

A city's well-being

New Haven is marked by wide—and perhaps growing—health inequities. A School of Public Health researcher and her colleagues are making a commitment to narrowing the divide.

By Michael Greenwood

“We can reduce adverse health outcomes. It is our responsibility to do so.”

– Jeannette Ickovics





Courtesy of CARE

CARE community outreach coordinator Maurice Williams and interviewer Sheila Jackson go door-to-door to speak with residents about their health.

New Haven is a city that is bucking national health trends, but in the wrong direction.

In important measures, residents in several city neighborhoods are gravitating toward poorer health or, at the very least, have settled into a status quo of unrelenting chronic disease.

Despite Connecticut's wealth and the educational and medical resources within New Haven, the health of numerous city residents is, in a word, poor. Factors such as poverty, crime, a lack of opportunity and limited access to resources are contributing to a health landscape that curtails productivity and promise.

These inequities are troubling to many. Jeannette R. Ickovics, Ph.D., a professor and director of the Social and Behavioral Sciences Program at the Yale School of Public Health, is among them. But rather than focusing on the unfairness of it, Ickovics is wagering years of work, time and, to some extent, her impressive and well-founded professional reputation that the unhealthy status quo can be reversed.

Ickovics envisions a New Haven that is in the vanguard of good health, a place that overcomes deeply rooted disparities associated with race and class and where residents, city and school officials, academics and health workers alike collaborate to promote – and also measurably improve – the collective health of all who live here.

To reach this brighter future, Ickovics is guiding a small and committed research group that is working with six of New Haven's most disadvantaged neighborhoods – Dixwell, Fair Haven, Hill North, Newhallville, West River/Dwight and West Rock – to build a sustainable future in which residents are physically and mentally healthier.

“What exists now is simply unacceptable. Period!” Ickovics says, revealing a tenacious bedrock that is not immediately evident in a woman who is relaxed and gregarious in everyday conversation. “We can reduce adverse health outcomes. It is our responsibility to do so.”

3,000 miles (and counting)

As the daughter of Holocaust survivors, for Ickovics it is a deeply personal issue to remain on the sidelines – and by default be complicit in – what she sees as suffering and injustice happening all around her.

The question is, how can something as monolithic and entrenched as poor health be reversed? Ickovics believes that an intervention program started in England by the Oxford Health Alliance and known as Community Interventions for Health offers a chance for change.

The resulting New Haven research project, run locally by CARE (Community Alliance for Research and Engagement), a research group at Yale directed by Ickovics, began in earnest late last year after Ickovics and her colleagues invested months of time preparing, planning and collaborating with community leaders and residents. They wanted to get word out first at local gatherings and community events about a project that will require everyone's commitment and trust if it is to succeed.

The initiative itself is divided into three general phases, the first two of which – mapping and surveying – were completed relatively quickly in late 2009. These phases focused on collecting data and getting a handle on the scope of the city's health problems. CARE workers logged some 3,000 miles on foot (a feat since turned into a short documentary film, titled *3,000 Miles*, produced by high school students from a local media nonprofit organization, The Color of Words, and Mayor John DeStefano Jr.'s Youth@Work program) to gather the data set that is the structural foundation for the project's next stage – development of program and policy proposals for better health. This phase will be followed by implementation and ongoing monitoring to gauge the success or failure of the various initiatives.

This final phase is still in its infancy and promises to be more complex and potentially more controversial than either of the first two. And it will likely take years before the outcome of the entire effort can be fairly and accurately judged.

The mapping aspect, in hindsight, was relatively uncomplicated, Ickovics says. Trained CARE staff and youth interns with hand-held computers fanned out in the neighborhoods to map the physical terrain in terms of health resources. They were looking for tangible assets, such as parks and other recreational facilities (resources that can be used to promote exercise and fitness), restaurants and food stores (an important indicator of the types of foods people are regularly eating), schools, health facilities and gardens. All the data were then compiled and overlaid on a city map, and a comprehensive chart of health assets in the neighborhoods—believed to be the first—was created.

It's a snapshot of what is, and is not, available to thousands of residents and provides clues about the city's present health status, says Ickovics.

While mapping the neighborhoods, CARE found plenty of restaurants and eateries, particularly clustered along the busy Whalley and Grand avenue corridors. But almost all of them are fast-food outlets with limited, if any, healthy fare. Even something as simple as menu labeling, commonly found in many American cities, is essentially unknown in the neighborhoods. And there are plenty of smaller stores scattered throughout the enclaves, but the vast majority are convenience stores and liquor stores and almost all of them sell cigarettes and other tobacco products.

Fresh produce and other healthy alternatives, meanwhile, are hard to come by. For people with limited mobility (or for those afraid to regularly venture outside because of safety concerns, and many people voiced such concerns), this more or less restricts them to a diet as monotonous as it is unhealthy. Shaw's Supermarket on Whalley Avenue, the one large-scale grocery that served New Haven, officially closed its doors in late March. Meanwhile, large, new markets and corner stores are being planned for downtown, and CARE is involved in their development and implementation, promoting the inclusion of healthy products.

Door-to-door

The mapping phase was followed by a wave of one-on-one health interviews. CARE hired 32 women and men from New Haven as interviewers, this time going door-to-door to conduct health surveys with some 2,400 residents: 1,205 households and 1,175 students at their various schools. The CARE workers, clad in their bright orange windbreakers, knocked on doors and, if granted entry, talked with residents about their health, health habits and health concerns.

Ann T. Greene was among the cadre of interviewers. Along with Duke Porter-Boozer, Greene spent weeks in the living rooms and kitchens of New Haven households, listening and learning. Much of it was not encouraging.

A knock on one door revealed a very pregnant young woman who led Greene through the maze of a living room packed full of clothes, furniture and gifts. Sensing Greene's bewilderment, the woman volunteered that she was in the midst of moving. She escorted Greene to an equally cluttered kitchen, full of cookbooks, dishes and magazines. Greene maneuvered her chair sideways in order to sit down and listen.

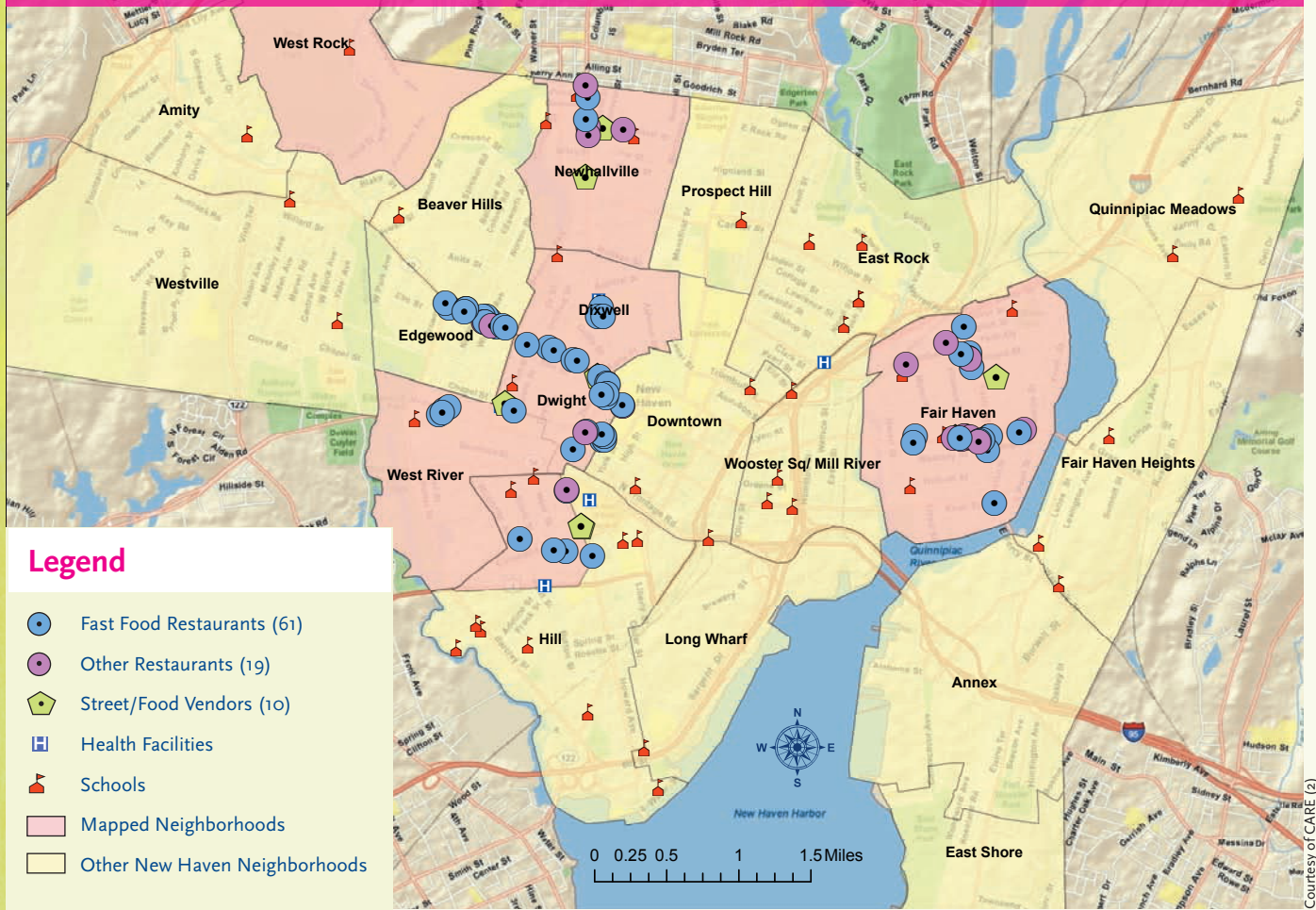
"I was struck by the wisdom of this woman saddled with moving house weeks before she was to give birth to another child," Greene says. Many of her careful and considered answers to the survey questions were laced with knowledge of her own contradictions. For instance, she ruefully confessed that her greatest sacrifice in this pregnancy was that she had to stop drinking at least until the baby was born; and she admitted that her efforts to eat fresh vegetables were no more successful than her effort to finish high school. "And then she'd laugh as if to say, 'What you gonna do?'"

On another visit, Greene left a leaflet at a Newhallville residence with a man who was getting ready to go to work. The man advised that if Greene came back another day, his mother-in-law might agree to be interviewed. Greene did return, and the woman welcomed the survey. She was

Ann Greene (left) talks with a woman about her health and health habits as part of a survey of New Haven's residents.



New Haven Asset Mapping – Restaurants by Type



CARE is focusing its health initiative in six New Haven neighborhoods: Dixwell, Fair Haven, Hill North, Newhallville, West River/Dwight and West Rock. As part of the neighborhood mapping project, members of the group surveyed the location and type of restaurants available to residents.

a grandmother in her sixties who cared for her toddler grandchild and school-age grandson after school; cooked dinner for her husband, daughter and son-in-law; and then prepared herself for a third-shift job.

“By the time we asked her the ‘Have you ever been told by a doctor or health professional’ questions, I wasn’t surprised by her answers. Have diabetes? ‘Yes.’ Have hypertension? ‘Of course.’ Needed to lose weight? ‘Yes again,’” Greene says.

And then there was the West Rock man in his thirties. He was in his yard working on a car as he answered Greene’s questions. He shared that he was on disability and hadn’t had a job for years because of an asthma condition. He admitted that he didn’t cook, relying instead on prepackaged meals. “Every meal he consumed was heated up in a microwave, which means every meal he ate was full of sugar, salt and fat,” Greene says.

Three factors were found in abundance in the neighborhoods – a lack of exercise, high rates of tobacco use and unhealthy diets. In turn, these are contributing to pronounced rates of chronic disease – namely, the deadly quartet of diabetes, stroke, heart ailments and lung disease.

William Quinn, M.P.H. ’75, who until recently served as director of the New Haven Health Department, sees the

CARE initiative giving voice to a segment of New Haven’s population that is not regularly heard from or consulted. “What [CARE is] doing is extremely important,” he says.

After each stage of the project, which is funded in part by The Donaghue Foundation, CARE returns to neighborhoods to discuss its findings and what will be happening next. “It’s important to bring our research results back to the neighborhoods from which we took the data. Not only do they have a right to the data, but their perspective on what we found and how we should move forward is central to the success of this initiative. Residents are the true experts on their neighborhood,” says Alycia Santilli, M.S.W., CARE’s assistant director.

A bridge to Paris

Changing the health habits of even one person can be challenging; changing the habits and health status of a city as big, as diverse and, in many cases, as poor as New Haven promises to be Herculean in its scope and commitment.

During a discussion with students earlier this year, Ickovics compared the project to building a trans-Atlantic bridge from the United States to the shore of France. In some respects, she says to the laughter of the audience, the bridge poses fewer challenges.

The mapping project takes Shawanda Miller, an intern with CARE and The Color of Words, inside New Haven's stores and restaurants to survey the foods that are locally available.



To hear a podcast by Ickovics on CARE and New Haven, go to publichealth.yale.edu/news/podcasts/index.aspx and click on "Act Locally."

To view *3,000 Miles*, go to publichealth.yale.edu/news/podcasts/index.aspx and click on "3,000 Miles."

To get involved, contribute or learn more about CARE, contact care@yale.edu.

This humorous opening quickly gave way to a very serious discussion about the daunting health obstacles and problems faced by many of New Haven's residents. Indeed, the data collected from 1,205 randomly selected households in the six low-resource neighborhoods by CARE are sobering:

- 1 in 5 of the respondents reported food insecurity, skipping meals because they did not have either enough food or money.
- 1 in 4 reported depression and/or moderate to extreme stress.
- 1 in 3 reported that they smoked daily, a percentage well above the national average.
- 2 in 3 reported that they felt unsafe going for walks in their own neighborhoods at night.
- Of the fifth- and sixth-grade students interviewed and for whom physical measurements were available, one-half were overweight or obese and one-quarter had asthma.

Despite the unsettling statistics, there are reasons to be hopeful. Many of the people interviewed expressed a longing to change what they know are bad habits. There is a desire to be healthy. Some people just don't know how or where to start. Also, city officials are supportive of the project, and there is a commitment at the Yale School of Public Health to see it through.

Dean Paul D. Cleary has identified the school's partnership with New Haven as a top priority. To Cleary, being a good neighbor is more than a courteous cliché. It means working with the community and creating viable and effective partnerships that ameliorate the serious health problems New Haven faces. CARE, which is part of the Yale Center for Clinical Investigation, is a major initiative toward this goal.

"The vision is that residents are not alone in dealing with their health issues," Cleary says. "Instead of feeling isolated ... all of a sudden it feels like, 'Gee, the entire community is working to make my children and me as healthy as we can be.' That's where we should be."

Indeed, C.-E.A. Winslow, who created public health training at Yale in the early part of the 20th century and is considered to be a father of the public health movement, would agree. Winslow wrote many years ago that the goal of public health is "to enable every citizen to realize his birthright of health and longevity."

Ickovics is not under any illusions about the road ahead. It will be difficult. Even though she has been ribbed about being "optimistic" and even "delusionally optimistic," she believes that the data collected to date are so compelling that they will prompt consequential policy changes at the city level. It's tough to argue away or dismiss worsening and even failing health, especially in



Robert Lisak

Jeannette Ickovics (second from left) leads a long-term project to improve health equity in six of New Haven's most disadvantaged neighborhoods.

children. “Knowledge can create change. We need to take this evidence and put it into action,” she says.

Change for New Haven

So what kind of change does CARE have in mind? Specific proposals will unfold over time and in consultation with the neighborhoods involved and with local officials, but the initiatives will take aim at poor health in everyone from children to adults.

The proposals will focus on four general settings: neighborhoods, schools, health centers and workplaces. Specifically, the policies will seek to curb smoking, promote physical activity and encourage the consumption of healthier foods. These factors together contribute to up to 70 percent of all morbidity and mortality in the United States from chronic disease. Smoking, for instance, could be reduced through initiatives such as taxation, education and restricting areas where smoking is allowed. CARE is eager to work with the business community to develop private-public partnerships for health.

It's the kind of approach that is needed in the city, says Katrina Clark, M.P.H. '71, executive director of the Fair Haven Community Health Center (located in a section of the city where the CARE initiative is focused) and a member of CARE's advisory committee. Her clinic addresses health needs on the individual and group levels in one section of New Haven. CARE has set its sights citywide.

“As a city, there are really things that we can still do,” Clark says. “We've got some possibilities now.”

CARE is working with Clark and others across New Haven, including city hall staff like Community Services Administrator Chisara Asomugha, who also envisions a healthier New Haven. City initiatives include Health Matters!, a coalition and campaign that promotes better health, as well as the Kellogg Foundation-funded Health Equity Alliance, which uses data to underscore the root causes of health inequities.

New Haven is the first U.S. city to participate in the grass-roots Community Interventions for Health program. Similar initiatives also are under way in India, Mexico, China and the United Kingdom. Despite the diverse geography and cultures, the program's goal in each place is

the same – create communities that are healthier and, thus, more equitable.

It's a sentiment that Sir Michael Marmot, whose well-known Whitehall studies in England clearly established the link between an individual's social class and health, spoke about passionately during a lecture at YSPH earlier this year. The gaping health inequities that exist between the rich and poor are morally unacceptable and the divide gets at the very heart of what is a fair and compassionate society, he says.

The good news is that a health disparity can be changed dramatically and quickly – improvements can be seen within a few years – if a society deems it important enough. The knowledge and the means to improve health on such a widespread scale are within our reach. “The question is, what do we have in our hearts?” Sir Michael asked the Yale audience, a capacity crowd. “We need to put the creation of a fair society at the heart of all decision making.”

The creation of a fairer and healthier society is a theme that Ickovics returns to again and again. The mother of two young boys, she well understands that if a child develops unhealthy habits, they are likely to carry over into adulthood. Once established in adults, habits such as smoking, eating poorly and failing to exercise are much more difficult to reverse.

A healthier New Haven will have to be built one person at a time. But a healthier city will mean children who perform better, improving their chances of reaching their physical and academic potential. Healthier residents also will require less medical care and, hence, save money. In time, a healthier city will also become a more pleasant and inviting place to live. It will likely take years before changes of this magnitude become apparent. And, needless to say, Community Interventions for Health and CARE will not solve all of the city's health problems.

Still, the status quo that has existed for as long as anyone can remember can be improved. Ickovics is certain of that. By exactly how much remains to be seen.

“Our vision is health for individuals, families and our community,” Ickovics says. “We believe that we can make that vision a reality.” **YPH**