Testing a Shared Decision-Making Model for Health and Social Service Delivery in East Harlem

Research in Progress Webinar
June 26, 2019

#NYCHealthEquity
Today’s Agenda

• Who We Are
• Study Design
• Findings
• Q+A
Who We Are
Vision
The New York City Health Department and its Center for Health Equity use a racial and social justice approach to eliminate health inequities for those who are most marginalized in New York City, with the vision that every New Yorker will live in a thriving neighborhood with equitable access to resources that help support healthy individuals and communities.

Values
- Racial, Gender, and Social Justice
- Community Engagement
- Accountability
- Diversity and Inclusion
- Data-Informed Practice

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Our Strategies to Advance Health Equity

- Transform: Become a racial justice, multicultural organization
- Name: Make injustices visible through data and storytelling
- Focus: Invest in key neighborhoods
- Change: Engage institutions to change systems and policies
- Mobilize: Amplify community power

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Neighborhood Health Action Center Locations

Phase #1
Phase #2

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“Team-work has brought the power to increase efficiency and to prevent duplication of effort, to discover gaps in the local health program, and to provide the service needed.”

Ten-Year Report of the East Harlem Health Center – 1932
Neighborhood Health is Structured by Inequitable History

1934: Construction of the Franklin Delano Roosevelt (FDR) Drive begins. The parkway runs along the East River and Manhattan neighborhoods, including East Harlem.16

1976: NYC Housing Preservation and Development Commissioner Roger Starr proposes planned shrinkage, and the City withdraws services like garbage removal, fire service and street repairs from low-income neighborhoods, including East Harlem.24

Block by Block: Walking for a Healthier East Harlem.
Becoming the Neighborhood Health Action Centers

- **Co-location**: Revitalize underutilized health department buildings and co-locate community-based organizations, clinical providers, and City Govt. Agencies.

- **Innovation in programs and policy**: Bring together and build upon neighborhood assets (people and institutions), identify resource gaps, and optimize alignment for action to measurably improve population health.

- **Community Engagement, Action and Impact**: Identify and elevate system level barriers and policy opportunities via resident experiences and programs.
What We Offer

Clinical and programmatic providers
Co-located services provide direct clinical and social services, while allowing for place-based planning.

Navigators and referral specialists
Through building-wide free Wi-Fi and other software systems, residents are supported in getting the services they need.

The Family Wellness Suite
The Family Wellness Suite provides amenities including a lactation lounge, children's nook and targeted programming.

Neighborhood convening space
A multipurpose room provides a space for neighborhood partners and residents to meet, and there will be space for physical activity, events and free public Wi-Fi.

Kitchens and gardens
Some will feature a kitchen for communal meals and nutritional programming as well as a garden for growing fruits and vegetables. (anticipated)

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Action Center Co-Located Partners in East Harlem

**Community Partners**
- Association to Benefit Children
- Concrete Safaris
- ID NYC
- Public Health Solutions
- SMART

**NYC Health**
- Harlem Health Advocacy Partners
- East Harlem Asthma Center of Excellence
- Newborn Home Visiting
- Family Wellness Suite
- Friendship Benches
- EHACE Chefs
- Fresh Food Box
- Shape Up
- East Harlem Community Walking Trail

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Action Center ‘Pop-Up’ Partners in East Harlem

• Coalición Mexicana
• CREA
• Creative Art Works
• Iris House
• H+H Metropolitan Hospital
• Harlem United
• Lenox Hill Neighborhood House
• Pueblos Internacionales

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Study Design
Purpose and Goal

**Purpose:**
The primary aim of this mixed-methods study is to provide new evidence on how aligning a city health department with cross-sector community stakeholders under a place-based model can improve health and reduce inequities across neighborhoods.

**Goal:**
We expect to critically evaluate the impact of the system on the neighborhood, and detail how this alignment may be scaled up in New York City (NYC) and replicated in other U.S. cities.
Research Team

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Division Management

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Center for Health Equity

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Harlem Neighborhood Health Action Center

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Assistant Project Director, PEACH
Center for Health Equity

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Building a Culture of Health in East Harlem

Action Area 2: Fostering cross-sector collaboration to improve well-being
Objectives

Determine how aligning the city health department, clinical and nonclinical partners, internal and external frontline staff in a collective governance structure within the East Harlem Action Center builds a culture of health.

Determine whether the use of NowPow by Action Center stakeholders fosters a cross-sector collaboration to improve health & well-being in the neighborhood.

Evaluate the impact that the Action Center has on the health of the East Harlem community.

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Data Sources

• NowPow referral and tracking system

• Governance Council interviews

• Visitor surveys

• Action Center monitoring & tracking data
Findings: NowPow referral and tracking process
What is NowPow?

NowPow is a resource directory and referral system that allows community members to find health care and social services while connecting the provider network to facilitate referrals.

Core system functions include

- Social needs screening
- A comprehensive and regularly updated resource directory
- Bi-directional referral management
- A client-centered action plan with reminder tools
- Population management dashboards for each organization
Rich Partnerships Strengthened through NowPow Network

• Trained 137 frontline users across 5 programs in 5 institutions in social needs navigation and referrals

• Set up databases for 5 health department programs in East Harlem

• Executed agreements with 5 neighborhood partners (1 FQHC & 4 CBOs)

• 3 additional city agencies about to join the larger referral network

• Engaged in monthly work group with 7 health systems that have adopted NowPow

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Lesson #1: Tech solutions can build capacity
Lesson #2: Comprehensive tracking of community needs can support advocacy

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Referrals Sent/Shared</th>
<th>Average Distance to Service (mi)</th>
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<tbody>
<tr>
<td>Food pantry</td>
<td>166</td>
<td>5.20</td>
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<tr>
<td>English as a second language (ESL) classes</td>
<td>79</td>
<td>7.06</td>
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<tr>
<td>Job training</td>
<td>77</td>
<td>7.57</td>
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<tr>
<td>Job search assistance</td>
<td>62</td>
<td>6.37</td>
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<tr>
<td>Individual counseling</td>
<td>60</td>
<td>1.77</td>
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<tr>
<td>Diapers</td>
<td>55</td>
<td>6.40</td>
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<tr>
<td>Housing search assistance</td>
<td>46</td>
<td>4.81</td>
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<tr>
<td>High school equivalency classes and testing</td>
<td>42</td>
<td>5.66</td>
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<tr>
<td>Soup kitchens and free meals</td>
<td>35</td>
<td>4.82</td>
</tr>
<tr>
<td>Child daycare</td>
<td>34</td>
<td>3.24</td>
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</table>
Lesson #3: Use Institutional Leverage to Structure More Equitable Contracts
Findings: Governance Council Interviews
Monthly Governance Council Meeting

- Is attended by a representative from each co-located partner or program
- Seeks to build consistency in representative
- Encourages attendance by decision makers
Governance Council Interviews

• In summer of 2018, we conducted semi-structured individual interviews with 13/30 Governance Council members

• Interviews were conducted in English, audio-recorded, transcribed and coded for themes

• Interviews covered: Perspectives and views of the Governance Council & Action Center as well as successes, challenges, and recommendations
What Impact does the Governance Council have on Organizations/Programs?

**Organization or Program**
- Program expansion: ↑ reach & access to community
- ↑ knowledge of and access to resources for clients
- ↑ referrals to programs
- Cross partner collaboration
- ↑ Access to resources, e.g. frontline staff support

**Action Center Building**
- ↑ number of visitors to the Action Center
- ↑ number and type of program offerings
- Introduction of ‘Pop-Up’ Services
- Changes in policies
- Expansion of hours

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What would success look like for the Action Center?

• ↑foot traffic & community participation
• Gaining public trust
• Becoming a go-to place
• Understanding of community needs
• Engage and educate for community transformation
How could East Harlem Community be better served?

• ↑ visitor comfort (trust) in accessing services in building
• ↑ community input: programs and services
• ↑ reach among priority populations
• Need to advertise Action Center & services widely
What other feedback did members have?

- Shared leadership to expand participation and input
- Annual goal setting and strategic planning
- Consistent mechanism for member feedback
- Opportunities to strengthen relationships among members
- Participatory budgeting for joint activities

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How does a Governance Council Build A Culture of Health?

• Convening consistent, recurring meetings
• Encouraging information sharing and exchange
• Facilitating continuous communication
• Fostering “organic” partnerships
• Fostering a sense of belonging
• Developing shared identity and spirit of collaboration
Findings: Visitor Survey
Visitor Surveys

- In summer of 2018, we surveyed 207 visitors to the Action Center
- Interviewer-administered in English, Spanish, and Mandarin
- Respondents received a Metrocard and another small gift
- Survey covered: awareness of and participation in Action Center activities, satisfaction with services received, referrals, interest in various types of programming, demographics

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Where do visitors come from?

10029 (East Harlem)  
55%

10035 (Central Harlem)  
13%

Other Zip Codes  
32%

68% walked to the Action Center
Racialized Group

- Latino/a: 35%
- Black or African American: 31%
- Asian: 30%
- Other: 3%
- White: 2%
#### Age and Gender Identity

**Age**
- 18-24: 5%
- 25-44: 24%
- 45-64: 41%
- 65 and older: 30%

**Gender Identity**
- Woman: 74%
- Man: 26%
- Other genders: 0%

- More than 70% over 44 years old
- More than 70% women
Experiences with the Action Center

• 6 out of 10 visitors learned about the Action Center through word of mouth
• Almost 7 out of 10 had been to the Action Center previously
• 66% were aware of other programming and services available at the Action Center
• Most respondents felt the Action Center was very welcoming (83%) or somewhat welcoming (15%)
• 86% were likely to return
Referrals

50% were aware that referrals were available through the Action Center

<table>
<thead>
<tr>
<th>Referrals received</th>
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<tbody>
<tr>
<td>Action Center program</td>
<td>35%</td>
</tr>
<tr>
<td>Healthcare services outside Action Center</td>
<td>31%</td>
</tr>
<tr>
<td>Social services outside Action Center</td>
<td>28%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
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</table>
Services & programming of interest to respondents

- Legal services for housing: 48%
- Health care services: 46%
- Food assistance: 46%
- Job training or placement: 42%
- Mental health services for adults: 39%
- Services for mold or pests: 38%
- Food industry training: 36%
- English language classes: 36%
- Sexual health testing: 27%
- LGBTQ+ services: 20%
Findings: Action Center monitoring and tracking
East Harlem Action Center Referrals

Total Number of Referrals Given, by Month

<table>
<thead>
<tr>
<th>Month</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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<tbody>
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<td>Jan</td>
<td>43</td>
<td>15</td>
<td>37</td>
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<tr>
<td>Feb</td>
<td>37</td>
<td>36</td>
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<td>Mar</td>
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<td>Apr</td>
<td>51</td>
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<td>May</td>
<td>31</td>
<td>114</td>
<td>126</td>
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<tr>
<td>Jun</td>
<td>74</td>
<td>174</td>
<td>114</td>
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<tr>
<td>Jul</td>
<td>53</td>
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<td>Aug</td>
<td>76</td>
<td>204</td>
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<tr>
<td>Sep</td>
<td>51</td>
<td>140</td>
<td>34</td>
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<tr>
<td>Oct</td>
<td>70</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Nov</td>
<td>52</td>
<td>34</td>
<td>34</td>
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East Harlem Action Center Referral Type

January 2017-March 2019

Co-located: 82
External: 270
DOHMH: 290

Top Referral Service Categories:
1. Healthcare
2. Financial Assistance
3. Housing
Conclusion

• Development of a Governance Council encourages collaboration aimed at improving health and well-being in the neighborhood.

• Visitors report having a positive experience at the Action Center. While many knew about other programming, knowledge of referral availability was lower.

• Startup investment in a referral management system is high but it creates new opportunities for important collaboration among diverse stakeholders.
Discussion

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Thank You!

Stay in touch

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Special thanks to Governance Council interview participants, Action Center visitor survey respondents, and to our survey team!

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