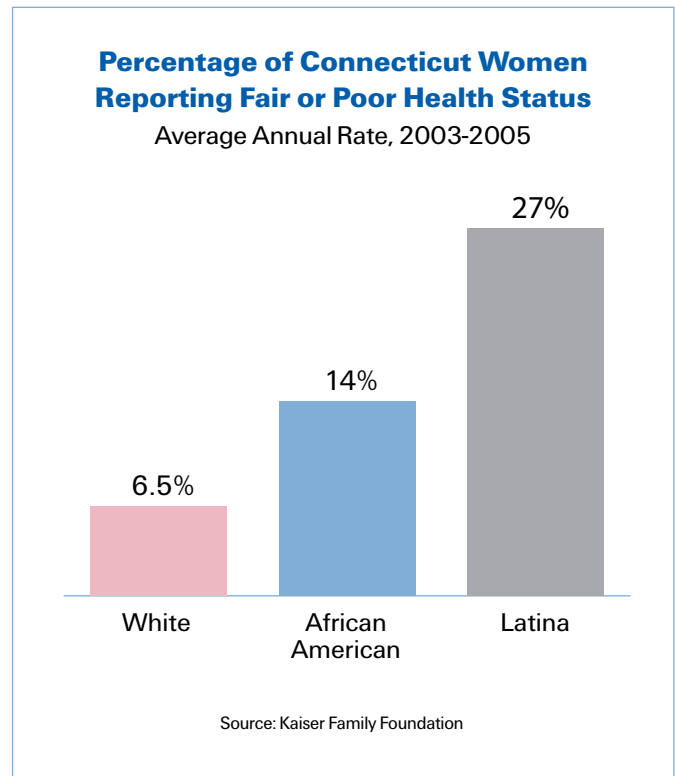
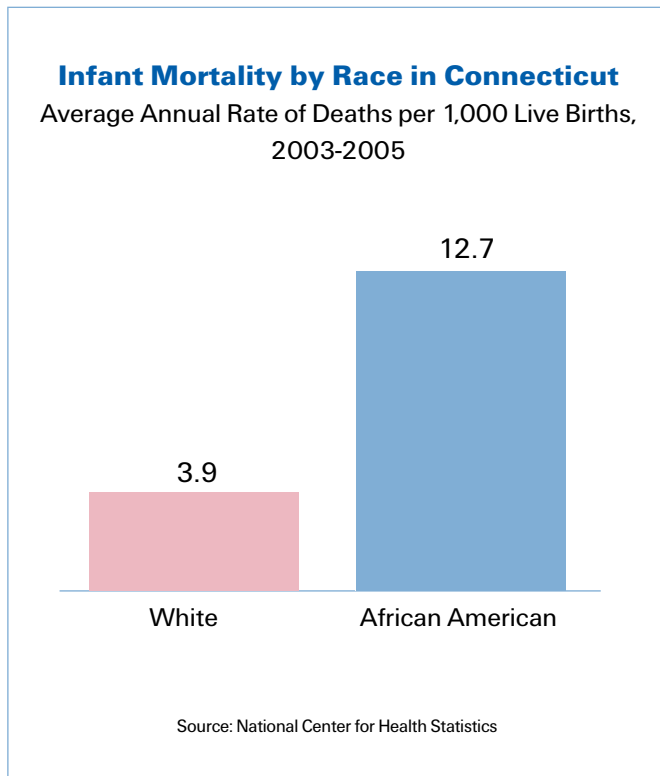


Health Care Discrimination Harms Communities of Color in Connecticut

Rapidly escalating medical costs and insurance premiums, rising numbers of people without coverage, and rip-offs by monopolistic private insurers have dominated the Connecticut political dialogue surrounding President Barack Obama's plans for comprehensive health reform. On Capitol Hill, the American public is witnessing an historic clash of Washington special interest groups fighting to protect their revenue streams. Yet no one has more at stake than the 103 million people of color in the U.S.,¹ including the 896,000 in Connecticut.² Throughout the nation's history, communities of color have been forced to accept health care that bears little resemblance to what is experienced by members of more advantaged groups. For people of color in Connecticut and nationwide, life is shorter, chronic illness more prevalent and disability more common.

These are predictable side-effects of a health care system that provides these communities in Connecticut with narrower opportunities for regular health services, fewer treatment options and lower-quality care.

The infant mortality rate, a leading indicator of community health and well-being, illustrates the huge health disparities between whites and other racial and ethnic groups in Connecticut. The infant death rate for whites is 3.9 per 1,000 live births, compared with 12.7 for African Americans.³ Life expectancy for African Americans in Connecticut is 6 to 10 years shorter than that of whites.⁴ About 22 percent of Latinos and 18 percent of African Americans in Connecticut are uninsured, compared with 8 percent of whites.⁵



Connecticut Disparities

- In Connecticut, 18 percent of African-American adults have been diagnosed with diabetes, more than twice the rate for whites.⁶
- Twelve percent of adult African Americans in Connecticut have asthma, compared to 9 percent of whites.⁷
- In Connecticut, 25 percent of Latina and African-American women received no early prenatal care, compared with 9 percent for whites.⁸
- The infant mortality rate for African Americans in Connecticut is more than three times that of whites.⁹
- The mortality rate for African Americans in Connecticut is 16 percent higher than for whites.¹⁰
- Despite growing evidence of racial disparities in health status and medical services, no system exists in Connecticut for collecting comprehensive state and local data on disparities. As a result, many questions about the health of minorities in Connecticut remain unanswered. For example, it is not known how many African Americans or Latinos (compared to whites) have forgone care because they can't afford it.
- The U.S. Bureau of Labor Statistics estimates that 8 percent of Connecticut's labor force is unemployed.¹¹
- In Connecticut, 325,516 people were uninsured in 2007.¹²
- About 18 percent of African Americans in Connecticut are uninsured, almost two and a half times the rate for whites.¹³
- Health insurance premiums for Connecticut working families have skyrocketed, increasing 81 percent from 2000 to 2007.¹⁴
- The full cost of employer-sponsored health insurance in Connecticut is projected to grow at an annual rate of 7.3 percent, compared to a 1.5 percent increase in income.¹⁵
- About 190,000 working non-elderly adults in Connecticut lack health insurance. That comprises 66 percent of the total non-elderly uninsured population.¹⁶

Connecticut Racial and Ethnic Disparities by Health Indicator

Health Indicator	White	African American	Latino
Infant Mortality Rate (deaths per 1,000 live births)	3.9	12.7	7.4
Diabetes Mortality Rate (deaths per 100,000 population)	18.6	48.3	-
Annual AIDS Case Rate (per 100,000 population)	7.2	66.0	62.0
Living in Poverty	8.3%	21%	34%
Enrolled in Medicaid	7%	23%	37%
Uninsured	7.6%	18%	22%

Note: - denotes insufficient data in state.

Source: The Henry J. Kaiser Family Foundation. "Key Health Indicators by Race/Ethnicity and State," 2009 update.

Endnotes

¹ US Census Bureau, "USA QuickFacts," 2008. Accessed at <http://quickfacts.census.gov/qfd/states/00000.html>.

² Ibid.

³ National Center for Health Statistics, "Health, United States, 2008 With Chartbook" Hyattsville, MD: 2009.

⁴ Ibid.

⁵ Kaiser Family Foundation, "Key Health Indicators by Race/Ethnicity and State," 2009 update.

⁶ Department of Health and Human Services, Office of Public Health and Science, Office of Women's Health. Quick Health Data Online, 2008.

⁷ Ibid.

⁸ Cara James, et al., "Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level," Kaiser Family Foundation, June 2009. Accessed at <http://www.kff.org/minorityhealth/upload/7886.pdf>.

⁹ National Center for Health Statistics, "Health, United States, 2008 With Chartbook" Hyattsville, MD: 2009.

¹⁰ Ibid.

¹¹ Bureau of Labor Statistics, "Local Area Unemployment Statistics." Accessed at <http://www.bls.gov/web/lauhsthl.htm>.

¹² Kaiser Family Foundation, "Health Insurance Coverage of the Total Population, states (2006-2007), U.S. (2007)." Accessed at <http://www.statehealthfacts.org/comparebar.jsp?ind=125&cat=3>.

¹³ Kaiser Family Foundation, "Key Health Indicators by Race/Ethnicity and State," 2009 update.

¹⁴ Families USA, "Premiums versus Paychecks," September 2008. Accessed at <http://www.familiesusa.org/resources/publications/reports/premiums-vs-paychecks-2008.html>.

¹⁵ New America Foundation, "The State of State Health: The Cost of Failure (2007)" Accessed at <http://statehealth.newamerica.net/>.

¹⁶ Peter Harbage, Ben Furnas, "Health Care in Crisis," Center for American Progress, May 4, 2009. Accessed at http://www.americanprogress.org/issues/2009/05/working_uninsured_map.html.