Health and Health Care for the Residents of New Brunswick: Stakeholder Views

A Report of the New Brunswick Community Health Assessment

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Working Together, Living Healthier

HEALTHIER NEW BRUNSWICK 2010
"Working Together, Living Healthier"
Trabajando juntos, vivimos más sanos

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EXECUTIVE SUMMARY

From August 2001 to January 2002, Rutgers Center for State Health Policy conducted twenty-five interviews in New Brunswick with officials from the public sector; leaders from city health, social service, and faith-based organizations; and representatives of organizations that provide funding and other forms of assistance to relevant projects in the city. These interviews represented the second stage of a community health care needs assessment being conducted as part of the Healthier New Brunswick 2010 initiative—a campaign designed by New Brunswick Tomorrow to engage community leaders in developing and implementing a long-term strategy to improve the health of the residents of New Brunswick.

The goals of the interviews were to help describe the current state of health and health care in New Brunswick, inform the development of action plans, and help shape subsequent stages of the assessment. Towards these ends, respondents were asked to comment on the boundaries and "natural communities" that define New Brunswick; the city's major problems; health and health care needs, strengths, and status overall; underused health resources; and possible strategies for health improvement.

Overall, the results of these interviews describe "two New Brunswicks." The first New Brunswick is represented by the city's current redevelopment, the revitalization of the downtown district, and the presence of major corporations and prestigious education and health care institutions. The second New Brunswick encompasses the city's large population of low-income residents, who face challenges of low wages, unemployment, inadequate education and transportation, and other barriers to accessing services. These challenges are compounded for many by linguistic and cultural differences. In the healthcare arena, the city combines the presence of a medical school and two major hospitals providing sophisticated care, with a large population still lacking access to basic care and exhibiting high levels of health problems.

The health problems most frequently identified by respondents were: 1) problems with access to care or barriers to utilization; 2) the challenges of providing health services

to a diverse population including large numbers of immigrants; 3) specific health conditions that are prevalent, serious, or inadequately addressed; 4) inadequate or inappropriate health education and outreach; and 5) fragmentation in the health care system.

Based on these findings and on the suggestions of the key informants themselves, the report provides two sets of recommendations. The first set of recommendations suggests types of programmatic responses that warrant consideration as Healthier New Brunswick 2010 moves forward. The second set of recommendations includes suggested approaches to future assessment activities, namely focus groups and the community survey. Key recommendations are:

- Begin consideration of the following types of initiatives:
  - Expand and diversify health education and outreach
  - Enhance transportation systems
  - Decentralize health services
  - Expand services offered at the community health centers
  - Increase coordination of service planning and delivery
  - Encourage city health advocates to engage in health care debates and problem-solving at the county and state levels
  - Encourage city health advocates to bring health concerns into other, related, arenas of city planning.

- In moving forward with the assessment, consider the following approaches:
  - Document the prevalence of HIV/AIDS, asthma and other respiratory conditions, diabetes, and mental illness and substance abuse
  - Assess the extent to which New Brunswick residents are seeking health care outside of the city
  - Include school nurses and outreach workers in the planned focus groups
  - Use the focus groups and the community survey to assess the demand for potential programmatic initiatives (listed above) and the most effective approaches to such initiatives, and to identify specific barriers to service utilization
  - Conduct at least one focus group, and provide the survey, in Spanish
  - Make sure geographic "pockets of need" are adequately represented in future assessment activities

- Determine how to account for population changes and migration in measuring progress in the health of New Brunswick residents between now and 2010.

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Introduction

In March 2001, New Brunswick Tomorrow initiated the Healthier New Brunswick 2010 campaign with the aim of developing and implementing a long-term strategy to improve the health status of residents of New Brunswick. The campaign has two components: engaging community leaders in developing and implementing community health interventions (i.e., programmatic initiatives), and conducting a systematic assessment of the health status and health care needs of the city's residents. The assessment's goals are to provide a baseline for measuring progress and insight into what interventions are needed and will be effective. The assessment began with a review of existing studies of health and health care in New Brunswick.

This report presents the results of the second stage of the assessment process — twenty-five interviews with community leaders and health care providers, designed to gain their insights about the health-related concerns and needs of New Brunswick's residents. These "key informant" interviews share the purposes of the assessment overall—to help create a baseline for measuring progress in the city's health status, and to engage community leaders in developing the programmatic initiatives that will lead to that progress. In addition, the interviews are designed to help shape the subsequent stages of the assessment process, which include small area analysis, focus groups, and a community survey.

The next two sections of the report provide background information on the key informant study and a description of the study methods, respectively. This is followed by a presentation of our findings. The report ends with two sets of recommendations based on the study findings. The first set of recommendations suggests types of programmatic responses to New Brunswick's health needs that warrant consideration as the project moves forward. The second set of recommendations includes suggested approaches to conducting the focus groups and community survey.

Background

Health Needs in New Brunswick

New Brunswick, New Jersey—known as the Health Care City—is the seat of Middlesex County and home to Johnson & Johnson, Rutgers, The State University of New Jersey, The Robert Wood Johnson Medical School and two major teaching hospitals. This small city, also the home of many large employers and businesses, continues to exhibit health and social problems that belie these resources. Problems documented in previous studies of New Brunswick include poverty, unemployment, inadequate housing, large school drop-out rates, and insufficient access to quality health care. Residents of New Brunswick were reported in previous studies to be less likely than those in the state overall to have health insurance. The population continues to suffer a high rate of disease and death, as well as an abundance of dental, medical and mental health problems, and high rates of violence (Middlesex County Public Health Dept., 2001; Middlesex Public Health Dept., 2000; Eagleton Institute).

Current re-development activities within downtown New Brunswick have attracted new residents and businesses but have concurrently contributed to the displacement of many poor inhabitants. The demolition and shrinking quantity of affordable housing in New Brunswick presents a problem for the poor and the undocumented, who together make up a significant portion of the full-time residents in this city.

Role of the Assessment

Healthier New Brunswick 2010 is a collaborative process designed to meaningfully involve community-level stakeholders in the creation and implementation of measurable health improvements to be realized by the year 2010. The role of the needs assessment in the context of the larger Healthier New Brunswick 2010 initiative is to build on previous efforts by gathering detailed qualitative and quantitative information on health-related needs and resources in New Brunswick (including lessons learned from existing community activities), and engaging community members in the process of developing a systems approach to health improvement in response to these findings; this approach is presumed to include educational, preventive, and other broad-based interventions. Additionally, the intent of the assessment is to provide comprehensive information on the health and health care of New Brunswick residents that creates a

baseline for monitoring progress in improving community health. The specific goals of the assessment are:

- To engage community and health care leadership in developing avenues for health improvement and to ensure strong community ownership of this process and its results
- To assemble qualitative and quantitative information about the health and health care of the residents of New Brunswick
- To assess barriers to and assets for improving health
- To provide a resource for and educate policymakers, community leaders, providers and researchers.

Role of the Key Informant Interviews

The assessment has five stages: review of prior New Brunswick health care needs assessments, key informant interviews, analysis of existing data available for small areas (e.g., hospital discharge abstract data, birth certificate data), focus groups, and a community survey. The role of the key informant interviews is to develop a clear in-depth understanding of the issues and problems that affect New Brunswick residents as identified by those in high-ranking organizational positions within the city. They capture the perceptions of participants in the public life of the city. The interviews serve to help define, clarify, and prioritize the health and health-related problems that are of concern to these stakeholders.

The use of information gathered from this process is multi-fold. First, it provides a baseline of information against which future progress can be measured. Second, it provides the basis for the development of action plans to address the identified problem areas in the form of possible solutions. This includes identifying issues (such as the social determinants of health) that require collaboration and more broad-based problem solving or the application of other collective resources. Third, it raises issues and gaps in knowledge that can be addressed the focus groups and the community survey. Overall, the key informant interviews are a vehicle by which information can be provided to those in key positions about the state of health and health care delivery for residents of New Brunswick as well as other related issues, and an opportunity for these people to assist in the improvement of current conditions.

Methods

The key informant process targeted officials from the public sector; leaders from health, social service, and faith-based organizations in New Brunswick; and representatives from organizations that provide funding and other forms of assistance to relevant projects in the city. Suggestions of key informants were solicited from members of the study Data Advisory Group (DAG), a sub-committee of the New Brunswick Tomorrow Community Health Activities Group (CHAG); the DAG was asked to identify key informants who represented an array of organization types and perspectives. Further possible key informants were identified by the "snowball method," i.e., we asked those whom we interviewed for their ideas on appropriate additional respondents. In narrowing down the resulting list of possible interviewees to our actual respondents, we attempted to achieve a diverse sample representative of the variety of stakeholders in the health care field (see Appendix A for final list). A total of 25 interviews were conducted, with 27 key informants (two interviews were conducted with two people each).[1] Many of the key informants have been involved in health, social service and related work in New Brunswick for an extended period of time; the range for the group was from one to thirty-four years.

Interviews were carried out from August 2001 to January 2002. Most often, two members of the assessment team conducted each interview. Except when respondents objected, interviews were tape-recorded to allow the assessment team to clarify any unclear notes taken during the interview. Most of the interviews lasted from a half-hour to one hour, with one interview lasting two hours. Most interviews were conducted in person.

The interviews were semi-structured, i.e., interviewers were free to follow interesting lines of inquiry or to modify questions as needed (see Appendix B for the interview guide). At the beginning of the interview, respondents were asked for information about the respondents' job responsibilities and the length of time they had been involved with health concerns in New Brunswick, and at the end they were asked to suggest additional respondents and possible focus group populations (see Appendix C for focus group suggestions). In addition, participants were shown a map of the outlined study area and asked to provide insight about the location of "natural communities" that might be delineated by geographic borders (see Appendix D).

The bulk of the interview guide solicited respondents' views on the following:

- The most important problems in the city

- The most important health care issues in the city
- New Brunswick's health-related strengths
- The overall status of health and health care in the city
- Underused resources, and
- Suggested programmatic responses to the city's health needs.

Members of the assessment team composed a written summary of key points immediately following each interview. Upon completion of all interviews, the summaries were reviewed to generate a comprehensive schema of responses from all the interviews. Interview responses were then "coded,"(i.e., categorized,) using this list, with two members of the assessment team coding each interview and reconciling any differences in their analysis.

Findings[2]

Overall, the results of the key informant study describe "two New Brunswicks." The first is represented by the city's current redevelopment, the revitalization of the downtown district, and the presence of major corporations and prestigious education and health care institutions. The second New Brunswick encompasses the city's large population of low-income and in some cases poor residents, who face challenges of low wages, unemployment, inadequate education and transportation, and barriers to accessing services. These challenges are compounded for many residents by linguistic and cultural differences. In the healthcare arena, the city combines the presence of a medical school and two major hospitals providing sophisticated care, with a large population still lacking access to basic care and exhibiting high levels of health problems.

Study Boundaries and "Natural Communities"

Prior to the interviews, the DAG had discussed the area that should be included in the assessment and the characteristics of the residents of that area. It was agreed that the assessment should include both New Brunswick and a part of Franklin Township. Due to their close proximity, many of Franklin township's residents utilize New Brunswick health services and are also demographically similar. In addition, five "natural communities" were loosely outlined for the purposes of identifying areas of the city where there are groups that share demographic and socioeconomic commonalties.

The boundaries of the study area and the configuration of these five natural communities were discussed in the key informant interviews. At the outset of the

interview, participants were asked to look at a map that delineated the boundaries of the study area and asked if they agreed with the inclusion of a portion of Franklin Township. Of the participants that responded to this question, all agreed that the outlined portion of Franklin Township should be included in the assessment..

The interviewers also described the five "natural communities" that had been outlined by members of the Data Advisory Group, and asked participants to add their insight to those suggestions. The five communities presented to participants were: Rutgers Village (East Brunswick side); "The Country" (Wright Place, Franklin Area); a large Hungarian population around Somerset St., French St., and Louis St.; a large Hispanic/Mexican population located around Lower French St.; and a large African-American population around Commercial Ave. to Georges Rd. and in "in-town" New Brunswick. All of those participants who responded agreed that these geographic boundaries form natural communities. One respondent suggested that an even larger section of Franklin should be included, though she did not indicate the extent to which the study area should be broadened. Another participant commented on the importance of Rutgers Village, which we had believed to have relatively few health needs, because of the growing population of Dominican families in that area. In contrast, two respondents suggested that the Rutgers Village area should be left out, because it does not demographically represent the population we are targeting in the study. Additionally, many noted, as had the DAG, that the Hungarian population of the city has been declining. Many respondents commented that all these communities are in constant flux, and are therefore difficult to define in terms of demographic commonalities.

One of the most frequently mentioned factors affecting the demographic makeup of New Brunswick is the recent demolition of Memorial Homes, a low-income housing development. The racial/ethnic make-up of the families relocated as a result of the demolition is estimated to be about 65% African American, 34% Hispanic, and 1% White. Although the effects of this recent event are not completely understood, it was suggested that it has created various demographic shifts. One participant suggested that the number of African American residents has decreased in that area. Another participant suggested that this directly created a demographic change in the area described as "the Country" by increasing the number of African- Americans and Hispanics moving there.

Finally, a few participants mentioned "poverty pockets" or "pockets of need" during the interview. Several areas were indicated to fall into these categories, including Remsen Avenue and Delavan Street, French Street and the border between New

Brunswick and Franklin Township. More specifically, one participant mentioned that the area between New Brunswick and Franklin is densely populated and has the highest crime rate of the local region.

Most Important Problems in New Brunswick

Before we focused in on health care, the interviewers asked respondents to identify the city's major problems overall. The seven major problem areas identified by respondents in order of prevalence are 1) health, 2) housing, 3) the challenges of immigration and diversity, 4) employment problems, 5) poverty/class, 6) education, and 7) transportation. Each of these areas is discussed below.

Health Issues

Health issues were cited by three-fourths of the respondents as among the top problems in New Brunswick. This prevalence may be due in part to the nature of the study, and to the fact that many of our respondents work in the health care field. Nonetheless, the finding suggests a role for improving health as part of improving the overall life of the city. The specific health issues that were of most concern for the respondents are discussed in detail in the next section of the report.

Employment Problems

Of those responding, six out of ten cited employment problems as a major concern for the city of New Brunswick. Observers noted that New Brunswick has a large number of working poor with many of the population having non-traditional hours and working much longer than the average 9am to 5pm day in order to make ends meet. In addition to this "over-employment," both unemployment and underemployment were viewed as serious problems.

Housing Issues

Housing issues were cited as key problems by half the respondents, with half of these specifying their concern as the lack of low-income /affordable housing. Some respondents noted that the newly arriving immigrants live wherever there is affordable housing in the city. Several respondents mentioned the need for a "spectrum of housing"; an example of completing this spectrum is the creation of rooming houses where former homeless people can live while they are trying to "get on their feet."

Some of the respondents mentioned the demolition of the Memorial Homes. With the closing of the Homes, 183 families were relocated, involving approximately 250 children and adolescents. Some believe that these residents will never return and many have left the county and the state.

The Challenges of Immigration and Diversity

Of those responding, around three-tenths saw meeting the needs of a culturally and linguistically diverse population as a challenge. There was particular concern about serving the growing immigrant population, particularly in the case of the undocumented. In particular, respondents mentioned the increasing number of Hispanic, Middle Eastern, and South Asian immigrants coming into the city. While it may or may not be true, some respondents believe that immigrants have greater health, social and economic needs. A different and more dominant theme is that new populations require new approaches to services. Most notably, this new immigration seems to mean an increased need for bilingual services at social service agencies and health institutions. Some respondents saw a need for other changes as well, such as culturally appropriate services.

Poverty and Financial Constraints

Many respondents described poverty and the needs of the lower class as a problem. As noted the theme running through most of the interviews is that because of the diversity of New Brunswick, unemployment and underemployment, low wages, and the lack of affordable housing, there are two communities—the gentrified downtown and the lower income, often struggling, residents in the rest of the city.

Education

Of those responding, four out of ten cited education as a problem. Some respondents were concerned with the education system for its own sake, perceiving deficiencies in what the children are receiving. Others were concerned with a perceived lack of cooperation between the health care system and the schools.

Transportation

A quarter of respondents cited transportation - or the lack of it - as a problem in New Brunswick. It was reported that a large number of people in the city rely on the free trolley for transportation, but that the trolley stops running at 4:00 p.m. This schedule often does not meet residents' needs for getting to work, to childcare, or to appointments.

Also, respondents noted that key services are not always located in areas accessible via public transportation. A major concern was that public transportation and specialized transportation services (including health vans) tend to stop at the county lines, making it difficult for Franklin Township residents to get where they need to go.

Most Important Health Problems in New Brunswick

Five types of problems stand out from key informants' responses to the question of which are the most important health problems in New Brunswick. In order of descending prevalence in the interviews, they are: 1) problems with access to care or barriers to utilization; 2) the challenges of providing health to a diverse population including large numbers of immigrants; 3) specific health conditions that are prevalent, serious, and/or inadequately addressed; 4) inadequate or inappropriate health education and outreach; and 5) fragmentation in the health care system. A full list of all the health problems mentioned by respondents is provided in Appendix E.

Access

Inadequate access to care and barriers to utilization were defined as key health problems by approximately two-thirds of respondents. Some specified particular concerns, most notably:

- Lack of insurance or under-insurance
- Insufficient access to primary and preventive care
- Language or cultural barriers (particularly the former), and the special barriers facing the undocumented, and
- Difficulties getting to services because of their location or the lack of transportation.

In the discussion of access, we heard again the theme of the "two New Brunswicks," prevalent in the discussion of the city's problems overall. As one respondent described it,

> You get that...contrast that we have the....health care city and we have so many people who don't have their health care needs met, their basic health care needs met. There's a sense on my part that the improvements going on in New Brunswick are not carrying the people, but rather pushing them away.

Providing Health to a Diverse Population

Related to access problems, but also affecting quality of care, are the challenges of providing healthcare to a diverse population. Cultural differences can impede

appropriate use of care, both because consumers may not fully understand the health care system and because providers fail in their communications with those who are different from them. According to respondents, recent immigrants experience the added problem of language barriers in seeking and utilizing health care services (with appropriate translation services often unavailable), and undocumented immigrants face further barriers still in the form of distrust of the system and lack of coverage.

Specific Health Conditions

Around two-thirds of respondents described specific health conditions that they felt were of great concern because of their prevalence, severity, and/or lack of attention. While a number of specific conditions were mentioned, no one condition was mentioned by a majority of respondents. However, more than a quarter of respondents in each instance cited communicable diseases, particularly HIV/AIDS; asthma and other respiratory conditions; diabetes, obesity, and other problems related to poor diet; and mental health and substance abuse.

Health Education and Outreach

Over one-third of respondents saw a need for increased health education and outreach and/or different approaches to these efforts. Specific needs cited in this area included more efforts targeted specifically at women and minorities, promotion of preventive screenings, more campaigns around pre-natal care and immunizations, and more education and outreach around drug and alcohol treatment. A few respondents noted that there is no one place that residents can find information on all the services available to them. An exception is the service provided to its clients by Elijah's Promise, where health care information is provided at one table. Even there, however, information comes in the form of multiple fliers and pamphlets.

Fragmentation in the Health Care System

Several respondents saw the New Brunswick health care system as lacking coherence. Two main themes emerged under this broad umbrella: 1) Fragmentation in the delivery of health care services, and 2) fragmentation in the planning of health care services. Two major sources of fragmentation in the delivery system were described as insufficient continuity of care, due to patients utilizing a variety of clinics and to a lack of accessible specialty care; and duplication of services, also due to the lack of a usual source of care. The fragmentation in planning was seen to stem from major health care

providers' pursuit of their individual interests. Respondents juxtaposed the perceived competition between the providers against their vision of collaboration that would lead to a cohesive "system of care" and an allocation of resources that would most benefit the community.

Under-used Resources

Another window into the city's health problems was provided through responses to our question about underused health care resources. These responses echoed and reinforced themes from the discussion of the city's major health problems: barriers to access and utilization, the challenges of serving a diverse community, the need for outreach and health education, and system fragmentation.

Several respondents thought health care resources were underused in general, due to language barriers (and a lack of interpreters), distrust of the health care system, inadequate health education, insufficient awareness that services exist or of the importance of health, and system fragmentation. Some respondents saw these utilization barriers as particularly relevant for minority populations in general, and immigrant populations in particular.

Those who addressed under-use of specific resources were most likely to see untapped potential in the clinics and hospitals, including their outreach programs. Themes of financing gaps (particularly a need to put more money into the clinics), distrust, unawareness, competition and fragmentation arose again.

A few individuals mentioned schools as an under-used resource for disseminating health care information and services. While only a small number mentioned this idea in this context, we note it here, because the point was echoed more widely in the discussion of ways to improve health care in New Brunswick.

Strengths

When asked about the strengths of New Brunswick relative to health and health care, respondents made it clear that they saw the city as possessing extensive health-related resources, primarily in the form of the two major hospitals, the medical school, and the community clinics. Discussion of the strengths of the hospitals and medical school, however, often contrasted the sophisticated care they allow for with the lack of basic health care for much of the city's population. The clinics were widely praised for partially filling the gaps in the city's health care system, and for providing quality care to

those who would otherwise be without access. However, they were seen as overwhelmed by the large numbers of people who need their services.

A number of respondents saw a genuine desire to address the city's problems on the part of individuals and organizations, and the possibility of actually translating that desire into results given the city's small size. Some pointed specifically to the contributions of Rutgers and the pharmaceutical companies, particularly Johnson & Johnson.

Current Status of Health and Health Care in New Brunswick

Nowhere was the theme of "two New Brunswicks" more pronounced than in respondents' summary assessments of the status of health and health care in New Brunswick. Many respondents described a mixed situation, in which great resources are combined with serious access or health status problems for a large portion of the city's residents. Some, making the same analysis, averaged the status out as "fair." A few respondents argued that an assessment of New Brunswick's performance should take into account the challenges of providing health care to a poor population. A few saw progress in recent years, but these and others described continued "room for improvement." One respondent said:

> I think that we continue to struggle with, to see a city that has continued to grow and has continued to develop and get more resources, but somehow we continue to have a lot of the same problems that we had twenty years ago, where people don't have access, specifically to health care, but also to housing. And I must say it has changed, but when you compare the amount of resources we have put in here and the amount of work, it doesn't add up.

Ideas for Improvement of Health and Health Care in New Brunswick

Five themes were dominant in respondents' ideas about how to improve health and health care in New Brunswick. In order of decreasing prevalence, these were: 1) increase and improve collaboration; 2) increase and diversify outreach; (3) expand existing resources that work, 4) expand the role of the schools in improving the health of students and even their families; and 5) understand that health is not only about health care.

Increase and Improve Partnerships

A little more than half of the respondents saw partnerships among the city's institutions as a key strategy for improving health. Some of these suggestions echoed respondents' earlier comments that there is insufficient collaboration between the city's hospitals. Others focused on the potential benefits of links among government entities charged with improving health, between social service agencies and health care providers, and between the community and all these entities. One respondent described the existing collaboration to improve prenatal care as an example of what could be done.

Increase and Diversify Outreach

Close to half of the respondents saw outreach as crucial in improving the health of "the other New Brunswick." Many noted the need to think more about the best ways to reach people, and suggested "non-traditional" approaches to outreach, such as using service recipients to educate others about services, or conducting outreach in bars or other non-traditional locations. Describing how best to reach people, some stressed a need for culturally sensitive outreach and health education, with some going one step farther to say that outreach workers need to "look like the community." A few respondents noted that outreach at a minimum should start with a pamphlet of all the services available in the city.

Expand Existing Resources

Several respondents felt that the city already has some excellent programs that need increased funding and/or should be replicated. Chief among these are the community clinics: there is a perceived need for more clinic facilities and staff overall. While some proposed expanding funding to the existing clinics to either broaden what they do or who they serve, others suggested building more clinics around the city. Chandler and St. John's are in close proximity to each other, while other parts of the city, excepting the area near the How Lane clinic, have no such facilities.

Expand the Role of Schools in Health

Several respondents saw an opportunity to improve the health of the city's students by expanding the role of the schools in health education and health care. These respondents see schools as a point of contact for children and their families, providing a vehicle to help them know what is beneficial to them, a way to help them seek the

services they need, and even a location for delivering services. Some also noted the particular importance of early health interventions.

Within this framework, a few respondents believed that the schools should serve as a place to disseminate health-related information or as a point of entry to connect students to the health care system and provide services. Several, however, wanted to go further and locate wellness centers or clinics in the schools to provide basic health services, e.g., check-ups, to children and their families.

Expanding the Definition of "Health"

Sometimes implicitly and other times quite explicitly, some responses spoke to the ways in which conditions and institutions beyond the realm of health care services affect the city's residents. Among the suggestions of this type were the need to increase affordable housing, the idea of creating a community advocacy organization for new immigrants, changes in education policy, and improved employment opportunities. One respondent summed it up by saying that major community institutions "could expand [their] definition of health...[and] dream bigger dreams."

Recommendations

Based on the key informant interviews, the assessment team has developed a set of recommendations. In some cases, these recommendations represent respondent suggestions, or elaborations of respondent suggestions. In other cases, they represent the study team's thoughts on possible responses to the problems identified by the respondents. The recommendations are of two types: initial ideas about areas and types of programmatic responses to New Brunswick's health needs, and recommendations for the rest of the assessment process.

Programmatic Responses

Programmatic responses to the city's health needs can only be fully developed at the conclusion of the needs assessment and through the deliberations of the larger Healthier New Brunswick 2010 team. However, the key informant interviews suggest certain types of initiatives that are worthy of consideration as the needs assessment and the other Healthier New Brunswick initiatives move forward. Identifying these areas of action early in the assessment process allows us to gather data in the coming stages of the study that bears directly on the potential usefulness of these types of actions and how they could be best implemented. We assume that as the assessment and the Healthier

New Brunswick process unfold, these initial ideas will be variously adopted and further elaborated, modified, or discarded.

Outreach and Health Education

Over and over again, key informants emphasized the need for outreach and education activities that would link people to services and/or educate them about health and their health care needs and options. The following types of programmatic initiatives were suggested in the interviews:

- **Compile information on available services in one or more unified "documents."** Currently, respondents point out, there is no one place that most New Brunswick residents can find out about the health care resources that are available to them. We suggest that consideration be given to the compilation of information on health-related resources in a written guide, on a web-site, and/or in a databank staffed by resource counselors who can be called on a 1-800 number. We note that the web has many benefits; it is searchable, updateable, and anonymous, attracts teens and is generally accessible to them, and is easily used by providers and community leaders. However, it is unlikely to be accessible to all community residents. Therefore, our initial recommendation is that it be used only in concert with a phone service and/or written resource guide. Given the inter-relatedness of these issues in our study, we also recommend that the resource guide include not only health care resources, but related information, such as where to find child care or how to obtain low-income housing.
- **Build on and expand existing outreach and health education activities, and use non-traditional methods that will reach people where they are - literally and figuratively.** A number of entities already engage in outreach and health education activities. These are seen as essential to helping people understand their own health care needs, learn to take care of themselves, learn about the services available to them, and get to those services. A number of respondents wanted to see more of such activity, and they wanted this activity to represent creative thinking about how best to reach people. At a minimum, it was noted that

outreach and education should be culturally and linguistically appropriate; some populations, such as women or isolated elderly, may have special outreach needs. One suggestion was to use community residents and service users where possible, on the theory that they are best able to communicate with other potential service users. This would necessitate an emphasis on providing training for outreach workers and community health educators.

- **Seek potential synergies among outreach/education activities.** As noted, outreach and health education are already activities of a variety of entities - health care providers, community organizations, the public sector. Expanding these activities could involve additional players. In some cases, we understand that outreach and education activities must be tied to specific institutions. Where possible, however, effectiveness and efficiency could be increased by coordinating efforts and in other ways find synergies among the outreach and education activities carried out by these various actors.

Transportation Enhancement

As described by respondents, one barrier to access to care is the distance that people live from the places where care is available to them, and the difficulties therefore of getting to care without a car. The problem can be further defined as one of inadequate transportation, a need to decentralize service locations, or both. We recommend considering what could be done to enhance transportation in the city as it affects health care access.

- **Assess whether it would make sense to expand the health-specific transport system, strengthen the general community transportation system, neither, or both.** In addition to the New Jersey Transit bus service and the (more expensive) taxi services available in the city, there are some health-specific transportation resources, such as the senior medical transport. Focusing on the health-specific system is clearly more financially viable than tackling the larger system, and in the short run seems more politically viable as well. However, enhancing the larger

system would meet multiple needs simultaneously and its pursuit creates an opportunity for alliance building.

- **Address crossing county borders and reaching parts of the area that are currently not connected to public transportation**. All our respondents agreed that areas of Franklin Township are very much a part of the New Brunswick service area, and many in fact have significant numbers of clients/patients coming from even farther distances. The fact that Franklin is in a different county than New Brunswick creates difficulties in using public transportation to get from one to the other. Furthermore, some health-specific transport services, such as the senior van, do not cross those county lines. This is a key barrier to service access. In addition, there are areas even within New Brunswick, such as Rutgers Village and parts of Commercial Avenue, that are not currently accessible through public transportation and therefore are logical candidates for new services.

Decentralizing Health Services

If you can't bring the people to the services, bring the services to the people. Decentralizing health services - i.e., putting key services in strategic areas throughout the city -- not only makes services more accessible, but also makes them more visible, can involve locations that have special advantages, and generally also means expanding the volume of services.

Specific ideas for decentralizing health services include the following:

- **Assess the potential to use schools to provide health information and/or services.** Respondents saw schools as a underused vehicle for disseminating health-related information or even services to children and possibly their families. Based on respondents' ideas and on the literature on school health services, schools' special advantages include direct access to children, indirect access to their families, the trust that children and families can develop with school personnel, and the assembly of large numbers of potential clients in a defined location for defined periods of time. These characteristics can be utilized in a number of ways, ranging from using schools to get children enrolled in CHIP and Medicaid, to providing health education to children in the classrooms and to their

parents through special events, to providing a full range of primary care services at or near schools. Based on the literature on school-based health services, and CSHP's own research into this area, we recommend in-depth consideration of the options, since each has different benefits and costs. It should also be noted that different levels of schools (elementary, middle, and high school) present different needs, opportunities, and challenges.

- **Consider expanding the number of community health centers, with an emphasis on making them accessible to all parts of the New Brunswick community.** The existing community health centers were widely praised for their role in increasing access to quality primary care. However, some respondents noted that these centers are located in close proximity to one another, particularly the Chandler and St. John's Clinics. Establishing and maintaining new health centers in strategic locations within the city would increase the volume of this important service and its accessibility. Since redevelopment is currently in full swing, it is a particularly important time to plan for new centers if they are desired.
- **Bring the currently available low-cost services directly to the people who need them.** Some low-cost services are probably underused because they are difficult to get to and/or not visible to those who could use them. Using the model of the mobile health van or other mobile providers, consider ways in which low-cost services could be brought on a periodic basis to locations throughout the city. For example, UMDNJ's School of Dentistry provides low-cost student-provider dental care, and has in the past participated in a school-based sealant program. These kinds of services could be brought to schools, community health centers, and other locales on a regular basis.
- **All new services should be linguistically and culturally competent.** Whatever new modes of service delivery are established, the key informant report sends a clear message that New Brunswick is diverse and that services must to the extent possible be culturally and linguistically appropriate.

Expanding Services at Existing Clinics

While the community health centers are widely praised for their medical services, they themselves acknowledge unmet need in the dental and mental health areas. Given the track record of these clinics in providing care to those with access barriers, it would be logical to assess their potential to deliver dental and mental health services.

Addressing Fragmentation in Service Planning and Delivery

Given the city's great health care resources, fragmentation creates untapped potential to address the city's health needs. The fragmentation of service planning and delivery in New Brunswick reflects in part the fragmentation of service planning and delivery in the larger society. For this reason alone, addressing this problem will be challenging. However, some possible steps suggest themselves.

- **Examine the lessons of existing efforts at coordination.** Initiatives such as the CHAG and the Perinatal Cooperative provide an opportunity to learn about what has worked and not worked in coordinated problem-solving and planning in this city. Existing provider referral systems and the experiences of the safety net provide the opportunity to learn about what has worked and not worked in coordinated care. There may also be lessons to be learned form the experiences of other cities, although these should be comparable to New Brunswick in terms of size, the intensity of health care resources, and the existence of both a Catholic hospital and a secular hospital.
- **Bring players together for problem solving.** Existing efforts can be expanded on or supplemented. One question that needs to be considered is which individuals in an organization are most appropriate to participate in what kinds of coordination/problem-solving activities. An additional consideration is inclusion of the County Department of Health, which seems to have the potential for and an interest in greater involvement in health improvement within the city.
- **Bring together similar providers.** Similar providers in the city sometimes seemed not to know enough about each other to coordinate effectively, even when the services they provide are complementary rather than competitive. Bring together "like" providers for specific efforts, e.g. enhancing substance abuse treatment and prevention.

Putting the Health of New Brunswick in Context

Interview responses and our own knowledge of health and health care make clear that health care needs and problems in New Brunswick need to be seen in a larger context in two ways. First, problems and solutions go beyond the municipal and even county boundaries; for example, the state and federal governments are the logical entities to address the large numbers of uninsured. Second, the factors that contribute to health status go beyond the health care system or even individual health behaviors. They include housing, employment, the availability of public spaces, etc. Some possible responses include:

- **Engage in larger discussions where possible.** If health is affected by housing, public spaces, etc., then there is a role for health advocates to play in discussions and planning in these areas. It is particularly important that health concerns be part of the deliberations around the ongoing redevelopment of the city. For example, as development takes place, the accessibility of health services should be a consideration. Similarly, New Brunswick health advocates have a role to play in county, state, and national discussions about health and health policy, and can provide a special understanding of what is needed at those levels to support health improvement at the local level.
- **Work to make city officials and city planners informed about health.** Just as health advocates can become more knowledgeable about, and engaged in, other issue areas, those working in other areas can become more knowledgeable about, and engaged in, issues pertaining to health. City planners in particular could be helped to understand the relationship between health and planning concerns.
- **Focus on strengths, not just weaknesses.** The larger context shaping health and health care in New Brunswick is one of strengths, not just weaknesses. Diversity, for example, while it creates a set of health care challenges, is also an asset of the city—one that for many people makes it an attractive place to live or visit, and could do so to an ever greater extent.

Implications for the Remainder of the Assessment

An important purpose of the key informant interviews was to inform the rest of the assessment process, helping us to define populations and issues of interest, key gaps in our knowledge, etc. The following are recommendations for the subsequent assessment:

Focus Groups: Who Should Be Included

One of the more difficult challenges of the assessment is narrowing down the populations to be represented through focus groups. Given the results of the key informant interviews, two groups in particular seem important to include:

- **School nurses.** Given the high level of interest in using the schools as a vehicle to deliver more health care information or services, it is important to obtain the perspectives of those who currently practice school-based health care, i.e., the school nurses.
- **Outreach workers.** Because health education and outreach were considered by many key informants to be essential to health improvement in New Brunswick, we suggest obtaining the perspectives of current outreach workers, including asking about the impact of their work, barriers to their work, factors that improve their efficacy, and unmet community needs, particularly for health education and outreach.

Focus Group and Survey Content

The results of the key informant interviews have a number of implications for focus group and survey content. Our primary recommendations are:

- **Ask questions that can help stakeholders to decide on and shape programmatic initiatives.** Deciding whether and how to proceed with the initiatives described above requires further information. For example, if new community health centers were to be built, where would they be most accessible? What types of resource guides would New Brunswick residents be most likely to use—a written guide, a phone service, or an internet site? The community survey could ask residents to answer these very questions for themselves.
- **Ask questions that help to identify health care system gaps.** Barriers to access and utilization of services emerge as key issues in this study.

Focus group and survey questions can help us to flesh out these barriers and how they work, by providing us with concrete information about what residents do when confronted with health concerns of various kinds, including how they get to services and when.

- **Conduct the survey and at least one focus group in Spanish.** The growing Hispanic immigrant population clearly has special needs in the eyes of key informants.
- **Make sure that "pockets of need" are adequately represented in the survey.** Residents of poorer neighborhoods, such as those identified by our respondents, may be more difficult to reach than others, due to lack of a telephone or less stable housing situations. It is important, however, that these are represented in the study, and a special effort should be made to obtain adequate representation from these areas.
- **Track key health problems.** Document the prevalence of HIV/AIDS, asthma and other respiratory conditions, diabetes, and mental illness and substance abuse
- **Assess the extent to which New Brunswick residents are seeking health care outside of the city**

Measuring Progress

- Our interviews confirm the fact that the population of New Brunswick is in enormous flux, due to immigration, and the shrinking supply of affordable housing. In order to measure the impact of the Healthier New Brunswick 2010 initiatives, we will need to find a way to compensate for these population changes.

References

Middlesex County Public Health Department (2001). "Community Health Needs Assessment for New Brunswick: A Comprehensive Report on the Health of the Residents of New Brunswick, New Jersey."

Middlesex County Public Health Department (2000). "Community Health Profile & Community Health Survey, 2000."

Center for Public Interest Polling (May 2000). "Adult Population Health Assessment and Perception Survey of New Brunswick Residents."

Endnotes

[1] The base for the study is the twenty-five interviews, since the additional people involved in the two interviews generally spoke much less. Thus, figures such as "two-thirds of respondents" are based on denominator of twenty-five.

[2] A full listing of key informant responses is available upon request.

Appendix A

KEY INFORMANTS

Angela Laird	HOPE VI Program Supervisor, Catholic Charities
Bill Davis	Director, New Brunswick Center, Middlesex County College
Betty Whalen	Administrator of Health Services, New Brunswick School District
David Harris	Director, Greater New Brunswick Day Care Council
Diana Stager	Director of Planning and Community Affairs, St. Peter's University Hospital
Dr. Elaine Donoghue	Clinical Professor of Pediatrics, St. Peter's University Hospital
Edwin Gutierrez	Community Programs Analyst, Office of Community Development
Dr. Eric Jahn	Medical Director, Eric B. Chandler Health Center
Dr. Elaine Leventhal	Medical Director of Geriatrics, RWJUH
Guillermo Beytagh-Maldonado	Executive Director, Puerto Rican Action Board
Irma Sandoval	Deputy Director, Puerto Rican Action Board
Judith Burgis	Senior Vice President, Corporate Services, RWJUH
James Cahill	Mayor, City of New Brunswick
Rev. Jeffrey Eaton	Pastor, Emanuel Lutheran Church
Joseph Guadagnino	Director, New Brunswick Counseling Center
Jeffrey Vega	President, New Brunswick Tomorrow
Marge Drozd	Coordinator, Community Mobile Health Services
Mariam Merced	Director, Community Health Promotion Program
Peg O'Halloran	Director of Social Services, Elijah's Promise
Paula Van Clef, M.P.H.	Public Health Planner, Middlesex County Public Health Dept.
Roy Epps	President, Civic League of New Brunswick
Rick Martinez	Medical Director of Community Relations, Johnson & Johnson
Dr. Steve Levin	Medical Director, St. John's Family Health Center
Rev. Dr. Sydney Sadio	Pastor, United Methodist Church
Sheila Trapp	Regional Manager, Hyacinth AIDS Foundation
Velva Dawson	Executive Director, Maternal Child Health Consortium

Appendix B

KEY INFORMANT INTERVIEW GUIDE

1. Discussion of map

2. What is your current position and what does your organization do? Including your current position, how long and in what capacities have you been involved with health-related issues in New Brunswick?

3. Thinking not just about health (but including health if you think it's relevant), what do you think are most important problems in New Brunswick today? Can you rank-order those? If not, can you give me a sense of where health fits on the list? [If they don't mention health: How far down the list would you put health?]

4. What do you see as the major health problems in New Brunswick today? Can you rank those?

5. What do you see as the major strengths in New Brunswick relative to health and health care?

6. How would you describe the overall status of health and health care in New Brunswick?

7. What health-related resources do you think the city has that are not being used to their full potential or that could be used differently to improve health and health care? Why do you think residents don't use some of the programs that already exist? What resources do you think need to be made available to residents so that they'll use these services

8. What new kinds of programs or approaches do you think would help to improve health and health care in New Brunswick? [Alternative Question: What new programs would you start if you could?]

9. Who else would you suggest we talk to?

Appendix C

FOCUS GROUP SUGGESTIONS

- School nurses
- Clinicians in school-based programs
- Social Workers
    - Schools
    - Health clinics
- School principles
- Outreach workers
- Peer educators
- Interpreters
- Teachers at Adult Learning Center
- EMS workers
- Child Care Providers
    - PIC-C program
- CARRI program (children and adolescents)
- Pastors
- Attending physicians/ ER doctors
- Funding sources
    - J&J
    - Merck
    - Bristol Myers Squibb
    - First Union
    - Fleet Bank
    - Magyar Bank
- People with substance abuse problems
    - Change of Life Program
    - Open Door
    - Chai Project
- People with HIV/AIDS
    - Hyacinth
    - Project POW
- Homeless
- Teenagers
- Undocumented
- Senior Citizens
    - Building managers of senior housing
- Families with children who have lead poisoning

Appendix D

STUDY AREA MAP