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Keeping Hospitals in the Black

One can learn a lot from a city once it grows and matures. I firmly agree with Alison Isenberg in, "Downtown America" when she stated, "how a city utilizes its space is a direct reflection of its priorities" (Isenberg, 2004). This is especially true when analyzing a city's health care system. Nothing is more valuable than one's health and whether a community distributes flu vaccines to the rich and famous or the poor and needy speaks volumes. Working as a healthcare provider around Nashville, TN I have noticed a profound discrepancy in the quality of health care offered to minorities. White patients are consistently transported to gleaming freshly painted surgery centers, while black Americans stumble into Nashville General Hospital because they rely on indigent care. Through my research I discovered that racism and systematic oppression have played a fundamental role in sabotaging the health of Nashville's minorities by limiting access to care and the hindering the quality of care available.

The Heckler report published in 1985 represented the scientific assessment on potential disparities regarding majority and minority health. The results of the report were dire establishing that nearly all minority populations had significantly shorter life spans than white Americans, and an elevated risk of dying from almost all diseases. The differences were so profound that legislation was passed that resulted in each state creating an Office of Minority Health. Each office is required to submit a report every 20 years outlining the current state of

minority health, and a series of action items that could foster improvement (Becker & Newsom, 2003). Tennessee's most recent report was published in 2011 and continued to find increased incidences of mortality, morbidity and overall health for ethnic minorities over their white peers. The Tennessee Department of Health found that minority populations scored lower on self-evaluations of overall physical and mental health, and were shown to exhibit higher rates of mortality and hospitalization across nearly all across all major pathologies aside from suicide 90% of Tennessee minorities identify themselves as Black Americans thus the 2011 report primarily focused on this demographic. The report concluded that there had been no significant change relative gap between white and black Americans, stating that a white child born in Tennessee today will live on average 5.2 years longer than a black child. This number was ubiquitous regardless of risk factors from present in life choices. In fact white Tennesseans engaged in risky behaviors such as drinking and smoking significantly more than blacks Tennesseans yet still lived longer healthier lives (Tennessee Office of Minority Health, 2011.)

The health gap between white and black Nashvillians has actually grown over the past 20 years. This can be credited to the success of government funded public hospitals where income was not a primary determinant in a patient's access to care (Felland, 2012.) From 1920- 1965 white and black Nashvillians residing in the city's downtown urban core were treated at General Hospital (Davidson County Department of Finance, 1963.) Nashville General Hospital at Hermitage Avenue was history hospital funded by the government founded in 1890 with the intent of "serving the underserved." Prior to 1983, Nashville General was renowned as one of the best hospitals in the city (serving as a teaching hospital for the Vanderbilt medical school). Undoubtedly white patients were treated better than black patients but if willing to stand in line long enough black patients could have access to the specialists and diagnostic equipment as

whites. However, 1983 portends a disaster when Nashville General Hospital ends the year operating at a deficit of nearly 1.9 million dollars against a total evaluation of 9.9 million dollars (Davidson County Department of Finance, 1983.) In one year Nashville's General hospital lost nearly 20% of its total value. In short, Nashville General the primary health care provider for underserved populations will become economically unsustainable in 5 years.

The first expansion of the modern racial health gap is correlated with the growth of for profit privatized hospitals and the decline of publicly funded government hospitals. While there is nothing inherently wrong with privately owned hospitals such as Hospital Corporation of America, private hospitals did not operate on a primarily charity basis and charged patients directly for all services performed regardless of income. This meant that if health insurance did not cover the bill liability fell squarely on the patient, leading to higher monetary returns compared to nonprofit organizations.

In order to understand the effect this increase in health care costs had on minority populations, we must understand the process of systemic racism that has helped define the experience or minorities in Nashville. Incorporated as a city in 1806 Nashville was designated the Tennessee capital in 1843 and became the sight of several important engagements over the civil war. Importantly, the end of the war several thousand black union soldier took up residence in the North party of the city. This large African American community prospered and established the acclaimed Black universities Fisk (1867) and Meharry medical college (1876) all while garnering the right to vote (1867) and electing a colored man to the city council in 1868. This "Black Athens of the South" made Nashville into a vital center during the civil rights movement during the 1960's with the college educated black population performing sit-ins that became a

cornerstone of the movement. Despite Nashville's connotation as a hot bed for equality being a minority in Nashville continues to be a significant disadvantage.

While de jure segregation ended in 1960, de facto segregation persists in Nashville to this day (Figure 1.) The distribution of different races throughout Davidson County as individual colored dots. Published in 2013 one can see the historical "civil war" black settlement in the north has expanded both north and west with a strong concentration of blacks around the central downtown district while a majority of white residents are distributed among the suburbs. The migration of white landowners from urban areas to suburban regions in an attempt to maintain racial homogeneity has been termed "white flight."

White flight enforces racial congruity by limiting minority mobility through society via discrimination. Systemic prejudices force black citizens to habituate in undesirable properties with minimal property value, high crime and inherently poor education systems regardless of socioeconomic standing. Poverty, crime, and psychological trauma associated with life in the ghetto actively damage children, while perpetuating a life of crime. Impoverished schools typically provide a lower quality of education than affluent communities; students from a traditionally poor background are more likely to drop out and not pursue additional education past high school, perpetuating a toxic cycle of continued poverty as level of education is the most reliable determinant of future income. Cyclical poverty is notoriously hard to terminate. In 1970 the U.S. census identified 16 census tracks as high poverty and in need of assistance. In the last 45 years none of those high poverty tracks have rebounded, in fact the number of none of high poverty census tracks has doubled from 16 to 32 and the number of Nashvillians living below the poverty has doubled and 24,000 to 40,000.

White homeowners used a variety of tactics to oppress and ghettoize minorities but the two most prevalent practices in Nashville are redlining and "urban renewal" projects. Redlining is the practice of preferentially distributing economic resources to the white majority, impairing black citizen's access to important financial services. Prior to the fair housing act of 1968 black Nashville homebuyers were charged higher interest rates on home loans (if not denied entirely) on houses in white neighborhoods. Shockingly, a 2009 investigation found that banks (in this case Wells Fargo) utilized predatory redlining practices when dealing with minority customers. "Urban renewal" projects discriminate by intentionally replacing Black residential housing with noxious public projects, best exemplified in Nashville by the construction of I-40 in 1967. (Figure 1) shows that to this day I-40 remains a physical and financial barrier segregating the black and white populations of Nashville. In 1963 after passing a bill that consolidated Davidson county and the city of Nashville into a metropolitan government, "Metro" used its new found jurisdiction over land in Bellevue to authorize the building of I-40. Much to the chagrin of black homeowners the highway's proposed construction paralleled Charlotte Avenue cutting through the heart of the educated African American "gentry" residing around Meharry Medical University and Fisk University. Despite outraged protest from the black community and alternative (cheaper) plans to shift I-40's construction away from already inhabited zones, the predominantly white metro council carried out construction in 1969. In addition to destroying several landmarks (like the historic Ritz Theater) I-40 undermined the almost exclusively black community by impoverishing the area overnight. Wealthy black homeowners (predominantly university professors and wealthy business owners) were given subprime payment for their land forcing relocation, while property values around the highway plummeted leading to the

abandonment of many small businesses, a marked increase in crime throughout the area and more African American citizens caught in a cycle of poverty.

Analysis of systemic racism on income helps to explain why the growth of private hospitals was devastating to the poor minorities. To begin with Nashville's black residents have inherently less disposable income to spend on medical bills. The median income of a black households is 11,000 dollars lower than a white household. Comparing the median income of black and white households shows that black workers are paid less than white workers with identical qualifications. Not only do black workers have an innate income disparity with their white peers proportionally African Americans are 4 times more likely to be unemployed. This synergizes with the idea that black nonelderly patients are less likely to have insurance (Figure 4). The difference primarily lies in white patients obtaining health insurance from their employer without having to depend on a public option.

Initially the financial durability and near monopoly HCA had on Medicaid patients allowed the company to run Nashville General Hospital directly into bankruptcy severely limiting the hospitals ability to care for patients. While there are inherent advantages in using private hospitals, for profit companies do not make a habit of providing health care for free offering no public option to replace Nashville General Hospital. The black minority already stuck in the depths of poverty had the option of crippling themselves with hospital bills or just not going to the doctor at all. A report by the National Institute of Health confirms these suspicions stating, "1 in 11 African Americans reported not receiving health care for economic reasons compared with 1 in 20 whites" (Becker & Newsom, 2003). This leads to the high level of mortality and morbidity observed among black patients with chronic illnesses such as diabetes or congestive heart failure which rely on early detection for long term treatment to be successful.

Continued analysis of Nashville General's history provides a concrete example how blatant racism had far reaching effects on perpetuating the racial health gap. The politics involved in Meharry medical university's acquisition of Nashville general hospital crippled the black health care community to this day. Nashville General was bankrupt as early as 1988, a merger was offered in 1978 for Meharry Medical College to staff Nashville General and use it as a Teaching Hospital. Meharry even built a $30 million dollar patient tower in order to avail enough beds for the patient volume associated with taking on the public hospital. In light of an Independent financial analyst verifying that the merger of General, and Meharry would save $19 million dollars in taxes prevent a $65 million dollar overhaul of the overburdened hospital on Hermitage Ave. White lawmakers maintained that this deal was economically unfeasible. According to an article in the LA times the rejection of this deal was based purely on racial stereotypes. Interesting a demographic map form 1980 indicates (figure 2) that the Nashville general patient population was around 40% white. The LA times article maintains that the biggest detractor from the Meharry-Nashville General merger was the thought of forcing White patients to have a black doctor (Harris, 1989.) White hospital administrators were willing to hemorrhage taxpayer money and perpetuate subpar medical care at a dilapidated hospital before yielding to the demands of a negro. Figure 3 supplies a demographic map of the area around Nashville general hospital around 2000 here the white patient volume has decreased to around 20%, a small enough minority to let the deal go through. The merger of Meharry's Hubbard medical school and Nashville General would not occur until 1991 (Davidson county Department of Finance, 2013.)

Metro governments delay in cooperating with Meharry had drastic effects on the medical school. Despite training nearly 4 out of every 10 black doctors, Meharry required the patient

volume from the Nashville general merger to in order to keep their accreditation in general surgery, pediatrics and Ob-Gyn. The cavalcade of delays ended up costing Meharry all three of its accreditations not only losing the college a great deal of prestige, but limited procedures that the hospital could use to help serve the community. Additionally the Meharry almost went out of business when the default on the $30 million dollar loan for the patient care tower came due. Had Metro government delayed any longer there was a distinct possibility that Meharry medical college would have closed its doors and moved to another state. Perhaps the most concerning of all, Nashville General Hospital was scheduled to be a Level 3 Trauma center serving the predominantly black community. Level 3 trauma centers are definitive care facilities that can provide surgical stabilization to a variety of traumatic injuries and prepping patients for transport if required. However, in order to obtain this certification the school must have a viable surgeon on call at all times. These surgeons were to be provided by the residency program. The loss of surgical accreditation resulted in rejection of its trauma center designation. The number one killer of Black males and females age 1-44 is traumatic injury. More over black males and females are 25-30% more likely to die than white patients of the same age. (Figure 1) makes this situation even more concerning as Nashville General at Meharry is the only hospital that services the exclusively black neighborhoods to the north of Nashville. While the instructors preach the Golden hour of trauma (the amount of time after injury that is associated with poor outcomes) new research advocates trauma's platinum ten minutes given the average drive from Nashville General to Meharry takes on average 15 minutes, there is a distinct possibility that the delays associated with the Meharry- General merger ended up amounting to more lives lost with L3 surgical interventions.

However in addition to the loss of the medical colleges advanced accreditations Metro General provides a distinctly lower level of care compared to comparable hospitals of similar size. Nashville General has 10 affiliated physicians is a 116 bed facility with over 34,000 ER patients seen and 4,000 admits (American Hospital Directory, 2015.) In contrast Southern Hills is a 101 bed hospital with 36,000 ER patients assessed and approximately 3,500 admits with approximately 114 affiliated physicians (American Hospital Directory, 2015.) Tristar Southern Hills has access to 11 times the physicians and a wide variety of specialties presumably availing a higher level of care to the patient. In contrast Nashville General must subsist on a skeleton crew of 10 affiliated physicians. While the resources at Nashville General may one day improve grow to become a highly advanced facility it currently is too small and limited to be the only hospital in predominantly black north Nashville home to one of the highest violent crime rates in the nation. Given that impoverished communities are codified by increased levels of violent crime it could be that the best way to improve racial health parity is to provide the at risk black populations with the hospital facilities they need in order to thrive.

The lack of adequate facilities highlights another large health disparity that is compromised due to racism. Figure 1 again portrays the relative race density across all of Davidson County. Each numbered dot represents a separate hospital located around Nashville.

We can see that North Nashville is served almost exclusively by Nashville general hospital at Meharry while private hospitals and tend to congregate exclusively around areas that are predominantly or exclusively white. This is further complicated when the founding dates of each of these hospitals is considered. Using all of the figures a correlation is observed new hospitals in that new private hospital are founded almost always in exclusively white areas. In 1980, one can see that Donelson Hospital (pin 8) was founded in an area that was exclusively

white at the time, this holds true for the other hospitals such as skyline, southern hills, and centennials. Despite some areas diversifying over time, the areas served by the hospitals remain largely white.

\While I will not pretend to understand the methods by which HCA or St. Thomas health determine the location of a new hospital it is glaringly obvious that the green dots have nowhere near as much support as the blue dots. The addition of a better stocked hospital in the area around North Nashville could provide extended support to the Meharry medical center while improving the African American community desperately in need of qualified healthcare.

Just this week a race riot is occurring in Philadelphia marking the third one publicized in this year alone. Despite perceptions that our country is "past" racism inequality and oppression still persists to this day. Nashville remains widely segregated, black citizens make less than their white peers and have generally poor schools. One sees inequality not only in state resources, but these practices have even compromised the black lifespan. The rising cost of health care coupled with lower wages and employer health insurance has made it so that black patients are unwilling to see a doctor at all. Additionally, black healthcare facilities are inherently poorer than those provided to whites. White communities across Davidson county have a choice of access to seven different private hospitals each staffed with hundreds of doctors, while predominantly African American community have ten doctors at one hospital.

Given the myriad of factors contributing to the significant health disparity between races there is no easy fix to improve healthcare for minorities. However, some promising steps are being taken. The TennCare initiatives is attempting to extend health insurance and coverage to more black families, without costing tax payers anything (Tennessee Department of Health, 2013). While one small bill will not fix the issues better insurance may incentivize black patients

to seek out treatment for disease at a clinic rather than an emergency room, while also increasing financial attraction for private hospitals to provide services to minority patients. However, the best thing we can do is

Bibliography:

1. Becker G, Newsom E. "Socioeconomic status and dissatisfaction with health care among chronically ill African Americans." *Am J Public Health*. 2003;93(5):742–748
2. Felland, Laurie. "Local Public Hospitals: Changing with the Times." *Hschange.com*. National Institute of Health, Nov. 2012. Web. 24 Mar. 2015
3. Haruch, Steve. "New Interactive Maps Show Plenty of Segregation in Nashville and Throughout U.S." *Nashville Scene*. 2011 http://www.nashvillescene.com/pitw/archives/2011/02/03/new-interactive-maps-show-plenty-of-segregation-in-nashville-and-throughout-us
4. Harris, Ron. "White, Black Nashville Hospitals World's Apart." *LAtimes.com*. LATimes, 08 Aug. 1989.
5. Isenberg, Alison. Downtown America: A History of the Place and the People Who Made It. Chicago: U of Chicago, 2004. Print.
6. Metropolitan Government of Nashville and Davidson County Department of Finance. "Comprehensive Annual Financial Report Fiscal year ending April 30, 1964" *Comptroller.tn.gov*. Nashville Library 30. April. 1964
7. Metropolitan Government of Nashville and Davidson County Department of Finance. "Comprehensive Annual Financial Report Fiscal year ending June 30, 1982" *Comptroller.tn.gov*. Nashville Library 30. June. 1982

8. Metropolitan Government of Nashville and Davidson County Department of Finance. "Comprehensive Annual Financial Report Fiscal year ending June 30, 2012" *Comptroller.tn.gov*. Nashville Library 30. June. 2013
9. "Nashville General Hospital." AmericanHospitalDirectory.com. Last modified March 13, 2015. https://www.ahd.com/free_profile/440111/Nashville_General_Hospital_at_Meharry/Nashville/Tennessee/
10. "Populations of Color in Tennessee: Health Status Report 2011." *TN Office of Minority Health*. 2011
11. "Poverty and Race in America, Then and Now." Metrotrends.com Last modified January 1, 2011 http://datatools.metrotrends.org/charts/metrodata/_Blog/Maps/PovertyRace_DW/Map.html#34980,1980,2010,8,30.36813582872057,-78.7664794921875
12. "The Economics of Medicaid Expansion for Tennessee under the Affordable Care Act" *TN Department of Health*. 2013
13. "TriStar Southern Hills Medical Center." AmericanHospitalDirectory.com Last modified April 13, 2015. https://www.ahd.com/free_profile/440197/TriStar_Southern_Hills_Medical_Center/Nashville/Tennessee/

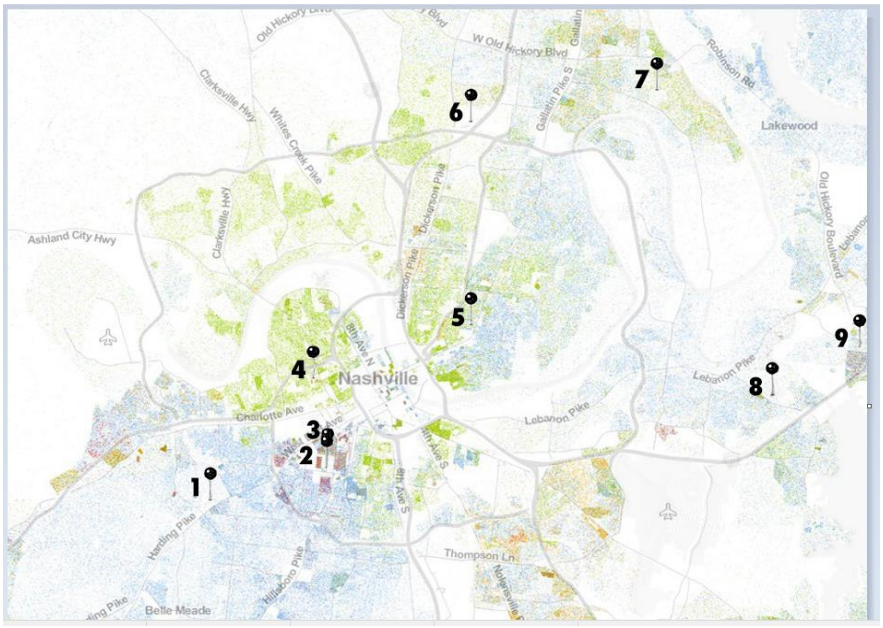

Figure 1: Dot Diagram of race across Davidson county based n 2013 census data. Green indicates a black citizens, while Blue indicates white. Each pin denotes a hospitals interestingly hospitals 1-3, and 5-9 are all privately owned. Hospital 4 (Nashville General) is publicly funded. (Haruch, 2013)

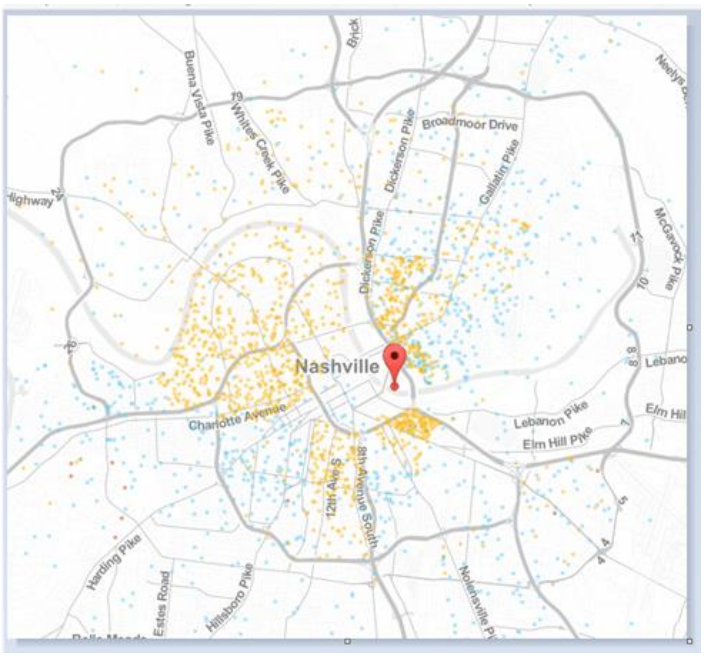

Figure 2: Census data of poor residents based on race in across Davidson county in 1980. Orange dots indicate black residents, blue dots indicates white residents. The red pin indicates Nashville Generals Downtown location. (Metrotrends, 2011)

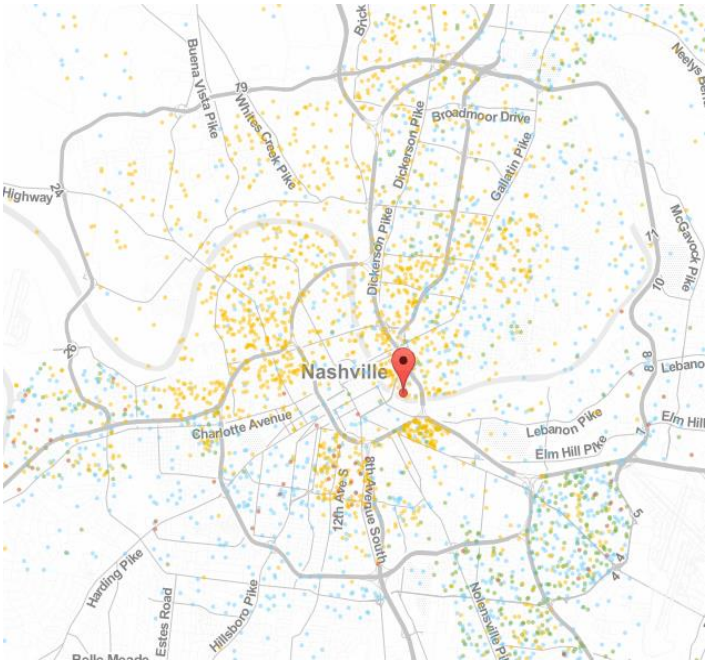

Figure 3: Census data of poor residents based on race in across Davidson county in 2000. Orange dots indicate black residents, blue dots indicates white residents. The red pin indicates Nashville Generals Downtown location. (Metrotrends, 2011)

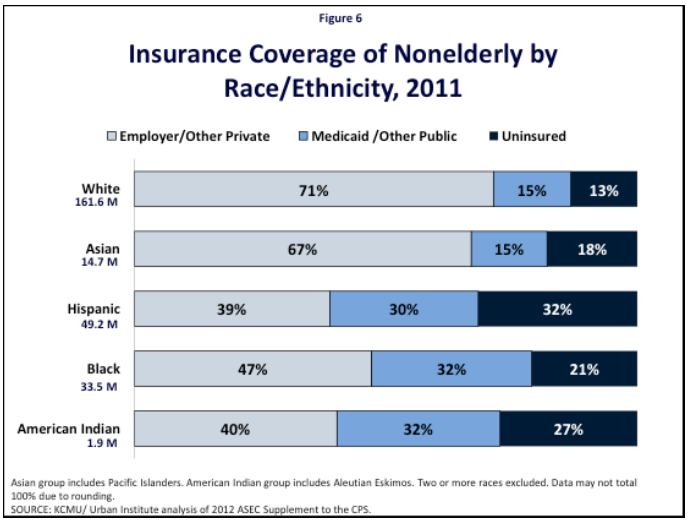

Figure 4: Shows the differences in health insurance amongst races in TN. (TN Department of health, 2011)