



THE HEALTH EQUITY NEWSLETTER

Nassau County Department of Health

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Health Equity: What It Means, Why We Care, and What You Can Do

By Monica Oxenreiter

Published 8/4/20 <https://diatribe.org/health-equity-what-it-means-why-we-care-and-what-you-can-do>

What does “health equity” actually mean, and why is it so important?

With discussions of health equity and health justice in the news, you may be hearing terms like “social determinants of health” and “health disparities” in frequent conversation. What do health equity, health literacy, health disparities, and social determinants of health mean, and what do they have to do with one another?

What is health equity?

Health equity is a broad term; in short, it is the goal that every person is equally able to live a healthy life regardless of their background or circumstance.

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According to the CDC, health equity is when each person has the chance to reach “his or her full health potential,” without facing obstacles from “social position or other socially determined circumstances.” This includes equitable (fair) access to healthcare professionals, healthy food, a safe living environment, and the ability to be well across all aspects of life, from work to home life to medical care.

In addition to health equity, some other important terms in this discussion include:

Social determinants of health – these are factors that can influence a person’s health but that typically fall outside the scope of a healthcare professional. This can include education, socioeconomic status, and even the zip code where a person lives and works. A person’s health can be affected deeply by the neighborhood in which they live. The air they breathe, the ability to safely play and exercise outside, and the ability to access healthy food all vary greatly from one area to another. The same can be said of education and income – even today, the greatest predictor of a child’s A1C is their parents’ education level and socioeconomic status.



Health literacy – this is a person’s ability to understand important health and medical information. This term also speaks to their ability to use that information to get the best care for themselves. A person with higher health literacy can more easily understand what options they have for medical treatment, as well as the consequences of the choices they make; they can also communicate about their decisions about health and healthcare. People with lower health literacy levels have a harder time understanding their diagnoses and treatment plans, as well as communicating their needs and preferences to their healthcare professional. Health literacy is an essential component of health equity; individuals need to be able to understand the information they are given, in order to best advocate for their own health.

Health disparities – these are the differences in health outcomes that vary by population. For example, certain racial minorities experience higher rates of chronic illnesses, disabilities, and mortality when compared to other populations. Disparity – meaning more problems facing one group of people than the general population – results in health inequity. Disparities are not just affected by race: as you will see below, they are also influenced by factors including gender, geographic region, age, sexual identity and orientation, and immigration status.

A WORD FROM DEPUTY COUNTY EXECUTIVE ANISSA MOORE

Greetings! As the newly appointed Deputy County Executive for Health & Human Services, enhancing the quality of life for all Nassau County residents is a priority. Health equity is about removing the

obstacles to help others achieve optimal health and wellness through opportunity, education and advocacy. I applaud the Office of Health Equity for their efforts! Happy Women’s History Month!

What are the major barriers to health equity?

We have a very unequal system of healthcare in the United States. For a number of reasons, not every person has access to equal care or equitable outcomes. This has become especially visible during the COVID-19 pandemic; the health crisis is disproportionately affecting certain communities, which is highlighting the lack of health equity in our country. Some reasons for these disparities include:

- **Socioeconomic status:** Healthcare in the United States is extremely expensive (both for insurance costs and for costs of care). Medications, clinical visits, and other aspects of taking care of one's health can be unaffordable for people based on their income level. Additionally, choices that will benefit overall wellness, such as healthy eating or visiting a gym, may be inaccessible due to cost. As a result, socioeconomic status is often a major predictor of overall health.
- **Lack of insurance or underinsurance:** Not everyone in the United States is able to afford health insurance. In some cases, people have health insurance, but their deductible is so high that they are unable to use the insurance in any meaningful way. As the costs associated with having insurance increase, fewer people will be able to afford consistent access to medical care.
- **Race and ethnicity:** A major barrier to health equity is systemic racism present in our current healthcare system. Studies show that race and ethnicity are still major factors in determining the quality and type of care that a person receives. This has to do with unintentional biases in healthcare professionals, among other things. Historically, people of color were not equally included in clinical trials, which affects treatment and standards of care even today. One way to resolve this has been an increase in cultural humility training, which encourages healthcare professionals to develop more honest, trustworthy, and culturally sensitive relationships with the people they help.
- **Age:** Another barrier to equal care is age discrimination. Healthcare professionals may assume someone's medical issues are a result of aging, instead of looking for a different explanation based on their symptoms.



Additionally, elderly people are not always trusted to accurately report their symptoms. Even further, elderly people are often excluded from clinical trials, which means that many medications are not tested in older populations.

- **Geographic region:** There are more healthcare professionals in and around cities. In one study of over 6,500 healthcare professionals, 95.4% of the endocrinologists were located in urban areas, with less than 2% located in rural areas. This means that accessing care is much harder for people in rural regions, so disparities arise based on where people live.

Why do we care?

Chronic conditions (like diabetes and obesity) are disproportionately seen in communities of color and build on additional factors to put these communities at greater risk for health challenges. Although race and ethnicity are not the only factors that drive health disparities, they are major factors. We all have a responsibility to work to address the inequities and disparities in our country.

How can we continue these conversations?

Many of the inequities in our health system in the United States are systemic, meaning that they are built into greater systems of inequality in our country. There is no easy way to “solve” this crisis. However, once we are able to identify the problem, it becomes possible to address it. There are many ways to work toward equity in health, from increasing access to health insurance to reducing the stigma associated with seeking care. A major step toward health equity is through education, for people, policy makers, and healthcare professionals.

It's important that we pursue this conversation about health equity further. Here are some ways that you can become involved:

- Start a conversation about this topic. Ask your friends and family what they know about health equity, and where they see places that we can work toward change. Helpful conversation starters can include, "How can we work toward a fairer health system?"
- Learn more about the topic.
- Challenge your ways of thinking and accept that these topics are not easy.



"(Health equity) requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." It's not enough to be a hospital that can provide world-class care.

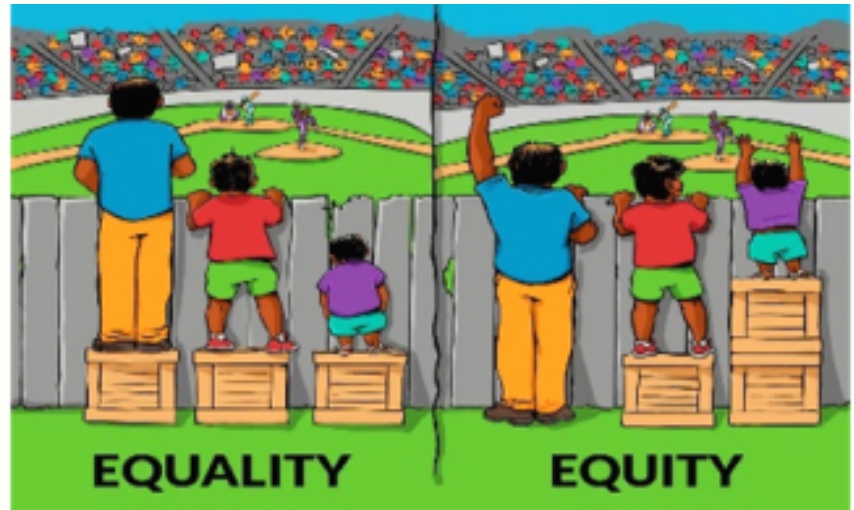
determinants of health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes.

Factors affecting health equity

To achieve health equity, CDC is committed to understanding and appropriately addressing the needs of all populations, according to specific cultural, linguistic, and environmental factors. By ensuring health equity is integrated across all public health efforts, all communities will be stronger, safer, healthier, and more resilient. Some of the many inequities in the social determinants of health that put racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19 include:

- Discrimination
- Healthcare access and use
- Occupation
- Educational, income and wealth gaps
- Housing

These factors and others are associated with more COVID-19 cases, hospitalizations, and deaths in areas where racial and ethnic minority groups live, learn, work, play, and worship. They have also contributed to higher rates

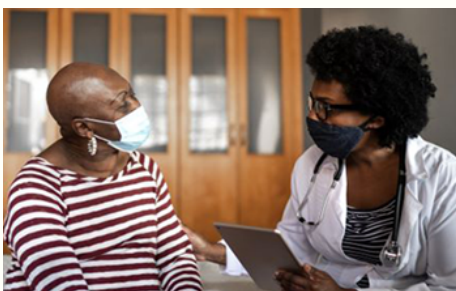


Health Equity Considerations and Racial and Ethnic Minority Groups

Health equity is when all members of society enjoy a fair and just opportunity to be as healthy as possible. Public health policies and programs centered around the specific needs of communities can promote health equity.

The COVID-19 pandemic has brought social and racial injustice and inequity to the forefront of public health. It has highlighted that health equity is still not a reality as COVID-19 has unequally affected many racial and ethnic minority groups, putting them more at risk of getting sick and dying from COVID-19. The term "racial and ethnic minority groups" includes people of color with a wide variety of backgrounds and experiences. Negative experiences are common to many people within these groups, and some social

...of some medical conditions that increase one's risk of severe illness from COVID-19. In addition, community strategies to slow the spread of COVID-19 might cause unintentional harm, such as lost wages, reduced access to services, and increased stress, for some racial and ethnic minority groups. We all have a part in helping to prevent the spread of COVID-19 and promoting fair access to health. To do this, we have to work together to ensure that people have resources to maintain and manage their physical and mental health in ways that fit the communities where people live, learn, work, play, and worship. Below are additional considerations for community leaders supporting individuals who experience discrimination in healthcare systems.



Impact of Racial Inequities on Our Nation's Health

Racism, either structural or interpersonal, negatively affects the mental and physical health of millions of people, preventing them from attaining their highest level of health, and consequently, affecting the health of our nation. A growing body of research shows that centuries of racism in this country has had a profound and negative impact on



communities of color. The COVID-19 pandemic and its disproportionate impact on people from some racial and ethnic groups is a stark example of these enduring health disparities. COVID-19 data shows that Black/African American, Hispanic/Latino, American Indian and Alaska Native persons in the United States experience higher rates of COVID-19-related hospitalization and death compared with non-Hispanic White populations. These disparities persist even when accounting for other demographic and socioeconomic factors. Both historical and current experiences of racism and discrimination contribute to mistrust of the healthcare system among racial and ethnic minority groups. This mistrust may extend to vaccines, vaccination providers, and the institutions that make recommendations for the use of vaccines. To prevent widening health inequities, healthcare providers should engage with communities to tailor strategies aimed at overcoming mistrust and delivering evidence-based information to encourage uptake of COVID-19 vaccination, testing, and treatment. Inequities in COVID-19 impact can worsen mistrust and lead to suboptimal healthcare behaviors.

Strategies to Help Increase COVID-19 Vaccine Confidence

Various strategies can help communities increase COVID-19 vaccine confidence and advance vaccine equity, but some may be particularly helpful when addressing individuals with mistrust.

- Focusing on effective messaging delivered by trusted messengers (offering recommendations provided by trusted healthcare professionals).
- Using tactics to address misinformation and hesitancy within the population of focus.
- Tailoring strategies for the specific community.
- Building vaccine confidence to help eliminate stigmas associated with receiving COVID-19 vaccination while also fostering relationships between community members and public health entities.

Address community concerns

Use clear, easy to read, transparent, and consistent information

that addresses specific misinformation or perceived concerns,[20] such as:

- Vaccine side effects or risk (including boosters)
- Newness and effectiveness of vaccine
- Rapidly changing information (e.g., mask use, guidance for gatherings, etc.)





BRUCE BLAKEMAN COUNTY EXECUTIVE

**NASSAU COUNTY DEPARTMENT OF
HEALTH OFFICE OF HEALTH EQUITY**

LET'S DISCUSS SERIES:

PANEL DISCUSSION

MARCH 16, 2022

PLEASE JOIN US AS WE DISCUSS HEALTH EQUITY
PAST, PRESENT, AND FUTURE WITH:

CAROL BROWN, MD, FACOG, FACS- MEMORIAL SLOAN
KETTERING NASSAU

LISA WILLIAMS, MSN, ANP P.C - FREEPORT

ERNST PAUL, MD - INTERNAL MEDICINE

JOYNETTA BELL-KELLY VP OF STRATEGIC COMMUNITY
PARTNERSHIPS @ NORTHWELL HEALTH



WHERE:
**AFRICAN AMERICAN MUSEUM OF NASSAU
COUNTY 110 N. FRANKLIN ST. HEMPSTEAD**

TIME: 6:00PM-8:00PM

Would you like to get \$50 of groceries for sharing your ideas about health care and COVID-19?

If you are 18 years old or older and live in Nassau County, you may be able to join a focus group.

We are planning virtual focus groups for people who live in Nassau County. These group meetings help us learn about the community's thoughts, concerns, and experiences about health care and COVID-19 services.

Your thoughts can help the County keep your community healthy and make it easier to get the services you need. **Participants will get \$50 of food for their time.** In January and February 2022, each group will meet on Zoom and have 90-minutes to talk together. Click on the link below to sign up!



<https://www.surveymonkey.com/r/NassauFG>

We look forward to hearing from you!

If you have any questions or need help signing up, please call Choice for All at 516-544-0084. You can also email NassauCovid-19Study@jsi.com.



Scan the QR Code to start!



Nassau County Department of Health
Office of Health Equity



Nassau County DOH Information



Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

The 2019-2021 Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) are comprehensive reports of the health status of Nassau County that contains the most recently available data with analysis and narrative. The Nassau County Work Plan reflects collaborative efforts to address selected NYS Prevention Agenda strategies. Scan the QR Code below to read the reports.

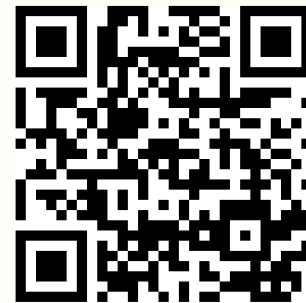


Get free at home COVID-19 tests

Every home in the U.S. is eligible to order 4 free at-home COVID-19 tests. The tests are completely free. Orders will usually ship in 7-12 days.

Order your tests now so you have them when you need them.

Visit <https://www.covidtests.gov/> or scan the QR Code below to order.



FAST FACT

More than 81% of Nassau Residents are fully vaccinated against
COVID-19



RECIPE OF THE MONTH



Coconut Chickpea Curry

Ingredients

- 1 tablespoon olive oil
- 1 medium onion, chopped (about 1 cup)
- 3 garlic cloves, minced
- 1 tablespoon minced fresh ginger
- 2 teaspoons curry powder
- 1 teaspoon garam masala
- ¼ teaspoon cayenne (optional)
- 1 (14.5-ounce) can diced tomatoes
- 1 red bell pepper, diced
- 1 medium sweet potato (12 ounces), peeled and cut in ½-inch chunks
- 2 (15-ounce) cans low-sodium chickpeas, drained and rinsed
- 1 (14-ounce) can unsweetened coconut milk
- 1 tablespoon honey
- 1 5-ounce bag baby spinach
- 1 tablespoon lime juice
- ½ — ¾ teaspoon salt (to taste)

Directions

1. Heat the oil in a large skillet over medium heat; add the onion, garlic and ginger; cook until somewhat softened, about 4 minutes. Stir in the curry powder and garam masala; then add the tomatoes, bell pepper and sweet potato. Cook 5 minutes until somewhat softened.
2. Add the chickpeas, coconut milk, honey and bring to a simmer. Cover, reduce the heat to medium low, and cook 15 minutes. Stir in the spinach and cook, stirring occasionally, until the spinach is just wilted and bright green, 1-2 minutes. Remove from the heat and stir in the lime juice and salt.

Makes 4 servings

Recipe by Marge Perry, Newsday

<https://www.newsday.com/lifestyle/columnists/coconut-chickpea-curry-recipe-1.50507136>

References

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<https://www.newsday.com/lifestyle/columnists/coconut-chickpea-curry-recipe-1.50507136>