

Public Health in the US: Reaching Low-Income Communities

An STS Research Paper
presented to the faculty of the
School of Engineering and Applied Science
University of Virginia

by

Amber Assaid

March 14, 2024

On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

Amber Assaid

STS Advisor: Peter Norton

Public Health in the US: Reaching Low-Income Communities

In the US, social groups diverge in approaches to improve public health standards in low-income communities. Inequities in US healthcare access correlate with education. The World Health Organization (WHO) reports “enormous variations” in adolescent pregnancy rates, both “between and within countries.” Adolescent pregnancy tends to be higher among those with less education or of low economic status” (WHO, 2023). Residents are concerned about how policymakers are reacting to such evidence. Researchers at Michigan State University College of Education emphasize how policymakers’ decisions do not align with the financial state of their communities, “School reforms favored by policymakers over the past 20 years have had a ‘decidedly urban emphasis’.” Among urbanization in low-income communities, teacher retention remains a challenge (Garcia, 2022). Teachers and organized health professionals align closely, both extremely valuable yet underappreciated. Amidst multifaceted challenges, how will groups influence community health and education?

The discord among social groups in the US to enhance health standards in low-income communities reflects deep-rooted disparities in education and healthcare access, demanding a diverse approach that acknowledges socioeconomic complexities and actively involves stakeholders in developing community-based solutions.

Review of Research

Researchers have investigated the relationship between healthcare and education in low-income areas. Dubay and Lebrun (2012) report that “minority individuals have poorer health outcomes.” Taking race and socioeconomic status into account, they claim, “Only by understanding these relationships can appropriate policies to reduce disparities be developed.”

Deepening this association, they contend, “These forces [race disparities in health] also limit educational attainment and job opportunities for blacks and, more recently, other minorities, placing them at greater risks of having low incomes.” Conclusions from their literature indicated that, “Minority individuals have poorer health outcomes, fewer protective health behaviors, and worse access to and quality of health care compared to white individuals.” Drawing further conclusions they state, “People with lower income and lower levels of education have worse health behaviors, outcomes, and health care than people with higher income and higher education.” This evidence accentuates the need for dynamic healthcare solutions in minority communities, highlighting specificities that further health inequalities. Policymakers are called to create inclusive solutions that connect gaps in healthcare among underserved populations.

Finigan-Carr et al. (2015) agree, stating, “interdependence of health and educational attainment starts early and continues throughout someone’s lifespan.” They argue that conditions, which include income, education, and healthcare, have a strong relationship, providing an example, “Ethnic minority children are at increased risk of poverty. Children in poverty and ethnic minority youth are at increased risk of poor educational and health outcomes. Attending a school with a high concentration of children in poverty and ethnic minority puts you at increased risk of poor educational outcomes.” Further acknowledging the correlation between education and health, they provide statistical evidence, “the gap in standardized test scores of high and low-income families has grown by about 40% over the previous three decades.” This concerning evidence proves that the state of education reform is failing low-income communities and inadvertently contributing to lower health standards. Offering a piece of advice, they suggest, “Moving beyond the simple cataloging of barriers to educational achievement and

health equality will require innovation, experimentation and, perhaps most importantly, listening to not just what is needed, but what works.”

To mitigate disparities, Nelson et al. (2007) proposes an agenda, “Increasing awareness and understanding of rural healthcare ethics through the development of evidence.” Continuing, they add, “Provide an ethics perspective to administrators and policymakers charged with allocating healthcare resources, supported by empirical data on potential urban-rural healthcare disparities.” The proposition aims to narrow the gap rural communities face and brings ethicists perspective into account. Policymakers hold much of the weight regarding healthcare in these communities; to alleviate potential disconnect between urban officials and rural towns, they suggest, “The development of rural ethics resources should be empirical, culturally attuned, and drafted in collaboration with rural healthcare professionals.” They conclude, “we believe there is a need to close the gap that places rural populations at risk not only for clinically disparate care but also for ethically disparate care.”

Social Media for Public Health Outreach

Public health agencies utilize social media platforms to engage in wide public outreach, with a goal to distribute vital information, educate the public, and combat misinformation, thereby empowering disadvantaged communities to take control of factors shaping their health. During the COVID-19 pandemic, WHO exemplified this agenda by using Twitter to post 699 tweets, with 58.8 percent of them solely consisting of informational content about the pandemic. Proving social media’s power to connect government and citizens, they state, “Given their growing prominence and impact, these digital tools should serve as transmission belts of truthful information between science and society.” They add, “Since the beginning of the SARS-CoV-2

pandemic, social networks have become one of the main forums for debate on the various issues related to the global spread of COVID-19. However, the information published on these platforms often lacks scientific support, which adds to the confusion, mistrust, and fear among the population” (Muñoz-Sastre, I. Rodrigo-Martín & L. Rodrigo-Martín, 2021). The rise of technology certainly allows for public misinformation to be spread easily, and effectively combatting it remains a priority for public health agencies. Leveraging the wide reach and accessibility of social media provides public health agencies with an opportunity to spread vital information to disadvantaged communities.

The United States Department of Health and Human Services (HHS) employed similar tactics to encourage public vaccination. The HHS made extra efforts during the COVID-19 pandemic to focus on vulnerable communities. Empowering these communities, “HHS also announced \$250 million in minority health grants to increase vaccine uptake in minority communities.” To unify individuals and increase vaccination rates, the HHS coined the slogan, “We Can Do This,” broadcasted on national television ads. This message served to rally and inspire individuals to take collective action in improving their communities’ health. This campaign also encouraged users to use profile frames on their social medias to show their choice in getting vaccinated, with a hope to persuade others (ASPA, 2023). Actions taken by HHS exemplify a proactive approach in creating community engagement through social media, reflecting a commitment to distribute health related information amongst a wide range of individuals.

The American Medical Association (AMA) in collaboration with the Centers for Disease Control and Prevention (CDC) and CDC foundation campaign annually to reach and motivate communities to get their flu shot. Ads titled, #FluFOMO and “No Time for Flu,” were released

nationally to increase awareness. The AMA, CDC, and CDC Foundation emphasized the need for promotion in Black and Hispanic communities. Highlighting longstanding healthcare inequalities, AMA Board of Trustees Chair-elect Willie Underwood says, “As part of our continued efforts to ensure optimal health for all people and address health inequities, we’re continuing to focus our flu campaign on reaching Black and LatinX communities.” Further promoting the need for reaching minority communities, CDC Director of the National Center for Immunization and Respiratory Diseases, José R. Romero states, “Certain racial and ethnic minority groups also bear an unequal burden of flu hospitalizations and are also less likely to be vaccinated” (AMA, 2022a). This advertising spread nationally via social media promotes equal health opportunities among diverse communities. In an era where technology is booming, social media platforms become strategic channels to provide accurate health resources efficiently.

Empowering Education and Public Health Through Community Advocacy

Community advocacy groups harness their cultural competence and grassroots engagement to empower education professionals and advance quality public health, emphasizing strength of collective action and cultural awareness in shaping change. Drawing from their immediate community, these advocacy groups have power in decision making, using their local insights as an advantage. The Michigan Education Association (MEA) employs community-driven campaigns to engage students, parents, teachers, and educational professionals to gain momentum behind their agenda. Having spent 16 years in an educational setting, MEA Ambassador Tierra Jackson (2019) affirms, “My mother was a bus driver. My aunt’s a teacher. My grandmother’s a bus driver. They were all part of unions, so I’m from a union family. I believe in the strength in numbers, and I believe in advocacy” (Garcia, 2020). Cultural expertise

is a powerful driving force behind healthcare reform, working to lessen the divide many communities face when policies are created by urbanized policymakers.

A press release from The American Federation of Teachers (AFT) stated that 71 percent of 601 Brooklyn residents voted to keep their local hospital open. A breakdown of the data showed that 79 percent of patients who have received care at SUNY Downstate were opposed to closing the hospital. Power in local numbers drove further debate on this topic, Randi Weingarten, AFT President (2024) declares, “The public is sending a clear message to the powers that be: They don’t want Downstate closed. Central Brooklyn—particularly communities of color—will lose access to critical, necessary healthcare services if this vital teaching hospital is shuttered, and voters have made clear, bigtime, that they do not want this economic engine and the jobs it creates cut from their neighborhood” (AFT, 2024). Using grassroots efforts to their advantage, individuals in Brooklyn have continually reopened the conversation surrounding mandatory healthcare services. Local citizens highlighted their concerns about job loss and longer waiting times if SUNY Downstate were to close, fighting for healthcare and financial stability in the area. Social groups have been advocating for reinvestment for almost 20 years, asserting their position to ensure public health services remain in their communities.

Starting small, the Harlem Children’s Zone (HCZ) created a local campaign named, “Healthy Harlem,” focusing on childhood health concerns and encouraging families to adopt healthy habits. Thousands of youths are involved in the program, deeming it a successful, community-driven program, and validating its expansion into “Healthy Ways” (HCZ, 2023). This campaign engages youth in programs that encourage nutrition, health, and fitness to maintain lifelong habits that contribute to positive lifestyle changes. Outlining youth health concerns, Senior Managing Director at Harlem Children’s Zone, Hayling Price, states that 17

percent of U.S. children between the ages of 2 and 19 are overweight, nearly 20 percent are obese. The implementation of Healthy Ways works to combat these statistics, giving youth an opportunity to practice healthy habits that otherwise may be overlooked. Price emphasizes that, “The prevalence of childhood obesity is greater in communities of color and in communities with lower incomes,” and “programs that center health equity for young people are needed now more than ever.” Bridging the gap between healthcare and education, school-community programs bring nutrition and fitness into educational settings (Gargan, 2022). Healthy Harlem in harmony with the Healthy Ways program exemplifies the focus on education and healthcare in younger populations, fostering lifelong habits and working to oppose these issues in underserved communities.

Unified Health Professionals Shaping Public Health Policy

Organized health professionals leverage their expertise and legal authority to advocate for physician interests and improved public health policies to influence decision-making processes within their communities. A significant portion of AMA’s members are practicing physicians who leverage power on behalf of their own knowledge. Emphasizing the need to bridge the gap between education and healthcare, the AMA states, “optimizing the social determinants of health is an ethical obligation of a civil society.” In 2022, the federal minimum wage was set at seven dollars and twenty-five cents. This proves to be a challenge for many workers aiming to support a family with \$15,080 annually, qualifying them for poverty assistance. Connections are made between socioeconomic status and health standards, “Poverty exacerbates health inequities because women and people from racial and ethnic groups are more likely to earn low wages.” They provide statistics, “Approximately 28 percent of low-wage workers have children, which

places many children at risk of living in poverty.” David H. Aizuss, M.D. (2022), AMA Trustee adds, “Simply put, decreasing poverty improves health” (AMA, 2022b). Continuing to work collaboratively towards a positive change, a policy was adopted with plans to adjust wages to reflect inflation, ultimately allowing low-income communities to progress toward a healthier future.

Advocating on behalf of four million nurses, the American Nurses Association (ANA) leverages their unhindered support from frontline caregivers to make policies favoring diverse community needs. Fighting legalities that infringe upon patient safety, the ANA rejected Michigan House and Senate Bills requiring specific nurse ratios. Nurse derived influence is emphasized by Bridget Leonard (2023), President of ANA-Michigan, “ANA-Michigan wishes to empower all nurses in our state to be part of the conversation on safe staffing and how best to address it.” Nurse inclusivity is something that can’t be replicated, who better to fight for nursing legislation than frontline workers themselves? Leveraging their academic knowledge and local involvement to their advantage, these individuals have a perspective hard to obtain from an outside point of view. Highlighting the importance of nurse decision-making in local communities, Leonard further states, “Addressing safe staffing is a complex process that should not be handled legislatively or without the input of nurses” (Sergent, 2023). Organized health professionals’ expertise powers community-based legislative arguments, steering away from one-size-fits-all public solutions.

Committed to serving underinsured populations, Community Health Center, Inc. (CHCI) employes frontline workers from the communities they serve to provide healthcare to all. Taking pride in their no-questions-asked sliding fee promise, more than 145,000 Connecticut residents have utilized their care services (CHCI, 2020). Mark Masselli, CEO of CHCI, continues the fight

for healthcare in underserved communities, launching a new system to expand improved health standards. The Moses/Weitzman Health System (MWHS) ensures primary care; Masselli notes the importance of this expansion, “Many residents in underserved communities may have a primary care physician, but that still may not mean they have access to quality healthcare.” Quality in underserved communities is a reoccurring theme, still, organizations like CHCI and MWHS fight to combat this, using leverage in local staffing to give back to their residents. One notable success that Masselli highlights is their staff training, “last year the Weitzman Institute trained 25,000 healthcare professionals in team-based care” (Krechevsky, 2024). Having experts to drive the system and continuously improve their care techniques gives low-income communities proper healthcare needs. CHCI continues fighting for values that are important in transforming low-income communities, working with staff to create a continuous culture of quality healthcare to those deserving.

Local Advocating for Health Equality in Disadvantaged Communities

Local healthcare services advocate for policies and funding to ensure high-quality healthcare access for all residents, highlighting health as a fundamental human right and committing to serving residents of low-income communities regardless of their ability to pay. Nelson et. al (2007) explain, “Rural providers often encounter situations in which they have to decide whether or not to provide necessary care with little or no reimbursement, potentially jeopardizing both the patient's health and the provider's overall practice.” Consequently, low-income residents with health coverage in Cook County are incentivized by free healthcare. Cook County Health and Hospital Services (CCHHS) proudly, “serves approximately 300,000 unique patients annually through more than 1 million outpatient visits and more than 20,000 inpatient

hospital admissions.” Cermak Health Services, under the CCHHS umbrella, provides care to over 50,000 detainees in Cook County Jail. Along with detainees, residents of the Juvenile Temporary Detention Center are provided with similar services annually. Local healthcare services take pride in maintaining a healthy patient population at no cost. CCHHS reflects the attitudes of local healthcare services in low-income areas that are dedicated to improving their communities. To keep this attitude alive, CCHHS takes pride in the fact that majority of their 150,000 members have long been patients with CCHHS, maintain their mission to care all regardless of financial status (CCHHS, n.d.).

The Michigan Department of Health and Human Services (MDHHS) makes similar contributions to communities in Michigan. Project Act was instated in collaboration with the Rockefeller Foundation to provide 289,000 COVID-19 tests to citizens of Michigan. These tests were free of charge to households in need, highlighting the importance of providing healthcare regardless of a family’s financial circumstance. MDHHS works in times of crisis and beyond, providing vital services to their community. Lynn Sutfin (2023), MDHHS Public Information Officer, touches on the pandemic’s impact, “The pandemic brought into sharp focus previously existing disparities in health and health care, with people of color, particularly Black and African American people, bearing the heaviest burden of negative impacts on health and well-being, as well as socioeconomic impacts” (Tang, 2023). With disparities in everyday healthcare, and emphasized disparities during crisis, local healthcare services like MDHHS continue to fight for equality in communities that need it the most.

In Southside Chicago, Esperanza Health Centers serves residents of their community. Saint Anthony Hospital collaborated with residents in 2004 to create this healthcare option, noting vast lack of access to quality care in the area, specifically for the LatinX population. In

2020, they served over 45,000 patients, 89 percent of them being Hispanic/Latino (ESP, 2020). With similar outlines to MDHHS and CCHHS, Esperanza Health Centers offers residents bilingual quality primary care, along with behavioral health and wellness services. These services are provided regardless of immigration status and a patient's ability to pay. 25 percent of Little Village, a densely populated community in Chicago, are undocumented citizens, 34 percent are uninsured. Despite struggles from COVID-19, Esperanza served as a resilient center, keeping equal health values alive. (Bruess, 2020). A proven success, Esperanza has ranked nationally among the top 3 percent of healthcare services. (ESP, n.d.) Esperanza has served as a light for many residents, relieving them of health-related stress and diminishing financial burdens associated with healthcare. Standing as a beacon, Esperanza exemplifies a model of inclusive healthcare relevant to members of its community.

Conclusion

The pressing importance of recognizing the intricate connection between healthcare and education in disadvantaged regions remains. Researchers and participants continue a resolute effort to address and rectify disparities in health and educational achievement. Attempts to bridge this gap command a multifaceted approach, ranging from policy advocacy and community-based interventions to innovative programs that improve healthcare and education services. By addressing and acknowledging the underlying social determinants of health and educational inequalities, continued efforts will pave the way for transformative progress. A competent solution empowers individuals and communities to thrive, breaking the cycle of disadvantage and providing a more equitable future for underserved communities.

References

- AFT (2024, March 4). American Federation of Teachers. Frontline Care Workers, Community, Unions and Clergy Reiterate Call to Save SUNY Downstate, Release Polling Showing Overwhelming Support. www.aft.org/press-release/frontline-care-workers-community-unions-and-clergy-reiterate-call-save-suny-downstate
- AMA (2022a). American Medical Association. Ad Council, AMA, CDC Urge Vaccinations With “Get My Flu Shot” Campaign www.ama-assn.org/press-center/press-releases/ad-council-ama-cdc-urge-vaccinations-get-my-flu-shot-campaign
- AMA (2022b). American Medical Association. AMA Adopts New Policy Connecting Poverty-level Wages to Adverse Health. www.ama-assn.org/press-center/press-releases/ama-adopts-new-policy-connecting-poverty-level-wages-adverse-health
- AMA (n.d.). American Medical Association. Events. www.ama-assn.org/about/events
- ASPA (2023, April 24). Assistant Secretary for Public Affairs. During National Minority Health Month, HHS organizes first-ever nationwide vaccination day event to bring health-related resources to Black Communities. *HHS.gov*. www.hhs.gov/about/news/2023/04/24/during-national-minority-health-month-hhs-organizes-first-ever-nationwide-vaccination-day-event-bring-health-related-resources-black-communities.html
- Bruess, E. (2020, Oct. 26). 2020 Post-Grad Reporting Fellow. How a Chicago Neighborhood and Community Health Center Take on the Brunt of the Pandemic. *Pulitzer Center*. www.pulitzercenter.org/projects/how-chicago-neighborhood-and-community-health-center-take-brunt-pandemic
- CCHHS (n.d.). Cook County Health & Hospitals System. We Bring Health Care to Your Community. *Cook County Health*. www.cookcountyhealth.org/wp-content/uploads/CCHHS-Strategic-Plan-2017-2019-Impact-2020-approved-07-29-16-1.pdf
- CHCI (2020, Dec. 9). Community Health Center, Inc. Who We Are. www.chc1.com/who-we-are
- Dubay, L. C. & Lebrun, L. A. (2012). Health, Behavior, And Health Care Disparities: Disentangling The Effects Of Income And Race In The United States. *International Journal of Health Services*, 42(4), 607–625. www.jstor.org/stable/45140303
- ESP (2020). Esperanza Health Centers. Esperanza Health Centers 2020 Annual Report. [www.esperanzachicago.org/sites/default/files/esperanza/files/article/2022-05/ESP Annual Report 2020 7.pdf](http://www.esperanzachicago.org/sites/default/files/esperanza/files/article/2022-05/ESP%20Annual%20Report%202020%207.pdf)
- ESP (n.d.) Esperanza Health Centers. (n.d.). Who We Are. www.esperanzachicago.org/page/who-we-are

- Finigan-Carr, N., Vandigo, J., Uretsky, M., Oloyede, E. O., & Mayden, B. (2015). "You Can't Help a Child if You Don't Know Something Yourself": A Qualitative Study of Barriers to Education in an Underserved West Baltimore Community. *The Journal of Negro Education*, 84(3), 298–310. www.doi.org/10.7709/jnegroeducation.84.3.0298
- Garcia, M. (2022, Oct. 13). Study Finds School Reform Has Left Rural Communities Behind. *Michigan Education Association*. www.mea.org/msu-rural-ed-study
- Garcia, M. (2020, Nov. 30). Member-Organizers Make a Difference. *Michigan Education Association*. mea.org/member-organizers-make-a-difference
- Gargan, S. (2022, June 16). Healthy Ways Program Launch in Minnesota. *Harlem Children's Zone*. www.hcz.org/our-stories/harlem-childrens-zone-launches-national-healthy-ways-program-with-first-site-in-minnesota
- HCZ (2023, Sept. 25). Harlem Children's Zone. Healthy Harlem. (2023, September 25). www.hcz.org/our-programs/healthy-harlem
- Krechevsky, D. (2024, Jan.19). Community Health Center's Masselli Launches New Healthcare System Focused on Underserved Communities. *Hartford Business Journal*. www.hartfordbusiness.com/article/community-health-centers-masselli-launches-new-healthcare-system-focused-on-underserved
- Muñoz-Sastre, Rodrigo-Martín, & Rodrigo-Martín, (2021, Nov. 15). The Role of Twitter in the WHO's Fight Against the Infodemic. *International journal of environmental research and public health*. www.ncbi.nlm.nih.gov/pmc/articles/PMC8621779
- Nelson, W., Pomerantz, A., Howard, K., & Bushy, A. (2007). A Proposed Rural Healthcare Ethics Agenda. *Journal of Medical Ethics*, 33(3), 136–139. www.jstor.org/stable/27719811
- Sergent , K. (2023, Oct. 11). ANA-Michigan Opposes Proposed Nurse Staffing Ratio Legislation. *WWMT*. www.wwmt.com/news/local/nurse-patient-ratios-michigan-american-association-opposition-legislation-staff-mandates-safety-medical-hospital-shortage-government-politics-workload-staffing-lansing-ingham-county-state
- Tang, J. (2023, Oct. 26). MDHHS Partners With Rockefeller Foundation to Expand Free COVID-19 Testing. *The Emery*. www.thehuronemery.com/9689/news/mdhhs-partners-with-rockefeller-foundation-expands-free-covid-19-testing
- WHO (2023, June 2). World Health Organization. Adolescent Pregnancy. *World Health Organization Newsroom*. www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy