



Current State of Immigrants and Minority Communities

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Agenda

Demographic Overview of migrants in NYC

Identify the health disparities faced by immigrant and minority communities.

Social Determinants of Health faced by immigrant in accessing healthcare services

Current state of our neighborhood offices

Recent trends of Healthcare in USA





Purpose and Objectives

PURPOSE

Describe the current challenges of minority communities in NYC

OBJECTIVES

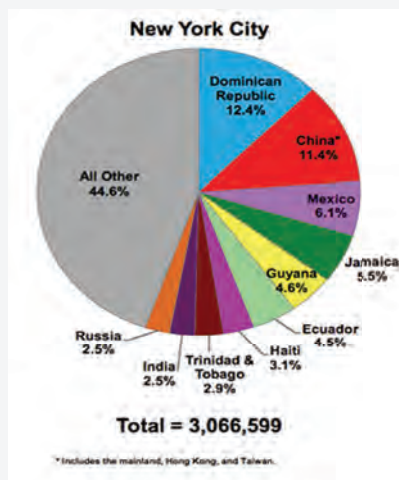
- Describe the current status of migrant families in NYC.
- Identify health challenges of immigrant populations.
- Identify the health disparities faced by immigrant and minority communities.
- Analyze the challenges faced by immigrant and minority populations in accessing healthcare service.
- Discuss the importance of culturally competent care in improving health outcomes for diverse populations.

FINANCIAL DISCLOSURE

None

Demographics

- More than 3.1 million immigrants reside in NYC.
- $> \frac{1}{2}$ of the city's total population.
- Undocumented immigrants comprise between 5 to 18% of the total populations in these neighborhoods.
- Immigrants – *especially the undocumented* – remain at greater risk of poor health outcomes than US-born residents due to other barriers to access to healthcare.





IMMIGRANT

An immigrant is a person who comes to a country to take up permanent residence.”

“A migrant is any individual who moves across international borders away from their country of origin, regardless of legal status or cause.”

Refugee: a person who, resulting from a well-founded fear of persecution for reasons of race, religion, nationality, and/or membership of a particular social group or political opinion, is outside the country of his/her nationality and is either unable or too afraid to seek protection of the host country.



Who are they?



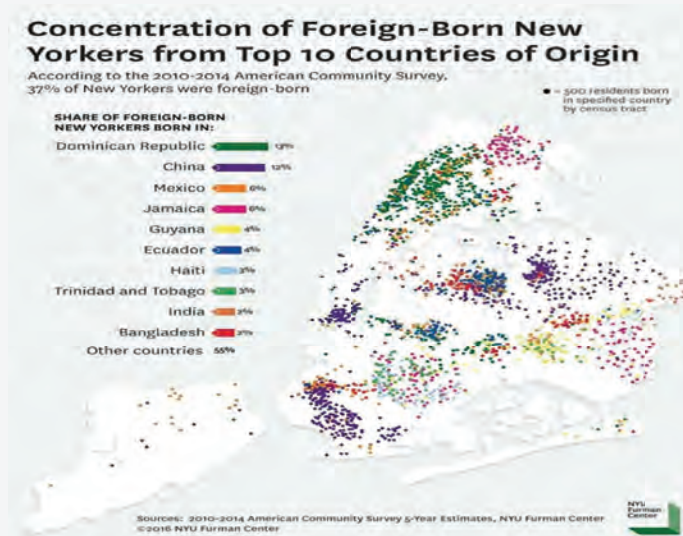
Top 10 countries of Birth for Foreign-Born New York City Residents in 2020

Country of Birth for NYC Immigrants	Population in 2020	% of all Foreign-born	Population in 2010	% Change
1 Dominican Republic	421,920	14.0	375,397	12.4
2 China	320,900	10.6	299,047	7.3
3 Jamaica	165,260	5.5	168,798	-2.1
4 Guyana	136,180	4.5	137,105	-0.7
5 Mexico	134,350	4.5	186,081	-27.8
6 Ecuador	126,800	4.2	137,604	-7.8
7 Bangladesh	91,980	3.1	56,454	62.9
8 Trinidad and Tobago	84,680	2.8	83,673	1.2
9 Haiti	78,250	2.6	94,686	-17.4
10 India	77,530	2.6	72,185	7.4



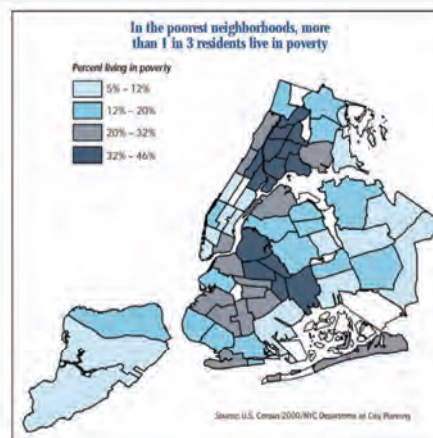
Where are they?

CONCENTRATED IN CLUSTERS.



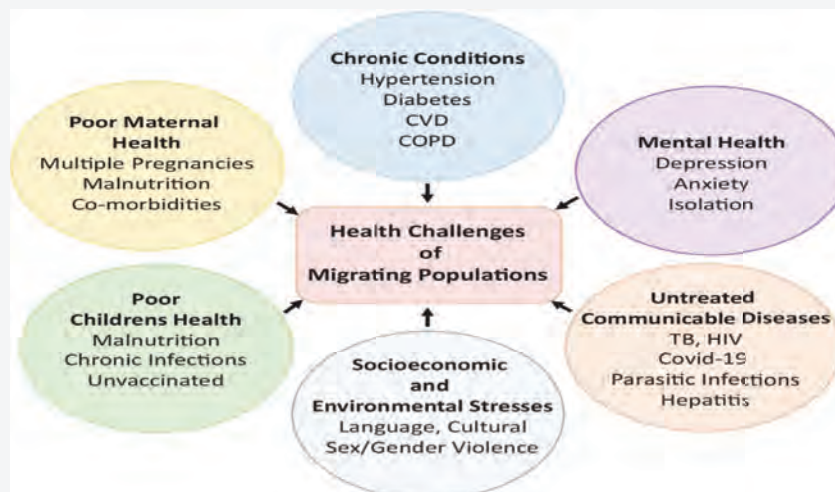
Neighborhood Income

The poorest neighborhoods in New York City are in the South Bronx, East and Central Harlem, and North and Central Brooklyn, where more than 1 in 3 residents live in poverty.





Health Challenges



ECONOMIC PROFILE

Undocumented immigrants are integral to the City:

- > 1 million New Yorkers live in a household with at least one undocumented immigrant.



- About 88% of the 276,000 children in these households are lawfully resident New Yorkers.
- Immigrants comprise 37.2 % of the city's population but 44.2 % of the labor force.
- Over three-quarters (77.5 %) of undocumented immigrants are in the labor force compared to the city's U.S. born population (64.9 percent).



ECONOMIC PROFILE (P2)

- Despite higher labor force participation and increases in educational attainment, median annual earnings for undocumented immigrants is significantly lower than earnings for U.S.-born citizens.
- Incorporating legal status into the NYC gov poverty measure generates a higher poverty rate for the city: 19.5 compared to 19.0.
- Because undocumented immigrants are not eligible for most public benefits, their poverty rate is high relative to the other immigrants. The foreign-born poverty rate is 22.1 compared to 28.8 for undocumented immigrants.
- Naturalized citizens have a socio-economic profile that is more similar to the U.S.-born population.

SOCIAL DETERMINANTS AND CHALLENGES

Access to Care:

- 37% of immigrant respondents said they needed to access healthcare in the last 12 months but did not receive it.

Top Barriers:

1. Lack of health insurance
2. Inability to afford care.
3. Inability to take time off due to work, childcare, or other responsibilities

Education:

- Immigrants with a lower level of education are less likely to have health insurance.
- 69% of undocumented immigrants in New York City with < 9th grade education had no health insurance compared to 25% of undocumented college graduates.



SOCIAL DETERMINANTS AND CHALLENGES

Income: and Occupation:

- Citizens, both US-born and naturalized, in New York City have much higher average earnings than legal noncitizens and undocumented immigrants.
- Immigrant respondents who were exposed to mental and physical safety hazards at work were more likely to have a long-standing physical or mental illness.

Other social determinants (P2)

Limited English Proficiency:

- 69 % of Spanish speakers and >75 % Chinese speakers at home in the six neighborhoods have limited English proficiency.
- English language proficiency is associated with immigrants' likelihood of seeking out needed care, but it was not reported as a primary barrier among immigrant respondents to receiving healthcare.

Food Insecurity:

- Cost is the primary barrier which prevents immigrants from healthy eating.
- Nearly ¼ of immigrants across the six neighborhoods reported being food insecure * primarily due to a lack of funds to buy food, particularly healthy food.



Other social determinants (P3)

Neighborhood Conditions:

- Access to public transportation, Crime, lack of green spaces, litter, noise, pollution, and traffic.
- Better neighborhood quality along these metrics, was associated with better self-reported health among immigrants.



Other social determinants (P4)



Discrimination: Immigrants reported facing discrimination in their communities, which sometimes prevented them from seeking healthcare.

1st Discrimination on the basis of race

2nd based on nationality/citizenship



THE OTHER FACE OF IMMIGRANTS

- Immigrant entrepreneurs - 280,585
- Share of entrepreneurs who are immigrants - 32.5%
- Total business income of immigrant entrepreneurs - \$7.3B



THE OTHER FACE OF IMMIGRANTS

TAXES & SPENDING POWER

Immigrant household
income: \$191.5B

Total taxes paid \$58.6B

Federal taxes paid \$35.2B

State & local taxes paid \$23.5B

Total spending power \$132.9B

WORKFORCE

The growth in the immigrant population has helped to strengthen America's labor force. Number of immigrant workers in the labor force 2,740,885

*Share of workers in the labor
force who are immigrants - 27.1%*



THE OTHER FACE OF IMMIGRANTS

Immigrants in New York | American Immigration Council | 2020

- Immigrant workers were most numerous in the following industries:

Industry	Number of Immigrant Workers
Health Care and Social Assistance	604,741
Accommodation and Food Services	301,593
Retail Trade	284,432
Educational Services	232,726
Transportation and Warehousing	224,796

Source: Analysis of the U.S. Census Bureau's 2018 American Community Survey 1-year PUMS data by the American Immigration Council.

THE OTHER FACE OF IMMIGRANTS: ANSWERING THE CALL

Healthcare

As millions of baby boomers become elderly, the U.S. healthcare system is facing unprecedented demand.

Many healthcare businesses and providers are struggling to find enough workers.

Immigrants have already been filling some of our most glaring healthcare needs.

They are twice as likely as the U.S.-born to work as home health aides, but also twice as likely to be physicians and surgeons.

Foreign-born Health aides 55.7%

Foreign-born Nurses 29.3%



REPORT RECOMMENDATIONS

CMS recommendations to improve immigrants' health outcomes across NYC

- The Biden Administration should continue the marketplace provisions of the American Rescue Plan Act of 2021.⁴ Part of this Act made Affordable Care Act (“Obamacare”) plans more affordable and expanded access to them.*
- Governor Hochul should ensure that New York State proposed legislation which includes “Coverage for All” is enacted. *This bill⁵ includes a budget of \$345 million in funding for a program which would provide healthcare coverage for 150,000 low-income New Yorkers who currently cannot access health insurance due to immigration status.*
 - New York City Council should pass the pending bill, Int. No. 1674,6 which would create an Office of the Patient Advocate within the DOHMH.
 - New York City should fully fund NYC Care, including providing funding to CBOs to promote and enroll people in the program. **

REPORT RECOMMENDATIONS

- Health service providers should ensure their personnel are racially, ethnically, and linguistically representative of the communities they serve and receive more training on diversity.
- Health service providers and CBOs that help to connect immigrants to health services and apply for health insurance should make their informational materials accessible to immigrants with a low or medium education level and should assist them with the application process.
- The NYC government should invest more in providing healthy, fresh food to immigrant New Yorkers, especially across the high-risk neighborhoods.
- Health service providers and CBOs should provide additional outreach materials to immigrants.
 - The Office of Citywide Health Insurance Access at the HRA/DSS, DOHMH, health service providers, community health clinics, should be paid for providing interpretation and translation services
 - Health service providers should increase the number of offices and clinics in migrant populated areas



The neighborhood medical office



Reduced reimbursement from health insurance companies.

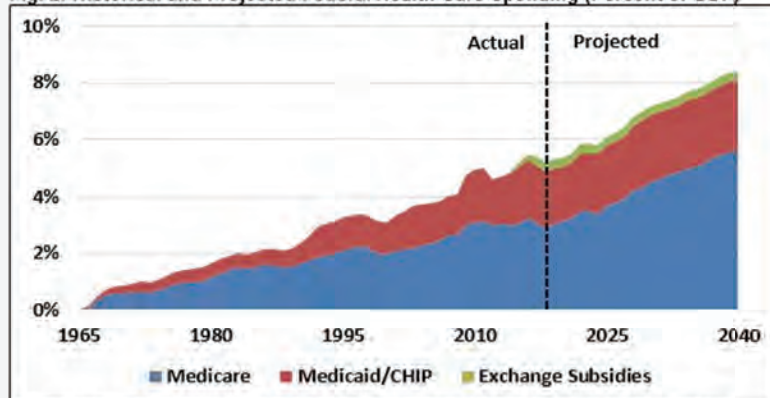
Persistent increase in administrative burden.

Challenges on hiring and staffing.

Constantly shifting landscape of healthcare**

USA Healthcare

Fig. 2: Historical and Projected Federal Health Care Spending (Percent of GDP)

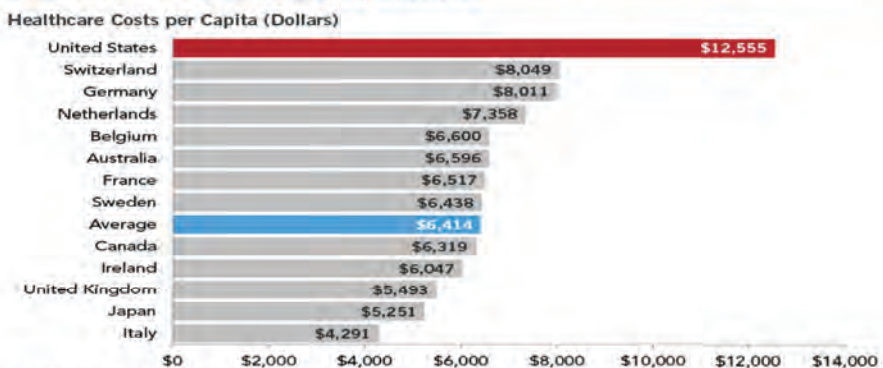


Source: Office of Management and Budget, Congressional Budget Office, CRFB calculations.



USA Healthcare

PETER G. PETERSON FOUNDATION U.S. per capita healthcare spending is over twice the average of other wealthy countries



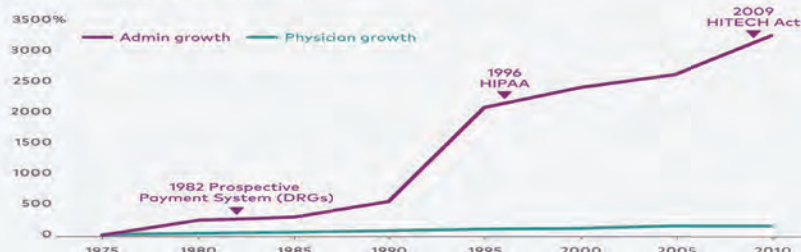
SOURCE: Organisation for Economic Co-operation and Development, OECD Health Statistics 2023, July 2023.
NOTES: Data are from 2022 and include provisional values from some countries. Average does not include the United States. The five countries with the largest economies and those with both an above median GDP and GDP per capita, relative to all OECD countries, were included. Chart uses purchasing power parities to convert data into U.S. dollars.
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USA Healthcare

The number of physicians in the United States grew 150 % between 1975 and 2010, roughly in keeping with population growth, while the number of healthcare administrators increased 3,200 % for the same time period.

Yes, that's 3,200 percent in 35 years.

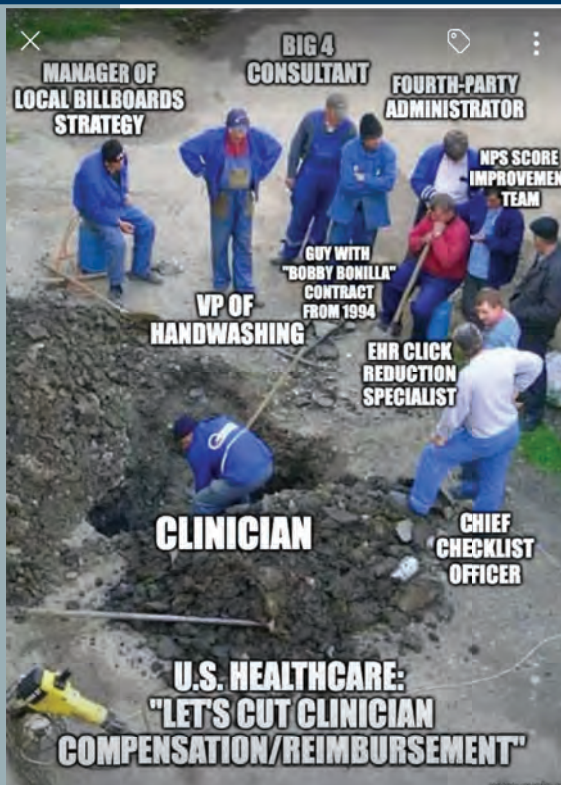
Healthcare administrators far outpace physicians in growth



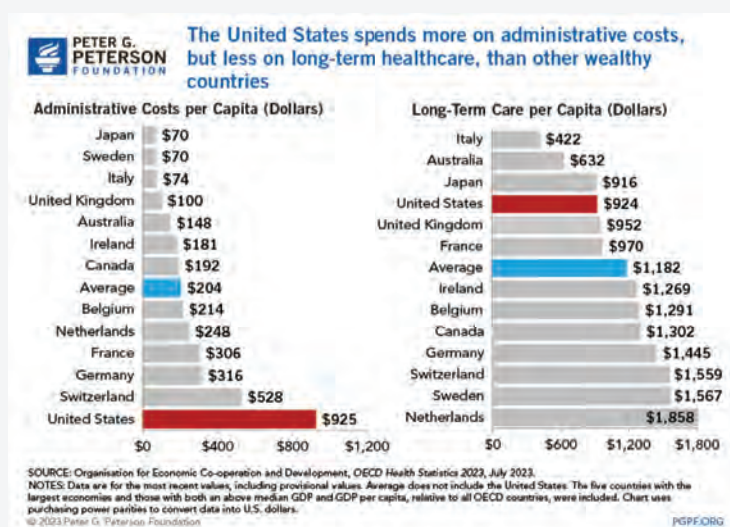
Sources: athenahealth analysis of data from the Bureau of Labor Statistics, the National Center for Health Statistics, and the United States Census Bureau's Current Population Survey.



USA HEALTH CARE

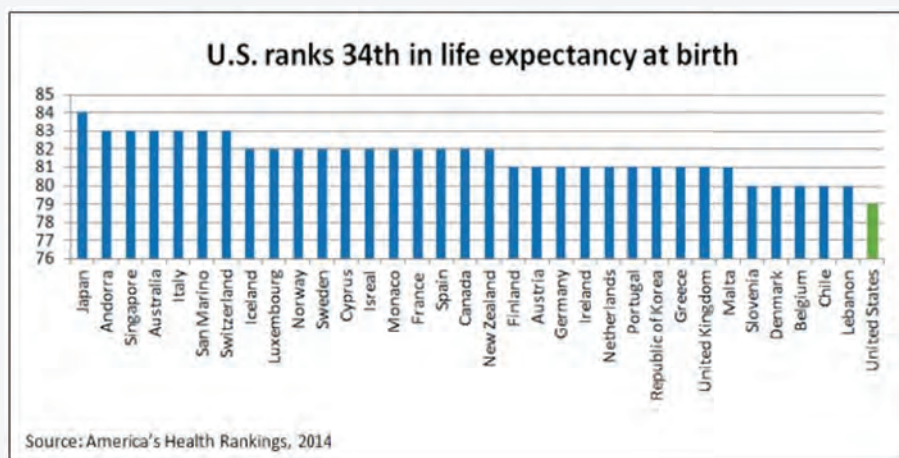


USA HEALTH CARE: LONG TERM CARE





USA Health Care



SUMMARY AND RECOMMENDATIONS

- Immigrants are an integral part of the NYC labor force economy and tax revenue.
- Immigrant population is concentrated in several areas across NYC.

Table 7: Interventions that Would Help Minimize Barriers Immigrants Face in Living a Healthy Lifestyle

Rank	Intervention
1	More targeted funding for immigrant groups specifically
2	More general funding
3	Outreach campaigns to help immigrants apply for public benefits
4	Outreach campaigns to inform immigrants about alternative health services for the uninsured and under-insured (NYC Care etc.)
5	Hiring more diverse staff
6	Awareness campaign to de-stigmatize use of health services among immigrants
7	Outreach campaigns to help immigrants apply for insurance
8	Awareness campaign to de-stigmatize use of mental health services among immigrants
9	Providing information in more languages
10	Awareness campaigns to encourage use of the community health center facilities among immigrants
11	Awareness campaign to ensure the privacy/confidentiality of documentation status in the provision of health services to immigrants
12	Nutrition education programs
13	Public health awareness programs

Source: CMS survey of service providers.



SUMMARY AND RECOMMENDATIONS

Table 7: Interventions that Would Help Minimize Barriers Immigrants Face in Living a Healthy Lifestyle

Remove the bureaucratic shackles

Immigrants are an integral part of the NYC labor force economy and tax revenue.

Immigrants population is concentrated in several areas across NYC.

Provide a fair compensation

And let us do what we do!

Rank	Intervention
1	Targeted funding for immigrant focus specialists
2	More general funding
3	Outreach campaigns to help immigrants apply for public benefits
4	Outreach campaigns to inform immigrants about alternative health services for the uninsured and under-insured (NYC Care etc.)
5	Hiring more diverse staff
6	Awareness campaigns to encourage use of health services among immigrants
7	Outreach campaigns to help immigrants apply for insurance
8	Awareness campaign to de-stigmatize use of mental health services among immigrants
9	Outreach to ethnic immigrant groups
10	Awareness campaigns to encourage use of the community health center facilities among immigrants
11	Awareness campaign to ensure the privacy/confidentiality of documentation status in health care settings for immigrants
12	Nutrition education programs
13	Public health awareness programs

Source: CMS survey of service providers.

THE FINISH LINE!





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By Jacquelyn Pavilion and Vicky Virgin June 2022

3 - Health Disparities in New York City A Report from the
New York City Department of Health and Mental Hygiene.

4 - The Most Vulnerable Hispanic Immigrants in New York City: Structural
Racism and Gendered Differences in COVID-19 Deaths
[Norma Fuentes-Mayorga 1](#), [Alfredo Cuecuecha Mendoza 2](#)

5 - Immigrants in New York, *American Immigration council 2020*



“The Health Equity Imperative: Exploring Solutions In a Safety Net Hospital to the Current Health Crises in Our Community”.
(aka, A two-class system of healthcare.)

Ramón J. Rodriguez
President & CEO
Wyckoff Heights Medical Center
October 5, 2023

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Financial Disclosure

FINANCIAL
DISCLOSURE

Do you have a financial disclosure? **None**



WYCKOFF HEIGHTS MEDICAL CENTER

- Wyckoff is a not-for-profit teaching hospital located in ethnically diverse neighborhoods bordering northern Brooklyn and western Queens.
- As a New York City's Safety Net Hospital Coalition member, Wyckoff provides essential medical care to historically marginalized communities of color where social, health and economic disparities are the most severe.

Wyckoff in 2021

- Annual discharges 12,879
- Babies delivered 1,023
- Emergency Visits 77,206
- Clinic Visits 204,480

3

Ethnicity

Indicator	NYC	
		Bushwick
Hispanic/Latino	28.8	65.4
White (Not Hispanic/Latino)	32.7	11.9
Black (Not Hispanic/Latino)	22.6	17.3
Asian and Pacific Islander	13.2	4.5

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Wyckoff Heights Medical Center Service Area



Neighborhood	Primary zip codes
KINGS COUNTY (BROOKLYN)	
Bushwick	11206, 11207, 11221, 11237
Bedford–Stuyvesant (Bedford)	11205, 11206, 11216, 11221, 11233
East New York	11207, 11208, 11239
Williamsburg	11211, 11206
QUEENS COUNTY	
Ridgewood	11385

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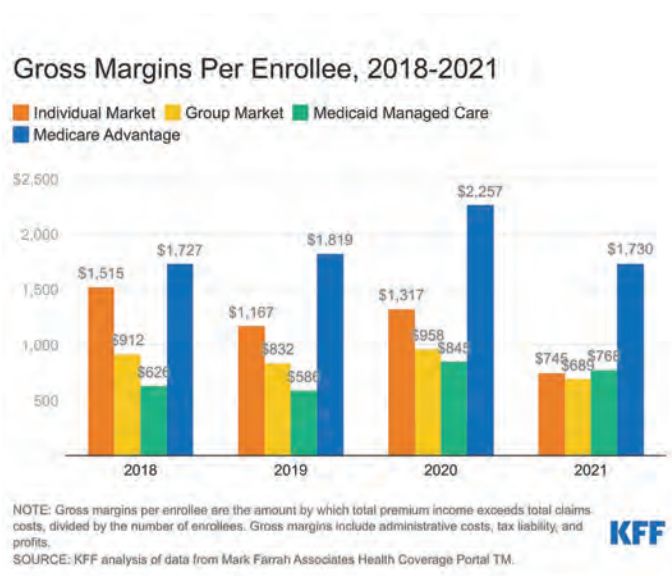
HOSPITALS

By Mark Katz Meiselbach, Yang Wang, Jianhui Xu, Ge Bai, and Gerard F. Anderson

DOI: 10.1377/jlthaff.2023.00039
HEALTH AFFAIRS 42,
NO. 3 (2023): 1110–1118
©2023 Project HOPE—
The People-to-People Health
Foundation, Inc.

Hospital Prices For Commercial Plans Are Twice Those For Medicare Advantage Plans When Negotiated By The Same Insurer

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7

10,747

The Centers for Medicare & Medicaid Services (CMS) Data Set

- CMS is the single largest payer for health care in the US.
- In 2020, per capita, personal healthcare spending ranged from \$7,522 in Utah to \$14,007 in New York and between 1991-2020 the per-enrollee annual growth was 5.1%.
- Per capita spending in New York state was 37 percent higher than the national average (\$10,191) while spending in Utah was about 26 percent lower.
- Medicaid expenditures per enrollee were highest in North Dakota (\$12,314) and lowest in Georgia (\$4,754) in 2020. In New York, Medicaid per enrollee expenditure is \$10,747 and between 1991-2020 the per-enrollee annual growth is 1.5%.
- Medicare expenditures per beneficiary were highest in Florida (\$13,652) and lowest in Vermont (\$8,726) in 2020 and in New York, Medicare per enrollee expenditure is \$13,379 and between 1991-2020 the per-enrollee annual growth is 4.5%.

SOURCE OF DATA: National Health Expenditure Data, CMS <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data>

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Health Equity Imperative

“The enormous inequity in the city’s hospitals became clear when the pandemic descended on New York in spring 2020. Safety net hospitals like Brookdale were overwhelmed with patients, but had **smaller staffs, worse equipment and less access to drug trials and advanced treatments** than their better-financed counterparts.”

The New York Times

More Patients, Fewer Workers: Omicron Pushes New York Hospitals to Brink
January 7, 2022

“**Poor neighborhoods have proportionately more people who are uninsured or insured by Medicaid, which has payment rates that are often too low to cover the costs of care.** People tend to seek health care near home. As a result, hospitals that are located in poorer neighborhoods have less to work with, and often lack the resources needed to provide optimal health care. **In effect, doctors and hospitals in the United States are paid less to take care of Black patients than they are paid to take care of White patients. When we talk about structural racism in health care, this is part of what we mean.**”

The Washington Post

Segregated Hospitals Are Killing Black People. Data From the Pandemic Proves It
June 18, 2021

About the Safety Net Hospital Coalition

The New York Safety Net Hospital Coalition was formed in early 2021 in response to the urgent need for structural payment reform for safety net hospitals in New York.

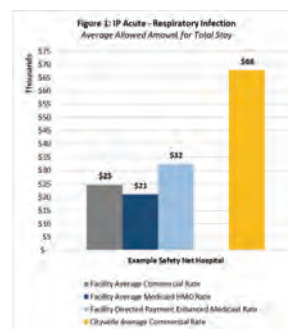
- **The New York Safety Net Hospital Coalition includes participation from 19 facilities, including:**
 - Maimonides Medical Center
 - Medisys Health Network (Jamaica + Flushing)
 - NYC Health + Hospitals (11 facilities)
 - One Brooklyn Health (Brookdale + Interfaith)
 - St. Barnabas Hospital
 - St. John’s Episcopal Hospital
 - Wyckoff Heights Medical Center
- **Our hospitals predominately serve low-income New Yorkers in marginalized neighborhoods.**
 - 36 percent or more of the patients we serve are have Medicaid insurance or are uninsured.
 - Communities of color represent up to 76 percent of residents in our primary service areas.





Underpayment in Medicaid Perpetuates Safety Net Instability

- **Over the last 15 years, medical costs for safety net hospitals rose 43% while Medicaid reimbursement rates have remained flat.**
 - Consequently, Medicaid reimbursement for safety net hospitals in New York covers only 61 cents for every dollar of care they deliver.
- **An analysis of commercial and Medicaid rates for safety net hospitals and other hospitals in New York City found that in many cases safety net hospitals are paid far less for providing the same service compared to wealthier hospitals.**
 - Citywide average commercial rates are far higher (up to 7 times greater) than safety net hospitals' average commercial and Medicaid HMO rates for inpatient services (see example to the right).
 - Rate differentials for outpatient services are less stark compared to inpatient services, but safety net hospitals still receive lower rates compared to facilities across the City as a whole.
 - Based on analyses of individual safety net hospitals, the commercial and Medicaid rates that they receive are well below Medicare fee-for-service, which already does not cover costs.



Many leaders talk about larger cultural forces of individualism, a hierarchy of human value, and the concept of “deservedness” as key drivers of inequity—all of which are critical to understand and address if we are to achieve the goal of a racially equitable health system.

Source: Interviews in preparation for *Health Affairs*, “Tackling Structural Racism in Health” — is planned for October 2023



- **An example of strategies for applying evidence-based medicine to communities** is the Wyckoff Percutaneous Coronary Intervention (PCI) program.
- **Tools and innovations to address the comprehensive needs of our patient population** – an example is our Robot-assisted Surgery Program.
- **Current and innovative solutions for our patient community's complex medical and behavioral health challenges** – Northwell's Emergency Telepsychiatry program.

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Health Equity is a 'Tale of Two Cities'

"We must get the American public to look past the glitter, beyond the showmanship to the reality, the hard substance of things. And we'll do it not so much with speeches that sound good as with speeches that are good and sound; not so much with speeches that will bring people to their feet as with speeches that will bring people to their senses. We must make -- We must make the American people hear our "Tale of Two Cities." We must convince them that we don't have to settle for two cities, that we can have one city, indivisible, shining for all of its people."

-speech delivered by New York Governor Mario Cuomo on July 16, 1984, at the Democratic National Convention

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Summary

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Contact Information

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- Hood, Leroy; Price, Nathan. *The Age of Scientific Wellness: Why the Future of Medicine Is Personalized, Predictive, Data-Rich, and in Your Hands*, 2023, Harvard
- In February 2022, *Health Affairs* published a [theme issue on Racism and Health](#) with the latest scholarship plus forward-looking pieces to help shape the future research and policy agenda.

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America's Enduring Caste System

Our founding ideals promise liberty and equality for all. Our reality is an enduring racial hierarchy that has persisted for centuries.

By Isabel Wilkerson, *New York Times Magazine*, published July 1, 2020

A caste system is an artificial construction, a fixed and embedded ranking of human value that sets the presumed supremacy of one group against the presumed inferiority of other groups based on ancestry and often immutable traits, traits that would be neutral in the abstract but are ascribed life-and-death meaning in a hierarchy favoring the dominant caste, whose forebears designed it. A caste system uses rigid, often arbitrary boundaries to keep the ranks apart, distinct from one another and in their assigned places...

...What people look like, or rather, the race they have been assigned or are perceived to belong to, is the visible cue to their caste. It is the historic flashcard to the public of how they are to be treated, where they are expected to live, what kinds of positions they are expected to hold, whether they belong in this section of town or that seat in a boardroom, whether they should be expected to speak with authority on this or that subject, whether they will be administered pain relief in a hospital, whether they are more or less likely to survive childbirth in the most advanced nation in the world, whether they may be shot by the authorities with impunity.

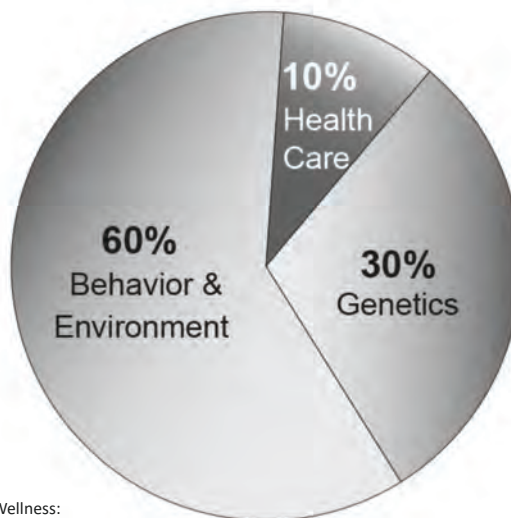
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Determinants of Health

Only 10 percent of health outcomes can be attributed to medical interventions.

While many believe genetics are destiny, lifestyle choices and environmental context are a far greater determinant of health.



Source: Hood, Leroy; Price, Nathan. The Age of Scientific Wellness: Why the Future of Medicine Is Personalized, Predictive, Data-Rich, and in Your Hands, 2023, Harvard

Hood, Leroy; Price, Nathan. The Age of Scientific Wellness: Why the Future of Medicine Is Personalized, Predictive, Data-Rich, and in Your Hands, 2023, Harvard



Figure 11.1. Treating early transitions will greatly extend our health span, bringing down costs and improving lives.