Same River Twice?:
Reflections on Addressing the Disease Burden in Black, Indigenous, and People of Color Communities

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“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 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**.

Zero-Sum Game

My Interests
“I Win”

Your Interests
“You Lose”

We are opponents - when I win, you lose
Addressing the Disease Burden in Black, Indigenous, and People of Color Communities is Not a Zero-Sum Game

“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.”

Concern grows that COVID-19 disproportionately impacts minorities, but the data is incomplete.
Women Get Sicker, Men Die Quicker?
Gender Disparities in COVID-19 Mortality

In several states across the U.S., more women appear to have contracted the coronavirus. However, **death rates appear to be highest among men.**
Perfect Storm for Male COVID-19 Disparities
Shortened Life Expectancy among Black Men

NOTES: Life expectancy data by Hispanic origin were available starting in 2006 and were corrected to address racial and ethnic misclassification. Life expectancy estimates for 2016 are based on preliminary Medicare data.
SOURCE: NCHS, *Health, United States, 2017*, Figure 1. Data from the National Vital Statistics System (NVSS), Mortality.
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

UConn Researchers Find Blacks Are Disproportionately Impacted By COVID-19

by Christine Stuart | Apr 8, 2020 6:44pm

<table>
<thead>
<tr>
<th>Race</th>
<th>% Cases</th>
<th>Population % in CT</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>60.8</td>
<td>66.5</td>
</tr>
<tr>
<td>Black</td>
<td>17.2</td>
<td>12.0</td>
</tr>
<tr>
<td>Asian</td>
<td>2.9</td>
<td>4.9</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
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<td>16.5</td>
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<tr>
<td>American Indian/Alaska Native</td>
<td>0.2</td>
<td>0.6</td>
</tr>
<tr>
<td>Other</td>
<td>2.9</td>
<td></td>
</tr>
</tbody>
</table>

Confirmed COVID-19 cases based on race and ethnicity.
Data as of April 1, 2020.
Source: Connecticut Public Health Department

Why we need to be talking about health equity during the coronavirus pandemic

By WIZDOM POWELL and TEKISHA DWAN EVERETTE
SPECIAL TO HARTFORD COURANT | APR 11, 2020 | 6:00 AM
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
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 Fundamental or Root Causes
Shadow Pandemics:
Racialized violence diminishes trust in health systems

During the pandemic, while sheltering in place, communities of color are bearing virtual witness to these events. These tragic events have implications for trust and mistrust in medical organizations/providers.
Shadow Pandemics:
The COVID-19 Crisis Is a Trauma Pandemic in the Making

“As we have been reminded in this situation, it’s important to be prepared for the medical impact of a pandemic. Our society also needs to prepare for the psychological impact of a crisis like this. Hundreds of thousands of people around the world have been socially isolated and have experienced dramatic and rapid losses in their lives, all while having little preparation for a crisis of this magnitude.”

Michael J. Salas, PsyD
“Rivers are always moving. But the river remains a river even if it is not the same river.”
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