

# Health Disparities Institute

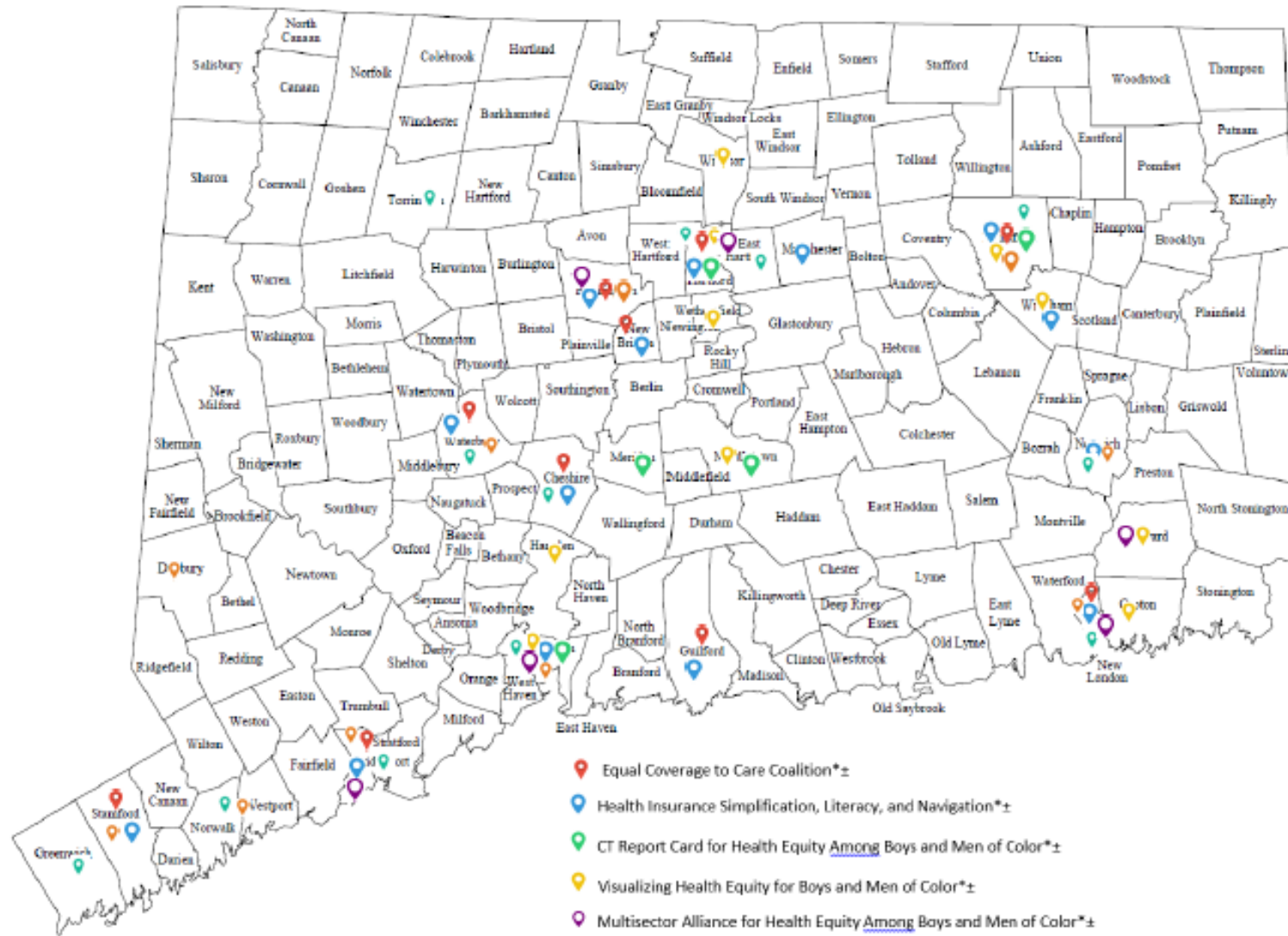
Consumer Advisory Board Meeting

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



# Long-Term Goals

**Advancing  
Health  
Equity &  
Reducing  
Health  
Disparities  
in  
Connecticut**

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*

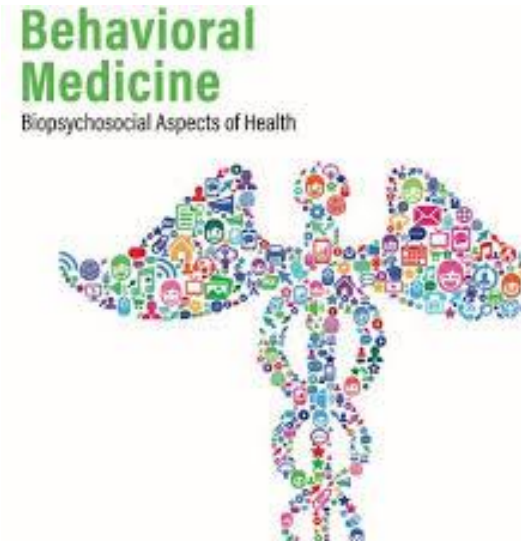
## Medical Mistrust, Racism, & Preventive Health Services Delays among African American men

Powell et al., (In Press) *Behavioral Medicine*



### HIL Survey

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



- 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*

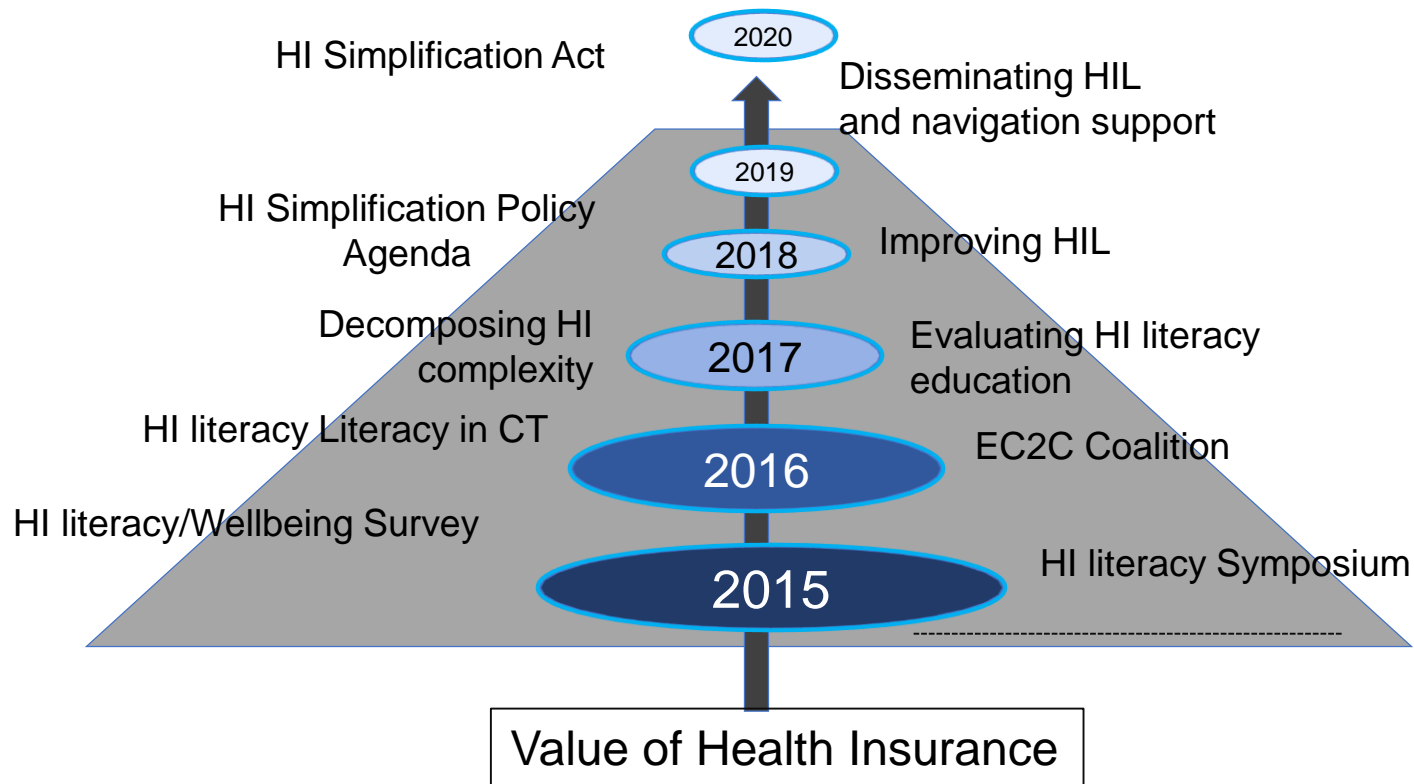
*“I’ve never experienced anything like this before.” – Researcher/Fish Bowl Participant*



# 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

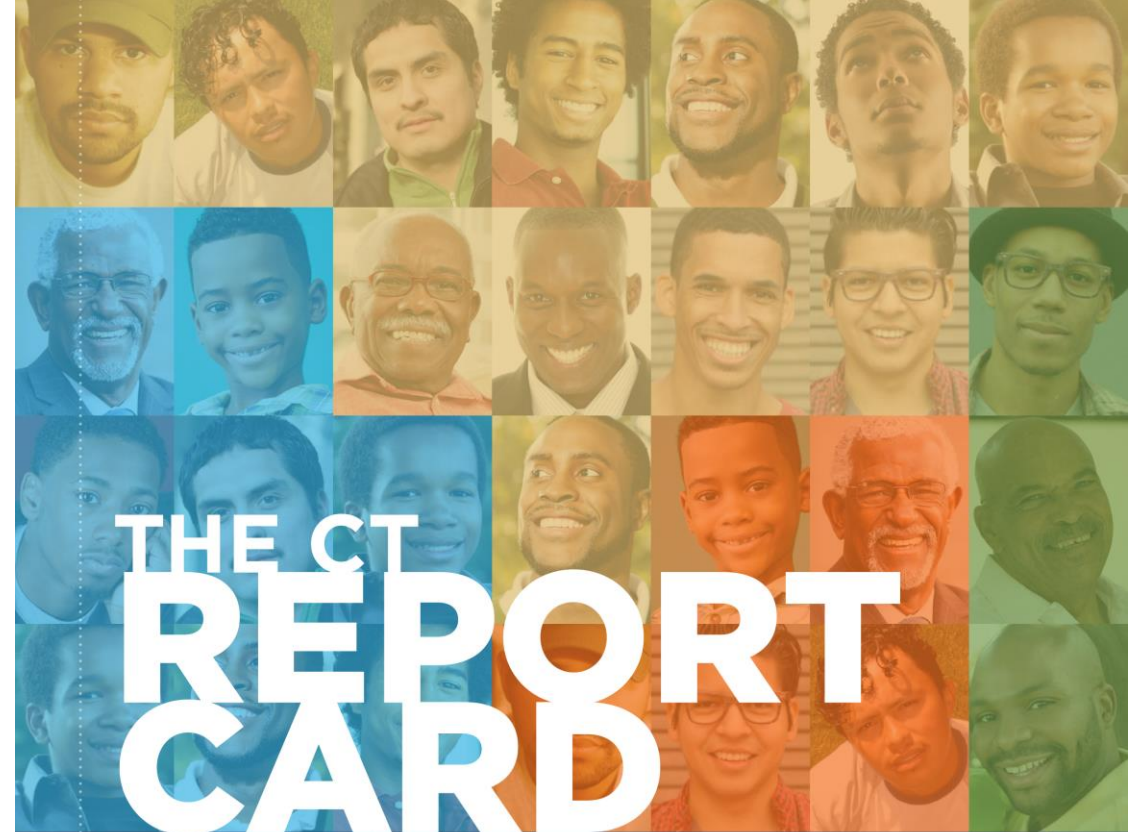




# LT Goal 4: Change data and public narratives about vulnerable populations

## 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 CT REPORT CARD

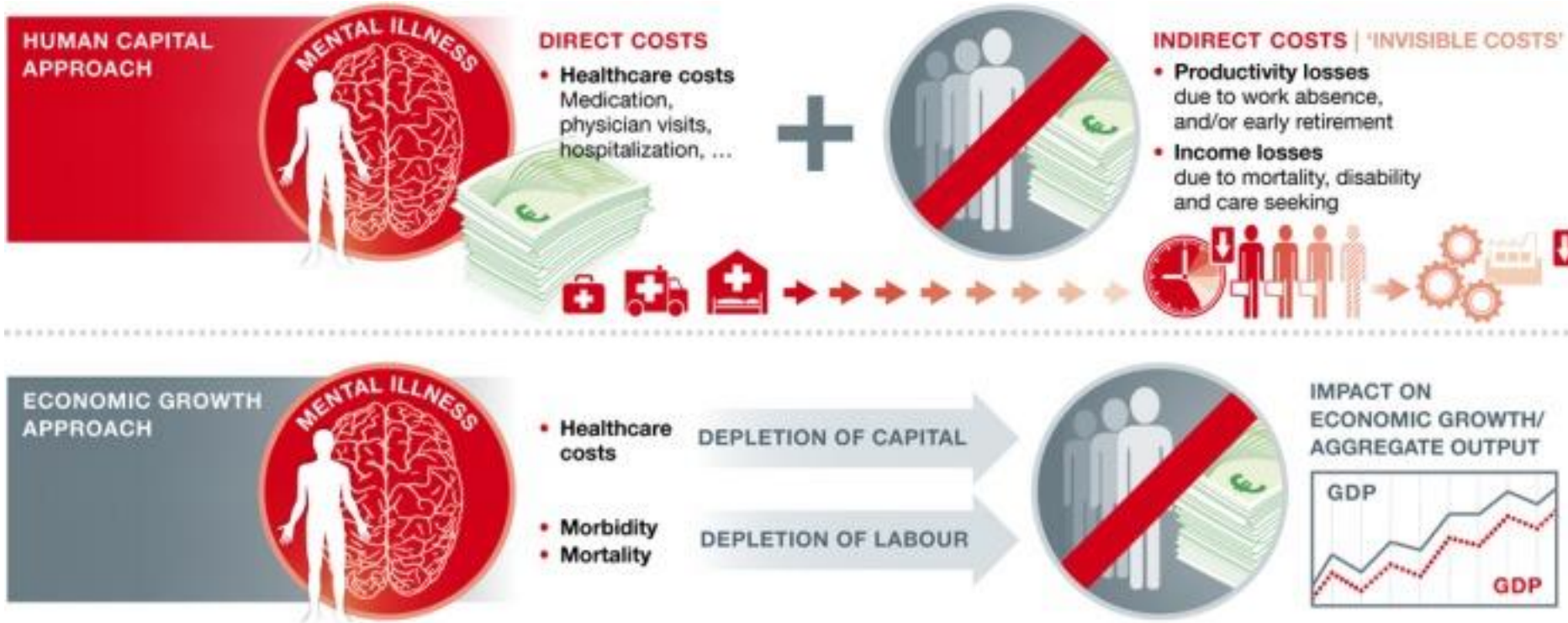
ON HEALTH EQUITY AMONG  
BOYS AND MEN OF COLOR

DECEMBER 2018

**UCONN**  
**HEALTH**  
HEALTH DISPARITIES  
INSTITUTE

# The Economic Costs of Health Disparities in Boys and Men

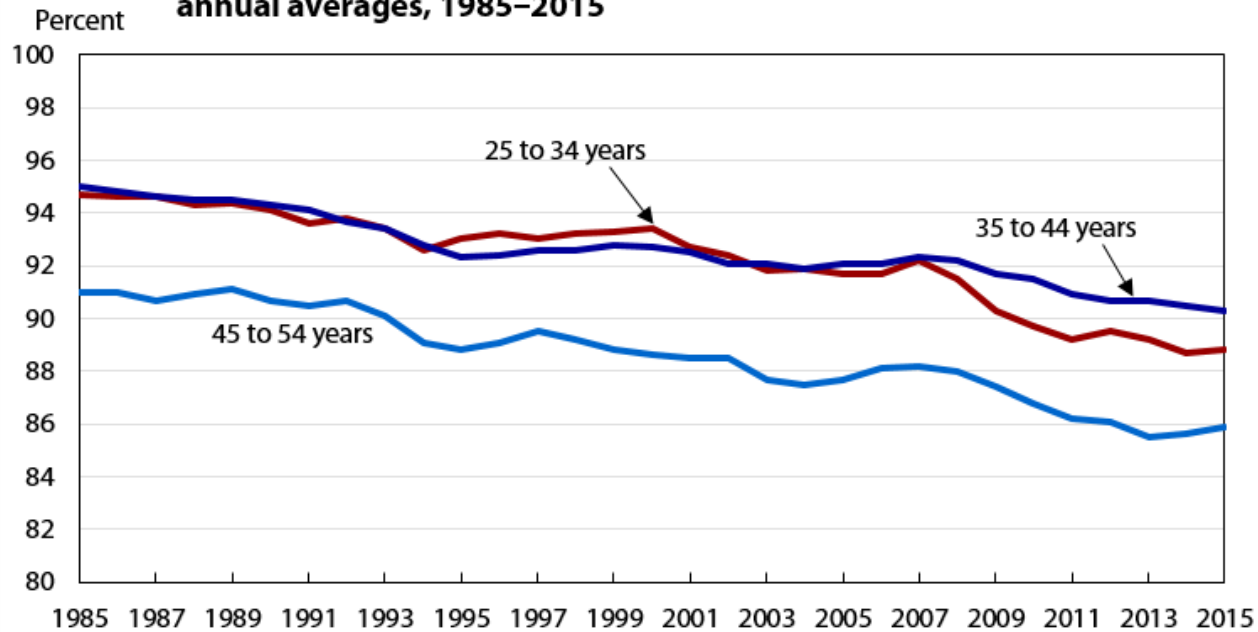
- ▶ Health disparities have **direct costs** on healthcare spending and **indirect costs** on worker productivity and income.
- ▶ Health disparities also **negatively impact economic growth**.



Source: Trautmann, S., Rehm, J., & Wittchen, H. (2016). The economic costs of mental disorders: Do our societies react appropriately to the burden of mental disorders? *EMBO Reports*, 17(9), 1245–1249.

# The Economic Costs of Health Disparities in Boys and Men

**Figure 10. Labor force participation rates of men in selected 10-year age groups, annual averages, 1985–2015**

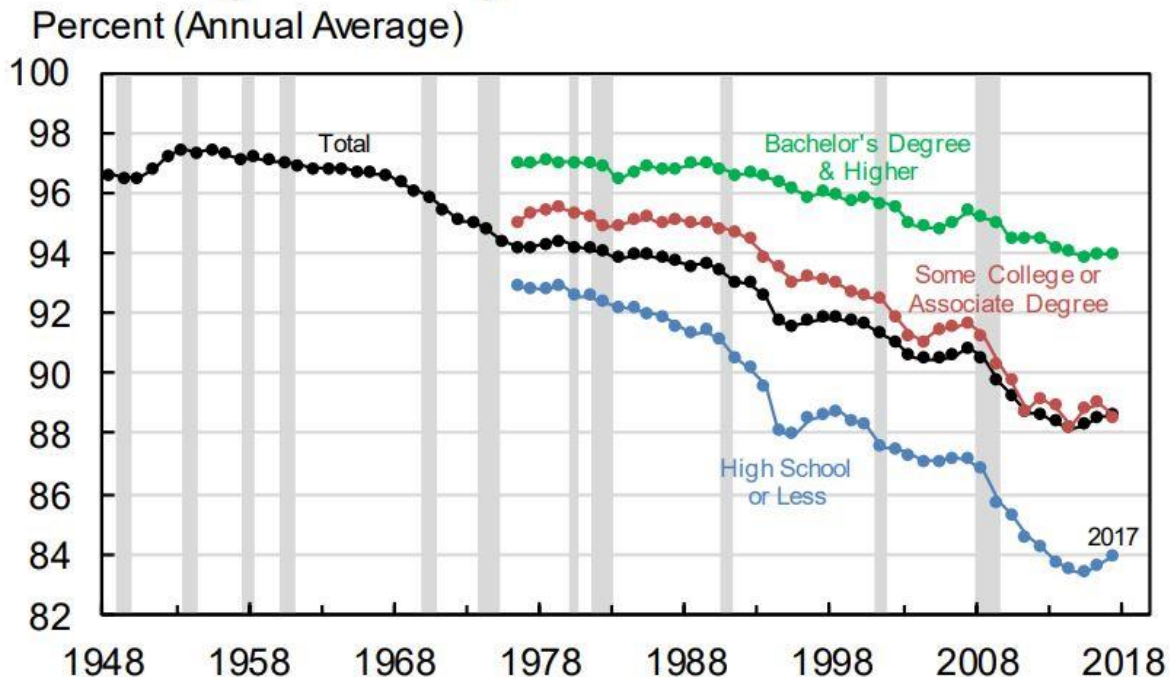


Source: U.S. Bureau of Labor Statistics, Current Population Survey.

**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

**Figure 5: Labor Force Participation Rate for Men Ages 25-54 by Educational Attainment**



Note: Annual averages of monthly data from the Current Population Survey. 2017 represents the average of data from January through May. Shading denotes recession.

Source: Bureau of Labor Statistics; National Bureau of Economic Research; author's calculations.

**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

TOTAL CT POPULATION:  
**3,588,683**

CT

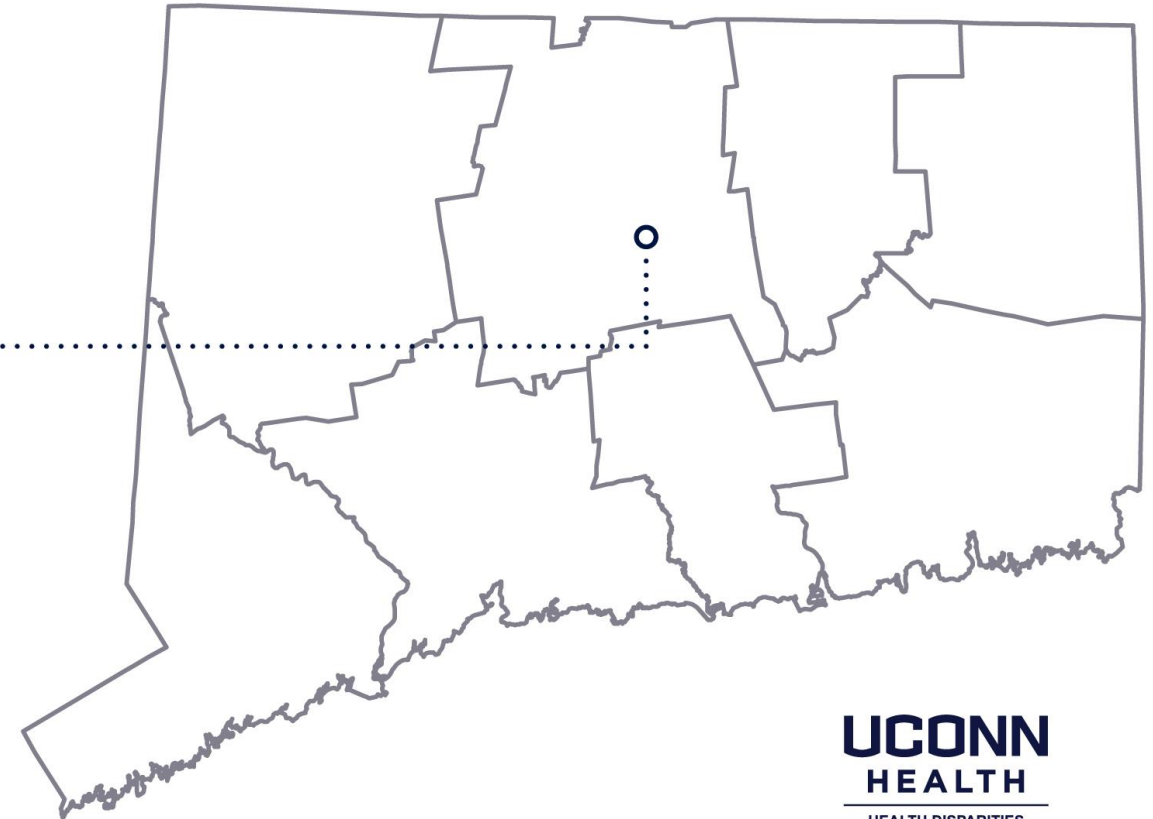


10% B/AA NH 16% H/L 70% NH White 4% Asian .3% AIAN .03% NAPI

HARTFORD

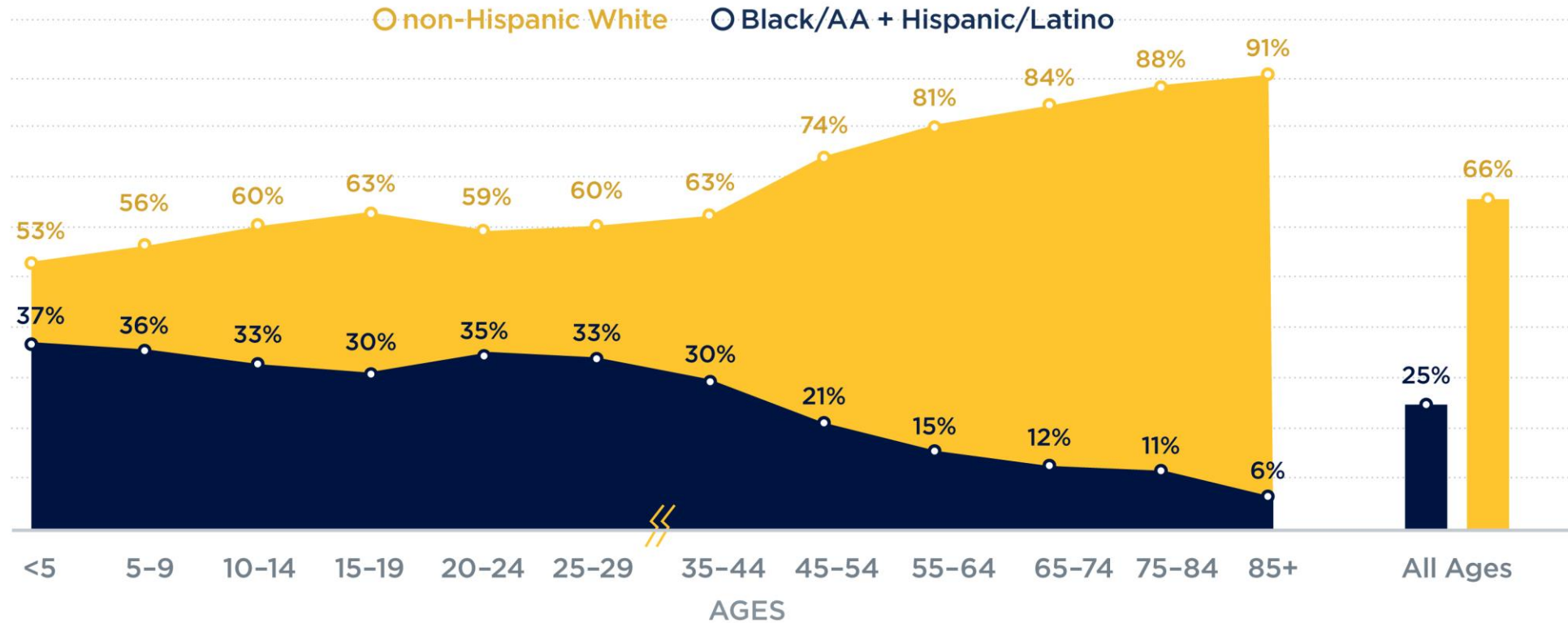


35% B/AA NH 44% H/L 16% NH White 3% Asian .4% AIAN 0.0% NAPI



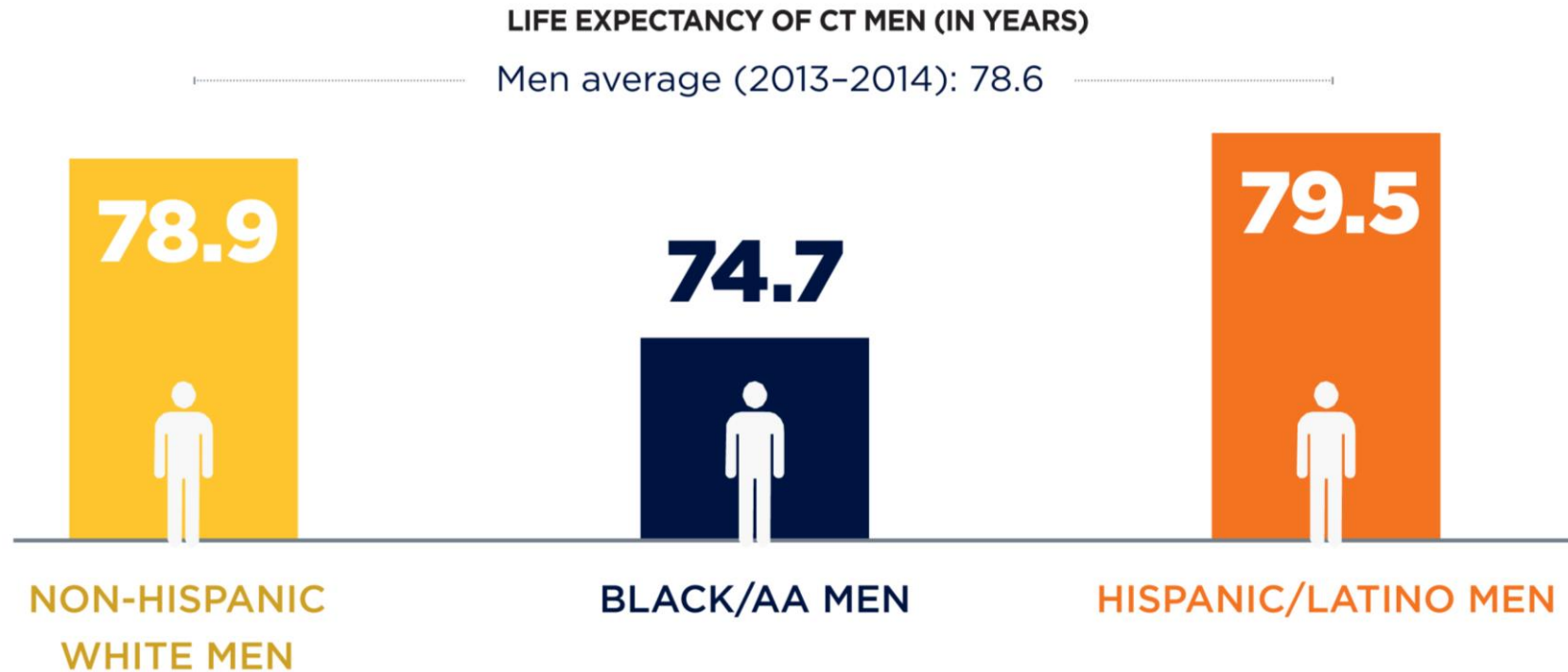
# Demographics

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

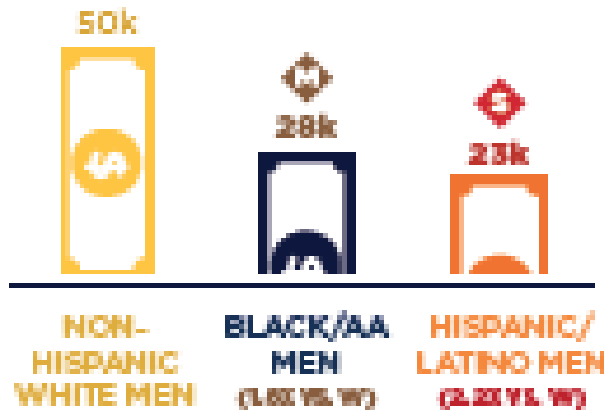


# Income, Education, Employment and Transportation

## CT MEN'S MEDIAN EARNINGS, 2013-2014

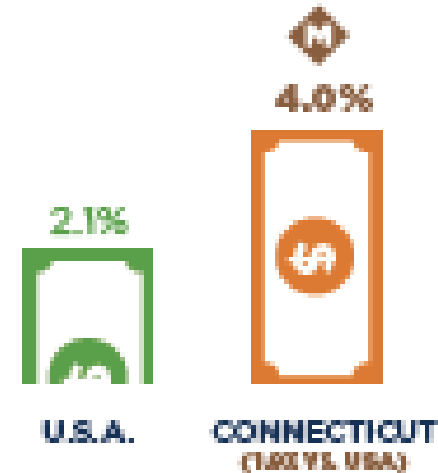
Black/AA men's median earnings were 55% of what non-Hispanic White men earned. While, Hispanic/Latino men's median earnings were 45% of non-Hispanic White men's.

2015-16 • Source: The American Human Development Index. <http://www.aahdi.org/map/>



## 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.



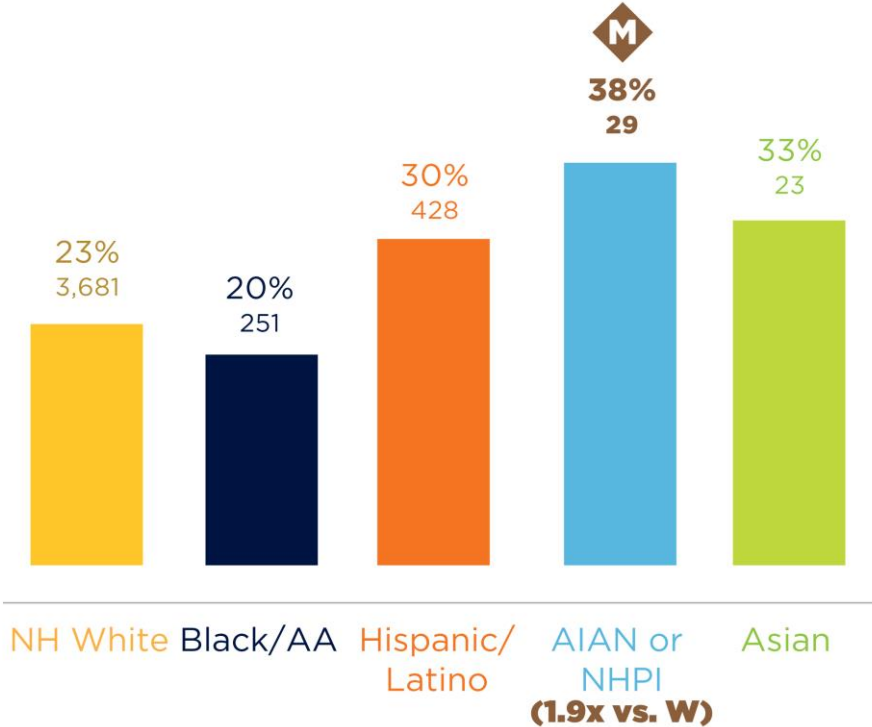
10/20



# 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.

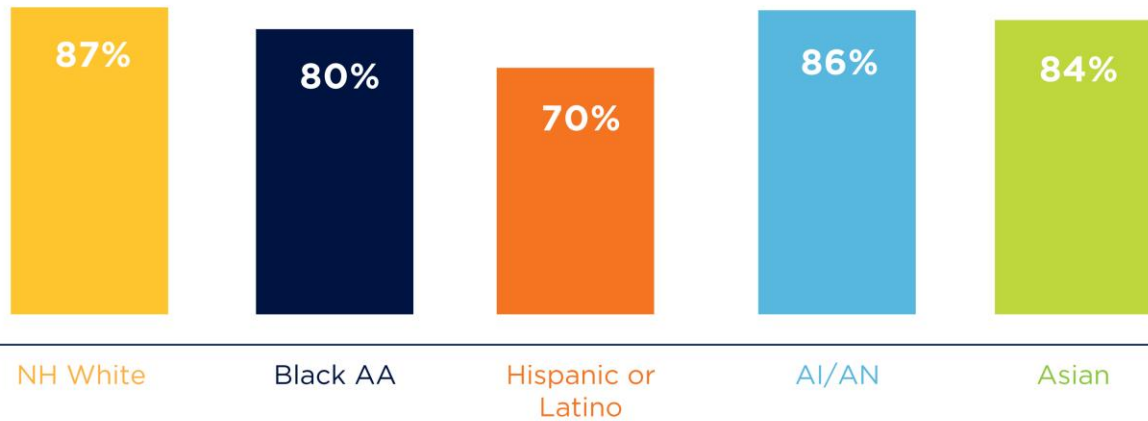
CT MEN WHO HAVE NOT RECEIVED A HEALTH CHECKUP IN THE PAST YEAR



2016 • Source: BRFSS, CDC

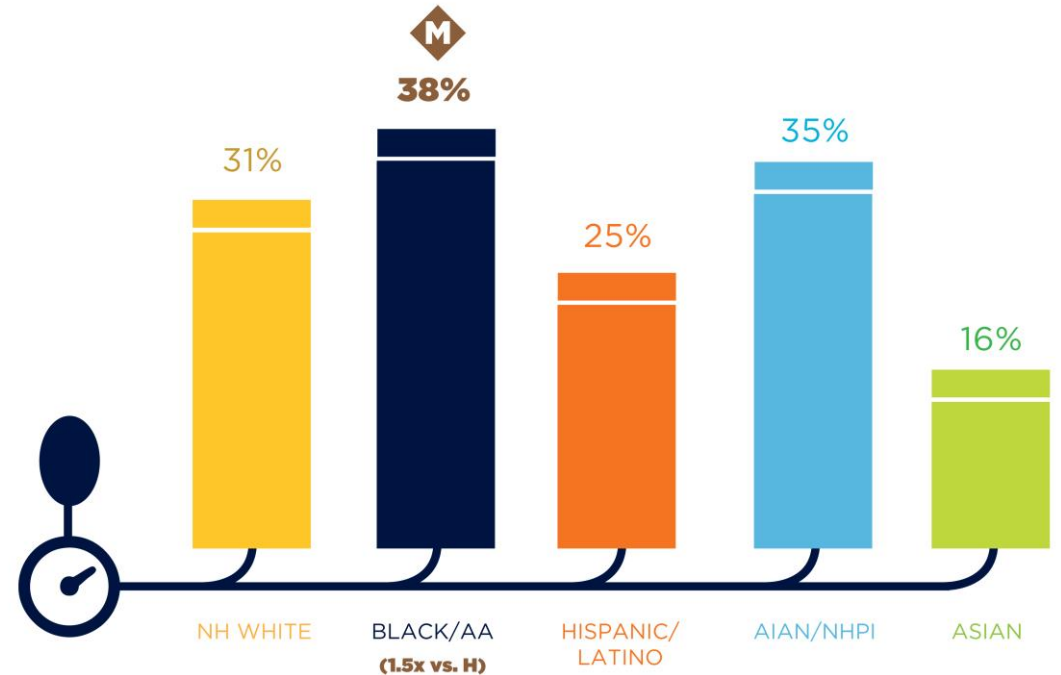
# Health Care Access and Service among Men

CT RESIDENTS WHO HAD A CHOLESTEROL SCREENING IN THE PAST 12 MONTHS



2017 • Source: BRFSSAmerica's Health Rankings

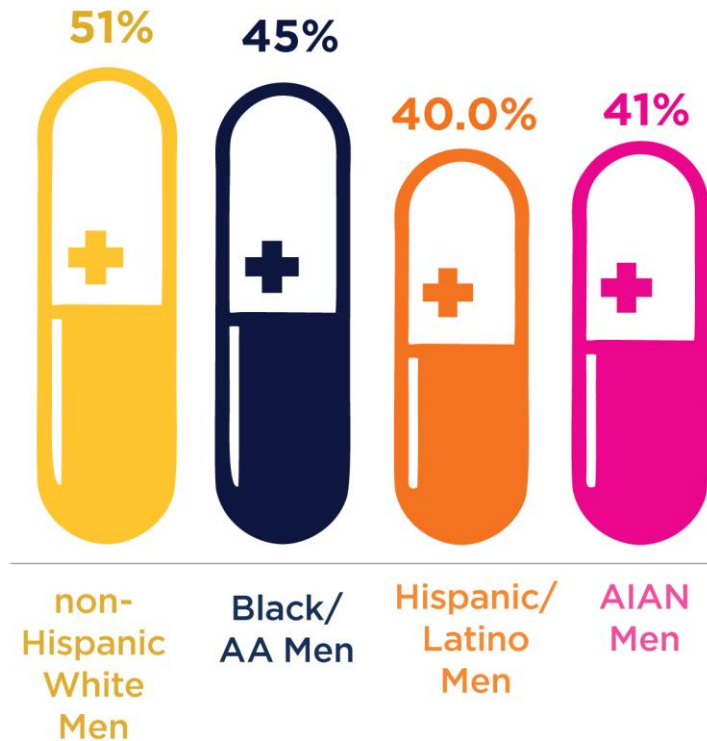
CT RESIDENTS WHO HAD A BLOOD PRESSURE SCREENING IN THE PAST 12 MONTHS



2017 • Source: BRFSSAmerica's Health Rankings

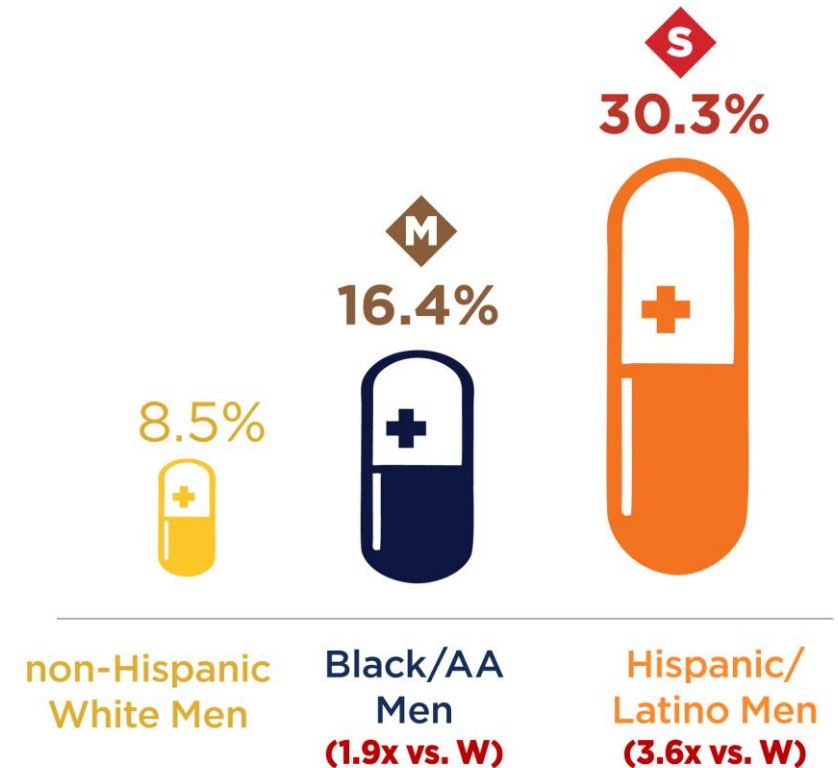
# Health Insurance among Men

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



2018 • Source: RISE BMOC

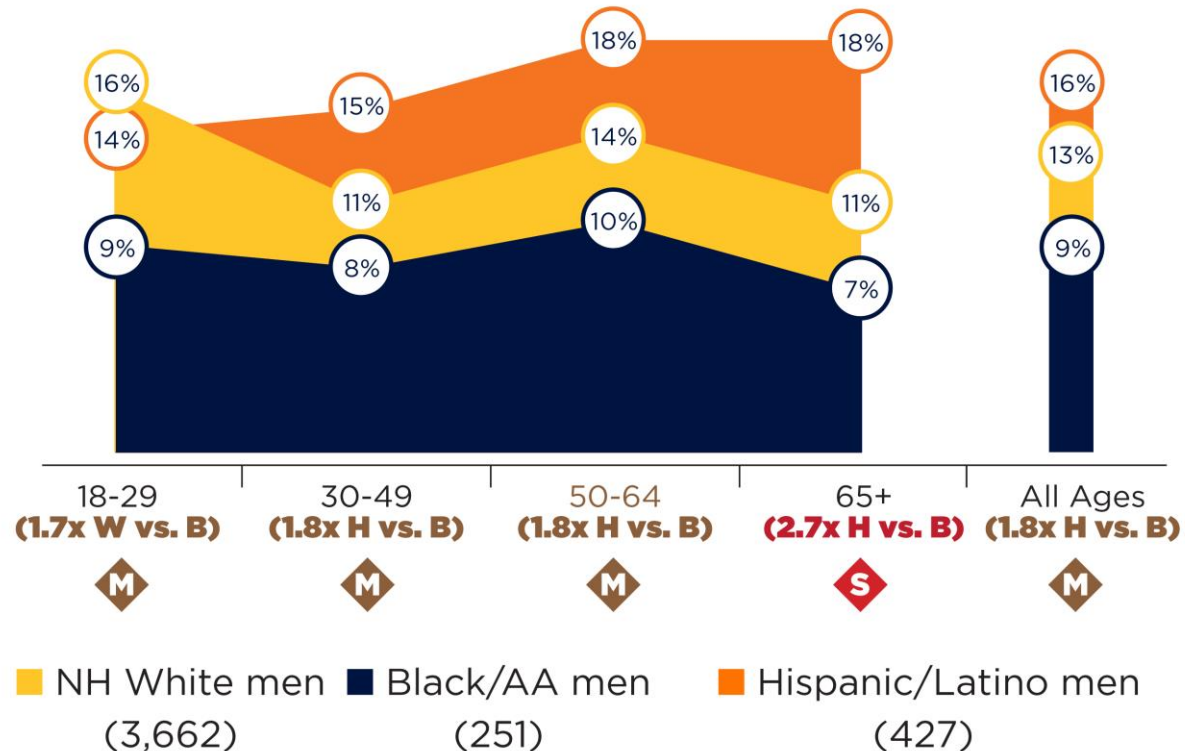
PERCENT UNINSURED IN CT, MEN > 18 YEARS



2011-15 • Source: <https://factfinder.census.gov>

# Depressive Disorders among Men

HAS A DOCTOR, NURSE, OR OTHER HEALTH PROFESSIONAL EVER TOLD YOU THAT YOU HAD: DEPRESSION, MAJOR DEPRESSION, DYSTHYMIA, OR MINOR DEPRESSION?

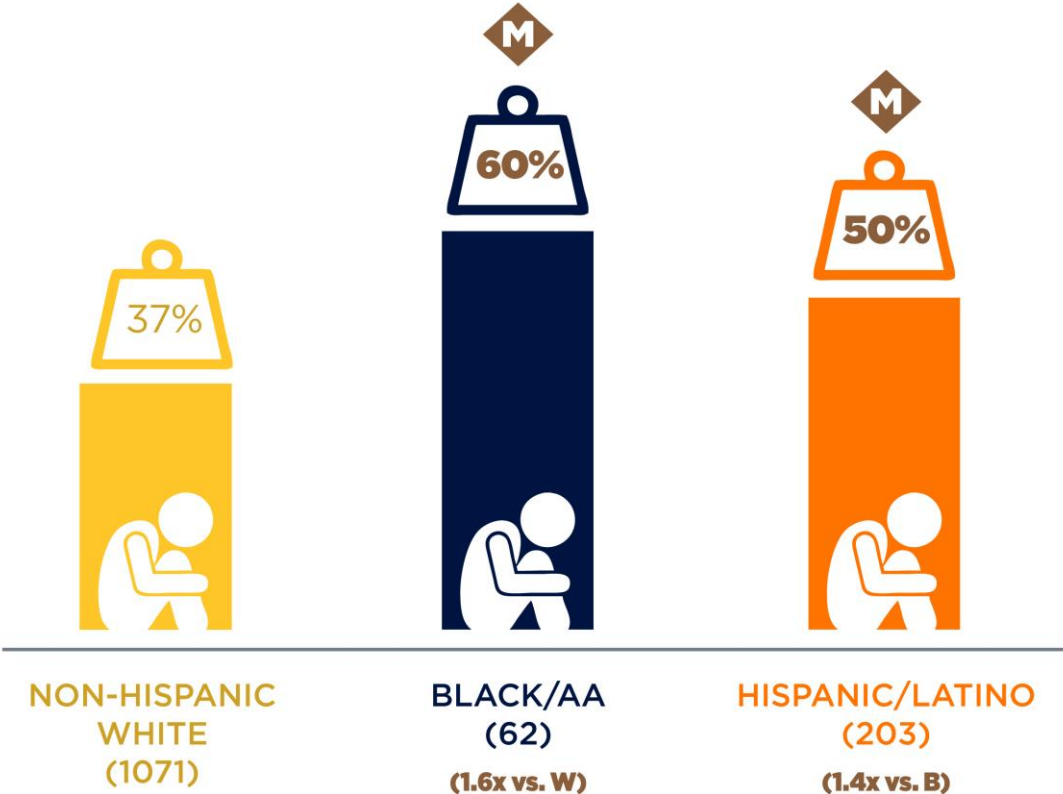


More non-Hispanic White and Hispanic/Latino men had a depressive disorder than Black/AA men. Disparities were severe in older adulthood (ages 65+), when nearly three times more Hispanic/Latino men reported having a depressive disorder than Black/AA men.

2016 • Source: BRFSS

# Trauma Exposure among Boys

**ADVERSE CHILDHOOD EXPERIENCES IN CT**  
(percent of 0-17 year old children who experienced one or more)



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  
(8x vs. A, 5X vs. W)



**5%**  
NH WHITE BOYS



**8%**  
BLACK/AA BOYS



**10%**  
HISPANIC/LATINO BOYS



**3%**  
ASIAN BOYS

SERIOUSLY CONSIDERED ATTEMPTING SUICIDE  
(PAST 12 MONTHS)

*Boys: 9 to 12 grade; past 12 months*



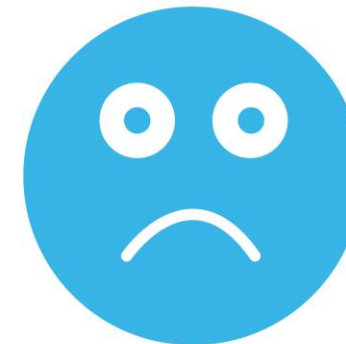
**10%**  
NH WHITE BOYS



**8%**  
BLACK/AA BOYS



**12%**  
HISPANIC/LATINO BOYS



**20%**  
AIAN/NHPI BOYS  
(3x vs. A, 2X vs. W)

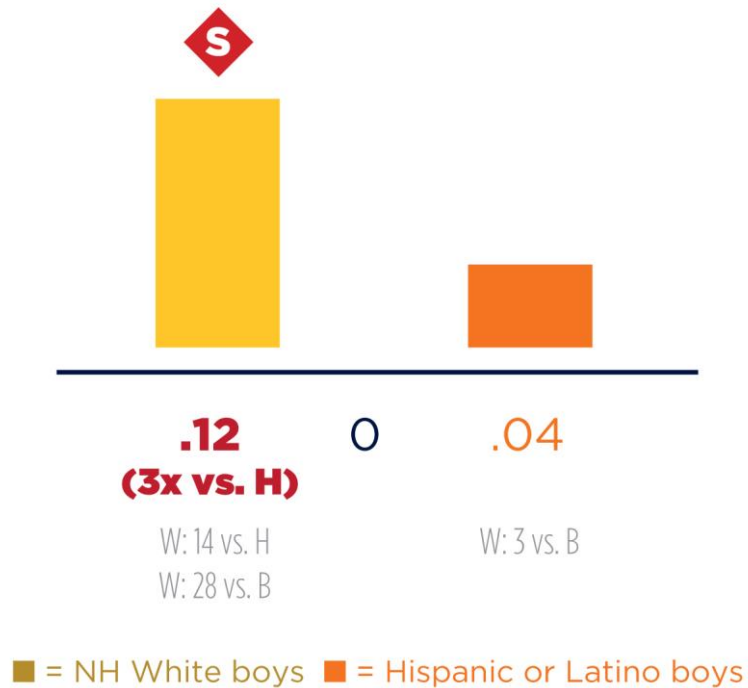


**6%**  
ASIAN BOYS

2015 • Source: CDC YRBS estimates

# Suicide Deaths among Boys

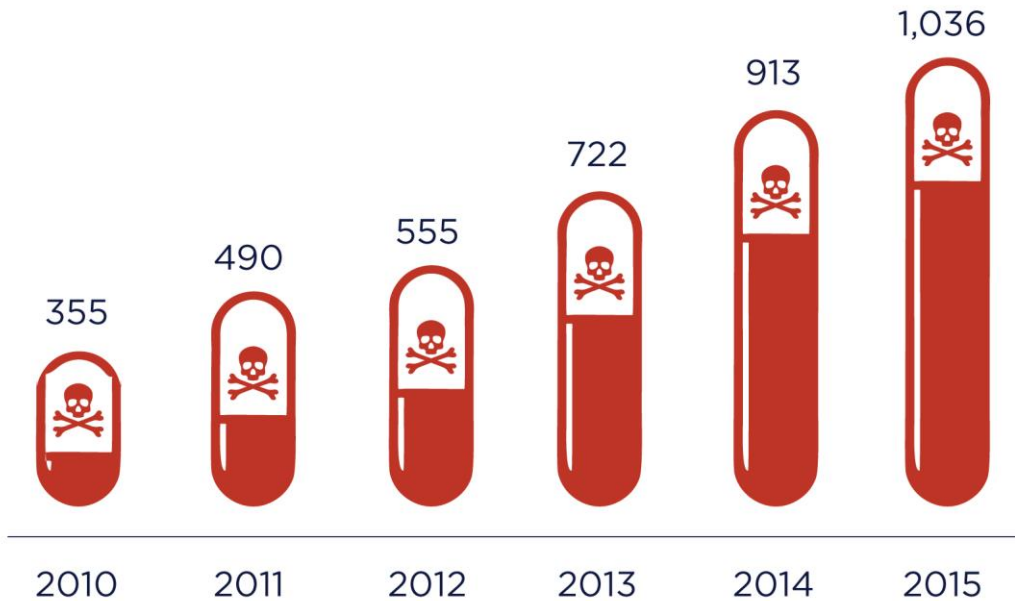
**SUICIDES**  
(15-25 YEARS OLD; PER 100,000)



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.

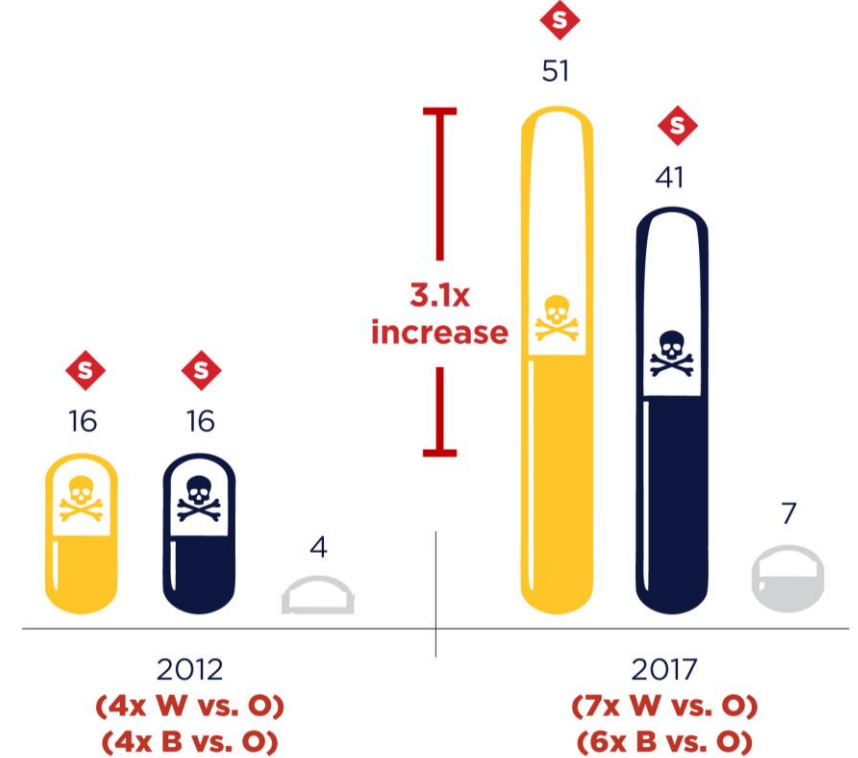
# Substance Abuse among Men

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



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)



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

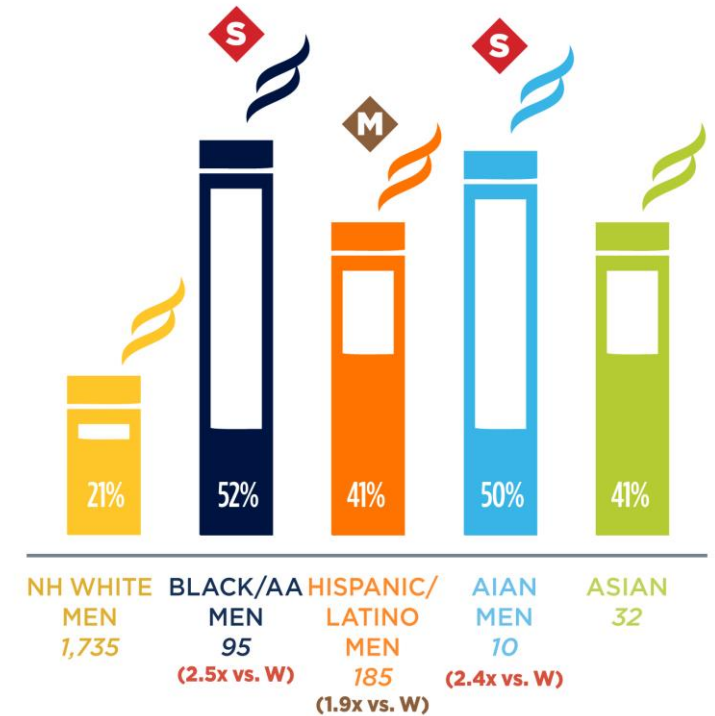
2012-2017  
Source: CT Office of Medical Examiner





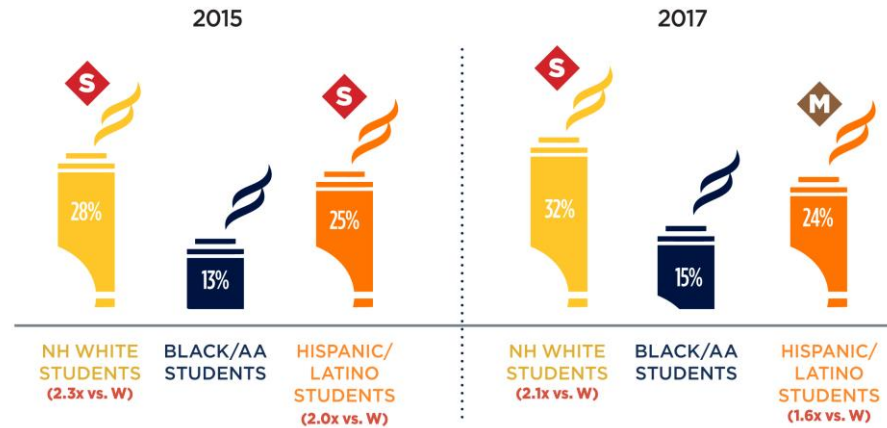
# Smoking and Vaping Behaviors among Boys and Men

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



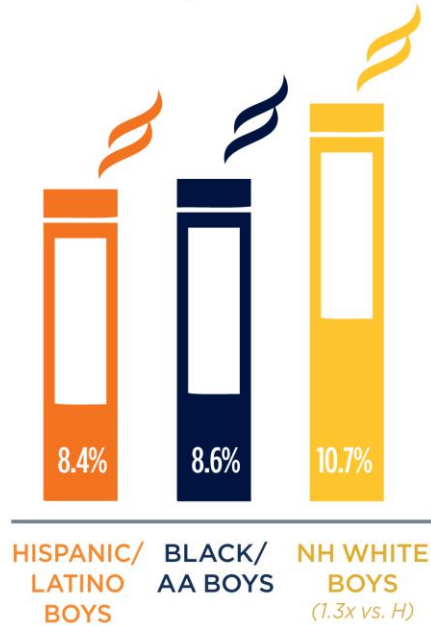
2017 • Source: BRFSS, CDC

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



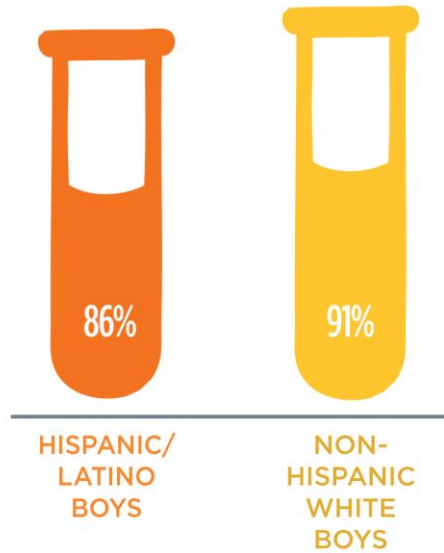
2015 & 2017 • Source: CT DPH, The Connecticut School Health Survey

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

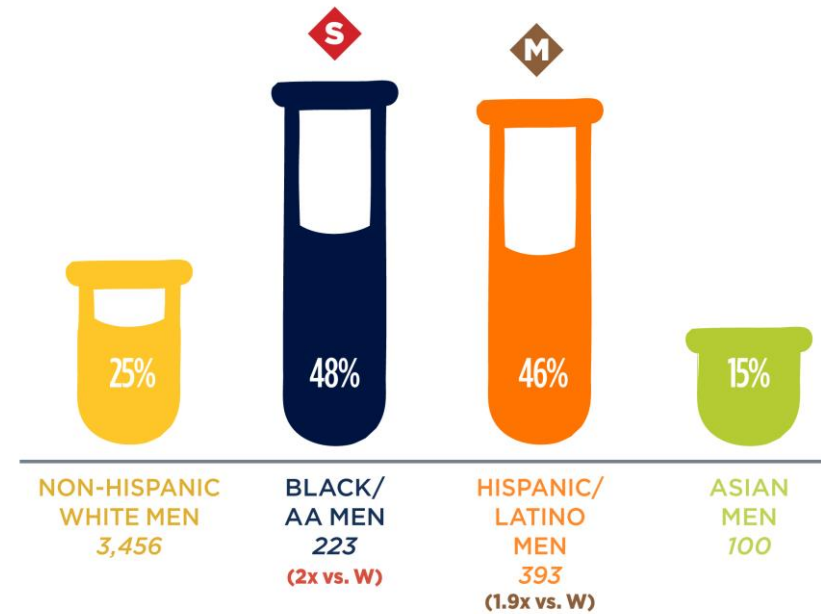


# HIV Rates among Boys and Men

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



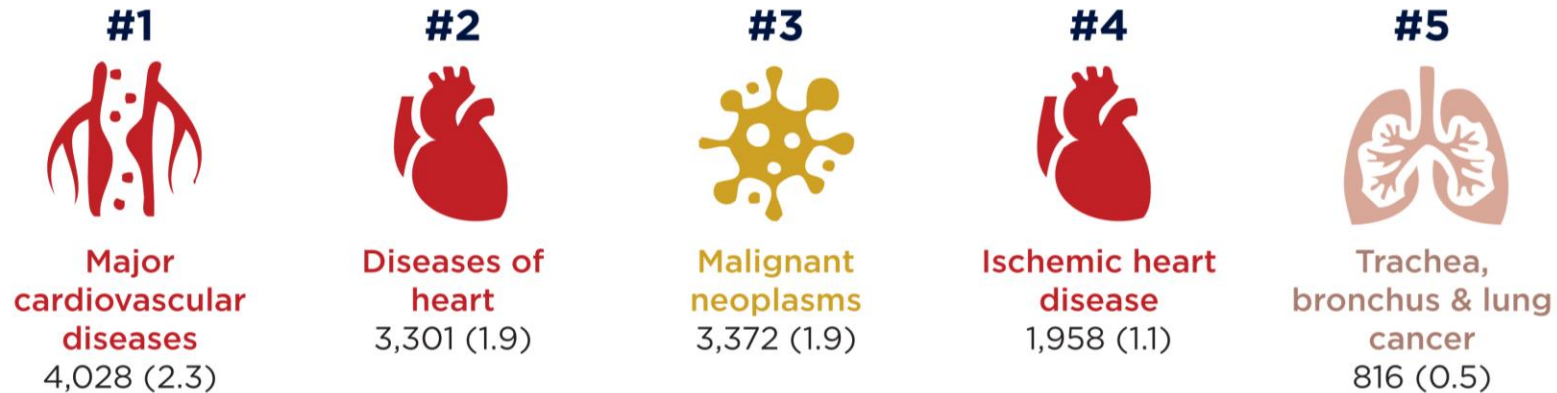
CT MEN WHO HAVE EVER TESTED FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV)



2017 • Source: BRFSS, CDC

# Leading Causes of Death among Men

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



SUM OF FIVE LEADING CAUSES	13,475	(7.7)
ACCIDENTAL INJURIES	980	(0.5)
<b>TOTAL</b>	<b>14,455</b>	<b>(8.2)</b>

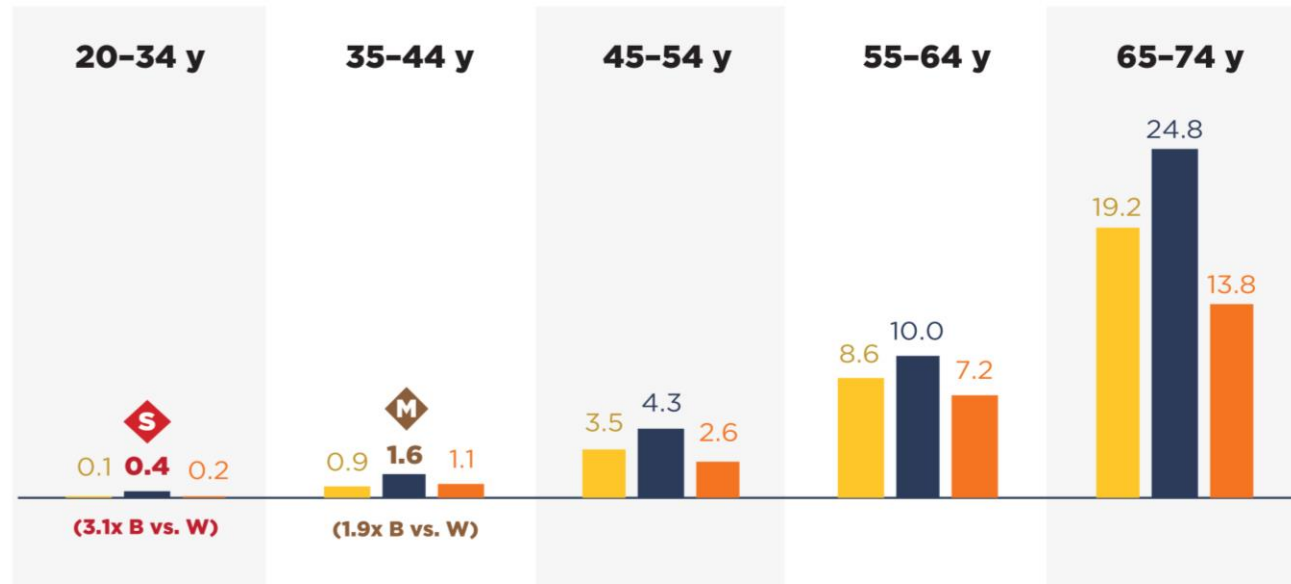
# Leading Causes of Death among Men

per 1,000 | ■ = White men ■ = Black men ■ = Hispanic men

## MORTALITY DUE TO TOP FIVE LEADING CAUSES

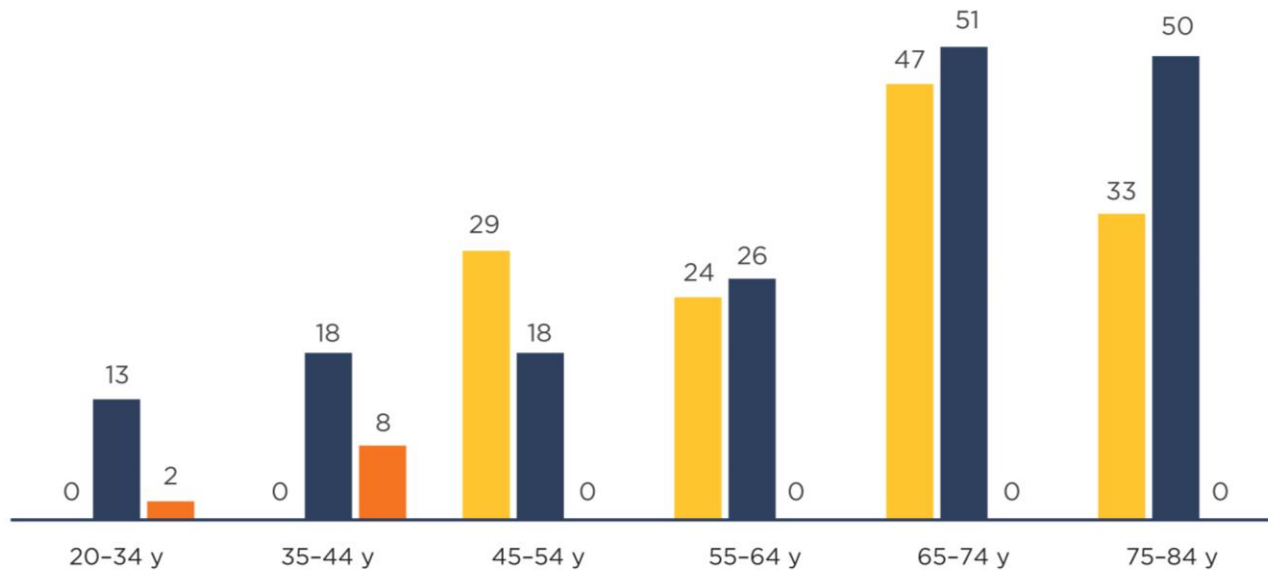
Deaths due to any of the 5 leading causes

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

EXCESS CT MEN DEATHS DUE TO THE FIVE LEADING CAUSES (PER 1,000)



**Total:** ■ NH White men - 133 ■ Black/AA men - 176 ■ Hispanic/Latino men - 10

*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.*

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

# Cancer Disparities

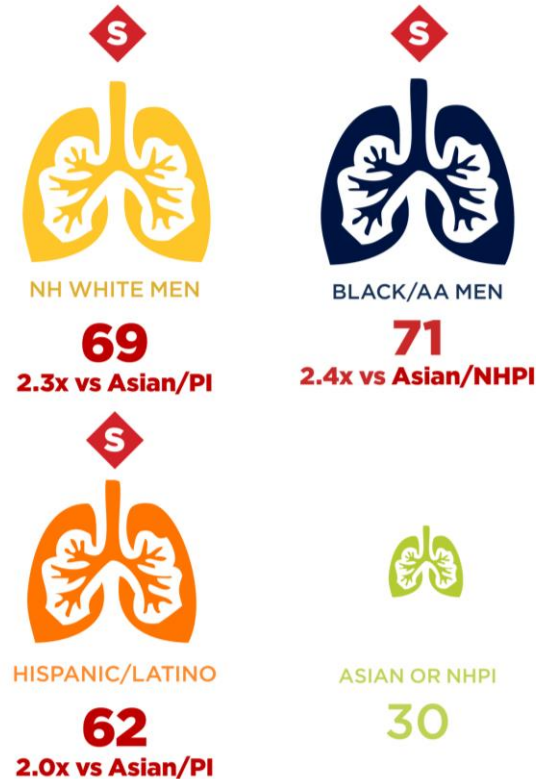
## COLON AND LUNG CANCERS AMONG CT MALES

(per 100,000 residents)

### COLON AND RECTUM



### TRACHEA, BRONCHUS & LUNG CANCER



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



**Ann Smith, J.D., M.B.A.,  
AFCAMP**



**Wes Younts, Ph.D.,  
Center for Social Research,  
University of Hartford**

**Kenn Harris,  
The Community Foundation for  
Greater New Haven**



**Commissioner Raul Pino  
and Orlando Velazco,  
CT Department of Public Health**

**Robert Zaveski, M.D., M.P.H.  
Medical Director, CT Department  
of Social Services**



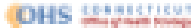
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**Arlelle Levin Becker,  
CT Health Foundation**



**Vicki Veltri,  
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**Karen Siegel  
CT Voices for Children**



**Glenn Winfree,  
Covenant Preparatory School**



**Bernard H. Thomas,  
Hartford Knights Youth  
Organization**



**Takhia Everette, Ph.D.,  
Health Equity Solutions**



**Grace Damio, M.S., CD/N,  
Hispanic Health Council**



**Yonette Thomas, Ph.D.,  
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