

Health Disparities

Minority groups account for 25% of Connecticut's total population, mainly African-American or Hispanics, however they bear a disproportionate burden of poor health outcomes.ⁱ

African-Americans in Connecticut are more than twice as likely and Hispanics are almost three times as likely to be uninsured as Whites.ⁱⁱ Black infants born in Connecticut are more than three times and Hispanic infants are almost twice as likely to die as White infants.ⁱⁱⁱ Black and Hispanic infants in Connecticut are also more likely to start life at low birth weight.^{iv} Further, Connecticut Blacks are also more than twice as likely to die due to diabetes as Whites.^v Health disparities across racial and ethnic lines are a result of barriers to access to care, access to coverage, and language and cultural differences between health care providers and minority populations that make communications difficult.

| Connecticut | Blacks | Hispanics | Whites |
|----------------------------------|--------|-----------|--------|
| Uninsured ^{vi} | 19% | 23% | 8% |
| Infant mortality ^{vii} | 13% | 7% | 4% |
| Low birth weight ^{viii} | 13% | 9% | 7% |

Racial and Ethnic Health Disparities

From 2000-2007, Black, Hispanic, and Asian populations in Connecticut have each increased by at least 7% while the White population has decreased by 2%.^{ix} However as Connecticut's minority populations grow, racial disparities in health status remain.

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

Though national healthcare reform includes initiatives to address health disparities, some issues remain unresolved. The Patient Protection and Affordable Care Act establishes Offices of Minority Health in several agencies, as well as widespread data collection regarding race, ethnicity, gender and primary language for participants in federally run healthcare programs.^{xvii} However, it fails to specifically address language and cultural barriers that can cause problems in the quality of care.^{xviii}

Immigrant Health Care

12.8% of the population of Connecticut is foreign born and 39.7% of the foreign born population is Latin American, the most of any region.^{xxix} Latin Americans are both the largest and the fastest growing immigrant group in Connecticut; from 1990 to 2000, Mexican and Central American immigrants increased by 22,862 people and South Americans by 15,883 people.^{xx}

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.^{xxxi} 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.^{xxii}

Connecticut immigrants with health insurance also find it difficult to navigate and understand the system. A study by the Urban Institute about immigrant experiences with HUSKY found that many immigrants were not aware that their children were eligible for the program, were frustrated that only their US-born children could be covered, and misunderstood the changing non-citizen eligibility rules due to lack of information about the intricacies of the program.^{xxiii}

Uninsured immigrants in Connecticut find it much harder to access care than those with coverage, particularly those in rural areas that are unable to get to urban community health centers.^{xxiv} 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.^{xxv}

There are an estimated 75,000 undocumented immigrants in Connecticut.^{xxvi} Under national health reform, these individuals will continue to remain ineligible for Medicaid and Medicare coverage.^{xxvii}

Medical Interpretation Services

Approximately 7.6%, or 249,370 Connecticut residents speak English less than "very well".^{xxviii} People with limited English proficiency, or LEP's, have difficulty communicating with health care providers and as a result may receive inaccurate diagnoses or treatment. Patients are often forced to use friends or family members as ad-hoc interpreters which can compromise doctor-patient confidentiality.^{xxix}

Using 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^{xxx}

There are an estimated 22,000 LEP individuals enrolled in Medicaid in Connecticut.^{xxxi} Medicaid managed care organizations (MCOs) in other states provide interpreter services at no extra cost to the

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patient, either through in-person interpretation or via telephone.^{xxxii} 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.^{xxxiii}

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i US Census Bureau; <http://www.census.gov/popest/states/asrh/SC-EST2009-04.html>. Estimates of the Resident Population by Race and Hispanic Origin for the United States and States: July 1, 2009.

ii US Census Bureau; 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/09.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/09.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 Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2006. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2006 Series 20 No. 2L, 2009. Accessed at <http://wonder.cdc.gov/cmfi-icd10.html> on Jun 15, 2010 3:26:17 P

vi US Census Bureau; http://www.census.gov/hhes/www/cpstables/032009/health/h01_000.htm. Health Insurance Status and Type of Coverage by Selected Characteristics: 2008.

vii Centers for Disease Control and Prevention; National Center for Health Statistics: Health, United States, 2009. <http://www.cdc.gov/nchs/data/hus/09.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.

viii Centers for Disease Control and Prevention; National Center for Health Statistics: Health, United States, 2009. <http://www.cdc.gov/nchs/data/hus/09.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.

ix US Census Bureau; http://factfinder.census.gov/servlet/ACSSAFFPeople?_submenuid=people_10&_sse=on. Race and Ethnicity. 2000; 2006-2008.

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; Table 9; p45.

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; Figure 6; p49.

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; Table 12; p52.

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; Figure 18; p65.

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; Table 22; p81. Figure 29; p84. Figure 30; p85.

^{xv} 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; Table 34; p105.

^{xvi} 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.

^{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>; p4.

^{xviii} 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.

^{xix} US Census Bureau, 2006-2008 American Community Survey

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^{xx} US Census Bureau, Census 2000 Summary File 1. http://factfinder.census.gov/servlet/QTable?_bm=y&-state=qt&-context=qt&-qr_name=DEC_2000_SF1_U_QTP9&-ds_name=DEC_2000_SF1_U&-tree_id=4001&-all_geo_types=N&-caller=geoselect&-geo_id=04000US09&-search_results=01000US&-format=&-lang=en. QT-P9: Hispanic or Latino by Type: 2000; http://factfinder.census.gov/servlet/DTable?_bm=y&-state=dt&-context=dt&-ds_name=DEC_1990_STF3_&-CONTEXT=dt&-mt_name=DEC_1990_STF3_P011&-tree_id=4001&-redoLog=true&-all_geo_types=N&-caller=geoselect&-geo_id=04000US09&-geo_id=NBSP&-search_results=01000US&-format=&-lang=en. Hispanic Origin –Universe: Persons 1990.

^{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; Figure 31, p34.

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^{xxiii} 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; p38.

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^{xxviii} US Census Bureau, 2006-2008 American Community Survey.

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^{xxxi} Bagchi, Ann. "Interpretation Services in Medicaid Managed Care." Mathematica Policy Research, Inc. p11.
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^{xxxii} Bagchi, Ann. "Interpretation Services in Medicaid Managed Care." Mathematica Policy Research, Inc. p7.
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