The Need for Caring in North and Central Brooklyn
A Community Health Needs Assessment

“Health Care in Brooklyn is in full crisis mode. From inadequate quality of care to a lack of access to care, the healthcare infrastructure is literally on life support. Barriers to care and growing healthcare disparities have all combined to further compound an already difficult situation.”
- State Senator John L. Sampson
The Need for Caring in North and Central Brooklyn

A Community Health Needs Assessment Study

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Commission on the Public’s Health System (CPHS)
Shena Elrington
New York Lawyers for the Public Interest (NYLPI)
North and Central Brooklyn Health Care Crisis

• In several zip codes, 50% or more of the residents are on Medicaid or uninsured
• Many residents live sicker and die younger
• There is a lack of health care resources
• Many hospitals are facing serious financial troubles
North and Central Brooklyn Health Care Crisis (cont.)

• 2011 Brooklyn Health System Redesign Workgroup
• Recommended three hospital merger:
  – The Brooklyn Hospital Center
  – Interfaith Medical Center
  – Wyckoff Heights Medical Center
• Community invited into planning process
• Community health study approved
What Is a Community Health Needs Assessment (CHNA)?

- Evaluates a community’s health care needs and barriers to care
- Studies with the community, not on it
- Unique opportunity to input the community’s voice in community health planning
What Is the Purpose of This Study?

- Document residents’ perspectives on the **needs, barriers and gaps in access to health care services** in North and Central Brooklyn

- To collect information that the community, along with hospitals and the NY State Department of Health, will use to **shape health care**
Our Approach

• Community Based Participatory Research Approach (CBPR)
  – Key stakeholders, including community members and organizations, had a role in the study design, data collection, and data interpretation

• Collected quantitative and qualitative data through surveys, focus groups and listening sessions
Area of Study

15 zip codes in

North & Central Brooklyn
The Survey

• Worked with several **community–based organizations** to administer the survey
• Asked questions about residents’ health care experience, access to care, and barriers to care
• Gathered **644** valid surveys from **15** zip codes
The Focus Groups

• Held to gather input from groups that were under-represented in the survey

• **Nine Focus Groups**
  – Pregnant women
  – LGBT
  – People with disabilities
  – Men (2)
  – Spanish-speakers living with mental illness
  – Youth
  – Seniors
  – Immigrants
“I wish I have a clinic close to my home because I have three little children I travel with all of them to the doctor office.”

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“There needs to be more of everything so you don’t have to go out of the neighborhood.”
Survey Sample Demographics

- 54.7% were between the ages of 26 and 50
- 65.9% identified as women
- 40% foreign-born
  - 21% were comfortable speaking about their health care only in a language that is different from English
- 65% indicated an income less than $30,000 per year
- 44% not currently employed
- 45% lived in the community 10 years or more
Survey Respondents by Race/Ethnicity

- African-American: 43%
- Multiracial: 15%
- White: 13%
- Native American: 0%
- Caribbean/West Indian: 23%
- Arab/Middle Eastern: 4%
- Asian: 1%
- African: 1%
Survey Respondents Identifying as Latino

- Latino: 22%
- Not Latino: 78%
Important Survey Findings – Access to Care

Where would it be most convenient for you and members of your household to get health care?

- Near where I live – 89%
- Near where I work – 7%
- Don’t know/not sure – 4%
Important Survey Findings – Access to Care

In the last two years, what percentage of your household visits to a doctor have been in your neighborhood?

<table>
<thead>
<tr>
<th>Visits</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None (0%)</td>
<td>118</td>
<td>18.7%</td>
</tr>
<tr>
<td>25%</td>
<td>56</td>
<td>8.8%</td>
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<tr>
<td>50%</td>
<td>68</td>
<td>10.8%</td>
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<tr>
<td>75%</td>
<td>88</td>
<td>13.9%</td>
</tr>
<tr>
<td>All (100%)</td>
<td>250</td>
<td>39.6%</td>
</tr>
<tr>
<td>Not been to a doctor</td>
<td>25</td>
<td>4.0%</td>
</tr>
<tr>
<td>Do not know/not sure</td>
<td>26</td>
<td>4.1%</td>
</tr>
</tbody>
</table>
“I have to travel with my children to get medical care because I don’t speak English.”

***

“I feel so depressed now, no job, no health insurance, no medication, and there is no mental health doctor who will understand me and help me in this area.”

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“I am very happy with the health care that my children receive, but I would like to have that kind of services in my neighborhood.”
Important Survey Findings – Access to Care

- Access to care was not always available. **Dentists and primary care** are the most frequently named providers that are needed.

- Specialty care services were also mentioned frequently as needed in the community. Particularly, general specialists, eye doctors, and cardiologists.

In the last 2 years, which health care services has your household had difficulty accessing in your neighborhood?
Important Survey Findings – Access to Care

- 35% of people reporting dental problems had problems accessing dental care
- People with dental problems were much more likely to report health problems, including hearing and vision problems, high blood pressure and asthma
Important Survey Findings – Access to Care

Emergency Room Use:
Have you or members of your household been to an emergency room within the last 2 years?

- Yes – 50%
- No – 48%
- Don’t know/not sure – 2%
Important Survey Findings – Barriers to Care

• Respondents identified the following as the top barriers to care:
  – Had to wait too long for an appointment
  – No health insurance
  – Had to wait too long at the appointment
Focus Group Demographics

- 13 to 88 years with an average age of 44 years
- Over 60% women
- 2/3 were Black
- Annual median income: $20,000 or less
- 1 in 6 were employed
- About 7 of 10 had insurance
Focus Groups – Major Themes

• Health care insurance does not cover important health care needs
• Barriers to health care include:
  – **Hours** are a poor fit with people’s schedules
  – Limited **hours** for specialists
  – **Long wait times** in emergency rooms and clinics
  – Difficulties in **getting health insurance**
• Uninsured felt that they “could not afford to get sick”
• Quality of care is higher at hospitals and clinics located outside of the community
• Problems with **Access-a-Ride**
Focus Groups – Major Themes (cont.)

• Medication concerns
• Patients are treated differently by health care providers because of factors like race, income, immigration status and health insurance type
• Social issues impact health and need to be addressed too
• The community needs more affordable and compassionate health care
• The community needs more information on health care resources in their communities and things they can do to be more healthy
Key Recommendations

• Develop a coordinated system of care among providers, residents and community based organizations to address various barriers like:
  – the lack of culturally and linguistically competent resources
  – long waiting times for and at appointments
  – the lack of extended office hours/days to address gaps in care/services and emergency room overuse
Key Recommendations (cont.)

• Focus attention on particular illnesses and communities to target services where they are most needed
• Increase the availability of quality dental care services in North and Central Brooklyn
• Develop a process to engage community residents “Community Advisory Board” to work on community level utilization barriers, such as over-use of emergency rooms
Key Recommendations (cont.)

• Develop working relationship with Access-A-Ride to:
  – address concerns with its transportation procedures, costs and timeliness
  – increase use and access to appointments, particularly for seniors and people with disabilities

• Make health care facilities more accessible, user friendly, and comfortable
  – (e.g., wheelchair access, font size of printed materials, comfort of waiting room seats for pregnant women)

• Increase access to specialty health care services in the community
Key Recommendations (cont.)

• Ensure care is patient-centered and provide customer service training to health care providers and other staff
• Develop a coordinated campaign to work with primary care providers, health clinics, and managed care plans to encourage and increase the number of providers who accept public health insurance
• Increase community awareness of and access to low cost health services and insurance
Thank you to our community participants!
We want to thank the more than 800 Broklynites who participated in the survey and focus groups as well as the following organizations:

**Field Surveyors**
- Arab American Family Support Center
- Brooklyn Perinatal Network
- Caribbean Women’s Health Association
- East New York Diagnostic and Treatment Center
- Ft. Greene Strategic Neighborhood Action Partnership
- Make The Road New York
- New Dimensions in Care
- New York Communities for Change
- Progressive Community Center for Children and Families
- The United Jewish Organizations of Williamsburg, Inc.

**Focus Group Hosts**
- Brooklyn Center for Independence of the Disabled, Inc.
- Brooklyn Community Pride Center
- Caribbean Women’s Health Association
- Central Brooklyn Economic Development Corp.
- Spanish Speaking Elderly Council - RAICES
Thank you to the Community Health Planning Workgroup!

- **The Brooklyn Hospital Center**
  Richard B. Becker, MD, President and CEO
  Leroy Charles, Director, Government Relations and External Affairs
  Joan Clark, SVP, Strategic Planning
  Catherine Derr, Vice President, Marketing and Communications
  Gary Stephens, MD, Chief Medical Officer
  Beryl Williams-Augustin, Director, Community Outreach

- **TBHC Community Advisory Board**
  Rev. Earl Jones, Pastor, First Cavalry Baptist Church

- **Bedford-Stuyvesant Family Health Center**
  Patricia Fernandez, CEO

- **BMS Family Health Center**
  Harvey Lawrence, President and CEO

- **Brooklyn Borough President’s Office**
  Italia Granshaw, Policy Analyst

- **Brooklyn NAACP**
  Lorraine Braithwaite-Harte, Health Committee Chairman

- **Brooklyn Perinatal Network**
  Ngozi Moses, Executive Director
  Denise West, Deputy Executive Director

- **Brooklyn Plaza Medical Center**
  Lazetta Duncan-Moore, CEO

- **Community Healthcare Network**
  Luis Freddy Molano, MD, Assistant VP for HIV Programs
  Chris Quinones, VP of Administration and Corporate Compliance Officer

- **CPHS**
  Anthony Feliciano, Director
  Mary Li, Education and Outreach Coordinator

- **Interfaith Medical Center**
  Luis Hernandez, CEO and President
  Diane Porter, Board Member

- **KenJam Consultants/BPMC**
  Maurice Reid

- **Kings County Hospital**
  Hope Mason

- **Lutheran Medical Center**
  Mary Quinones, VP for Strategic Community Partnerships

- **NY Lawyers for the Public Interest**
  Alyssa Aguilera, Community Organizer
  Shena Elrington, Director Health Justice Program
  Jennifer Swayne, Staff Attorney

- **NYC DOH**
  Aletha Maybank, MD, Assistant Commissioner

- **NYC DOHMH**
  Darin Taylor

- **State Senator Velmanette Montgomery’s Office**
  Jim Vogel, Community Coordinator
Thank you to the CHNA funders!

• New York State Department of Health
• The Brooklyn Hospital Center
• IM Foundation at Interfaith Medical Center
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Thank you!