Assessing the Need for a Community Health Center in West Side Park

_Prepared for:_

Corinthian Housing Development Corporation  
and  
Tri-City Peoples Corporation

_Prepared by:_

Kathe Newman  
Phil Ashton

_Rutgers Community Outreach Partnership Center_  
_Center for Urban Policy Research_  
_Rutgers University_  
_New Brunswick, NJ 08901_

January 2001
## INTRODUCTION

Tri-City Peoples Corporation’s Health Center

## DEMAND IN WEST SIDE PARK FOR INCREASED HEALTH SERVICES

Community Resident Interest

Neighboring Communities

Irvington

## COMMUNITY HEALTH PROFILE

Health Issues

Asthma

Cancer Screening and Management

Diabetes

HIV/AIDS

Immunization

Infant Mortality

Low Birth Weight

Prenatal Care

Sudden Infant Death Syndrome (SIDS)

Sexually Transmitted Diseases (STDs)

Lead Poisoning

Cardiovascular Disease

Nutrition

Dental Care

Environmental Hazards

## HEALTH SERVICES AVAILABLE IN OR NEAR WEST SIDE PARK NEIGHBORHOOD

Hospitals and University Medical Centers

Private Doctor’s Offices

Clinics and Non Profit Health Providers

## RACIAL, ETHNIC, AND CLASS BARRIERS TO ACCESSING HEALTH CARE AND THE BENEFITS OF COMMUNITY HEALTH CENTERS
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Care</td>
<td>34</td>
</tr>
<tr>
<td>Health Advocacy</td>
<td>34</td>
</tr>
<tr>
<td>Health Education</td>
<td>35</td>
</tr>
<tr>
<td>Hours</td>
<td>37</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>37</td>
</tr>
<tr>
<td>Regular Doctor</td>
<td>39</td>
</tr>
<tr>
<td>Respectful Service</td>
<td>39</td>
</tr>
<tr>
<td>Transportation</td>
<td>40</td>
</tr>
<tr>
<td>Community Development Benefits</td>
<td>40</td>
</tr>
<tr>
<td>Joint CDC Project to serve to Urban Coordinating Council Areas (UCCs)</td>
<td>40</td>
</tr>
<tr>
<td>Revitalization of 16th Avenue</td>
<td>40</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>41</td>
</tr>
<tr>
<td>Financial Services Institution</td>
<td>41</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>43</td>
</tr>
<tr>
<td>APPENDIX A. RESEARCH METHODS</td>
<td>44</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>46</td>
</tr>
</tbody>
</table>
INTRODUCTION

Corinthian Housing Development Corporation and Tri-City Peoples Corporation propose to redevelop the site on 16th Avenue and 19th Street (570-576 South 19th Street and 308-310 16th Avenue) as a community health center. These lots are currently owned by the New Jersey Home Mortgage Finance Agency (HMFA). The two community development corporations (CDCs) propose to build an approximately 5000 square foot, two or three story structure that will include a community health center, office and retail space, and secure parking.

Corinthian and Tri-City have agreed work jointly on this project. Tri-City currently operates a small community health care center on 19th Street near 16th Avenue; it would like to expand the services that it currently provides. Corinthian received a grant of $250,000 in 1998 to build a community health center but it has been unable to find a suitable location. Tri-City’s current health center is located adjacent to the HMFA lots.
The Rutgers Community Outreach Partnership Center (RCOPC) at the Center for Urban Policy Research (CUPR) is conducting this study on behalf of Tri-City and Corinthian Housing Development Corporation. CUPR has been working with community organizations in the West Side Park neighborhood for more than five years. Through its COPC, Rutgers works closely with community actors to identify community research priorities. For the past two and a half years, RCOPC has worked with the West Side Park Neighborhood Empowerment Council (NEC) of the Urban Coordinating Council (UCC) to identify community projects that could benefit from university provided technical assistance. The NEC identified the need for a neighborhood health care center as a priority and requested Rutgers’ assistance in its development.

**Tri-City Peoples Corporation’s Health Center**

Tri-City currently provides limited health services in a small 900 square foot facility. Basic health care, prenatal counseling, screening, STD treatment, and nutrition counseling are provided for women and children--men are not currently served. A WIC representative from UMDNJ is located at the center twice a month. Limited services are provided for seniors including mammogram screening.

**Table 1. Tri-City Peoples Corporation Health Center Staff and Services**

<table>
<thead>
<tr>
<th>STAFF</th>
<th>FREQUENCY</th>
<th>HOURS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioner</td>
<td>NA</td>
<td>3-5pm</td>
<td>STD screening and pap tests</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Phlebotomist</td>
<td>Once a week</td>
<td>3-5pm</td>
<td>Screenings: sickle cell, pap smears, Hemoglobin, STDs. Vaccinations:</td>
</tr>
<tr>
<td>WIC Nutritionist member from UMDNJ</td>
<td>Twice a month</td>
<td>10-2pm</td>
<td>WIC, Nutrition Counseling</td>
</tr>
</tbody>
</table>

Source: Tri-City Peoples Corporation 2000
Tri-City’s health center serves residents of the West Side Park neighborhood and residents from nearby neighborhoods. Even though West Side Park is predominantly African American, Tri-City’s health center has a large Latina client base. About 125 of the female clients in FY 2000 were African American and about 35 were Latinas. The pediatrician at Tri-City is bilingual and a number of Tri-City’s staff are bilingual.

Clients are referred by school nurses, Tri-City, other community based organizations (CBOs), and community development corporations (CDCs), religious institutions, and by word of mouth. Newark city-wide organizations including the Newark Preschool Council, home health centers, and the Newark Board of Education refer people for physicals and other services.

### Table 2. Clients Served and Services Provided by Tri-City Peoples Corporation’s in 1999, and Services Tri-City would like to Provide.

<table>
<thead>
<tr>
<th>Clients</th>
<th>Number of Clients</th>
<th>Services Provided</th>
<th>Services Tri-City Would like to Provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>200</td>
<td>Referral, yearly physicals, prenatal counseling, nutrition counseling, STD screening, pap smear tests</td>
<td>Prenatal care</td>
</tr>
<tr>
<td></td>
<td>(165 African American, 35 Latino)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>0</td>
<td>Collaborate with UMDNJ to offer prostate screening</td>
<td>Physicals, blood pressure screenings, diabetes screenings</td>
</tr>
<tr>
<td>Children</td>
<td>200</td>
<td>Referral, nutrition counseling, vaccinations, lead screening, physicals</td>
<td>NA</td>
</tr>
<tr>
<td>Seniors</td>
<td>NA</td>
<td>Referral, mammogram clinic every three to four months</td>
<td>Diabetes screening, eye screenings, home health care</td>
</tr>
</tbody>
</table>

Source: Tri-City Peoples Corporation 2000
Tri-City would like to expand its range of services, hours, and client base. They would like to serve men and expand their services to include a full range of screenings, primary care, minor surgery, and prenatal care. Tri-City can also provide periodic access to specialists by partnering with nearby medical centers. Increasing the number of days the clinic is open and expanding hours to include evenings and weekends, Tri-City’s staff believes is critical to making the center more accessible to neighborhood residents.
DEMAND IN WEST SIDE PARK FOR INCREASED HEALTH SERVICES

Community Resident Interest
Community residents have indicated that they would like to see an expanded health center located in the West Side Park neighborhood. The New Jersey State Housing Mortgage Finance Agency (HMFA) held one community meeting in the West Side Park neighborhood in the Fall 2000 to ask community residents what type of development they would like to see on the HMFA-owned lots. About 30 residents and business owners attended the meeting and suggested nine different uses for the lots. A community health center that provides services to men, women, and children, including eye and dental care and mammograms and other x-rays, was the first item raised. Community residents suggested that the center should include a pharmacy and that doctors and pharmacies in the neighborhood should be affiliated with it. The center should be open weekdays and evenings as well as on weekends, and, should provide parking. Participants also suggested a financial services institution, food market, and a dry cleaner as other uses for the lots (Notes on HMFA meeting were provided by Dana Irlbacher, NJHMFA, 637 South Clinton Avenue, P.O. Box 18550, Trenton 08650  609-278-7400).

RCOPC held a focus group with West Side Park neighborhood residents in December, 2000 who indicated their strong preference for community based health care. Residents argued that community based health care is more accessible and is more responsive to the neighborhood. By working closely with neighborhood organizations and religious institutions, a community health center can provide outreach and education that are critical to bringing more residents into the healthcare system.

Neighboring Communities

Irvington
Irvington borders the West Side Park neighborhood on its western edge and is only a short drive or walk from the site of the proposed community health center. It is expected that Irvington residents will use the health center since many Irvington residents drive
through West Side Park on their way to downtown Newark. Irvington residents use 16th Avenue as an alternative to Springfield Avenue to access downtown Newark.
COMMUNITY HEALTH PROFILE

Racial and ethnic health disparities are significant despite a general improvement in health status across the country. People of color have higher incidences of infant mortality, diabetes, cardiovascular disease, cancer screening and management, HIV/AIDS, childhood asthma, and lead poisoning, and childhood and adult immunization (HHS 2000).

Poverty significantly affects health status. People who are poor often lack adequate nutrition, are affected by poor environmental conditions and substandard housing and are at increased risk for mental illness, substance abuse, domestic violence, pre-term deliveries, and low-weight births (Meyer and Silow-Carroll 2000). Compounding these health issues, people of color and people who are poor often lack access to health insurance, and to primary care, dental care, and eye care providers.

Specific efforts are necessary to reduce racial and ethnic disparities in health status. Vulnerable populations, which include the poor, people over the age of the 25 without a high school diploma, people with substance abuse issues, and people of color require greater outreach and sensitivity on the part of health care providers to overcome these disparities.

Source: US Census Bureau
The residents of the West Side Park neighborhood fit the description of “at risk” or “vulnerable” health populations. West Side Park’s population in 1990 was 98% Black. The 1990 female poverty rate in West Side Park was nearly 40 percent, compared with less than 10 percent for the state. The 1990 child poverty rate exceeded 50 percent compared with slightly more than 10 percent for the state.

![Figure 3. Racial Composition, 1990](source: US Census Bureau)

In 1990, 11 percent of West Side Park’s residents were unemployed compared with 3.8 percent for the state, and 47 percent were not in the labor force, compared with 33 percent in the state.

![Figure 4. Labor Market Characteristics, 1989](source: US Census Bureau)
Nearly half of West Side Park neighborhood residents older than 25 in 1990 did not attend high school and slightly more than 30% have only a high school diploma (U.S. Bureau of the Census).

Because of the high levels of adult and child poverty, unemployment, racial characteristics, and the proportion of residents over the age of 25 without high school diplomas, it is evident that West Side Park’s residents are a vulnerable population and require specific outreach strategies to provide health services.
Health Issues
The following section covers health issues faced by people of color and people who are poor. Each section identifies how a community health provider can reduce racial and ethnic health disparities in health status.

Asthma
Asthma is the top serious chronic childhood illness (Gibson 1996, 5). African American children are more likely to be hospitalized for asthma than whites and African American and Latino children are less likely to receive medication to prevent future hospitalizations (Addressing Racial and Ethnic… 2000).

Asthma is a significant problem in the West Side Park neighborhood. According to Tri-City’s health center staff, public school nurses see unusually high rates of childhood asthma. City and county level data support the nurses’ observations. Essex County accounted for nearly a quarter of the total number of children statewide, ages 0 to 19, who were hospitalized for asthma. More than half (57%) of those children were under the age of five. Newark’s asthma rate increased 27.6 percent from 1998 to 1999 making the city a “critical area of need” (Gateway 2000).

Environmental conditions such as pollution and indoor air irritants are thought to be causal factors for asthma. West Side Park is near a number of major highways which increases neighborhood pollution, housing is old, and there is considerable debris from renovations and buildings that are torn down as a result of redevelopment efforts.

Community Based Health Provider

- **Health Education.** A community based health provider could provide asthma education and outreach and explain treatment options.
- **Advocacy.** A community health provider could work closely with other neighborhood organizations and institutions to reduce the interior irritants and external pollutants that contribute to the prevalence of asthma.
Community Health Center Feasibility Study

Cancer Screening and Management

The national cancer death rate for African Americans is 35 percent higher than for whites. Death rates for specific types of cancer such as lung cancer and prostate cancer are 27 percent and 50 percent higher, respectively, for African Americans than for whites (HHS 2000).

Researchers believe that the disparity in cancer death rates is attributed to African Americans not receiving care early enough to diagnose cancer and treat it. For example, “The length of time between an abnormal screening mammogram and the followup diagnostic test to determine whether a woman has breast cancer is more than twice as long in Asian American, black and Hispanic women as in white women” (Racial and Ethnic… 2000, 2).

Community Based Health Provider

- **Public Health Education.** Education about diet, exercise, and screenings is important to reduce cancer death rates. In a focus group, community residents pointed out that some residents are illiterate and cannot read public health literature. Community organizations can work closely with these residents to provide accessible health information.

- **Outreach.** Encouraging people to be screened for cancer is an important first step. In a focus group, community residents explained that some residents fear screening because they think it would hurt. Other residents choose not to be screened or to receive treatment. A community health provider can reach out to these populations to explain the screening process.

- **Develop Partnerships.** Community health providers can work closely with major medical institutions to offer screenings and to ensure that residents receive follow-up treatment within a reasonable amount of time.

Diabetes

Diabetes is a significant disease in poor communities of color. The incidence of diabetes in African Americans is 70 percent higher than in whites; for Latinos, it is almost twice
that of whites (HHS 2000). And death rates attributed to diabetes are three times higher for African Americans than for whites (Brown et al 2000).

The incidence of diabetes as the cause of death in Newark in 1997 was nearly double that of the state (5 percent compared with 3 percent for the state of New Jersey) (NJDHHS 1997). Tri-City’s health center staff identified diabetes as one of the most significant issues they face in treating seniors (Interview with Fran Gray and Pam Moore 2000).

Without adequate access to health care, people with diabetes have higher risks of complications including kidney disease, amputations, and visual impairment. With adequate treatment and lifestyle changes, the risk of these complications is reduced.

Community Based Health Provider

- **Public Health Education.** A community based health provider can provide education to community residents about diabetes. For those who have been diagnosed with diabetes, learning how to live with the disease through diet and exercise is important to reducing complications. Community organizations can work closely with individuals to discuss life style changes and to ensure that those diagnosed with diabetes are regularly checked for complications.

- **Outreach.** Community organizations can work with grassroots institutions and organizations such as churches to conduct outreach. The American Diabetes Association’s African American program works with churches to run Diabetes Sundays. The goals of the program are “To create awareness that diabetes is a serious disease. To inform the congregation that African Americans are at high risk for developing diabetes…and…To inform the congregation that early diagnosis and treatment can make a difference and related complications my be prevented or delayed” (American Diabetes Association, no date).

- **Treatment.** Providing primary care for people at the community level with diabetes increases the chances that people will return for follow-up visits, thereby allowing physicians to monitor the disease and its complications.
HIV/AIDS

HIV/AIDS is a significant health issue in communities of color. In 1997, Blacks and Latinos made up 65 percent of reported AIDS cases. AIDS is the leading cause of death for African American men between the ages of 25 and 44 and the second leading killer of African American women in that age group (Brooks 1999). And twenty percent of new AIDS cases through June 1998 are attributed to Latinos who make up 11 percent of the population (Rivera-Larroy 2000).

There is a close relationship between substance abuse and HIV/AIDS. “According to the Centers for Disease Control and Prevention (CDC), injection drug use accounted for 36 percent of all AIDS cases among both African American and Hispanic adults and adolescents in 1998, compared with 22 percent of all cases among white adults and adolescents” (“HIV/AIDS and Drug Use… 2000, 2).

There are racial disparities in HIV/AIDS treatment. Whites are more likely than African Americans to receive treatment (Hewlett 1999). Half of all people who are HIV positive are not receiving care in the United States. The federal government is addressing HIV/AIDS in minority communities by funding community organizations. Community outreach is critical to educate residents about how to prevent the spread of HIV/AIDS. The federal government is also supporting increased education and treatment of substance abuse and mental health (HHS 1990). The director of the Office of HIV/AIDS policy in the federal Health and Human Service Office stated that “Our goal is to identify high-risk populations; target them for testing; and move those that are positive, once tested, into a continuum of care and services” (Brooks 1999). As of June 2000, 8,537 people in Essex County were living with HIV/AIDS; 4,993 are men and 3,544 are women (Gateway 2000). Ten percent of deaths in Newark are attributed to HIV infection, compared with 1 percent for the entire state (NJDHSS 1997).
Community Based Health Provider

- **Public Health Education and Outreach.** Community organizations can reach community residents and work closely with neighborhood organizations and institutions to provide public education to slow the spread of HIV/AIDS, and to encourage people to receive treatment.

- **Provide HIV/AIDS screening.** Community organizations can encourage community residents to be tested for HIV/AIDS. This is particularly important for pregnant women since research has shown that by treating pregnant women with medication and treating their infants immediately after birth, it is possible to reduce an infant’s chance of contracting HIV (Hewlett 1999).

- **Ensure Continuing Care.** Community based organizations can work closely with people who have HIV/AIDS to ensure that they receive medications and attend their medical appointments. They can also work closely with other
community organizations to ensure that people with HIV/AIDS receive social and economic support which has been shown to be a factor in people’s continuing follow-up treatment which is important to slowing the spread of HIV/AIDS (Hewlett 1999).

- **Ensuring Access to Medication.** Treatment for HIV/AIDS is costly but public health programs cover much of it. Increasing enrollment in these programs can facilitate access to medication. For those who do not qualify for public health programs, community based organizations can facilitate access to medication by linking people to pharmaceutical company compassionate use programs (Hewlett 1999).

- **Comprehensive Care.** The spread of HIV/AIDS is closely related to substance abuse. Community organizations can work closely with local agencies and medical centers to develop collaborative strategies to address “interrelated health and behavior problems” (Quander 2000).

**Immunization**

Adult immunization is important to reducing complications from the flu and pneumonia. Childhood immunization is important for preventing and reducing vaccine preventable diseases. The U.S. Centers for Disease Control recommends that children receive adequate doses of the recommended 4:3:1 immunization series--4 doses of tetanus, diphtheria, and pertussis vaccine, 3 doses of poliovirus vaccine, and 1 dose of the measles-mumps-rubella vaccine (www.cdc.gov). It is most beneficial for children to receive 80 percent of these vaccines before age two (Gateway 2000).

There are immunization racial and ethnic disparities. By 24 months, 79 percent of white children receive the series compared with 74 percent of African Americans and 71 percent of Latinos (HHS 2000). Newark’s immunization rate is far lower than the U.S. and New Jersey averages. In Newark, only 66 percent of children ages 19-35 months received the 4:3:1 series in 1998 compared with 81 percent in the U.S. and 85 percent in New Jersey (ACNJ 2000).
Table 3. Percentage of Children Aged 19-35 Months who Received the 4:3:1 Vaccination Series 1995-1998

<table>
<thead>
<tr>
<th>Year</th>
<th>United States</th>
<th>New Jersey</th>
<th>Newark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>81%</td>
<td>85%</td>
<td>66%</td>
</tr>
<tr>
<td>1997</td>
<td>78%</td>
<td>78%</td>
<td>70%</td>
</tr>
<tr>
<td>1996</td>
<td>78%</td>
<td>78%</td>
<td>63%</td>
</tr>
<tr>
<td>1995</td>
<td>75%</td>
<td>76%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Source: ACNJ 2000

Community Based Health Provider

- **Public Education.** Public education is necessary to inform community residents about the importance of vaccinating children with adequate doses, preferably before the age of 24 months. Seniors need to be educated about the importance of receiving vaccines.

- **Vaccinations.** Community based health providers can provide vaccinations and work closely with parents to ensure that children receive all of the appropriate vaccinations and adequate doses at the appropriate ages. They can work closely with seniors to provide flu vaccines, teach them about the need for the vaccines, and improve accessibility by working with other CBOs and CDCs to provide transportation for them.

Infant Mortality

The rate of infant mortality is used throughout the world to measure community health. In the U.S., there are distinct racial disparities in infant mortality rates. The African American infant mortality rate is more than twice that of whites and Hispanics (HHS 2000). Infant mortality rates in Irvington and Newark are 13 percent compared with less than 5 percent for whites in New Jersey (Gateway 2000). Infant mortality is related to a
number of factors including birth weight, maternal age under 17 or over 34, prenatal care, genetics, poverty, nutrition, and substance abuse (ORMH 1999; Gateway 2000).

**Low Birth Weight**
Eighteen percent of babies born to mothers in West Side Park in 1997 had low birth weights compared with 8 percent statewide. Almost four percent had very low birth weights compared with less than 2 percent for the state (Gateway 2000, NJDHHS 1997).

![Figure 9: Incidence of Low-Birth Weight Babies, 1998](image)

**Prenatal Care**
More than 45 percent of mothers in Irvington and Newark did not receive adequate prenatal care in 1998. In the West Side Park neighborhood, only 39 percent of pregnant women received prenatal care during their first trimester in 1997 compared with 81 percent in New Jersey. Fourteen percent of West Side Park mothers received no prenatal care during the duration of their pregnancies compared with 1 percent in the state (Gateway 2000, NJDHHS 2000).

* West Side Park data are from 1997

Source: NJ DHHS; Gateway 2000
Sudden Infant Death Syndrome (SIDS)
Black children die from SIDS at rates that are two to three times higher than whites. Children aged infant to one year are classified as dying from SIDS if no other explanation can be found for their death. No one is certain what causes SIDS. Possible risk factors include: “inadequate prenatal care; poor maternal nutrition; use of tobacco, drugs and alcohol during pregnancy; maternal age less than 20; exposure of infants to passive smoke; infants born prematurely or at low birth weight, and infants who are not breastfed” (Gateway 2000, 52).
Community Based Health Provider

- **Public Education and Outreach.** Community organizations can work closely with schools, religious institutions, CDCs, CBOs, churches, and other local organizations and institutions to teach women about the importance of accessing prenatal care early in their pregnancies.

- **Parenting.** Community organizations can work closely with parents to develop parenting skills centered on nutrition, the importance of placing infants on their back to sleep, and the benefits of breast-feeding.

- **Prenatal Care.** Providing targeted services to vulnerable populations is important to assuring that pregnant women receive adequate prenatal care. These services should include teaching women about nutrition and healthcare during pregnancy and about the risks of substance use and abuse. Checking the infant’s heart and height as well as the mother’s blood pressure, weight
gain, and conducting screenings are important to identifying potential problems (Page 1999).
Sexually Transmitted Diseases (STDs)
STDs pose a number of health risks which include “some cancers; infertility; pelvic inflammatory disease; ectopic pregnancies; spontaneous abortions; pre-term labor; and rupture to membranes. In addition, there are serious risks to newborns delivered to mothers with untreated STDs” (Gateway 2000, 34).

In 1998, there were 2,978 cases of Chlamydia, 2,779 cases of Gonorrhea, and 294 cases of Syphilis in Essex County. Essex County accounted for almost 30 percent of the state’s cases of adolescent STDs in 1998. Almost half of Essex County’s cases of Chlamydia (46%), 30 percent of the cases of Gonorrhea and 24 percent of the cases of Syphilis were in youth aged 0-19 (Gateway 2000).

Community Based Health Provider

- Public Health Education and Treatment. Health education and treatment for both partners could be provided at a community health center. Accessing health care for youth is often an issue and a community level health institution provides ease of access; nurses from local schools can refer students.

Lead Poisoning
Lead poisoning is a significant issue for children under 6 years of age because it can affect their development. It is also an issue for women who are or who may become pregnant because lead can affect the fetus (http://www.aeclp.org/2/index.html). Children in poor communities of color are at an increased risk of lead poisoning. According to the Alliance to End Childhood Lead Poisoning, “In the U.S., children from poor families are eight times more likely to be poisoned than those from higher income families. African American children are five times more likely to be poisoned than white children” (http://www.aeclp.org/2/index.html).
Factors that increase the chance of having a high exposure to lead include housing age, the percentage of children under the age of six living in poverty, and the number of housing units with low-income residents. People living in housing built before 1950 are at increased risk because there were no restrictions on the amount of lead in paint until 1950. Paint manufactures reduced the amount of lead in 1950; the federal government eliminated its use in paint in 1978. Children can ingest paint chips. They can also ingest dust from their clothes, shoes, toys, and the general environment (Source: http://www.scorecard.org/envreleasases/def/lead_hazard_measures.html).

Children in West Side Park are at an increased chance for lead poisoning. More than 50 percent of the housing was built before 1950. More than 35 percent of the households are low income and nearly 60 percent of the children under six were living in poverty in 1989 (U.S. Bureau of the Census 1990).

Lead pipes are another source of lead poisoning. The lead levels in Newark’s drinking water were recorded at above acceptable limits in 1992, declined below the limits in November of 1997, and in March-April 1998, inched back towards the acceptable limit (0.0126 mg of Lead per 1 L.
Pollution from cars and airplanes is another source of lead in the environment. The West Side Park neighborhood is located near a number of busy highways including the Garden State Parkway, Springfield Avenue, I-78, the New Jersey Turnpike, and Routes 1, 9, and 22. It is also near Newark International Airport (Gateway 2000).

Twenty-eight percent of the children who test positive for lead in the state live in Newark (ACNJ 2000). In Newark, 622 children tested positive for lead in 1995, 656 in 1998, and 456 in 1999 (ACNJ 2000). These data are difficult to interpret however, because until recently, no data were kept on the total number of children tested. There is no way to determine whether the proportion of children testing positive is increasing or decreasing.
Community Based Health Provider

- **Public Education.** A community health center could educate community residents about reducing lead poisoning risks and about the importance of screening children.

- **Nutrition Counseling.** A community health center could provide nutrition counseling. Vitamin intake influences how the body absorbs lead. For example, calcium and foods rich in iron reduce lead absorption while high fat foods increase it (Gateway 2000; Alliance to End Childhood Lead Poisoning).

- **Lead Screenings.** Community health centers can provide lead screenings. Many private doctors do not do lead screenings in their offices. Instead they refer people to labs making it that much more difficult for children to be screened.

Cardiovascular Disease

Heart disease is one of the leading causes of death in the U.S. and coronary heart disease mortality was 40 percent higher for African Americans than for whites in 1995 (HHS 2000).

Community Based Health Provider

- **Public Education.** Education about diet and exercise are important to reduce the incidence of cardiovascular disease.

Nutrition

Nutrition including healthy eating and exercise is an important issue for infants, children, youth, pregnant women, and adults. For adults, obesity can contribute to elevated blood pressure, heart disease and kidney disease ([http://www.4women.gov/search/minority.cfm?Start=1&ar=false&S1=nutrition&min=1](http://www.4women.gov/search/minority.cfm?Start=1&ar=false&S1=nutrition&min=1)).

Community Health Provider

- **Public Education.** Community based health providers can work closely with community residents to ensure that infants, children, youth, pregnant women, and adults receive adequate education about nutrition and exercise.
Dental Care

Even though tooth decay is an easily preventable disease, many children have tooth decay resulting in high cost and missed school. Tooth decay can be prevented with “regular dental cleanings and checkups, the use of sealants, and appropriate diet and healthcare” (Kenney, Ko, and Ormond 2000, 1). Low-income children have high rates of tooth decay because they lack adequate access to dental care, lack insurance, have less educated primary care givers, or suffer from poor health. Not all dentists accept Medicaid and not all dentists treat children, which further narrows the pool of providers. In New Jersey in 1997, 27 percent of children two years and older had no dental visits in the previous year and 60 percent had fewer than two visits in the previous year (Kenney, Ko, and Ormond 2000).

Figure 14: Dental Services
Community Health Center Feasibility Study

Community Health Provider

- **Public Education**: A community health center can work closely with community residents, day care centers, schools and other local organizations and institutions to teach parents and children about oral hygiene, nutrition, and the importance of regular dental visits.
- **Dental Care**: A community health center could include a pediatric dentist or could provide access to one on a special basis.

Environmental Hazards

West Side Park neighborhood residents are subject to a number of environmental hazards. The substantial redevelopment in West Side Park Neighborhood includes demolition of houses, apartment buildings, and public housing projects. There doesn’t appear to be much of an effort to contain construction debris that may include asbestos, lead or other toxic particles. Additional environmental concerns include tires that are discarded in the neighborhood. And some community residents burn fires to keep warm. One interviewee observed that “men stand around barrels burning stuff. Who knows what they’re breathing in” (Interview 2000). What is burned may contribute to health issues. Pollution is also a concern for neighborhood residents since the neighborhood is located near a number of major highways and Newark airport.

Community Based Health Provider

- **Advocacy**: Recognizing that there are environmental health issues, community organizations can work together to advocate to reduce environmental hazards.
- **Public Education**: Community organizations can provide public education about the hazards of lead paint, interior allergens, and other environmental hazards.
HEALTH SERVICES AVAILABLE IN OR NEAR WEST SIDE PARK NEIGHBORHOOD

Several hospitals, a university medical center, private doctor’s offices, and non-profit health providers are located near the West Side Park neighborhood. However, most of these institutions lie two to three miles away from the proposed site of the new health care center. While this might be a small distance in a suburban community, it is a significant distance in a poor urban one in which many people rely on public transportation.

Hospitals and University Medical Centers
There are five hospitals and university medical centers within a three-mile radius of the proposed health center. Table 4 lists the total amount of charity care dollars hospitals
receive from the state of New Jersey. A community based health provider can work closely with these hospitals to insure accessibility to adequate health care for neighborhood residents. This can include teaching residents about the programs provided by the hospitals, bringing hospital services to the neighborhood health center, and increasing responsiveness from hospital health providers.

**Table 4. New Jersey State Charity Care to Hospitals 2000**

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Amount of New Jersey State Charity Care Dollars Received in 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irvington General</td>
<td>$2,326,436</td>
</tr>
<tr>
<td>Newark Beth Israel</td>
<td>$18,987,058</td>
</tr>
<tr>
<td>St. Michael’s Medical Center</td>
<td>Not on state list</td>
</tr>
<tr>
<td>Mt. Carmel Guild Hospital</td>
<td>Not on state list</td>
</tr>
<tr>
<td>UMDNJ (all sites)</td>
<td>$51,768,050</td>
</tr>
</tbody>
</table>

Source: NJDHHS, Health Care Systems Analysis, 2000

**Private Doctor’s Offices**

There are three private doctor’s offices in the West Side Park neighborhood. One family practice is located directly across the street from the proposed health center. The other is located on Springfield Avenue. Adjacent to that practice, there is an ob-gyn. Community residents in the Focus Group explained that the doctors in the larger family practice were responsive to the community but that the waiting room and support staff were not respectful of the community and thus discouraged people from using those services. Additionally, cost is an issue. People without healthcare insurance are not likely to access private doctor’s offices.

**Clinics and Non Profit Health Providers**

There are a number of clinics and non-profit health providers in the Newark area but none are located within a mile radius from the proposed health center.
RACIAL, ETHNIC, AND CLASS BARRIERS TO ACCESSING HEALTH CARE AND THE BENEFITS OF COMMUNITY HEALTH CENTERS

For ethnic minorities, any disparities in access to health services will only exacerbate chronic conditions, such as heart disease, diabetes, and cancer, by delaying diagnosis and reducing effective management and treatment. Access barriers typically reduce use of preventive services, such as screenings and health education and counseling, diminishing efforts to prevent disease and death (Brown et al 2000).

Many people of color and poor people lack adequate access to health care due to both insurance and non-insurance barriers. Insurance barriers include working but not qualifying for insurance and not accessing available public health programs (Meyer and Silow-Carroll 2000). Non-insurance barriers include not having access to medical facilities because of language barriers, transportation cost and or distance, racism, cultural differences, inconvenient hours, crowded conditions, illiteracy, lack of respect in treating clients, and not having a regular doctor (Meyer and Silow-Carroll 2000; Focus Group 2000; www.umdnj.edu/planweb/envscan/9909.htm).

Health Benefits

Community based organizations play an important role in health care delivery. As Fran Gray, director of the Tri-City Peoples Corporation’s health care center points out:

Community based organizations are the first line of defense. CBOs bring people out of the community and into the health care system. Our greatest importance is that our ability to identify residents that need help, to deliver
services and follow-up with clients is greater than a hospital facility (Interview November 29, 2000).

The most significant role for community based health providers is reducing the barriers to accessing health care. Community residents argue that providing services within neighborhood is the best way to improve access to health services. Both old and young people have difficulty accessing the medical centers because of a variety of factors including transportation cost and distance, long waiting periods, bills for various services, lack of health insurance, and they are not always treated respectfully (Focus Group 2000).

Comprehensive Care

Meyer and Silow-Carroll note:

Many of the non-insurance barriers to care are addressed through a scattered and often uncoordinated array of categorical programs that fall outside of the traditional health care model. Programs offering food supplements, family planning assistance, substance abuse treatment, transportation, and housing assistance are typically not coordinated with health services (37).

Community based organizations are in a unique position to address these non-insurance barriers. Community organizations may provide many of these services themselves or they may work closely with other neighborhood organizations that offer these services and programs. By linking clients to these resources, they may increase the use of health services and follow-up visits.

Health Advocacy

Community health providers can work with other organizations and health providers to ensure that federal and state policy reflect the needs of poor people and people of color.
For example, CBOs can advocate that the state of New Jersey access its entire federal CHIP (State Children’s Health Insurance Program) allotment. CHIP funds can be used to help enroll children in New Jersey’s public health programs and to provide coverage for uninsured children (Meyer and Silow-Carroll 2000). CBOs can work with other neighborhood organizations and community residents to oppose welfare cutbacks that have reduced the number of people who qualify to receive Medicaid.

A West Side Park community health provider, together with other Newark non-profit health providers, could work closely with Newark hospitals and the university medical center to make their services more accessible to people of color and the poor.

**Health Education**

Public health education is critically needed in the West Side Park neighborhood. A senior in a focus group related that many of the seniors he knows are afraid to receive a flu shot because they think they’ll die from the vaccination--they all seem to know someone who died after receiving a flu shot. This resident added: “So many people need education, especially seniors. They think health care is going to hurt them” (Focus group 2000).

Major medical centers are often not equipped to reach community residents to get the word out about projects and programs—especially vulnerable populations including people who are illiterate. CBOs like Tri-City and Corinthian maintain relationships with other community organizations and institutions including schools and religious institutions as part of their daily activities. These contacts provide an effective way of disseminating information.

It is often through word of mouth that people learn about programs and services. Information about services is often exchanged in community organizations, institutions, and at grocery stores and barbershops. As Tri-City’s staff members explain, “We attend community functions such as meetings and community parties. We do outreach and hand out fliers” (Interview with Tri-City November 29, 2000). They work closely with other
Tri-City staff to get the word out through their youth groups, senior meetings, housing, childcare, and other programs.

Since community based health organizations are among the closest organizations to neighborhood residents, they can play an important information and health education role. They can have a community outreach advisory board with representatives from local institutions and organizations that is specifically focused on health education and outreach. They can hold weekend and evening health education workshops on health issues that affect neighborhood residents such as diabetes, nutrition, AIDS/HIV prevention, STD prevention, and the importance of screenings for diseases like breast cancer and prostate cancer. For example, a health organization in Baltimore holds monthly sessions on topics like blood pressure screening and it holds special meetings with seniors to teach them about dealing with health issues specific to them (Meyer and Silow-Carroll 2000). Through close community networks with schools, CBOs, and religious institutions, community based health providers are in a unique position to draw vulnerable populations into dialogues about health issues.

In a neighborhood in which it is sometimes difficult to get people to turn out for meetings, churches are important access points. Some of West Side Park’s churches draw large crowds for services and religious meetings like bible study. In a focus group, one pastor explained that he had to leave early to attend a bible study group with more than 75 participants. This group often invites speakers to address topics such as affordable housing. A community based health provider could work through religious institutions to bring public health information directly to residents.

Community based health providers can work closely with hospitals and the university medical center to develop specific outreach strategies to reach vulnerable populations in the West Side Park neighborhood. These hospitals and university medical centers provide many services but people may not be aware that services exist. Community organizations provide the necessary link with neighborhood residents both to draw them
into the health care system and to help the university and medical centers reach these populations.

**Hours**
Since many people work, it is necessary to provide services in the evenings and on weekends. Residents complain that they have difficulty accessing the major medical centers. In order to use the free clinics, they must take time off work that can range from hours to an entire day depending on when they’re seen and how crowded it is. One resident explained:

> To use charity care at the hospital, you have to take a day off from work. They give everyone the same appointment time of 9:00 a.m. The doctor gets there at 11:00 a.m. I’m thinking I could have been working and there are lots of people in front of me. Then the doctor might decide to not see anyone else. They see up to number 36 and you’re number 37 (Focus Group I 2000).

A community run health center can provide more accessible hours and more flexible scheduling to reduce inconvenience and lost work time.

**Health Insurance**
Having insurance clearly increases health care access (Brown et al 2000). In 1998, 44.3 million Americans did not have health insurance. There are racial and ethnic disparities in who is insured. More than a third of Latinos and almost a quarter of African Americans are not insured. Of people who are working, people of color are less likely to have employee-based healthcare than whites (Brown et al 2000).

The vast majority of the uninsured (80%) were full-time workers or their dependents. Poor families are disproportionately affected since workers making lower wages were most likely to not have employer provided health insurance: “48 percent of full-time workers with incomes below the poverty line are without coverage” (Meyer and Silow-
Carroll 2000, 6). Meyer and Silow-Carroll attribute this to either employers not providing coverage or employees who can not afford health care premiums (Meyer and Silow-Carroll 2000, 6).

Some of the insured may be covered by public insurance. People may be either unaware of its availability, don’t like the idea of receiving welfare, or are undocumented and fear immigration issues. More than 40 percent of children who qualify for Medicaid were not enrolled in 1997 (Meyer and Silow-Carroll 2000). Medicaid is extremely important for African American children. Nineteen percent of African Americans use Medicaid compared with 6 percent of whites. The percentage of African Americans who use Medicaid declined between 1994 and 1997. During the same time period, the percentage of uninsured African Americans increased. Brown et al explain this as an increase in jobs which may disqualify people for Medicaid but may not provide health insurance, and welfare reform efforts which are designed to reduce the total number of people who receive welfare (Brown et al 2000).

Community residents explain that lacking insurance is a particular problem for young adults who may no longer be covered under their parents’ insurance and they may work part time only and not receive benefits or work full time but not receive health care. One young resident explained that this is a particular issue for young women who are pregnant because they do not receive Medicaid until after the child is born. They lack health insurance during the crucial prenatal period (Focus Group 2000).

Lacking insurance is a barrier to using the major medical centers—even the free services offered by those centers. According to staff members at Tri-City’s health center, some residents are reluctant to use free services provided by UMDNJ because they might be referred to another part of the hospital or have a test done which is not part of the free service. Residents find that they often wind up with bills from different labs or parts of the hospital (Interview November 29, 2000).
Community health providers can work with their clients and with community organizations and institutions to provide information to residents about the availability of public health insurance such as New Jersey Family Care and Medicaid. CBOs can work to enroll those who qualify.

**Regular Doctor**

Not having a regular doctor is a barrier to accessing health care. “Dr. Colin Sox, et al, from the Harvard School of Public Health, in a 1998 study published in the American Journal of Public Health (AJPH), concluded that a relationship with a regular physician is as strong or a stronger predictor of access to care than insurance status” ([www.umdnj.edu/planweb/envscan/9909.htm](http://www.umdnj.edu/planweb/envscan/9909.htm)). Lacking insurance contributes to not having a regular health provider (Brown et al 2000). Providing accessible primary care services in the neighborhood can increase opportunities for residents to develop relationships with doctors thereby increasing their access to health services.

**Respectful Service**

Focus group participants emphasized that community residents are reluctant to use some of the existing health providers because they are not treated with respect. Waiting rooms are shabby, bathrooms are inadequate, requiring people to carry their specimens through filled waiting rooms, and office staff is less than welcoming. As one resident said:

> You have to make it conducive to make people want to come. You have to make people feel that they are welcome here--that they’ll be treated with respect. If you don’t make me feel like I’m welcome, I won’t come (Focus Group 2000).

Community residents, pastors, and organizational leaders argue that they can work with a community run health center to ensure that it is responsive to and respectful of the community (Focus Group I, 2000). Community run health centers are familiar with neighborhood residents and can be more responsive to and respectful of their needs.
Transportation
Many West Side Park residents rely on public transportation. This can be a barrier to accessing the major medical institutions. It takes time to get to the centers and it costs money. The directors of Tri-City’s current health facility explained that people would rather wait a few weeks to be seen at the community center instead of going to a medical center. By virtue of being located in the neighborhood, a community health provider is physically more accessible for neighborhood residents.

Community Development Benefits
Joint CDC Project to serve to Urban Coordinating Council Areas (UCCs)
The proposed health center is a joint project between two CDCs. Having CDCs work together in the West Side Park neighborhood is important to building institutional networks within the neighborhood that contribute to the development of social capital. Additionally, the proposed health center will serve residents of two state defined Urban Coordinating Council areas in Irvington and Newark.

Revitalization of 16th Avenue
16th Avenue is a secondary business corridor that runs through the middle of the West Side Park neighborhood. 16th Avenue is adjacent to West Side Park and is perceived by neighborhood residents to have higher crime rates (Henry, McGuire, and Roedig 1997). Tri-City People’s Corporation has identified revitalizing 16th Avenue as an important neighborhood development goal. Working closely with 16th Avenue merchants, Tri-City helped to organize the 16th Avenue Merchants Association.

The proposed multi-use center with a health facility, pharmacy, financial services institution, and additional office space could be an important anchoring institution in the revitalization of 16th Avenue. A pharmacy and doctor’s office are both located across the street from the proposed health center site. If those sites could be included in the health center, the old sites could be redeveloped. In a recent study conducted by Tri-City, residents identified the following as needed businesses: all-in-one store like K-Mart
(71%), laundromat (64%), restaurant (58%), pharmacy (57%), bakery (56%), grocery stores (55%), dry cleaners (54%), and florists (45%). Residents specified that they would prefer that businesses are black and community owned and employ neighborhood residents (Rattray 1999).

Pharmacy

A pharmacy is proposed as one of the retail tenants in the new health center. A pharmacy located within the proposed health center would provide an important asset allowing people to visit both doctor and pharmacy in the same location.

Figure 16: Pharmacies
Financial Services Institution

Currently there are no financial services institutions in the West Side Park neighborhood. The closest bank branch is owned by Hudson United and is located at 356 Springfield Avenue (at Bergen). The branch has four tellers but no ATM. It is open Monday through Wednesday 8-5, Thursday and Friday 8-6, and Saturday from 8-12. (Hudson United 973-824-1688).

New Community Corporation (NCC) operates a credit union in the Central Ward but it is available only to those who are part of the NCC Network, which includes people who work for NCC and their families, people who live in NCC housing, and parents of children who attend St. Rose of Lima school.

A community operated financial services institution—perhaps a community credit union—could provide much needed banking services as well as financial education. Instruction in the use of Individual Development Accounts (IDAs) could help residents save money that could further promote home ownership in the neighborhood. IDA accounts are individual savings accounts. The funds saved are matched with public and private dollars. Saved money can be used to buy a home, start a business, or attend post-secondary education. Both houses of the New Jersey State legislature are supporting legislation that would provide $2 million in federal welfare to work dollars to community organizations to provide financial assistance to assist low-income people with at least one dependent child in establishing IDAs. The state will provide a 1:1 match for individual’s contributions of up to $1500 a year (Center for Social Development no date; New Jersey State Legislature 2000).
CONCLUSION
There is a need for a community based health center in West Side Park. Many of West Side Park’s residents face insurance and non-insurance barriers to accessing health care. Despite the presence of large medical centers relatively close to West Side Park, there are substantial barriers to their use including physical accessibility, cost, hours, and responsiveness to community needs and concerns.

Targeted services provided directly in the community that are complemented with public education and outreach are necessary to reduce racial and ethnic health disparities. A community based health provider is in the best position to work closely with community residents to provide primary care, public education, screenings, and outreach. This organization can network with other neighborhood organizations and institutions to draw residents into the health care system. They can then work closely with the existing hospitals and university medical centers to ensure that they are accessible to people of color and the poor. These organizations can also develop partnerships with the hospitals and university medical center to provide community based health care.
APPENDIX A. RESEARCH METHODS

The research team used a variety of methods to obtain information on the health needs of West Side Park neighborhood residents, the need for additional health care services in the neighborhood, and a review of health services in and near West Side Park neighborhood.

We conducted an extensive Internet literature review to identify racial and health disparities, health disparity data, and programs that seek to resolve these disparities. To determine neighborhood health status, we used U.S. Bureau of the Census population and housing data to determine health risk factors, including levels of poverty, children in poverty, women in poverty, age of housing, race, educational attainment, and unemployment. Data on specific health characteristics including incidence of low birth weight babies, STDs, immunization, HIV/AIDS, and the adequacy of prenatal care were compiled from a variety of sources including the U.S. Department of Health and Human Services, the New Jersey State Department of Health and Human Services, Center for Health Statistics, and Gateway Maternal and Child Health Consortium.

Very little data are available at the community level. Where possible, national, county, and city data were used to measure racial and ethnic disparities. We constructed the incidence of low weight birth and the use of prenatal care in the West Side Park neighborhood from the New Jersey State birth data set available on the Internet.

A field interview with the directors of Tri-City Peoples Corporation’s health center was conducted to provide background on the health center, identify neighborhood health issues, and identify their current resources, needs, relationship with existing medical centers, and the services they would like to provide in the future. A focus group with community residents was used to identify community health issues, understand how residents use existing medical facilities and what barriers they face in using them, determine if they want a health center in the neighborhood and identify their concerns about the provision of services, accessibility, and responsiveness.
Geographical information systems (GIS) software was used to map population characteristics and existing health services in and near the West Side Park neighborhood. Data on the existence and location of services was gathered from the West Side Park neighborhood Health Care Services Directory prepared by the Rutgers Community Outreach Partnership Center (RCOPC) and Internet yellow pages.
BIBLIOGRAPHY


Focus Group with West Side Park neighborhood residents. December 12, 2000.


Henry, Chris, Dan McGuire, and Michael Roedig. 1997. “Strategic Revitalization Plan for the West Side Community of Newark, NJ. Volume IV: Needs Assessment and


Interview with Fran Gray and Pam Jones. November 29, 2000 at Tri-City People’s Corporation.


State of New Jersey, Department of Health and Senior Services, Center for Health Statistics. New Jersey Health Statistics 1997. www.state.nj.us/health/chs/stats97


\(^{1}\). In New Jersey, data are not collected on the total number of asthma cases. Data are collected on the number of people who are hospitalized for asthma.