

In Our Community

The Community Alliance for Research and Engagement (CARE), a partnership between the New Haven community and the Yale School of Public Health, is taking action against chronic diseases like diabetes, asthma, and heart and lung diseases that threaten the health of our city. Increasingly, communities are coming together to encourage healthier lifestyles as a way to tackle obesity and chronic diseases.

Every three years, CARE has conducted a survey to track neighborhood health. Following our 2009 and 2012 surveys, our third health survey was conducted in the fall of 2015 with 1,189 residents from six of New Haven's low-income neighborhoods: Dixwell, Fair Haven, Hill North, Newhallville, West River/Dwight, and West Rock/West Hills. Households were randomly selected (like flipping a coin) from a list of addresses. We hired and trained local residents to collect the surveys. Over all three time points, 70% of residents approached agreed to participate, answering questions about their health, diet, exercise, smoking habits, and neighborhood safety.

The 2015 findings reveal that we continue to face many challenges to health and well-being in New Haven's low-income neighborhoods. However, results show some improvements. We must leverage the power of our community to achieve bigger changes and better health.

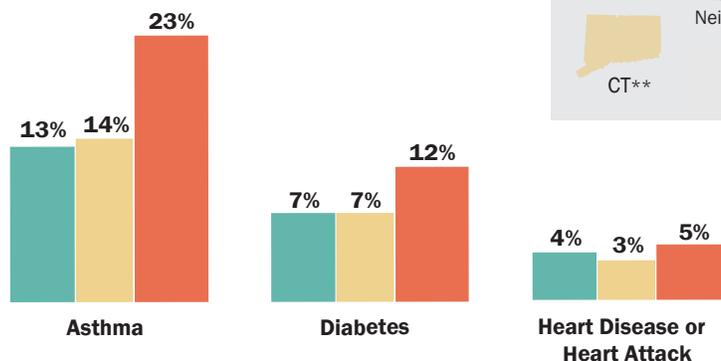
Across Connecticut

CARE references DataHaven's Community Wellbeing Survey in this report, as denoted by this symbol: . DataHaven conducted phone surveys with more than 16,000 randomly-selected adults throughout Connecticut, including 800 in the City of New Haven, between April and October 2015. Results are posted at ctdatahaven.org. The Wellbeing Survey was designed in collaboration with many local and statewide partners and draws upon many of CARE's health questions for comparison between local communities and the state.

Chronic Disease 2015:

New Haven in Context

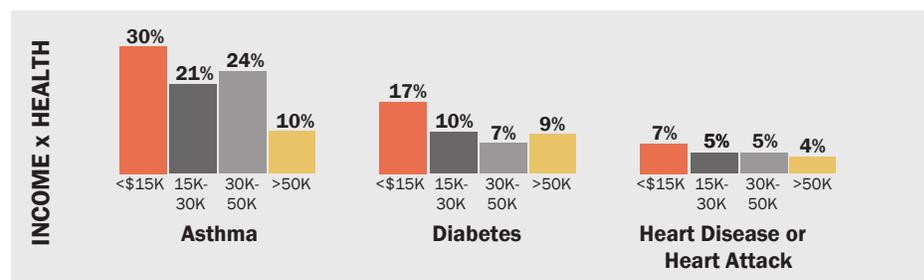
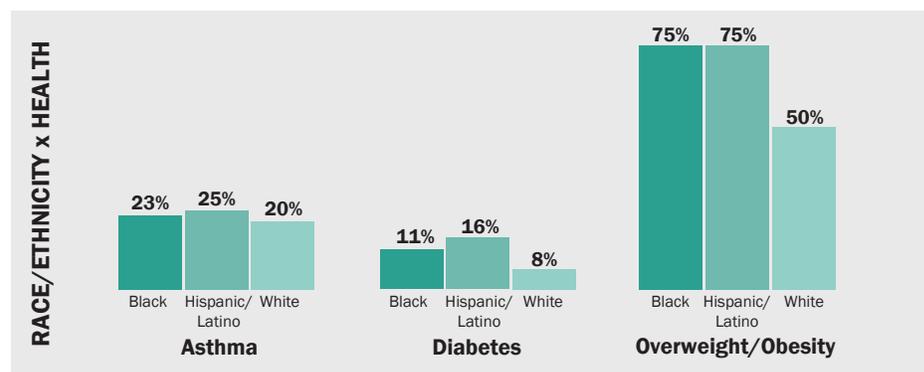
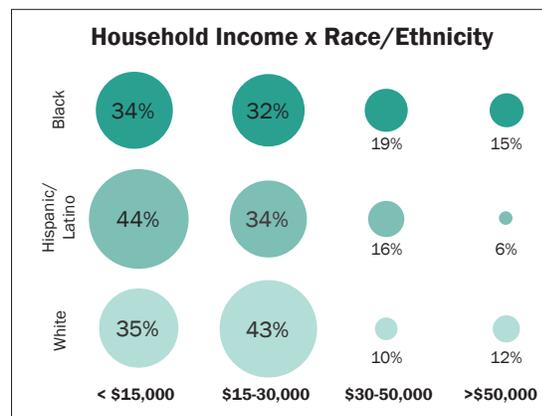
*National Health Interview Survey 2012, DHHS (ages 18-64)
 **2015 DataHaven Community Wellbeing Survey (ages 18-64)



Health, Wealth and Race:

Impacts on New Haven's Low-Income Neighborhoods

In New Haven, residents are at higher risk for chronic disease and poorer health, compared to Connecticut and the US. In particular, rates of chronic disease are higher among those who are Black and Hispanic/Latino, as well as those living in extreme poverty (<\$15,000/year). They have worse health outcomes, such as higher rates of asthma, diabetes, heart disease, and overweight/obesity. We must address economic inequity and basic needs – such as education, jobs, housing and food – among people of color who live in our low-income neighborhoods to improve our community's health.



Health Habits

Targeting long-term lifestyle changes – instead of quick-fix approaches – includes healthy eating and regular exercise. This is our best defense against chronic disease. We have more work to do as a community, but we are seeing positive changes among residents in New Haven’s low-income neighborhoods.

EXERCISE + NUTRITION

To change and sustain healthy exercise and eating habits is challenging. We document some successes and some opportunities for improvement.

 **60% of residents** meet the recommended amount of exercise (≥150 minutes/week). This increased from 55% in 2009.

 **50% of residents** made healthy changes to their diet in the past year.

 **16% of residents** report that they *do not* drink any sugary beverages (soda, iced tea, sports drinks, etc).

Yet 59% reported drinking them 5 or more days per week. Of people who are drinking sugary beverages, 42% are having 3 or more beverages on those days.

We also need to eat more fruits and vegetables.

 **13% of residents** meet the recommendation of 5 servings or more of fruits and vegetables per day.

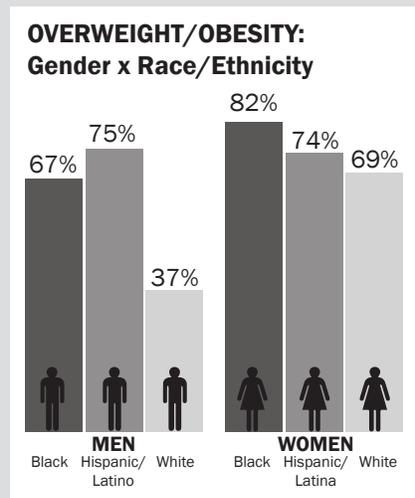
UNHEALTHY WEIGHT

Doctors and health professionals classify weight through a measure called body mass index (BMI). BMI is calculated from height and weight. This standard measure is used to determine health risks. People who fall into the overweight or obese category are at higher risk for chronic disease.



69% of residents in New Haven’s low-income neighborhoods are overweight or obese – a slight increase from 66% in 2012.

Rates are highest among Black women and Hispanic/Latino men, putting these residents at risk. We must target action among these groups to improve health.



TOBACCO

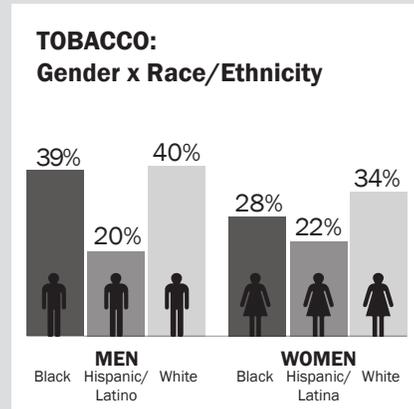
Cigarette smoking is the leading cause of preventable death in the United States, **accounting for 1 out of 5 deaths** (CDC).

Smoking is a serious concern in New Haven’s low-income neighborhoods. **30% report daily smoking** – almost double Connecticut’s rate of 17%. 

DAILY SMOKERS:



We see big differences in smoking when we look at race/ethnicity. Hispanic/Latino residents are less likely to smoke.



There is good news: 72% of daily smokers report wanting to quit and 48% have tried to quit within the past year. We must find more ways to support these smokers who are motivated to quit.

Vape: The New Tobacco Trend

Electronic cigarettes – also known as e-cigarettes or vape pens – are growing in popularity. Many see e-cigarettes as a better alternative because they are smokeless. However, they contain nicotine and other harmful chemicals.

Nearly 1 in 5 residents has tried e-cigarettes. This trend should be closely monitored.

Participant Characteristics

Survey participants are generally representative of the demographics of the six low-income neighborhoods in New Haven.

- 65% Women
- 60% Non-Hispanic Black; 22% Hispanic/Latino; 11% Non-Hispanic White; 6% Non-Hispanic Other/Multi-Race
- Age: 42 years (Average), 18-65 years (Range)
- 33% household income of \$15,000 or less

Data by race/ethnicity are based on how residents identified themselves, broadly categorized as non-Hispanic white, Hispanic of any race, or non-Hispanic Black. Data were weighted (by age and gender) based on the 2010 US Census to provide better estimates for each neighborhood population.

Economic Health

Poor health is often associated with lower income, and survey results show that many residents are struggling financially.

FOOD SECURITY

Food insecurity is higher in New Haven's low-income neighborhoods, compared to the City of New Haven as a whole and the state.



35% of residents in New Haven's low-income neighborhoods report food insecurity – not having enough food or money to buy food. **This is a slight decrease from 38% in 2012.**

50% of Hispanic/Latino residents are food insecure.



22% in the City of New Haven. 10% when not including the low-income neighborhoods.



12% in Connecticut.

UNEMPLOYMENT

The unemployment rate is drastically different in New Haven's low-income neighborhoods when compared to the City of New Haven as a whole and the state.



17% in New Haven's low-income neighborhoods.



11% in the City of New Haven. 5% when not including the low-income neighborhoods.



7% in Connecticut.

Mental Health

Our overall well-being is affected by both our physical and mental health.

EMOTIONAL DISTRESS

We asked people about their emotional state in the prior four weeks. Results reveal profound distress in our community.



8% feel calm and peaceful a little or none of the time.



13% have little or no energy most of the time.



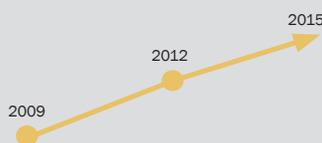
11% feel down-hearted and blue a good bit, most or all of the time

28% report that in the prior 4 weeks emotional problems such as anxiety or depression interfered with their daily life.

As with physical health, mental health is worsened by the stress of living in poverty. Quality of life related to mental health was the lowest among those making less than \$15,000 a year.

As we work to address chronic disease, we must also address stress and depression.

HEALTH INSURANCE



94% of residents in New Haven's low-income neighborhoods have health insurance, up from 86% in 2012.

Of those insured, 35% receive coverage via the Affordable Care Act and Access Health CT.

Neighborhood Health

The conditions of our neighborhoods influence our health. Feelings of safety and safe streets and sidewalks affect our exercise options.

SAFETY

14%

Feel unsafe walking in the daytime



55%

Feel unsafe walking at night

Compared to three years ago, residents in New Haven's low-income neighborhoods feel safer in their neighborhoods. In 2012, 30% felt unsafe walking in their neighborhood during the day, and 66% felt unsafe walking in their neighborhood at night. These rates have dropped to 14% and 55%, respectively.



71% of residents strongly or somewhat agree that there are safe sidewalks and crosswalks in their neighborhood.



40% of residents report improvements in their neighborhood over the past three years that make it easier to lead a healthy lifestyle.

HOME OWNERSHIP

12%

58%
in
Connecticut

12% of residents in New Haven's low-income neighborhoods are home owners, compared to 58% of residents age 18-64 in Connecticut.

GUN VIOLENCE

Gun violence has just recently received enormous national attention. However, it is one of the most distressing issues that low-income, urban communities have been facing for years.

Survey results reveal the impact of its pervasiveness in New Haven's low-income neighborhoods. We must continue to find solutions to this deadly issue. Residents were asked about violence in their own neighborhood.



18% report a family member or close friend had been **killed** by violence.

29% report a family member or close friend had been **hurt** by violence.



73% have heard gun shots more than once; 19% have heard them weekly or more.

16% of residents have seen or were present when someone got shot.

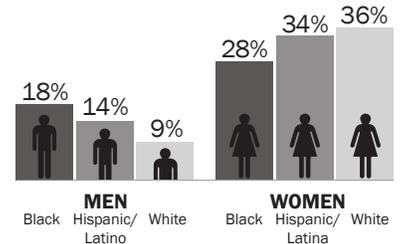
68% knew the person who was shot.

ASTHMA

The soaring asthma rate in New Haven's low-income neighborhoods is alarming. Asthma affects breathing, causing shortness of breath, chest tightness, wheezing, and coughing. Asthma is one of the leading causes of school and work absenteeism.

Rates have increased from 20% in 2009 to 23% in 2015. The asthma rate among Connecticut adults is 14% **PH**, making New Haven's low-income neighborhoods among the highest in the state. In addition to the difference in asthma by race (page 1), the difference by gender is startling. Overall, asthma rates are twice as high for women (31% for women vs 15% for men).

ASTHMA:
Gender x Race/Ethnicity



Looking Forward

The challenges we face as a community loom large and seem insurmountable. Yet, New Haven is a vibrant city with enormous resources and dedicated citizens. CARE is committed to bringing these survey results back to the New Haven community – to our residents, elected officials, and other leaders. We hope to come together to use this information to create change. Innovative collaborations and transformative policies and programs are needed to address wealth and health among our most vulnerable populations.



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DIABETES

We have established the link between poverty and health in New Haven's low-income neighborhoods. This plays out dramatically when we examine diabetes.

While diabetes overall has been decreasing, we see great inequity by household income. Among the highest income group, diabetes has decreased from 15% to 9% since 2012. Among residents in other income levels, diabetes remains the same or decreases slightly.

DIABETES:
Household Income

