Lessons Learned: The Challenges of a Community-Based Health Assessment

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Rationale

- Nearly half of Allston/Brighton foreign-born residents are from Asia.
- Chinese is spoken in the home at more than twice the rate as the Boston average.
- Population-specific data are limited at the neighborhood level.
- Few Allston/Brighton organizations work specifically with the Chinese community, and more specifically with those aged 18-64.
- Organizations that do work with Chinese residents of any age observe that these residents leave the neighborhood for their health services, indicating that the neighborhood may not be adequately reaching out to or providing for this population.
Intent

- **Objective:** Increase quantitative data that informs ABHC and member organizations on the health and wellness interests of adult non-elder Chinese-speaking residents.

- **Goal:** Improve health equity and decrease chronic disease for Chinese-speaking Allston/Brighton residents of all ages.
Methodology

- Review of existing data on the target population.
- Neighborhood survey of Chinese-speaking residents aged 18-64.
  - Designed by Committee
  - Sourced from Behavioral Risk Factor Surveillance System 2014 Questionnaire, North Carolina Division of Public Health Community Health Survey.
  - 42 questions provided in English and Chinese
- Report with recommendations based on the assessment.
Methods Cont’d

- June 22 - July 3, 2015: disseminated at 10 neighborhood locations.
  - Two bilingual surveyors surveyed at Super 88 grocery and YMCA Brighton. Respondents were a convenient sample, targeted based on age and race.

- Huixin Zhong, Master of Public Policy candidate at the Johns Hopkins Bloomberg School of Public Health. Huixin surveyed neighborhood residents, cleaned and analyzed survey data, and completed the Data Analysis Report.
Results

- Sample size: 82 respondents
  - 65 respondents self-identified as Chinese
  - 88% of all respondents reported good health or better.
  - 81.5% reported they (and their family) had good access to healthcare.
  - 75% of valid respondents did not report that cost was a prohibiting factor in seeking medical care.
  - Dental information, heart disease and diabetes are the health topics of most concern.
  - Roughly ½ identified as a member of Allston/Brighton community.
Results Cont’d

- Pollution, lack of grocery stores, theft, and lack of community support issues that most affect the quality of life in Allston/Brighton.

- Improvement services needed: affordable/better housing, recreational facilities, transportation options.

- 30% never feel stress about having enough money to pay the rent or mortgage in the previous 12 months
  - 17 respondents sometimes felt this financial stress
  - 8 respondents always felt this stress.

- Only one person reported always feeling stress in paying for nutritious meals.

- 65 respondent households have working smoke detector, carbon monoxide detector, or both.
  - 31 have both smoke and carbon monoxide
  - 24 have smoke detector only
  - 10 have carbon monoxide detector only.
  - 10 live without smoke or carbon monoxide detectors.
Analysis

- Small sample size limits analysis or discussion.
- Most respondents with the highest satisfaction were in the highest health status. A healthier resident may feel more satisfied than other residents with the healthcare services he/she received. A resident with more frequent regular checkups may feel more satisfied with the healthcare services he/she received than other residents.
Limitations

- Sample size
  - Assessment confined to non-elder adult group
- Locating potential survey respondents, requiring surveyors to survey small numbers of respondents at multiple community locations.
- Survey method, size of survey team, budget
- Survey length

Design considerations yield convenient sample
Limitations Cont’d

- PCPs did not provide data
- Survey design
- Access to comparative/supporting data from healthcare providers, BPHC.
Conclusion and Recommendations

- This assessment was unable to meet the objectives set out. Yet the process of designing and implementing the assessment was informative and articulated the challenges that the neighborhood faces to reach the target population.

- Survey methods must become more creative, either by reaching people individually at their homes, or through social media and mobile technology.

- The ABHC supports the collaborative effort to identify an existing tool or develop a new tool for collectively pooling data.

- Funders at all levels and from all sectors must increase funding for improved data collection methodology.

- The ABHC encourages organizations, particularly health care providers, to share Electronic Medical Records data in an effort to improve neighborhood health outcomes.
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