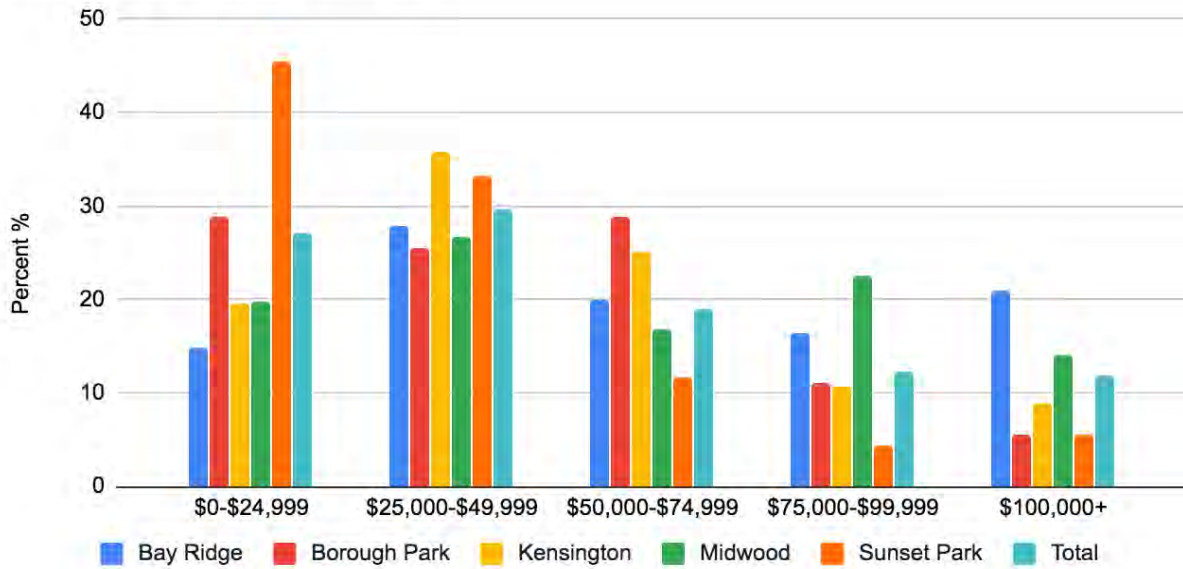
*Figure #12: Household income of SWB respondents*

## Benefits Received

Many respondents were hesitant to respond or refused to disclose information about benefits they may have received over the previous 12 months. Across all zip codes, the most reported benefits that residents received in the last year were Medicaid, SNAP/food stamps, and Social Security Income. Midwood had the largest amount of participants receiving Medicaid (46%) and Sunset Park reported the largest amount of participants who received SNAP in 2018 (36%).
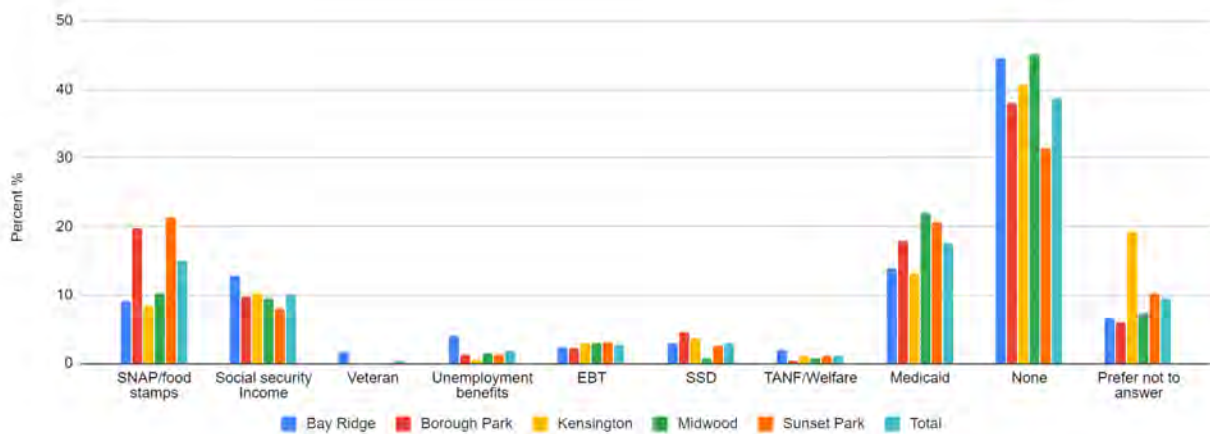


*Figure #13: Reported benefits received by SWB participants*

## Household Characteristics

Across neighborhoods, 58% of participants reported that they live in rentals. 84% of all participants surveyed responded that the cost of housing was a problem. Our survey alsoa asked about household size, number of bedrooms, and perceived overcrowding. Sunset Park had a higher household size than the other neighborhoods, and 45% of participants report feeling crowded within their homes. Among Midwood, Bay Ridge, and Borough Park participants, 32%-34% also reported feeling overcrowded in their current living situations, while only 26% of Kensington participants reported this as a concern.
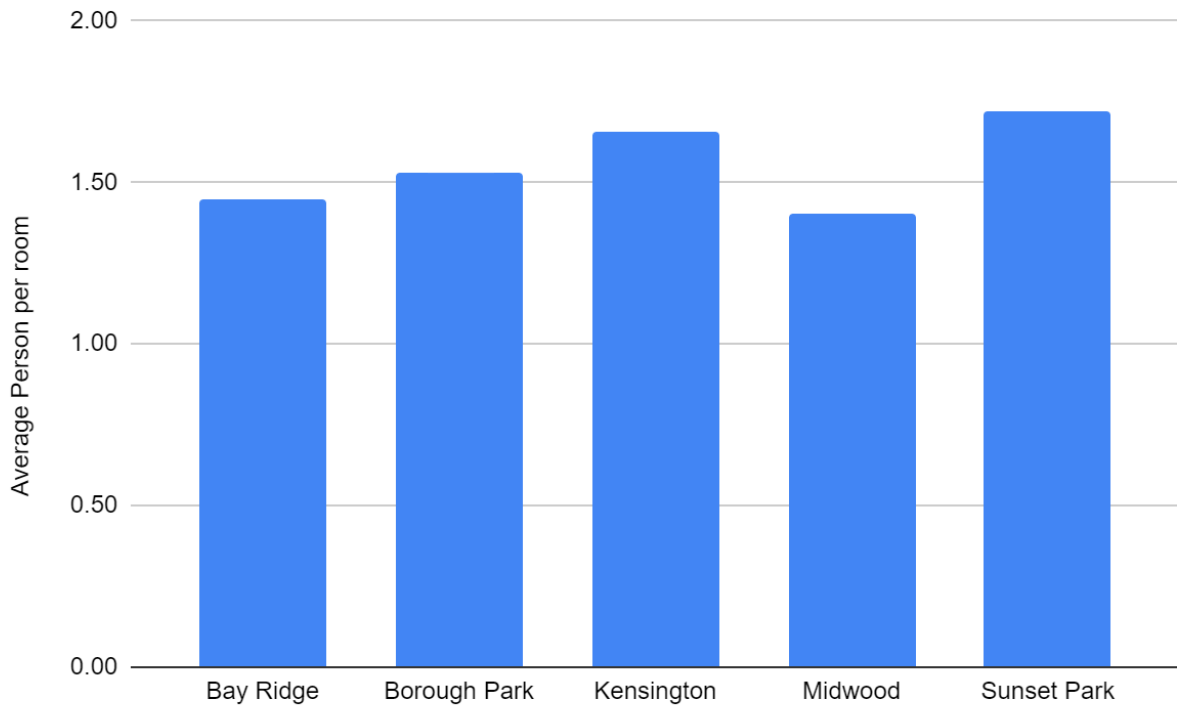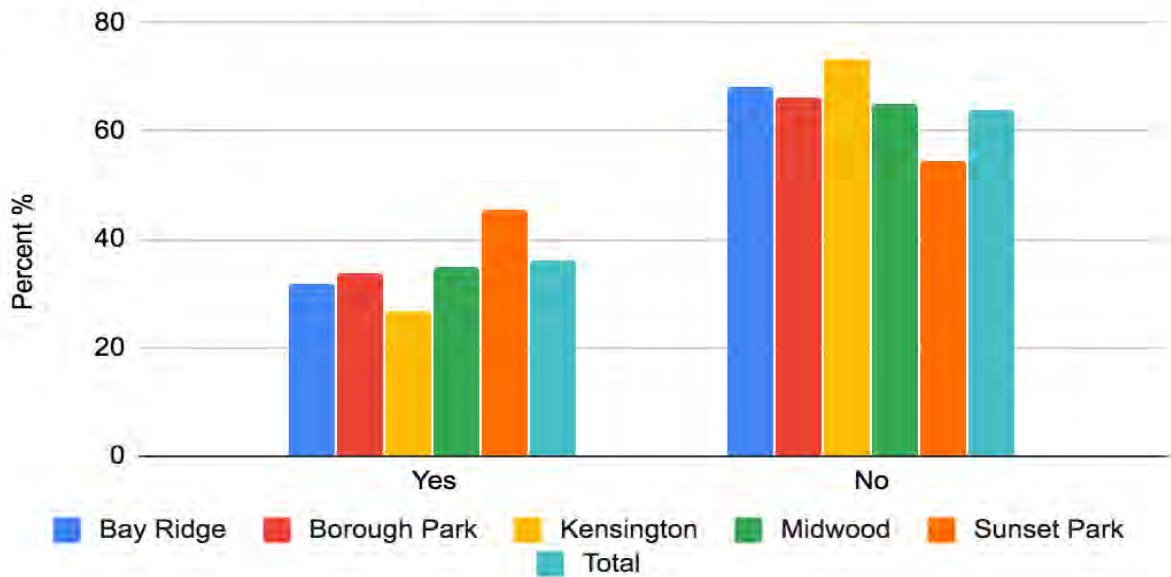


*Figure #14: Persons per room in SWB households*

*Figure #15: Reported overcrowding in SWB neighborhoods*

## Transportation

All participants were asked to report their two most used modes of transportation, and 42% of all respondents across all zip codes reported using public transportation and 28% reporting walking as the second most used mode of transportation. The most reported problems with transportation were delays (31% of all participants), cost (17% of all participants), and sanitation (19% of participants across all neighborhoods). Respondents across neighborhoods gave transportation safety an average rating of 4 (on a scale of 1 to 5, with 5 being the safest).

## Neighborhood Challenges & Strengths

Participants were asked to rank their top neighborhood challenges, and *housing* was the most reported challenge across all neighborhoods, with 29% of all participants answering this as the primary challenge. *Transportation, employment, poverty,* and *education* were challenges consistently identified, though there were variations by neighborhood (discussed below).

*Transportation* issues were reported at higher rates in both Bay Ridge and Borough Park (18% and 21%), and *poverty* was reported at a higher rate in Kensington (18%). For the rest of the reported top challenges in each neighborhood, the rates are similar.

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When asked about the best parts of living in these neighborhoods, the top response was parks, with 30% of all respondents rating parks as the top asset in their neighborhoods. Schools followed at 20% across all participants, and social cohesion/sense of community was the third most reported across all participants, at 14% of all responses.
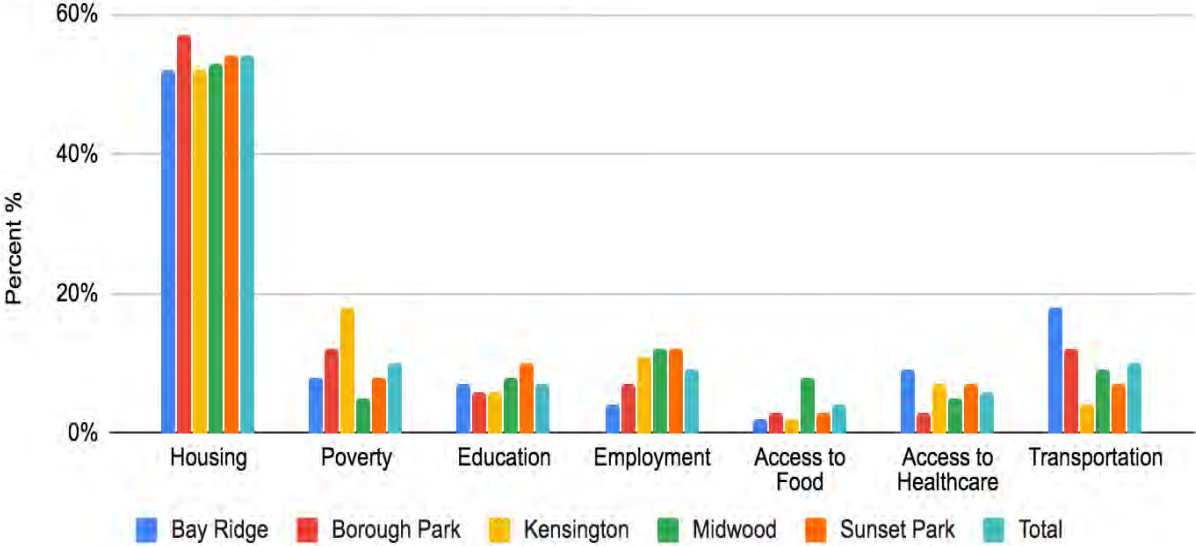


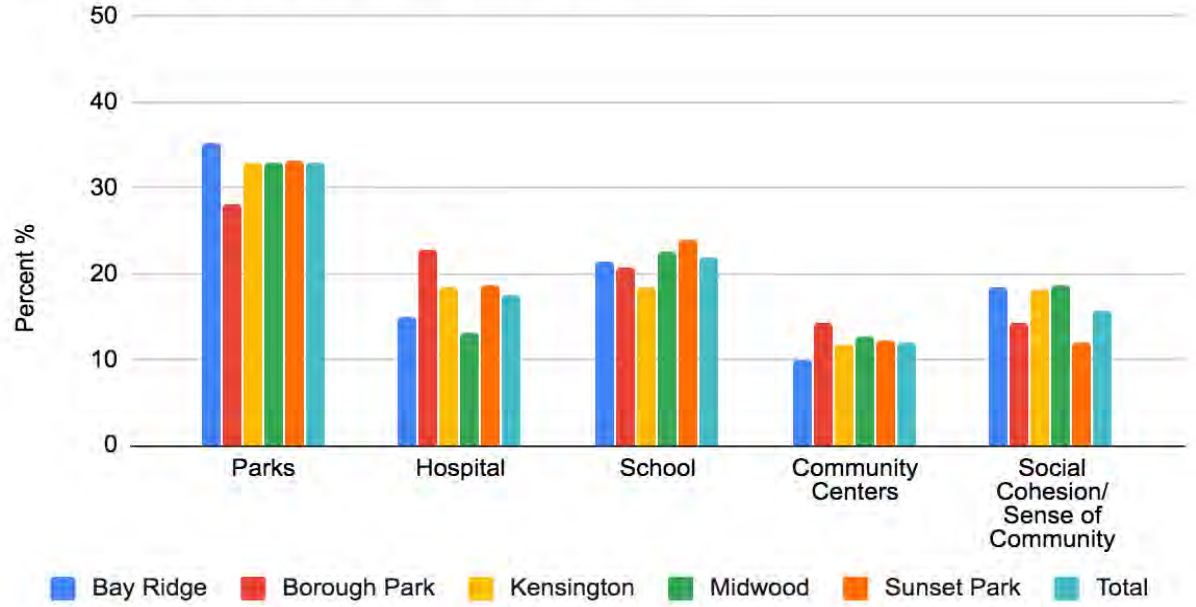*Figure #16: Top challenges reported by neighborhood*



*Figure #17: Reported best parts of neighborhood in SWB participants*

## Top Challenges Section Summary

While there was some variation in top challenges among respondents by zip code, the top challenges reported in all neighborhoods were: *housing, transportation, poverty, employment and education.* The top three reported best parts of living in these neighborhoods were *parks, schools, and social cohesion/sense of community.*

## Neighborhood Safety

When asked about neighborhood safety, the majority of participants rated safety as a 4 or 5 on a scale of 1 to 5, where the higher number signified feeling safer. As a follow-up question, participants were then asked what they believed would make them feel safer in their neighborhoods. Given that participants were allowed to select more than one answer, there are more responses recorded than the number of surveys collected. The top answer in all zip codes was *more police presence* (23% of respondents), with *better lighting, improved sanitation,* and *more activities for young people* reported as the other top solutions to increase feelings of safety in their neighborhoods.
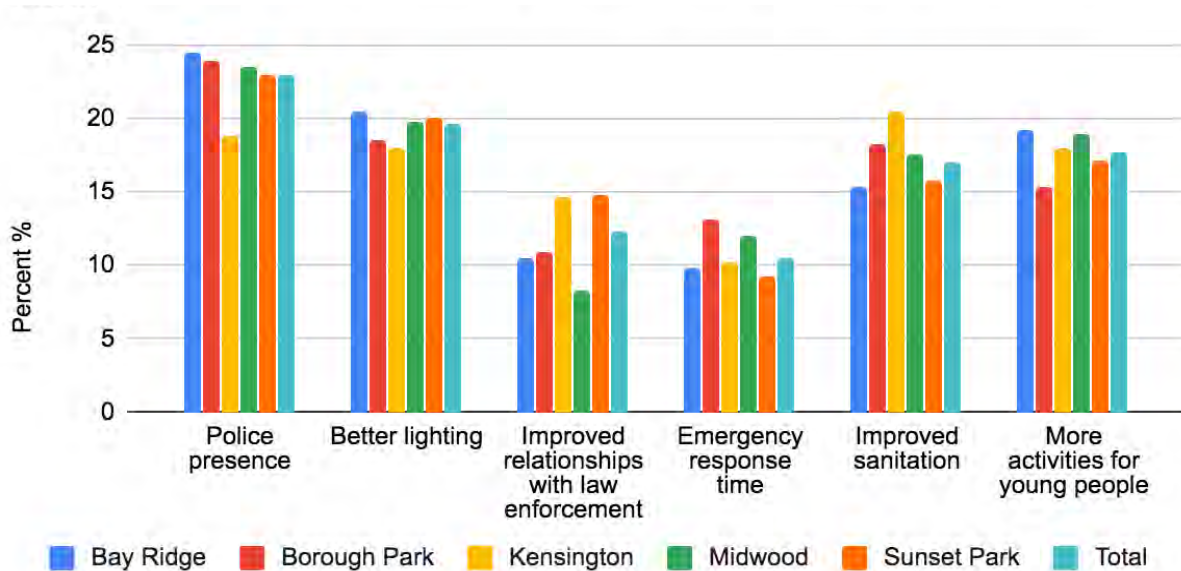


*Figure #18: Possible solutions to improve safety in neighborhoods*

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## Health & Stress

When asked to rate overall health on a scale of 1 to 5 (with 1 being very good and 5 being very poor), 57% of respondents across all neighborhoods rated their health as being a 4 or 5. Also, when asked about stress levels on a scale of 1 to 5 (with 1 being least stressed and 5 being most stressed), 64% of participants in all neighborhoods reported a stress level of 3 or higher. Participants were asked what they believed could help to decrease stress levels among residents and 35% of all participants answered *places to go relax*, 15% chose *therapeutic and psychological services*, and 13% answered both the need for more *culturally specific support* and *more outreach services available*. Participants were also asked whether they believed that people in their neighborhood would use mental health services if they were available, 50% answered yes, the remaining half answered 'maybe' or 'no'. The follow-up to that question inquired about barriers preventing people from using mental health services. The top two answers were *cost* and *social stigma* prevented access to these services, followed by a *lack of information* and *cultural and family beliefs* about mental health.
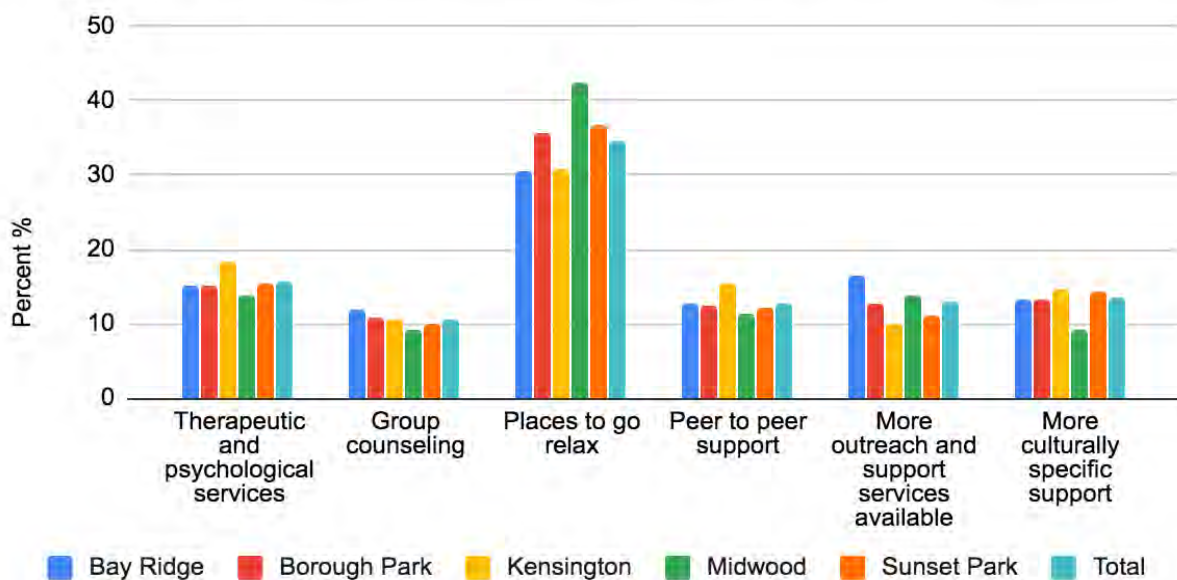


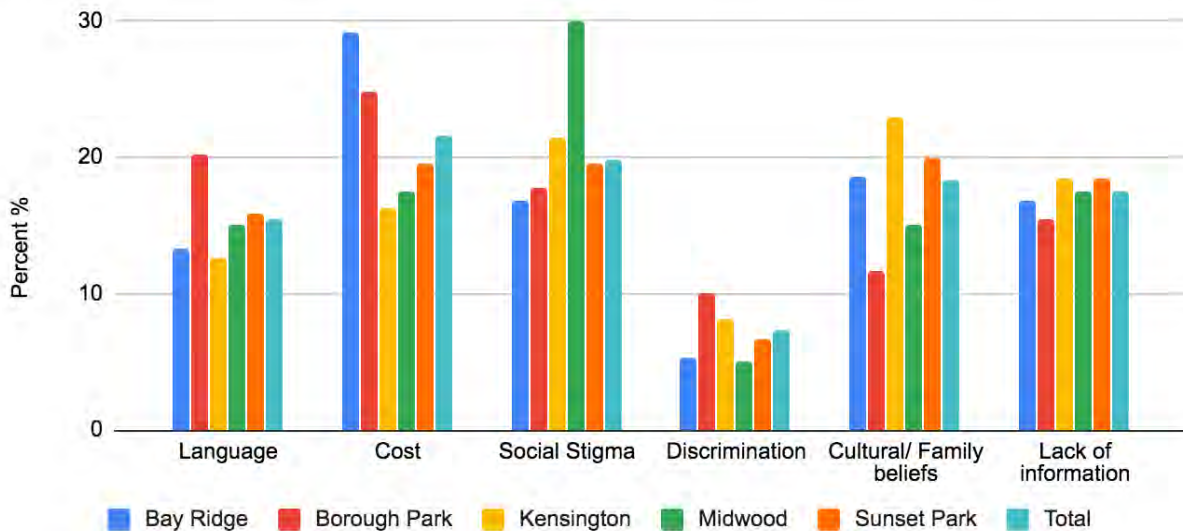*Figure #19: Possible ways to reduce stress in the neighborhood*

*Figure #20: Barriers to accessing mental health services*

## Access to Care & Cultural Competence in Healthcare Settings

Participants were asked about difficulties (if any) they face in accessing the medical care they need on a scale from 1 to 5 (with 1 being easy and 5 being hard), and 65% of participants across all zip codes answered a 1 or 2, indicating a majority of participants have little difficulty accessing the medical care they need. When asked about the obstacles that prevent them from accessing this care, a third of participants reported *cost* as the major barrier. *Time* and *distance* were the other two most widely reported obstacles across participants from all zip codes, with little variation across the neighborhoods. 62% of all participants responded having seen their primary care provider in the past 6 months and 20% responded seeing them in the last six months to a year. This indicates high primary care usage across all neighborhoods, with relatively low variability.

When asked if their physician's office spoke their preferred language, 90% of all participants responded 'yes', which was constant across all neighborhoods, though 15% of Sunset Park participants responded 'no', which was slightly higher than the other neighborhoods. Finally, participants were asked whether cultural differences impacted their ability to receive adequate medical care and advice and 84% of all participants responded '*no*' or '*there are no cultural differences*', while 20% of participants in Sunset Park and Kensington responded '*yes*', which is about double the 9-10% responses in Borough Park, Bay Ridge, and Midwood.
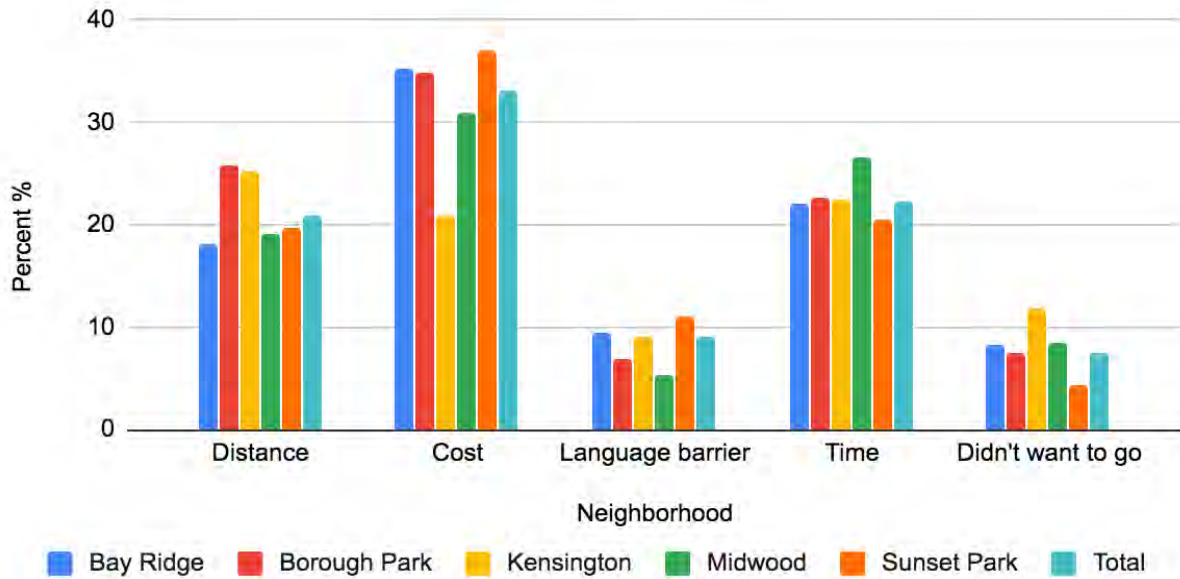
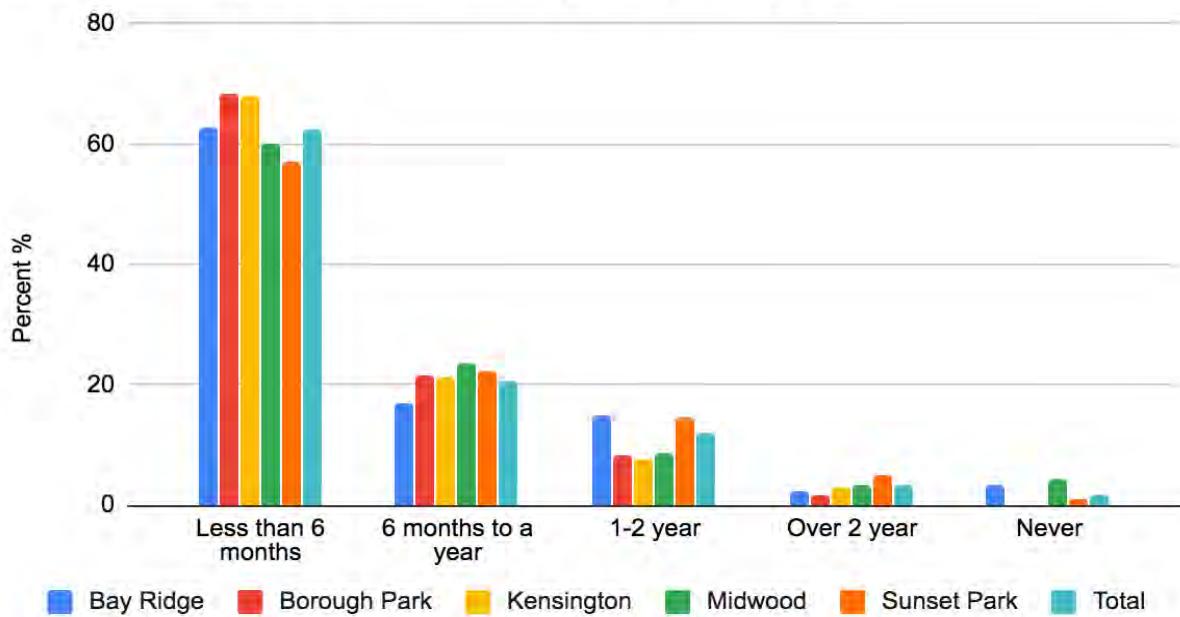*Figure #21: Obstacles to medical care*



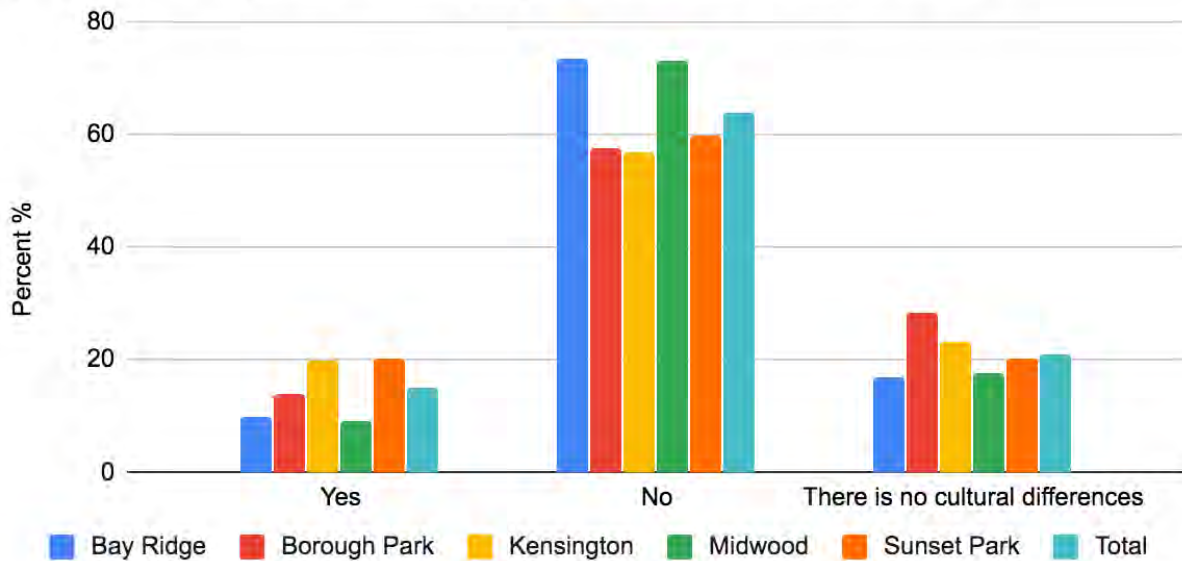*Figure #22: Last time SWB participants saw primary care doctor*

*Figure #23: Cultural differences in medical care*

## Access to Resources

SWB survey respondents were asked what the most needed social services were in their communities, and *housing assistance* and *immigrant assistance* were the top answers among all participants across neighborhoods, with Sunset Park and Kensington reporting a higher need for immigrant assistant services. Borough Park reported the greatest need for *housing assistance*, while *homeless assistance* and *child care* were also reported as needed social services. When asked about the barriers that prevent participants from accessing social services, the most common respondes were *awareness, language, location*, and *time*.

Participants reported that they would be most likely to access resources and social services. While 30% of all participants reported not knowing when they'd be the most likely to use these services, 25% answered that they would *use them in the morning*, 15% said *afternoons*, and 17% said *weekends*. *Evenings* were the least popular times, reported at 11%.

Finally, participants across all zip codes were asked about the ways that they receive information about social services and neighborhood events. The top response was via the *internet*, followed by *neighbors and word of mouth*, and *libraries*. Respondents from Sunset Park reported a greater use of religious institutions to receive information compared to the other neighborhoods.
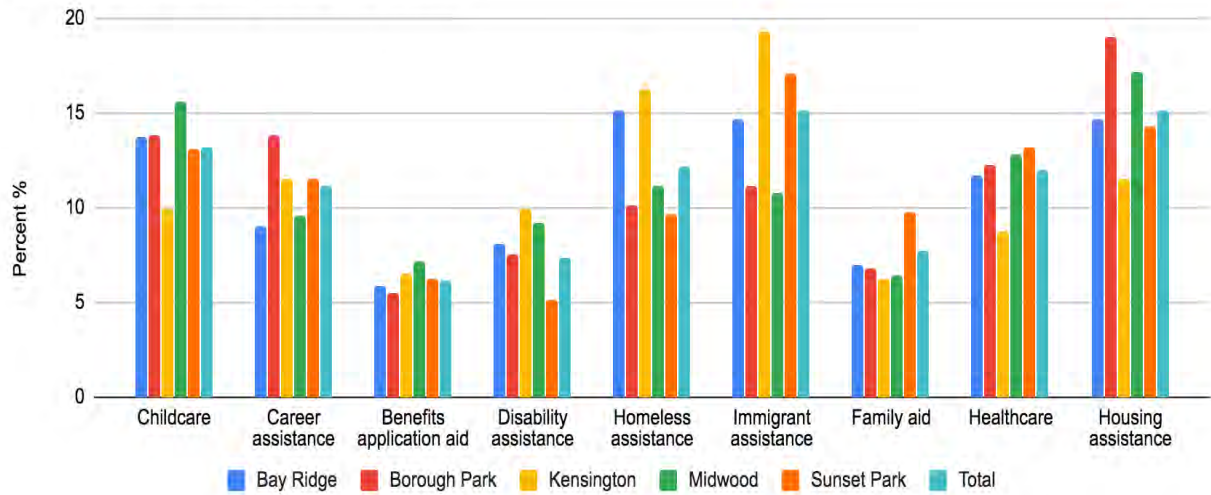
*Figure #24: Most needed social services in SWB respondents*
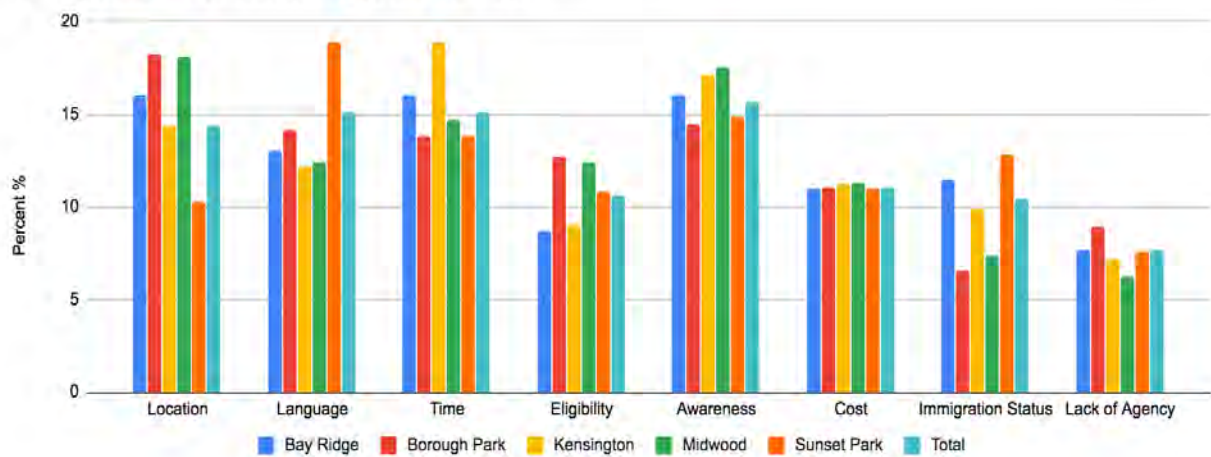


*Figure #25: Obstacles in accessing social services*
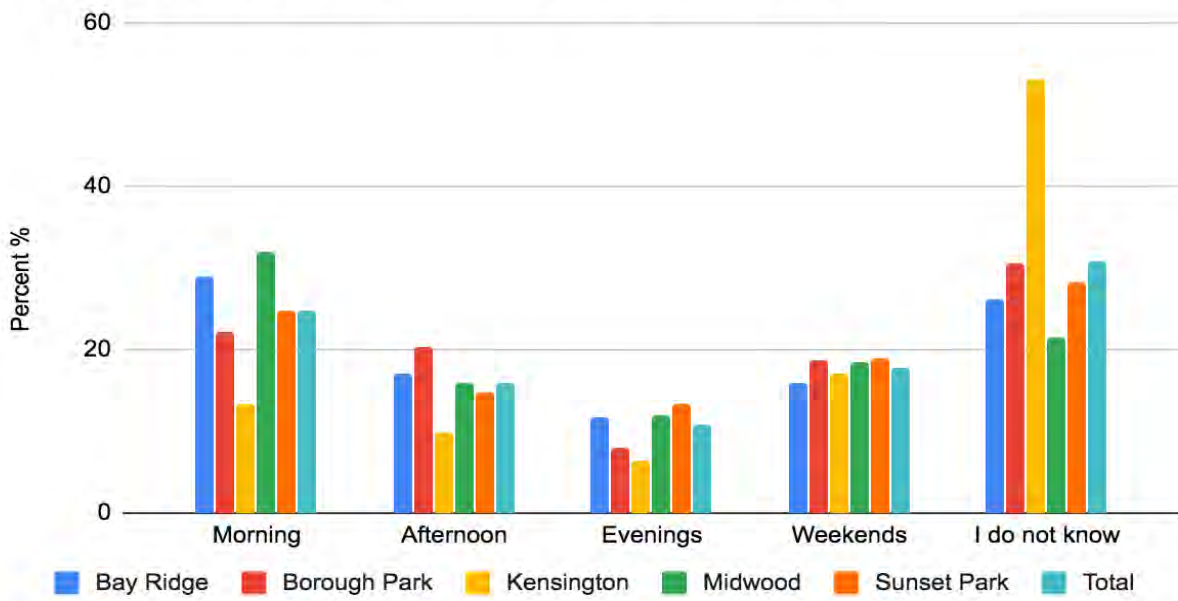
*Figure #26: Best times to access social service resources*
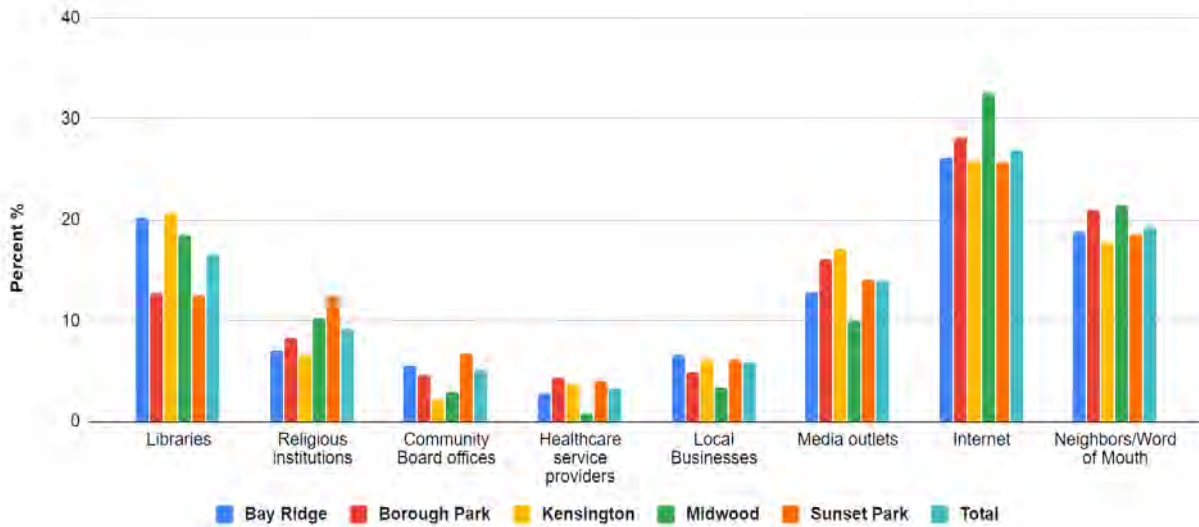


*Figure #27: How SWB participants receive information about social services & neighborhood events*

# Food

SWB participants were asked to rate the accessibility of fresh food in their neighborhoods on a scale of 1 to 5, with 5 being the most accessible. Across all neighborhoods, 48% of participants rated their accessibility to food as a 5, indicating ease of access to fresh foods. However, when participants were asked to rate the cost of fresh food in their neighborhoods on a scale of 1 to 5, with 1 being the cheapest, only 20% of all participants rated their food costs at a 1 or 2, with the majority responding at least a 3 in cost. Across all neighborhoods, the most reported place to buy groceries was large supermarkets. 20%-24% of respondents in Sunset Park, Midwood, and Kensington reported buying groceries from ethnic markets and grocery stores, higher than that of Bay Ridge and Borough Park.
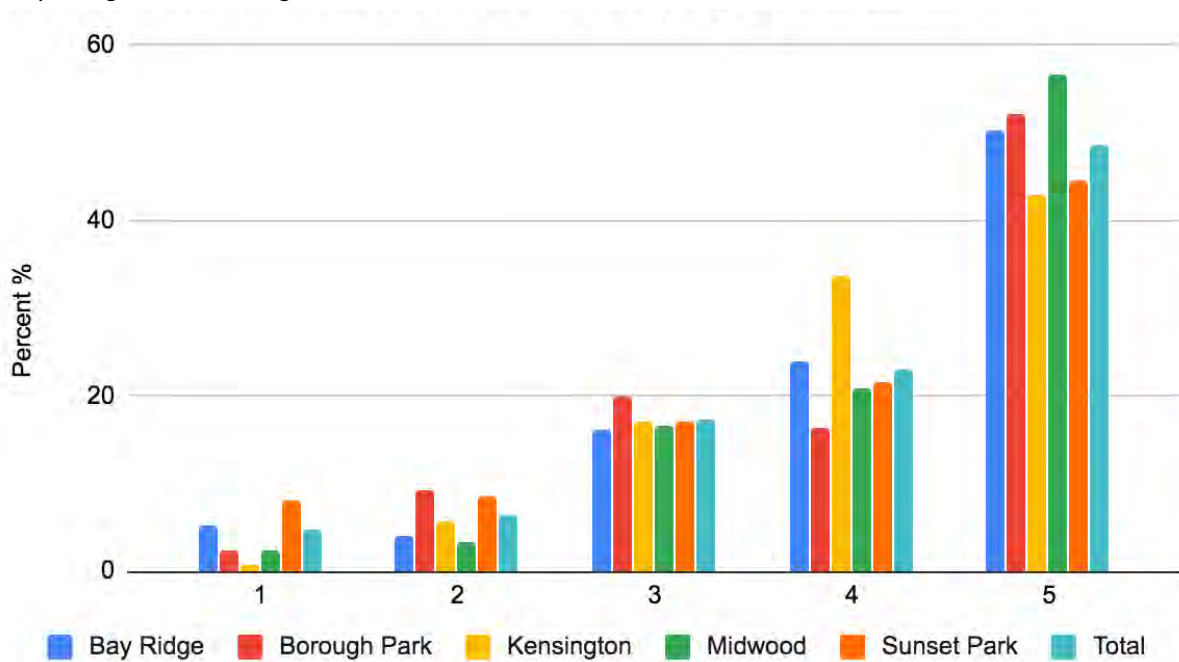


*Figure #28: Fresh food accessibility rated on a scale from 1-5 (higher the most accessible)*
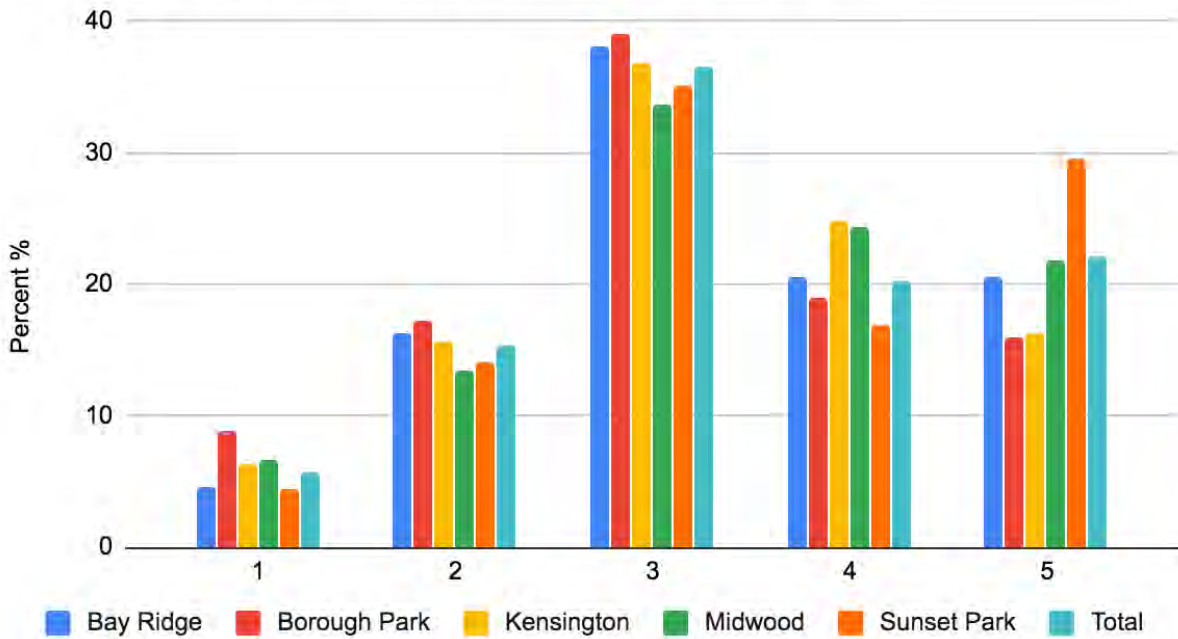
*Figure #29: Cost of fresh food on a scale of 1 to 5 (lower being least expensive)*
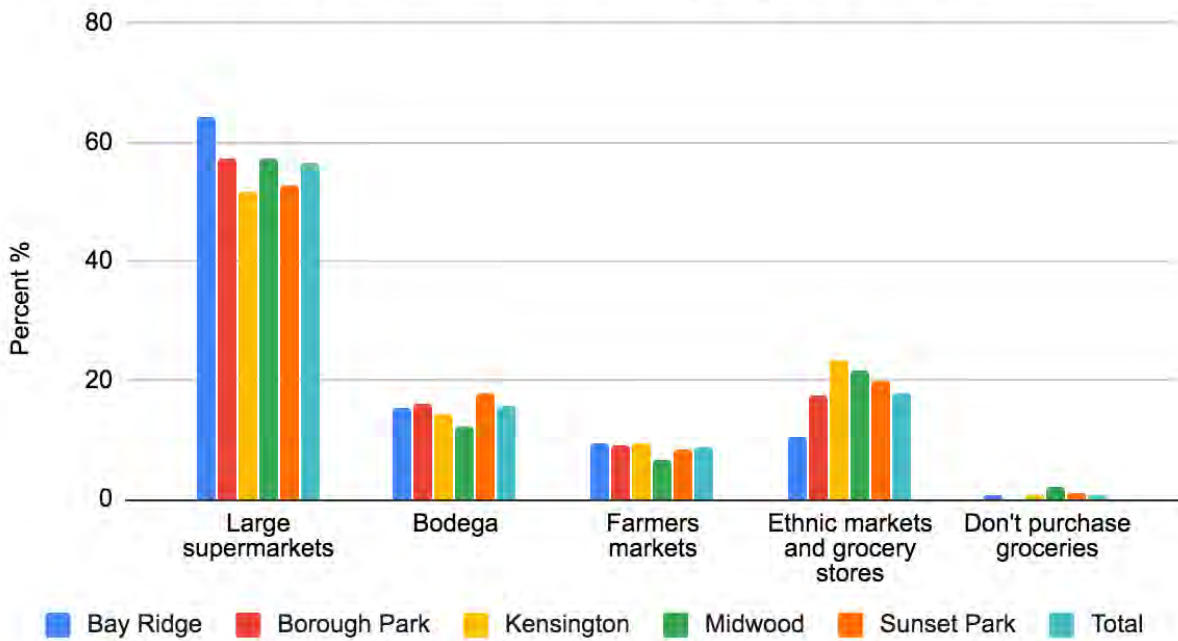


*Figure #30: Where SWB participants purchase groceries*

## Schools

Across all zip codes, 55% of those surveyed had a family member who attends a school in their neighborhood. Those who answered yes were then asked which problems (if any) exist in their local schools. The most commonly reported problem in Bay Ridge schools was *overcrowding*, followed closely by a *lack of after school programs*. Borough Park residents also reported *overcrowding* as the top challenge, followed by a *lack of advanced education support*, a *lack of after school programming*. Kensington and Midwood reported similar challenges, where *overcrowding* was the top challenge, and the remainder of choices were ranked relatively evenly. The top challenge in Sunset Park was also *overcrowding*, but was the only neighborhood that had a high percent of respondents reporting a *bad reputation* as an issue in their schools.

Across respondents, the the most commonly reported challenge was overcrowding, followed by a lack of after school problems, and a lack of advanced education support.
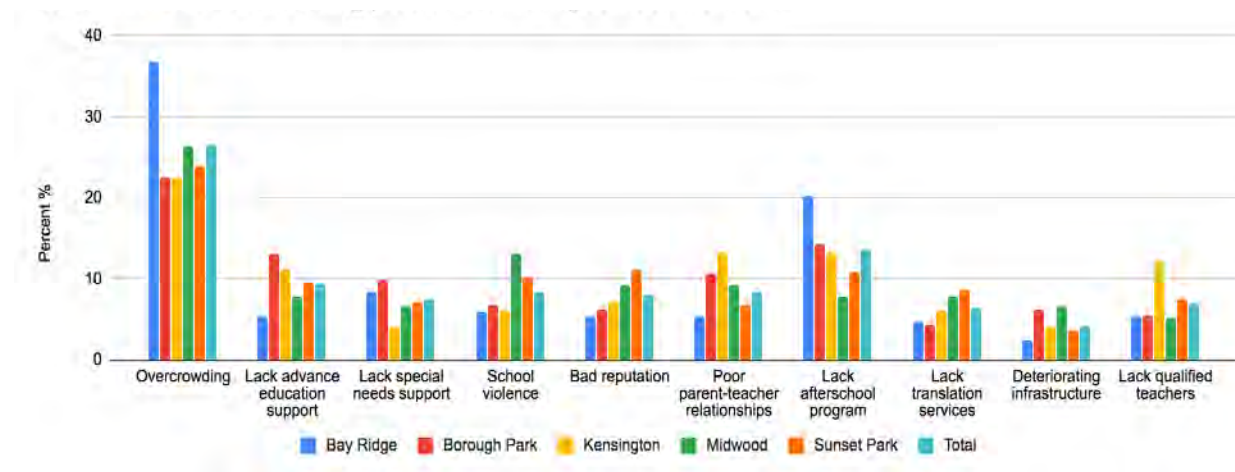


*Figure #31: Problems in local SWB schools*

## Homelessness

57% of survey respondents reported homelessness as a problem in their neighborhoods, with higher numbers in Sunset Park (58%), Kensington (59%), and Bay Ridge (64%). When asked what kind of services would help to solve homelessness in their neighborhoods, answers had very little variability, with *affordable housing*, *access to social services*, and *employment services* as the top three possible solutions.
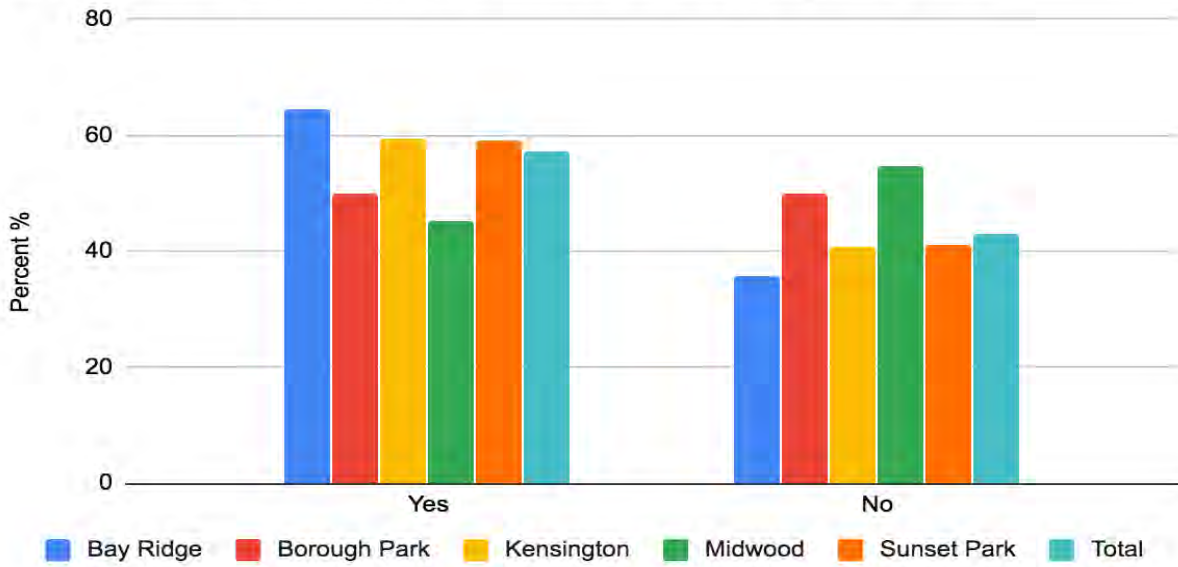
*Figure #32: Is homelessness a problem in SWB neighborhoods?*
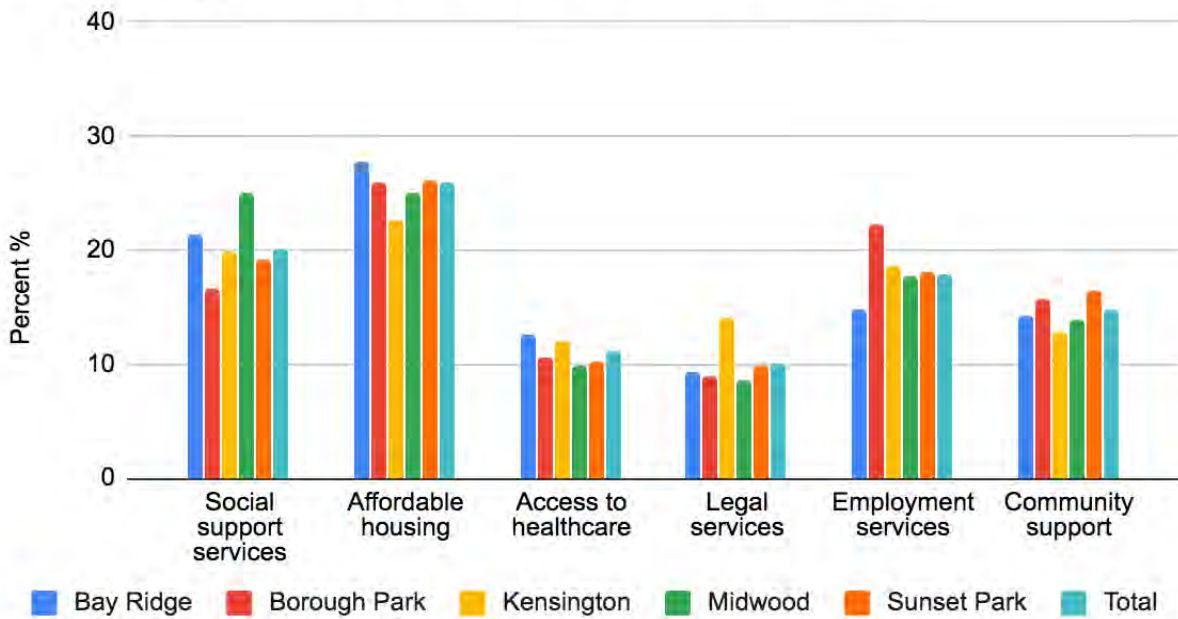


*Figure #33: Potential solutions for homelessness in SWB neighborhoods*

# Immigration

SWB participants were asked to rank how much, if at all, federal immigration policy has affected them directly, on a scale of 0 (not at all) to 5 (a lot). While the majority of participants across neighborhoods responded that policy had not impacted them at all, 36% of residents in Sunset Park reported a 3 or higher, and had the highest number of 5 ratings. 25% of Bay Ridge participants also reported an impact of 3 or higher, these neighborhoods were much higher than other neighborhoods.

If respondents indicated that immigration policy impacted them, they were then asked if current federal immigration policy had stopped them from doing particular activities, ranging from walking around their community to reporting crime. Across neighborhoods, *walking around their neighborhood and community, going to work,* and *seeking medical care* were the top three activities that fear of federal immigration policy impeded. Similar to the previous question, Sunset Park and Bay Ridge had more residents who indicated they were facing these challenges than the other neighborhoods.
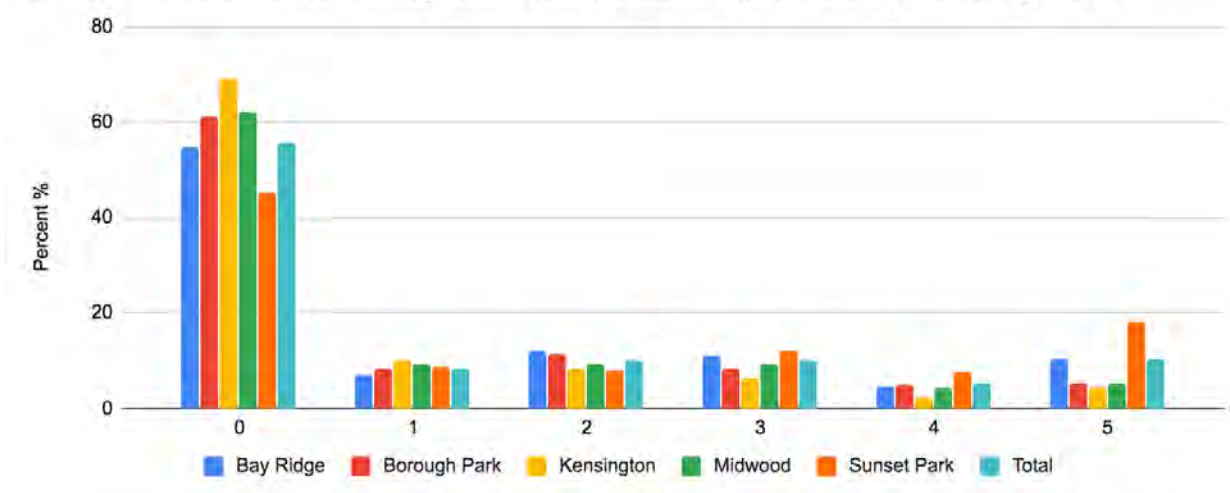


*Figure #34: Impact of federal immigration policy on a scale from 0 to 5 (with 0 being not at all)*
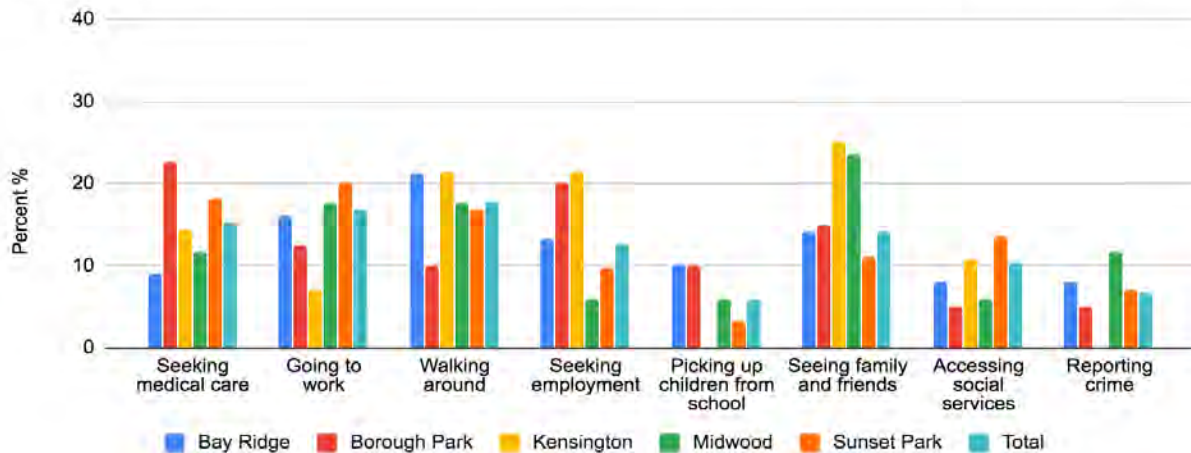
*Figure #35: Impact of immigration policy on daily life*

## Political Engagement

SWB participants were asked if they knew their elected officials. The results varied by neighborhood. While 62% of Bay Ridge and 50% of Borough Park participants knew who their elected officials are, only 45% of Midwood residents, 37% of Sunset Park residents and 35% of Kensington knew who their elected officials are. When asked how represented they felt by their elected officials on a scale of 1 to 5 (with 5 being the most represented), 63% of all participants reported a 3 or higher, indicating feeling moderately to highly represented. However, 41% of participants in Bay Ridge and 43% of participants in Sunset Park reported a 1 or 2, indicating a lower level of feeling represented by their elected officials.

Participants were then asked in which ways their neighborhood's elected officials could better represent them. Regardless of how represented they already feel, the top responses from participants across all zip codes were increased *community engagement* and *improved cultural awareness*.
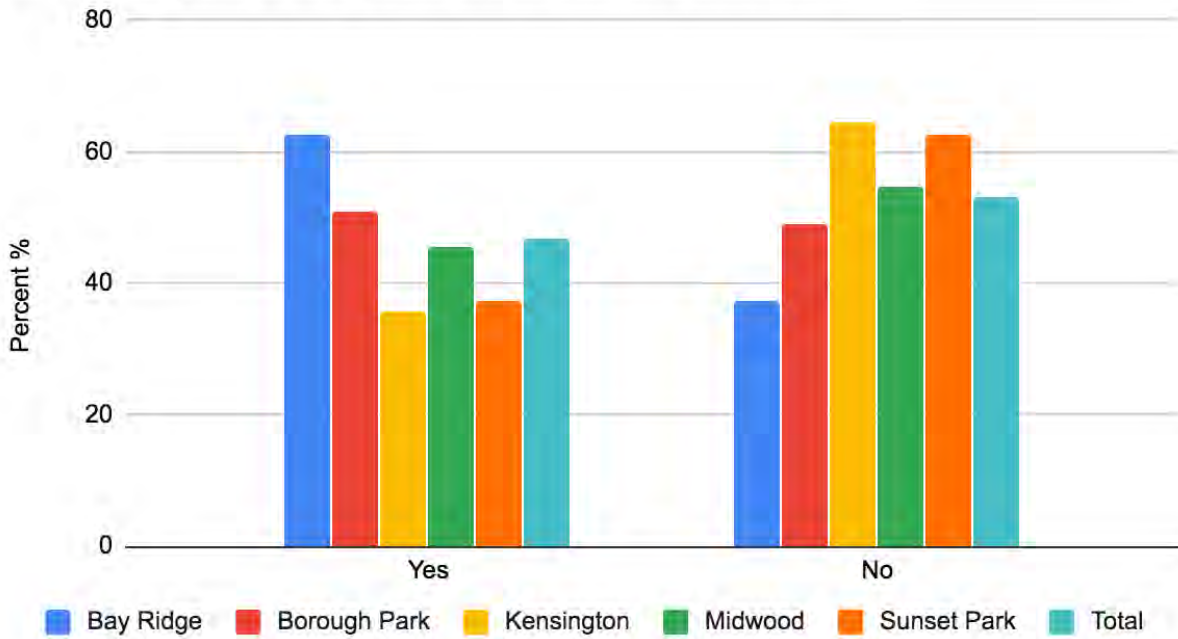
*Figure #36: SWB knowledge of elected officials*
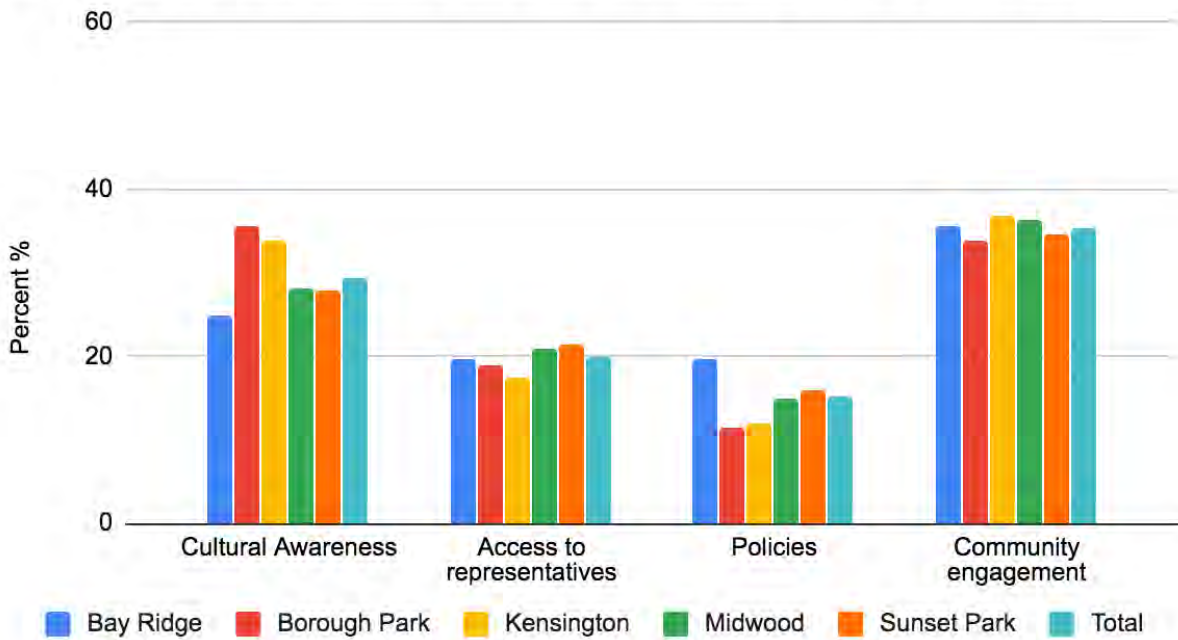


*Figure #37: How to improve representation by elected officials*

## Community Engagement

Survey respondents were asked if they would be interested in attending community events in their neighborhood and 51% of participants across all neighborhoods indicated that they would be interested. This number was higher in Bay Ridge, with 63% of participants answering *'yes'*, and lower in Borough Park and Midwood with 40% and 44% answering *'yes'*, respectively.

Participants were then asked the kind of community events that they would consider attending. Responses were split fairly equally across all options, with *street fairs*, *cultural celebrations* and *community gatherings* chosen as the top three options. Additional interest was indicated in events for children and *health fairs*.
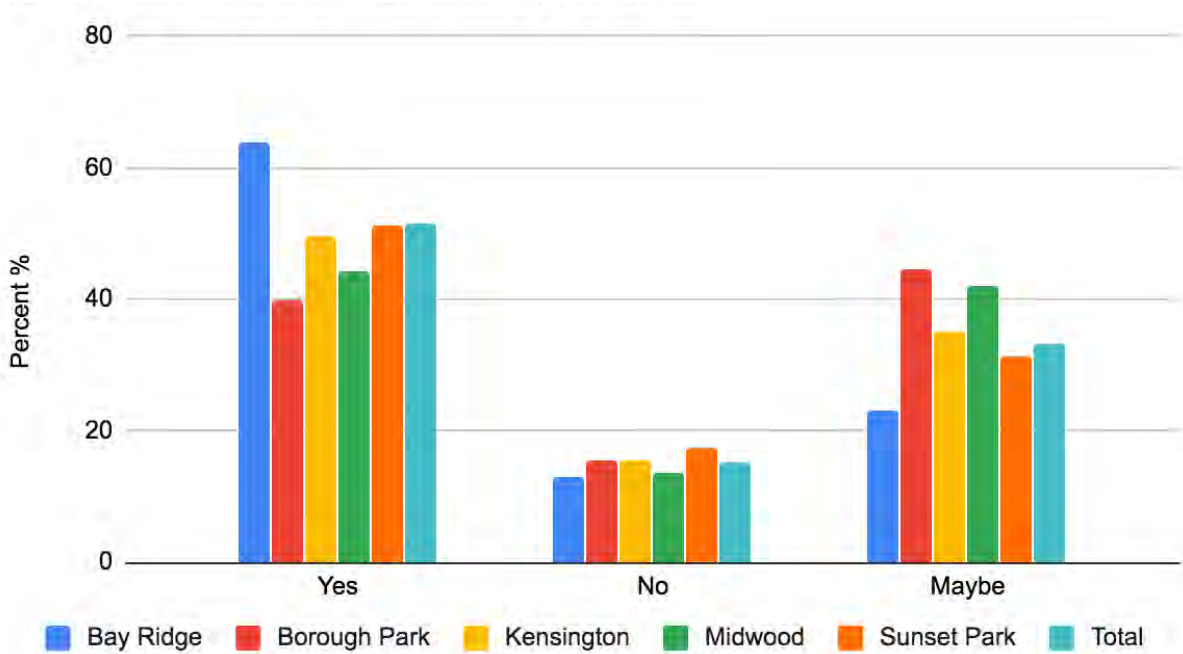


*Figure #38: SWB participant interest in community events*
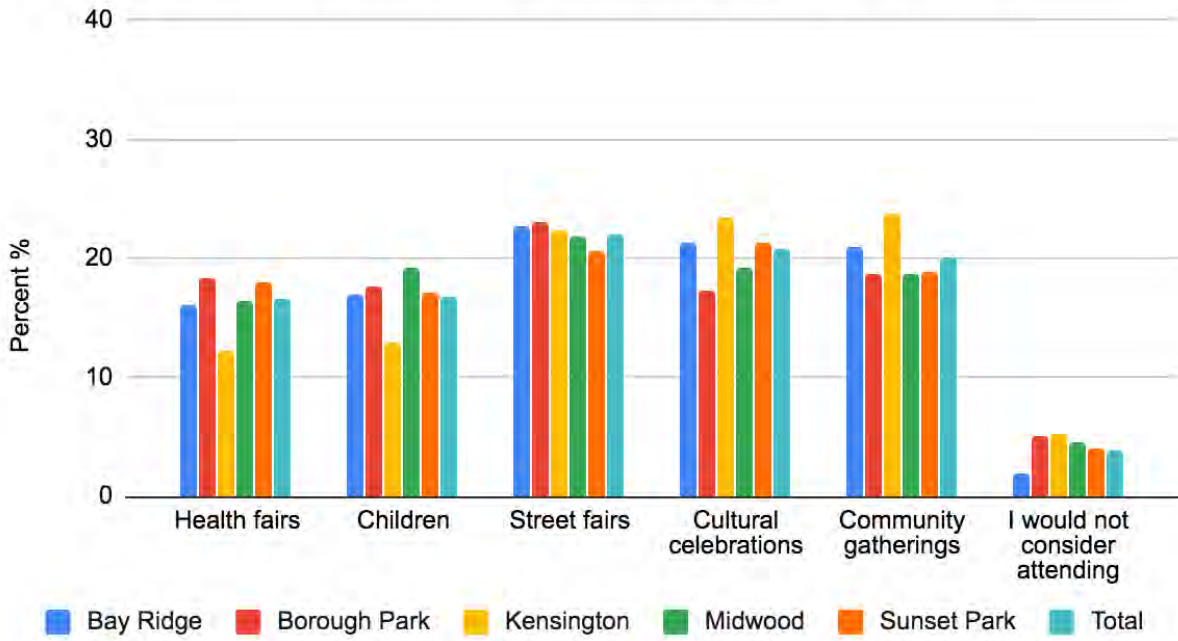
*Figure #39: Types of community events SWB participants would attend*

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# Interview and Focus Group Findings

*Interviews with 35 individuals representing 25 community-based organizations, elected officials, community boards, and religious institutions were conducted, along with six focus groups with neighborhood residents. All focus group and interview participants were residents of and/or worked in at least one of the study neighborhoods. As outlined in the methodology section of the report, focus group and interview respondents were asked about the best and most challenging aspects of living and/or working in their neighborhoods in terms of health and well-being; their perception of cultural competence and access to medical and social services; social cohesion in their community; the impact of federal immigration policy (if any) on them or their community; and suggestions for what an ideal neighborhood would look like and what could be done to get there. These responses are outlined below and were incorporated into the recommendations section on p. 100. It is important to note that many of the themes that came up in the interviews and focus groups were reported as both positives and negatives of living in the neighborhoods.*

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# Best Aspects of Living in the Neighborhood

Focus group participants and interviewees were asked what they believe to be the best aspects of living and/or working in their neighborhoods when it comes to health and well-being. Overall, participants identified *social cohesion*, *physical environment*, and *access to resources* as the best aspects of living in their neighborhoods.

## Social Cohesion

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"I think the feeling of communal care is really a big asset of this community. People know each other and those that don't… there's a help-your-neighbor attitude that I'd like to think makes people feel more connected."

<div align="right">-Sunset Park Interviewee</div>

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Across all neighborhoods, participants reported that social cohesion was one of the best parts of living in their communities. As one interviewee in Sunset Park put it, "There's no us and them, we're all in it together." Interview and focus group participants reported that they believed one of the best parts of their neighborhood was the sense of community and thought that this likely contributes to good health outcomes in their neighborhoods as well.

Some participants in Borough Park related this to the religion and common cultural values amongst neighborhood residents and the takeaway was the same, "everyone plays a role, the leadership, the rabbis, the synagogues. This is one tight knit, close community. God forbid something happens to one family it's like it happened to everyone…you'll see thousands of people who are there for the family. The community had a tragedy, not just the individual family." This sense of community came up regularly throughout focus groups and interviews and highlights a key asset to the SWB neighborhoods.

## Physical Environment

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"There's a lot of green space, we have the shore and the promenade on Shore Road. It's a beautiful stretch, and I walked down to the waterfront all the time because it's great; there are options for outdoor activities, which can be healthy."

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Focus group and interview participants responded that aspects of the physical environment could be considered both assets and challenges to living in their neighborhoods. Residents identified *safety* and *outdoor space* as some of the best parts of their neighborhoods. This was especially true in Sunset Park, where participants identified Sunset Park and various park spaces as "tremendous assets" for the community members as these parks provide places for recreation and events for neighbors to come together. While members of Borough Park commented that Gravesend Park is a nice outdoor area in the community, a majority of respondents would like to see more parks and outdoor spaces. Bay Ridge residents also reflected on the amount of green space in the community, saying that "we are park rich, park wealthy."

Across all neighborhoods, residents reported feeling relatively safe, which was reflected in the survey data as well.

## Access to Resources

Across neighborhoods, participants identified having good access to medical services as well as food in their communities, which was also reflected in the survey data. Participants in Sunset Park regularly reported "we have fresh food available at all areas of the neighborhood," and residents in Borough Park and Bay Ridge echoed these statements. Additionally, the unique location of SWB neighborhoods grants many residents access to a number of healthcare organizations, including Maimonides Medical Center, among others. The relative proximity of these healthcare services were identified as an asset in both interviews and focus groups. The cost and quality of these services were also spoken about and many of these concerns fall under the challenges of the neighborhoods.

"We are fortunate to have access to several NYU Lutheran Medical facilities, SUNY Downstate Hospital, the VA Hospital, and also to be adjacent to Borough Park's Maimonides Hospital."

-Bay Ridge Interviewee

# Most Challenging Aspects of Neighborhood

Focus group participants and interviewees were asked what they believe to be the most challenging aspects of living and/or working in their neighborhoods when it comes to health and well-being. While participants in all neighborhoods agreed that the *cost of living* was the top challenge in their neighborhoods, there was more variation with the challenges throughout the neighborhoods. *Immigration* was considered a top challenge in Sunset Park and parts of Bay Ridge, though not in Borough Park, reflecting the demographic makeup of the neighborhoods. Overall, the top concerns identified in the SWB interviews and focus groups were the *cost of living, cultural competence, physical environment, access to resources, mental health,* and *immigration.*

## Cost of Living

Similar to survey findings, interview and focus group participants are concerned about the increasingly high cost of living and the financial *stress* that comes as a result. "Cost of living" in these discussions referred to the cost to pay rent or a mortgage, as well as the costs associated with a life within their community, including food, and in many cases, the standard of living.

Many participants report that affordable housing a huge problem within their neighborhoods and that it's becoming "harder and harder for families to maintain themselves economically, especially in this community." This has to do with the increasing housing costs and new luxury housing and business developments coming to the neighborhoods, especially in Sunset Park. One interviewee specifically brought up Industry City, saying that while it has brought "new wealth and new people" into the neighborhood, not all the jobs are being offered or marketed to people from the neighborhood, which is "changing the cultural economic fabric" of Sunset Park.

*Homelessness* is an issue that is also impacting community members, but in ways that may not be obvious to those outside the community. As one Bay Ridge interviewee put it, "I see people who are marginally homeless, so maybe they're living on someone's couch, they're retired or not capable of work. You see them, and they are known to the community, it's becoming more and more prevalent." In Bay Ridge, many facing homelessness have been living in the neighborhood for decades and are elderly, which puts them at risk for substantial health problems.

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"I've been living here for 50 years in the same house. I'm waiting for the day they go, 'we need your house.' So where am I going to go?"

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Participants in all neighborhoods agreed that the cost of food in most places in their community was higher than they'd like, though they typically found fresh food easily accessible. Focus group participants in Borough Park reported the same, but to a much greater extent. It was reported that the cost of kosher food is much more expensive, and the costs associated with living in Borough Park are different than in other neighborhoods.

"A high income in our community is different than a high income in another community," one Borough Park focus group participant told us, and another participant agreed, "it's the standard of living. Peer pressure is higher here, the standards of the wedding, the standards of how we live, how your house should be…it creates *anxiety*." This reflects the cultural considerations and expectations in Borough Park specifically, but highlights the intricacies and nuances involved in cost of living as a burden.

## Cultural Competence

"Cultural competence is the understanding of how someone's culture or the circumstances their particular group are subject to can impact their health, as well as understanding how customs and traditions factor into the treatment they receive. If our healthcare providers don't know this, they can't tackle health issues that are specific to certain groups effectively."
*-Bay Ridge Interviewee*

Cultural competence came up in all focus groups and interviews, and while it sometimes was spoken about favorably, most participants agreed that not enough was being done to promote cultural competence within their neighborhoods, especially in relation to services and information. There were two themes that came out of these discussions: *cultural considerations* and *representation* in services, resources, and community education and engagement. The major takeaway from these discussions was that *it is not enough to simply have something in a target language*--that cultural competence is much more multidimensional, and has to be in order to be effective and respectful. This finding was different than the findings from the survey, in which most respondents reported that their providers were culturally competent.

"The bottom line is when you live here--the outside world doesn't understand our way of life. If you ever find yourself in a situation where you do something for religious purposes whether it's health related or lifestyle related, whatever it may be, there's a disconnect."

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Participants in both Borough Park focus groups and interviews spoke candidly, and unprompted, about the measles outbreak that took place in early 2019, and told the research team that the city's approach to this was not effective or handled in a way that was culturally competent. Members of the community report that materials about measles and vaccinations were brought into the neighborhood translated into Yiddish in a way that one leader reports was "Google translated" and that many community members were offended and found it to be a "joke". Focus group participants added that it is not enough to simply translate materials. Many believed that there has to be education or engagement with the community and its leadership to understand the culture, how it impacts health decisions and outcomes, and collectively strategize on ways to improve health and well-being moving forward.

In all neighborhoods this sentiment was echoed in other ways as well; that language is just one factor of cultural competency. Members of many of these communities have strict rules about members of genders not interacting, as well as customs around food and dietary restrictions, and modesty in clothing and dress. Some community members acknowledge that in surrounding hospitals this is something that they are seeing more of, but stressed that in order for healthcare and social service providers to have the greatest impact, they must be familiar with the customs and traditions of each community and culture.

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"For example in the Muslim community, they do not like to have a doctor of the opposite gender, so males prefer males and females prefer females. In terms of language, there are so many languages spoken in the community that when someone can't communicate with their doctor openly or their doctor doesn't understand them it becomes very hard to get what is required for them." *-Sunset Park Interviewees*

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## Physical Environment

Though participants reported some parts of the physical environment as assets, there was also much of the physical environment that they categorized as challenges within their communities. Specifically, *transportation*, a *lack of outdoor spaces*, and *sanitation* were the top concerns of interviewees and focus group participants. One interviewee joked that the N and R trains are known locally as the "*Never* and *Rarely*" due to the transportation issues that Bay Ridge

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residents often face,[16] and this was brought up throughout the other focus groups, interviews, and was reflected in the survey responses as well. Additionally, Borough Park residents reported that there were problems with pollution from buses in their neighborhood, which has led to asthma and respiratory problems in their youth.

Many of the residents in focus groups said that they wished their neighborhoods had more outdoor space for recreation, particularly for their children, but weren't sure where they would have the space to develop them. Sanitation came up as a major problem in the survey and was mentioned 65 times in the open ended survey question, and was addressed in a similar way in the interviews and focus groups. Participants report a need for increased sanitation in their neighborhoods, while others believe that the responsibility of neighborhood cleanliness falls on the residents themselves.

## Access to Resources

Most residents believe that resources, particularly healthcare and social services, could be more accessible within their communities. There are several factors that are stopping residents from accessing the resources that they need, and *cost*, *education*, and *legal status* were the most reported from the interviews and focus groups.

Participants identified the cost of accessing resources a major barrier, which was similarly reported throughout the survey. One service provider confirmed that this is an issue in the population they serve, saying that "many of the individuals are not enrolled in health insurance, which usually means they either *do not know* about the health insurance resources that are available to them, *they are afraid to apply for it, they can't afford it*, or *they are undocumented*." Many of the reasons that residents are not accessing available resources are related to current immigration policies and the resulting fear and restrictions that are preventing residents from accessing the services they need.

Service providers in Bay Ridge spoke about the lack of resources to the large elderly population there, particularly handicapped accessible housing and senior centers. One respondent put the number of elderly residents in Bay Ridge at 20,000 and growing, and there is only one Department for the Aging senior center in Bay Ridge. They explain, "we have a registration of 1,400 and there are 20,000 [seniors]. We serve home delivered meals to 675 people a day, and again, there are 20,000 people. So we are at best serving 2,000 of the 20,000. That's 10%. And we're it; we're the only ones."

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[16] Gounardes, Andrew. *December 2019 Transit Report: The Ordeal of Southern Brooklyn Commuters*. https://www.nysenate.gov/sites/default/files/article/attachment/gounardes_transit_report_final.pdf.

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It became clear that in all neighborhoods there is a need for services that better address the key populations, whether seniors, immigrants, residents of different religions, non-English speakers, or a combination. This will give residents the best chance to access the services and resources that they need while improving their health outcomes.

"The other thing is that in certain pockets would be the issue of people who don't have legal status here avoiding seeking treatment. This is not just from the Chinese community, but also the Latin-American community and among the Arab-American population a little bit as well."

## Mental Health

Let me just give you something about the Arabs and Muslims: when it comes to mental health no one wants to talk about it. It's a shame. Everybody tries to drop it and keep it a secret. If people heard me talking to you about this they would be mad. Very angry. *-Bay Ridge Interviewee*

While focus group and interview participants were not directly asked about their own mental health, the topic came up among participants from all neighborhoods. The biggest concerns regarding mental health were *addiction and substance use, untreated mental health problems,* and *stigma* leading people to not access the resources that they need.

"There's an influx of homeless drug addicted men and women in Sunset Park. We have also seen, particularly in the last couple of years, an increasing number of young children with self-harm behavior and suicidal ideation." *-Sunset Park Interviewee*

Participants in Bay Ridge and Sunset Park particularly reported an increase in substance use in their communities, including opioids in Bay Ridge, and among homeless residents in both Sunset Park and Bay Ridge. This is especially a concern in the elderly population in Bay Ridge, where, according to one respondent, it is believed that mental health conditions have been untreated for decades and are negatively impacting the health of residents, especially those facing homelessness. Participants in both communities also reported an increase in substance use among their youth due to anxieties and fears as a result of current immigration policies, particularly in the Latino and Arab communities.

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The theme of shame and stigma came up in all neighborhoods, and that residents will regularly avoid seeking services or leave the community to receive them to ensure that other community members don't find out. Many participants reported that their cultural beliefs don't support speaking about mental health problems or seeking support. This was reported in all focus groups. A strong emphasis was placed on ensuring that the approach to mental health in these neighborhoods would have to be culturally appropriate and competent to be effective.

"When it comes to mental health, you're going into a person's mind, his beliefs, his perception of life, his paradigm, and the way he was brought up. So when it comes to mental health it has to come from someone from within that understands the culture." *-Borough Park Interviewee*

## Immigration

Almost every interview and focus group in Sunset Park brought up the impact of immigration on their neighborhood and community, and the same was true for many Bay Ridge respondents. The conversation was centered around the impact of immigration policy in the context of *accessing resources and services*, *discrimination and safety*, as well as *fear and anxiety*, and the way that these factors impact the health and well-being of residents in these communities.

"The first place to start? Immigration policy. Get people a viable path to citizenship and they will no longer live in fear of what the next day will bring, be able to find a decent job, and feel empowered to challenge issues in their community." *-Sunset Park Interviewee*

Many residents and community leaders agreed that current immigration policy has created barriers for immigrants to access resources and services. There is also confusion about what they are eligible for, and the impact that service utilization may have on immigration status. Interviews in Sunset Park reflected that policies like Public Charge have caused community members to avoid or stop using services due to the fear and confusion around the impact it may have, which many community organizations have been trying to combat with community education and outreach. This may lead to worse health outcomes even if the services are culturally competent or have appropriate language resources as residents may be hesitant to access the appropriate health and social services.

Interviews and focus groups also revealed that many immigrant residents are facing harassment and discrimination in ways that impact their safety. A focus group with Arabic women in Bay

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Ridge revealed that many Muslim women in the neighborhood don't feel safe being in public alone, particularly in the subway, as they have seen an increase in hostility and violence against Muslim women since they are more easily identifiable than the men in their community. Community leaders and residents agreed that there has been an increase in racism on TV or in the news that has begun to impact their neighborhoods and their daily-lived experiences. Most of the participants who spoke about this attributed it to the Trump administration and believe that it has enabled increased nativism and open discrimination.

"We are also hearing that they [youth] have mixed feelings about being Arab American and watching the news and hearing how our president unfortunately has been very anti-Muslim and anti-Arab in many aspects, so that creates a lot of anxiety within our youth and then they do not feel as if they have a safe place to go and connect."
*-Bay Ridge Interviewees*

All of these factors have created anxiety within the communities, particularly as there have been increased concerns about safety and immigrants' ability to stay in the community and country. Interviewees and many survey respondents indicated that ICE raids and threats of deportation have increased this in their communities. Focus group participants in Sunset Park confirmed that these risks have increased their fear and unease and that the potential impact on their well-being and lives could be devastating. As one woman sat with her young daughter, she told us that people think that if she were to get deported that her daughter would be fine, and would be supported by family, but she said that that's not the case. She shared that there'd be no one else to take care of her, how terrifying and unsettling that thought is, and how many in her community face similar circumstances.

Interviewees told us that the youth have also been impacted by this fear and anxiety, and that there is a need for them to feel safe and accepted within their communities. Service providers indicated that this has led to an increase in mental health issues as well, and that the anxiety not only comes from the impact of immigration policy and rhetoric, but from fear of being an immigrant in their communities as well. It is clear from conversations with the community that immigration policy has impacted these neighborhoods in substantial ways and that improving health and well-being will require interventions that are both robust and culturally competent.

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# Recommendations

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Recommendations, many of which are interrelated, are derived from the community research team's review of survey data as well as analysis of the survey results, focus groups, interviews, community forums and community health profiles.

They fall into the following 6 categories:

1. Physical and Mental Health
2. Housing Affordability and Access
3. Immigrant Advocacy and Support
4. Access to Resources
5. Community Engagement
6. Physical Environment

Each includes actionable recommendations and the data and/or rationale to support them. Data is from the New York City Department of Health and Mental Hygiene's Community Health Profiles, survey results, and qualitative analyses of focus groups and interviews, unless otherwise noted.

## Health: Physical and Mental

A. Work with service providers and community members to increase awareness and programming around mental health and substance abuse in a culturally competent way to reduce stigma and increase access to services.

> Focus group and stakeholder interview participants in Bay Ridge and Sunset Park reported increases in substance abuse and mental health issues in their communities.

> The top reported barriers to accessing mental health services on both the survey and in interviews were cultural stigma and shame as well as a lack of information about services.

> When asked ways to decrease stress levels among residents, one of the top choices among survey participants was 'more culturally competent services'.

B. Develop outreach strategies to connect undocumented immigrant and newly arrived immigrants, who may have fear of using health resources, to get connected to primary care and healthcare services.

> Across all SWB neighborhoods, the rate of foreign born residents is much higher than that of Brooklyn or NYC as a whole. This rate reflects new and undocumented immigrant populations throughout these communities.

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Stakeholder interviewees consistently spoke about the increase in fear in their communities, and its impact on accessing services. This was intensified by immigration policy and confusion around whether service use will impact their legal status or safety or not.

## Housing Access and Affordability

A. Work with government, housing advocates, researchers and others to increase the number of truly affordable housing options and to improve housing affordability overall.

Across all neighborhoods, 84% reported that the cost of housing is a problem. 32-34% of overall residents reported feeling overcrowded in their homes, and 45% Sunset Park residents reported being overcrowded, representing the housing problem in all neighborhoods.

Stakeholder interviews highlighted that the cost of housing was displacing residents, especially with the development of new luxury housing developments in neighborhoods like Sunset Park.

Focus group participants spoke about the high "cost of living" including cultural costs unique to their communities that were exacerbated by the stress and anxiety of high housing costs.

B. Work to increase accessibility to senior living in these neighborhoods.

In addition to the above, stakeholder interviews in Bay Ridge told us that there is a gap in existing housing resources and the growing elderly population.

Stakeholders in Bay Ridge have seen an increase in senior residents who are facing homelessness or are "marginally" homeless. This can increase health risks in an elderly population.

There are limited options for seniors to age in place, and interviews highlighted the need for senior accessible housing to decrease the risks of negative health outcomes, including falls and isolation and loneliness.

## Immigrant Advocacy and Support

A. Increase the availability of language support services for non-English speakers in healthcare facilities, schools, and community services in general.

The most reported languages spoken at home (besides English) on the survey were Spanish, Chinese, Russian and Arabic.

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According to the Community Health Profiles, 49% of Sunset Park residents have limited English proficiency and Borough Park, Kensington and Midwood all have 32% of residents with limited English proficiency. 28% of Bay Ridge residents have limited English proficiency, and all SWB neighborhoods rates are higher than the NYC rate of 23%.

B. Increase information access and legal assistance for immigrants, especially those who are undocumented, so that they are more likely to access services during this period of increased scrutiny of immigrant communities.

36% of Sunset Park residents and 25% of Bay Ridge residents reported a 3 or higher on scale of 0 to 5 when asked how much federal immigration policy had impacted them.

For those who have been impacted by federal immigration policy, the top responses for what it had stopped them from doing included 'seeking medical care', 'going to work', and 'accessing social services'. Providing legal assistance and information may help combat this uncertainty and improve service utilization.

C. Create a coalition of sanctuary locations to provide safe spaces for immigrants with members trained to deal with ICE officials, should a community member need protection.

Participants from the survey, focus groups and interviews especially in Sunset Park revealed the need for locations and providers who are informed and trained to deal with ICE, should there be additional raids.

Survey answers recommended that with increased community cohesion it would be harder for ICE officials to "scare" the community, and they would be able to keep residents safe.

## Access to Resources

A. Increase cultural competency in healthcare and social service settings to improve health outcomes and resident engagement

10% of all participants and 15% of Sunset Park participants surveyed answered that their physician's office doesn't speak their preferred language. When asked if cultural differences impacted their ability to receive medical care and advice, 20% of Sunset Park and Midwood residents answered yes, and 10% of residents in all other neighborhoods answered yes.

Focus groups and stakeholder interviews highlighted that in order to be culturally competent it is not enough to simply have translated options available. Services must be aware of cultural norms around gender, food, modesty and dress, and illness and death.

Stakeholders said that many members of their community struggled to find providers who understand the customs and traditions of their culture, and that there was a need for more of these providers and services within the community.

B. **Work with government and social service agencies to open and expand on the senior centers in Bay Ridge to meet the large and growing aging population.**

Stakeholder interviews revealed that there is a need for increased services for the senior population in Bay Ridge, as there is only one senior center in the neighborhood.

Bay Ridge had a large percent of survey participants who were 55-75+ years old, which reflects the Naturally Occurring Retirement Community (NORC) and the data provided in the Community Health Profiles.

C. **Work with government and social service agencies to increase and expand social services in ways that are most accessible for community residents.**

SWB participants were asked the most needed social services in their neighborhoods, and housing assistance, homeless assistance and immigrant assistance were the most reported.

The most reported barriers to accessing these services were awareness, language, location and time. The most preferred times they reported being willing to access the services, if possible, were mornings and afternoons.

The survey asked participants the ways they receive information about social services and resources, and the top responses were via the internet, neighbors/word of mouth, libraries and religious institutions. Outreach for new and existing services should utilize these methods of communication within these neighborhoods.

## Community Engagement

A. Increase outreach and political engagement through the neighborhoods.

Less than half of residents surveyed in Sunset Park (37%), Midwood (45%) and Kensington (35%) knew who their elected officials were. The numbers in Borough Park (50%) and Bay Ridge (62%) were higher, but indicated a lack of overall awareness of elected officials in the neighborhoods.

Residents in Bay Ridge and Sunset Park reported feeling less represented by their elected officials than the other neighborhoods.

When asked about the ways that elected officials could better represent the neighborhood, the top responses were increased community engagement and improved cultural awareness across all zip codes.

Community members who attended the community report back highlighted the need for politicians to make themselves more visible and accessible to the community.

B. Create opportunities for social interaction and social cohesion within the community.

Community members from all neighborhoods who attended the report back made the recommendation that there needs to be more community events that facilitate the community coming together.

51% of survey respondents expressed interest in attending community events in their neighborhood.

The top responses for the types of events that community members would be interested in attending were street fairs, cultural celebrations, and community gatherings.

## Physical Environment

A. Improve sanitation in the study neighborhoods by providing more sanitation jobs, installing more garbage cans and increasing the number of trash pick-up days.

When asked what would make them feel safer in their neighborhoods, improved sanitation was one of the top answers throughout all neighborhoods.

Focus group participants spoke regularly about the need for improved sanitation, and the impact it had on their health.

B. Increase the number of green spaces/parks and places to relax in those parts of the neighborhood where there are few existing options.

When participants were asked what they believe could help lower stress among residents, 35% of all respondents answered, "places to go relax", which was the top answer.

Focus group participants in all neighborhoods spoke about wanting to have more open spaces for their families and to relax, and there not being enough options within their neighborhoods.

C. Work with local officials and transportation organizations to address issues related to reliability and safety in public transportation.

Transportation was the second most reported challenged across all participants. These issues were reported more in Bay Ridge (18%) and Borough Park (21%).

42% of residents across all zip codes reported using public transportation as their primary mode of transportation, followed by walking.

The top reported public transportation challenges were delays (31% of all participants), cost (17% of participants), and sanitation (19% of all participants).

## Overarching Recommendations

There are also overarching recommendations--actions that should be taken in relation to each recommendation. These include:

- Support robust financial health for CBOs so that they can be consistent in their service provision, build trust, exhibit cultural sensitivity and competence, and be responsive and respectful of the needs of the community.
- Continue to include local stakeholders and voices of community members as exemplified by the Brooklyn PAR studies.
- Support joint planning for the implementation of recommendations from the SWB PAR study, as well as other efforts that require community buy-in for long term success.

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# Conclusion

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It has been a great honor to prepare this report for Community Care of Brooklyn and the communities of Bay Ridge, Borough Park, Sunset Park, Kensington and Midwood. The report has served a number of purposes: It is a snapshot of neighborhood health status and resources; a set of insights into how community stakeholders experience their neighborhoods in relation to overall health and wellbeing; and a map of where they believe extra attention is most needed. Perhaps most importantly for the purpose of effecting change, it is a tool for starting conversations, sparking increased action, and encouraging more collaboration across sectors.

The report's recommendations for achieving maximum health and wellbeing in the neighborhoods focus on three main areas: 1) increasing awareness, communication and programming in a culturally competent way; 2) enhancing existing systems, institutions, and organizations, and 3) relationship-building among community members and stakeholders—residents of all ages, educators, medical professionals, elected officials, businesspeople, cultural leaders, police, and others. The recommendations also call for increasing opportunities for productive stakeholder engagement, and for special attention to vulnerable populations like immigrants, those with mental illness, and those impacted by federal immigration policies.

Effectively addressing these issues will require innovation within institutions, as well as in in political life and public policy. It will also require innovation in economic arrangements to support residents and to generate shared and sustainable wealth. The report is therefore an invitation to community stakeholders to take this research to its logical next steps, block-by-block, in Central Brooklyn neighborhoods and around the borough. The report can serve as a foundation for the collective learning and action required to make neighborhoods places where people thrive in all ways—from physical and mental health to social, cultural and economic wealth.

Echoing the conclusion from the 2018 PAR report on the neighborhoods of Canarsie, Flatlands, Flatbush, East Flatbush, East New York and Starrett City, no single set of stakeholders can realize the vision of community health and wealth on their own. Improving the social determinants of health in Brooklyn will require a more robust civic infrastructure—connections, relationships, collective learning and common understanding among stakeholders—than what currently exists.

PAR methodology can continue to be a valuable tool in building this civic infrastructure. Experiential learning related to social determinants of health provides a platform for residents to build their capacity to act intentionally, realize their own choices, and increase their confidence in coming together to make positive changes for themselves and their communities. PAR also

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models the dynamic and iterative process of learning and building community needed for comprehensive change.

The CCB Wellness Empowerment for Brooklyn PAR projects have already helped to convene multi-sector partners, spark investments, construct hydroponic farms, to name just a few outcomes. With health and wellbeing as its North Star, the WEB coalition holds the promise of generating further connections and opportunities for deeper and even more productive engagement between health systems and the communities they serve.

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### The 12 Principles for Partnerships for Working Together Effectively and Maximizing Impact

1. Recruit people who live, work, and play in the community.
2. Intentionally build relationships to learn about difference in context, objectives, and power
3. Local history is a starting point to build authentic relationships.
4. Invest in agency through responsiveness to neighborhood residents' values and opinions.
5. Establish power-sharing governance structures.
6. Changes happen at the individual, community, institutional, and policy level.
7. Repeat, evaluate, change, and act—this is long-term work.
8. Failures and unpredictability are part of the process and ultimate success.
9. Measure what is important (health and non-health).
10. Develop a space to incubate this work outside of hospital policy and research paradigm.
11. Hire the personnel with emotional intelligence to navigate the tension in funding and authority including a strong collaborative background.
12. Sustainability is not limited to funding, it is also about process, culture, shared storytelling, and relationships.

*Source: Creating Health Collaborative—an international learning hub of healthcare practitioners focused on the application of asset-based community health improvement.*
*https://www.healthandcommunity.org/our-work*

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