



NJ Health Care For America Now (HCAN) Press Conference Release New Report:
“Unequal Lives: Health Care Discrimination Harms Communities of Color in NJ”

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Statement of James Woodson, Health Care Organizer, NJ Citizen Action

Good morning. My name is James Woodson and I am a Health Care Organizer for NJ Citizen Action, the State’s largest, independent citizen watchdog organization representing over 60,000 families and over 100 organizations across the State. NJ Citizen Action is a proud member of the Health Care For America Now (HCAN) Campaign, a grassroots alliance comprised of over 1,000 organizations representing over 30 million people in 46 states across the country. HCAN’s goal is to pass health care reform in 2009 that guarantees high quality, affordable health care for all.

I am joined this morning by our partners and allies at Democracia Ahora, Planned Parenthood Affiliates of New Jersey, New Jersey Policy Perspectives, Grassroots4Change, and Rutgers AFT-AAUP to release a new report titled ***“Unequal Lives: Health Care Discrimination Harms Communities of Color in NJ.”*** As you’ll hear, this report describes how the nation’s more than 103 million people of color, 3.2 million of which live in New Jersey, suffer disproportionately in our health care system.

In New Jersey, communities of color have fewer opportunities for regular health services, fewer treatment options, and lower-quality care. People in communities of color are also less likely to have access to affordable health care since they have lower incomes and higher rates of uninsurance and underinsurance.

In addition, communities of color are less likely to have access to basic advantages to good health that many of us take for granted—like local hospitals or clinics with specialized services, parks and green spaces to exercise, and supermarkets where people can buy fresh food that affect overall health outcomes.

For people of color in New Jersey and nationwide, life is shorter, chronic illness more prevalent, and disability more common. For instance, in New Jersey, 38 percent of African-American and 24 percent of Latina women receive no early prenatal care, compared with 13 percent for Caucasian Americans. The infant mortality rate, a leading indicator of community health and well-being, for African Americans in New Jersey is more than three times that of Caucasian Americans. And in New Jersey, 18.1 percent of African-American adults have been diagnosed with diabetes, more than double the rate for Caucasian Americans.

It is important to note that health inequity is not just about economic disparity. Institutionalized biases in the medical system lead to unequal outcomes even when people of color have comparable incomes and comparable access to health care as the general population.

People of color often receive fewer diagnostic tests and are often offered less sophisticated treatments than white patients based on pre-existing assumptions about how they will respond to treatment.

Fortunately, there is legislation before Congress right now – the House bill – that would go a long way towards getting rid of longstanding health disparities.

The House bill would help make the health workforce more diverse, make sure communities of color are served in addressing prevention and wellness, ensure there's enough money for preventive care in underserved communities, and require insurance companies to contract with essential community providers. The legislation would also designate a new Assistant Secretary for Health Information whose job it would be to measure, study, and reduce health and health care disparities.

We need Congress to support and enact legislation that works to erase inequities in health access, treatments, and outcomes so that we have a health care system that works for everyone.

We need an American solution to the health care crisis now. Congress must pass legislation that:

- Addresses the needs and diversity of everyone in our society.
- Ensures that good health care is more affordable for everyone and is based on the patient's ability to pay; and
- Ensures that everyone gets the choice of a national public health insurance option that would lower overall costs in the system and make private insurance companies compete more fairly.