Same River Twice?:
Reflections on Centering Health Equity in Connecticut’s COVID-19 Response

Legislative Breakfast Keynote
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Dr. Powell is the Director of The University of Connecticut Health Disparities Institute and Associate Professor of Psychiatry at UConn Health. She serves as the President-Elect of the American Psychological Association, Division 51 Men and Masculinities, and is an honorary professor at the University of KwaZulu-Natal in Durban South Africa. Her global health research investigates the interplay between stress (e.g., race-related), social constructions of masculinity, and Black male health disparities. In 2011-2012, she was appointed by President Obama to serve as a White House Fellow to Secretary of Defense Leon Panetta. In addition to being a White House Fellow, she is an American Psychological Association (APA) Minority, Robert Wood Johnson Foundation, Kaiser Permanente Burch Leadership, Institute of African American Research, and Ford Foundation Fellow. Dr. Powell was awarded a 2017 academic writing residency at the Bellagio Center from the Rockefeller Foundation.
HDI’s Mission

The UConn Health Disparities Institute is committed to producing evidence-for-action and the implementation of multi-sectoral strategies designed to eliminate health disparities and advance health equity among Connecticut’s minority and medically underserved populations.
“You can never step into the same river twice; for other waters are ever flowing on to you.”

-- Heraclitus (6th Century BC)
1918-1919 “Spanish Flu” Pandemic

- 675,000 Deaths
- Black/African Americans experienced lower influenza mortality than whites in 1918

**BUT DATA WERE MISSING**

- No one accounted for inequitable response strategies, preexisting racial differences in healthcare access, and systemic neglect
- Influenza testing/treatments were unevenly distributed
- Rates of infection and mortality were not systematically tracked/monitored

**AND**

- One year later, Blacks experience a return to higher mortality the year after…
Health Equity vs. Health Disparities

**Health Equity** means that everyone has a **fair** and **just opportunity** to be their healthiest, regardless of race, ethnicity, gender, income, sexual orientation, where you live, or other social conditions that influence health outcomes.

**Health Disparities** are **preventable differences** in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.
The Economic Case for Addressing Health Disparities

National Estimates

- Health disparities have **direct costs** on healthcare spending and **indirect costs** on worker productivity and income.

- Health disparities also **negatively impact economic growth**.

The Economic Case for Addressing Health Disparities

Connecticut’s Costs of Disparities

A 2018 CONNECTICUT STUDY LINKED DISPARITIES TO $384 MILLION IN EXCESS HOSPITAL COSTS FOR BLACK RESIDENTS AND $121 MILLION FOR HISPANIC RESIDENTS.

Health disparities have economic costs.

Race Matters.
Health Disparities in CT
Life Expectancy among CT Men

LIFE EXPECTANCY OF CT MEN (IN YEARS)
Men average (2013-2014): 78.6

78.9
NON-HISPANIC WHITE MEN

74.7
BLACK/AA MEN

79.5
HISPANIC/LATINO MEN
Health Disparities in CT

Housing

PERCENT OF CT HOMEOWNERS BY RACE/ETHNICITY, 2012-2016

- NON-HISPANIC WHITE: 797K/1,096K (73%)
- BLACK/African American: 50K/130K (38%)
- HISPANIC/Latino: 53K/159K (34%)
- AIAN: 1.5K/3.1K (47%)
- ASIAN: 27K/48K (56%)
- NHPI: 117/358 (33%)
- NON-WHITE: 103K/258K (40%)
- TOTAL CT: 900K/1,354K (66%)

Note: Home ownership data disaggregated by race/ethnicity and gender is not available for CT.

2012-2016 • Source: Polycymap.com
Health Disparities in CT

Healthcare Access

GAPS IN ACCESS TO HEALTH CARE IN CONNECTICUT

Hispanic adults were more than 2X as likely as white adults to say they went without seeing a doctor in the past 12 months because of cost.

#HealthDisparitiesCT
Health Disparities in CT
Health Insurance Coverage

Disparities in Health Insurance Coverage in Connecticut

Hispanic residents are 4X more likely to be uninsured than white residents.

1 in 6 Hispanics was uninsured in 2017

1 in 24 whites was uninsured in 2017

#HealthDisparitiesCT
Health Disparities in CT
Infant Mortality

**INFANT MORTALITY**
*per 1,000 births*

- **White**: 2.9
- **Black**: 11.7

Babies born to black women in Connecticut die at a much higher rate than babies born to white or Hispanic women.

#HealthDisparitiesCT
Health Disparities in CT
Suicide Attempts among Boys

ATTEMPTED SUICIDE (1 OR >; PAST 12M)

- 26% AIAN/NHPI BOYS (3x vs. A, 2x vs. W)
- 10% HISPANIC/LATINO BOYS
- 3% ASIAN BOYS
- 5% NH WHITE BOYS
- 8% BLACK/AA BOYS

SERIOUSLY CONSIDERED ATTEMPTING SUICIDE (PAST 12 MONTHS) 2016

Boys: 9 to 12 grade; past 12 months

- 20% AIAN/NHPI BOYS (3x vs. A, 2x vs. W)
- 10% NH WHITE BOYS
- 8% BLACK/AA BOYS
- 12% HISPANIC/LATINO BOYS
- 6% ASIAN BOYS

2015 • Source: CDC YRBS estimates
COVID-19’s threat to people in prisons and jails disproportionately threatens the lives of Black and Latinx people. Every 2 in 3 people who become incarcerated are Black or Latinx. Forty-three percent of people whom are imprisoned in CT are Black, compared to 11% of Connecticut’s overall population. 26.7% of people whom become imprisoned in Connecticut are Latinx, compared to 16.5% of the overall population.
Health Disparities in CT
Safety & Incarceration

More than 2 in 3 people who the state incarcerates are Black or Latinx. 43% of people whom Connecticut imprisons are Black, compared to 11% of Connecticut’s overall population. 26.7% of people whom Connecticut imprisons are Latinx, compared to 16.5% of the overall population.
Health Disparities in CT
COVID-19 Mortality*

Male/Female And Black/White disparities in death rates (per 100,000 residents)
As of April 13, 2020

The Male/Female HD of 1.3 (19/15) translates into 67 male ‘excess deaths’.
The Black/White HD of 1.4 (24/17) translates into 26 Black ‘excess deaths’.

[Bar chart showing disparities]

Data sources: (1). Daily CT DPH updates; (2). * CT 2018 population race/ethnicity and gender population numbers from https://data.census.gov/cedsci/ , the ACSDP5Y2018.DP05 table.
*Preliminary Estimates
Zero-Sum Game

My Interests
“I Win”

Your Interests
“You Lose”

We are opponents - when I win, you lose
“An investment in one group can cascade out and up and be a substantial investment in the broader well-being of a nation -- one whose policies and practices create an **equitable economy**, a **healthy community of opportunity**, and **just society**.”

Strategies for Centering Health Equity
Focus on the Most Vulnerable

• Individuals with chronic disease/psychiatric illness/behavioral health challenges
• Unemployed/underemployed
• Racial/ethnic minorities
• Incarcerated/formerly incarcerated
• Pregnant women
• Individuals with intellectual/physical disabilities
• Homeless
• Uninsured/uninsured
Strategies for Centering Health Equity
Focus on the Most Vulnerable

COVID-19 is a double threat to the health outcomes & economic security of communities who already face systemic inequities and injustice due to race, ethnicity, income, immigration status, ability status, or other identities.
Strategies for Centering Health Equity

Focus on the Social Determinants of Health
Opportunities for Legislative Action & Systems Change
Systematic Collection of Race, Ethnicity, Language Data

Black and Latino residents hit particularly hard by COVID-19 in Connecticut, as experts fear disparities will widen

Why we need to be talking about health equity during the coronavirus pandemic
Concern grows that COVID-19 disproportionately impacts minorities, but the data is incomplete.
Medicaid expansion and protection has the potential to reduce racial/ethnic disparities in screening, detection, and treatment.
Opportunities for Legislative Action & Systems Change
Deploy and Reimburse Community Health Workers

FIRST OPINION

Create a cadre of community health workers to fight Covid-19 in the U.S.

By ERIC D. PERAKSLIS / MARCH 31, 2020
“Rivers are always moving. But the river remains a river even if it is not the same river.”
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