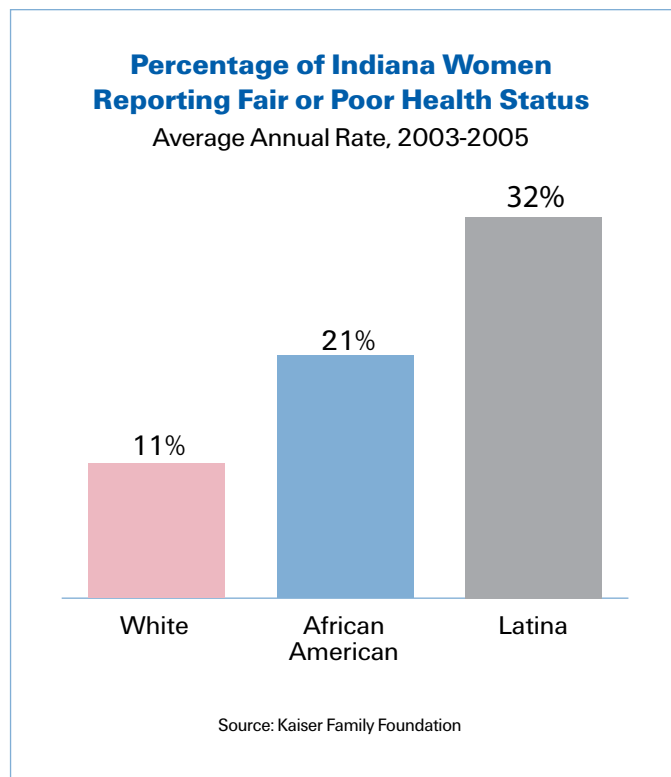
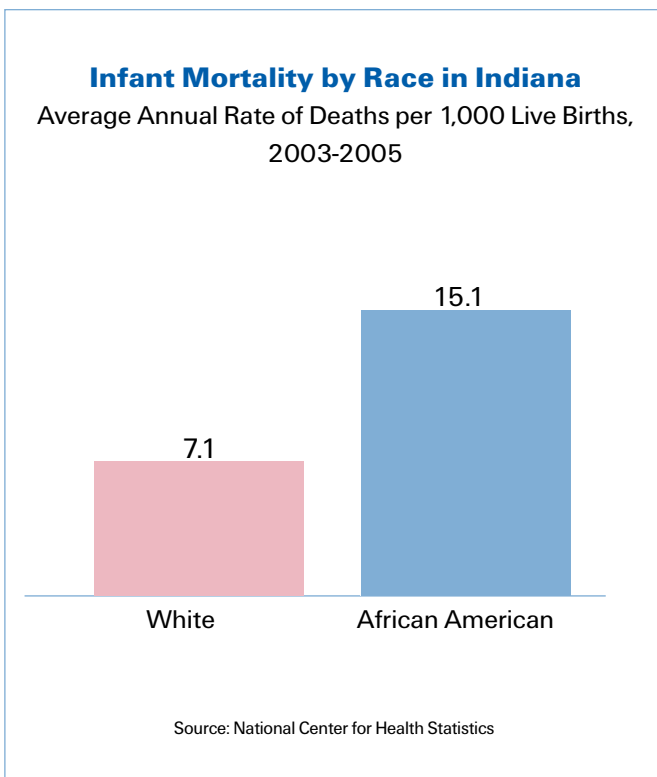


Health Care Discrimination Harms Communities of Color in Indiana

Rapidly escalating medical costs and insurance premiums, rising numbers of people without coverage, and rip-offs by monopolistic private insurers have dominated the Indiana 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 1,052,000 in Indiana.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 Indiana 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 Indiana 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 Indiana. The infant death rate for whites is 7.1 per 1,000 live births, compared with 15.1 for African Americans.³ Life expectancy for African Americans in Indiana is 6 to 10 years shorter than that of whites.⁴ About 32 percent of Latinos and 18 percent of African Americans in Indiana are uninsured, compared with 11 percent of whites.⁵



Indiana Disparities

- In Indiana, about 15 percent of African-American adults have been diagnosed with diabetes, compared with 9.5 percent of whites.⁶
- Thirteen percent of adult African Americans in Indiana have asthma, compared to 9 percent of whites.⁷
- In Indiana, 36 percent of Latina women received no early prenatal care, compared with 34 percent for African Americans and 17 percent for whites.⁸
- The infant mortality rate for African Americans in Indiana is more than two times that of whites.⁹
- The mortality rate for African Americans in Indiana is 25 percent higher than for whites and twice the rate for Latinos.¹⁰
- Despite growing evidence of racial disparities in health status and medical services, no system exists in Indiana for collecting comprehensive state and local data on disparities. As a result, many questions about the health of people of color in Indiana 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 11 percent of Indiana's labor force is unemployed.¹¹
- In Indiana, 732,256 people were uninsured in 2007.¹²
- About 18 percent of African Americans in Indiana are uninsured. More than 30 percent of Latinos lack coverage, which is almost three times the rate for whites.¹³
- Health insurance premiums for Indiana working families have skyrocketed, increasing 83 percent from 2000 to 2007.¹⁴
- The full cost of employer-sponsored health insurance in Indiana is projected to grow at an annual rate of 8.7 percent, compared to a 0.04 percent increase in income.¹⁵
- About 370,000 working non-elderly adults in Indiana do not have health insurance. That comprises 59 percent of the total non-elderly uninsured population.¹⁶

Indiana Racial and Ethnic Disparities by Health Indicator

Health Indicator	White	African American	Latino
Infant Mortality Rate (deaths per 1,000 live births)	7.1	15.1	6.8
Diabetes Mortality Rate (deaths per 100,000 population)	25	54.5	-
Annual AIDS Case Rate (per 100,000 population)	3.8	28	12.1
Living in Poverty	12%	35%	26%
Enrolled in Medicaid	9%	31%	22%
Uninsured	11%	18%	32%

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.