Testimony

Hearing on Health Care Disparities Between Minorities and Non-Minorities

New York State Assembly Committee on Health
Black, Puerto Rican and Hispanic Legislative Caucus

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Background

The Institute for Urban Family Health is a 20-year old non profit health care organization that operates 13 primary health centers in Manhattan and the Bronx, three health professional training programs, and numerous health outreach and health promotion programs. We serve some of the most vulnerable groups in our city – the uninsured, the homeless, and people affected by HIV/AIDS.

Several years ago the Institute realized that while health outcomes for numerous diseases were improving, the disparities in outcome between whites and people of color had not changed. For example:

- Women in the Southwest Bronx have rates of death from diabetes roughly twenty times higher than women on the Upper East Side;
- African-American diabetics are 20% more likely to lose a limb to diabetes than other diabetics, and twice as likely as white diabetics to develop terminal kidney disease;
- Latinos in the Bronx are four times more likely than non-Hispanic whites to have diabetes, and twice as likely to die from it.

These are just a few examples of the racial disparities that affect the residents of the Bronx and other communities of color across the State.

Bronx Health REACH is a coalition comprised of 30 community-based organizations and 14 faith-based groups dedicated to eliminating racial disparities in health outcome. Much of our work in the community has focused on diabetes, which as you know, disproportionately impacts on Bronx residents for a number of reasons, including access to health information, access to healthy lifestyle choices, and access to health care.

The Coalition has been working together since 1999, first examining the causes of racial disparities in the community through focus groups and literature reviews, and then implementing community based initiatives to address specific concerns such as diet and exercise, diabetes management, public health education, provider education, and legal and regulatory issues. The Coalition has trained community health advocates and faith-based health coordinators to assist in these efforts.

The unfortunate reality is that people of color in this country suffer worse health outcomes than whites in virtually every measure of health, regardless of economic and insurance status. Blacks and Latinos are more likely to be under and uninsured, report greater difficulty obtaining health care services, and suffer significantly worse health outcomes, including shorter life spans and increased deaths from preventable illnesses. These disparities have been carefully documented by The Institute of Medicine, the Kaiser Family Foundation, and the Commonwealth Fund.

Bronx Health REACH has identified a number of factors that contribute to racial disparities in health outcomes. We have decided that these factors must be addressed though systematic changes at three levels: changes in health care providers and the institutions they work in, changes in government regulation and its enforcement, and changes in the way health-related information is provided to the communities most affected by disparities.

Outlined below are the primary goals of the Coalition's statewide advocacy agenda designed to address these issues. My goal is to provide an overview. Other Coalition members who are here will address individual recommendations in greater detail.

1. Eliminate Discrimination in Health Care Institutions

Problem:

- New York hospitals offer different levels of care based upon insurance coverage, resulting in segregated health care delivery - A survey conducted by Bronx Health REACH found this to be true at virtually every academic hospital it contacted;
- African-Americans, immigrants and Latinos, who are more likely to be publicly insured or uninsured, tend to receive specialty care in clinics, where they receive a different quality of care marked by less experienced physicians, less continuity of care and less communication with primary care providers;
- As a result, New Yorkers of color, particularly those who are uninsured and underinsured, experience marked disparities in health outcomes.

Solution:

- Effective policy must support strict compliance with, and enforcement of, existing government regulations, and promote new legislation to ensure equal care for all patients. For example, current Medicaid Managed Care contracts require health care facilities to treat all patients equally. Despite almost total non-compliance, we know of no instance where these violations have been addressed.

2. Create a More Representative Health Care Workforce

Problem:

- In the United States, racial and ethnic minorities comprise 26% of the population, but only 9% of the country's physicians. In New York State, African Americans comprise 16% of the population, but only 5% of the practicing physicians. Latinos comprise 15% of the population, but only 4% of physicians.
- This same disproportion holds true for nurses, at 8.9% for African Americans and 2.2% for Latinos; physician assistants, at 5% for each group; dentists, at 2% for African Americans and 4% for Latinos; dental hygienists, at 3% for African Americans and 1% for Latinos; and pharmacists, at 6% for African Americans and 3% for Latinos.

Solution:

- A comprehensive program should be funded by the New York State Legislature to recruit underrepresented minorities into the health professions. Publicly funded medical schools and their affiliated private voluntary hospitals should be required to admit students in close proportion to their representation in the population.
- Comprehensive diversity programs can promote institutional change and address institutional racism, even as we address the longer-term problem of increasing the numbers of health professionals in the workforce. This process will help promote people of color into leadership positions within these institutions.

3. Stand Up for Health Insurance for All

Problem:

- In New York City, where 52% of blacks, and 63% of Latinos, compared to 24% of whites, are uninsured or publicly insured, insurance status often creates "de facto" discrimination based on race. As stated above, the uninsured are far less likely to have a regular source of care, and to receive treatment in a timely and effective manner. While not sufficient by itself, insurance coverage for all is essential to eliminate racial disparities.

Solution:

- Public health insurance programs should be streamlined and have a single, simple application and renewal process;
- The State should mandate employer coverage, and ensure that currently funded health insurance premiums by employers are continued.

4. Make It Possible For Everyone To Receive Culturally Competent and Linguistically Competent Care

Problem:

New York health care facilities routinely fail to provide care that fully addresses the cultural and linguistic diversity of the patients they serve. This failure contributes to patients' lack of trust in the health care system, and influences their decisions about using the system effectively. It also contributes to medical errors and other poor outcomes.

Solution:

- Cultural competence training will help providers understand the critical role that culture and language play in health education, clinical encounters, and patient-provider relationships,
- Health professionals should attend and pass a two-day course on cultural and racial issues in health care in order to maintain a professional license; and,
- Medicaid funding must be allocated to insure the presence of qualified interpreters at all NY health care facilities.

5. Fund Community Public Health Education

Problem:

- While billions of public dollars support hospitals and nursing homes, little money is spent on public health education and prevention;
- Many community residents do not have enough accurate information to prevent illness or manage their illnesses effectively.

Solution:

- Public funding must be allocated to provide outreach and education to African Americans, immigrants, and Latinos about health issues that affect these communities;
- The Legislature should establish a fund that represents 5% of all money spent on acute hospital care to support community-based public health education in the state.

6. Ensure that Uncompensated Care Funds Meet Their Intended Use:

Problem

- New York State allocates millions of dollars to hospitals from the Bad Debt and Charity Care Pool to provide uncompensated care, but does not require that these funds are directly linked to the care of people who are under and uninsured.

Solution

- The distribution of these funds must be analyzed to ensure that these funds are indeed providing services to people of color who are disproportionately under and uninsured;
- Patients who are uninsured must be charged rates comparable to those paid by Medicare;
- Hospitals receiving these funds must not be permitted to file suits against families eligible for these funds.

7. Recognize and End Environmental Racism and the Toll it Takes it on Communities of Color

Problem:

- Communities of color are disproportionately burdened with environmental exposures that impact on health. These include highways and transportation facilities, sewage, fertilizer and waste-related facilities, brownfields, and noise.

Solution:

- The adverse health effects of these exposures must be documented, tracked and used to prevent the adverse health effects associated with existing and potential conditions;
- Resources and information must be shared with community groups to ensure participation in proposals that affect their community.

I'd like to end by paraphrasing two of the clergy leaders in the Coalition, the Reverend Robert Foley, Sr. and the Reverend Joe Albert Bush. I hope they will forgive me, because I don't have either of their eloquence.

Rev. Foley said once, "We live in the richest country in the world. It is clear that we have the ability to provide the best health care available to everyone. What is lacking is the will to make it so."

Pastor Bush, speaking from the steps of the State Capital on March 23rd to the 500 Bronx residents who came to visit their elected officials that day, said, " Remind your legislators – if you can vote to give yourselves the best health care that money can buy, you should vote to give it to the rest of us too."

Thank you.