

Identifying Health Resources and Community Perceptions in the Greater New Haven Area

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Background

The Yale New Haven Health (YNHH) system is a consortium of five non-profit hospitals that provides care annually to almost 600,000 Medicaid beneficiaries in Connecticut and Rhode Island. Since the passage of the Affordable Care Act in 2010, non-profit hospitals who receive Medicaid funding are required to produce a Community Health Needs Assessment (CHNA) on a triennial basis¹. The CHNA is intended to be a tool for strengthening community impact of hospital services by increasing the awareness of community perspectives on needs. Community asset mapping (CAM) is a CHNA requirement that asks hospitals to identify key community health assets that can be leveraged to better promote health. After reviewing previous CHNAs, the team reviewing the key informant survey identified six broad aims of priority health areas in the Greater New Haven, CT area including 1) access to care, 2) food insecurity, 3) housing, 4) mental and behavioral health, 5) substance abuse, and 6) healthy lifestyle. As part of the commitment to CAM, YNHH collaborates with United Way 2-1-1 Connecticut (a 24-hour phone service and continually updated, comprehensive, and searchable online database of local services²) to identify organizations offering health-related services to the communities they serve. However, there is no clearly defined protocol for this process, and hospitals are left to their discretion to identify priority health needs.

Objectives

1. **Identify community health assets** broadly in each of YNHH's five regions (Greater New Haven, CT; Greater Bridgeport, CT; Greater New London, CT; Greenwich, CT; Westerly, RI) and in more detail in the West River/Dwight neighborhoods of New Haven, CT
2. **Create a map resource** displaying dispersion and distribution of existing health assets and areas of unmet need
3. **Recommend health assets and areas of unmet need** for YNHH to include in the 2019 CHNA

Methods

Qualitative Data

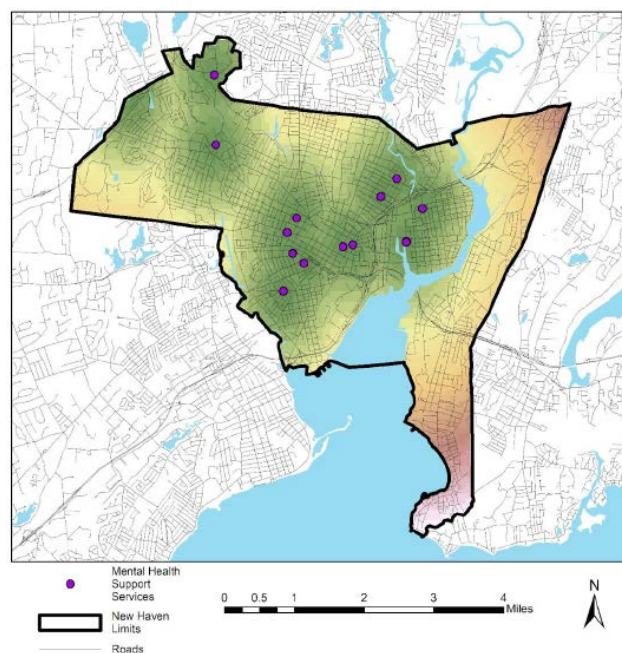
- 28 semi-structured interviews (20 - 40 minutes/interview) with residents and community leaders in the West River/Dwight neighborhoods
- Questions: perceptions of neighborhood health resources, personal and community health priorities, access to care, and community health

Quantitative Data

- Extracted and compiled data on health-related resources from United Way 2-1-1 databases related to the six priority health areas in target regions: 1) Greater New Haven, CT, 2) Greater Bridgeport, CT, 3) Greater New London, CT, 4) Greenwich, CT, 5) Westerly, RI

GIS Mapping

- Plotted community health assets on basic maps using ArcGIS software with layers for the priority health areas, a 0.25-mile radius of effect around each asset, and diminishing service capacity with increasing distance
 - Assumption: walking is the main route of access to resources, which may overestimate areas of need
 - Example (see right above): Assets designated as Mental Health Support Services in New Haven, CT



Results: West River/Dwight Community Member Perspectives

- 1. Perception of the neighborhood as a healthy environment:** participants saw important connections between personal health and community health and aesthetics such as clean streets, community events, recreational activities, free parks, and outdoor exercise spaces.
- 2. Chronic disease care is a long-term priority:** see quote
- 3. Need for comprehensive, holistic health programs that fit individual needs:** participants see a need for more tailored holistic health approaches such as detox programs, supported employment, accessible transportation, and mental health care services that are tailored for ethnic minority groups.
- 4. Ineffective communication is a barrier to access services:** Participants identified the lack of a clear and reliable source of information about available resources as a barrier to better utilization of existing resources.

“New Haven [health organizations] do a lot of things around health, but [looking at] the results, not much is implemented. Being a resident all my life, as we identify these health issues, what do we do to help and prevent them [health issues]?”

–West River/Dwight resident, describing the need for YNHH to focus on providing more chronic disease care services

Results: United Way 2-1-1 Health Assets in YNHH’s 5 Priority Areas

- 5. Greater New Haven has more health assets than the other four YNHH priority communities,** which is expected due to the high population concentration in this area. Substance abuse services were most abundant (39% of total assets), followed by food insecurity-related organizations (25% of total assets). See Table 1 below.

6 Broad Aims of Health Assets	Counts and Percentages of Total Health Assets for YNHH's 5 Priority Area Communities				
	Greater New Haven, CT	Greater Bridgeport, CT	Greater New London, CT	Greenwich, CT	Westerly, RI
Access to Care	28 (10%)	36 (15%)	15 (14%)	9 (21%)	11 (19%)
Housing	10 (4%)	39 (16%)	13 (12%)	4 (10%)	9 (16%)
Mental Health Services	31 (11%)	28 (12%)	9 (8%)	10 (24%)	11 (19%)
Substance Abuse	111 (39%)	43 (18%)	19 (18%)	5 (12%)	3 (5%)
Food Insecurity	71 (25%)	53 (22%)	22 (21%)	4 (10%)	17 (30%)
Healthy Lifestyle	33 (12%)	42 (17%)	28 (26%)	10 (24%)	6 (11%)
Total Health Assets	284	241	106	42	57

Table 1. Count and percentages of health assets listed on United Way 2-1-1 for each priority area community under each of the 6 health asset broad aims. Percentages for health assets in each priority area represent percent of the total number of assets in that priority area. Totals may not sum to 100% due to rounding.

Recommendations

- Incorporate community feedback on health needs:** stakeholders should regularly include community feedback on community health needs to deliver care and resources better suited to serve community health needs.
- Qualitative methods strengthen impactful needs assessments:** conducting interviews with community residents and leaders can provide in-depth insights and establish connections beyond the scope of traditional surveying methods and may be a key method to establish deeper relationships with community stakeholders.
- GIS community health resource mapping is a powerful method to visualize areas of need that would not be captured from lists or surveys:** developing maps based on the priority health topics can help identify targets for interventions and needed improvements in community health services, care, and outcomes.

Limitations

- Interviews were limited to stakeholders, community leaders, and residents of *one* neighborhood (West River/Dwight), and findings may not be generalizable to all neighborhoods in the Greater New Haven and Connecticut areas.
- GIS mapping is based on walking and may not accurately represent resource accessibility for residents using cars or public transportation. The maps are most relevant for residents with movement disabilities who cannot access public transportation. More walkability, safety, and public transportation data may enhance map utility.

Acknowledgments

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RESOURCES: ArcGIS 2013 FOR DESKTOP BASIC (<https://www.arcgis.com/index.html>)