

Perception of a Local Public Hospital: Community Interview Project

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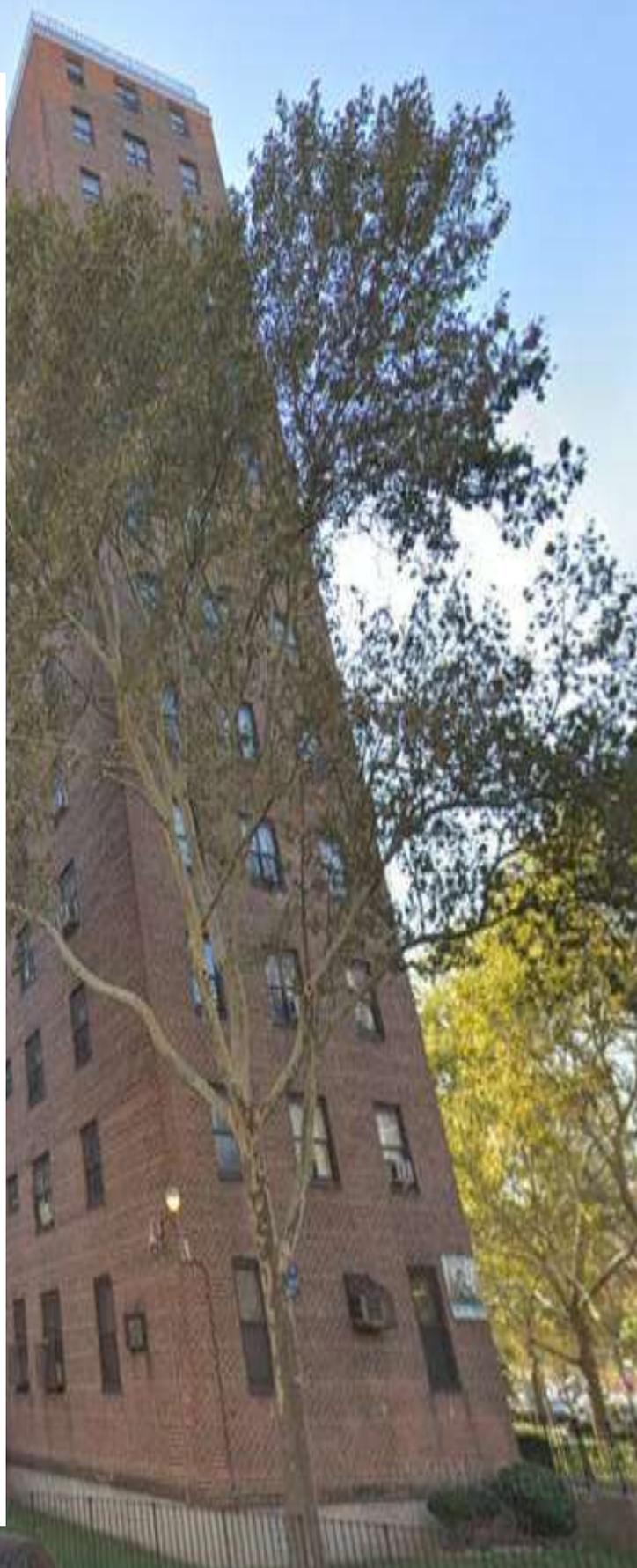


Introduction

The Commission for the Public's Health System (CPHS) has long advocated for the public hospital system in New York City, a system that is facing enormous economic challenges. Patients who are uninsured or covered by Medicaid (whose reimbursements have not kept pace with costs)¹ account for about 70% of those cared for by NYC Health + Hospitals, New York City's public hospital system². The system is also grappling with an estimated \$600 million gap in its FY16 operating budget which is projected to grow to \$1.8 billion by FY20.²

Since the Affordable Care Act expanded insurance coverage, New York City's public hospital system has faced increasing competition for insured patients³. The facts are that our public hospital system financial crisis is also based on some inequalities. The first one is connected to providing a wide range of services to marginalized communities that the private hospital providers have historically avoided. Even as the number of uninsured New Yorkers declines, NYCH+H still disproportionately assumes the care for the uninsured. The second fact is centered around the unequal allocation of public dollars from the State's \$847 million Hospital Indigent Care Pool intended to compensate hospitals for the indigent care (charity care) they provide⁴. NYC H+H does not receive its fair share of those funds.

This project sought to examine public attitude toward the public hospital system with a special focus on residents of public housing. As local government agencies, the public hospital system may be able to leverage the public housing system to achieve both improved population health and increased utilization of the public hospital system.



Methods

For the project, Jennifer Carmona, MPH, a doctoral student from the City University of New York Graduate School of Public Health and Health Policy, designed a protocol to guide semi-structured interviews with public housing residents (the human research protection program (HRPP) determined that the project did not require institutional review board approval to proceed). Using information available from the New York City Housing Authority (NYCHA), Ms. Carmona with Anthony Feliciano, Director from CPHS mapped the locations of public housing projects in relation to NYC Health + Hospitals eleven acute care hospitals, looking for facilities located in neighborhoods with high concentrations of public housing. CPHS decided to focus on public housing projects located near NYC Health + Hospitals/Harlem, which has about a half dozen projects within a mile of its location in Harlem.⁵ NYC Health + Hospitals/Harlem is the largest acute care hospital in Central Harlem. It has over 270 beds and is a Level 1 Trauma Center.⁶ The hospital opened in 1887 and has occupied its current location since 1907.⁷

To staff the project, CPHS partnered with the Manhattan Staten Island Area Health Education Center's (MSIAHEC) Collegiate Health Service Corps, an organization committed to diversifying the health services workforce by offering educational opportunities to young people interested in the health professions. MSIAHEC places undergraduates who are interested in the health professions into internships throughout New York City. MSIAHEC invited students available for summer internships to participate in the project. Three undergraduates from the City College of New York joined CPHS' intern from Rutgers to work on the project.

The interns were available to work with CPHS for about ten weeks after the spring semester ended. The project schedule started with a four-hour introductory training in early June covering: interviews as a qualitative research method; New York City's public hospital system; the purpose of the project; the interview protocol; strategies for conducting interviews; and transcription. During the project period, CPHS' executive director accompanied the interns to public housing sites in Harlem where they approached residents on playgrounds and other public areas and asked them if they would like to participate in interviews. The interns also met with Ms. Carmona for five regular debriefing sessions and, on two occasions, over Skype. During one debriefing session in early July, the interns received an orientation to grounded theory and were trained to code the transcribed interviews. Angel Seda, Policy and Outreach Coordinator trained the interns on outreach methods to identify informal setting (playground, domino table areas, front of stores) and formal settings (social service sites and NYCHA rent/management offices) to conduct the interviews. CPHS created together with the interns appropriate and effective methods for engaging public housing residents. These trainings assisted in the success of the project.

The students conducted 41 interviews. Two were excluded from the analysis (one respondent did not live in the neighborhood and another recording was not sufficiently

audible to be transcribed). Ms. Carmona coded all of them once and then assigned each transcript to an intern for another round of coding. At the debriefing session, interns discussed themes that emerged from the interviews and some theories about residents' perceptions of NYC Health + Hospitals/Harlem.

The interns accumulated observations very quickly, completing the interviews over four days during the month of June. It was humbling to find that so many public housing residents were willing to share their thoughts about NYC Health + Hospitals/Harlem. Many respondents drew on their own experience as patients at the hospital and candidly offered both positive and negative accounts.

Findings

The project's principal concern was Harlem residents' feelings about NYC Health + Hospitals/Harlem, and the factors influencing their feelings, to learn how the hospital can better appeal to neighborhood residents. The themes that emerged from discussions clustered around utilization, reputation, and recommendations.

General Opinions on Quality

Most respondents (25) had positive things to say about NYC Health + Hospitals/Harlem. Comments that were generally positive ranged from the effusive ("I love Harlem Hospital") to more restrained ("I think it's alright...I guess it's the bestest hospital around"). About a half dozen of the respondents had positive things to say about renovations at the hospital. "I mean they decorated it over like they did construction and everything over like so it's better than it was before, so I don't mind sitting in there now." Eight respondents expressed generally negative sentiments. Some were mildly critical ("I think it's below standard") while others were strongly negative ("I hate it"). No one who shared a generally negative opinion also shared a generally positive opinion.

Some offered specific observation based on their experiences at the hospital, describing how their own needs were met. One said: "I just got a gallstone out. So, they removed my gallstone – that was good. It came out great, you know. They helped with my heart when I was diagnosed with heart trouble, high blood pressure – they helped me out." Another reported:

"Like when I went there my insurance wasn't on. So, I didn't have to do no strenuous paperwork. I just signed a little release form and whatever. Then, like in no time flat, my insurance was on. I was able to pick up my prescription from the pharmacy across the street from there and everything, so it was really easy. It was pretty good because I was going through a rough time".

A couple were satisfied even though they had to wait for care. As one said, "The doctor, um, sees me not on time but they do see me, you know, sometimes on time,

sometimes a little late maybe half an hour late but I'm ok with it." Others shared feelings of gratitude about the care they received which they regarded as life-saving. One reported: "It saved my sons life when he got shot in his head...It saved my life when I had a heart attack."

Some specific negative experiences concerned waiting times. One respondent recounted a conversation with a staff person about waiting time:

I said, 'Why it's taking so long?' And the lady talking about well, we're going by the order. But, I'm just saying, 'I'm in pain, man, I'm in pain.' She said, 'But, you gonna have to wait.'

Two others felt that they were treated with discourtesy or disrespect. One felt that "They were trying to rush me out" while another reported: "You suppose to treat every person fairly no matter if they have alcohol on their breath or whatever. You don't know what has transpired anything before that. You cannot call them a drunk 'cause you smell alcohol on them". Another respondent with otherwise generally positive things to say complained about a recent experience obtaining prescription refills: "I missed an appointment [so] I'm late on medication refills. So, I have to call on the phone. [It] is really hard to get in contact [with] these departments to get your medications and get your refills. It's like the run-around. So, I actually had to get myself to go and hit up every department for refills. And then that's also a waiting process over an hour and half just to get a refill."

Services

When asked to list services they themselves had used at Harlem, nearly a dozen reported using the emergency room. Respondents also often reported taking their children to pediatrics for care. Some respondents shared that they had used behavioral health services at NYC Health + Hospitals/Harlem while others reported using a variety of screening, surgical and specialty services like gynecology, pain clinic ("I go there for pain management because I have spinal stenosis") and dental. Those with experience using services at Harlem – like pediatrics or obstetrics, or care for specific conditions, like asthma – often had positive things to say about the experience. One patient reported: "I had a lot of different tests done like the colonoscopy and, which I was scared to do, and they made it very comfortable for me to do it."

Reputation

13 respondents shared some variation on the opinion that Harlem was a good place for "gunshot wounds and babies" (3 used that exact phrase). Some cited Harlem's skill in these areas positively ("It's known to be good for kids, and gun shots wounds. They do very good cares for kids.") while others felt that this was one of the few areas where Harlem excelled ("They only good to me for having babies and gunshot wounds."). Several respondents themselves had received

prenatal care at the hospital and a few had personal experience with treatment at Harlem for gunshot wounds.

When asked what others in the neighborhood think, opinions were mixed with slightly more offering the view that the hospital was viewed negatively than positively. One respondent reported that feelings in the neighborhood varied: "It's half and half. Some people don't like it and lot of people would say saving their family lives. You get a mix, a mix type of reaction." In some instances, respondents shared the opinion of others but not always ("Some people don't like Harlem Hospital and I do").

Reasons for Choosing Harlem

Even so, very few reported that their use of Health + Hospitals/Harlem related to its reputation. The most common reason cited for using the hospital was proximity. About half reported that they opted to use Harlem because, as one respondent said, "First of all, it's the closest place to me." Five respondents also mentioned that being born at the hospital related to their use of it. When asked why they used the hospital, several echoed the sentiment of one respondent who said: "I am from here. I was born there."

Respondents who reported using other healthcare providers mentioned St. Luke's and Mt. Sinai most often. Other healthcare providers that respondents reported using included Beth Israel, Presbyterian and Montefiore.

Areas of Dissatisfaction

Many of the specific complaints about Harlem concerned sluggish service (wait time, response time) and lack of courtesy from staff. The emergency room was cited frequently as unsatisfactory with respondents often mentioning long waiting periods for care there ("I find that they have you waiting when you go to the emergency longer than any other hospital"). Even those with otherwise positive things to say expressed dissatisfaction with the emergency department ("The only one I have a problem with is the emergency room").

One remarked on the homeless people who sometimes spent time in the public areas of the hospital and another was not pleased to be treated by interns and those who they perceived to be in training.

When asked how they made sure they got the care that they needed, several reported advocating for themselves ("I had to get up and go to them myself and then they did what they was supposed to do") or relying on family members to help them ("I had my partner that was with me, that was able to advocate for me and she had to talk to different doctors and nurses so that they can get the right doctor to talk to me"). Four respondents mentioned that they had received help from staff they described as social workers at the hospital. Several also remarked that nurses and doctors were helpful to them when they were treated there.

Suggestions for Improvement

When asked how the hospital could be made more appealing to them, respondents offered a variety of suggestions. Several, again, mentioned the wait time and several also perceived that the hospital needed more staff.

Respondents also perceived a lack of efficiency in how the hospital provided care. As one respondent recommended: "Have better scheduled appointments, not have to wait for five-hours before actually seeing the doctor. I think they need to work on scheduling appointments according to you know the amount of people that they have."

Conclusion

Overall, the findings suggest that there may be feelings in the community about NYC Health + Hospitals/Harlem that could be leveraged to improve utilization of the hospital. NYC Health + Hospitals/Harlem's enjoys a reputation as a high-quality trauma center and is well regarded as a provider of prenatal and pediatric care. Some respondents who were born at the hospital seemed to have a sentimental regard for it that influenced their decision to receive care there. For others, NYC Health + Hospitals/Harlem's proximity was a prevailing factor influencing their decision to seek care there. Most criticism was based on specific experiences with extended waiting periods and discourtesy which other research has shown may drive perceptions of quality among patients ⁷. Even so, the hospital is regarded as an important community institution with several respondents reporting that they valued NYC Health + Hospitals/Harlem as part of the community's historical fabric. Addressing the hospital's shortcomings, while capitalizing on positive aspects of its reputation, may promote utilization of its services. One respondent felt that "The community needs the hospital" – a sentiment that NYC Health + Hospitals/Harlem could reciprocate to mutual benefit.

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