Primary Care and Opportunity in New York

Geographic Barriers to Hospital-Based Health Care in New York City

In many communities hospitals function as a primary source of both emergency and preventive health care. When a hospital is closed or services are shifted elsewhere, patients risk losing access to needed health-care services. Historically, hospital closures have disproportionately affected communities of color and low-income communities. Closures exacerbate problems that people in these communities face in accessing health care, because of low rates of health insurance and other economic problems.

In New York City many residents lack access to quality health care in general. Health services are distributed inequitably, and low-income communities and communities of color face a serious shortage of health-care providers. The potential closure of community hospitals and clinics throughout the area could increase such geographic disparities, exacerbating the shortage of essential services, such as prenatal care, in neighborhoods already lacking critical medical services. If the current imbalance in the availability of prenatal-care services in New York City worsens—due to bankruptcies and the state’s pending recommendations for hospital downsizing and closures—it will contribute to higher health-care costs for all and weaken public institutions upon which New Yorkers depend.

This fact sheet describes the risks associated with the lack of hospital-based services, and how we can improve the health of all families by increasing access to such care. With accompanying maps, the fact sheet highlights the inequitable distribution of maternity beds in New York City and outlines what must be done to fix it.

Why Distance Matters

Fair geographic distribution of hospitals is important in ensuring that all people have access to adequate health care. Many people rely on having hospitals and affiliated clinics available to them in their communities. Furthermore, hospitals serve as anchors in communities for other health-care clinics and providers. In poor neighborhoods private doctors’ offices are often located near hospitals. Hospitals draw physicians to neighborhoods they might not otherwise serve.1

When community hospitals close, people have to travel farther to access care. The increased time and distance to care is a significant burden, particularly for people in low-income communities who rely on public transportation to access care.2

For pregnant women, in particular, distance can determine the health of mothers and their children. A study of new mothers in New York City examined factors that determine timing of prenatal care for poor women. Among the most commonly cited barriers were transportation prob-
lems and distance of providers from women’s homes and workplaces. Additional studies have concluded that pregnant women living in New York City’s distressed neighborhoods are significantly more likely to begin care later than women living elsewhere in the city.

**Hospital Location and Health in New York City**

In the case of reducing and eliminating maternity beds, communities can experience a decline of providers that once provided care for those hospital beds. Without incentives for physicians to work in all communities, disadvantaged areas will face further shortages of providers. The health risks of a few communities are truly the risks of everyone. Therefore, it is important that community hospitals and clinics are accessible to residents of every neighborhood in order to attract health-care providers.

The accompanying maps display the locations of New York City’s hospitals and their maternity beds. Figure 1 shows the relationship between hospital location and the percentage of women who receive late or no prenatal care in each of New York’s 42 neighborhoods. The map indicates that many neighborhoods with high rates of women’s receiving late or no prenatal care lack nearby hospitals with maternity beds. For example, recent hospital closures and downsizing in Central Brooklyn have left women with limited hospital-based services nearby. Despite high rates of women who receive late or no prenatal care, two hospitals (Interfaith Medical and St. Mary’s Brooklyn) in its neighborhoods have completely eliminated their maternity beds in the last five years.

Figure 2 also paints a disturbing picture of the percentage of low birth weight (LBW) babies across New York City. In both Southeast Queens and neighboring Jamaica the lack of maternity beds is clear, as their residents have only four hospitals located at the outer edges of the neighborhoods. Residents of those neighborhoods must overcome immense geographic distances in order to receive care at a hospital. This is despite the fact that these hospital-deprived areas suffer from some of the highest percentages of LBW babies born: more than 10% of babies born in those neighborhoods are LBW babies.

**Geographic Barriers to Care**

Despite the well-known benefits of adequate care, not all people are afforded the same opportunities to access that care. There are numerous barriers to people’s receiving adequate and comprehensive care, many of which disproportionately affect low-income and minority families. Barriers include:

- Geographic inaccessibility, such as:
  - A shortage of medical facilities and health-service providers in neighborhoods with large minority populations and concentrated poverty;
  - Increased travel time to providers; and
  - Lack of private transportation and slow or difficult public transportation systems.

- Hospital closures. The closure of many community hospitals and their affiliated outpatient departments limits access to care for people who rely on hospital-based physicians, emergency-care departments, and providers at affiliated clinics.

Insufficient transportation. In a survey of inner-city mothers 26% of the women listed transportation as a barrier to care, and nearly 20% of them indicated that the closest clinic was too far away. Thus, some women may conclude that the discomfort and inconvenience associated with keeping a clinic appointment outweigh its respective benefits.
This map displays the location of hospitals and number of maternity beds each offers, as of June 2006, in relation to the percentage of Low Birth Weight (LBW) babies in New York City between 2001-2003, by United Health Fund (UHF) neighborhoods.

Source of Data: Census.gov; NY SPARCS database; GeographyNetwork.com NYS AHEC System - Data Resource Center

Projection: State Plane 83 New York East | Date: September 25, 2006
NEW YORK CITY, NY
MATERNITY BEDS AND PRENATAL CARE

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Figure 1
Conclusions and Recommendations

Low-income and minority communities often have a greater need for health-care services. However, because the health-care system does not encourage providers to serve these communities, poor women and women of color must often endure longer waiting times to see providers in their communities or travel longer distances (at greater expense and inconvenience) to see providers at hospitals and affiliated clinics in other neighborhoods. The failure to address the health-care needs of a community, including child care for working parents and language accommodations for limited-English speakers, bars substantial numbers of people from obtaining services vital to their well-being and security.

Several policy steps are necessary to expand and ensure equitable access to health care. State, federal, and local governments should:

• Provide universal health care. The most direct and efficient way to improve access to primary care is through universal health-insurance coverage. Universal health-insurance programs also reduce financial disincentives that limit health-care providers’ willingness to practice in low-income communities.
• Address geographic barriers and spatial inequalities in the distribution of health-care resources. Efforts to expand the primary-care infrastructure must follow from a thorough assessment of community needs, including cultural, linguistic, and health-care service needs.
• Increase government investment in community health centers and other community-based programs.
• Eliminate other barriers to health care by providing sufficient transportation, shortening waiting times for appointments, providing medical translators, and ensuring equal treatment in the health-care system regardless of race and ethnicity.
• Promote collaborations among local health departments, hospitals, and academic medical centers, which can create a foundation for improved services for underserved populations.
• Ensure that all women have access to adequate health care before conception in order to ensure healthy pregnancies and birth outcomes.
• Halt further erosion in health-care capacity, especially health services for populations at risk for not receiving adequate primary care. These actions can be accomplished through private investment incentives for improvements in quality of care.

3 D. Kalmus and K. Fennely, “Barriers to Prenatal Care among Low-Income Women in New York City,” *Family Planning Perspectives* 22, no. 5 (September/October 1990), 215–18, 231.


11 Ibid., xiv, xv.
