COVID-19 Revealed Racial Disparities in Healthcare Insecurity among Native Americans and People of Color in New York City (July-August 2020)

Background

As a follow-up to our first policy brief on “COVID-19 Widened Racial Disparities in Food Insecurity among Native Americans and People of Color in New York City,” (1-2) this brief reports the role of the novel COVID-19 syndemic on healthcare insecurity, including access to healthcare, healthcare seeking behaviors, and related worries, concerns, and distress in these marginalized, underserved populations (3). COVID-19 has had devastating impacts on healthcare security and health outcomes among racial and ethnic groups.

Syndemic theory (ST) describes the synergistic effects of socio-political, economic, environmental and cultural forces, such as systemic racism, discrimination, and structural inequities, that are root causes of health disparities (4-6). In the context of COVID-19, ST lies at the intersection of overlapping chronic disease epidemics and infectious disease pandemics that disproportionately burden racial and ethnic populations (7-10).

The purpose of this study was to measure the widespread impact of COVID-19 on New Yorkers who were already facing difficulties in their daily lives. A validated web-based, anonymous survey was conducted among 525 residents of the greater New York City (NYC) metropolitan area between July-August 2020, during the phased reopening of the stay at home order, New York on Pause.

In this policy brief, we highlight healthcare related disparities among urban Native Americans and people of color in the New York City COVID-19 study in order to inform resilience for future crises (11-12). Additional analyses and manuscript preparation is currently ongoing.

Key Findings

- All racial and ethnic groups reported high concerns for household future wellbeing with regard to healthcare security (59.7% and higher), including concerns about medical expenditures and access to healthcare.
- Native Americans expressed the greatest perceived reduction in their future healthcare security, in terms of healthcare seeking behaviors (85.5% to 47.8%), followed by Blacks (73.8% to 51.3%), Asians (71.4% to 57.1%), and Hispanics (63.0% to 51.3%).
- Notable proportions of Native Americans (26.1%), Asians (17.1%) and Bi-/Multi-racial groups (16.7%) reported not having any health insurance during COVID-19.
- Higher percentages of Blacks (60.4%), Hispanics (56.1%), and Whites (50.0%) reported having public health insurance.
- Fewer Blacks (31.2%) and Hispanics (32.5%) reported having private health insurance compared with other racial and ethnic groups.
- The majority of Native Americans reported living with chronic health conditions (72.5%) and living in high-risk households (71%).
- These findings underscore the need to collect relevant data and identify the specific barriers and challenges that each racial and ethnic group face to achieve healthcare security and equitably engage in healthcare seeking behaviors.
- This study calls for an urgent need to narrow the gap in access to healthcare insurance for Native Americans and people of color in NYC through culturally tailored programs and policies, honoring and addressing the heterogeneity within and diverse needs of each racial and ethnic group for social resilience in future crises.
Perceived Reduced Healthcare Security in the Future

Healthcare insecurity, is feeling uncertain, anxious, and distress about the ability to obtain or sustain adequate health care services when people need it (3). This includes being worried or distressed about being unable to access healthcare providers, unable to afford medical expenditures, and having to change healthcare seeking behaviors. Healthcare insecurity was measured for the COVID-19 pandemic and in the future.

During the COVID-19 pandemic, all racial and ethnic groups reported high concerns for healthcare security (above 63.0% or higher). However, this study identified striking racial disparities in anticipating health security in the future. Most notably, Native Americans reported the greatest perceived reduction in their healthcare security in the future (from 85.5% to 47.8%), followed by Blacks (73.8% to 51.3%), Asians (71.4% to 57.1%), and Hispanics (63.0% to 51.3%) (Figure 1).

Disparate Access to Health Insurance

Twenty-six percent of Native Americans reported not having any health insurance, the highest in the study, followed by Asians (17.1%), Bi-/Multi-racial groups (16.7%), Hispanics (11.4%), and Blacks (8.4%).

Blacks (31.2%) and Hispanics (32.5%) had the lowest percentage of private health insurance compared with Asians, Bi-/Multi-racial groups, and Native Americans.

Asians (31.4%), Native Americans (31.9%), and Bi-/Multi-racial groups (42.2%) had lower public health insurance compared with Blacks, Hispanics, and Whites (Figure 2).

High Concerns for Household Health and Wellbeing

In this study, we asked respondents about a number of concerns for the future wellbeing of their households. All racial and ethnic groups reported high concerns for healthcare in the future. Specifically, Asians reported the greatest concerns (82.9%), followed by Blacks (78.6%), Whites (75.6%), Bi-/Multi-racial groups (69.6%), Native Americans (63.8%), and Hispanics (59.7%) (Figure 3).

Figure 1. Healthcare Security Now and in the Future in NYC by Race/Ethnicity.

"I just had necessary, urgent surgery, and part of the recovery process is to go and be outside as much as possible. Obviously, that's not possible with the virus, which caused a relapse in my condition post-op and now things are worse than where I began."

- Hispanic Female Student Respondent with Some College from Queens

Figure 2. High-Risk Households by Race/Ethnicity.

Figure 3. Concerns for Healthcare in NYC by Race/Ethnicity.
The majority (71.0%) of Native Americans reported living in high-risk health households, defined as a household with at least one member who is diagnosed with a health condition identified as a high-risk for COVID-19 related complications (such as heart disease, diabetes mellitus, cancer, and respiratory diseases) (Figure 4).

The majority (72.5%) of Native Americans reported living with chronic health conditions, such as hypertension, cardiovascular disease, diabetes mellitus, and respiratory diseases. More than half of Whites (59.5%) and Bi-/Multi-racial groups (56.9%), close to half of Hispanics (48.8%), and more than 40% of Blacks (40.3%) and Asians (40.0%), reported living with chronic health conditions (Figure 5).

A high level of healthcare concerns was expressed across all race and ethnicity groups since COVID-19 (69.0%). Additionally, 25.7% of study respondents indicated healthcare providers either delayed or canceled appointments, placing them at a higher risk of healthcare insecurity during COVID-19.

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While majority of the study sample had some form of health insurance, 13.3% did not have any health insurance, placing them at higher risk of healthcare insecurity during COVID-19.

Overall, majority of racial and ethnic groups had access to some form of healthcare during COVID-19 (Figure 6).

All race and ethnicity groups experienced reduced income during COVID-19. Native Americans experienced the greatest reduction in income since COVID-19 (44.9%), followed by Bi-/Multi-racial groups (41.2%) (Figure 7).
This study was oversampled for race and ethnicity (13.1% Native Americans, 29.3% Blacks, and 23.4% Hispanics, and Bi-/Multi-racial groups 19.4% (which included 29% Native Americans who identified as Bi-/Multi-racial), high school education or less (29.7%), and low income in 2019 (before taxes) (34.7%), compared to the population demographics of NYC. The majority (96.6%) of participants represent adults who are eligible for employment (less than 65 years of age). Nearly 14% of participants reported being unemployed before COVID-19 (Figure 9).

Socio-Demographics

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Contact

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About NFACT

The National Food Access and COVID Research Team (NFACT) is a national collaboration of researchers committed to rigorous, comparative, and timely food access research during the time of COVID. We do this through collaborative, open access research that prioritizes communication to key decision-makers while building our scientific understanding of food system behaviors and policies. To learn more visit nfactresearch.org.

References


Healthcare Resources


New York State of Health: https://nystateofhealth.ny.gov/

Health Insurance Assistance NYC: https://access.nyc.gov/programs/health-insurance-assistance/

New York State Health Insurance Programs: https://www.health.ny.gov/health_care/

Health Insurance Tips and Programs: https://www1.nyc.gov/site/doh/health/health-topics/healthcare-how-to-apply.page

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