Recommendations

- Make health care facilities more accessible, user friendly, and comfortable
- Improve screening of and outreach to diverse populations (e.q., people with disabilities, and those who identify as LGBTQ)
- Improve the cultural and linguistic competency of providers, staff, and administrators
- Improve patient centered care and customer service-training
- Provide evening/weekend hours for primary care
- Increase awareness of and access to low cost health services/insurance
- Provide financial support of efforts by grass roots CBOs to promote community resources
- Coordinate a network of health care and social service providers, residents and community based organizations to address various barriers
- Develop a process of engaging community residents (e.g., community advisory board) for development of messaging and outreach around utilization barriers
- Target services to focus on particular illnesses and communities (e.g., target services to address high asthma rates in Bushwick)
- Increase access to specialty health care services in the community

- Work with Access-A-Ride to address transportation procedures, cost, and timeliness, especially for seniors and people with disabilities
- 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 availability and access to dental and mental health services



The Need for Caring in North and Central Brooklyn

A Community Health Needs Assessment Summary Report

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Co-Lead Partners:

Judy Wessler, Commission on the Public's Health System Shena Elrington, New York Lawyers for the Public Interest



Study sponsored by:







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Background

The Need for Caring in North and Central Brooklyn reports the findings of a community health needs assessment (CHNA) conducted to determine North and Central Brooklyn residents' perceptions of the needs, gaps, and barriers to care in their communities. The report seeks to inform the redesign of Brooklyn's health care system, which is currently in a state of crisis.

The CHNA covered 15 zip codes including Bedford-Stuyvesant, Bushwick, Brownsville, Crown Heights, Cypress Hills, East Flatbush, East New York, Flatbush, Fort Greene, Prospect Heights, Williamsburg, Downtown Brooklyn, Gowanus, and Greenpoint. The CHNA included field surveys and focus groups to capture the voices of community residents and relied upon a community based participatory approach, which promotes full participation of community members in all aspects of the research process. As such, communitybased organizations participated in the design and administration of the survey and focus groups.

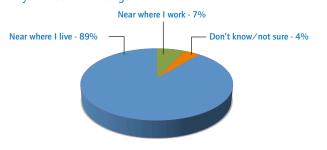
Community residents completed over 600 surveys. Seventy-nine residents participated in nine focus groups targeting groups underrepresented in the survey sample, including teens, individuals with disabilities, Spanish-speaking individuals receiving mental health services, immigrants, men ages 18-35, men ages 45-55, senior citizens, pregnant women, LGBTQ individuals. Following the completion of the CHNA, listening sessions were held to solicit community input and feedback concerning the findings.

Summary of Key Findings

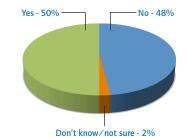
SURVEY FINDINGS

- The most often reported illnesses/health conditions were: high blood pressure/hypertension (24.8% of respondents); asthma (19.9%); diabetes (15.7%); and hearing or vision problems (15.2%).
- Respondents also frequently identified the need for specialty care services.

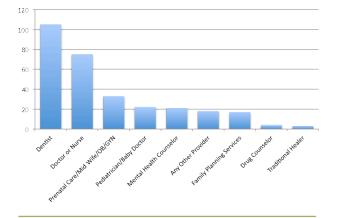
Where would it be most convenient for you and members of your household to get health care?



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



In the last 2 years, which health care services has your household had difficulty accessing in your neighborhood?



Half of respondents had a limited ability to secure health care services. Identified barriers to health care included:



FOCUS GROUP FINDINGS

- Individuals Living with Physical and Sensory Disabilities noted the need for more physical accommodations at facilities, and problems with Access-A-Ride, New York City's paratransit service.
- Teens reported that treatment at health care facilities appeared to differ by the type of insurance individuals had and that it was important to address social issues in the community including violence and poverty.
- Spanish-Speakers Receiving Mental Health **Services** focused on the need for culturally competent and linguistically competent care including the need for more qualified interpreters or medical professionals.
- Immigrants identified fears in seeking care and the need for more caring and compassionate health care.
- Young Men 18-30 were most concerned about the lack of health care that resulted from having no or inadequate health care insurance and perceived the health care facilities in their community as providing a lower standard of care. They also identified social factors which impact the lives and health of community residents including race, limited income, lack of employment and job training opportunities and poor education.
- Older Men 45-55 stressed the need for better health care coverage, information about health care insurance, and better communication with health care providers. They noted that health care treatment varied by race, social class and type of insurance and also voiced concerns about medication side effects.
- Seniors focused on the need for information about health insurance plans; the poor quality of care provided at community facilities; the need for more accommodations for seniors at facilities; the costs and other problems associated with using Access-A-Ride. A key issue was the lack of professionalism of providers and staff.

- Pregnant Women stressed the need for support especially for first time mothers and were concerned about the long waiting times to see a doctor during scheduled appointments. They noted that accommodations that would enhance care for pregnant women included comfortable chairs, food and beverages and better triage.
- LGBTQ-Identified Participants noted that the lack of awareness and knowledge among health care providers about LGBTQ issues hampers communication and good relationships with providers and lessens compliance by patients. They also noted that mental health needs are not being addressed and that existing stigmas and perceptions make it difficult to seek care.

