

## Health Disparities in Connecticut

Over thirty percent of Connecticut residents are members of minority groups. Hispanics make up 13.8% of Connecticut’s population, Blacks comprise 11.1%, and Asian minorities account for just 4.0% percent of Connecticut residents.<sup>[i]</sup> Disparities in health care and status are significant between majority and minority state residents. Health disparities across racial and ethnic lines are the result of multiple barriers including poverty and a lack of information that prevent access to care and health coverage. (African-Americans in Connecticut are more than twice as likely to be uninsured than Whites. Hispanics are almost three times as likely to be uninsured than Whites.<sup>[ii]</sup>) Furthermore, issues of language and cultural differences between health care providers and minority patients often result in inadequate or mismanaged treatment and care. The following is a summary of just some of the health disparities facing minority populations in Connecticut.

### Increased Infant Mortality Rate and Infant Health Issues

Black infants born in Connecticut are more than three times and Hispanic infants are almost twice as likely to die as White infants.<sup>[iii]</sup> Black and Hispanic infants in Connecticut are also more likely to start life at low birth weight.<sup>[iv]</sup>

Connecticut	Blacks	Hispanics	Whites
Uninsured <sup>[v]</sup>	19%	23%	8%
Infant mortality <sup>[vi]</sup>	13%	7%	4%
Low birth weight <sup>[vii]</sup>	13%	9%	7%

### Racial and Ethnic Health Disparities

From 2000-2007, Black, Hispanic, and Asian populations in Connecticut each increased by at least 7% while the White population has decreased by 2%.<sup>[viii]</sup> However as Connecticut’s minority populations grow, racial disparities in health status remain.

- In Connecticut, Blacks are 1.4 times more likely to die from a Stroke than Whites<sup>[ix]</sup>
- Both Black and Hispanic adults are twice as likely to be diagnosed and die from diabetes than White adults<sup>[x]</sup>
- In 2005, 359 Blacks, 213 Hispanics, and 95 Whites per 100,000 people were hospitalized for diabetes<sup>[xi]</sup>
- In 2005, approximately twice as many African Americans reported they had never been screened for High Blood Cholesterol as Whites and Hispanics<sup>[xii]</sup>
- From 2001-2005, the rate of HIV/AIDS incidence per 100,000 people was 73 for African Americans, 82 for Hispanics, and only 11 for Whites. Blacks and Hispanics also had substantially higher incidence of Chlamydia and Gonorrhea infection than Whites<sup>[xiii]</sup>
- In 2005, African-Americans were 3.7 times and Hispanics were 3.9 times more likely than Whites to be hospitalized for Asthma<sup>[xiv]</sup>

- African-American children were 4.6 times and Hispanics children were 5.2 times more likely than White children to visit an Emergency Room for asthma in 2005.[\[xv\]](#)

National healthcare reform includes several initiatives to address health disparities. The federal Affordable Care Act requires Offices of Minority Health to be established in several government agencies, including the FDA, AHRQ, and CMS. Furthermore, the Affordable Care Act offers funding for data collection regarding race, ethnicity, gender and primary language for participants in federally-run healthcare programs.[\[xvi\]](#) However, it fails to specifically address language and cultural barriers that impact the quality of care.[\[xvii\]](#)

### **Health Care and Immigrant Populations**

Connecticut’s non-citizens are more likely to be uninsured than native born citizens. From 2001-2003 in Connecticut, non-citizen White and Asian adults were 18% more likely to be uninsured than US-born White and Asian adults, while non-citizen Hispanic adults were 21% more likely to lack coverage than US-born Hispanic adults.[\[xviii\]](#) Furthermore, Hispanic children in Connecticut from 2001-2003 with non-citizen parents were three times more likely to be uninsured than children of US-born Hispanics.[\[xix\]](#)

Connecticut immigrants with health insurance may also find it difficult to navigate and understand the system. A study by the Urban Institute found that, due to a lack of available information, many immigrants were not aware that their children were eligible for the HUSKY program or were confused about the specifics of the program.[\[xx\]](#)

Uninsured immigrants in Connecticut find it much harder to access care than those with coverage. Those living in rural areas that are unable to get to urban community health centers find it particularly challenging.[\[xxi\]](#) They also had great difficulty receiving specialty, dental, and mental health care, affording prescription drugs, and communicating with health care providers in hospitals where medical interpreters were not readily available.[\[xxii\]](#)

An estimated 75,000 Connecticut residents are undocumented immigrants.[\[xxiii\]](#) Under national health reform, these individuals will continue to remain ineligible for Medicaid and Medicare coverage and are ineligible for subsidies for private insurance.[\[xxiv\]](#)

### **Medical Interpretation Services**

Approximately 7.6% or 249,370 Connecticut residents speak English less than “very well”.[\[xxv\]](#) People with limited English proficiency have difficulty communicating with health care providers and as a result may receive inaccurate diagnoses or treatment. Patients are often forced to rely on friends or family members as ad-hoc interpreters, which can compromise doctor-patient confidentiality.[\[xxvi\]](#)

Professionally trained medical interpreters can alleviate miscommunications between health care providers and consumers. This will allow for:

- Patients to use more preventive care
- Reduced delays in accessing care

- Improvement in accuracy of diagnoses
- Patients to receive more appropriate treatments
- Improvement in patient satisfaction[xxvii]

There are an estimated 22,000 LEP individuals enrolled in Medicaid in Connecticut.[xxviii] Medicaid programs in other states provide interpreter services at no extra cost to the patient, either through in-person interpretation or via telephone.[xxix] Maine, Massachusetts, Vermont, and New Hampshire have all implemented plans to cover medical interpreter services through Medicaid, though use different methods to do so. For example, in Maine, interpreter services are treated as a Medicaid-covered expense where interpreters are reimbursed directly through state-established billing codes, while in New Hampshire, interpreter services are an administrative expense and medical interpreters enroll as Medicaid providers and bill the state.[xxx]

[i] U.S Census Bureau, Quick Facts, <http://quickfacts.census.gov/qfd/states/09000.html>

[ii] US Census Bureau; [http://www.census.gov/hhes/www/cpstables/032009/health/h01\\_000.htm](http://www.census.gov/hhes/www/cpstables/032009/health/h01_000.htm). Health Insurance Status and Type of Coverage by Selected Characteristics: 2008.  
<http://www.census.gov/hhes/www/cpstables/032009/pov/toc.htm>

[iii] Centers for Disease Control and Prevention; National Center for Health Statistics: Health, United States, 2009. <http://www.cdc.gov/nchs/data/hus/hus09.pdf#highlights>. Table 20. Infant Mortality rates, by race and Hispanic origin of mother, and state: United States, average annual 1989-1991, 2000-2002, and 2003-2005.

[iv] Centers for Disease Control and Prevention; National Center for Health Statistics: Health, United States, 2009. <http://www.cdc.gov/nchs/data/hus/hus09.pdf#highlights>. Table 13. Low birth weight live births, by race and Hispanic origin of mother, and state: United States, average annual 1998-2000, 2001-2003, and 2004-2006.

[v] US Census Bureau; [http://www.census.gov/hhes/www/cpstables/032009/health/h01\\_000.htm](http://www.census.gov/hhes/www/cpstables/032009/health/h01_000.htm). Health Insurance Status and Type of Coverage by Selected Characteristics: 2008.

[vi] Centers for Disease Control and Prevention; National Center for Health Statistics: Health, United States, 2009. <http://www.cdc.gov/nchs/data/hus/hus09.pdf#highlights>. Table 20. Infant Mortality rates, by race and Hispanic origin of mother, and state: United States, average annual 1989-1991, 2000-2002, and 2003-2005.

[vii] Centers for Disease Control and Prevention; National Center for Health Statistics: Health, United States, 2009. <http://www.cdc.gov/nchs/data/hus/hus09.pdf#highlights>. Table 13. Low birth weight live births, by race and Hispanic origin of mother, and state: United States, average annual 1998-2000, 2001-2003, and 2004-2006.

[viii] US Census Bureau; [http://factfinder.census.gov/servlet/ACSSAFFPeople?\\_submenuId=people\\_10&\\_sse=on](http://factfinder.census.gov/servlet/ACSSAFFPeople?_submenuId=people_10&_sse=on). Race and Ethnicity. 2000; 2006-2008.

[ix] Stratton, Alison; Hynes, Margaret M.; Nepaul, Ava N. 2009. *The 2009 Connecticut Health Disparities Report*. Hartford, CT. Connecticut Department of Public Health.  
[http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct\\_healthdisparitiesreport.pdf](http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct_healthdisparitiesreport.pdf); Table 9; p45.

[x] Stratton, Alison; Hynes, Margaret M.; Nepal, Ava N. 2009. *The 2009 Connecticut Health Disparities Report*. Hartford, CT. Connecticut Department of Public Health. [http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct\\_healthdisparitiesreport.pdf](http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct_healthdisparitiesreport.pdf); Figure 6; p49.

[xi] Stratton, Alison; Hynes, Margaret M.; Nepal, Ava N. 2009. *The 2009 Connecticut Health Disparities Report*. Hartford, CT. Connecticut Department of Public Health. [http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct\\_healthdisparitiesreport.pdf](http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct_healthdisparitiesreport.pdf); Table 12; p52.

[xii] Stratton, Alison; Hynes, Margaret M.; Nepal, Ava N. 2009. *The 2009 Connecticut Health Disparities Report*. Hartford, CT. Connecticut Department of Public Health. [http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct\\_healthdisparitiesreport.pdf](http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct_healthdisparitiesreport.pdf); Figure 18; p65.

[xiii] Stratton, Alison; Hynes, Margaret M.; Nepal, Ava N. 2009. *The 2009 Connecticut Health Disparities Report*. Hartford, CT. Connecticut Department of Public Health. [http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct\\_healthdisparitiesreport.pdf](http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct_healthdisparitiesreport.pdf); Table 22; p81. Figure 29; p84. Figure 30; p85.

[xiv] Stratton, Alison; Hynes, Margaret M.; Nepal, Ava N. 2009. *The 2009 Connecticut Health Disparities Report*. Hartford, CT. Connecticut Department of Public Health. [http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct\\_healthdisparitiesreport.pdf](http://www.ct.gov/dph/lib/dph/hisr/pdf/2009ct_healthdisparitiesreport.pdf); Table 34; p105.

[xv] Peng, J, Rodriguez, R, Hewes, S (2008) Asthma in Connecticut 2008: A Surveillance Report, Connecticut Department of Public Health, Health Education, Management and Surveillance Section, Hartford, CT. p49.

[xvi] Offices of Minority Health <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=45> AND

Foster, Jonay. "Moving Toward Health Equity: Health Reform Creates a Foundation for Eliminating Disparities." Families USA. May 2010. <http://www.familiesusa.org/assets/pdfs/health-reform/minority-health/moving-toward-health-equity.pdf>; p4.

[xvii] Foster, Jonay. "Moving Toward Health Equity: Health Reform Creates a Foundation for Eliminating Disparities." Families USA. May 2010. <http://www.familiesusa.org/assets/pdfs/health-reform/minority-health/moving-toward-health-equity.pdf>; p5.

[xviii] Capps, Randy; Fortuny, Karina; Cook, Allison; Henderson, Everett; Zuckerman, Steve. "Immigrants in Connecticut: Labor Markets Experiences and Health Care Access." *The Urban Institute*. November 2005. [http://www.urban.org/UploadedPDF/311256\\_immigrants\\_in\\_connecticut.pdf](http://www.urban.org/UploadedPDF/311256_immigrants_in_connecticut.pdf); Figure 31, p34.

[xix] Capps, Randy; Fortuny, Karina; Cook, Allison; Henderson, Everett; Zuckerman, Steve. "Immigrants in Connecticut: Labor Markets Experiences and Health Care Access." *The Urban Institute*. November 2005. [http://www.urban.org/UploadedPDF/311256\\_immigrants\\_in\\_connecticut.pdf](http://www.urban.org/UploadedPDF/311256_immigrants_in_connecticut.pdf); p35.

[xx] Capps, Randy; Fortuny, Karina; Cook, Allison; Henderson, Everett; Zuckerman, Steve. "Immigrants in Connecticut: Labor Markets Experiences and Health Care Access." *The Urban Institute*. November 2005. [http://www.urban.org/UploadedPDF/311256\\_immigrants\\_in\\_connecticut.pdf](http://www.urban.org/UploadedPDF/311256_immigrants_in_connecticut.pdf); p38.

[xxi] Capps, Randy; Fortuny, Karina; Cook, Allison; Henderson, Everett; Zuckerman, Steve. "Immigrants in Connecticut: Labor Markets Experiences and Health Care Access." *The Urban Institute*. November 2005. [http://www.urban.org/UploadedPDF/311256\\_immigrants\\_in\\_connecticut.pdf](http://www.urban.org/UploadedPDF/311256_immigrants_in_connecticut.pdf); p40.

[xxii] Capps, Randy; Fortuny, Karina; Cook, Allison; Henderson, Everett; Zuckerman, Steve. "Immigrants in Connecticut: Labor Markets Experiences and Health Care Access." *The Urban Institute*. November 2005. [http://www.urban.org/UploadedPDF/311256\\_immigrants\\_in\\_connecticut.pdf](http://www.urban.org/UploadedPDF/311256_immigrants_in_connecticut.pdf); p41-42.

[xxiii] Passel, Jeffrey S.; Capps, Randy; Fix, Michael. "Undocumented Immigrants: Facts and Figures." *Urban Institute Immigration Studies Program*. Jan. 2004. [http://www.urban.org/UploadedPDF/1000587\\_undoc\\_immigrants\\_facts.pdf](http://www.urban.org/UploadedPDF/1000587_undoc_immigrants_facts.pdf)

[xxiv] Immigrants' Health Coverage and Health Reform: Key Questions and Answers. <http://kff.org/healthreform/upload/7982.pdf>; p6. *Kaiser Family Foundation*.

[xxv] US Census Bureau, 2006-2008 American Community Survey. [http://factfinder.census.gov/servlet/ADPTable?\\_bm=y&-geo\\_id=04000US09&-context=adp&-ds\\_name=ACS\\_2008\\_3YR\\_G00\\_&-tree\\_id=3308&-lang=en&-caller=geoselect&-format=](http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=04000US09&-context=adp&-ds_name=ACS_2008_3YR_G00_&-tree_id=3308&-lang=en&-caller=geoselect&-format=). Selected Social Characteristics in the United States.

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[xxviii] Bagchi, Ann. "Interpretation Services in Medicaid Managed Care." Mathematica Policy Research, Inc. p11. January 2007.

[xxix] Bagchi, Ann. "Interpretation Services in Medicaid Managed Care." Mathematica Policy Research, Inc. p7. January 2007.

[xxx] Bagchi, Ann. "Interpretation Services in Medicaid Managed Care." Mathematica Policy Research, Inc. p15. <sup>1</sup>January 2007.