Building a Healthy Community:
Reflections of New Haven Residents and Our Together New Haven Collaboration

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Executive Summary
The purpose of this technical report is to present the findings of the Together New Haven Project Focus Groups. This work, which is a collaboration between the City of New Haven; Connecticut Mental Health Center; and The Consultation Center at Yale University. The project referenced key public health literature on community health and wellbeing to develop 10 questions that assessed definitions and or perceptions of what community health meant to key constituent group members from the larger New Haven community. We interviewed individuals that represented the following communities: Artist activist; Asian American; Reentry; LGBTQIA+; Youth leaders; and Faith-based. This project began in June 2020 and continues through the present, November 2021.

Across the six focus groups, 13 community wellbeing themes were represented in our qualitative analyses. These themes represented the collective experiences of the community groups and included Community; Barriers; Access; Action and change; City government; Social isolation or connection; Environment; Wellbeing; Culture, race, ethnicity; Education; Mental health; Racism, stigma, marginalization; and Economic stability and food security. While a total of 41 people participated, 30 completed a detailed anonymous demographic survey. Of the respondents (n=30), ages ranged from 17 to 61 years old (M=36.3). The participant population were predominantly African American (54%); female (67%); heterosexual (80%); highly educated (Bachelor’s degree 33%; Graduate degree 37%); had annual household income levels either at or below the median income for CT (23% were making 26k to 50k; 23% were making 51k to 75k); living with a partner/married (60%); and predominantly live and/or work in New Haven (67%). Through the focus group process, it became apparent that community members wanted City Government to provide centralized and specialized access to existing resources, cultural and contextual adaptation, and integration of existing resources, and develop new channels of communication and resources.
These key recommendations were drawn from the focus groups and our analyses of the participants’ responses:

1. Provide more financial literacy curricula in schools, from Elementary through college.

2. Create several formal city-wide channels of communication focused on resource-sharing and/or needs of particular groups; use knocking on doors as an effective means of information spread.

3. Invest more technological resources for young people; create more after-school safe-spaces for youth.

4. Create an alternative, non-criminal, mental health hotline; work with communities to adopt strategies for more-accessible mental health resources; hire and train more community health workers.

5. Commit to antiracism through increasing diverse cultural programming; diversify decision-making bodies within city government to include more individuals from underrepresented groups.

6. Invest more resources in neighborhood clean-up and tree-planting efforts for all communities, not just affluent ones.

7. Decouple social services from religious and healthcare institutions; increase funding to existing direct-service organizations that serve historically marginalized populations; increase translations of service advertisements into diverse languages and target advertising to diverse populations.
History

The City of New Haven is an edifice to municipal government, comprising 15+ city services and 43 departments and divisions that intersect with community members in a myriad of ways ("Boards and Commissions", 2021; “Services”, 2021). Tasked with meeting fluctuating needs, creating safety, and providing for the wellbeing of the populace across the lifespan, city government is a broad and aspirational endeavor that is continually impacted by changes in the overarching sociopolitical climate, and further compounded by place-based, historical factors. An estimated 130,250 people live in the city of New Haven (U.S. Census Bureau, 2021). The racial makeup of this city represents 29.5% Non-Hispanic White, and 70.5% are multiracial or Black, Indigenous, People of Color (BIPOC), which are often viewed as “minority” groups (U.S. Census Bureau, 2021). Thus, this makes New Haven a minority, majority City. It further elucidates the importance and direct impacts of considering how markers of diversity within the broader, local, social context impact how City government meets the public facing needs of the community, namely through service delivery. This is particularly salient given the implications of services and their modulation of access to resources and the livelihood and survival of the most vulnerable.
Together New Haven

Originally conceptualized as an economic development strategy in response to the COVID-19 pandemic, the City of New Haven launched the “Together New Haven” campaign. However, through visibility and engagement with the public, this effort provided a different perspective of community attitudes about the impact of the pandemic on health and wellbeing. One factor that became evident in this work was the inequities within the larger New Haven social context. The campaign was augmented to meet this need. Resources such as health and wellness, business, jobs and training, expanded to include arts and culture and anti-racist endeavors for resilience, equity, and equality.

As part of this shift, this project leveraged this campaign to gain knowledge to increase the positive impacts. The goal of this work is to aid the City government’s understanding and shifting health and well-being through answering questions across the domains of community wellness, social cohesion, and civic engagement.

This effort used a community-engaged approach. We conducted focus groups with different constituent groups in New Haven to explore these questions. The subsequent qualitative analyses generated themes to assist in understanding community health and well-being during and after the pandemic. Embedded in our consideration were issues related to health equity and diversity. Additionally, the process and outcomes of this project adds to the science of community health and wellbeing by sharing the observations made in peer-reviewed publications.
Together New Haven Focus Groups
A committee of individuals representing Connecticut Mental Health Center (CMHC), Yale School of Medicine, and the City of New Haven was formed in June of 2020 to better understand how organizational culture within city government might affect the delivery of services, especially hard-hit by the exacerbation of the COVID-19 pandemic. We sought to understand how community attitudes about city government, service delivery, and the quality-of-services delivered could be shifted to overcome barriers, honor diversity, and promote equity.

The intended focus of this project shifted over time to center around the experiences of historically marginalized and otherwise diverse populations within New Haven. Here, the question focus shifted to documenting how diverse community members uniquely experience community well-being and the ways that city government could better support their needs in the face of the COVID-19 pandemic and beyond. We conducted a total of six virtual focus groups from January—August 2021. The focus groups included representatives from communities within different parts of New Haven involving:

- The artistic activist community
- The Asian American community
- The reentry community
- The LGBTQIA+ community
- The youth leaders community
- The faith-based community

This work is intended to inform how the City of New Haven government can better support its diverse communities.

See Appendix for the Project Timeline.
## Key Stakeholders

### Collaborating organizations
- The City of New Haven
- Connecticut Mental Health Center
- The Consultation Center at Yale

### Committee Members
- **Adriane Jefferson, MA**
  Director of the Department of Arts, Culture and Tourism, the City of New Haven.
- **Angel Fernandez-Chavero**
  Interim Director of City Ordinance, the City of New Haven.
- **Kyle Pedersen, MAR**
  Assistant Director, Connecticut Mental Health Center.
- **Derrick Gordon, PhD**
  Associate Professor of Psychiatry, Yale University; Director, Research, Policy and Program on Male Development, The Consultation Center.
- **Maria Crouch, PhD**
  Postdoctoral Fellow, Yale School of Medicine, Department of Psychiatry.
- **Audrey Huang, BS**
  MPH Candidate, Yale School of Public Health, Department of Social & Behavioral Sciences.

### Senior Leadership
- **Michael Sernyak, MD**
  Professor of Psychiatry; Deputy Chair for Clinical Affairs and Program Development, Department of Psychiatry; CEO, Connecticut Mental Health Center.
- **Robert Cole, MS**
  Lecturer in Psychiatry; Chief Operating Officer, Connecticut Mental Health Center.
- **Jacob Tebes, PhD**
  Professor of Psychiatry (Psychology), in the Child Study Center and of Public Health (Social and Behavioral Sciences); Director, Division of Prevention and Community Research, Department of Psychiatry; Director, The Consultation Center; Chief Psychologist, Connecticut Mental Health Center.

### The City of New Haven residents, constituents, workforce
Focus Group Goals & Interview Questions

This technical report provides the City of New Haven, CMHC, and TCC senior leadership and staff with information related to community wellness, social cohesion, and civic engagement. The questions we asked during each focus group were the following:

1. What does community health and wellbeing look like for you?
2. What’s the single biggest need to improve wellbeing?
3. What makes your life good?
4. What community supports can help us achieve health and wellbeing?
5. How have supports been impacted by the COVID-19 pandemic?
6. How do you feel about the physical appearance of the neighborhood where you live?
7. How does information spread through your community?
8. What’s your view on the City’s role in promoting health and wellbeing for the residents?
9. How are the current affairs of the city/nation impacting you? How does it show up in your daily life?
10. What is a question that you would ask that we didn’t ask?
As a starting point to generating these questions, the research team members reviewed relevant academic literature on community health and wellbeing. From this literature, key themes helped to guide the questions selected. Questions were developed for applicability from existing public health literature as follows:

**Question 1**
Our first question focused on what community health and wellbeing meant to focus group participants because we wanted to start with an open-ended question in which community members were able to freely respond based on what came to mind.

Included in the question was a probe with a series of wellness parameters we would follow-up on if they did not come up in the participant's initial responses. The parameters in the probe referenced many dimensions of community wellness including social ties to community, mental health, environmental resources, spiritual health, financial issues, political issues, work, and education (Sirgy et al. 2009).

**Question 2**
The second question, the “single biggest need” question was adapted from Agron et al. (2010) a way to solicit specific barriers to wellness.

**Question 3**
The third question, “what makes life good” was designed to elicit particularly community wellness-promoting things.

**Questions 4-5**
Community wellness parameters from the extant literature received greater focus in these questions. For example, to better understand social well-being (Sirgy et al. 2009) we asked two questions related to social support and the factors that either supported or undermined participants experiences of social support.

**Question 6**
Our sixth question highlighted the issues related to physical appearance to get at key issues of identity formation, social cohesion, and spatial stigma (Keene & Padilla, 2014). Specifically, we wanted to see the extent to which internalized stigma against one's own neighborhood existed, and how that might have impacts on interpersonal community relationships and identity, both key to personal well-being.

**Question 7**
We drew from Hayward et al. (2015) by asking about information spread as one way of understanding neighborhood resources and social structure.

**Question 8**
Because of the focus of this project, we wanted to be able to identify from the respondent’s perspective how we might be able to translate what we hear from participants into the work being done through City Hall, we asked a specific question on what participant’s thought City Hall’s role was in promoting health and wellness. In order to learn more about civic engagement and barriers to doing so with the city, we included a probe on comfortability accessing City Hall and the services offered through it.

**Question 9**
Political issue was another parameter of community wellness that the literature cited (Sirgy et al., 2009). In this question we asked about the impact of local and national political affairs on respondents' perception of health and wellbeing.

**Question 10**
The last question was designed to solicit information on any input that may fall outside the boundaries of the earlier focus group questions and topics. It also engaged and gave the participants the opportunity to share what they felt was important to them.
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Approach and Methodology
Approach

This study used a participatory action research (PAR) design to address the research question: What are the experiences, strengths, and barriers to accessing City of New Haven services that impact community wellbeing for diverse groups of constituents?

PAR as a research strategy is aimed at addressing changes in systems with the goal of impacting the wellbeing and quality of life of diverse and often historically marginalized communities, and thus, at-risk groups (Maguire 1987; Stringer 1999; Whyte et al., 1991). This research design asks both the committee and the community members to be engaged in the change process, which is collaborative and iterative. In this project, for example, questions were added or edited, and groups were added based on the input and feedback of participants groups.
Methodology

Participants and Recruitment
Participants were selected through a snowball sampling method. Our sample was drawn from (1) the contacts, connections, and expertise of leadership and committee members, and (2) the recommendations of participants groups. We recruitment participants through the distribution of a flier explaining the purpose and format for the focus groups. All participants who chose to share their contact information were given a $10 gift card as a token of gratitude for their participation in the focus group.

Procedure and Data Analysis
A deductive, qualitative analytic approach was used to analyze the qualitative focus group data collected. Focus groups were recorded and conducted over Zoom, a video conferencing software. Each focus group was recorded using the zoom software and this recording was also transcribed verbatim by the Zoom software. We double checked the transcription for consistency and continuity by listening to the recording and checking the automated transcription. These transcriptions were uploaded into NVivo-QSR International, a qualitative data analysis software. Data immersion was used to read and reread transcripts and a codebook was developed based on salient themes. Transcripts were coded independently and then collectively for interrater reliability consensus coding. Consensus coding was done iteratively to allow for agreed upon themes to emerge overtime and to assist in thematic saturation of content. Finally, the themes were analyzed through coding matrices based on frequency and coverage (e.g., occurred within all transcripts as opposed to one or a few) and nesting of themes into overarching themes. From this, 13 final themes were identified and are discussed on the following pages.
Results
Participants

Of the 41 total focus group participants, those that completed the demographic survey (N=30) described their ethnic and racial make-up in the following ways. They were predominantly African American (54%), next highest Asian American (27%), and then Hispanic/Latinx (10.0%). This overrepresentation of minority interviewees reflects the majority, minority make-up of the overall New Haven community (City of New Haven, 2021). Further, it suggests that we were successful in pulling from racial and ethnic perspectives that looked like our community.

Race/Ethnicity

Participants were predominantly female (67%), and this is an overrepresentation of the city’s slightly higher representation of women (53%). This enrollment pattern also reflects our intentions of voicing the needs of historically marginalized groups, including women.

Gender

Participants ranged from 16 to 71 years-old (Mean = 36.6) in age, capturing a diversity of generations and stages of life from which we drew perspective from.
Sexual Orientation
The focus group participants identified predominantly as heterosexual (80%). Although available New Haven census data does not capture sexuality, we worked to center our observations around marginalized identities such as queer individuals. We had limited success in achieving this goal, but we continue to explore efforts to hear from more individuals with these identities.

Education
Most of the focus group participants had some form of higher education, with most having a Bachelor’s (37%) or Graduate (37%) degree. These demographics are somewhat unrepresentative of the overall population of New Haven and serve as a limitation of our work. This enrollment pattern is probably due in part to those who self-selected to participate because of their involvement and leadership in existing community organizations that we used for recruitment purposes.

Household Income
Most of the focus group participants reported a household income that fell between 26k and 50k (23%) and 51k and 75k (23%). This is comparable to the median household income of 42k and the median household income of Connecticut of 78K (City of New Haven, 2021). This also suggests that we succeeded in capturing voices from those reflective of the overall economic diversity seen in the city of New Haven.
**Relationship Status**
Focus group participants largely reported being in a committed relationship (i.e., living with partner, married; 53%). Whereas 26% reported being single; 3% widowed; 3% in a relationship but not living with their partner; and 15% provided no response.

**Community of Residence**
Most focus group participants reported that they resided in the city of New Haven (67%). Several focus group participants (23%) reported living outside of the city, including the cities of East Haven, Hamden, Milford, Naugatuck, Wallingford, and Woodbridge. All the focus group participants work in New Haven. The diversity of residential locations represented by the focus group participants symbolize the interconnectedness between neighboring towns in New Haven county. It also suggests that there is a significant minority of New Haven-affiliated individuals who do not currently reside in the city but are connected to it because they either work in New Haven, attend school in New Haven, or are involved in a New Haven-based community organization. These individuals must be considered as we examine how stakeholders are affected by and affect city programming.
Thematic Responses

Across the six completed focus groups thirteen overarching themes were identified. Themes included: Community; Barriers; Access; Action and change; City government; Social isolation or connection; Environment; Wellbeing; Culture, race, ethnicity; Education; Mental health; Racism, stigma, marginalization; and Economic stability and food security. For a pictorial representation, please see the Thematic Map of themes on page 23. Please note that the 13 overarching themes are in boxes and the sub-themes that comprise the overarching 13 themes are in circles. Lines connect the overarching themes to their sub-themes. Additionally, there are bidirectional arrows connecting the 13 overarching themes to indicate that all themes are interrelated and interconnected. In other words, these themes are not static, and reflect the unique context of the New Haven community.
Overarching Community Wellness Themes

When we examined the focus group respondent answers to our overarching question focused on community health and wellbeing we observed 13 overarching themes and 23 subthemes (see Thematic Map). These themes reflect the community’s voice, opinions’, and shared understanding of what comprises broad and group-specific elements of wellbeing. They also reflect the barriers to achieving holistic health and the challenges to overcome in so doing. The themes are specific to New Haven and intersect across individual, familial, and community factors; City Government and community resources; basic needs, educational, and financial literacy that aid in long term and intergenerational success; physical and mental health; and experiences of racism, discrimination, and marginalization. It is critical to note that while conversations largely focused on barriers and adversity, themes also emerged that highlighted the inherent resilience, cultural strengths, and the collective power of community. These 13 themes are described on the following pages.

NOTE:
The 13 overarching themes on the next page are in boxes and the sub-themes that comprise the overarching 13 themes are in circles. Lines connect the overarching themes to their sub-themes. Additionally, there are bidirectional arrows connecting the 13 overarching themes to indicate that all themes are interrelated and interconnected. In other words, these themes are not static, and reflect the unique context of the New Haven community.
Community consists of collective experiences, such as a psychological sense of community, neighborhoods and proximity of people, togetherness, and group cohesion. Community also included Technology and Media. While media is often described as a means of connecting people, families, and a systematic way to share information, it is also acknowledged as a resource for creating community. Many focus group participants agreed that community groups and subgroups keep open communication through social media and text-based applications and stated this is an important avenue for the City to contract its constituents. Western Culture and Capitalism were discussed related to issues with dominant practices that are concerned with meeting the needs of dominant groups and are financially motivated but do not meet the needs of BIPOC New Haven residents. For example, many concurred that the medical system follows broad practices that fail to meet the needs of the diverse population of residents, including orienting people to the medical system, establishing primary care services, or creating relationships of trust.

Community Organizing was another recurring topic of discussion. Many viewed the community as a unit of mobilizing for action to create effective connections, spread information, and gather power for city-level changes. Art and Creativity was also viewed similarly. Many cited the artistic community as not only an outlet for cultural expression, but also as an effective cultural voice to showcase resilience; acts of protest; and a means to give voice to community violence, racism, and marginalization.

Lastly, Spirituality and Religion and Family were aspects of Community that were viewed as central to the values, meaning making, and core to cultural strengths and supports. They were also viewed through a complex lens. Religious institutions and families of origin were also places that inflicted pain and trauma for those who were sexual and gender diverse. The LGBTQIA groups highlighted how stigmatizing views within the home can be compounded by religious views. Regardless of intersectional identities, the overarching agreement was that City resources, funding, and policies hold potential to impact family and spiritual resources that could be crucial lifelines for the most underserved among us. Poignantly, one participant stated, “Community health and wellbeing is a mix of cultural, economic, environmental, political, and social conditions that people, and communities identify as essential to them fulfilling their potential.”

Barriers consisted of impediments to individual and community health and wellbeing and/or change. Much discussion focused on the COVID-19 pandemic and the ways in which it has disrupted daily living and decreased access to resources. For example, people who relied on public transportation were at more risk for infection; mental and physical health conditions were exacerbated and undertreated; and all participants endorsed feelings of interpersonal isolation and further feelings of disenfranchisement. These issues were salient, given the conversations...
RESULTS

around the prevalence of trauma experienced by community members. These included racial and gender/sexuality-based, early childhood, and learning about national violence. For example, participants reported their feelings of shock and pain related to the murder of George Floyd. The focus group conducted with Asian community members discussed the recent national news of hate crimes being perpetrated on Asian peoples due to blame for the COVID-19 pandemic. One participant shared that she knew of someone being hit with a brick in the head in front of their children while walking down the street.

Notably, people were very authentic in their conversations and aware of the emotional labor they were engaged. Nevertheless, they expressed that regardless of the costs, it was important and critical to share their perspectives and do the work because of the benefit they perceived could come from sharing this information and the positive impacts it could have on city government.

The Asian community focus group also discussed how people within the community supported one another, especially when faced with adversity. They highlighted who they often sought to create channels of care among this community. One person shared, “People kind of forge their own little communities, but it’s very removed from the public services...so I don’t think that anyone in the Asian communities really feels like there are public services that support them so they are making their own communities; providing what the city could be providing an infrastructure for...There are a lot of people who feel more comfortable just going to other people who speak their first language...especially when it comes to things like, health and wellbeing.”

Importantly, focus groups highlighted Social Justice and Survival and Resilience. Participants largely represented community activists and leaders who were pursuing social justice through their community work and activities (e.g., art, youth leadership, reentry, spirituality, volunteering). Rich conversation about barriers and overcoming them were embedded in culture and spanned from the broad community to the family system. For example, Older Adults were seen as sources of wisdom for the younger generations, having both vast knowledge of community and community life, but also as surviving national and local events of racism and discrimination. This Intergenerational Knowledge was viewed as an untapped resource for many families but also for the broader community and city. Older Adults were also cited as educational, childcare, and financial resources for families and single parents to supplement barriers to accessing these services through the city and within the community.

Another unique aspect of barriers included discussion of the role of men and fathers. Disrupting the narrative of absent fathers, one participant highlighted the fact that given the Western cultural norms, demands for work and financial responsibility, and the changing dynamics of the family, fathers and their children have been impacted negatively. They stated, “I think one of the things that that...affects our community, particularly that the African American and Hispanic Community a lot, is things like our divorce rates and absentee fathers, and absentee fathers is not even in the negative way, right. Like studies have shown how a dad that is out of the house all day long and isn’t able to be home and tell the kid I love you and show a kid I love you by going to a baseball game, that that child has a higher predisposition to do...worse off in school, to commit more violent crimes, to get involved in gang activity.”

"I don’t think that anyone in the Asian communities really feels like there are public services that support them so they are making their own communities; providing what the city could be providing an infrastructure for..."
**Access**

Access was closely aligned to Barriers and often was discussed in the context of how to mitigate said barriers. Access consisted of access to care, resources, and information pertinent to using community and city resources for meeting basic needs and their impact on community and individual wellbeing. Access was composed of Healthcare and Physical Health. Many related a stark reality for “Black and Brown” community members, many with chronic health conditions, accessing care and the persistence of medical distrust. One participant stated, “We have to...build the trust within the Black community and the health systems as well. You...go back to the [Tuskegee] study (CDC, 2021), where you know all the Black men were shot up with [placebo and not given treatment for syphilis when it became available and were allowed to suffer and die]. There’s no trust between healthcare and the community...I’d rather just stay home until I’m about to be on my deathbed, then we can call 911 and go to the emergency room...We don’t even have an actual urgent care, so people are coming to the emergency room thinking, they can come for things that, you know, their primary care can do, and they can’t.”

It was reported during a focus group, “Whether we are queer or whether we aren’t, think about how if you had a family member, and they couldn’t access services because of, either not being not being in a safe environment or them just not being able to access it. Like how would you help them, how would you want to help them, how would you want the system to help them, how would you want New Haven to help them?...It humanizes all of us, and not just talking about the general public, but especially...when it comes to the trans Community in any healthcare system...They are so marginalized and dehumanized...What would you do for your family member, you know?”

Participants also discussed the need for accessible programming such as “meeting people where they are”, accommodating for single parents—especially Women and Mothers who need childcare, providing transportation, virtual options, and various translations. These accommodations were requested so that all community members could participate in city hall meetings, as well as for owners of small Businesses, who stated the need for greater access to information around financial resources and greater support from law enforcement to ensure safety.

Safety, Violence, and Policing was intertwined in the discussions with focus group participants’ as they shared their experiences managing their own physical health and personal safety. Not only did experiences of trauma and violence prevent individuals from pursuing certain health-seeking behaviors (e.g., exercising outdoors). Many cited the negative mental health outcomes associated with experiences of street violence, which was sometimes reinforced by policing. One participant explained,

“This-fourths of our community suffers from Post-Traumatic Stress Disorder [or complex trauma]. You can ask 10 people, at least five have seen someone getting shot, or has had a family member that has gotten shot. That’s really heavy stuff. Um I went to a therapist one time and I’m explaining you know different things that I’ve been through and they’re like, oh my God, like one of those things can break you down, and you been through 10 of those things, and you just walk around as if it’s normal, like this is a part of our culture, and is not normal at all, so that was just one thing I wanted to throw out there.”
Focus group participants described the high degree of violence clustering within certain under-resourced communities. And stressed that ultimately, these factors all dictate access to care and resources and affect communal well-being.

**Action & Change** was cornerstone to all the focus group conversations. These discussions endorsed (1) the need for organizations and leadership to take responsibility and action for meaningful and sustainable change and (2) community or individual-led action that create sustainable change. A participant stated, “I love the city and I really can’t see myself living anywhere else, and I want to be a part of this change to improve, and make it better, and make it more welcoming...I think that [being] able to touch this next generation...We have these students that we can help shape. And I think that’s our role, like the city’s role and our role, is to show the students that there are possibilities beyond what their parents could imagine, like their parents can’t be the only guide to shaping the future of their children...I think that there’s an opportunity to make, help shape, and expand and broaden their worldview.” Many participants related that they would like more communication between city government and families to “reinforce” positive changes in civic, community, and familial life.

City Government was discussed in the context of resources, feeling seen and cared for, and creating opportunities for upward mobility. Discussion focused on how city services, city employees, constituent-employee interactions, and local policy. One focus group participant said, “We are subject to the government’s wills and wants, and at the same time, when we talk about government, we are the government, we pay these people to do what we need them to do. And they’re not doing what we need them to do. So, how do we hold them accountable to make sure we get the resources we need? How do we build these solutions into the fabric so that it’s not programming that will die when the next turn of government happens...how do we engrain this in the community?” This highlights the desire for transparency, accountability, and open lines of communication between city government and its residents. One person shared how city government makes them feel isolated and less important than affluent communities. For instance, one person stated that the trees in their community consistently get cut down at will by the city, while the city goes to great lengths to preserve trees in areas that are affiliated with “Yalies,” where resource-laden people, houses, and businesses reside.
Social Isolation or Connection was key to discussion about COVID-19. The contextual factors associated with the pandemic brought to the fore adversities of underserved communities; the heightened experiences of social isolation because of safety concerns, and the compounding nature of racism in under-resourced communities; and consists of both the impacts of being and feeling socially isolated and disconnected within one’s family and friends, neighborhood, and the broader community; and the positive and protective experience of being and feeling connected to one’s family and friends, neighborhood, and the broader community. It was shared in a focus group, “A lot of youth right now are going through a lot of stress… going through a lot of depression. Being a teenager is hard to figure out life, where you are physically, emotionally, mentally growing and detaching… learning about real life, and all these emotional things that you have to deal with, and socially as well. So, our kids right now are going through a lot during COVID-19, and there’s a lot of suicides that are happening, they’re starting to spike up because they don’t know what to do about themselves.”

Environment reflects where the community connects, how resources are accessed, and includes the environment, neighborhood, neighborhood cleanliness, and neighborhood accessibility, resources, and sociocultural climate. A participant reported, “A huge thing is sidewalks, and no one ever thinks of people in wheelchairs. This is something I’m constantly thinking of. My mom’s in a wheelchair. Prettiness is great, I like trees, but you know, there’s a practical level to a sidewalk that is not at all these angles, and you know that [impacts] the elderly community too. That’s not just a wheelchair-specific kind of thing.” The environment is not only the tangible resources (like disability access and cleanliness), but also the cultural climate (like attitudes and beliefs).
Wellbeing consists of individual or community wellbeing, wellness, and quality of life. One participant said, “I personally think that it’s interpersonal relationships that young people need. I’ve seen in myself, like with the whole pandemic, we’ve all been home in our own personal bubbles in our own houses. And it’s harder for some...young people...Having community relationships with other young people, and maybe you know, people who might be a little bit older than us...I think that those connections are really important to our wellbeing.” It was discussed in terms of a result of healthy families, supported by the educational and employment system, which in turn, provides for people to thrive together and build an ideal community for growth.

Culture, Race, Ethnicity was discussed among intersectional identities that were associated with a specific cultural group (e.g., LGBTQIA+, Asian, youth). Participants repeatedly shared their desire for representation within city government, services, and positions of power. In short, people want to see others like them who represent their community and cultural group. Participants also reflected that more city-initiated efforts need to be made to have language and cultural inclusivity. Shared during a focus group, “The city designates some days...I know they are national [such as] Hispanic [heritage] month, there’s the Asian Pacific islander month...on those days [the city could] have some cultural awareness events citywide. I think that would be good. And you know the other thing is when I mentioned Asian faces, you know in different departments. I highly encourage the police department; I think that it [would] make the Asian people feel safer. Otherwise, we think they are not foreigners and, hopefully, maybe all the departments, city departments could [have representation] too.”

Education consisted of schooling, learning, and knowledge across the lifespan, but was primarily focused on Children and Youth and Young Adults. During a focus group it was said, “The school system...[is] still a big resource, whether you’re in pre-K, whether you’re in kindergarten, to middle school, to high school, to college. Everyone is still connected with the school system, whether you’re a parent or a child. You’re connected, whether you’re the aunt, the uncle, you hear things. Grandmother, grandfather, you hear things. I think getting a lot of resources in the school system is...something that should be happening.” Many discussed the imperative nature of affordable and crisis childcare. One participant shared that she is often anxious about her employment due to the possibility her child would become ill with COVID-19; she stated that she would be unable to afford childcare and likely lose her job.
Mental Health discussions were holistic and included the emotional, mental, and psychological survival of underserved and minoritized groups. Participants expressed concern about access to therapy and the capacity to secure the resource and/or pay for these services, especially in the event of a crisis. One participant stated, “One thing that [I] wanted to emphasize more [is] mobile crisis units and dispatch mental health clinicians in times of crisis, either with the police, or have the police train to have the psych aspect of things, which is extremely vital. Three-fourths of our community suffers from Post-Traumatic Stress Disorder. You can ask 10 people, at least five have seen someone getting shot, or has had a family member that has gotten shot. That’s really heavy stuff.

Three-fourths of our community suffers from Post-Traumatic Stress Disorder. You can ask 10 people, at least five have seen someone getting shot, or has had a family member that has gotten shot. That’s really heavy stuff. I went to a therapist one time and I’m explaining you know different things that I’ve been through and they’re like, oh my God, like one of those things can break you down, and you been through 10 of those things, and you just walk around as if it’s normal, like this is a part of our culture, and is not normal at all.” Many also endorsed the impacts of mental health concerns in their neighborhoods and strongly endorsed trauma and culturally informed treatments and responses that were restorative and rehabilitative.

Racism, Stigma, Marginalization was witnessed and lived experiences of racism, stigma, prejudice/bigotry, and/or marginalization. One participant reported, “If somebody is coming across discrimination or stigmatization...What is the role of the city? I think that having a place where folks can go to...Perhaps the city can provide a way for folks to more easily go to that place, provide that information...you need resources. New Haven is a big city, and so you have a lot of neighborhoods, you have a lot of folks who have very polar ways of looking at the world, you know from one neighborhood to the other - in the same neighborhood even. That’s where my answer would be, that if there was a way for folks to take grievances and have them addressed, actually have them addressed...Put teeth in what already exists...[so it] can cause some change.

If somebody is coming across discrimination or stigmatization...What is the role of the city?...If there was a way for folks to take grievances and have them addressed, actually have them addressed...Put teeth in what already exists...[so it] can cause some change.” Experiences of racism and discrimination were discussed as structural, systemic, and social. They occurred in social interactions, within the healthcare and educational systems, as part of mental health services and policing, and at the city and policy levels.
Economic Stability and Food Security was expressed as concern for and basic needs of the person, their neighbor, families, and community to achieve and sustain economic stability, financial literacy, employment, and food security. A focus group member shared, “Finances is the foundational thing I think because it goes to the Maslow’s hierarchy, where you have the foundational baseline of what you’re surviving, what you care about, what your priorities are, and people of color, especially in urban communities are at the bottom of that pyramid because we’re constantly thinking about survival, we’re constantly thinking about food and shelter, and when you’re thinking about those things, you don’t have the capacity to think about therapy or bettering yourself in other ways, so if we know that, if you’re financially stable and not food insecure, then you’ll be able to evolve and mature a little bit better and faster.”
ACROSS THESE THEMES participant groups were forthcoming and sincere in discussing their lived realities. They shared intimate details about their neighborhoods and the broader strengths and issues in New Haven and the city government. Many shared that they valued the opportunity to interact with city government, and they appreciated the initiative the city took to interact with them. As one participant shared, she felt excited that there was an interest in her community and viewed it as an opportunity for action and change. While every community and system are impacted by barriers resulting from and exacerbated by racism, stigma, marginalization, violence, and limited and underfunded resources, participants were hopeful for the future and the ways in which people, systems, and government could work together to reduce and even eliminate some if not all these issues.

Across all the focus group interviews collectively and resoundingly participants expressed their love for New Haven and believed in the community and the people. For many the path to success for one another was clear in how their communities could be served, protected, and treated with cultural humility and trauma-informed care. Education was foundational to family and community advancement, it included financial literacy, postsecondary education, and gainful employment opportunities. The healthcare, mental health, and other social systems were also viewed as places of opportunity, holistic health, and wellbeing. While COVID-19 was viewed as having a predominantly negative impact on participants, and rightly so, the silver lining was it laid bare some of these system flaws and highlighted areas where change can occur. As People of Color, sexual and gender minorities, and those formerly involved with the incarceration system were represented in this project, the ideas these group lent to the discussions were pertinent and profound. These groups face some of the most acute and far-reaching barriers to care and resources in our community. As noted by participants, a first step in creating change, reducing disparities, and increasing access is to have these conversations and learn from one another.
Limitations

While this project addresses community wellness and lived experiences of diverse City of New Haven groups in the context of the City of New Haven resources, the scope and breadth of this project is limited in several ways:

- Community wellbeing was assessed through qualitative analyses and no quantitative measures were used to assess objective levels of individual health, wellness, quality of life, or wellbeing.

- Given the timeframe, specific focus, and sampling methods, not every constituent group was represented (e.g., homeless population, substance use treatment/recovery community) in the focus groups.

- This project did not include qualitative interviews with participants, which could provide more robust, yet individualized data.

- This project was conducted during the COVID-19 pandemic, and while this was discussed during all focus groups, it could have limited access to those with more resources, affluence, and/or privilege. We recognize that this can impact the narratives within the focus groups and the results from this project.
Recommendations
The following set of recommendations are based on the goals at the outset of this project and the coalescence of commonly reported sentiments and themes from diverse participant groups.
1 Financial Wellbeing

a. Starting at a young age, the incorporation of more financial literacy curricula in school systems. It is important for City governments to be active partners in working in disenfranchised communities to build their financial literacy skills so that they are better equipped to navigate the daunting and cumbersome financial services. These tools and their significance continue to pay dividends as young people mature and age, and multiple community members expressed desires to have been taught those practical skills from when they were school-aged.

2 Information Sharing

a. The creation of formal city-wide channels of communication that can reach marginalized groups (e.g., a series of text alerts or email listservs, in which you can subscribe to information about various subject-matter: such as a single mothers support group). Beyond increasing awareness of available resources in the city, these channels would also bolster social support and connectedness amongst those who share common interests or identities. Focus group participants shared how targeted advertising of city programs was just as important as program development, and that means of advertisement needed to extend beyond traditional streams of communication to reach the intended targets.

b. “Taking to the streets,” and knocking on doors, as a means of communicating information; especially when checking in on neighbors, relaying benefits of healthcare services (e.g., vaccinations), and getting feedback on what city services are needed. As alluded to in the previous recommendation, focus group participants mentioned learning and sharing information frequently from their neighbors by going door-to-door, particularly in raising awareness or rallying together in times of crises. Participants also shared they desired that level of connectedness with local leaders. Having face-to-face conversations in people’s homes is an important way to make sure messages get out to those who are most isolated and that those people are heard.
c. The creation of neighborhood-based resource lists that can be modified and added to by community residents (e.g., advertising grief counseling, carpentry services, healthcare services, addiction recovery classes, etc.). Community members expressed frequently desiring services that were not well-advertised but were being provided by other community members. For example, certain clergymen knew of personnel who could provide grief counseling but did not know how to let those outside of their faith circles know about these services. Creating shared, public lists of resources and services would allow individuals to share more skills and directly meet more needs.

3 Youth Development

a. The investment of more technological resources (free Wi-fi, iPads, laptops)—for young people, particularly those between early teens-late 20s. Multiple community members emphasized the need to equip the younger generation with resources that allow them to grow to more of their potential, especially those who lacked access to technological devices—which are now critical for financial well-being, education, and employment. Furthermore, this investment could become part of a cultural shift, in which marginalized youth feel like New Haven is a place that they want to come back to and invest in—especially bringing their skills and ideas to the city.

b. The creation of more safe spaces for young people to be after school. Here, they can explore creative outlets, play sports, hang out with peers, and/or be connected to mentor figures. Particularly during and post COVID-19, young people are facing high levels of social isolation that may come with mental health consequences. More than ever, youth would benefit from having greater opportunities for development, connection, and enrichment, especially resources that encourage personal expression as means of processing trauma. Youth representatives and youth mentors discussed how important such existing spaces were for them and other young people, and how there are limited spaces currently, particularly for BIPOC youth from more impoverished neighborhoods.
4 Mental Health and Healthcare

a. The creation of some well-known, non-criminalizing resource (alternative to 911 and police response) that can be called in time of mental health crises, no matter whether you, a loved one, or a stranger on the street was the one in need. Community members discussed frequently seeing instances of traumatic mental health episodes playing out on the streets but feared calling local law enforcement in the event that those suffering with those mental health episodes would be met with punitive or otherwise traumatizing responses. There is a strong desire to have a resource for reporting mental health-specific issues that would be separate from the response to crime or violence.

i. Alternatively, the creation of mandatory mental health training that all police officers and first responders must take to respond to issues of mental health crises more adequately. Similarly, this recommendation arises from the current lack of trauma-informed responses to various crises that are being highlighted on the local and national news.

b. The provision of more accessible mental health resources (trauma-informed, culturally humility, easy-to-access delivery for working mothers, for LGBTQ individuals, for those who do not speak English, for teenagers, and for those without internet). Community members discussed the various barriers they experienced to seeking successful mental health care; including language, cultural barriers, or having previous traumatic experiences related to healthcare (e.g., not competent in treating queer individuals). Despite what resources currently exist, there remain pockets in communities that are unable to access resources because of under-addressed barriers. Greater accessibility along these dimensions would greatly increase the ability for some marginalized groups to receive care.

i. Free or more affordable mental health resources. Many community members discussed the unaffordability of resources such as therapy and felt that they often had to make trade-offs between other necessary expenses and mental health care, despite the rise in distress and mental health concerns since the COVID-19 pandemic.

ii. Intentionally connecting those who are re-entering the community after being incarcerated to mental health resources. Incarcerated individuals come back into the community with
much higher levels of physical and mental health concerns than the general population. The re-entry community is one group that would particularly benefit from having ready access to mental health care. Furthermore, those reentering the community are frequently without the support to get/be connected to various social services and may struggle to navigate housing and employment, and health needs. Thus, having some automatic referral to mental health care might significantly improve the outcomes and well-being of the re-entry community.

c. The provision of funds toward hiring and training more community members to be peer community health workers. These individuals might best be equipped to reach medically mistrustful populations and provide trauma-informed care. Participants discussed historic and personal examples of medical trauma that lead them or others they know to dis-engage with institutionalized medicine. On the other hand, multiple participants discussed the increased trust they had when health information and even the provision of basic medical care came from—or could come from—local community members and peers. By training and paying for more local community members to become lay health workers, more of the greater community could be reached, and the burden on traditional professional healthcare workers would be simultaneously lessened.

5 Diversity, Equity, & Inclusion

a. The city’s public commitment to anti-racism in support of everyone that makes up the New Haven community, including Asian Americans & Pacific Islanders, Native Americans, Latinx Americans, and Black Americans, especially against violence toward these minority groups. Participants discussed the ways they personally experienced violence against their racial or ethnic identities, as well as the ways that national political events further increased their sense of fear for their safety and safety of their loved ones. The city’s stance and subsequent actions against such violence—both in everyday microaggressions and more dramatic acts of violence—is critical for standing alongside these community members and protecting their well-being.
b. The increase in diverse cultural city-wide programming to celebrate various cultural holidays and overall celebrations acknowledging different racial/ethnic groups, as well as gender and sexual minorities. Multiple participants discussed how important it was to have opportunities to publicly celebrate parts of their identity that are typically marginalized. These events are not only opportunities to gather with others from similar backgrounds but are public statements countering the stigma and prejudice that might otherwise more dominantly surround those identities.

c. Increase the number of community members included in decision-making bodies about City funding and neighborhood allocations. Special focus on including people of color who represent distinct neighborhoods, as well as LGBTQIA+ individuals were suggested. Having marginalized voices not only heard but also adequately represented at all levels of authority is critical for advancing anti-racist and more equitable programming. Participants discussed how they felt that they frequently participated in listening sessions hosted by various authorities, without always feeling like their appeals were acted upon, due to limited representation of these identities in leadership.

i. Greater, diverse representation within city government leadership that encapsulates intersectional minority identities (Race/ethnicity, gender, sexuality, age, etc.). Even beyond the inclusion of individuals with distinct marginalized identities, participants felt that it was also critical to have an intersectional framework in the intentional selection of city organization leadership—bringing in the voices of those with multiple, marginalized identities who often are given fewer resources and opportunities to vocalize their needs.

6 Neighborhood Environment

a. Greater investment of neighborhood clean-up crews and tree-planting efforts. Particularly in under-resourced neighborhoods (e.g., a service that replants a tree every time an old tree is uprooted). Focus group participants discussed how the physical appearance of their neighborhoods mattered, and the positive difference that trees, community gardens, and cleaner streets made for social cohesion. The investment into the built environment of these neighborhoods will pay dividends toward cultural change around individuals’ personal investment in neighborhoods.
7 Provision of Social Services

a. The increase of social services (e.g., food pantries) that are decoupled from religious institutions and healthcare institutions, to increase accessibility for LGBTQIA+ individuals who may have been traumatized by such spaces. Participants expressed the inaccessibility of many social services provided within the city simply because of how frequently they were tied to the same types of institutions in which they had previously negative or even violent experiences. By increasing the diversity of sources of important social services, more individuals from marginalized communities might be able to finally have access to basic needs.

b. Increase in funding of existing direct-service organizations in New Haven that already serve marginalized populations (e.g., The New Haven Pride Center), as opposed to creating new organizations to address gaps in needs. Participants expressed the great work being done by direct-service organizations in the city, particularly during and through covid-19, and felt that the city government’s greater financial investment in these services might be one of the most effective strategies to meet community members’ needs. Direct-service organizations frequently are limited in their funding, and often have had to manage providing to diverse and in-need clientele with limited financial power. By targeting funds to organizations that have demonstrated impactful work and already have relationships with community members, services might be expanded and grow to meet the increased needs.

c. Increase translation of advertising materials related to public-facing services (transportation, financial assistance and loan applications, welfare benefit applications, small business grants, healthcare resources, policing, libraries, programming, community groups) into the diverse languages represented by the New Haven. Target advertisement of services to marginalized ethno-racial groups, especially non-English speaking ones. Language barriers were mentioned multiple times by focus group participants as an obstacle for particularly immigrant populations to take advantage of available social services. By creating more translations of advertising materials, more communities can be made aware of public programs and access and use available services—efficiently improving the overall well-being of the city.
IN ADDITION TO THE RECOMMENDATIONS, the data contained in this report can be used to create targeted training, focus areas, and task groups to address the needs of the community through the City of New Haven workforce development. These efforts can be achieved through collaborations between the City and its constituent partners. Further, this work can be expanded, contextualized, and enhanced by more focus groups using the outlined sampling, approach, and methods. Namely, with Native American, Latinx, undocumented, single mothers and fathers, homeless, and other underrepresented groups. In addition, follow-up focus groups with constituent communities are advised to report back and identify new challenges that surface over time.

The City of New Haven has been going through the process of transformation. In 2020 we launched our Cultural Equity Planning process and have now completed the finalized plan of the City’s and State’s first ever cultural equity plan. This plan was co-created; team curated with a mix of arts activists, residents, community leaders; and arts culture shifters. Over the coming years this plan will drive the city towards being more inclusive, equitable, and just in the arts and culture sector. It must have anti-racist principles at its core. We will also continue to utilize the arts for anti-racism pledge frameworks in organizational race equity accountability.

The City of New Haven has also recently joined the Government Alliance on Race & Equity which is a membership based anti-racism network for Government agencies. From this the City formed its first ever CORE Equity team. It is composed of 19 city employees from different backgrounds, job occupations, job levels and departments. Their charge is to dismantle unjust and inequitable systems within City Hall using equity assessment tool kits for fair systems change. New Haven is also a member of the Living Cities Network which is a national organization focused on closing the racial wealth gap. The City of New Haven has also created a new department of Community Resiliency which is being developed under the Community Services Administration.
Conclusions
This study aimed to improve the quality and performance of local, city government in the face of unprecedented change. The sustainability and success of any organization is predicated on the balance of internal culture as an expression of quality customer service (Bellou, 2007; Brewer & Selden, 2000). Research shows that training and education can be a springboard for modeling, facilitating, and sustaining positive organizational changes (Schraeder, Tears, & Jordan, 2005). Thus, this qualitative focus group study sought to answer questions to assess organizational culture of the City of New Haven services and related issues and opinions on collective wellbeing. Our focus on wellbeing centered on constituent groups where we sought to identify strategies for change, and impact service delivery as it occurs in the context a diverse community. It is intended to take actions to improve the City of New Haven, its delivery of services and the wellbeing of those who receive its services. There is potential for wide organizational dissemination, targeted training, educational interventions, and continued quality improvement and program evaluation based on findings and recommendations. In addition, this information can be used to add to the scientific literature.

Our focus on wellbeing centered on constituent groups where we sought to identify strategies for change, and impact service delivery as it occurs in the context a diverse community.
References


Appendix

The timeline on the following page illustrates the 18-month project from inception (June 2020) until present (November 2021). Of note, the team conducted six focus groups (in green), and met 15 times formally (in blue), in addition to many other informal analysis meetings. December 2020–January 2021 was a time of transition in research direction, and September–November 2021 was when most of the data analysis and report writing occurred.
2020

**JUNE 2020**
- Core research team formed

**JUNE-AUGUST 2020**
- Research materials developed (focus group questions, recruitment materials)

**AUGUST-OCTOBER 2020**
- Seeking IRB approval
- 10/1 Team meeting
- 10/6 Team meeting

**OCTOBER-DECEMBER 2020**
- Attempts to proceed with city gov route; facing roadblocks
- 11/3 Team meeting
- 11/25 Analysis team meeting

**NOVEMBER-DECEMBER 2020**
- Yale Institutional Review Board Approval & Exemption Determination
- 10/1 Team meeting
- 10/6 Team meeting
- 10/30 Team meeting with Mayor Elicker

**DECEMBER 2020-JANUARY 2021**
- Pivoting directions; new focus on community wellness; revising research materials
- 12/9 Team meeting

2021

**JANUARY 2021**
- 1/13 Team meeting
- 1/27 Focus Group: Artistic Activist community

**FEBRUARY 2021**
- 2/24 Team meeting
- Transcribing, creation of initial code/themes

**MARCH-JUNE 2021**
- 4/5 Team meeting
- 4/21 Team meeting
- 3/17 Team meeting
- 3/22 Focus Group: Youth Leaders community
- 4/11 Team meeting
- 5/13 Team meeting
- 5/24 Focus Group: Reentry community

**JULY-AUGUST 2021**
- Attempts to schedule more focus groups

**SEPTEMBER-OCTOBER 2021**
- Finalizing codes and thematic analysis

**OCTOBER-NOVEMBER 2021**
- Technical report writing
- 11/19 Yale Psychiatry Grand Rounds Presentation

**DECEMBER 2020-JANUARY 2021**