Health Disparities Institute

Consumer Advisory Board Meeting
February 5, 2019
Our 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.
Where We Are Working

- Equal Coverage to Care Coalition
- Health Insurance Simplification, Literacy, and Navigation
- CT Report Card for Health Equity Among Boys and Men of Color
- Visualizing Health Equity for Boys and Men of Color
- Multi-sector Alliance for Health Equity Among Boys and Men of Color
Long-Term Goals

1. Enhance health equity research, training, and innovation
2. Deepen community engagement and cultivate cross-sector collaborations
3. Support policy action and systems change
4. Change data & public narratives about vulnerable populations
LT Goal 1: Enhance health equity research, training, and innovation

Health Insurance Literacy: Disparities by Race, Ethnicity and Language Preference

Villagra et al., (In Press) American Journal of Managed Care

HIL Survey
- Overall deficit: 38%
- REL disparities 47%-55% vs. 74% Whites
- Education and income do not overcome gap

Medical Mistrust, Racism, & Preventive Health Services Delays among African American men

Powell et al., (In Press) Behavioral Medicine

- Men with more frequent exposure to racism had a higher odds of delaying preventive health screenings.
- Medical mistrust alone did not increase preventive health screening delays.
LT Goal 2: Deepen community engagement & cultivate cross-sector collaborations

Brave New Spaces
Intergenerational Fishbowl Dialogue

“I have spent the last 40 years trying to understand the suffering of people who experience trauma. I know that this understanding can only come from those who tell their stories. The event on Saturday provided a safe and welcoming place for youth people of color to talk about their lives.” – Elder Participant

“I’ve never experienced anything like this before.” – Researcher/Fish Bowl Participant
LT Goal 3: Support policy action and systems change

Health Insurance Advance (5-Year Plan)
Supported by the CT Health Foundation

Strategy: 5-year Roadmap

- Health Insurance Literacy
- Navigation Support
- Health Insurance Simplification
LT Goal 4: Change data and public narratives about vulnerable populations

Visualizing Health Equity Conversations with Artist Series & Art Contest

“Any form of arts/visuals to promote men of color in a positive way is really needed in all communities. Very inspiring to hear and acknowledge your ambition to build on such a strong message.” – VHE Gallery Events Participant

“Loved seeing images of a vulnerable and emotional connection between a dad and a his child. Would love to see every bus in communities of color covered in these images.” – VHE Luncheon Participant
LT Goal 4: Change data and public narratives about vulnerable populations

Boys and Men of Color Health Equity Report Card

• Website, downloads, and print
• Engagement with legislative officials, stakeholders, and other policy decision-makers
  • Health Equity Week at CT Legislative Office Building (April 2019).
The Economic Costs of Health Disparities in Boys and Men

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

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

Over the past six decades, there has been the slow decline in the labor force participation rate of men 25–54.
The Economic Costs of Health Disparities in Boys and Men

Nearly half of working age men not in the labor force take opioids daily.

From: Krueger, Alan B. (2017) "Where have all the Workers Gone? An Inquiry into the Decline of the U.S. Labor Force Participation Rate."
Demographics

MALES BY RACE/ETHNICITY IN CT, 2016

CT

10% B/AA NH 16% H/L 70% NH White 4% Asian .3% AIAN .03% NAPI

HARTFORD

35% B/AA NH 44% H/L 16% NH White 3% Asian .4% AIAN 0.0% NAPI

TOTAL CT POPULATION: 3,588,683
Demographics

PERCENTAGE OF NON-HISPANIC WHITE MEN & BOYS AND BLACK/AA OR HISPANIC/LATINO MEN & BOYS IN CT, BY AGE

2014 • Source: US Census https://www.census.gov/
Life Expectancy among CT Men

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

- Non-Hispanic White Men: 78.9
- Black/AA Men: 74.7
- Hispanic/Latino Men: 79.5
Income, Education, Employment and Transportation

CT Men's Median Earnings, 2013-2014
Black/AA men's median earnings were 55% of what non-Hispanic White men earned. While, Hispanic/Latino men's median earnings were 45% of non-Hispanic White men's.

Salaries Greater Than $200,000/Year
Overall, CT has nearly twice as many residents earning >200k a year than in the US as a whole.
Health Care Access and Service among Men

More non-Hispanic White and Hispanic/Latino men had a depressive disorder than Black/AA men. Disparities were severe in older adulthood (ages 65+), when nearly three times more Hispanic/Latino men reported having a depressive disorder than Black/AA men.

CT MEN WHO HAVE NOT RECEIVED A HEALTH CHECKUP IN THE PAST YEAR

NH White: 23% (3,681)  Black/AA: 20% (251)  Hispanic/Latino: 30% (428)  AIAN or NHPI (1.9x vs. W): 38% (29)  Asian: 33% (23)

2016 • Source: BRFSS, CDC
Health Care Access and Service among Men

CT Residents Who Had a Cholesterol Screening in the Past 12 Months

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Screening Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH White</td>
<td>87%</td>
</tr>
<tr>
<td>Black AA</td>
<td>80%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>70%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>86%</td>
</tr>
<tr>
<td>Asian</td>
<td>84%</td>
</tr>
</tbody>
</table>

2017 • Source: BRFSSAmerica's Health Rankings

CT Residents Who Had a Blood Pressure Screening in the Past 12 Months

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Screening Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH White (1.5x vs. H)</td>
<td>31%</td>
</tr>
<tr>
<td>Black/AA</td>
<td>25%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>35%</td>
</tr>
<tr>
<td>AIAN/NHPI</td>
<td>16%</td>
</tr>
</tbody>
</table>

2017 • Source: BRFSSAmerica's Health Rankings
Health Insurance among Men

HEALTH INSURANCE COVERAGE, MEN 18–34 YEARS, U.S. 2011-2013

- Non-Hispanic White Men: 51%
- Black/AA Men: 45%
- Hispanic/Latino Men: 40.0%
- AIAN Men: 41%

PERCENT UNINSURED IN CT, MEN > 18 YEARS

- Non-Hispanic White Men: 8.5%
- Black/AA Men: 16.4%
- Hispanic/Latino Men: 30.3%

2018 • Source: RISE BMOC

2011-15 • Source: https://factfinder.census.gov
Depressive Disorders among Men

More non-Hispanic White and Hispanic/Latino men had a depressive disorder than Black/AA men. Disparities were severe in older adulthood (ages 65+), when nearly three times more Hispanic/Latino men reported having a depressive disorder than Black/AA men.
In 2017, 1.6 times more Black/AA children and 1.4 times more Hispanic/Latino children experienced at least 1 adverse childhood experience.
Suicide Attempts among Boys

**Attempted Suicide (1 or >; past 12M)**
- **26%** AIAN/NHPI Boys (2x vs. A, 6x vs. W)
- **5%** NH White Boys
- **10%** Hispanic/Latino Boys
- **8%** Black/AA Boys
- **3%** Asian Boys

Source: CDC YRBS estimates, 2015

**Seriously Considered Attempting Suicide (Past 12 Months)**
- **10%** NH White Boys
- **8%** Black/AA Boys
- **12%** Hispanic/Latino Boys
- **20%** AIAN/NHPI Boys (3x vs. A, 2x vs. W)

Boys: 9 to 12 grade; past 12 months
Suicide Deaths among Boys

273 males died by suicide of any age. Three times more young (15-25 year-old) non-Hispanic White males died by suicide than Hispanic/White males. *No suicides among Black/AA males in this age group were reported.
Substance Abuse among Men

UNINTENDED DRUG RELATED MALE DEATHS IN CT (PER 100,000)

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>355</td>
</tr>
<tr>
<td>2011</td>
<td>490</td>
</tr>
<tr>
<td>2012</td>
<td>555</td>
</tr>
<tr>
<td>2013</td>
<td>722</td>
</tr>
<tr>
<td>2014</td>
<td>913</td>
</tr>
<tr>
<td>2015</td>
<td>1,036</td>
</tr>
</tbody>
</table>

2015 • Source: CT Office of Medical Examiner

UNINTENDED DRUG-RELATED DEATHS IN CT FOR BLACK/AA, NON-HISPANIC WHITE, AND MALES OF OTHER RACES (PER 100,000)

- 2012: 3x increase
- 2017: 7x increase

Data for Hispanic/Latino males: 0.1 (2012); 0.3 (2017)

NH White men ▪ Black/AA men ▪ AIAN/NHPI/Asian and 2 or more races

Connect ❖ Support ❖ Serve

2012-2017 Source: CT Office of Medical Examiner
Smoking and Vaping Behaviors among Boys and Men

CT BOYS WHO CURRENTLY SMOKE CIGARETTES (>20 CIGARETTES/DAY, PAST 30 DAYS)

CT HIGH SCHOOL STUDENTS WHO EVER USED E-CIGARETTES OR VAPING PRODUCES

CT MEN WHO SMOKE CIGARETTES (EVERY DAY OR SOME DAYS)

2015 & 2017 • Source: CT DPH, The Connecticut School Health Survey

2017 • Source: BRFSS, CDC
HIV Rates among Boys and Men

**PERCENT OF CT BOYS NEVER TESTED FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

- **HISPANIC/LATINO BOYS**: 86%
- **NON-HISPANIC WHITE BOYS**: 91%

**CT MEN WHO HAVE EVER TESTED FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

- **NON-HISPANIC WHITE MEN**: 25%
- **BLACK/AA MEN**: 48%
- **HISPANIC/LATINO MEN**: 46%
- **ASIAN MEN**: 15%

2017 • Source: BRFSS, CDC
Leading Causes of Death among Men

**FIVE LEADING CAUSES OF DEATH IN 2014 (PER 1,000 MEN)**

1. **#1**
   - Major cardiovascular diseases
   - 4,028 (2.3)

2. **#2**
   - Diseases of heart
   - 3,301 (1.9)

3. **#3**
   - Malignant neoplasms
   - 3,372 (1.9)

4. **#4**
   - Ischemic heart disease
   - 1,958 (1.1)

5. **#5**
   - Trachea, bronchus & lung cancer
   - 816 (0.5)

**SUM OF FIVE LEADING CAUSES**
- 13,475 (7.7)

**ACCIDENTAL INJURIES**
- 980 (0.5)

**TOTAL**
- 14,455 (8.2)
Leading Causes of Death among Men

MORTALITY DUE TO TOP FIVE LEADING CAUSES

Deaths due to any of the 5 leading causes

Three times more Black/AA men aged 20-34 died in 2014 than NH White men as a result of any of the five leading medical causes of death, or specifically, 13 excess deaths occurred that could have potentially been prevented. Similarly, nearly twice (1.9x) as many 35-44 year old Black/AA men died than NH White men (or 18 excess deaths).
Excess Deaths among Men

With the exception of one age category (45-54 yrs), Black/AA men experienced the highest number of excess deaths in CT.

Note: Excess deaths were computed by reverting (counterfactually) to equity, i.e. assuming that the groups with higher mortality enjoyed the outcome of the reference group, the group with the lowest mortality within each age group (marked with 0 excess deaths). The data shows that 176 Black men and 10 Hispanic men died prematurely in 2014 in CT, when compared to White men. However, 133 White men died before their time too, when compared to Hispanic men.
Black/AA and Hispanic Men had higher rates of colorectal cancer than non-Hispanic White men. Asian/NHPI had the lowest rates of cancer of the trachea, bronchus, & lung.
Recommendations
Policy

• Protect achievement and build on advancements of the ACA including Medicaid expansion, coverage of pre-existing conditions, access to the Essential Health Benefits.

• Support statewide efforts to increase the quality, availability, and the analysis of disaggregated data.

• Devote resources to improve the coordination of and reduce gaps in data sharing.
Recommendations
System/Administrative

• Fortify infrastructure for clinical-community integration.
• Fund culturally and linguistically appropriate Community Health Workers models to eliminate navigation and utilization barriers to community and clinical services.
• Establish off-peak hours for primary care (evenings and weekends).
• Provide and evaluate ongoing implicit bias training for healthcare providers and staff.
Recommendations
Community

• Increase knowledge and awareness among CT BMoC’s and their families about risks and opportunities for improving health outcomes.

• Meet BMoC where they are in the places they frequently congregate.

• Recruit and train R/E minority men as Community Health Workers.
Acknowledgements
Contact Information

Wizdom Powell PhD, MPH
Director, Health Disparities Institute
University of Connecticut Health
241 Main Street, 5th Floor
Hartford, CT 06106
Email: wpowell@uchc.edu