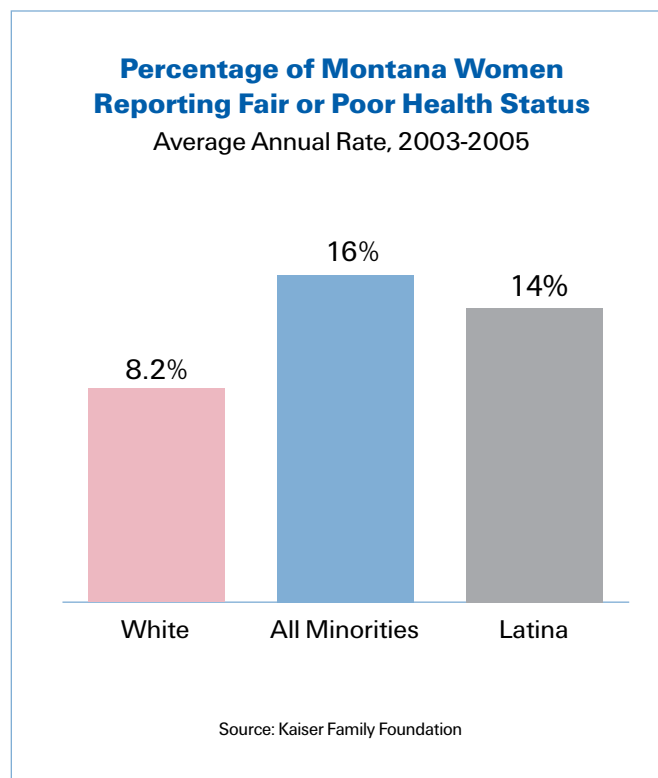


Health Care Discrimination Harms Communities of Color in Montana

Rapidly escalating medical costs and insurance premiums, rising numbers of people without coverage, and rip-offs by monopolistic private insurers have dominated the Montana 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 114,000 in Montana.² Throughout the nation's history, racial and ethnic minorities 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 Montana 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 Montana with narrower opportunities for regular health services, fewer treatment options and lower-quality care. Despite growing evidence of racial disparities in health status and medical services, no system exists in Montana for collecting comprehensive state and local data on disparities. As a result, many questions about the health of minorities in Montana 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.



Montana Disparities

- In Montana, almost 10 percent of Latino adults have been diagnosed with diabetes—a rate that is more than 30 percent higher than whites.³
- Among whites in Montana, 8.6 percent have asthma compared to 20.6 percent of Latinos.⁴
- In Montana, 20 percent of Latina women received no early prenatal care, compared with 14 percent for whites.⁵
- The Bureau of Labor Statistics estimates that 6.3 percent of Montana’s labor force is unemployed.⁶
- In Montana, 153,006 people were uninsured in 2007.⁷
- Health insurance premiums for Montana working families have skyrocketed, increasing 89 percent from 2000 to 2007.⁸
- The full cost of employer-sponsored health insurance in Montana is projected to grow at an annual rate of 8.7 percent, compared to a 1.5 percent increase in income.⁹
- About 90,000 working non-elderly adults in Montana lack health insurance. That comprises 71 percent of the total non-elderly uninsured population.¹⁰

Endnotes

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

² Ibid.

³ Department of Health and Human Services, Office of Public Health and Science, Office of Women’s Health. Quick Health Data Online, 2008.

⁴ Ibid.

⁵ 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>.

⁶ Bureau of Labor Statistics, “Local Area Unemployment Statistics.” Accessed at <http://www.bls.gov/web/lauhsthl.htm>.

⁷ 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>.

⁸ Families USA, “Premiums versus Paychecks,” September 2008. Accessed at <http://www.familiesusa.org/resources/publications/reports/premiums-vs-paychecks-2008.html>.

⁹ New America Foundation, “The State of State Health: The Cost of Failure (2007)” Accessed at <http://statehealth.newamerica.net/>.

¹⁰ 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.