

Brownsville CHA Profile Part I

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I) Description of the history and physical environment

Brownsville is a residential neighborhood located in eastern Brooklyn, New York City. Before the establishment of Brownville, the area was mainly used by the Dutch for farming and housing purposesⁱ. In 1835, East New York was developed by John R. Pitkin, and was subdivided in 1865, by Charles S. Browns who purchased part of the area and named it Brownsville. Brown used the wide open space to advertise to Jewish individuals who lived in Manhattan's Lower East Side. By 1883, most of the area was composed of Jewish factory workers who commuted to Manhattan. Eventually, manufacturers started settling their factories in Brownsville, which led to an increase of housing being built in the area. By the 1920s, Brownsville was known as "the Jerusalem of America", and became one of the most densely populated districts in all of Brooklyn. At the same time, Brownsville was notorious for its gang violence and has gained the reputation as a vicious slum and breeding ground for crime. The Jewish population started to decline, and in 1960, following World War II, African Americans from the south began to move into the area seeking factory jobsⁱⁱ.

Today, Brownsville's boundaries are bordered by Crown Heights and Bedford Stuyvesant to the northwest; Bushwick and Cypress Hills to the north; East New York to the east; Canarsie to the South; and East Flatbush to the westⁱⁱⁱ. A historical landmark in Brownsville includes the Betsy Head Park, which opened in 1914 and was then the only recreational facility available for the residents of Brownsville. In 2008, the Betsy Head Play Center became the first and only individual landmark designated in Brownsville by the New York City Landmarks Preservation Commission^{iv}. Another important landmark includes the Zion Triangle, which was built in 1896 and later used to honor local war heroes who died in World War I^v.

Brownsville real estate is primarily made up of small to medium sized apartment complexes and small apartment buildings^{vi}. Most of the residential real estate is renter occupied, with the homeownership rate at only 17.5% in 2010^{vii}. As of 2015, 56% of Brownsville residents have rent burden, which is higher compared to the rest of Brooklyn (52%), and New York City (51%)^{viii}. Over half of the residents spend more than 30% of their monthly gross income on rent. Brownsville has the highest concentration of public housing in the nation, with more than 100 buildings (10,000 housing units) within 1 square mile^{ix}. It is estimated that 21,000 people live in the New York City Housing Authority (NYCHA) developments^x. Residents of Brownsville can easily access public transportation provided by the Metropolitan Transportation Authority (MTA), which has several subways lines (3, 4, and L train), along with bus lines (B15 and B14) in Brownsville^{xi}. The subway lines provide rapid transit service from various areas of Brownsville such as New Lots Ave and Sutter Avenue to various parts of Manhattan (Harlem and Lexington Ave). B15 travels horizontally in Brownsville, along New Lots Avenue, and B14 travels through Pitkin and Sutter Avenues. In 2011, 72% of residents used public transportation and more than 85% of residents lived within 0.5 miles of the nearest MTA subway station or rail entrance^{vii}.

II: Demographic profile

The population in Brownsville is predominately black and Hispanic/Latino, with less than 5 percent of the population identifying as any other race/ethnicity. Additionally, the majority of residents are female and between 5 and 44 years of age.

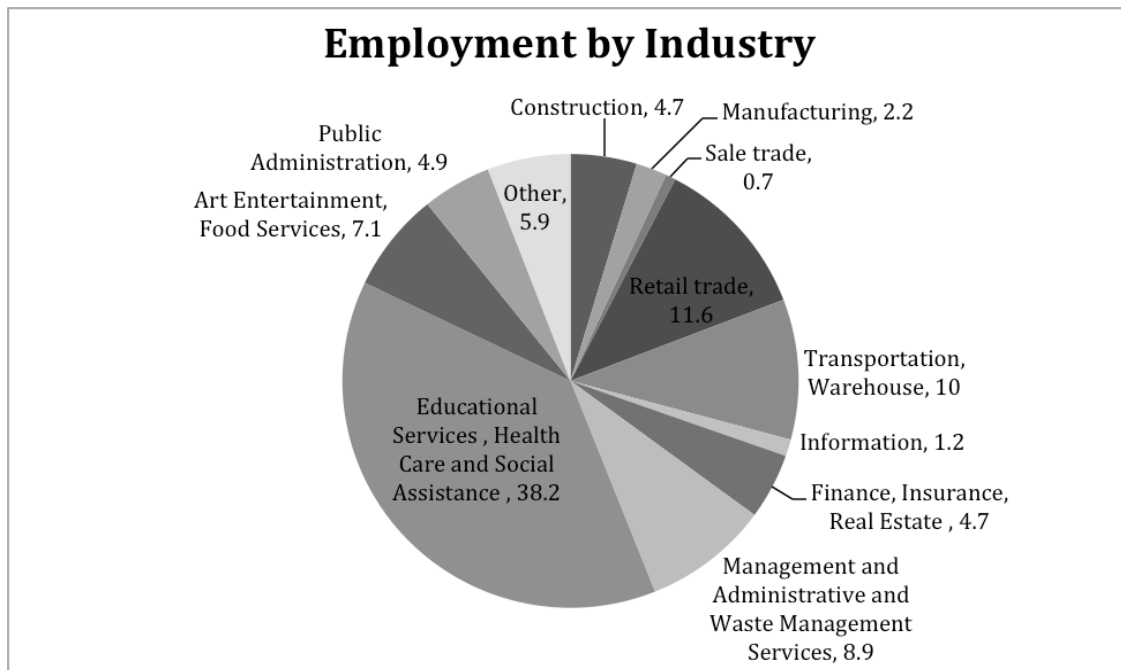
(See table on next page)

Brownsville (CD 16) Demographic Profile^{xii}		
Demographic Variable	Estimate	Percent
Total Population	124,182	N/A
Sex		
Female	71,116	57.3
Male	53,066	42.7
Age		
Under 5 years	10,988	8.8
5 to 14 years	20,048	16.1
15 to 24 years	20,246	16.3
25 to 34 years	18,137	14.6
35 to 44 years	16,259	13.1
45 to 54 years	15,746	12.7
55 to 64 years	11,267	9.1
65 to 74 years	6,902	5.6
75 to 84 years	3,745	3.0
85 years and older	844	0.7
Race/Ethnicity		
White	1,786	1.4
Black	94,296	75.9
American Indian and Alaska Native	231	0.2
Asian	1,334	1.1
Native Hawaiian and Other Pacific Islander	20	0.0
Hispanic/Latino	25,495	20.5

III: Social and Economic profile

Brownsville is a democratic community. In 2012, Brownsville had 66,086 registered voters and out of those voters, 82.9 percent^{xiii} registered for the Democratic Party. The majority of the population were registered Democrats while very few members of the community registered as Republican. Brownsville also has a high number of religious groups in the neighborhood. Brownsville has about 138 religious organizations and churches within the community such as St. Paul Pentecostal Church, Berean Seventh Day Adventist Church and Our lady of Mercy Roman Catholic Church^{xiv}. There are many denominations within Brownsville, which include Catholic, Pentecostal, Baptist and Seventh Day Adventist to name a few.

According to the American Community Survey in 2015, Brownsville’s estimated employment population that ranged from age 16 and older was 67,553^{xv}. Occupations included: 6,425 people working in management, business, science and art occupations, 11,931 in service occupations, and 7,502 working in sales and office fields. 2,287 people work in natural resources, construction and maintenance and production, while transportation and material moving has 2979 workers^{xv}. Below is a pie chart illustrating the breakdown of employment positions based by industry^{xv}.



The highest employment sector in Brownsville is Service, specifically Educational Services, Health Care and Social Assistance at 38.2 percent. Although many Brownsville residents are employed, there are members of Brownsville receiving public assistance. According to the 2010 census provided by the Human Resource Administration, community district 16, which includes Brownsville and Ocean Hill, had 12,562 Cash Assistance recipients, 8611 receiving Supplemental Security Income (SSI), and 38,868 people enrolled in the Supplemental Nutrition

Assistance Program (SNAP). 37,793 people received Medicaid and other insurance plans, while 17,144 only received medical aid from Medicaid^{xvi}.

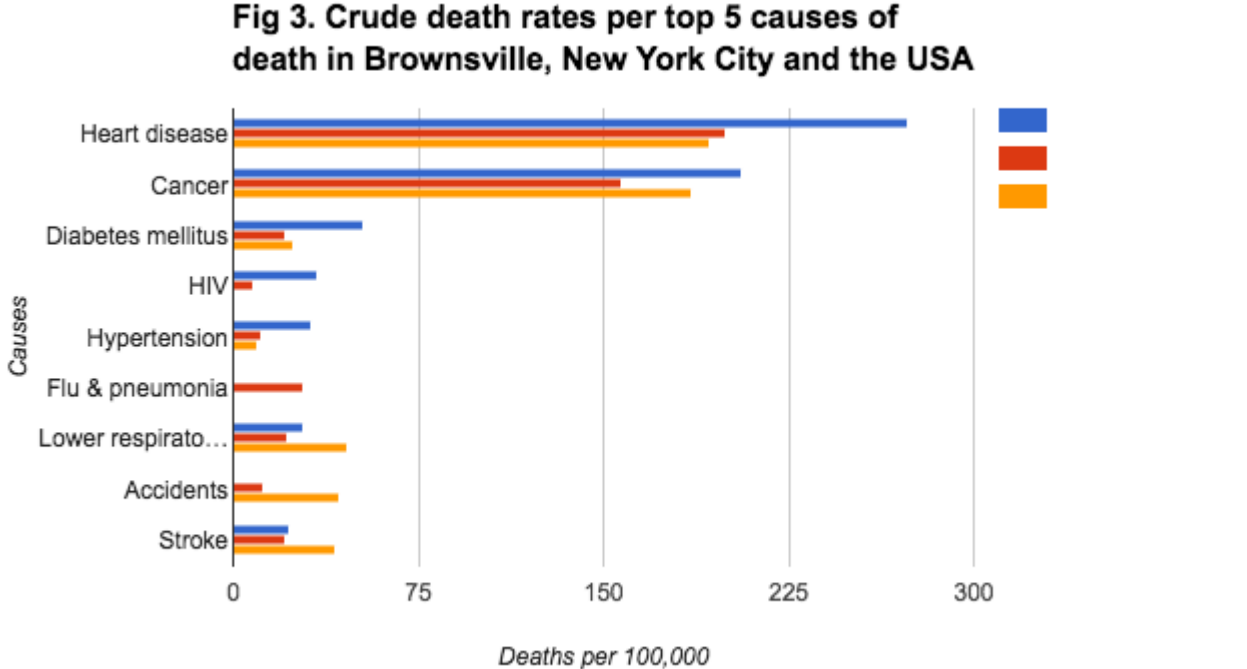
The Community board has stated that the most important issues facing members in the neighborhood are affordable housing, health care services and crime^{xvii}. Although crime rates have been decreasing over the years, crime is still an issue for Brownsville. Crime rates decreased by 42.5 percent over the same period in 2015^{xviii}. With the decrease, Brownsville is still ranked 1st in non-fatal assault injuries^{xvii}. The crime rate in Brownsville is very high, especially as compared to non-fatal assaults within Brooklyn and NYC. Brownsville continues to find solutions to decrease the crime rates. Access to health care is still a struggle for many members in the community^{xviii}. Although the majority of employment is within the health care sector, there are difficulties receiving health care compared to other neighborhoods. The environment is also a concern for this community. Brownsville is rank 29th in NYC in air pollution^{xviii}. The quality is improving but it is still ranked high for the quality of air. There have been recent investments to improve the environment including adding and reconstructing playgrounds, and adding green spaces. In 2016, playgrounds including the Betsy Head Imagination Playground were opened^{xix}. A project was also started in 2016 to build a one acre farm at Howard Houses for the residence^{xix}. In improving the environment, it is not only presenting healthier lifestyle options, but also getting residents more active and involved in their community.

IV: Epidemiological profile

Per the 2015 Community Health Profiles, approximately 81% of the residents of Brownsville reported themselves as being in “very good” or “excellent” health. Some of its negative stereotyping from the public regarding drug use and gang activity stands up; it has the

highest rates of incarceration for neighborhoods in New York City and comes in second citywide for psychiatric hospitalizations. Its life expectancy is lagging behind at 74.1 years to the city’s 80.9 for the same year.

The most recent available age-adjusted death rates for the totality of the United States and the Brownsville community concurrently are from 2014. The below figure compares the top five rates of death from Brownsville to the top five rates of death in NYC and in the USA overall. The top five of all three are displayed in order to show a more accurate comparison point. Some causes, such as non-drug related accidents, are only in the top five of one or two of the three, but still appear for completeness.



Top 5 causes of death in Brownsville (per 100,000): Heart disease (272.9), cancer (205.8), diabetes (52.7), HIV (33.7), hypertension (32.0) [9]
Top 5 causes of death in New York City (per 100,000): Heart disease (194.5), cancer (157.6), flu & pneumonia (26.1), lower respiratory disease (21.5), diabetes (21.2)^{xx}
Top 5 causes of death in the United States (per 100,000): Heart disease (192.7), cancer (185.6), lower respiratory diseases (46.1), accidents [not including drug related] (42.6), stroke (41.7)^{xxi}

Despite not even making the top five, deaths from lower respiratory diseases in Brownsville *still* have a higher rate than the NYC crude death rate. NYC and Brownsville both have much higher rates of death from hypertension than the USA overall. In some cases, numbers for causes such as HIV overall in the USA were not even in the top 15.

Possibly due to its high rates of HIV, Brownsville also has one of the city's highest rates of receiving HIV testing, with 75 percent of adults having been tested at least once in their lives. The public perception of Brownsville's population would also lead one to hypothesize that deaths from accidents -- or from drug use -- would be in one of the top five, or even in the top ten. However, the USA's overall rate of deaths caused by accidents is *higher* than Brownsville's. This is likely skewed by the lack of age-adjustment in the available data, along with the fact that 'accidents' as a category tends to trend higher in rural areas. Accidents do not appear in NYC's top ten any more than they do in Brownsville's. Heart disease, on the other hand, remains the universal killer; it, like cancer and diabetes, are heavily influenced by environmental factors such as stress and poor diet, both of which are hallmarks of Brownsville's community profile. Stroke hospitalizations in Brownsville are higher than in NYC overall, but stroke does not rate in the top five causes of death -- this could be attributed to better care from experience as well as simple higher numbers in other categories. Similarly, the raise in HIV-influenced deaths may in part be modified by the fact that more people in Brownsville *know* that they are HIV positive than the city and USA averages.

The death rates of Brownsville vs. NYC and the USA help to paint a portrait of Brownsville's environment that in some ways plays true (higher rates of HIV, hypertension and diabetes overall to go with their higher contributions to death rates) and in some ways is simply a matter of the way you look at the data (are there no accidents in Brownsville, or are other things

simply worse? are there people in other parts of the US dying of HIV infections they just don't know about?). Cancer is closer to the national rate than the NYC one; NYC, due to its hospitals, has a disproportionately high number of cancer *survivors* compared to the rest of the USA, and this may point to Brownsville's lower access to care than other parts of the city.

V: Analysis of Trends, Resources and Gaps

Current economic, social and health trends in Brownsville continue to be concerning but solutions are promising. As presented above, Brownsville must face some of the biggest challenges to improving quality of life within its community. Economically, it continues to be an area with one of the highest rates of poverty, with 37% of residents living below the poverty level^{xxii}. Social programs and job access are limited with lack of access to close and reliable transportation and narrow job opportunities within the community. Access to affordable and safe housing continues to be a struggle. And health trends continue to show lack of access to quality primary care, high rates of preventable maternal and infant morbidity, and high rates of mental health morbidities^{xxii}. However, a 2017 Assets Based Assessment report by the Citizens Committee for Children (CCC) showed that residents are deeply invested in and proud of their community; optimism abounds for real resources and potential to improve the Brownsville community^{xxiii}.

To tackle improving the Brownsville community, multiple community and city wide organizations exist and are thriving. To improve economic and financial stability of citizens and the community, The Brownsville Partnership has a goal to get 5,000 residents to participate in the workforce by December 2018. It offers onsite recruitment, resume and interview preparation, and also has special programs for formerly incarcerated residents^{xxiv}. The Ocean Hill and Brownsville Neighborhood Improvement Association highlights areas for economic

development and promotes neighborhood marketability^{xxv}. A creative take on job development and highlighting cultural strengths, The Claus Meyer’s Culinary School and Restaurant will serve traditional food and also provide a free culinary school for its residents^{xxiii}. Finally, the Dream Big Innovation Center offers resources and trainings for entrepreneurs, and their next door café “The Three Black Cats Café” is a success story for this^{xxvi}. Access to housing will remain a struggle as chronic deficiencies lead Brownsville to have some of the highest backlogs for repair in the city. However, Mayor Bill de Blasio has vowed to improve access to affordable and safe housing in all of New York, and Brownsville is a top priority^{xxvii}. Unfortunately, many residents surveyed by the CCC fear that these development plans may worsen the problem and actually lead to gentrification of the region^{xxiii}. Time and resources will tell.

In terms of tackling the health disparities faced in the region, multiple community organizations specific to the needs of residents are thriving. The Brownsville Action Community for Health Equality has the mission to eliminate underlying health disparities leading to the high rates of infant mortality^{xxviii}. The BMS Family Health and Wellness Centers, The Institute for Community Living, and The Brownsville Neighborhood Health Action Center all provide primary and mental health care to its community members^{xxiiii}. And finally, Building Healthy Communities has the goals to increase access to physical activity, affordable and healthy food and improve public safety^{xxix}.

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