

**2023**

# Caring for Red Hook: What Healthcare Providers Should Know



# Health in Red Hook

Red Hook, Brooklyn is a resilient, diverse, and vibrant neighborhood that is home to New York City's second largest public housing complex, the Red Hook Houses. Community concerns about access to healthcare increased upon the closure of Long Island College Hospital in 2013. The closure of this site significantly stifled access to medical services in Red Hook and surrounding neighborhoods.

Red Hook has also witnessed numerous climate and environmental issues which contribute to quality of life and health concerns. In 2012 Superstorm Sandy caused devastating damage to infrastructure and recovery efforts continue into 2023. The Environmental Protection Agency named ballfields in the southern portion of Red Hook a superfund site due to high concentrations of lead in the soil. As a result, recreational fields were closed and have only recently begun to open again.

The neighborhood is also experiencing a period of rapid development and major reconstruction, which has had a substantial effect on the health and well-being of residents. Stressors include: loss of green space, air and noise pollution, and potential exposure to mold and lead due to the ongoing construction within and around the NYCHA Red Hook Houses. Public housing residents, nearly half of Red Hook's population, are impacted by poor housing conditions such as extensive heat and hot water outages, mold, and lead exposure.

Additionally, the construction of trucking delivery facilities in Red Hook has introduced an influx of commercial trucks driving and idling on neighborhood streets, causing concern for those with respiratory issues.



# Community Dialogue Sessions

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In the winter of 2022, the Red Hook Community Health Network launched a series of community dialogue sessions in order to archive residents' experiences with accessing healthcare services. These sessions were designed to understand how residents are currently accessing services and how they envision a healthcare system that meets the true needs of Red Hook residents. In total, nine separate sessions were held, reaching 60 residents. The recommendations included in this report are reflective of what residents articulated.

## Dialogue Sessions

- 01.** Chinese-Speaking Residents
- 02.** English-Speaking Residents
- 03.** Spanish-Speaking Residents
- 04.** Persons with Disabilities
- 05.** Persons with Asthma
- 06.** LGBTQ+ Residents
- 07.** Young Parents
- 08.** Older Adults
- 09.** Youth





# Our Facilitators

The Red Hook Community Health Network partnered with the Alex House Project, Red Hook Initiative, and other community partners to facilitate these dialogue sessions.



Sharon Clark is a Parent Educator at the Alex House Project (AHP). Sharon joined AHP as a participant when she had her first son five years ago. Years later she returned to work full time at AHP and now teaches parenting classes and supports young moms so they can take care of themselves and their children. Sharon believes all mothers should join a community like AHP because everyone needs a support system and that's what she's worked hard to cultivate.



Luis Caraballo is a Parent Educator/Health Navigator at the Alex House Project and works there because he's passionate helping people and loves being able to see a smile on their faces!



Kyah Harris is a Youth Worker who facilitates reproductive and sexual health programs to the youth at Red Hook Initiative. The work Kyah does teaches youth how to practice and promote safe sex so they can then teach it to their peers. Kyah believes that the work she does builds confidence, encourages responsible decision-making, and creates opportunities for youth voice and leadership through the facilitation of activities and workshops of their interest. Kyah has conducted multiple workshops and events around reproductive and sexual wellness, including RHI's annual health fair, World aids day, the domestic violence event, and many more.



Daishaun Banks is a Parent Educator/Health Navigator at the Alex House Project. He is a father of two young boys and they are the reason he strives to be the best version of himself while continuing to help others in need.



Anabelle Williams is a MSW candidate at Silberman School of Social Work at CUNY Hunter in the Community Organizing, Planning, & Development track. Anabelle is passionate about organizing through interpersonal relationship building, community education, and political advocacy. In her free time, you can find her spending time with friends, reading, writing, dancing, and biking!



Biviana Coyomani is a social worker, community organizer, and interpreter. Biviana is a resident of Red Hook for over 20 years. Growing up in Red Hook, she became quickly involved with the Red Hook Initiative as a Youth Leader, Peer Health Educator, and College Scholars program. Since then Biviana has collaborated with the Red Hook Initiative from time to time helping with group facilitation, research, data, and interpretation. Biviana's experience with the Red Hook Initiative and community of Red Hook inspired her to become a social worker to create a just world for the generations to come.



Sze K. Chan has been a translator since 2001. She enjoys bridging understanding between different people, cultures and generations. She is also a licensed practitioner of Chinese Medicine and occasional community organizer.



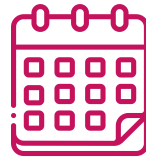
# Who We Heard From

**60** total Red Hook residents



**95%**

live in Red Hook public housing.



**76%**

visit their primary care doctor on a regular basis (at least once a year).



**32%**

have a primary care doctor located in Red Hook.



**12%**

said that, in the past year, they or someone in their family needed medical care and was unable to access it.



**92%**

had Medicaid or Medicare.  
3% had no health insurance.



**35%**

indicated they need help accessing community benefits and resources.

## When asked what resources they wished the community could access in a healthcare setting participants said:

- Social workers
- Community health workers
- SNAP
- Mental health and therapy
- English classes
- X-Rays
- Parenting workshops
- Physical therapists
- Insurance assistance
- Computer classes
- Information about autism
- Dental assistance

# What We Heard

The main issues that surfaced during the community healthcare dialogues are summarized by the five categories below. Each category contains an explanation of the problem, adapted from residents' voices, and recommended solutions to meet the needs of the community.



## **01. Transportation & Location**



## **02. Scheduling & Availability**



## **03. Needed Resources & Support**



## **04. Patient Satisfaction**



## **05. Red Hook Characteristics**

# Main Findings



## 01. Transportation & Location

### Issues:

- Residents expressed there are not enough services, specifically specialists, located directly in Red Hook causing them to travel long distances for care.
- When residents are referred outside of Red Hook for healthcare services, there are transportation barriers related to cost, reliability, and accessibility.
- Residents expressed difficulty commuting to healthcare centers even within Red Hook.

### Recommendations:

- Medical specialists should have a permanent frequent schedule at Red Hook clinics.
- When external referrals are necessary, providers should give patients credit towards rideshare option such as Uber and Lyft.
- When patients need help getting to local clinic because of a disability or mobility issue, shuttles owned by the providers and/or rideshare assistance should be offered to transport patients to and from their appointment.



## 02. Scheduling & Availability

### Issues:

- Residents expressed frustration with limited scheduling availability such as having to wait months for an appointment and not having access to specialists every day of the week.
- Participants stressed that having limited or no appointment availability on the weekend prevents them from getting care when they need it.
- Long wait times inside a healthcare center are frustrating and often make residents miss other appointments or work.

### Recommendations:

- Family medicine and pediatric doctors should be on-site every day.
- Ensure specialists have a frequent and consistent schedule that residents can depend on.
- Expand operating hours to meet the needs of a working community by incorporating weekend and evening hours that include x-rays.



# Main Findings



## 03. Needed Resources & Support

### Issues:

#### **Insurance**

- Residents struggle to navigate gaining and re-gaining insurance.

#### **Additional Medical Services**

- Residents need consistent access to doctors who specialize in health conditions that are prevalent in the neighborhood (such as asthma and diabetes) and specific to the population in the neighborhood (numerous children and older adults).

#### **Additional Support Services**

- Residents do not feel adequately supported when it comes to accessing mental health services, social service benefits, and patient advocacy.

#### **Language Justice**

- As one resident succinctly stated, “if you can’t communicate, there is no way to get help.”
  - Translator hotlines do not replace the care one receives with a provider who speaks your language.

### Recommendations:

#### **Insurance**

- Have staff onsite at a clinic who are dedicated to helping residents enroll and understand their insurance benefits.

#### **Additional Medical Services**

- Employ medical specialists who are experts in asthma, diabetes, and other chronic health issues Red Hook residents experience.

#### **Additional Support Services**

- Have social workers and CHWs available to address a variety of needs including, but not limited to:
  - Mental health (e.g. therapy)
  - Substance use (e.g. NARCAN-trained providers)
  - Supplemental services (e.g. transportation assistance to clinic)
  - Benefits (e.g. WIC, SNAP, etc.).
- Offer opportunities to provide community education on chronic health issues and preventative healthcare.

#### **Language Justice**

- Hire multilingual staff and ensure adequate translation services and provided for both medical and support services.

# Main Findings



## 04. Patient Satisfaction

### Issues:

- Residents do not always feel heard or seen in healthcare settings, which results in devaluing their experiences and misdiagnosing their symptoms.

### **Intersectional Considerations**

- Residents with intersecting marginalities expressed how healthcare centers' staff treatment of race, class, age, disability status, sexuality, gender, etc. adversely impacted their experience in healthcare settings.

### **Clinic Environment**

- Residents do not always feel welcomed or comfortable in healthcare settings, which can contribute to anxiety in an already vulnerable and anxiety-inducing setting.

### Recommendations:

- Invest in professional development training that centers topics like providing culturally appropriate care and active listening. This is especially important when serving vulnerable populations such as queer, low-income, and BIPOC communities.
- Provide spaces for residents to give feedback about their experience. This allows residents the space to share their experiences and affirms there is an ongoing commitment to better serving community members' needs.

### **Intersectional Considerations**

- Commit to diversifying staff and implementing anti-racist, anti-homophobic, and anti-transphobic policies to prevent harmful care experiences.

### **Clinic Environment**

- Prioritize curating a clinic space that makes patients feel welcome, comfortable, and meets their needs
  - Specific suggestions: child play spaces, water, snacks, and free WiFi.

### SUGGESTED TRAININGS FOR RED HOOK HEALTHCARE FACILITIES

- ✓ Red Hook Community Health Needs and Assets Assessment
- ✓ Racism in Healthcare Training
- ✓ Providing LGBTQ+ Informed Care Training
- ✓ Cultural Humility Training
- ✓ Social Determinants of Health Training
- ✓ Mental Health First Aid Training



# Main Findings



## 05. Red Hook Characteristics

### Overview:

- Public housing residents in Red Hook often lack resources within the neighborhood to keep themselves healthy (for example, grocery stores with healthy, affordable food).
- Public housing conditions (namely pests, lead, and mold within apartments) can adversely impact residents' health.

### Recommendations:

- Ensure all staff read this document and the 2018 CHNAA linked on the previous page so that staff are aware of the environmental context of the patients they are serving.
- Stay up to date with local programs to address housing related-issues in order to address the root cause of some health issues (for example, knowing how to refer residents to TEMPO program).
- Be responsive to the ever-changing language and cultural needs within the community; if updated research, advocacy, and organizing is necessary, healthcare centers should collaborate alongside community members and advocates.
- Be visible in the community! Engage with residents and community-based organizations outside of the office walls.





# Conclusion

Healthcare centers in Red Hook have a responsibility to envision healthcare outside of the medical model in order to adequately serve Red Hook residents. Transcending beyond the medical model includes:

- acknowledging how social determinants of health shape the health of Red Hook residents
- practicing intersectionality-informed, culturally humble care
- a dedication to continually evolve as the Red Hook landscape itself continues to evolve and change.

## Staying in Touch

Red Hook Community Health Network (RHCHN) is a network of community based organizations, health partners, and residents working to improve the health of Red Hook residents by expanding access to medical services and organizing to address root causes of health disparities of the community. The RHCHN is a project of the NYU Langone Health Community Service Plan.

**Interested in learning more or getting involved?**

Reach out to Kara Smith: [kara@rhicenter.org](mailto:kara@rhicenter.org)

