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Testimony before the Public Health Committee

Wednesday January 31st, 2007

10.00 AM in Room 2C of the LOB

Good morning Senator Handley, Representative Sayers and members of the Public Health Committee. My name is Frank Sykes the Legislative Analyst representing the African-American Affairs Commission (AAAC) a state agency committed to advocating on behalf of the African-American community in the state. The Commission is here today to testify in support of **Senate Bill (SB) 1 – An act increasing affordable quality healthcare**. Access to affordable and quality health care remains a top priority on the Commission's agenda, in light of the gaps in health insurance coverage many residents of this state face.

Unfortunately due to poverty minorities face a greater risk of being uninsured. Roughly (25) *twenty-five percent* of African-American children are poor and poverty is the single most crucial factor responsible for producing a range of negative outcomes including poor health¹ It is reported that a little over half of the uninsured in the state are minorities, 11 percent of these uninsured are African-

¹ U.S. Census Bureau and the National Center on Children in Poverty, *2005 Kids Count*

American. Historically African-Americans suffer disproportionately from a variety of illnesses consequently experience poorer health outcomes. Illnesses such as diabetes, cancer and various cardiovascular ailments are prevalent in the African-American community. As such access to affordable health care is a matter of great urgency for African-Americans. Research tells us that most of these diseases are preventable with access to health insurance plans that cover routine medical screenings. Unfortunately even such basic coverage is unavailable to some in the state at this time. As a result many end up waiting long hours in emergency rooms when illnesses are in some cases already in the advanced stages.

The Connecticut Office of Health Care Access reports that in fiscal year 2005 there were 11,000 uninsured hospitalizations costing hospitals \$165 million². These are costs that could be significantly reduced with preventive care. The Commission recognizes that prevention is always better than cure. To this end the Commission as a member of the Connecticut Women's Health Campaign and the Multicultural Health Commission has consistently supported prevention initiatives, through legislation, information sharing and outreach. The Commission is determined in overcoming the racial and ethnic health disparities to improve the health of African-Americans in the state and all who are denied access to quality health care. However we also realize that the state has a part to play in a making health care a priority, in designing a system of care that provides basic health care coverage for all Connecticut's citizens. There is no reason why an individual must lack insurance coverage, due to limited income, employment status or for any other reason.

It is the Commission's expectation that the state legislature devise an insurance plan that ensures affordability and accessibility to all of Connecticut's citizens regardless of income. A plan that provides flexibility so the insured can select a health plan design that meets their personal values and financial situation. Finally

² Connecticut Office of Health Care Access, *Uninsured Hospitalizations, FYs 2001-2005*

I will add that for the African-American community even in cases when health insurance is available some still end up receiving unequal treatment in the delivery of health care services. Therefore while it is important that all have access to care it is equally important that care is delivered in a fair and equitable manner sensitive to ones culture and language.

Thank you for the opportunity to testify.