

Identifying the Community Health Needs in the Yale New Haven Health System: Key Priorities, Barriers to Health, and Recommendations

Julia Anderson¹, Kathy Doan¹, Alexandra Hua¹, Maria Ma¹, Etna Tiburcio¹, Augusta Mueller², Carolyn Salsgiver³, Kathy Carley-Spanier⁴, Sarah Ali¹, Danya Keene¹, Debbie Humphries¹

¹Yale School of Public Health, 60 College Street, New Haven, CT

²Yale-New Haven Hospital, 789 Howard Street, New Haven, CT

³Bridgeport Hospital, 267 Grant Street, Bridgeport, CT

⁴Greenwich Hospital, 5 Perryridge Rd, Greenwich, CT

Background

Bridgeport Hospital, Greenwich Hospital, and Yale-New Haven Hospital are nonprofit hospitals that are part of the Yale New Haven Health System (YNHHS). Table 1 outlines the towns covered by each hospital's service delivery network.

In order for nonprofit hospitals to remain tax-exempt, they must comply with federal requirements to provide "community benefits," as outlined in Section 9007 of the Affordable Care Act (ACA). One provision outlined in the ACA requires nonprofit hospitals to "give increased attention to working with others to determine community health needs and take action to meet those needs".¹ This requirement is fulfilled in part by the triennial completion of a Community Health Needs Assessment (CHNA) with community partners.

This report presents findings from the first stage of the second round of the community health improvement coalitions, which include all three YNHHS hospitals, CHNA: the key informant interviews. These interviews incorporate input from persons representing the broad community served by the hospitals, focusing on a range of public health issues relevant to the community at large. Input was gathered through an online survey of key informant perceptions surrounding community health.

Key informants comprised two groups: (1) Health and Human Service representatives and (2) Government and Community Leader representatives. This report outlines the top health issues and barriers to good health in the communities served as identified and prioritized by key informants, as well as suggestions they have to address these concerns.

Objectives

- To share the results of the first stage of Yale New Haven Health System's 2016 Community Health Needs Assessment: the key informant interviews
- To provide a deeper understanding of the health status and needs in communities served by YNHHS hospitals: Bridgeport Hospital, Greenwich Hospital, and Yale-New Haven Hospital
- Areas of focus include:
 - (1) Population Demographics
 - (2) Community Health Initiatives
 - (3) Health Problems
 - (4) Barriers to Good Health
 - (5) Health Services
 - (6) Community Leadership
 - (7) Outlook

"Health inequities fueled by deeply ingrained social inequities thwart human potential and impact the prosperity and quality of life of all people in all communities who are impacted by these inequities." (Group 1)

Methodology

- Contact information for community leaders were provided by region preceptors, obtained through an online Google search, or referred by key informants who took the survey.
- An online survey was distributed to participants (n = 672).
- The YSPH Practicum Team sent two email reminders and one phone reminder. Complete data were available for 205 community leaders. (Bridgeport = 64, Greenwich-CT & NY = 82, New Haven = 57, Unknown = 2)
- Analyses for quantitative questions were performed using SAS. Analyses for qualitative questions were performed using grounded theory.

Greater Bridgeport	Greater New Haven	Greenwich-CT	Greenwich-NY
Bridgeport Easton Fairfield Monroe- Trumbull Stratford	New Haven Milford Orange West Haven East Haven North Haven Woodbridge Bethany Hamden Branford North Branford Madison	Greenwich Fairfield Danbury New Canaan Stamford	Port Chester Rye Rye Brook Westchester Valhalla Harrison Mamaroneck

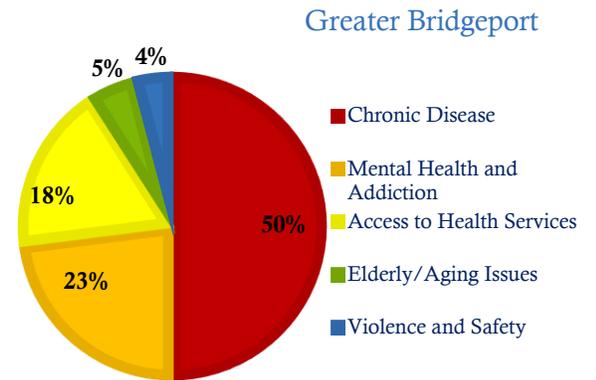
Table 1: Towns represented in each hospital region

Health Priorities

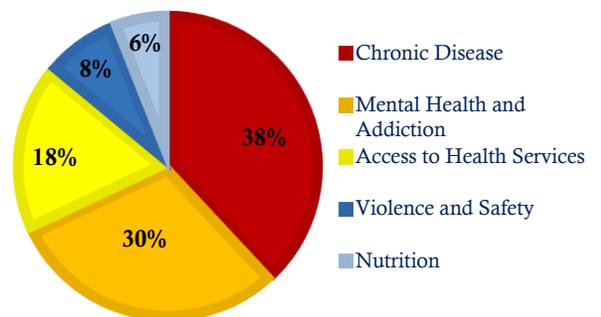
Key informants indicated the following as Health Priorities across the Greater Bridgeport, Greater New Haven, Greenwich-CT and Greenwich-NY regions (Figure 1):

- Chronic disease
- Mental health and addiction
- Access to and use of health services
- Violence and safety
- Elderly/aging issues
- Nutrition

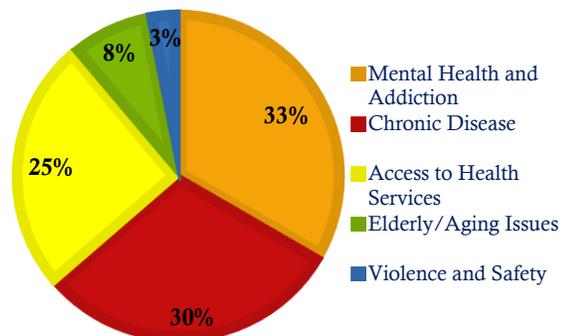
“Fast food options are just about all one can find and everything seems to be supersized these days. It has become cheaper to feed your family McDonald’s than to go to the store and buy the needed items to make dinner. Add to this the high rates of smoking and asthma or related asthma; symptoms become major health concerns.” (Group 2)



Greater New Haven



Greenwich-CT



Greenwich-NY

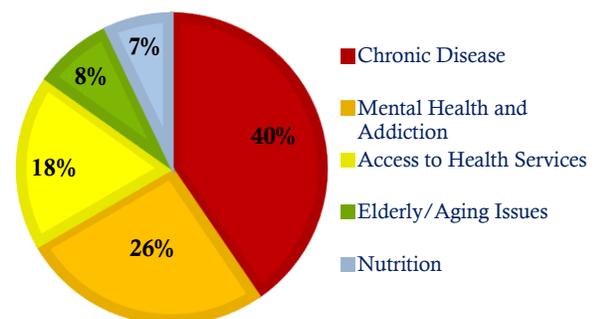


Figure 1: Top 5 health priorities by region

Key Findings

Social barriers such as lack of education, language, mental health and stigma were perceived as one of the greatest barriers for achieving good health in adults and children in all four regions.

Table 1: Prevalence of perceived social barriers to good health for adults and children

	Adults	Children
Greater Bridgeport	53%	59%
Greater New Haven	44%	59%
Greenwich-CT	40%	37%
Greenwich-NY	56%	62%

Health barriers. Access to medical insurance and healthy food were the two most important health barriers that need to be addressed across all four regions.

Emerging issues identified included:

- Aging population
- Access to mental health services
- Obesity
- Drug use
- Lack of funding for health services

Improvements: Access to quality health care has improved over the past 2-3 years, according to respondents across the four regions, due to the following:

- Expansion of the ACA
- Increased community collaboration (with academic sites such as the Yale School of Public Health)
- Increase in youth and elderly services

Limitations

- Contrast in responses by towns misconstrued response rate percentages
- Respondent concerns about confidentiality
- Limited time frame for survey administration
- Unequal distribution of Groups 1 and 2

References

¹Folkmer *et al.* (2011). Hospital community benefits after the ACA. (Issue Brief). Baltimore, MD: The Hilltop Institute.

Resources

Community Health Needs Assessment. (2013). Greater Bridgeport, CT. Greater Bridgeport Region Community Health Improvement Plan. (2013). Health Resources in Action. Greater Bridgeport, CT.

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“With more YSPH student and faculty participation and commitment, there have been comprehensive community health planning enterprises and community health improvement initiatives created.” (Group 1)

Recommendations

- Improve access to quality primary and specialty care, especially for vulnerable populations such as those who are uninsured or on Medicaid or HUSKY
- Increase the number of bilingual health providers to ease language and cultural barriers for those who are English language learners
- Increase options and accessibility to transportation
- Improve access to health information in order to spread awareness
- Expand health education programs for children, adolescent youth, and older members of the community
- Encourage more collective partnerships and collaboration between community organizations and hospital leaders

Conclusions

The CHNA identifies the perceived health needs of the community. The comprehensive survey was developed and distributed to community leaders to help inform the 2016 CHNA process that will take place in the Greater Bridgeport, Greater New Haven, Greenwich-CT, and Greenwich-NY regions.

Although the four regions differed in terms of demographic profile, socioeconomic status, and ethnic/racial background, there were several overlapping key health priorities expressed across the board.

Nonprofit hospitals and community organizations must work collaboratively to develop the CHNA to promote the wellbeing of their communities and work towards a healthier future.