

Testimony

Making Health Equality a Reality

**Office of Minority Leader,
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May 6th, 2004



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Background

Bronx Health REACH is a coalition established in 1999, founded by The Institute for Urban Family Health and the Center for Health and Public Research at New York University. Our coalition is comprised of 30 community-based organizations and 14 faith-based groups dedicated to eliminating racial disparities in health outcomes. Much of our work in the community has focused on diabetes, which disproportionately impacts Bronx residents for a number of reasons, inclusive of access to the following: health information, healthy lifestyle choices, and health care. The Coalition has examined the causes of racial disparities in the community and currently addresses specific concerns around disparities that exist.

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. Specifically, in the Southwest Bronx,

- Women have rates of death from diabetes roughly twenty times higher than women on the Upper East Side;

Bronx Health REACH has identified a number of factors that contribute to racial disparities in health outcomes. These factors must be addressed through systematic changes at three levels:

1. Health care providers and institutions,
2. Government regulation and enforcement, and
3. The education provided to communities affected by disparities.

The following are seven primary goals of the Coalition's statewide advocacy agenda designed to address these issues. In respect of my keeping with the time allotted for this testimony, I will summarize four of our goals and make mention of the other three. All seven goals are outlined in an advisory that I have brought with me today that I will distribute among the audience and attach to this testimony for your review.

Our first goal is to **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.***

Secondly, we need to **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.***

Additionally, we must **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.***

The final goal that I will focus on today recommends that we **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 ensure the presence of qualified interpreters at all NY health care facilities.*

Additionally, our goals include:

- 5. Funding Community Public Health Education**
- 6. Ensuring that Uncompensated Care Funds Meet Their Intended Use**
- 7. Recognizing and Ending Environmental Racism and the Toll it Takes it on Communities of Color**

I encourage everyone to take a copy of our Coalition's advisory to learn about our recommendations on how to make these changes.

I'd like to end by paraphrasing one of the clergy leaders in the Coalition, the Reverend Robert Foley.

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."

Thank you.