

Access to Health Care and Disparities

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October 22, 2020

Today's Discussion

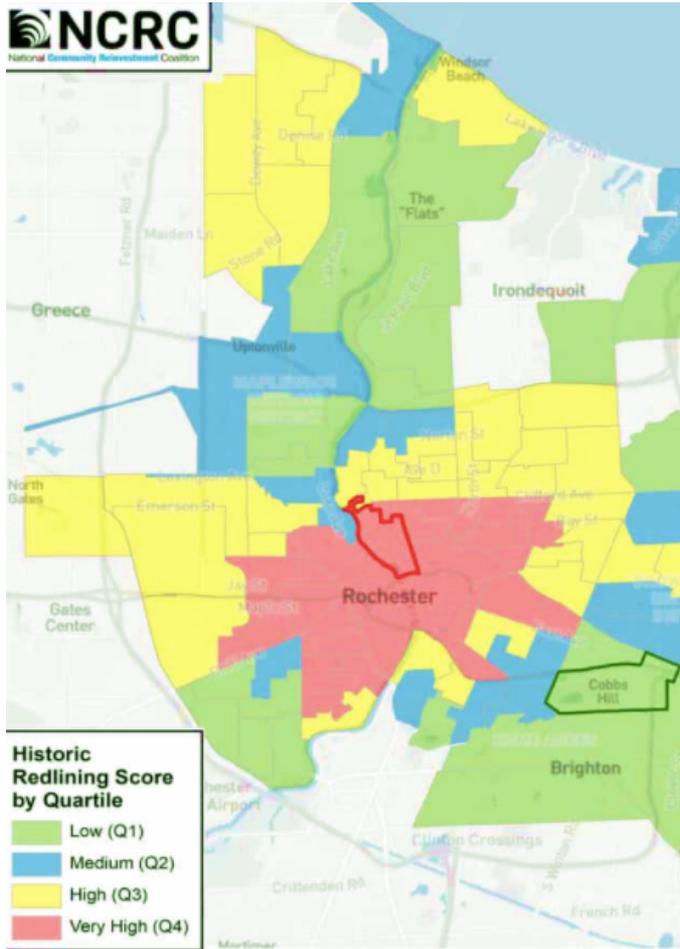
- COVID's Effect on Health Care
- Disparities in Health Care
- Health Care as a Right or Privilege
- Access to Care
- Recommendations

COVID-19 Effects on Health Care

- Disparities
 - COVID put a spotlight on issues that were already there – people working essential jobs, who do not have access to paid leave, health care, or affordable cost-sharing, lack of access to affordable childcare
 - Comorbidities, lack of accessible transportation, lack of trust in health care system, food insecurity, quality of housing, proximity to toxic environments*
- Redlining – keeps white people in “desirable” areas, pushes people of color into segregated areas

■ <https://www.cssny.org/news/entry/structural-inequalities-in-new-yorks-health-care-system>

COVID Disparities and Redlining



- In Monroe County, the hardest hit:
 - 14605, 14608, 14611, 14619, 14621
 - Median household income \$21,000-\$39,000
 - 60-88% non-white
- Monroe County overall:
 - Household income \$60,222
 - 30% non-white

Access to Care

- In NY, the largest group of uninsured are immigrants due to exclusion from public health programs, the five-year bar, and the public charge implementation
- 43 hospital have closed statewide, with a loss of 21,000 beds – primarily in neighborhoods where people of color reside, where there are people without health insurance, or where there are people without means to pay for the care. Yet, there has not been a loss of need for care in these areas.

- <https://www.cssny.org/news/entry/structural-inequalities-in-new-yorks-health-care-system>

Access to Care

- Closure of hospitals and maternity wards in some of the poorer rural areas of the state, or areas that serve primarily Black, Indigenous, and People of Color has affected health of communities for years
- NYC with COVID – Queens (lower income neighborhoods, more people of color, higher number of immigrants, higher number of essential workers, higher number of people with underlying health conditions, lower-funded public hospitals) vs. Manhattan (generally richer neighborhoods, prestigious medical centers).

Is Health Care a Right or Privilege

- Health care as a right
 - Health care should be a universally accessible and affordable
 - Without addressing systemic racism in our health care systems, issues can still exist, but addressing access to care can be helpful
 - Joyce Echaquan 37-year-old Atikamekw (ah-dik-a-meck) woman in Quebec, Canada – had access to health system, but was mocked, had racist slurs yelled at her as she was dying

Recommendations

- Give immigrants access to health insurance coverage – expansion of Essential Plan, and services available through Medicaid, particularly through the Emergency Period
- Enact a Health Equity Assessment model that includes regional health systems agencies statewide. Health systems agencies can do impact assessments before hospital closures; bring together community stakeholders for solutions around systemic racism in health care; do studies and release reports with recommendations for leaders.
 - [Common Ground Health](#) in the Finger Lakes Region
- Universal coverage that includes comprehensive care for immigrants, along with assurances such as health equity assessments, health systems agencies for regional studies, input, reporting

Questions?

Contact Information

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