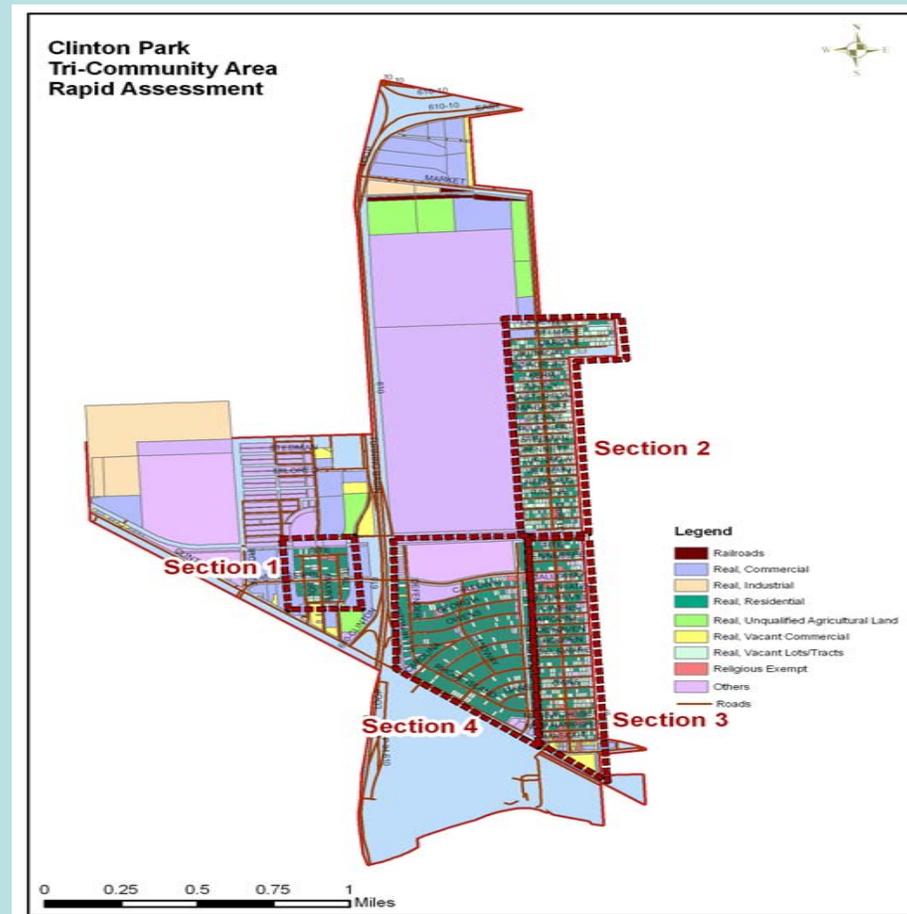


TRI-COMMUNITY

Assessment & Intervention Project



INTRODUCTION



The A&I was created when members of the Tri-Community Super Neighborhood Association approached HDHHS **requesting help with identifying solutions** to accessing health care within their community.

HDHHS spearheaded and conducted, along with community-based organizations and volunteers, **the first A&I on September 8 and 9, 2006 within the Tri-Community.**

PURPOSE



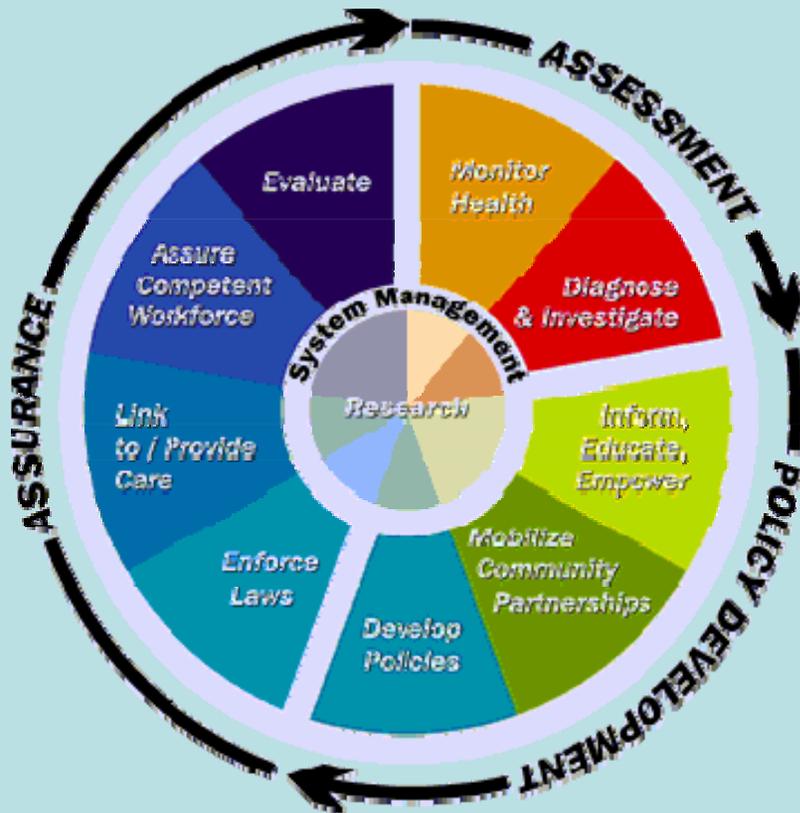
The primary purpose of A&I was:

- 1) to *investigate access to health care*;
- 2) to *explore environmental concerns* affecting the community; and
- 3) to *serve as a safety net* by linking residents to the health and human services they identified during the assessment.

The secondary purpose of A&I included:

- 1) *mobilizing HDHHS* to participate in a large-scale assessment and response effort; and
- 2) *mobilizing community* partnerships and resources to broaden the department's service reach.

CORE FUNCTIONS



The A&I was both a visionary vehicle and a highly complex venture that addressed each of the three core functions of public health:

1) *ASSESSMENT* (by monitoring health, diagnosing, and investigating)

2) *POLICY DEVELOPMENT* (by informing, educating, empowering, and mobilizing community partnerships)

3) *ASSURANCE* (by evaluating, assuring a competent workforce, linking the community to and/or providing care, and enforcing laws)

MOBILIZATION

The expanded effort was designed to bring community members, HDHHS staff, and other organizations to a common table to:

- 1) *identify community assets and*
- 2) *organize available resources to address problems.*

COMMUNITY INVOLVEMENT



The following community partners were engaged:

- Area Civic Clubs
- Houston Building Services Department
- Houston Hope
- Houston Library Department
- Job Corps
- Neighborhood Centers, Inc.
- Sheltering Arms
- SNAP
- Tri-Community Super Neighborhood organization
- Youth Advocates, Inc.
- a multi-agency team of partners *(developing expanded services for the Tri-Community Center on Clinton Drive)*

ASSESSMENT

Tier 1

- Questionnaire conducted in every home
- Basic informational fliers provided
- Intervention Referral Forms (for Tiers 2 or 3) completed, if requested

QUESTIONNAIRE



DESIGN

28-question descriptive survey

- Adapted from San Antonio Metropolitan Health District survey (1994)
- Assistance provided by Tri-Community Super Neighborhood Leadership

USE

Conducted through face-to-face interviews

- Attempts were made to visit every home in Tri-Community

Study Unit was 'Household' = one survey for each home

- Persons aged 18 years and older were eligible

GOALS

The survey intended to identify household characteristics associated with:

- Lack of Access to Health Care
- Basic Environmental Concerns

Tier Activation: <u>circle one</u>	Tier 2	Tier 3	Both Tiers	None
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Household ID #:	Section #:
Household Address:	Household Phone:

Interviewer's Name:	Date/Time of Interview:
Pod:	Team:

PLEASE READ:

Hello, my name is _____ and this is _____. We work together at the City of Houston Department of Health and Human Services. We are going door-to-door in your neighborhood today to learn more about the health of your community. We would like to ask you a few questions about your health and the health of your household (This means everyone who lives in the home!). From what we learn today, we hope to be able to provide the community with better information and services. Our interview will take about 15-20 minutes.

Would you like to participate? circle one Yes No **If not, is there someone else in your home that would like to answer our questions? if applicable, circle one Yes No**

PLEASE READ:

The first questions are about your health and the health of all of the people who live in your household.

1) Does your household have a regular family doctor or clinic to go to when someone in the home is sick or needs a check-up (not including visits to the emergency room)? circle one

Yes

No

Don't Know

Refused to Answer

2) In the past year, has your household had problems getting medical services that were needed (ie: problems seeing a doctor, or getting to a clinic)? circle one

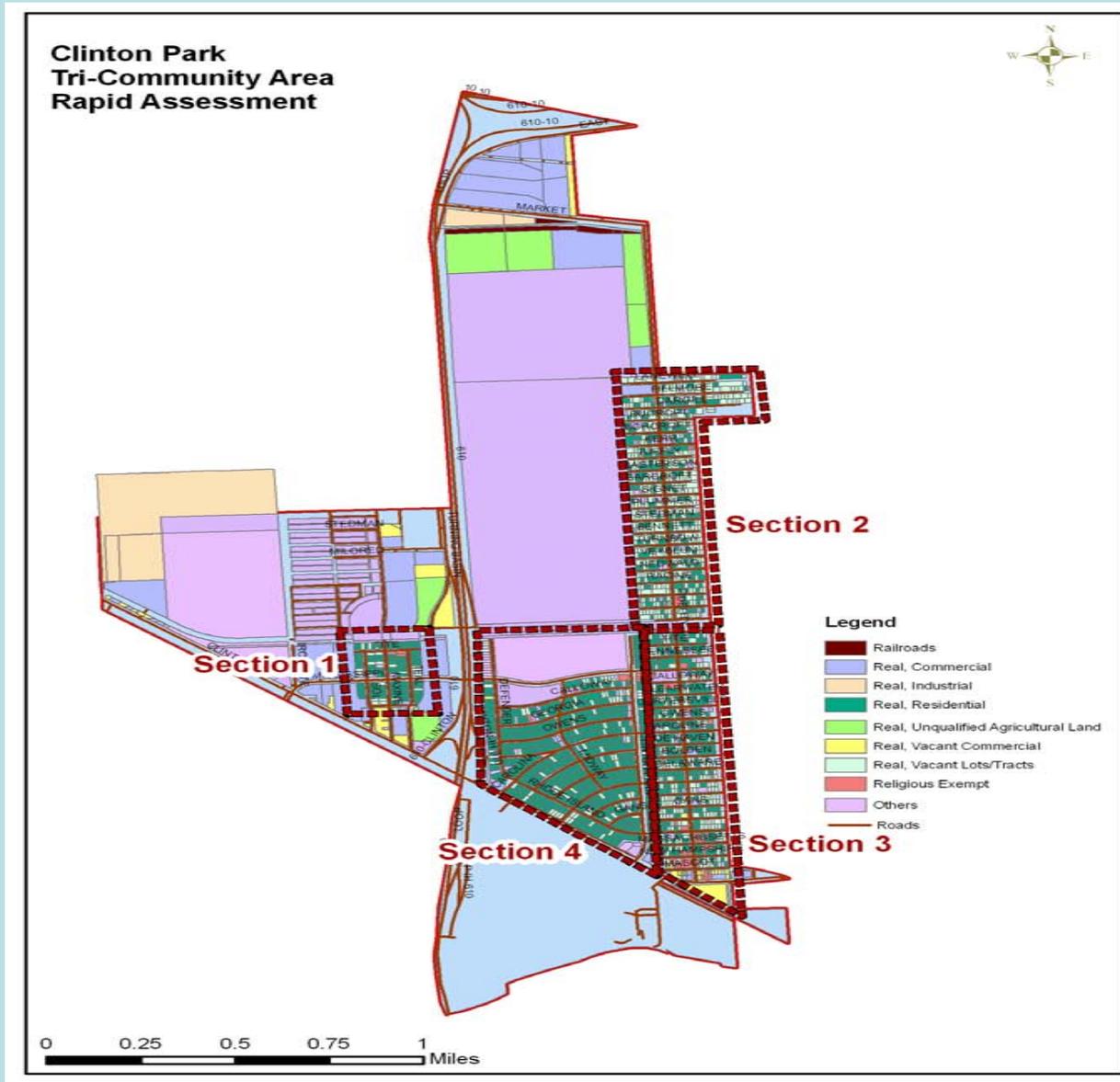
Yes *If yes, go to #3.*

No *If no, go to #4.*

Don't Know

Refused to Answer

MAPPING



Sections 1 (left) and 2 (right)



Sections 3 (left) and 4 (right)



ASSESSMENT RESULTS

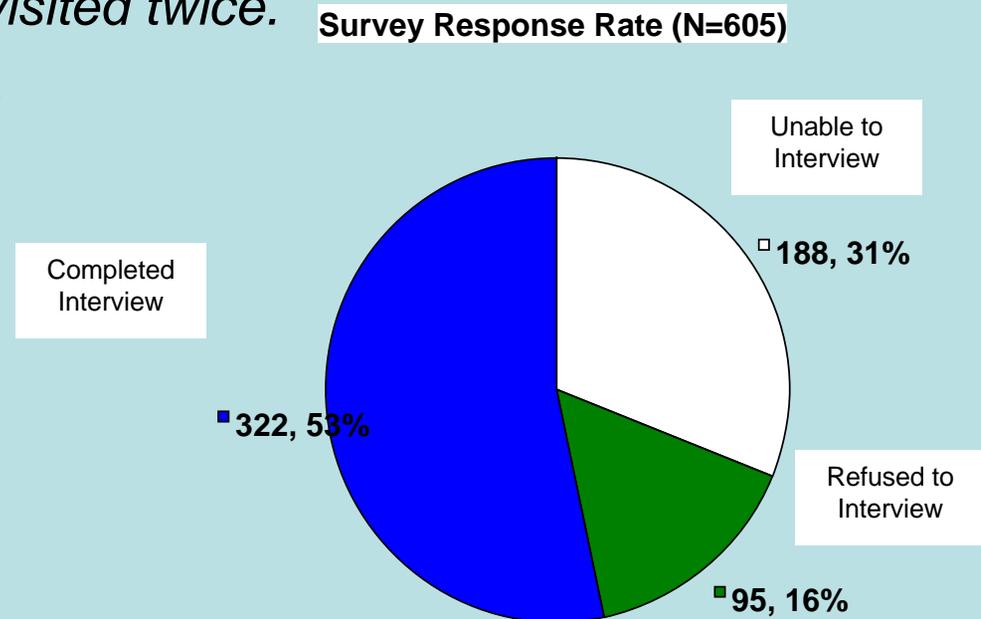
RESPONSE RATE

Attempts were made to survey every household (100%) in the Tri-Community (605 homes).

- The survey response rate was 53% (322).
- The unable to interview rate was 31% (188).

All of these homes were visited twice.

- The refusal rate was 16% (95).

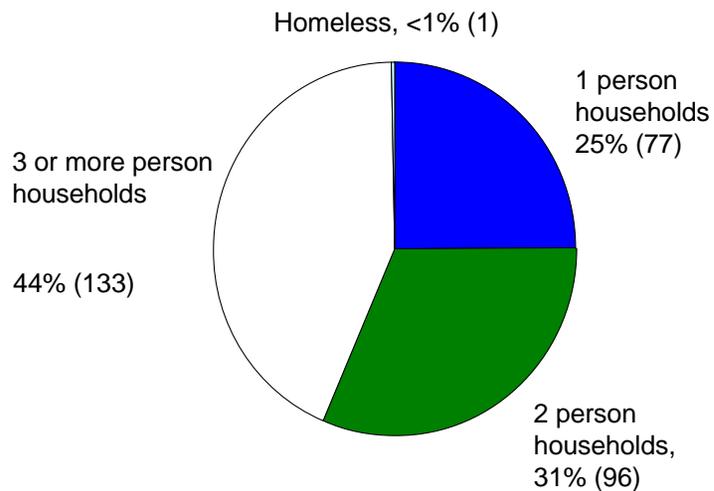


DEMOGRAPHICS

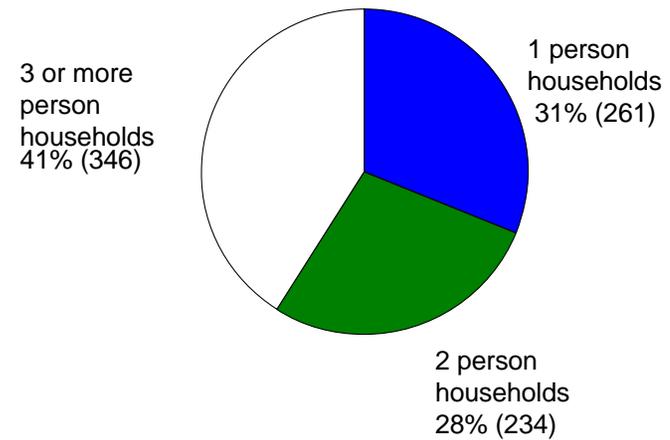
DEMOGRAPHICS

Households

HDHHS (2006)
Total Number of People
Living in Households



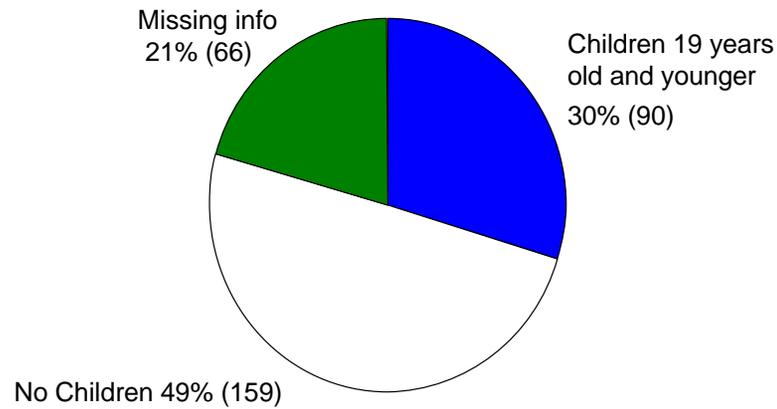
CENSUS (2000)
Total Number of People
Living in Households



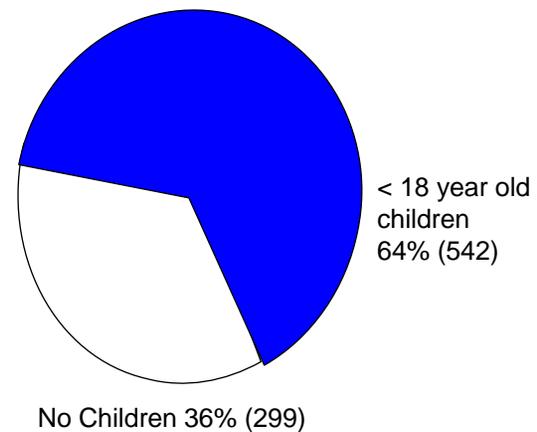
DEMOGRAPHICS

Children

HDHHS (2006)
Households with at least One Child



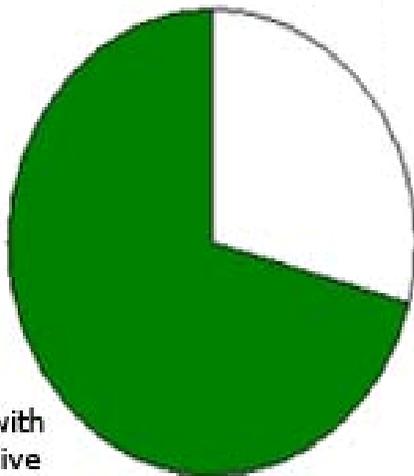
CENSUS (2000)
Households with at least one child



DEMOGRAPHICS

Elderly

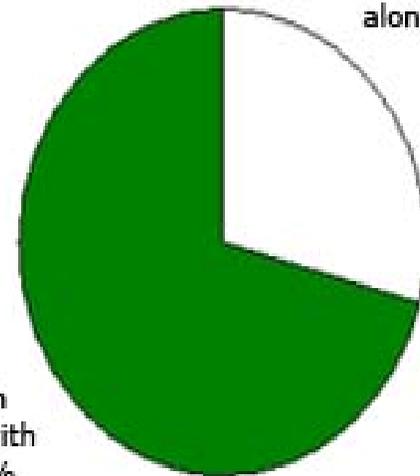
HDHHS



Households with elderly who live with others, 61, 71%

Households with elderly who live alone, 25, 29%

Households with elderly who live alone, 137, 33%



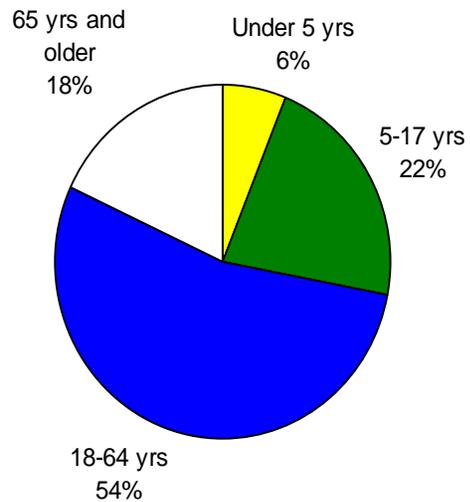
Households with elderly who live with others, 281, 67%

Census

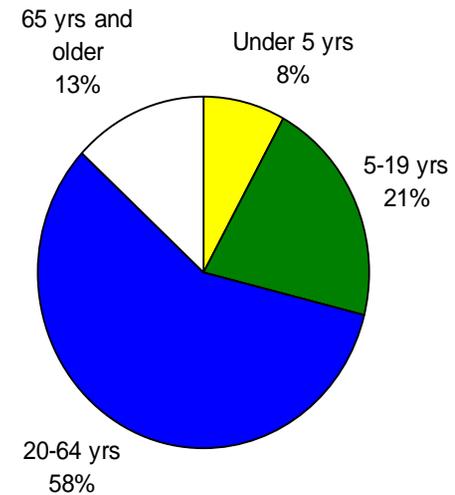
DEMOGRAPHICS

Age Distributions

CENSUS (2000)



HDHHS (2006)



ACCESS TO HEALTH CARE

ACCESS TO HEALTH CARE



Lack of access to health care was not a concern for a majority of the households that were surveyed.

- 78% reported that their household already had a regular doctor or clinic;
- 78% reported no problems obtaining medical services;
- 82% reported no problems obtaining medications or supplies within the past year; and
- 82% reported having at least one form of health insurance or health care coverage.

Fewer than one of every five households surveyed had problems with access to health care.

ACCESS TO HEALTH CARE



Reasons for that a lack of access to health care might not have been a major concern:

- The persons who responded to the survey might not have a lack of access to health care.
- Perceptions that the community lacks access to health care may be incorrect.
- The persons who did not respond to the survey might still lack access to health care.

Regardless of the reason, generalizations cannot be made about lacking or not lacking access to health care because not everyone who lives in Tri-Community participated in the survey.

ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH



More than half of the residents surveyed expressed concern about the environment, especially the air quality.

Reasons for high concern about air quality, might include the close neighborhood proximity to several pollution emitting sources:

- an active railroad track,
- the Houston Port Authority and ship channel (South),
- IH-610 freeway (West), and
- a dredge spoils deposit facility (Northeast).

ENVIRONMENTAL HEALTH

In order to develop a plan to curb particulate matter emissions (road dust), the Mayor's Office is coordinating a project with:

- HDHHS, BAQC
- City of Houston Public Works and Engineering
- Houston Port of Authority
- Tri-Community business stakeholders

INTERVENTION

Tiers 2 and 3

Tiers 2 and 3 were responsible for delivering direct assistance, information and emergent care to the households that indicated need during the assessment.

Intervention (Tier 2) Referral Form

ASSESSMENT DATE: 9/8 9/9		LIAISON	COMMUNITY ASSESSMENT & INTERVENTION TIER 2 REFERRAL & RESPONSE FORM				
HOUSEHOLD ID #	SECTION #	RESIDENT'S NAME					
HOUSEHOLD ADDRESS					PHONE #		
I, _____ WOULD LIKE MORE INFORMATION OR ASSISTANCE WITH THE FOLLOWING SUPPORTS AND GIVE PERMISSION FOR THE CITY OF HOUSTON DEPARTMENT OF HEALTH & HUMAN SERVICES AND/OR ITS AGENTS TO CONTACT ME REGARDING THE FOLLOWING:							
Consent by signature					Date		
Witness by signature					Date		
?	Need	Referral	R-G-IP	Referred To	Initial Follow-Up	Assistance Provided	Status
		X		Program/Agency	Date/Name of Staff	Location / Type	Open / Compl
4	Medical Health						
	Supports		Eligibility				
	Equipment	X					
	Prescriptions						
26	Environmental		Environ.				
	Air / Water						
	Land / Lead						
26	Counseling/MH		MH				
26	Child Care/After School		Info / CRS				
26	Family Recreation						
26	Basic Needs		Info / CRS				
	Food / Clothing						
	Housing / Utility						
26	Nutrition Information						
26	Educ / Job Training		CS				

1) Date of referral

2) Unique identifier was Household ID, with Section #, & Address

4) Survey Question #, which identified needs by household

matches Need Group & Referral Agency

3) Name of Person requesting assistance and Phone #

5) Person's consent signature & team's witness signature

Triplicate form:
1 copy for household, team, and referral agency.

INTERVENTION RESULTS

INTERVENTION



Based upon answers to survey questions, a total of 183 intervention referrals were received:

- **177 Tier Two referrals for Direct Assistance and/or Education**
- 6 Tier Three referrals for Emergency Care

INTERVENTION

multiple needs

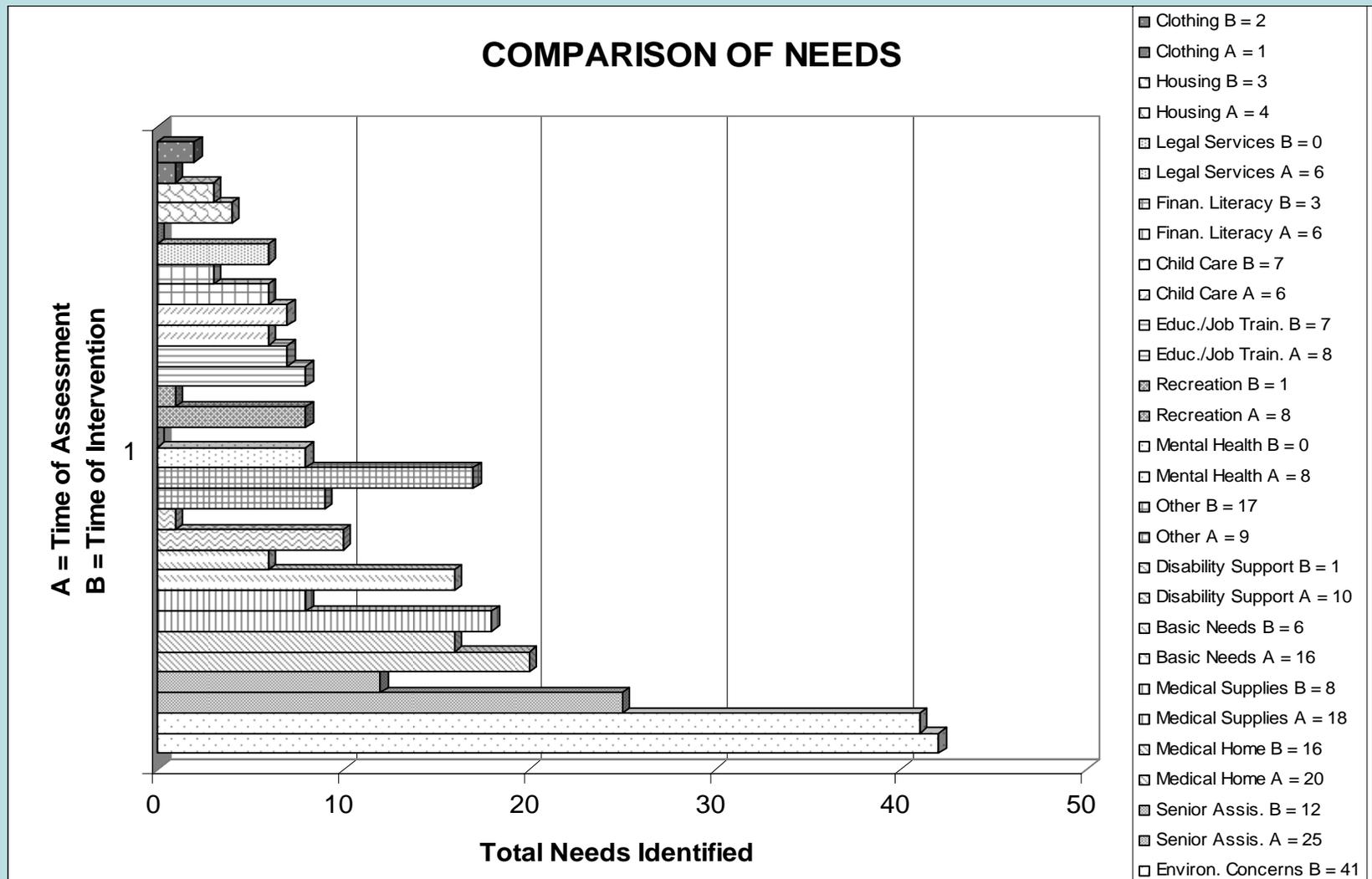
Many households requested assistance with multiple needs:

- 85 households (48%) had 1 – 2 needs
- 64 households (36%) had 3 – 5 needs
- 16 households (9%) had 6 – 9 needs
- 7 households (3%) had 10 or more needs

INTERVENTION

Despite these requests for assistance, there were also a **CHANGES** in **NEEDS** identified from A to B:

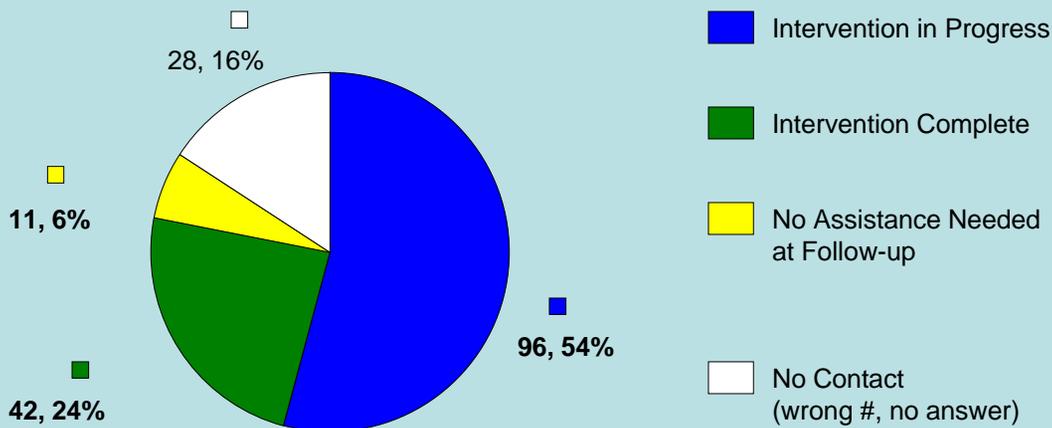
- A) Time of Assessment
- B) Time of Intervention (later that same day or the next day)



INTERVENTION

45 and 60 days post-event

45 days post-event



60 days post-event intervention complete

On average, five contacts (via telephone or home visit) were required to resolve and close referrals.

- eligibility pre-screening
- application assistance
- support coordination planning with family members
- referrals to both internal and external services
- listening

INTERVENTION

70 days post-event

LETTERS SENT

47 households – where referrals had not been confirmed by the receiving agency (Only one call was received in response.)

52 households - where initial contact was unsuccessful or follow-up was not successful

Nine households will be offered continued monitoring and support through individualized case management services and/or senior congregate meals provided at Tri-Community Center.

COMMUNITY IMPACT

COMMUNITY IMPACT

As a result of the Tri-Community mobilization, Neighborhood Protection officers:

- cut and cleared 40 vacant lots,
- followed-up on the status of 50 previously reported property inspections,
- initiated 24 new property inspections,
- followed-up on 44 new homes and/or lots that were reported vacant and/or abandoned by HDHHS staff during the event,
- investigated two graffiti complaints, and
- investigated one narcotic complaint.

COMMUNITY IMPACT

Officers from the Bureau of Animal Regulation and Control (BARC) conducted a three-day sweep of Tri-Community just before the A&I event.

This sweep resulted in 80 impounded dogs and two written citations.

During the A&I event, HDHHS staff noticed that one of the homes surveyed had a natural gas leak near the gas meter. The leak was immediately reported.

The area near the leak was excavated and the damaged line and equipment was replaced shortly after the report was made.

FINAL REPORT

- INTRANET (*report & appendixes*)

http://health-intra/hdhhs/community_health/report.html

- INTERNET (*direct link to pdf*)

http://www.houstontx.gov/health/CommunityHealth/Tri-Community_FinalReport_12-20-06.pdf

NEXT STEPS

*Magnolia
Assessment & Intervention
March 2007*