

Gardiner Foundation Project
Healthcare - Educational Summary and Timeline
Nicki Gonias and Sandra Morris
Fall 2020 (updated March 2023)

I. Overarching Themes

Racial Inequities in Healthcare: Past and Present

Purpose of the study was to examine how healthcare professionals and leaders on Long Island make sense of the historical and current factors that sustain racial inequities for Black residents regarding access to high quality healthcare and healthy living environments.

The racial and ethnic breakdown of Long Island for 2022:

- White: 85.8% Suffolk County, 77.3% Nassau County
- Black: 8.2% Suffolk, 12.2% Nassau
- American Indian: 0.6% Suffolk, 0.5% Nassau
- Pacific Islander: 0.1% Suffolk, 0.1% Nassau
- Asian: 3.7% Suffolk, 8.4% Nassau
- Hispanic or Latino of any race: 17.3% Suffolk, 15.3% Nassau

Hospitalization Rates: Obesity, Breast Cancer, Cardiac Disease

Long Island's top leading health care concerns vary from respiratory disease to obesity. Research statistics displayed the top ethnic groups that have been affected by various health concerns and their hospitalization rates. Hospitalization rates from 2014 have shown large disparities in ethnic groups. There are more AA's (African Americans) that face the challenges of various hospitalization causes than other groups. The rate displayed that for AA's they were higher in asthma (30.5%), heart disease (196.5 %), cancer mortality (16.2%), and breast cancer mortality (24.9%). Whites had the highest hospitalization rates for congestive heart failure (17.6%). Obesity has also been a major concern for Long Islanders. Data shows that 52% of Nassau County is considered obese and 57% in Suffolk County. Heart diseases are the leading cause of death on LI (then cancer, CLRD, stroke, unintentional injury).

Citations:

<https://www.health.ny.gov/statistics/chac/indicators>
<https://www.lihealthcollab.org/member-resources/data-resources>
https://www.gillibrand.senate.gov/download/new-york-obesity-report#:~:text=County%20Statistics%20for%20Long%20Island,adults%20are%20overweight%20or%20obese.&text=SUFFOLK%2057.00%20598%2C094%20*Statistics%20derived,Census%20Bureau%20County%20Population%20numbers.

Racial/Ethnic and Socioeconomic Disparities of Covid-19 Rates

Covid-19 rates have shown large disparities in racial/ethnic groups as well as socio-economic groups. Certain minority groups have underlying causes that affect their susceptibility to contracting Covid-19 and their survival rates. Positivity rates are constantly increasing both in Nassau and Suffolk counties. The data shows the alignment of the healthcare issues in minority ethnic groups with the increase in Covid-19 rates on Long Island. Additionally, Covid-19 disparities stretch across the access students have to the internet and computers to continue learning in a remote format. Statistics show that lower socioeconomic families have more struggles with accessibility to computer devices, internet access, and not completing their schoolwork due to various factors. Research shows that lower socioeconomic students will lose motivation simply due to the lack of resources and quiet time at home.

Citations:

Dobin, D., & Dobin, A. (2020). Racial/ethnic and socioeconomic disparities of Covid-19 attacks rates in Suffolk County communities. *arXiv preprint arXiv:2004.12175*.
<https://projects.newsday.com/long-island/tracking-the-coronavirus-on-long-island/>
<https://www.crpe.org/thelens/digital-divide-among-students-during-covid-19-who-has-access-who-doesnt>
<https://www.newsday.com/news/health/coronavirus/african-american-coronavirus-1.43756618>
<https://nyulangone.org/news/racial-disparities-covid-19-related-deaths-exist-beyond-income-differences-large-us-cities>

Healthcare Rates in AA's

Statistics on Long Island have shown healthcare disparities that affect mostly African Americans and more specifically in men. AA men tend to be immune to more healthcare issues. There are 20% of AA's on Long Island that have high blood pressure. Additionally, AA men show a large connection to obesity, respiratory issues and heart disease, and cancer. This is quite alarming and needs to be further investigated to understand the reasoning of this whether hereditary or life conditions and accessibility.

Citations:

<https://www.newsday.com/news/health/coronavirus/african-american-coronavirus-1.43756618>
<https://www.health.ny.gov/statistics/chac/indicators>
<https://www.lihealthcollab.org/member-resources/data-resources>

Diabetes Rates

Diabetes rates on Long Island are concerning. They are constantly increasing each year and can be attributed to other healthcare concerns that are present on LI. Many LIers are obese which can cause diabetes in individuals. AA's are at the top of the charts containing 50% of the ethnic group to have diabetes. In 2015, 8.9% of New York residents were diagnosed with diabetes. Statistics also show in children ages 0-19, whites were dominantly diagnosed.

Citations:

https://www.cdc.gov/diabetes/statistics/slides/long_term_trends.pdf

<https://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2017-508.pdf>

II. Historical Events and Turning Points (TIMELINE):

Nassau County Department of Health Assessment 2014-2017

Nassau County 2008-2010

- poor health status
- higher proportion of minorities
- more residence of low socio-economic status
- comprised of three towns and two cities
- HIV rate is greater
- higher infant mortality rate

Top Cause of Death

- heart disease
- cancer
- chronic lower respiratory disease (CLCD)
- stroke
- flu/pneumonia

Fear Prevents People from Seeking Health Care

- stigma of mental health
- undocumented immigrants

Long Island Collaborative, Population Health Improvement Program for the Long Island Region (2019)

Long Islands Health and HealthCare Barriers

- economic stability
- transportation accessibilities
- financial insecurities
- affordable insurance & healthcare
- language

Town of Hempstead Health Equity Report 2017

Leading Causes of Death

- heart disease
- cancer
- chronic low respiratory disease (CLRD)

- stroke
- unintentional injury

1930 - Flu Pandemic

1945 - Medicare program was enacted to provide insurance coverage to over 50-million Americans - Health Insurance companies became exempt from federal regulation

1957 - HIV breakout

1965 - Medicaid health coverage was signed by President Lyndon B. Johnson

1968 - H3N2 virus

1970 - Obesity in children more than triples

1986 - Healthcare Quality Improvement Act (HCQIA) that provided immunity for medical professionals and institutions - Provided immunity for medical professionals and institutions

2009 - Children's health insurance program (CHIP) (later became the Affordable Care Act)

2010 - Health insurance rates very low on long island (Nassau - 10.2%, Suffolk - 10.4%)

2010 - Affordable Care Act (ACA) was enacted to make health insurance available to more people - increasing health insurance coverage for the uninsured and implemented reforms

2014 - 25% of Long Islanders are considered obese

2014-2016 - Heart disease causes over 7,000 deaths on LI

2014-2016 - Premature births in AA increased and the highest on LI at 13.4%

- Asthma in AA highest on LI at 33.3%
- Diabetes at its highest in AA at 20.4%

2018 - Decrease in the amount of people on LI with no health insurance (N&S 3.9%)

2020 - Coronavirus hits LI (the world)

IV. Planned and Prospective Interviews

In total, there were 16 interviews conducted. The interviews provided real-world understandings of the healthcare field and its inequalities. Having an array of healthcare professionals both in

and out of the field gave a wide range of experience and provided a lens that captured the whole picture. The interviewees disseminated information that confirmed a lot of the research that was conducted prior as well as uncovered the shift for today's current healthcare situations.

- Professionals
 - OBGYN - Doctors
 - Nursing Instructor
 - Nursing Director
 - Clinical Assistant
- Leaders
 - Directors
 - Commissioners
 - Supervisors
- Advocates
 - Public Affairs Manager
 - Social Justice Leader
- Community Members
- Professors

V. Narratives/Themes Presented:

Main Findings 1

Black residents do not have equitable access to healthcare and healthy living environments because of insurance, implicit bias of healthcare professionals, and environmental factors (transportation issues, environmental racism with polluted air, food deserts, etc.)

- Based on where people live on Long Island, you can predict conditions that influence the trajectory of their health over a lifetime. Some factors of their neighborhoods include access to healthcare, exposure to environmental hazards, higher rates of diabetes and strokes, and prediction of lifespan (Hackett, 2015).

Main Findings 2

Black residents do not trust the healthcare system because of historical incidents, which can delay/prevent needed healthcare interventions.

- Historical trauma, particularly the Tuskegee Syphilis Study, is thought to be the primary underlying driver of medical mistrust among people of color, particularly Black people (Jaiswal, 2021).
- Black Americans have their pain denied, their conditions misdiagnosed, and necessary treatment withheld by physicians (Bajaj & Stanford, 2021).

Implicit bias/micro-aggressions of healthcare professionals

- Infant mortality is halved when Black newborns are cared for by Black rather than White physicians (Bajaj & Sanford, 2021).
 - aneurysm
 - acute renal failure

- cardiac arrest eclampsia
- cardiovascular disorder
- undiagnosed cardiac disease
- seizures associated with high blood pressure
- elevated liver enzymes and low platelets
- heart failure
- putting off prenatal care till the last trimester
- amniotic fluid embolism
- shock
- stroke
- sepsis

Access to healthcare

- Insurance rates
- Transportation problems
- Underlying conditions (asthma, diabetes, high blood pressure)
- Environmental racism=low-income
- Black residents more likely to live in segregated communities and be exposed to water and air pollution (Pulido, 1996)

Covid rates and deaths for Black community, and Black community's response to vaccines

- Certain minority groups have underlying causes that affect their susceptibility to contracting covid-19 and their survival rates.
 - First offered to affluent Caucasian neighborhoods
 - Lower socioeconomic groups not able to take off work to receive
 - More areas and places distributing vaccine
 - Pods brought into communities, churches, civic centers
 - Technology not effective for people not educated with it or accessible to it.
 - Hard to overcome MISTRUST
 - Elderly most impacted
 - Nursing homes
 - Pregnant women
 - Segregated communities

Increased Awareness and Advocacy Groups point to positive signs for the future of healthcare for Black communities on LI

- Health and Welfare Council of Long Island
- Long Island Jobs with Justice
- Pulse Center for Patient Safety

- Nassau-Suffolk Hospital Council
- Big Brothers Big Sisters of LI
- NAACP
- Urban League of Long Island
- Health and Equity Committee- Molloy
- ERASE Racism
- OLA of Eastern LI (Organization of Latin America)
- LILAC (Long Island Language Advocates Coalition)
- East End Birth Network
- Birth Justice Warriors
- Healthy Babies & Moms
- Women's Diversity Network
- Suffolk baby shower program
- Suffolk County DOH Office of Minority Health
- Maternal and Infant Community Health Collaboratives (MICH)
- The Public Health Nursing Bureau
- Planned Parenthood

Optometry in times of pandemic: Spanish Flu (1919) versus COVID-19 (2020)

Hints of a pandemic's wrath found in look back at 1918 influenza crisis 2020 Spanish Flu also known as the swine flu or flu pandemic caused by the N1N1 began in 1918 and ended in 1920. Schools on Long Island were closed, turned into hospitals. Long Island had a breeding ground for the virus at the military forts. Many healthcare workers lost their lives. People wore masks.

Efron, N. and Efron, S.E. (2020), Optometry in times of pandemic: Spanish flu (1919) *versus* COVID 19 (2020). *Clin Exp Optom*, 103: 399-404. <https://doi.org/10.1111/cxo.13094>

Coronavirus Impacts Minority Communities Disproportionately April 29, 2020 COVID-19 2 (SARS-Cov-2) communities of color in Nassau and Suffolk counties contracted COVID-19 higher rate than whites due to underlying chronic conditions such as hypertension, chronic obstructive pulmonary disease, and asthma.

<https://www.lihealthcollab.org/news-and-blog/coronavirus-impacts-minority-communities-disproportionately>

The pandemic has created many challenges for families with children with disabilities. Some have lost their jobs. Others have been left alone without a support system from professionals. The loss of essential services, education and socialization engagement for students with disabilities became a major problem for families.

Neece, C. (2020). Examining the impact of COVID-19 in ethnically diverse families with young children with intellectual and developmental disabilities. *Journal of Intellectual Disability Research*, 64(10), pp. 739-749. doi:10.1111/jir.12769

Today Hempstead Village is home to over 55,000 residents, who are mostly African Americans and immigrants from around the globe. They work in essential jobs. In 1918 when the Spanish Flu came to Hempstead people didn't listen and had to learn the hard way. No sooner had they closed down they reopened. The Spanish Flu claimed many lives. In a span of three weeks 350 new cases developed, and measures had to be once again taken to protect the public.

Filler, L. (2020, Apr 16). Hempstead in crosshairs once again: In the fall of 1918, the village was at the center of an epidemic much like today. *Newsday*
<https://molloy.idm.oclc.org/login?url=https://www-proquest-com.molloy.idm.oclc.org/newspapers/hempstead-crosshairs-once-again/docview/2390069625/se-2?accountid=28076>

Endometrial cancer (EC) is a cancer of the lining of the inner wall of the uterus. It is very common. Black women are diagnosed at a later stage than White women. Black women have a 55% higher 5-year death rate than White women.

Doll, K. M., Hempstead, B., & Truitt, A. R. (2019). Seeking Black women's voices in endometrial cancer research via deliberate community engagement. *Progress in Community Health Partnerships*, 13(3), 253-264.
<http://dx.doi.org.molloy.idm.oclc.org/10.1353/cpr.2019.0053>

The study examined special patterns to patterns in airborne carcinogens to see if toxic compounds resulted in the diagnosis of colorectal, breast and lung cancers. The study also looked to identify risk factors, such as diet, socio-economic status, and occupation. The studies addressed three questions about breast, lung and colorectal cancers in Long Island.

1. What are the statistically significant excesses and deficits of cancer?
2. Where are the zones of rapid change in cancer incidence?
3. Is geographic pattern in cancer incidence related to geographic patterns in carcinogen concentrations as modeled by the National Air Toxics Assessment Program?

Jacquez, G. M., & Greiling, D. A. (2003). Geographic boundaries in breast, lung and colorectal cancers in relation to exposure to air toxics in Long Island, New York. *International Journal of Health Geographics*, 2(1), 4.

References Cited

Bajaj, S. S., & Stanford, F. C. (2021). Beyond Tuskegee—vaccine distrust and everyday racism. *New England Journal of Medicine*, 384(5), e12. Chicago

Dobin, D., & Dobin, A. (2020). Racial/ethnic and socioeconomic disparities of Covid-19 attacks rates in Suffolk County communities. *arXiv preprint arXiv:2004.12175*.

Hackett (2015). Suburban Health Inequalities: The Hidden Picture.
<https://news.hofstra.edu/2015/05/04/suburban-health-inequalities-the-hidden-picture/>

Jaiswal, J. (2019). Whose responsibility is it to dismantle medical mistrust? Future directions for researchers and health care providers. *Behavioral Medicine*, 45(2), 188-196.

Nassau County Health Indicators by Race/Ethnicity (2017-2019)
<https://www.health.ny.gov/statistics/community/minority/county/nassau.htm>

Peterson, A., Charles, V., Yeung, D., & Coyle, K. (2021). The health equity framework: a science-and justice-based model for public health researchers and practitioners. *Health promotion practice*, 22(6), 741-746. <https://doi.org/10.1177/1524839920950730>

Racial Disparities in COVID-19-Related Deaths Exist Beyond Income Differences in Large U.S. Cities (2020). <https://nyulangone.org/news/racial-disparities-covid-19-related-deaths-exist-beyond-income-differences-large-us-cities>

Suffolk County Health Indicators by Race/Ethnicity (2017-2019)
<https://www.health.ny.gov/statistics/community/minority/county/suffolk.htm>

Tracking the Coronavirus on Long Island (2022). <https://projects.newsday.com/long-island/tracking-the-coronavirus-on-long-island/>

The Digital Divide Among Students During COVID-19: Who Has Access? Who Doesn't? (June 2020). <https://www.crpe.org/thelens/digital-divide-among-students-during-covid-19-who-has-access-who-doesnt>

Winslow, O. (April 2020) Racial inequities reflected in coronavirus toll, as state and city data are analyzed (2020).
<https://www.newsday.com/news/health/coronavirus/african-american-coronavirus-1.43756618>