PARTICIPATORY ACTION RESEARCH

Community-Centered Studies of Proposed Health and Wellness Interventions in Brownsville & East New York





Community Care of Brooklyn (CCB)

- Largest PPS in Brooklyn, led by Maimonides Medical Center
- 600,000+ attributed Medicaid beneficiaries
- 4,600+ practitioners, including 1,600+ PCPs
- 1,000+ Participant Organizations:
 - Hospitals (7)
 - FQHCs (10)
 - IPAs (3)
 - Behavioral health providers
 - Social service providers
 - Community-based organizations (70)
 - Health Homes
 - Substance Abuse Providers
 - Advocacy Organizations

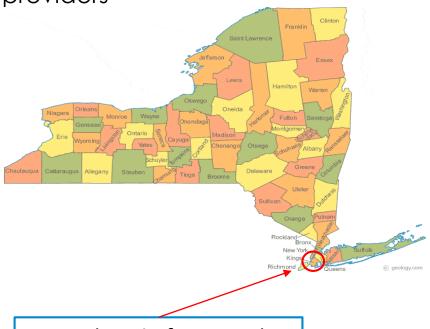
- Home Care
- Skilled Nursing Facilities and other Long-Term Care Providers
- Correctional Health Experts
- Housing Providers and Advocates
- Managed Care Plans
- RHIO
- Unions
- Job Training Providers



Social Determinants of Health in Brooklyn

33% of New York City's Medicaid beneficiaries live in Brooklyn 1.2 million Medicaid beneficiaries
300k residents uninsured
Diverse cultures, languages spoken
Distressed hospitals and providers

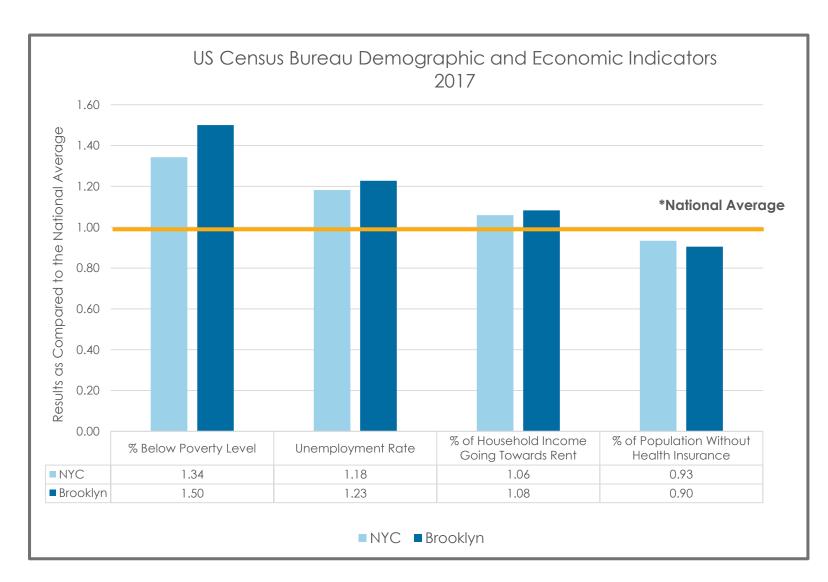




...and <u>20%</u> of New York
State's Medicaid
beneficiaries live in
Brooklyn (2% nationwide)



Social Determinants of Health in Brooklyn



Brooklyn statistics as compared to the national average –

- 50% more residents living below the poverty level
- 23% more residents are unemployed
- 8% more of residents' household income goes towards rent
- 10% fewer residents are uninsured



What is Participatory Action Research?

- Asset-based approach to community development
- Shifts the power balance by changing who determines needs and solutions
- Emphasizes collective inquiry and experimentation grounded in experience and social history
- Recognizes that communities have insight into how to best address health problems to the benefit of everyone









Identifying Key Neighborhoods to Study:

Brownsville and East New York





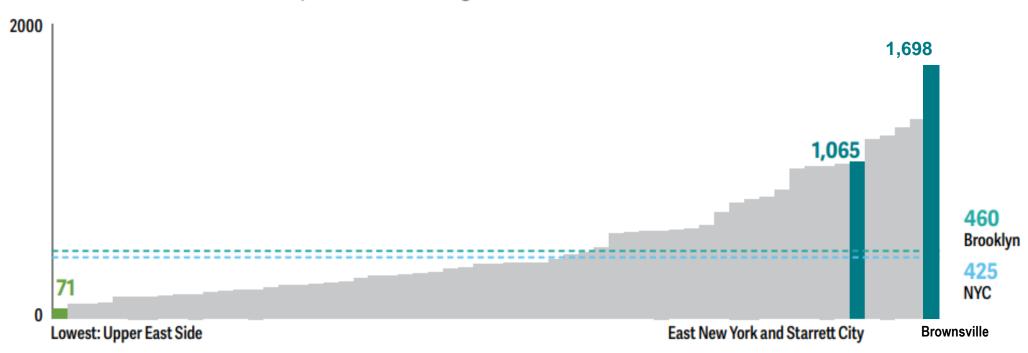
Economic Stress

	Brownsville	East New York and Starrett City	Brooklyn	NYC
% of residents living in poverty	28%	30%	21%	20%
% of residents 16+ who are unemployed	14%	10%	9%	9%
% of residents who are rent burdened	57%	52%	52%	51%



Incarceration

JAIL INCARCERATION (per 100,000 adults ages 16 and older)





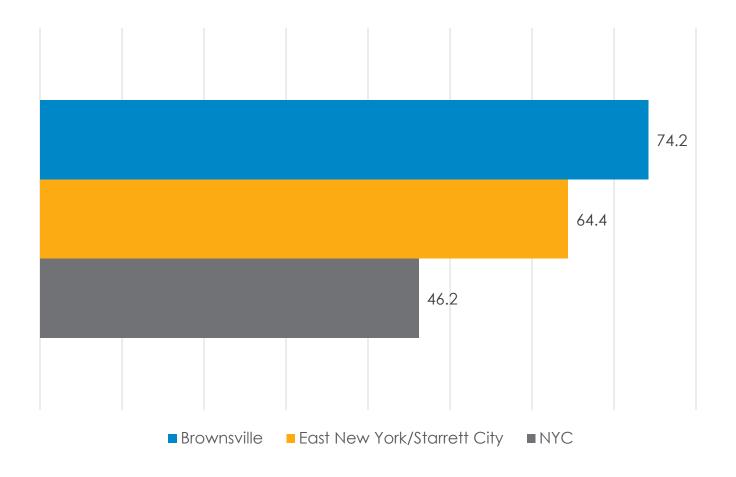
Obesity, Diabetes, Hypertension

	Brownsville	East New York and Starrett City	Brooklyn	NYC
Obesity	41%	35%	27%	24%
Diabetes	13%	12%	12%	11%
Hypertension	33%	29%	29%	28%



Premature Death (Heart Disease)

(deaths before age 65 per 100,000 individuals)





PAR Process Roadmap



Launch

- •Team onboarding and training
- Launch meeting



Research and Design

- Research Question
- •Design survey, other research tools
- Sampling strategy



Data Gathering

- Survey
- Focus group:
- Data entry



Data Analysis

- Identify patterns and trends
- Build narratives



Report and Plan

- Asset map
- •Synthesis of findings
- Recommendations and strategies



Mobilize

- Public meetings and forums
- Action plan
- Action!



PARIPartners

- CCB's Community Action and Advocacy Workgroup worked with the following project partners:
 - DuBois Bunche Center at Medgar Evers College and Massachusetts Institute of Technology - research leads
 - NextShift Collaborative management and technical support
 - Brownsville Multi-Service Family Health Center administrative supervisor for high school researchers
- Meetings with elected officials and CBOs in the catchment areas
- PAR launch event held with CBOs, elected officials, and stakeholders















Assembling and Training the Research Team

- To help build an ongoing capacity for decision-making and informed action by residents at the time of the study and in the future, project sponsors trained community members as researchers, surveyors, and facilitators for this project
- Youth were specifically included in order to make a direct investment in the professional and academic development of the communities' young people
- Core research team:
 - Graduate students from MIT and the Pratt Institute
 - Undergraduate students from Medgar Evers College
 - High school students from W.A.T.C.H. High School









Choosing a Question to Guide Research

How do we mobilize the Brownsville and East New York communities to address the <u>social</u>, <u>physical</u>, and <u>environmental</u> inequalities that affect health?





Research Tools



- Survey used to collect information on five categories of health: environmental, social, financial, mental and physical
- Neighborhood observation and photo documentation process
- A participatory mapping activity to determine areas in the community where people felt safe or unsafe, healthy or unhealthy



Collecting Data



- Teams of 2-4 student researchers visited:
 - Parks
 - Recreation facilities
 - NYCHA and senior housing buildings
 - Farmer's markets
 - Cultural festivals
- 525 surveys collected





Key Findings

- Over half of respondents indicated that there was at least one day per week when they could not eat nutritious meals, and for one quarter of respondents this was most days or every day.
- Half of respondents reported having access to affordable quality produce in their neighborhood.
- ~20% of respondents indicated that the environmental health of their community was "Good" or "Very Good," and 36% indicated that environmental health in their community was "Poor" or "Very Poor."



Key Findings

- Less than half of respondents rated their own health as "Very Good" or "Excellent." This figure was even lower among women than men.
- Residents face significant barriers to increased physical activity, including inaccessible and unaffordable facilities, a lack of connection and support, and social challenges such as violence and sexism.
- The most commonly-cited priorities for improving environmental health were Park Improvements, Housing Quality, Street Clean-up, Sanitation, and More Parks and Playgrounds.



Community Report-Back Meeting

- Held after data analysis is completed and draft recommendations have been prepared
- Critical to:
 - Sharing study results and findings, giving student researchers the opportunity to present before stakeholders, including medical and CBO executives and elected officials
 - Discussing the unique social determinants of health affecting a community and working together to identify opportunities to encourage and facilitate wellness empowerment and positive health outcomes through community engagement
 - Strengthening working relationships among community stakeholders
 - Engaging stakeholders in the planning for next steps









Recommendations

Recommendation #1:

Transform the local food system by expanding urban farming on school campuses, hospital property and vacant land to support the development of gardens and nutritional education in schools. Several Community Based Organizations were identified to assist in this process, including Teens for Food Justice and Skyponics Urban Farming.

Recommendation #2:

Work with the City to develop business plans for local farms to sell produce to hospitals, schools and City facilities.

Recommendation #3:

Build on New York City DOHMH efforts to organize and support local bodegas seeking to offer fresh produce.

Recommendation #4:

Study the feasibility of establishing a "community wellness hub." Members of the group identified the Paerdegat basin facility as a potential site.

Recommendation #5:

Expand the presence of Community Health Workers (CHWs) in the Brownsville and East New York communities in order to better connect residents to services and opportunities, similar to the model of the Harlem Health Advocacy Partnership.

Recommendation #6:

Develop summer camp programs focused on nutrition and exercise, working in collaboration with community organizations and interested service providers.

Recommendation #7:

Reduce violence by expanding economic opportunities (particularly for formerly incarcerated people) through education, apprenticeships and job placement in construction, green energy, building retrofits and healthcare. This can be achieved by working with the City and developers of new buildings or renovations of old buildings, and through expansion of already successful programs at area healthcare organizations.

Recommendation #8:

Launch a Healthy Buildings program that tackles unhealthy residential conditions that exacerbate asthma. This can be combined with a program to improve building energy efficiency. This can be achieved by working with NYCHA and building on the model of the Harlem Health Advocacy Partnership to create healthy building initiatives for residents of NYCHA in Brooklyn.



Implementing Recommendations

In efforts to improve food security and physical activity, CCB is working with community partners to support:

Hydroponic Farms

- Funding hydroponic farm at Brownsville Collaborative Middle School (110 students engaged)
- Funding for hydroponic farm at Interfaith Medical Center

Healthy Savings Program

 Partnership with NYC Mayor's Office of Food Policy offering discount cards for produce in Brownsville

Food Justice Workgroup

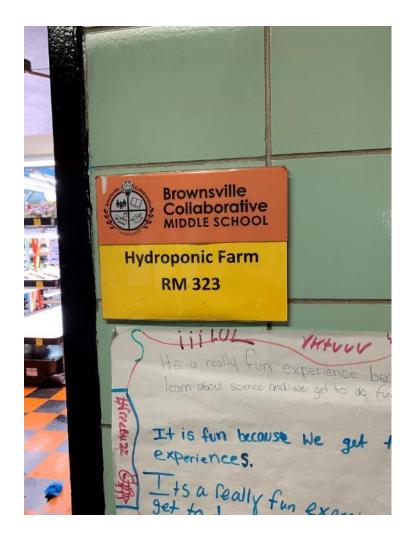
- Conducting deep dives into the food system landscape of Central and East Brooklyn
- Partnering with Bedford-Stuyvesant Restoration

Fan4Kids

Fitness and nutrition education in two elementary schools (400 students engaged, 10 classes per week)



Implementing Recommendations







Implications and Next Steps

- As we implement the recommendations identified through PAR, we will work to:
 - Further engage communities across Brooklyn in the discussion of factors affecting health and well-being
 - Leverage and help to inform the ongoing work of DSRIP and Vital Brooklyn

 Identify additional opportunities that build on the progress of PAR I, II, and III to address remaining gaps within the community

 Following the completion of each PAR study, a report is published and shared with project partners, stakeholders, and distributed in the community





PAR and CCB: Efforts to Date

- PAR I (2016): Brownsville, East New York
- PAR II (2017): Bedford-Stuyvesant, Crown Heights, East Flatbush
- PAR III (2018): Canarsie, Flatbush, Flatlands
- PAR IV (2019): Neighborhood selection process underway





PAR survey areas to date



Conclusion

- Complex social, economic, and environmental problems cannot be addressed exclusively through top-down research/development
- Engagement is a two-way process and each community has unique characteristics, identities, and problems
- CBO input and collaboration is essential
- Change is rooted in the hands, hearts, and minds of people



THANK YOU

