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AROUND CONNECTICUT

HEALTH

Finding a Voice to Match the Pressing Medical Needs of Hispanics

By TRACY GORDON FOX

WEST HARTFORD

SHORTLY after Irma Ortiz came to Connecticut from Puerto Rico to care for a brother who was dying of liver cancer, she felt a large lump in her breast. When she finally got to a doctor herself, she was told she too had cancer, and that it had spread. Doctors told her she needed a mastectomy and chemotherapy, which exacerbated her existing health problems of diabetes and high blood pressure.

After her brother died, Ms. Ortiz endured surgery and sickening chemotherapy with few friends and no family to help her through it.

"I survived it on my own for the most part," Ms. Ortiz said in Spanish, her words translated by her case manager. "I still have a lot of pain in my chest and when I feel pain, I feel depressed and think possibly the cancer could return."

Ms. Ortiz, 56, has since joined a support group, but her story — of familial cancer, poor access to preventive health care and isolation due to language barriers — is a common one in Connecticut, where rates of cancer, diabetes and heart disease are disproportionately higher for Latinos than for other ethnic groups.

For years, Latino leaders have talked about the root causes of their poor health, like inadequate health care,

high-carbohydrate diets, and the lack of Spanish-speaking medical providers and interpreters. On Nov. 21, Hispanic leaders from around the state gathered at the University of Connecticut's School of Social Work in West Hartford to move the discussion from words to solutions.

"This is not a conference. This is a call to action," said Jeannette B. DeJesus, executive officer of the Hispanic Health Council in Hartford.

According to the Connecticut Department of Public Health and the Latino Policy Institute, 17 percent of Latino children have asthma, the highest incidence among any group of children in the state; two out of three Latino adults are overweight or obese; Latina women are more likely to die of breast and cervical cancer than non-Hispanic women; Latinos are more likely to be hospitalized for and die of diabetes than non-Latinos; and although Latinos account for only 11 percent of Connecticut residents, they account for 40 percent of the state's uninsured.

"Where is the outrage?" Ms. DeJesus asked. "What is going to make a different for us and all Latinos is that we show up and we are present. We need to have a voice where it matters."

The day before the summit, Hispanic leaders from around the state met with legislators at a reception at the State Legislative Office Building to discuss



SHANA SURECK FOR THE NEW YORK TIMES

the issue. The two-year-old Hispanic Health Council, which also has offices in Bridgeport, gathered more than 100 Hispanic leaders from across the state to address Latino health needs by creating an agenda that, among other things, formulated how to have a louder voice in government.

By the following week, their cry seemed to be heard in the state Capitol. The budget for a new program that will

Irma Ortiz has recovered from cancer, but she still suffers from diabetes, which affects a disproportionate share of Latinos.

cent of the state's Latinos say they have trouble understanding their doctors, according to the Hispanic Health Council.

Mrs. Rell said through a spokesman that she recognizes the importance of programs that would offer medical interpreters, "but in this extraordinarily difficult budget situation some very difficult choices must be made."

The keynote speaker at the summit was Dr. Elena Rios, president and chief executive of the National Hispanic Medical Association. She spoke about the need for universal health care, paying doctors to do health education as part of routine office visits, training more Latino health professionals, and providing more mobile clinics.

Latinos in Connecticut have also begun addressing how to fix some of the health-related problems by bringing staff members and management from local hospitals into the discussion, inviting them to be part of the solution before patients show up in the emergency room.

"When you talk about changing health care policy, you are talking about changing government," said Dr. Robert W. Zavoski, medical director of the Connecticut Department of Social Services, and a former president of the Connecticut chapter of the American Academy of Pediatrics. "All of you can do this," he said at the summit. "You are the experts about what goes on."

pay for medical interpreters through Medicaid — which had been cut by one-quarter by Gov. M. Jodi Rell because of budget concerns — was completely restored in a special session by the General Assembly. The Legislature also ordered that the Department of Social Services implement the program by the summer.

Ms. DeJesus called Governor Rell's cuts of interpreters "short-sighted and inexcusable," in part because 44 per-