RWJF Culture of Health Community Portrait

New Haven, Connecticut
ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community-specific report follows from the initial Snapshot report for New Haven, Connecticut and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in New Haven, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews; an environmental scan of online and published community-specific materials; a review of existing population surveillance and monitoring data; and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, faith-based, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 14 unique respondents were interviewed during spring 2017 for this report. All interviews (lasting 30–75 minutes each) were conducted using semistructured interview guides, tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants’ responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a “respondent.”

Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available data sets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports. These will examine common themes that across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports will also be posted on cultureofhealth.org.
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Introduction

In our Snapshot report of New Haven, Connecticut, we described a nearly 400-year-old city with deep ties to Yale University and an economic foundation that shifted from agriculture to early manufacturing and—in the 20th century—to higher education and philanthropy. Following the same fate of many U.S. cities, New Haven experienced economic decline after its manufacturing sector eroded in the 1960s. The city embraced urban renewal in the 1990s and 2000s and began to renovate and replace many of its school buildings and public housing units—an effort that continues today. In this report, we explore how the city, its foundations, and community-based organizations (despite limited funding) continue to pursue innovative projects to improve life for all its citizens. We also examine New Haven’s efforts to improve population health and build a healthier and more equitable community using the Culture of Health Action Framework to interpret and organize key findings. The Framework prioritizes four broad Action Areas: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-Being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening Integration of Health Services and Systems—within which activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe the determination of the city’s political leadership to focus on equity through health initiatives, community empowerment, and defense of its sanctuary city status—a de facto protection for immigrant families who may have members in the country illegally. We also examine how New Haven’s
nonacademic community (the “town”) and Yale University (“the gown”) are attempting to address racial and economic disparities and work in concert more frequently and effectively.

**IVY LEAGUE PRESENCE IN A CHALLENGED CITY**

New Haven is located in South-Central Connecticut, about halfway between New York City and Boston. It is one of the fastest growing cities in Connecticut, with a population of 130,612 in 2015. The city’s most rapid growth occurred between 2000 and 2010, concurrent with a notable shift in the city’s demographic mix. During this period, New Haven’s white and black populations decreased, while the Hispanic population increased. This created roughly equal distributions of white/non-Hispanic (31%); black (33%); Hispanic (of any country of origin) residents (28%); and (8% other races/ethnicities).¹

Health inequities among these populations are evident. Black and Hispanic residents have lower rates of health insurance, and poorer health outcomes than white residents. In addition, black residents report suffering from hypertension and diabetes at higher rates than either white or Hispanic residents (New Haven residents generally have poorer health outcomes than Connecticut residents, regardless of race). Median incomes in New Haven are lower than state averages, and 13 percent of all New Haven residents are uninsured, which is significantly higher than the state average (8%).³

New Haven’s political leadership is motivated to improve health and well-being for all residents, and the city has benefitted from Connecticut’s expansion of Medicaid spending and eligibility under the Affordable Care Act (ACA). The current mayor has adopted residents’ health and equity as signature issues, and the city’s leadership provides support for this vision and means to implement it. The championing of equity extends to the city’s determination to protect its status as a sanctuary city despite rising national tensions regarding immigration. National politics may have implications for New Haven’s health services as well. The increase in Medicaid spending has allowed New Haven’s Federally Qualified Health Centers (FQHCs) and Yale-New Haven Hospital to expand services for many low-income residents, but the future of Medicaid reimbursement is uncertain.

New Haven continues to pursue goals of improving its built environment that were set in the late 1980s and 1990s. Since then, the city has rehabilitated or replaced many school buildings and public housing units. In keeping with these goals, authorities and residents have focused on making these buildings multi-use and community-focused. In 2014 and 2016 the city submitted federal Promise Zone applications (a program designed to help high-poverty areas become more economically vital, safe, and healthy). The application processes revealed that residents in the proposed geographic zone (about 48% of New Haven’s population) live with a rate of violent crime that is 600 times higher than the state average,² and have poorer health indicators than residents outside the zone.⁵ Neither Promise Zone application was accepted, but much of the data collected in these efforts have been repurposed for other city-wide improvement efforts, including the development of the City Transformation Plan (CTP), which launched in 2015.

Yale University remains at the cultural and economic center of New Haven, and its relationship with the city is complex. It is one of the city’s largest taxpayers ($8.2 million in 2014); a major source of employment, outreach, and funding; and the driver behind many important health initiatives. Yale-New Haven Hospital is the city’s most prominent medical facility. Its health network also provides funding and expertise for city initiatives and extensive research capacity. However, the university does not pay taxes on earnings from its $27 billion endowment, which is a source of ongoing tension between the university and local and state governments. Recently, state lawmakers crafted legislation to tax Yale’s endowment and noncommercial real-estate holdings. (New Haven’s mayor supported the legislation.) Yale University argues that the legislation is unconstitutional and would hamper its ability to invest in the community.⁴ This debate between a world-class university and a municipality with many poor residents is an example of the long-standing “town-and-gown divide” that has a complicated 200-year-old history.⁶

The city also has a large and well-funded array of nonprofit and philanthropic organizations, many of which have focused on health issues, such as infant mortality, education, and reducing violence. However, nonprofit budgets took an economic hit during the 2008–2009 financial crisis, and many still operate on tight cash flows. Long-lasting cuts in corporate giving and federal and state budgets have left many nonprofits with less than six months’ worth of cash on hand.⁴ The large number of nonprofits and community-based organizations concentrated in this relatively small city exacerbates funding constraints, as groups compete aggressively for resources. The competition creates an adversarial climate, in which collaboration and trust between organizations can be strained, and constructive partnerships are difficult to develop. Yale’s collaborations with both city government and local nonprofits have delivered tangible benefits to many communities in need, but these relationships are still works in progress.

**LOCAL LEADERS, HEALTH SYSTEMS ADDRESS SOCIAL JUSTICE AND INEQUITY CONCERNS**

New Haven benefits from motivated government (both local and state), established philanthropies, and a prominent, well-funded university, all of which are pursuing ambitious health-related agendas. All three sectors have the capacity to promote and improve health and equity, and there are signs that their collaborations are becoming more successful through community outreach and data sharing. The improvements to the city’s built environment, specifically around education and public housing, provide opportunities to expand health-focused initiatives into many communities. With a world-class hospital at the center of the Yale-New Haven system and many federally funded health centers, the capacity to provide basic care and address long-standing health problems has also grown.

Under the current leadership, New Haven’s political structure is focused on making the city a healthier place while emphasizing that environmental factors—particularly safe neighborhoods—must be evaluated strategically before any health and wellness plan is implemented. Importantly, the mayor’s office has cited affordable health

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care and social justice as symbiotic goals. For more than 20 years, the city government has also pursued ambitious plans to improve its infrastructure and to promote a cross-purpose, full community use of schools and other buildings; the city's public health department also has been involved in these efforts.

Through its School of Public Health, hospital, and health system, Yale provides a strong foundation for research and action related to the promotion of health. The university continues to search for more meaningful ways to support New Haven communities. Notably, since 2007, the university has done so through its Community Alliance for Research and Engagement. Yale recently pledged to hire more workers from New Haven neighborhoods. (Currently, about 4,000 of the university’s 13,000 employees are residents.) The university also has invested in training to help residents qualify for job opportunities and earn academic scholarships. With its infrastructure and financial abilities, Yale is becoming a more involved partner in helping nonprofits augment their data collection and identify pressing community issues.

Nearly half (47%) of New Haven’s nonprofits focus on providing educational support; offering health and related services; nurturing children and youth; and boosting economic success. As of 2013, 1,572 nonprofits with assets or income were listed as functioning in the greater New Haven area. Many of them have a long history of addressing persistent challenges in the city, and nearly a quarter of the nonprofits have existed for more than 50 years. DataHaven, a nonprofit organization founded in 1992, collects and analyzes data on New Haven and serves as an important resource for more than 100 community organizations. It produces a multitude of collaborative reports on health and well-being, including the Greater New Haven Community Index 2016, which surveyed more than 16,000 people by phone.

FOHCs in New Haven take a comprehensive approach to health and work to foster collaboration. A wide array of community-based organizations focus on issues that encompass behavioral health, physical health, and child care. They work under FOHC leadership to improve population health at all income levels. Organizations offer preventive care, treat acute and chronic disease, and help to create community environments that foster health and well-being.

New Haven also has opened six dental clinics in neighborhood schools and increased school screenings for vision and hearing. A respondent noted that since the city’s recent budget increase for school-based health services, the district now employs eight school health assistants to conduct 10,000 hearing and vision screenings per year.

Yale-New Haven Hospital receives a high volume of inpatient and outpatient cases and is recognized nationally for the quality of its clinical services. Both the hospital and the FOHC network increased their care capacity through Medicaid reimbursements, since Connecticut was the first state to expand the program under the ACA. Yale also has partnered with Project Access New Haven to provide health care to underserved and uninsured individuals.

**OVERCOMING A FRAGMENTED COMMUNITY**

New Haven is, as multiple interview respondents pointed out, “a small, progressive city” with many people and organizations working toward common goals for health and well-being. Though many neighborhoods struggle with violence, poor health outcomes, and unemployment, new cross-sector relationships show promise. Yale University and the city have demonstrated a willingness to use their assets in innovative ways to engage directly with local community leaders and residents.

**DATA-DRIVEN ACTION AND INTEGRATED HEALTH SERVICES**

In 2007, Yale School of Public Health launched the Community Alliance for Research and Engagement (CARE) to address community health while partnering directly with New Haven residents. In addition to marshalling the research capabilities of the university, the CARE model relies on residents of low-income neighborhoods to survey their neighbors and compile information about overall health, behavior, and neighborhood conditions. CARE also has partnered with DataHaven to conduct surveys in the greater New Haven region. Both these efforts are part of a strategy to better understand community needs and enfranchise New Haven citizens in ongoing discussions and the formation of action plans.

CARE provides funding, makes its survey data readily available, and partners with many local groups to pursue specific objectives. It also acts as a connector that can bring ideas and actions to neighborhoods and many different organizations. Depending on the initiative, it may act as an adviser, a funding source, or a primary actor. As such, CARE is one of the most ambitious attempts by a Yale-based organization to engage with New Haven’s communities, schools, and government. It counts as partners:

- New Haven Public School District
- New Haven Food Policy Council
- numerous community groups (such as school and community gardens and the Newhallville Resilience Team—a group that promotes social cohesion and reduction of community violence)
- Connecticut Food Bank and local YMCAs

CARE has also worked to help the city become more suitable for outdoor exercise by funding the development of a public six-mile walking and biking trail throughout the city. The trail, which opened in April 2016, represents an enduring community asset, intended to reduce chronic disease through more accessible physical activity.

CARE’s community-based research has shown evidence of improving health in its target neighborhoods. In 2015, 40 percent of the respondents to its community surveys were obese, 23 percent reported asthma, and the diabetes rate was 12 percent, higher than the national average (7%). Though these rates remained high, CARE showed other “clinically meaningful improvements in health-related outcomes” from the 2012 survey, which reported 43 percent of residents as obese and a diabetes rate of 15 percent. Other improvements from 2012 to 2015 include increased insurance enrollment rates among adults and reductions in smoking and sedentary lifestyle. The CARE survey also reported improved school environments through school wellness policies and comprehensive health education. A residual benefit of this research
was employment and work experience for local community members who received data collection, and research training to conduct the surveys that can be transferred to other job opportunities.

Since the ACA expanded opportunities for Medicaid coverage, New Haven’s FQHCs and other organizations are better able to address salient health issues, provide more coverage, and encourage community interaction around health. Cornell-Scott Hill Health Center, an FQHC, is a notable example of an organization that works to improve the health outcomes of New Haven’s most at-risk residents—while collaborating with city affiliates, the University of Connecticut, and other organizations to boost their outreach.

“WE FIND THAT WHEN YOU GET PEOPLE TOGETHER AND THEY FORM FRIENDSHIPS, THOSE FRIENDSHIPS FORM A LASTING INTERVENTION BEYOND THE GROUPS.”

HEALTH SECTOR RESPONDENT

One respondent from the health care sector noted that more than 70 percent of Cornell-Scott Hill’s patients are covered by Medicaid and rely on the center for primary care. In addition, the Center’s pharmacists offer a medication and therapy management program not being able to receive reimbursement for this service, causing the program to operate at a loss. Pharmacists educate individuals and groups of patients about their prescribed medications, including possible side effects with taking or not taking it, and things the patient can and should not take with the medication. The group sessions have produced unexpected benefits: “We find that when you get people together and they form friendships, those friendships form a lasting intervention beyond the groups,” said one respondent.

Cornell-Scott Hill and other FQHCs also offer patients care coordination teams to help them navigate the health system beyond a primary care provider (e.g., making sure referrals are scheduled). This helps high-risk populations and heavy users of the health system achieve positive health outcomes. The coordinating teams also focus on opportunities for preventive care and well-being. For instance, they may refer people with health problems to city-run cooking classes. “It’s more than just telling people to eat healthy,” one health sector respondent said. “You have to be aware of their cultural backgrounds.” These efforts are important elements of a greater attempt to integrate and strengthen the city’s health care system.

CROSS-SECTOR PARTNERSHIPS FOR IMPROVED HEALTH, EDUCATION AND SAFETY

New Haven’s government, private foundations, and Yale are working to forge new partnerships, overcome fragmentation within the community, and combat persistent problems with more concerted action. In many cases, one organization that has focused its efforts on a particular issue will, over time, bring in other organizations to help spread the word through the community, supply needed funding, or spread and scale the initiative.

In the late 1980s, the Community Foundation of Greater New Haven (formerly the New Haven Foundation) identified high infant mortality among New Haven’s black residents as a serious problem. By 1997, the foundation received a federal grant to begin Healthy Start, a program focused on reducing infant mortality in high-risk populations by providing prenatal care, education on infant care, and additional support (such as nutritional counseling). Over time, New Haven Healthy Start has expanded its services through partnerships with the city health department, FQHCs, state agencies, and Yale. It has expanded its scope to include outreach to fathers, in particular helping them secure health insurance for their families and participate in programming. The program also includes partnerships with transitional living centers, shelters, and organizations that provide social services.

Another partnership is New Haven Promise, a program that provides up to $10,000 per year for residents who graduate from New Haven public schools and attend a two- or four-year college in Connecticut. Launched in 2010, partners are the City of New Haven, New Haven Public Schools, and the Community Foundation of New Haven. Yale University is the primary donor for their scholarship funds. In 2017, 359 New Haven public school students qualified for scholarships and were accepted into public Connecticut colleges and universities under the program. Yale accepted 15 of these students.

“IT’S MORE THAN JUST TELLING PEOPLE TO EAT HEALTHY; YOU HAVE TO BE AWARE OF THEIR CULTURAL BACKGROUNDS.”

HEALTH SECTOR RESPONDENT

Project Longevity, a program that operates in New Haven and other Connecticut cities, has a more mixed experience of partnerships. Focused on reducing violence, gang activity, and drug use, it relies on community involvement, social services input, and ongoing relationships with local and federal law enforcement agencies. Project Longevity has received praise from New Haven’s mayor and interest in partnerships from many other organizations. However, one respondent from the nonprofit sector who knows the project well noted that when potential partners realize there is little money to support new initiatives, interest can fade.

The project’s status illustrates the transitory nature of collaborations between New Haven community-based organizations and the hard work that is required to sustain them. Duplication of efforts is another ongoing concern. One respondent from a nonprofit described coordinated efforts as “episodic” and stressed that the foundation and nonprofit sectors need to do more to “make sure people are informed of everything else that’s going on.”

During New Haven’s first Promise Zone application process in 2014, the nonprofit DataHaven pushed for evidence-based reporting on education outcomes, neighborhood safety, and other community data—in partnership with Yale, Yale New Haven Health, FQHCs, and other local foundations. Eventually, 67 organizations and city agencies worked together on the effort. Although the application was not accepted, the
assembled data were repurposed, and stakeholders rallied behind a nascent City Transformation Plan (CTP) in 2015.

The CTP represents an important attempt to build community consensus around health and well-being. It is a five-year blueprint that brings together more than 100 community partners, including nonprofit and faith-based organizations, agencies, community coalitions, and residents. All partners participated in a strategic planning process to identify the city’s most pressing issues and key priorities. Led by a steering committee and organized into work groups, the CTP is a collaborative effort in which equity is a clearly defined objective. The plan is being implemented around eight intersecting goals that cover employment; economic growth; health and support of children; recidivism among citizens released from incarceration; and safe, cohesive communities.

Prior to this effort, community organizations tended to focus on a particular niche of service that did not require a “big picture” orientation. The development process brought disparate people and organizations together and encouraged collaboration, community engagement, and a new level of cooperation in a small city with limited resources and a pronounced self-preservation mentality.

"WE HAVE DATA FROM SINGLE MOMS SHOWING THE IMPACT OF FOOD INSECURITY; PARENTS SKIP MEALS SO THEIR KIDS CAN EAT." NONPROFIT SECTOR RESPONDENT

Although the plan is still early in its implementation phase, it emphasizes accountability. Contractors and grantees must use data to show how their programs are benefitting residents. Accumulated data will be available on public dashboards, and working groups will produce annual reports on various aspects of the plan’s progress.

To date, the City of New Haven has committed more than $1.6 billion to the rehabilitation and replacement of its public school infrastructure. Fifteen new neighborhood elementary, middle, and high schools9 have been constructed, and 31 more received complete renovations. Academic performance and graduation rates are still below state averages. But according to New Haven Public Schools, chronic absenteeism decreased by six percent during a 2015–2016 campaign to address one of the city’s most stubborn problems. That campaign, ‘Attendance Matters’, focused on community engagement, but better overall conditions within the schools may also be a factor in the improved attendance rates.

In addition to infrastructure improvements, the school district is focused on more immediate student performance drivers. Food availability is a primary concern: By one estimate, one out of every six New Haven children may experience food insecurity in a given year. “We have data from single moms showing the impact,” one respondent from the nonprofit sector said. “Parents skip meals so their kids can eat.” In response, New Haven schools have partnered with several Connecticut-based organizations to provide students with free meals during the school year and summer break. All schools also have salad bars to provide fresh food for those who might not otherwise have access to it. Some of the new schools even host greenhouses, community gardens, and food markets. Also, there is a program for those who may not have enough money to eat. Qualified students can access the Connecticut food bank backpack program, which provides them with a backpack of food they can take home for the weekend. The food backpack program can provide an extra source of nutrition to families struggling with food scarcity.

The city fosters multiple health-promoting, shared uses of the schools and other buildings. Sixteen renovated public schools in New Haven serve as community centers on a rotating basis. Residents use the schools after hours for recreational activities—such as basketball and yoga and Pilates classes—as well as for student mentoring. Each month, a different school is opened to the community and works with community health centers, the New Haven Health Department, and New Haven Parks and Recreation to host program events that encourage physical activity. Behavioral health programs, such as Veterans Empowering Teens Through Therapeutic Support, also provide crucial services, role models, and conflict-resolution training to students who have witnessed trauma or show signs of post-traumatic stress disorder.

IMPROVING BUILT ENVIRONMENT THROUGH COMMUNITY ENGAGEMENT

In addition to the rehabilitation of school buildings, the city has developed a far-reaching plan to redesign its housing stock. New Haven’s local government has led this effort, but it has encouraged partnerships to enable capital improvements, and it seeks to create cohesion among people who will use the housing.

Elm City Communities/The Housing Authority of New Haven (ECC/HANH), the city’s public housing authority, is attempting to re-imagine the uses and functions of buildings in the communities it oversees. In each public housing development, the tenants elect a resident’s council. These councils hold monthly meetings, have a budget, plan activities, and work toward initiatives that are specific to their homes.

According to respondents, this provides ECC/HANH with a way to check in on its developments at regular intervals and address building maintenance issues that might cause long-term health problems for the people who live there, like water damage or mold. It also allows the agency to float its own initiatives and encourage buy-in. For example, when New Haven became a tobacco-free city, housing authority employees worked with these councils to create a rollout plan. They hired college students to go door to door and ask residents about their tobacco use. Keeping the resulting data in mind, Elm City Community has worked with Yale and the FQHCs—one of which is in the early stages of placing a clinic in one of the public housing buildings—to provide smoking-cessation services and asthma treatment.

ECC/HANH is responsible for maintaining 2,800 public housing units and 4,400 units subject to Housing Choice Vouchers. New Haven’s public housing high rises were in advanced disrepair by the end of the 1980s, and in 1991, the city began demolishing the worst of these buildings. Since then, the public housing authority has been renovating and rebuilding from the ground up, with a focus on single-family units, according to one respondent from the housing sector. Another respondent emphasized that livability has been a focus in the planning...
Process. For instance, newer housing developments are now built with pathways for walking and biking. People who do not live in the so-called “projects” go through them, often without noticing they are traveling through subsidized housing. This helps lessen the stigma associated with living in lower-income areas. “People don’t talk about that community as the projects anymore,” said one respondent who works in the public housing sector. “They are showing a pride in ownership. The fact that the housing doesn’t stick out like a sore thumb and is now mistaken for condos has helped rebuild the esteem of the community.”

Summary of New Haven’s Efforts to Build a Culture of Health

Based on the Culture of Health Framework used to guide Sentinel community data collection and monitoring in New Haven, evidence shows a strong consensus toward addressing health and social disparities as an essential prerequisite to greater health and well-being for the entire community. A variety of initiatives are underway and at various stages of maturity to Creating Healthier, More Equitable Communities through efforts to coordinate health care services, enhance student performance and well-being, and rehabilitate the city’s public housing stock. New Haven’s city transformation plan has provided a blueprint for new partnerships that involve many community stakeholders, establishing a shared vision of the city’s future economic vitality, safety, and well-being of its residents—including children and individuals recently released from jail. Efforts by Yale’s health system, the FQHC network, and other health providers to examine health outcomes and connect services to residents in need provide evidence of New Haven’s work toward Strengthening Integration of Health Services and Systems. Efforts to create shared-use community resources in schools and the City Transformation Plan help in Making Health a Shared Value.

Despite these signs of progress, New Haven’s poorest communities continue to struggle with violent crime and poor health outcomes. Committing the funding and human resources to adequately address these fundamental issues will remain a challenge, but innovative thinking and a commitment to action have shown that progress in addressing seemingly intractable problems is possible.

New Haven’s efforts to promote health and well-being are supported by a rich collection of resources and health infrastructure, most of which can be traced to Yale University, its School of Public Health, and its hospital system. Key programs, such as CARE, have made community engagement central to their operating models.

CARE places a high value on research that comes from the ground up and depends on community members to identify pressing needs. Concurrently, New Haven’s city leadership has been willing to aim high with ambitious building projects and the adoption of equity and universal health access as long-term goals. The wide network of community-based organizations and nonprofits in the city have shown a willingness to connect with both Yale and city government and to

Fragmentation among stakeholders. Particularly notable among nonprofits and foundations, fragmentation is still more typical than collaboration in New Haven. Multiple interview respondents expressed concern that the number of nonprofits and foundations, while impressive at face value, might actually be too high. This may lead to negative results, including: turf battles that lead them to work independently on their causes instead of in partnership with others; initiatives that peter out for lack of funding or personnel, causing burnout or cynicism among the residents they are trying to help; collaborations based on convenience, rather than shared values; and overlapping and uncoordinated approaches to important issues, such as access to primary care and food. Although there have been efforts to improve conditions for marginalized populations, there is little evidence that they are included in decision-making processes of the government, foundations or community-based organizations.

Lingering history of “town-and-gown” divide. Yale’s resources are critical to the promotion of health in New Haven, but the relationship between the university and the city is still evolving. Tensions caused by the university’s wealth (and exemption from taxation of its endowment and academic buildings) have generated mistrust on both sides of the divide.

Dependence on federal funding and support. With a high uninsured rate (12%) and an ongoing need for Medicaid funding, the commitment by New Haven’s health providers to serve low-income residents and immigrants could be jeopardized by political changes at the federal level (e.g., possible funding cuts for sanctuary cities and the uncertain future of the ACA).38
affirm the importance of working on both sides of the “town-and-gown” divide. Recent efforts to bring the city, community, and university together through goals outlined in the City Transformation Plan could be vehicles for further collaboration and coordination.

However, a common vision for New Haven is far from being realized, and evidence of growing pains can be found across all sectors. Respondents from many sectors acknowledged that a lack of coordination, particularly among nonprofit service providers and community-based organizations, continues to hamper some efforts. These include attempts to overcome New Haven’s legacy problems of unequal health outcomes, violent neighborhoods, and insufficient economic opportunities. The impulse to protect “turf” and to compete for funding (from local, state, and federal sources) is ingrained in many organizations. Even while Yale strives to be a committed partner in New Haven’s poorest neighborhoods, legislative fights over its tax-exemption status and other disputes indicate its relationship with the city remains complicated and at times adversarial.

New Haven in some ways is a community of extremes: Its poor neighborhoods and health inequities present formidable challenges to a leadership that is making health and well-being for all residents a central goal. However, it also benefits from political cohesion, which makes ambitious plans possible, and possesses the resources of a world-class university that is motivated to be an engaged community partner. Issues that merit continued observation include the ongoing efforts of the city and the university to work together on issues that both deem important. Yale’s efforts to work with other sectors and empower local residents through CARE and New Haven Promise scholarships, for example, are still evolving, and the university’s position as a community member will continue to be of interest.

As violence continues to present a serious barrier to residents’ safety and well-being, additional monitoring is needed to examine efforts that seek to help New Haven curb violence and address its residual effects. This issue may require more input from the ground up, which might include feedback from community organizations, faith leadership, and advocates for the growing Hispanic and black communities.

While the city’s transformation plan represents an important step toward collaboration and shared values, it will require several years to determine whether it will become a rallying point for different community actors. With a wide scope at present, it is uncertain which issues will receive the most attention and resources. New Haven’s ambitious and health-equity-focused political leadership also needs more time to develop clear strategies for delivering on its goal to provide affordable health care for all, especially if cuts to Medicaid funding under the ACA are realized.
References


