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New Report on Health Needs, Gaps and Barriers to Care in North and Central Brooklyn Released in Conjunction with Proposed Redesign of Brooklyn's Health Care System

Report sponsored by The Brooklyn Hospital Center, I M Foundation and New York State
Department of Health

Brooklyn, NY (April 10, 2013)—In conjunction with the proposed redesign of Brooklyn's Health Care System the Community Health Planning Workgroup (CPHW), a consortium of community stakeholders, healthcare providers and community health planners, today released *The Need for Caring in North and Central Brooklyn, A Community Health Needs Assessment*, sponsored by <a href="https://doi.org/10.1001/jhealth-needs-nort

"In order to improve delivery of healthcare in Brooklyn, we needed to look at what exists and where it falls short, especially with regard to primary and specialty care access for low-income patients with common but significant illnesses," says **Dr. Richard Becker**, President and CEO of The Brooklyn Hospital Center. "This study provides important insight into how we can better focus our resources to help Brooklyn residents who continue to have difficulty receiving basic primary care."

"The experience of this project partnership that resulted in this CHNA Report - *The Need for Caring in North and Central Brooklyn* - has been in every way unique, refreshing and ground breaking. It indicates that a paradigm shift is occurring in the way information is secured to inform our healthcare system delivery planning," said principal investigator **Ngozi Moses**, Executive Director of the Brooklyn Perinatal Network.

The report covers 15 zip codes, including Bedford Stuyvesant, Bushwick, Brownsville, Crown Heights, Cypresss Hills, East Flatbush, East New York, Flatbush, Fort Greene, Prospect Heights, Williamsburg, Downtown Brooklyn, Gowanus and Greenpoint, and addresses key findings, focus group results, and recommendations.

Field surveys and focus groups were used to capture the voices of the community. Community residents completed over 600 surveys, and 79 residents participated in nine focus groups targeting

groups underrepresented in the survey sample, including teens; individuals with disabilities; Spanish speakers receiving mental health services; immigrants; men aged 18-35 and 45-55; senior citizens; pregnant women; and LGBTQ individuals.

Following the completion of the Community Health Needs Assessment, listening sessions were held to solicit community input and feedback concerning the findings.

Among the key findings:

- The report found the most common illnesses/health conditions among residents surveyed were high blood pressure/hypertension (24.8%), followed by asthma (19.9%); diabetes (15.7%); and hearing or vision problems (15.2%).
- 85% of respondents said that it would be most convenient to receive care in their neighborhood; almost 20% of the sample (18.7%) received none of their care in their community.
- 50% of residents surveyed said they or members of their household had visited an emergency room in the past two years.
- When asked which healthcare services households had difficulty accessing in their neighborhood, 100% of respondents said a dentist.
- Half of respondents had a limited ability to secure health care services. When asked why,
   48% said barriers to health care included quality of care, culture and language differences,
   hours of service and attitudes of providers; 19.8% said insurance issues or lack of insurance;
   23.1% said long waits for or at appointments; and 9.1% said cost of care.

"We are really pleased to have had the opportunity to ensure that the community's voice is a driving factor in how healthcare is delivered and look forward to the healthcare planning developments that come from the CHNA process. We are hopeful that our process will serve as a model way to meet the needs of communities being served," said **Shena Elrington** of New York Lawyers for the Public Interest who served as co-lead partner in the development of the report.

The report concluded with approximately 15 critical recommendations to improve healthcare in Brooklyn. These included addressing accessibility; improving screening, outreach, cultural and linguistic competency, patient-centered care, and customer service training; providing extended hours for primary care; increasing awareness and access to low-coast health services/insurance; providing financial support of efforts by grassroots community-based organizations (CBOs) to promote community resources; coordinating a network of health care and social service providers; engaging community residents; targeting services to focus on particular illnesses and communities; increasing access to specific health care services; working with Access-A-Ride to address transportation issues;

increasing the number of providers who accept public health insurance; and increasing availability and access to mental health services.

To see a copy of *The Need for Caring in North and Central Brooklyn*, visit <a href="http://www.tbh.org/brooklynhealthcaresystem">http://www.tbh.org/brooklynhealthcaresystem</a>.

## The Brooklyn Hospital Center:

Founded as the borough's first voluntary hospital, The Brooklyn Hospital Center (TBHC) has been keeping Brooklyn healthy since 1845. Today, it is a 464-bed teaching hospital, offering primary and specialized medical care, sophisticated diagnostic and therapeutic services, cutting-edge technology, and specialized surgery to nearly 300,000 patients annually. Located in the heart of Brooklyn's downtown revitalization district, TBHC is a member of the New York-Presbyterian Healthcare System and the Brooklyn academic and clinical affiliate of Weill Medical College of Cornell University. TBHC has fully accredited, independent residency programs in Emergency Medicine, Internal Medicine, General Surgery, Obstetrics and Gynecology, Pediatrics, Family Medicine, General Dentistry and Oral and Maxillofacial Surgery, and trains more than 250 physicians each year.

**Brooklyn Perinatal Network** (BPN) is a unique organization. Over it's more than two decades of providing leadership for community health collaborative work; it has evolved from a focus on pregnancy and infant mortality to now include partnerships that focus on facilitating community development for health promotion and wellness including care delivery system enhancements among other determinants of health disparities.

New York Lawyers for the Public Interest (NYLPI) advances equality and civil rights, with a focus on health justice, disability rights and environmental justice, through the power of community lawyering and partnerships with the private bar. NYLPI's Health Justice Program works in partnership with communities to ensure access to quality health care for people in medically underserved neighborhoods through community organizing, litigation, and legislative and administrative advocacy. It is one of the few legal programs in the country to bring an explicit racial justice and immigrant rights perspective to health care advocacy.

<u>The Commission on the Public's Health System</u> (CPHS) is a citywide, community-based membership health advocacy organization. CPHS is a voice for the public health and hospital system, a voice for the allocation of public funding in the state and city budgets; a strong supporter of community organizing, and supporter of the health care safety net and access to health care services for everyone, particularly in low-income, medically underserved, immigrant and communities of color.

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