

Policy Analysis Brief:

Healthcare Policies to Address Health Disparities in Rockaway, New York City (Jenna Lee)

1. Goal Statement

With Jamaica Bay to its north and the Atlantic Ocean to its south, Rockaway is a community located on a peninsula in the southeasternmost corner of New York City. A total of 124,185 people live in Rockaway, up by 8 percent between 2010 and 2020. In 2020, nearly two-thirds of Rockaway residents lived in Arverne, Edgemere, Far Rockaway, and Rockaway Park (Office of the New York State Comptroller, n.d.).

As in many other New York City neighborhoods, Rockaway has experienced significant health disparities, with certain populations experiencing poorer health outcomes. Rockaway residents experience higher rates of diabetes, obesity, and hypertension than mainland Queens and the rest of New York City, according to the NYC Department of Health and Mental Hygiene's 2018 Community Health Profile (NYC Health, 2018). The rates of premature death associated with infant mortality, cancer, heart disease, and drug-related incidents are higher compared to the rest of the city. Only one hospital, St. John's Episcopal hospital, and a handful of smaller clinics serve Rockaway families, leaving them without adequate medical care.

The World Health Organization (n.d.) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and asserts that "the enjoyment of the highest attainable standard of health is

one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

Since health is a human right, every individual should have access to timely, appropriate, and high-quality health care. However, health disparities and health inequities plague Rockaway residents. We must address these fundamental human rights problems facing isolated community residents and promote their health by reducing barriers to healthcare access and ensuring that they live a healthy and fulfilling life.

Because Rockaway residents have limited access to healthcare resources, they have been disproportionately affected by the health crisis. Moreover, they are more likely to suffer from chronic diseases and mental health issues, and they cannot afford healthcare. All Rockaway residents will have the same opportunity to live a healthy and fulfilling life if these inequities are addressed.

2. Scope of the Problem

A Rockaway and Broad Channel report (2018) found that Rockaway residents were more likely to be born in the United States (74% compared to 63% citywide) and had higher English proficiency (87% compared to 77%). Approximately 11 percent of adults in Rockaway were uninsured, similar to New York City's (12%). A higher percentage of American-born residents and a higher level of English proficiency may explain the higher insurance rate. Residents of Rockaway live in poverty at a rate of 18%, compared with New Yorkers at a rate of 20%. A person's health is also closely linked to

the availability of affordable housing and employment opportunities with fair wages. The unemployment rate in Rockaway is 9%, which is similar to the citywide rate. Rockaway community members can benefit from strong social connections. One aspect of community connection is the feeling that neighbors are willing to help each other. 79% of Rockaway residents believe their neighbors are willing to help one another. Compared to the rest of the city (72%), this indicates a strong sense of community and cohesion among residents. According to Rockaway and Broad Channel adults, 72% have been physically active over the past 30 days.

While the Rockaway community has many strengths, there are serious health disparities and inequality issues. The community's health care crisis must be addressed by identifying the stressors and problems. I examined the Rockaway report (New York City Department of Health and Mental Hygiene, n.d.), as well as Rockaway and Broad Channel, which were published by NYC Health in 2018.

The health of Rockaway report provided an overview of sociodemographic profiles and health care indicators. In comparison with 41 other NYC neighborhoods, the Rockaways have lower scores for general health, maternal and child health, and chronic diseases including coronary heart disease, diabetes, and lung disease. Also, 25% of community residents do not consider themselves in good health, which is much higher than the average New Yorker (19%) and the national average (14%).

According to the Rockaway and Broad Channel report (NYC Health, 2018), Rockaway has a 32% obesity rate, higher than the rest of NYC's 24%. Further, Rockaway had a much higher rate of adult psychiatric hospitalization (1,158 per 100,000) than the

citywide rate (676 per 100,000). A high rate of psychiatric hospitalization is likely due to the challenges residents face in these neighborhoods, including access to preventive services and early care, as well as greater stress exposure. In Rockaway, the infant mortality rate is higher (6.3 per 1,000 live births) than citywide (4.4 per 1,000). Premature death rates were higher in Rockaway (269.3 deaths per 100,000 people) than in New York City (169.5 deaths per 100,000). Rockaway's leading causes of premature deaths were heart disease, cancer, diabetes, and drug-related issues. Over the past 12 months, 10% of adults lacked the medical care they needed. Compared with Queens or the rest of New York City, there were nearly 1/3 more avoidable hospitalizations among adults in Rockaway. There were 15% of adults with diabetes and 34% with high blood pressure. These numbers were both greater than in the rest of Queens or New York City as a whole.

Moreover, Rockaway communities have the lowest COVID vaccination rates (68.6%) of the City's 177 neighborhoods (87.9%). As a result, Rockaway residents have reported a higher rate of COVID-19 deaths and cumulative deaths than the rest of NYC (Office of the New York State Comptroller, n.d.). This disparity has highlighted the need for equitable access to health care and resources in the Rockaway area. In spite of vaccination initiatives, such as mobile clinics and outreach programs, implemented to close this gap, it is far from the Rockaway residents' ability to recover from the significant damages and consequences of COVID 19.

Although Rockaway residents have higher insurance rates, they report higher health care accessibility problems. It is possible that this is due to a lack of hospitals and

health care facilities. The Rockaway community is situated on a peninsula in the Southeast corner of New York City (NYC Small Business Services, n.d.) and is relatively isolated from Manhattan. During the study period, commute times in Rockaway neighborhoods averaged 49.7 minutes, the longest commute times of any City neighborhood (Office of the New York State Comptroller, n.d.).

The Rockaway community has historically been neglected by city officials and policy makers. The Peninsula Hospital Center was forced to close, unable to survive after failing a state lab examination in April 2012. It was shut down by the New York State Health Department (Nir, 2012). According to the Queens Daily Eagle (2022), the state recently threatened cutbacks for the peninsula's only hospital. Residents of the peninsula are more than 10 miles from the nearest Level 1 adult trauma center, Jamaica Hospital Medical Center. Cohen Children's Medical Center, the nearest Level 1 pediatric trauma center in Queens, is nearly 13 miles from the peninsula's eastern end and more than 23 miles from the west (Queens Daily Eagle, 2022).

3. Past Health Care Policies in Rockaway

The history of healthcare in Rockaway is complex, just like in many other neighborhoods in New York City. During the early 20th century, the area was served by small hospitals and clinics, including Rockaway Beach Hospital and Neponsit Beach Hospital. Rockaway Beach Hospital was established in 1908 (The New York Times, 1908), and was later replaced by Peninsula Hospital in the 1950s (Autopsy of

Architecture, 2020). The main building at Neponsit Beach hospital was designed by the famous architectural firm McKim, Mead and White, and it operated from 1915 to 1955 as a tuberculosis sanatorium. Initially, Neponsit Beach Hospital treated children, but by World War II, it began treating military veterans as well. Eventually, the hospital was converted into the Home for the Aged, a city-run nursing home that closed in 1998 (Sheildlower, n.d.).

Additionally, there are larger hospitals in the area, such as St. Joseph's Hospital and Peninsula Hospital Center. These hospitals provided a wide range of services, including emergency care, inpatient care, and outpatient care.

In 1905, St. Joseph's Hospital opened, which later became St. John's Episcopal Hospital and the South Shore Division of Long Island Jewish Hospital in 1973 (The New York Times, 1905). The Peninsula Hospital Center (PHC) was founded in 1908 as a not-for-profit corporation that operates 272 inpatient beds and a 200-bed long-term care and rehabilitation center (Peninsula Center for Extended Care and Rehabilitation) in Far Rockaway, Queens (New York State Department of Health, 2012). New York State Department of Health shut down Peninsula Hospital Center in 2012 after the facility failed a state exam and was not able to remain solvent (Nir, 2012). The Peninsula Hospital Center entered bankruptcy September 19, 2011, with a debt of more than \$60 million, according to the New York State Department of Health (2012). Four consecutive years had seen the hospital lose \$21,595,802 and \$25,533,060 in operational losses. In May 2012, the Governor announced a \$5.3 million discretionary grant to St. John's Episcopal Hospital for the renovation and reconfiguration of the Emergency Department.

In addition, the Governor coordinated primary care with the Joseph P. Addabbo Family Health Center. This grant was given to help reduce operational losses and provide better healthcare services to the community. The renovation and reconfiguration of the Emergency Department was intended to improve its efficiency and provide better primary care services to the community in coordination with the Joseph P. Addabbo Family Health Center.

Since 2012, when Peninsula Hospital Center closed its doors, Rockaway has had just one full-service hospital facility, St. John's Episcopal Hospital (St. John's Episcopal Hospital, n.d.). St. John's Episcopal Hospital has been the sole provider of medical services to the Rockaway community since that time. However, the hospital has faced financial challenges, leading to reduced staff, limited services and increased wait times (Bessen, 2021).

4. Current policies

To address inequities in New York City communities, the New York City Department of Health has worked together to dismantle unjust policies and practices that contribute to poor health in our communities, and has reported on the health profiles of Rockaway communities (NYC Health, 2018). The Rockaways will gain thousands of apartments as a result of residential rezonings over the next decade, but there has still been only one hospital serving the peninsula since 2012. In the past few years, there have

been several requests for creating a roadmap for expanding local healthcare services, including a trauma center (Evelly, 2022).

New York City Health + Hospitals/Gotham Health and the New York City Economic Development Corporation (NYCEDC) announced in 2023 that they will open a comprehensive community health center in Far Rockaway, Queens to expand primary care, women's health, dental, vision, and mental health services in the peninsula. Far Rockaway's new health center will be located at 1720 Village Lane and is set to open in 2025. Regulatory approvals and a signed lease are still needed from the New York State Department of Health, which oversees the opening of all health facilities statewide (Parry, 2023; NYC Health and Hospitals, 2023).

5. Proposed Solutions

In order to address health disparities and improve the health status of Rockaway residents, New York City's health policies must be tailored to meet their urgent health care needs. In order to ensure Rockaway residents receive the care they deserve, proactive initiatives must be implemented to address their health challenges.

First, the pledged new healthcare facility must first be available in Rockaway as part of New York City's health policies. The New York State Department of Health should render regulatory approvals as soon as possible. As the residential rezoning will increase thousands of new apartments to the Rockaways over the next decade, it is essential to address the healthcare needs of the community, where residents have

struggled with accessing quality health care services since the close of the Peninsula Hospital Center in 2012.

Second, as a result of factors such as lack of health insurance and transportation barriers, many residents of Rockaway do not have access to healthcare. The lack of access to preventative care and management of chronic conditions can make it difficult for residents to receive preventive care in Rockaway. Health policies in New York City must address health insurance accessibility problems by expanding coverage through programs like the Affordable Care Act and implementing programs to improve quality and promote preventive health. In the meantime, Rockaway residents need more bus lines and subway trains to be able to access other local hospitals.

The city's health policies should increase funding for community outreach programs and advocate efforts to improve the built environment and increase access to healthy food. By doing so, Rockaway residents will be able to access more equitable healthcare that supports their health and wellbeing. As a result, the city would also be able to invest in initiatives that promote health in a sustainable manner. Furthermore, investing in these programs will help reduce health disparities between racial and ethnic groups living in Rockaway.

Fourth, policymakers, community groups, health professionals, researchers, and residents all need to work together to reduce health inequities. It is important for the City of New York to invest in community organizations to collaborate with academic partners, researchers, and residents to design the appropriate healthcare models and programs for Rockaway.

Last but not least, Rockaway has competitive advantages, unique qualities, resources, and positive attributes despite many stressors and risk factors. Thus, New York City's health policies should incorporate what the community and its residents are doing well.

6. 3-6 Key Organizations/Individuals /Letter to a “Key Organization or Individual”

The policy brief will be mailed to the offices of Mayor Eric Adams, Ashwin Vasan, Commissioner of the New York City Department of Health and Mental Hygiene, Congressman Gregory Meeks, and Speaker Adrienne Eadie Adams.

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