



## A Health Research and Policy Agenda for Eliminating Health Disparities in Brooklyn, New York

### Health Disparities Continue to Persist

Despite significant improvements in quality of life, morbidity, and mortality rates among different racial and ethnic groups over the past twenty years, health disparities in the United States continue to persist. For instance in 2006, Blacks in New York City were more likely to die from AIDS, diabetes, and homicide compared to Whites than they were nearly twenty years ago. Moreover, it is documented that in a variety of organizational settings and clinical domains, members of racial and ethnic minority groups continue to receive poorer quality care than their White counterparts.

Health disparities are major concerns for all cities and towns in the United States. It is particularly a concern in Brooklyn, which is one of the most populated and diverse boroughs in New York City with approximately 2.5 million residents. Approximately half of Brooklyn residents are non-White. In 2008, individuals of African descent constituted 37.2% of the population followed by Hispanics (19.2%), Asians (9.3%) and Native Americans (0.1%). Nearly 40% of Brooklyn residents are foreign-born, mostly from Caribbean, Eastern Europe, and former Soviet Union. Notably, Brooklyn has a one of the largest Haitian populations in the United States and a sizeable Arab American community, each at 3%, according to the 2000 US Census.

### Identifying Health Research and Policy Concerns in Brooklyn

The Brooklyn Health Disparities Center (BHDC) is a multidisciplinary partnership between SUNY Downstate Medical Center, the Arthur Ashe Institute for Urban Health, and the Office of the Brooklyn Borough President. As a borough-wide resource, BHDC is committed to community engaged approaches to research, training, education, and outreach. Its fourteen member community advisory board (CAB) is comprised of community leaders who provide health and social services to Brooklyn residents and are highly regarded as key informants of the health-related research and policy issues that are most salient to their clients.

As an initial step towards addressing health disparities in Brooklyn, the center conducted a Delphi survey with its CAB members in 2010 to identify the main health-related research and policy issues in the borough. The Delphi technique is a widely used and accepted method for gathering group consensus. The main health-related research and policy issues specified by the CAB members as priorities in Brooklyn are provided in Table 1.

Table 1. The health-related research and policy concerns identified by BHDC community partners, 2010.

Rank	Research	Rank	Policy
#1	Diabetes	#1	Better access to preventive care
#2	Heart Disease	#2	Improve the quality and nutritional value of food and exercise in schools
#3	HIV/AIDS	#3	Increase funding to support community based mental health services
#4	Breast Cancer	#4	Increase parity for mental health and medical health care
#5	Asthma	#5	Address poor educational system
#6	Domestic Violence	#6	Increase access to care for low income people
#7	Teenage Pregnancy	#7	Providing better access to organic fruits and vegetables
#8	Child Abuse (sexual & physical)	#8	Ensure that medical facilities incorporate a health navigation person at each site to facilitate individuals receiving comprehensive services
#9	Cervical Cancer	#9	Restrict advertisements aimed at youth for tobacco, junk food, etc.
#10	Colon Cancer	#10	Expand emergency Medicaid to be a preventative health care model



## The Identified Research Areas to Address Health Needs

### Chronic Conditions

#### ✓ **Diabetes**

Diabetes is the 4<sup>th</sup> leading cause of death in New York City as of 2004, and is one of the fastest rising chronic diseases in NYC. In the past ten years diagnoses have increased by 250%. Diabetes deaths in Brooklyn have increased by 42% over the past 15 years, and are a major contributor to: heart disease, stroke, kidney failure, pneumonia, amputations, blindness, and influenza. Experts tie the epidemic to surging obesity rates (one in four Brooklyn residents is obese).

#### ✓ **Heart Disease**

Heart disease is the leading cause of death in New York City across race and ethnic groups for both men and women. Advancing age, gender, family history, diabetes, high cholesterol, high blood pressure, tobacco use, physical inactivity, obesity/overweight, and sleep apnea are leading risk factors for heart disease. A strong association between obstructive sleep apnea and cardiovascular disease has been well documented in research. The risk of developing sleep apnea is higher among obese individuals, men, older adults, those with high blood pressure and those of African descent.

#### ✓ **Cancer**

In Brooklyn, there are on average 1,443 women newly diagnosed with breast cancer and 352 women dying from it per year. On average, 151 women are diagnosed with cervical cancer and 47 cervical cancer deaths are reported per year. Cancer screening rates vary by the type of cancer. Cancer screening is highest for pap smears followed by mammograms and colon screening. Asian American women have one of the lowest breast cancer screening rates compared to other ethnic groups, which contributes to late diagnosis.

#### ✓ **Asthma**

Among children 0-14 years of age, asthma hospitalizations in Brooklyn decreased in the past five years. However the rates in some communities have increased such as in Coney Island and Bensonhurst. Hispanic/Latino adults have the highest prevalence of asthma (6.4%) among all New York City adults. Twelve percent of adults (18+ years) in New York City report that they had been diagnosed with asthma at some time in their life. Asthma morbidity rates are linked to: greater exposures to indoor allergens, outdoor environmental irritants, and/or environmental tobacco smoke; underlying changes in the immune systems of children; and/or greater barriers to obtaining healthcare services.

#### ✓ **HIV/AIDS**

Although there are over 1 million people in the US who live with HIV/AIDS close to 50% are African American. From 2000-2003, Black women made up close to 70% of those newly diagnosed with HIV, 18 times the rate of White women. African Americans in New York represent 17.2% of the statewide population; however they comprise 44% of all HIV/AIDS cases. Brooklyn is considered the epicenter for HIV infections throughout New York City, with a disproportionate number of new diagnoses among Black and Hispanic adults. Racial and ethnic disparities also exist in the number of deaths due to AIDS-related complications.

### Sexual and Reproductive Health

#### ✓ **Teen Pregnancy**

New York City's teen pregnancy rate has decreased by 25% from 1996-2000. However, citywide teen pregnancy rates continue to exceed those for New York State and the United States. Infant mortality rates are much higher with teen pregnancies, and are exacerbated by poor health and poverty. Teen pregnancy outcomes differ by race and ethnicity. Black and Hispanic/Latino teens are more likely to have a spontaneous abortion or miscarriage. Black non-Hispanic/Latino teens in Brooklyn ages 15-19 have the highest teen pregnancy rate (45%) of any other race/ethnicity in the borough.

## **Abuse**

### ✓ **Child Abuse**

Child abuse constitutes physical abuse, physical neglect, sexual abuse and emotional abuse. In 2008, almost 80,000 children were abused or neglected in New York. Child abuse has risen by 20% in New York since 2000. There are more than 33,000 of these cases annually in New York City and 6,000 in Brooklyn. In the United States, an estimated 1,740 children died as a result of abuse or neglect. Children younger than 1 year old accounted for 45.3% of deaths and 79.8% were younger than 4 years old. Common risk factors for child abuse are parental stress, poverty, social isolation, substance abuse, and community violence.

### ✓ **Domestic Violence**

One in four women will experience some form of domestic violence in her lifetime. Approximately 75,000 incidents of domestic violence occurred in the New York area from 2008-2009. In 2009, the New York Police Department responded to over 250,000 domestic violence incidents. Researchers have shown that of 375 women seeking care at an STD clinic in Brooklyn, almost 38% had experienced physical assault in the home, and almost 33% had experienced a verbal threat of violence. Half of all homeless women and children are homeless because of domestic violence.

## The Identified Policy Concerns to Address Health Needs

### **Access to Care**

#### ✓ ***Better access to preventive care***

Minority, immigrant, and low income communities often receive care on an emergent basis and respond to acute conditions as they arise. Prevention is widely known as the most effective strategy to maintaining health, although it is not always accessible due to barriers related to cost, language, immigration status, discrimination, and other obstacles that find their way into the health encounter. Better access to health screenings such as mammograms, pelvic exams, prostate exams, vision, dental, and hearing tests would identify potential health concerns early and help to eliminate barriers that prevent communities from receiving health care on a regular basis. Health care providers in Brooklyn and throughout New York City who provide comprehensive quality care to their patients should be rewarded.

#### ✓ ***Increase access to care for low income people***

Socio-economic status has been closely related to poor health outcomes in minority and immigrant communities. Medicaid is the nation's public benefit program for low income individuals, which is undergoing significant changes throughout New York City. Furthermore, as current changes are set to take place through health care reform, advocates must ensure that protections of this public option and state exchanges (which will support the public option) for health care are in place. All residents in Brooklyn and across New York City should have easy access to healthcare regardless of income.

#### ✓ ***Ensure that medical facilities incorporate a health navigation person at each site to facilitate individuals receiving comprehensive services***

Health navigators, sometimes called community health workers, are lay people, nurses or social workers, who help patients keep appointments, understand care instructions, and move through the health care system. There are over 140,000 community health workers across the country, and more funding is being directed to support a credentialing process to ensure that these patient navigators are recognized as professionals. In Brooklyn and throughout New York City, funding should also be directed towards institutions that utilize the invaluable services of health navigators to ensure that each patient has access to an advocate that will help them receive care.



✓ ***Expand Emergency Medicaid to be a preventative health care model***

Emergency Medicaid is currently available to all low income individuals, regardless of immigration status, who have a medical condition that meets the definition of an “emergency.” Individuals must meet the criteria for a medical emergency as designated by a health professional and complete a full Medicaid application to be considered. Allowing certain individuals (e.g. undocumented immigrants, uninsured) an opportunity to pre-qualify for Emergency Medicaid would ensure that there is continuity of health care when health conditions arise and that payments are reimbursed. Several states currently practice this and New York should adopt this practice. These recommendations should also be reevaluated and amended based on new changes to New York’s current Medicaid system.

**School-Based**

✓ ***Address poor educational system***

Individuals who have more years of formal education often times have better health outcomes. Structural barriers related to the public school system prohibit a vast number of minority students, i.e. Black and Hispanic/Latino, from graduating with a high school diploma each year, and these same students often disproportionately experience a higher burden of health challenges than their counterparts. The lack of infrastructure to support students who are falling behind must be addressed. All students need computers, experienced teachers, disciplinary measures using positive reinforcement, and sometimes extra help. Health advocates should apply pressure for needed school reforms for healthier generations.

✓ ***Improve the quality and nutritional value of food and exercise in schools***

School lunch is a laudable public policy that has provided food security for many families across the nation. Food corporations have benefitted from this requirement, yet there is a serious lack of nutritional value and quality of foods within many of the school districts serviced. In addition, many exercise programs in schools have been cut due to budget challenges, and there have been no adequate replacements to encourage students to participate in some physical activity within the institutions where they spend the majority of their time. Parents should be informed that they can attend school lunch meetings and demand that the quality and nutritional value of the daily menus be improved. In addition, students should receive a minimum of 30 minutes of exercise a day.

**Mental Health**

✓ ***Increase parity for mental health and medical health care***

Although access to improved mental health insurance benefits occurred with the passing of “Timothy’s Law” in 2006, the law does not apply to those who have Healthy New York, Child Health Plus or private insurance. Furthermore, it excludes conditions like post-traumatic stress disorder and substance abuse rehabilitation. Subsidies from New York State’s General Fund to small businesses with less than 50 employees to support certain minimum mental health benefits have been cut. In order for equity in mental health insurance benefits to continue, funding must be provided to small businesses, and comprehensive coverage by medical condition and health plan must be available.

✓ ***Increase funding to support community based mental health services***

Funding for community-based mental health services has been reduced substantially throughout New York City and expected to worsen. The city’s November 2010 Financial Plan included a \$1.9M reduction in fiscal year 2011 and a \$4.9M reduction in fiscal year 2012 for mental hygiene contracted services. These services range from inpatient, outpatient, emergency, residential and community support, which are provided by hospitals and community-based organizations. Funding for community-based mental health services must be restored and increased.



## **Food Justice**

### ✓ ***Providing better access to organic fruits and vegetables***

Good nutrition has been linked to lowering one's risk of heart disease, diabetes and cancer. In Brooklyn, New York, more than 9 in 10 adults in Bedford-Stuyvesant report eating less than 5 servings of fruit and vegetables a day, and one in four adults in Bed-Stuy is obese. An increase in awareness and education about healthy foods, working with local grocers and restaurants to ensure that there is a healthy option, and organizing farmers' markets and community-supported agriculture program is needed to improve access to organic fruits and vegetables to ultimately improve health.

### ✓ ***Restrict advertisements aimed at youth for tobacco, junk food, etc.***

Studies show that children request the foods that they see advertised on television, and that these foods, which are mostly sweet and fatty, are more likely to be purchased. Other countries have demonstrated how food ads can be restricted. As TV cigarette ads shifted to anti-smoking "truth" announcements which helped reduce smoking rates, harmful food ads should be restricted to promote healthier food choices. Furthermore, the food industry has contributed to health disparities by targeting low income and minority communities for their unhealthy food advertisements. This practice should be discouraged and New York City should protect all of its young residents by enforcing certain standards for food companies' marketing efforts.

## **Social Determinants of Health**

Most of the observed differences in health that led to the priorities in health articulated here relate to some underlying social, environmental, economic, and political reasons. Social determinants of health, conditions that determine the environments where people are born, live, work, grow and age, are critical to understanding the necessity of a multi-factorial approach to improving health and reducing chronic illness among disparate groups. The relationship between poverty and poor health has been clearly established. Education and employment are also proxy indicators for poor health, which has been linked to wealth accumulation. Incarceration is another example of an important social issue that has huge implications for one's ability to maintain good health and healthy relationships. Social and economic policies can often undermine the fair distribution of power, resources, and money and overall health equity. For instance, predatory lending may lead to the inability to access safe, affordable housing, which could contribute to asthmatic conditions in children. In many instances, social determinants can be viewed as fundamental causes of a particular medical condition, yet they cut across so many different structures. As a result, there is a need to provide holistic strategies to remedying them.

The World Health Organization has established the Commission on Social Determinants of Health to close the health gap in a generation. Three overarching recommendations from the Commission are to improve daily living conditions, tackle the inequitable distribution of power, money and resources, and measure and understand the problem and assess the results of action. On a local level, these strategies can be interpreted and applied by utilizing community-driven responses to the socio-ecological conditions that perpetuate health inequity.

## **Recruit Underrepresented Minorities into the Health Professions**

Health systems have been established to care for the ill, to prevent sickness, and to employ the latest medical technology available that can improve an individual's quality of life. In order to ensure that disparities are eliminated and that services are provided fairly and justly, the training and education system that prepares health professionals must include underrepresented minorities. Increasing the number of people of color who work in the health professions is associated with improved access to care for racial/ethnic minority patients, greater patient choice and satisfaction, better patient-provider communication and better educational experiences for all students while in training. According to the Sullivan Commission on Diversity in Healthcare Workforce, African Americans, Hispanic Americans and American Indians make up less than 9 percent of nurses, 6 percent of physicians, and 5 percent of dentists. This is in stark contrast to these groups collectively accounting for approximately 25% of the US population. Youth engaged in the Brooklyn Health Disparities Center's program to encourage their participation in health professions have provided their research and policy priorities, which mirror the CBO priorities outlined in this document. Visit the Health Disparities Center's website for BHDC's youth priorities, [www.downstate.edu/healthdisaprities](http://www.downstate.edu/healthdisaprities). Community-based approaches are essential to any effort to increase minority representation in medical education and health care delivery. Efforts must be well-led, supported with adequate financial resources and linked to change efforts in other localities and nationally.



## Informing Health Research and Policy: Recommendations

The information gathered from the key informants will be used to target short and long-term goals that aim to improve the quality of life, increase life expectancy, and reduce health costs for Brooklyn residents via innovative initiatives involving public agencies, non-for-profits, and academic institutions. As a catalyst for community-based organizations and academic researchers to help identify and exchange tools, resources, skills and expertise that address racial/ethnic health disparities in Brooklyn, BHDC is striving to increase the level of community engagement between researchers and minority communities. In partnership, we will fulfill the following recommendations:

- 1) Assess the impact of current public health campaigns to reduce obesity, a leading cause of cardiovascular disease, related to the consumption of fatty foods and drinks, limited physical activity, and smoking;
- 2) Identify the gaps in current research initiatives, health campaigns, and policies to reduce health disparities in Brooklyn, New York;
- 3) Create strategies to increase access to care for underserved populations, and increase access to and utilization of existing health information;
- 4) Translate research into sustainable action by linking researchers, policymakers, and community groups;
- 5) Predict and respond to emerging health needs by developing a communication network between community leaders and researchers;
- 6) Foster collaborations with community groups and academic researchers in order to engage in program evaluation, community-based participatory research, and cross-disciplinary, translational research;
- 7) Examine the mental and physical health consequences of policies; as well as the social determinants of health;
- 8) Disseminate research findings to community members and policy makers;
- 9) Ascertain the cultural norms that shape formal health equity policies and practices; and
- 10) Host/fund training programs to increase the pipeline of underrepresented minorities in the health/medical fields.

## Conclusion

Health disparities among racial/ethnic minorities and immigrants are widening for reasons that are not entirely understood. In Brooklyn, there is a greater sense of urgency to close the gap because of the exorbitant economic costs and the intangible costs to the lives of the individuals and families affected. The Brooklyn Health Disparities Center has prioritized the issues outlined in this community-driven shared research and policy agenda. All of these priority areas and recommendations are under focused study at BHDC and will be evaluated further to better understand the co-morbid, intersecting relationships between them. We view this process as an iterative one, which will be subjected to ongoing review and updates.

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The mission of the BHDC is to develop and implement models to reduce health disparities in minority and new immigrant populations in Brooklyn through basic, clinical, behavioral and community participatory research, community education and outreach, and health professional training.

For more information please contact the Center at (718) 270-8010 or visit us online at [www.downstate.edu/healthdisparities](http://www.downstate.edu/healthdisparities).