ELIMINATING HEALTH DISPARITIES AMONG BOYS AND MEN

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Speakers

Wizdom Powell, Ph.D., M.P.H.  
(Moderator)  
Overview of Health Disparities and Causes Among Vulnerable Boys and Men

Derek M. Griffith, Ph.D.  
Stress, Trauma Violence and Coping Strategies Among Vulnerable Boys and Men

Arthur (Art) W. Blume, Ph.D.  
Substance Use Among Vulnerable Boys and Men

Roland J. Thorpe, Jr., Ph.D., MS  
Economic Costs of Health Disparities Among Vulnerable Boys and Men and Public Policy Recommendations
Overview of Health Disparities and Causes Among Vulnerable Boys and Men

Wizdom Powell, Ph.D., M.P.H.
APA Working Group on Health Disparities in Boys and Men

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- Waldo Johnson, Jr., PhD, MSW
- Art Blume, PhD
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- Erik Mankowski, PhD
- Derek Griffith, PhD
- Perry Halkitis, PhD
- Roland Thorpe, Jr., PhD
- Stephanie Cook, PhD
- Randy Quinones-Maldonado, PhD
- Daphne Watkins, PhD
Broadening the Health Disparities
Aperture

What about Boys and Men?

TABLE A2

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<tbody>
<tr>
<td>In years</td>
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<tr>
<td><strong>Men</strong></td>
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<tr>
<td>White</td>
<td>67.8</td>
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<tr>
<td>Black</td>
<td>60.4</td>
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<tr>
<td>Hispanic</td>
<td>67.8*</td>
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<tr>
<td>Asian</td>
<td>67.8*</td>
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<tr>
<td>American Indian/Alaska Native</td>
<td>61.1</td>
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<tr>
<td>Two or more races</td>
<td>67.8*</td>
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<tr>
<td><strong>Women</strong></td>
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<tr>
<td>White</td>
<td>75.2</td>
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<tr>
<td>Black</td>
<td>67.9</td>
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<tr>
<td>Hispanic</td>
<td>73.2</td>
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<tr>
<td>Asian</td>
<td>75.2</td>
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<tr>
<td>American Indian/Alaska Native</td>
<td>68.4</td>
</tr>
<tr>
<td>Two or more races</td>
<td>75.2</td>
</tr>
</tbody>
</table>

*No separate data available; the values shown in this table and those used in generating the population estimates are assumed the same as for the white population (see text).

Note: Whites, blacks, Asians and American Indian/Alaska Native include only single-race non-Hispanics. Asians include Pacific Islanders. 2 or more races are multiple-race non-Hispanics. Hispanics are of any race.

Source: Based on United States Life Tables: 1959-61, U.S. Decennial Life Tables for 1969-71, United States Life Tables, 2010 (National Center for Health Statistics) and 2014 National Projections (U.S. Census Bureau)

Even as sex differences in life-expectancy gaps narrow, males in the U.S. continue to live shorter lives than women and they have consistently lived shorter lives than their global peers since 1980.
Why Focus on Vulnerable Boys and Men

Shorter Life Expectancy

Non-Hispanic Black males continue to live the shortest lives of all individuals in our country.
Why Focus on Vulnerable Boys and Men?

Health disadvantages are even more pronounced among groups of boys and men who have not fully enjoyed the socioeconomic power and privilege typically conferred to males in this country.
What Do We Mean by Vulnerable Boys and Men?

Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness.
Cross-Cutting Sources of Health Disparities in Vulnerable Boys and Men

High prevalence and/or pronounced impact on the health of boys and men and a strong relationship with chronic diseases, psychological problems, and events or consequences that compromise health and life options.
Why Focus on Racial/Ethnic Boys and Men?

Recent Increase in Suicides Among Black Boys (2008-2012)

Despite years of reportedly lower rates, black boys aged 5 to 11 years old displayed an increase in suicide between 2008-2012.
Why Focus on Racial/Ethnic Boys and Men?

Higher Suicide Rates among American Indians and Alaska Natives

Some of the highest suicide rates in our country are among American Indian/Alaska Native males.
Why Focus on Racial/Ethnic Boys and Men?

*Disproportionate Exposure to Race-Related Stress*

**Stop & Frisks in NYC**

- **Young Black Men** make up 25.6% of NYPD stops, but only 1.9% of the city's population.
- **Young Latino Men** make up 16.0% of NYPD stops, but only 2.8% of the city's population.
- **Young White Men** make up 3.8% of NYPD stops, and 2.0% of the city's population.

Image by the New York Civil Liberties Union.
Why Focus on Racial/Ethnic Boys and Men? Disproportionate Death From Police-Related Fatalities

Over the past 50 years, Black men have faced significantly greater risk than white men of being killed by police.

US deaths due to legal intervention: national and city-specific annual 5-year moving average rate (per 100,000) among US black men and white men ages 15–34, 1960–2011
Why Focus on Sexual Minority Boys and Men?

*Heightened Risk of HIV*

Despite recent stability in new infection rates, sexual minority boys and men remain at highest risk for acquiring HIV/AIDS of any race/ethnic by sexual identity group.
Why Focus on Sexual Minority Boys and Men?

Heightened Risk of Bullying & Harassment

Sexual minority boys and men are more likely to experience mental health problems than heterosexual males (Lick, 2013).

Sexual minority boys and men are also victims of hate crimes that place their lives in unique peril.
Why Do Health Disparities in Boys and Men Exist?

Common Behavioral Explanations

- Males take more health behavioral risks.
- Males are reluctant to disclose physical and mental health problems.
- Males delay health screenings and wait longer to seek acute medical and mental health attention.
We focus on the role played by inequitable distribution of power, opportunity, and social determinants that uniquely disadvantage the health of socially vulnerable boys and men.
Key Social Determinants of Health among Boys and Men

- Masculinity
- Medical Mistrust
- Immigration
- SES
- Segregation
- Rural
- Incarceration
- Social Support
- Education
- Religious
- Spirituality
- Housing
- Violence
- Racism
- Discrimination
- Police Brutality
- Stress
Framing Health Disparities in Boys and Men

**Key Assumptions & Approaches**

- Risk for health disparities form in childhood and can continue as boys and men age.

- While genetics and individual health behaviors are important, disparities are primarily determined by the social conditions in which people are born, grow, live, work, and age.
Framing Health Disparities in Boys and Men

*Why Masculinity Matters*

Male health behaviors may be best understood as a way of demonstrating masculinity. (Courtenay 1998; 2000)
Framing Male Health Disparities

Additional Perspectives

• The stress boys and men experience and how they deal with it impacts their health.: *Environmental Affordances Framework* (Mezuk et al., 2013; Mezuk et al., 2010).


• Access to social and economic resources play a critical role in the adoption and maintenance of healthy lifestyles.: *Theory of Gender and Power* (Connell, 2012).
Depression, Stress, Trauma, and Violence Among Vulnerable Boys and Men

Derek M. Griffith, Ph.D.
Why Focus on Depression? 
The Gender Paradox and Disproportionate Suicide Risk among Males

- Men are diagnosed with depression less often than women
- Men have higher rates of suicide completion than women

Source: National Health and Nutrition Examination Survey, 2007-2010 (Depression Rates Figure); National Vital Statistics System (Suicide Rates Figure).
Why Focus on Stress?

We view stress as root cause of male health behavior and key driver of health disparities in vulnerable boys and men.
Violence deaths from suicide and homicide are the third leading case of premature death of males before age 65 (CDC, 2010).

Violence: “the intentional use of physical force, or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (Krug, et al., 2002)
Violence

• In addition to being 9 out of 10 of the perpetrators of criminal violence, males are 8 out of 10 (78%) of the victims of violence (FBI, 2008).

• Among males 15-34, homicide is the leading cause of death for African American males, the 2nd leading cause of death for Hispanic/Latino males and the third leading cause of death for American Indian/Alaska Native males.

• Gay males are more likely to experience violence, be threatened with violence or experience verbal abuse than heterosexual or other males (Herek, 2012)
Suicide

• Even more common than homicide is suicide
• Suicide is the 8th leading cause of death for men (DHHS, 2007)
• Suicide among males is linked to unemployment problems, firearm ownership, incarceration
• Gay youth are more likely than heterosexual males to attempt or commit suicide (MMWR, 2011)
ELIMINATING HEALTH DISPARITIES AMONG BOYS AND MEN

TRAUMA
What is Trauma?

- **Trauma (DSM-V/ APA, 2013):**
  - the threat, exposure or directly witnessing of death, injury and/or sexual violence;
  - repeated exposure to a traumatic event, divorce, loss of a loved one and other experiences may be considered traumatic (APA, 2013)

- **Trauma (Merriam-Webster.com):**
  - an injury (as a wound) to living tissue caused by an extrinsic agent;
  - a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury;
  - an agent, force, or mechanism that causes trauma
Psychological Effects of Trauma

Adapted from Janina Fisher
Why focus on Trauma among Males?

- There is a great need to understand how trauma affects the health and well-being of males, particularly vulnerable males.
- Historically research has focused on males as perpetrators of trauma-inducing acts.
- What makes males experience of trauma unique is that admitting that one has been a victim of trauma can be seen as a sign of weakness.
- Trauma also adversely affects males’ sense of self-reliance, emotional strength, and control.
IPV & Sexual-Assault-Related Trauma

- Despite recent estimates indicating that **47.1% of males report interpersonal violence-related victimization**, the scientific evidence-base exploring male interpersonal violence-related trauma is notably thin (Kilpatrick, et al., 2013)

- This number is likely an underestimate because males are less likely to disclose post-traumatic symptomatology or seek help following trauma than females (Purves & Erwin, 2004)

- Racial and ethnic minority and sexual minority men are more likely to experience sexual violence than white or heterosexual males, respectively (Rothman, Exner, & Baughman, 2011)
Historical Trauma

“Kill the Indian, Save the Man”
Substance Use Among Vulnerable Boys and Men

Arthur (Art) W. Blume, Ph.D.
Leading Indicators

- Physical activity
- Overweight and obesity √
- Tobacco use
- Substance abuse
- Responsible sexual behavior √
- Mental health √
- Injury and violence √
- Environmental quality
- Immunization
- Access to health care *
Shameful Statistics

• > 50% of all people incarcerated in US are substance abusing men of color

• African American Men are 6X and Latinos 2.5X more likely to be imprisoned than White Men

• 95% relapse and 25% recidivism within 3 years of release

(Langan & Levin, 2002; Martin, Butzin, Saum, & Inciardi, 1999: NAACP, 2014; U. S. Department of Justice, 2013)
Substance Abuse and Males

- Binge on alcohol more than females (45.8% vs. 33.2%)

- ~3x more likely to have alcohol use disorder than females

- More likely to use illicit drugs than females (11.6% vs. 6.9%)

- ~2x more likely to have a drug use disorder than females

- Use cocaine, ecstasy, inhalants, & steroids significantly more often than females
Substance Abuse Across the Male Life Course

• **Youth and young adults**
  - Time of identity development
  - Risk taking behavior among male youth
  - Substance use linked to suicide and violence in young males

• **Older men**
  - Growing risk of prescription drug and alcohol abuse
  - Substance use linked to suicide among older men

• Co-occurring mental disorders increases the risk for substance abuse for all age groups of males
How Masculinities Influence Substance Abuse

- Male stereotyped role expectations in society
- Discrepancies between personal identity and societal expectations
- Hypermasculinity exaggerates risky behavior in males
  - Driving while intoxicated
  - High risk sex while intoxicated
  - Violence while intoxicated
- Hypermasculinity increases risk of tobacco, alcohol, illicit drug, and steroid abuse
- Masculinity associated with reduced help seeking behavior, compounding risks
Racial/ethnic Minority Males Often Experience the Highest Risk

- Certain racial and ethnic minority males at elevated risk

- Sexual minority males appear to be the highest risk group for the negative consequences of substance abuse

- Stereotyping, bias, and discrimination are common experiences for minority males

- Experiencing bias and discrimination has been linked to elevated substance use and abuse
Risk for Substance Abuse

Burdens of Low SES

Challenges of Racial/Ethnic Minorities

Challenges of Sexual Minorities
Intersectionality of Substance Abuse with Other Health Concerns for Boys and Men

Substance Abuse

- Suicide
- Trauma
- Violence
- HIV (Unclean Needles, Unsafe Sex)
Summary and Conclusions

• Substance abuse and its aversive consequences are more commonly experienced among males than females
• Substance abuse intersects with a number of other serious health concerns for boys and men
• Substance abuse is one contributor to the lower life expectancy for males, especially minority males, in the U.S.
• Solutions will require addressing the specific needs of vulnerable males at risk for abusing tobacco, alcohol, illicit drugs, and even steroids
Economic Costs of Health Disparities Among Vulnerable Boys and Men and Public Policy Recommendations

Roland J. Thorpe, Jr., Ph.D.
Dr. Martin Luther King said, “that of all the forms of inequality, injustice in health care is the most shocking and inhumane.”
BUT THIS IS A COSTS ISSUE, TOO

Ben Franklin said, “An ounce of prevention is worth a pound of cure.”
Social Justice Should Be Enough

But Injustice in Health Comes with a HEFTY PRICE TAG
Men’s Health Disparities: A Public Health Problem From A Financial Perspective

- The total direct medical care expenditures for African American men were $447.6 billion.

- With regard to indirect costs to the economy, African American and Hispanic men incurred $317.6 and $115.0 billion respectively.

- These findings indicate that we cannot afford to overlook the disparities that exist, particularly among African American and Hispanic men. Failure to do so is both socially and morally wrong and carries huge economic consequences.
Recommendations for Policy-Level Solutions for the Health of Boys and Men

- Develop research and programs focusing on men’s health disparities and key determinants of health
Key Social Determinants of Health among Boys and Men

- Masculinity
- Medical Mistrust
- Education
- Religiosity
- Immigrant
- Sex Orientation
- SES
- Spirituality
- Segregation
- Stress
- Violence
- Rural
- Incarceration
- Race
- Social Support
- Discrimination
- Police Brutality
Recommendations for Policy-Level Solutions for the Health of Boys and Men

- Develop research and programs focusing on men’s health disparities and key determinants of health
- Sustain research, advocacy and policy partnerships across public and private sectors
APA Task Force Members Advocate to Reduce Health Disparities in Boys and Men

The group took time during APA Annual Convention to visit Capitol Hill

During the 2014 APA Annual Convention in Washington, D.C., members of APA’s Working Group on Health Disparities in Boys and Men attended meetings with staff of the Congressional Black Caucus and Congressional Hispanic Caucus. These hill visits focused on:

- Funding for programs that advance research and promote access to mental health services and that improve health outcomes for men and boys from disadvantaged groups.
- The Health Equity and Accountability Act (HEAA) of 2014 (H.R. 5294). If enacted, HEAA would guide federal efforts to address racial and ethnic health disparities in many areas, including mental health.
- The National Institute of Minority Health and Health Disparities (NIMHD) which conducts research to improve minority health and eliminate health disparities.
- The Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention, which provide funds for evidence-based interventions and treatment to prevent and address stress, violence, trauma and substance use — all key factors that contribute to health disparities.

For more, please see the September 2014 In the Public Interest newsletter article...

Addressing health disparities and increasing health equity is a longstanding priority for APA. Please sign up for APA Federal Action Network alerts to help support these and other public policy advocacy efforts.
Recommendations for Policy-Level Solutions for the Health of Boys and Men

- Develop research and programs focusing on men’s health disparities and key determinants of health
- Sustain research, advocacy and policy partnerships across public and private sectors
- Strengthen efforts to reform mental health systems
- Increase the focus on the health of boy’s and men’s health through legislative efforts
Office of Boys’ and Men’s Health

• Little public health or training infrastructure to monitor the needs of boys and men’s health

• Men and Families Health Care Act of 2009 (HR 2115)
Questions and Answers Session
ELIMINATING HEALTH DISPARITIES AMONG BOYS AND MEN

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