

Diego Ramirez

To The New York City Department of Health

When thinking about how the healthcare system in America works, I began to think about the negative impacts that it had on a vulnerable population of people that live in America. Most people understand how the healthcare system in America works. If you end up in the hospital or need anything like medical procedures or medication, you will have to pay for that. So, I Wanted to understand what It was like to live with this system while also dealing with low income, but to better understand that I started looking into how low-income New Yorkers deal with healthcare in America.

When I began doing all this research, I had expected to find some of the problems and causes to all these problems that the healthcare system had caused these New Yorkers and what I had found was that through my research I had found the main issue that all these researchers had shared in their research. It seemed that the position that these people were in was due to the socioeconomic inequalities that these people had faced.

Due to this inequality, it would end up resulting in problems for those residing with neighborhoods with poverty issues, people dealing with financial issues such as homelessness, as well as personal issues. All these issues stem from the same inequality and as a result it makes trying to access care much more difficult.

This ends up being a huge problem for many people who deal with low income or just financial issues. With neighborhoods with low incomes having to deal with hospitalization that could have been prevented, families that must take care of their children, or people facing discrimination. The result of all these issues makes dealing with healthcare a huge issue.

I want to start off with the first piece of research that I found, which was a huge help when trying to understand what the issues were with low-income residents and the healthcare system. An article which is titled "Preventable Hospitalization Rates and Neighborhood Poverty among New York City Residents" by Angelica Bocour and Maryellen Tria, goes into detail about the issues that lie within these neighborhoods. As I stated previously one of the issues that result with this system would be how hospitalizations among low-income neighborhoods could have been prevented with better access to care, no delays in treatment for diseases such as asthma and diabetes, this can be used to tell the efficiency of the healthcare system.

A lot of these issues can be associated with an individual's health insurance, healthcare provider, as well as continuity of care, along with other factors such as race. But the characteristics of a neighborhood can also play a factor as well since hospitalization rates, prevalence of chronic conditions, the undermining of an individual's health, as well as harmful environmental conditions.

With all information gathered on poverty neighborhoods had been taken from every poverty neighborhood, from age range, sex, and disease. It had been found that there had been a decrease in hospitalization rates over the years for diseases such as diabetes, circulator, and acute. Except for respiratory related hospitalizations which were higher in high poverty neighborhoods than medium or low poverty neighborhoods. Some diseases were more prevalent in certain sexes, diabetes was higher in males than females while respiratory disease were higher in females than males.

While yes, the It had shown that these hospitalization rates had decreased over the years, disparity between high and low poverty neighborhoods had not changed. It was also indicated that these poverty neighborhoods may have an issue with primary medical care.

You start to get a better understanding of the issue when reading this. As you can see the problems that many of these neighborhood's face, while yes hospitalization has decreased health disparity in these neighborhoods still have not changed much. Little access to care seems to be the main issue, the article says it best as “While better access to and utilization of quality health care in high poverty neighborhoods may reduce preventable hospitalization rates and narrow the gap between very high and low poverty neighborhoods.”.

When I was done reading this article, I found an article that also piqued my interest which also made me want to look into another vulnerable population of people. I want to first talk about homelessness in New York City.

Problems that go with homeless individuals or families trying to get access to primary care would have to be basic necessities such as food and shelter, distrust towards public health system, non-financial barriers, and discrimination pose as issues towards them. With these issues come a higher risk of emergency department visits and hospitalization that could have been avoided. Homelessness is associated with preventable hospitalization rates, something that is similar to those living in high and low poverty neighborhoods.

A lot of this information comes from an article written by Sungwoo Lim, Tejinder P. Singh, et al named “Impact of a New York City Supportive Housing Program on Housing Stability and Preventable Health Care among Homeless Families”.

One of the bigger problems that I found in the article would have to be the increase in families with children had ended up increasing, between 2008 and 2017 it had increased from 8,081 to 12,761. When it comes to looking at the population of homeless families, chronic homeless families deal with a number of problems such as a series of mental illnesses, substance use disorders, physical disabilities, and AIDS/HIV. However, what can be found is how supportive housing had ended up improving housing stability, but also reduced ED visits and preventable hospitalizations with heads of chronic homeless families. While previous evaluations of this found mixed results, this newer evaluation had shown more positive results.

There are ways to tackle the issue of healthcare among these people as housing stability can be a solution, but it can be shown for those eligible for this program. Homeless individuals and families still have these issues and risks that can still be a problem to them. There should be

another solution to this that can get them better care as this should not just be another issue that they deal with as being homeless is also a big issue for them.

I also want to address one more vulnerable group of people who are also similar to the previous two that I had talked about. Similar in that they face the same issue where they face socio economic and structural barriers resulting in discrimination, criminalization, unstable housing, and inability to afford care. These issues are due to poor healthcare engagements. This group of people happened to be those who use drugs.

There has been a stigma against these people, one that has been negative towards them, viewing them as less desirable. This stigma follows these people around affecting how they engage with healthcare providers. I can understand the stigma quite a bit, while yes, we can pin a lot of the problems these people face as being their own consequences from their own actions, but there are still people who have faced problems that we do not know yet which can end up resulting in them doing what they do, they have issues, and these people need help too.

You get a better understanding after reading ““They look at us like junkies”: influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City” written by Brandon Muncan, Suzan M. Walters, et al. With the use of drugs comes a higher risk of morbidity and mortality from overdose, mental illness, transmittable diseases, soft tissue infections, and endocarditis. These issues due to previous healthcare engagements have gone poorly due to discrimination. In this they had gathered 32 participants happened to be drug users, and when interviewing them 23 of them had experienced discrimination from healthcare providers, such as attitude changes when discovering their drug use, with them feeling devalued, insulted, and disrespected by their healthcare providers, with some leaving the hospital soon after. 19 of the participants felt fear of being discriminated against which led to them avoiding medical settings and providers. However, 20 of them reported positive experiences in terms of medical care at SSP, SSP being Syringe Services Programs. Those With positive experiences described staff and no staff members as non-judgmental, understanding and accommodating. A participant in the article Kira, a 41-year-old female described her experience as “I feel like I’m not being judged here and things like that. A lot of times people avoid hospital settings for whatever reason, whether they are scared of doctors or they just don’t want to know...they just shut down. I think in a place like this [SSP], they leave themselves open.”.

When reading about what SSPs have done for these people it makes a positive impact on them. They provide a way for them to access healthcare without being discriminated against.

I hope that I have addressed and showed all the issues that I had found during my research. If I am being honest, I found myself shocked when reading about all these issues. Most groups have the same issues as they all face socio-economic issues and little access to care. It's crazy to think that in a city like this people have to worry about healthcare, such as little access to quality care that ends up resulting in hospitalizations that could have been prevented, diseases that are prevalent among these people like diabetes and asthma, higher health risk, or just being discriminated against. That's something that shouldn't be a problem when dealing with

healthcare providers as those people also need help. They should be treated differently as it ends up doing more harm than good.

While my research does point out many negatives, those also point out many solutions for these issues. Suggesting better access to quality care among neighborhoods with poverty issues, supportive housing, and places like SSPs. Solutions can be provided that can be beneficial to these people. As healthcare shouldn't be something people have to worry about, especially low-income New Yorkers such as all these people.

As I said I hope that I addressed all these issues and managed to give you a better understanding of the issue, I hope I have not missed anything, and I hope you take these issues into consideration.

Sincerely, Diego Ramirez