All Health is Connected

Can Leveraging Women's Health Care Help Narrow Gaps in Black Men's Health?

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OBJECTIVE

To advance discussions around opportunities to improve the health of boys and men of color through innovative, clinical-based and community-based interventions that actively engage men of color during their and their partners' preconception, prenatal, and postnatal care. Because men of color typically experience significant barriers to good health and well-being, preconception and pregnancy-related care could be an effective entry point for this population into the health care system and enhance their opportunity to secure a medical home of their own. If successful, such interventions could produce a positive domino effect that results in healthier families, healthier babies and healthier boys of color that grow up to be healthier men.

I. INTRODUCTION

"We can't afford to overlook men's health disparities that exist in this country. The cost to society — both moral and economic — is staggering." — Roland J. Thorpe Jr., PhD, deputy director, Hopkins Center for Health Disparities Solutions

Healthy People 2020, the nation's health objectives for the current decade, was specifically designed to strengthen efforts "to achieve health equity, eliminate disparities and improve the health of all groups." In particular, **Healthy People 2020** (www.healthypeople.gov) defines health equity as the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

Over many decades, research shows that black men in America consistently experience shorter lifespans and poorer health — such as disproportionately higher burdens of heart disease, diabetes, asthma, cancer and HIV/AIDS[1] — than their white counterparts.

In fact, black men tend to have some of the **worst health indicators**[2] among all racial and ethnic groups in America.

Historically, black men have also experienced much lower rates of insurance coverage. Part of that difficulty is due to men being less likely to qualify for public insurance programs in which eligibility is tied to caring for dependent children. However, the uninsured rate among blacks overall dropped from 21 percent in 2013 to 13 percent in 2016[3]; in fact, people gaining coverage between 2010 and 2015 were more likely to be male than female.[4] The disparity in uninsurance between black and white men was 6.6 percentage points in 2014, dropping from 10.1 percentage points in 2013.[5] Still, people of color continue to face a higher risk of going uninsured than whites.[6]

Achieving health equity among boys and men in communities of color is a complex endeavor that requires partnerships across sectors with a dedicated focus on the social, economic and environmental barriers to greater health and longevity as well as a community-driven understanding of historical injustices. Such work also requires cooperation on

the part of practitioners, as research shows that implicit bias[7] plays a role in physician diagnostic and treatment decisions that can contribute to health disparities.

With all that in mind, it's critical to leverage existing avenues to both reach black men with health information and help link them to resources that connect them to the health care system. This paper zeroes in on one potential avenue — preconception and pregnancy-related care — to help underserved black men find and secure a medical home of their own.

This kind of strategy could involve health care providers, in both clinical and community settings, to work with women and their partners to uncover and address barriers to their family's health, while delivering patient-centered care within a framework that expressly acknowledges the interconnected, intergenerational nature of health disparities. This approach may be realized using evidence-based, low-cost interventions known to have positive spillover effects for improved family and community health. Furthermore, this approach is a practice in quality improvement and value-based care — two of the big priorities now driving innovation in health care services and delivery.

II. DISPARITIES AMONG BLACK MEN IN AMERICA

"Among the most overlooked populations who experience the poorest health outcomes and face the biggest barriers to care are men of color." — David Satcher, MD, PhD, former U.S. Surgeon General

Black men in America, and black Americans in general, experience striking disparities in both health and the determinants shaping health:

- As of 2015, black men's life expectancy at birth[8] was 72.2 years, more than four years shorter than white men.
- Black men are 30 percent[9] more likely to die from heart disease and 60 percent[10] more likely to die from stroke than white men.

- Black men accounted[11] for nearly one-third of all U.S. HIV diagnoses in 2015, a rate nearly eight times as high as that for white men and more than twice that of Hispanic men. For all cancers combined, the death rate[12] was 24 percent higher for black men than for white men. For example, while black men face a higher risk of prostate cancer, they're screened for the disease at lower rates and are less likely to be offered a prostate-specific antigen blood test to detect prostate cancer.
- In 2014-2015, more black adults reported no usual source of care[13] than whites. In 2012, research found that nearly 40 percent[14] of black men lacked a usual source of care. A recent study[15] examining trustworthiness between black men and physicians found that the 1972 disclosure of the Tuskegee syphilis study was correlated with increased mistrust and mortality as well as decreases in outpatient and inpatient interactions.
- In 2016, 22 percent[16] of blacks in the U.S. were living in poverty, compared to 9 percent of whites.
- In 2015, 22 percent of blacks had a bachelor's degree or higher[17], compared to more than one-third of whites; during the 2012-2013 school year, research estimates a national high school graduation rate of 59 percent for young black men.[18] Black Americans also face a higher rate of housing instability[19] and food insecurity.[20]

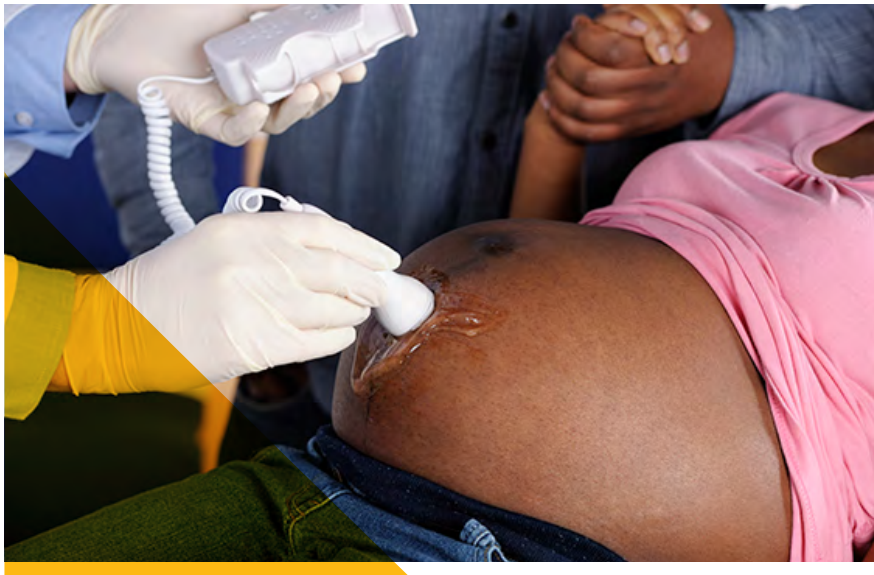
These statistics illustrate just how entrenched racial health and social disparities are in the U.S. and the formidable challenges ahead in narrowing those disparities. It's also important to note that such disparities come at great financial cost to society at-large: From 2006 to 2009, more than $24 billion in direct medical expenditures for black men in America were excess costs attributed to health disparities.[21] This data and much more should serve as a call to action to take every opportunity available to help close health and access gaps among black men.

III. LEVERAGING PRENATAL CARE SETTINGS AS AVENUES FOR IMPROVING BLACK MEN'S HEALTH

"Men's health is a vital but neglected component of community health. A tetrad approach is necessary to optimize public health outcomes, including children's health, women's health, men's health, and minority health as coequal partners. Addressing the health needs of males would very likely lead to overall improved health outcomes for communities and nations." — Jean Bonhomme, MD, MPH, founder, National Black Men's Health Network

Black men's health is connected to the health of families and children and can play a role in reducing racial disparities in pregnancy outcomes and infant mortality. Thus, using innovative, clinical-based and community-based interventions that actively engage black men during their and their partners' preconception, prenatal and postnatal care would not only help address disparities affecting black men, but ideally result in numerous co-benefits for women and children.

Already, the Commission on Paternal Involvement in Pregnancy Outcomes[22] — a transdisciplinary working group of researchers, clinicians and public health professionals — has issued a report calling for increasing the involvement of men and expectant fathers in family planning, preconception and reproductive health as a way to reduce disparities in pregnancy outcomes. The American College of Obstetricians and Gynecologists also recommends[23] that partners attend prenatal care appointments as a means of showing health-positive support for their pregnant partners.



The commission's report acknowledges that while there is substantial research into the influence of fathers on child health development, there is much less on the

impact of paternal involvement on adverse pregnancy outcomes, such as low birth weight or infant mortality. However, research that does exist suggests that paternal engagement is a positive factor in maternal health, such as encouraging[24] women to adopt healthy behaviors during pregnancy and even reducing disparities[25] in infant mortality. Some limited data also show that paternal involvement can help moderate psychosocial stresses on pregnant women. Global health research[26] has also shown maternal health benefits from paternal participation, support and shared decision-making.

In addition, men seem to be particularly open to recommendations and advice regarding health when they are expectant fathers. The commission reported that the "perinatal period has been long recognized as the 'golden opportunity moment' for intervention with fathers," as it's typically a period in which fathers are both physically and emotionally available as well as more receptive to health messaging. Innovative strategies may leverage this key point in time — impending fatherhood — when the male partners of patients' may be more keenly aware and concerned about their own health needs.

Ideally, such efforts to reduce disparities among black men should also be developed and implemented through a health equity lens, which requires acknowledging the systemic and institutional barriers that people of color and other marginalized populations face in accessing quality health care and sustaining good health in the community. This calls on providers to familiarize themselves with the social and economic conditions impacting their patients and to reflect on their own role in perpetuating biases that contribute to disparities. For example, in a recent study[27] on provider bias, researchers examined the effects of the Privilege and Responsibility Curricular Exercise, a tool to "encourage health care workers to leverage their advantages to reduce health care inequities, moving them toward the realm of cultural humility, a state of openness toward understanding and respecting important aspects of other people's cultural identities." Researchers found the tool engaged providers in a "self-discovery" exercise that increased awareness of their own social privilege and helped them recognize "that everyday activities might be more difficult for others." In fact, being purposefully inclusive of black men's health in the context of its importance to family and newborn health may be particularly helpful in rebuilding the patient-provider trust lost to historical and current injustices.

With all this in mind, some strategies to be considered for leveraging prenatal and postpartum care settings to improve health disparities among black men include:

- Utilize community health workers to help patients and their partners navigate the health system: Many primary care and community health settings already embed community health workers into their practices, where they help patients navigate health systems and access supportive and social services that enable patients to stay healthy outside the doctor's office. CHWs typically come from the communities they serve and often share many of the same lived experiences as their clients. Research[28] increasingly acknowledges

partnering with CHWs as a promising strategy to advance health equity and increase cultural competency within health care systems.

- Become a source of men's health information: Knowing that men may be more open to health messaging during their partners' pregnancies, women's health, prenatal and postpartum care settings can also become sources of men's health information. Among the wealth of brochures and tip sheets given to pregnant patients and new mothers, practitioners could also offer health tips for expectant and new fathers. That information can range from standard information on the importance of preventive men's health screenings, regular physical activity, and healthy diets to more personalized information based on patient-provider conversations, such as information on tobacco cessation resources and behavioral health supports. Providers of clinical and community-based care for women can become active and vocal participants in Men's Health Month (menshealthmonth.org) every June — an opportunity to illustrate the interdependent nature of family health.
- Facilitate access to health insurance: The research is clear[29] — having health insurance protects people's physical, mental and financial health. Furthermore, research shows[30] that the access to insurance through the Affordable Care Act has significantly reduced racial and ethnic disparities in health care access. Gaining insurance coverage is also a first step in securing a patient-centered medical home, which research shows[31] is a promising method for improving outcomes and lowering costs. Providers of prenatal and postpartum care can partner with insurance and marketplace navigators to organize, host and promote insurance enrollment via the private marketplace and Medicaid. Such efforts could also be successful at reaching male partners, who face a greater risk[32] of being uninsured than the national average. Furthermore, insurance enrollment events can include information on public programs and community resources that impact the social determinants of health, such as food assistance and job training. These kinds of events not only have a direct impact on patients and their partners, they can also position practitioners as a trusted source of community information and a genuine partner in improving community health.
- Embed men's health in home-visiting programs and clinical public health programs: Public health maternal and child health home-visiting programs have a unique opportunity to reach at-risk black men where they're at. The federal Maternal, Infant and Early Childhood Home Visiting Program already has a successful track record, requiring grantees to show improvement across four of six benchmarks: maternal and newborn health; child injuries, abuse and neglect; school readiness; crime or domestic violence; family economic self-

sufficiency; and coordination and referral to other community resources. While many such home-visiting efforts certainly engage expectant and new fathers, a more formalized programmatic recognition of the role of men's health in family/child health could help drive momentum toward closing black men's health disparities.

IV. CONCLUSION

"People can dance all they want around this, but at the end of the day, if you're serious about being effective in eliminating health disparities, then you have to understand the root causes of health disparities. The root causes of health disparities are power differentials that are rooted in present and past practices, as well as the legacy of those past practices." — Anthony Iton, MD, JD, MPH, Senior Vice President of Healthy Communities, The California Endowment

Eliminating health disparities among black men will require long-term, collaborative and community-driven efforts. It is incumbent on both medical and public health practitioners to identify and leverage existing openings for reaching men, engage them in discussions about their own health, and ultimately connect them with timely access to medical care and preventive services. The transition to fatherhood may be an optimal time for reaching men as their partners will likely have multiple interactions with a health care professional. Innovative, clinical-based and community-based interventions designed to improve preconception and pregnancy-related care could be a link to assist in closing health disparities among black men. With health equity always in frame, we should explore all avenues for reaching black men and widening the welcome mat into the health care system. Ultimately, understanding that men's health is family health will help us identify pivotal life-course factors and trajectories among boys of color as they grow into adulthood and fatherhood.

References

[1] HIV Among African Americans. Centers for Disease Control and Prevention, February 2017. https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-hiv-aa-508.pdf

[2] Race, Ethnicity & Health care: The Health Status of African American Men in the United States. Kaiser Family Foundation. April 2007. https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7630.pdf

[3] Tracking Trends in Health System Performance. Commonwealth Fund, August 2016. http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2016/aug/1894_collins_who_are_remaining_uninsured_tb_rev.pdf

[4] Who Gained Health Insurance Coverage Under the ACA and Where Do They Live? Urban Institute, December 2016. https://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf

[5] Obamacare Reduces Racial Disparities in Health Coverage. Center for Global Policy Solutions, 2015. https://globalpolicysolutions.org/wp-content/uploads/2015/12/ACA-and-Racial-Disparities.pdf

[6] Key Facts about the Uninsured Population. Kaiser Family Foundation, Sept. 19, 2017. https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/

[7] Implicit bias in healthcare professionals: A systemic review. BMC Medical Ethics, March 2017. https://doi.org/10.1186/s12910-017-0179-8

[8] Health, United States, 2016. National Center for Health Statistics, Centers for Disease Control and Prevention, 2016. https://www.cdc.gov/nchs/data/hus/2016/015.pdf

[9] Health Disparities in Boys and Men. American Journal of Public Health, May 2012. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3477916/

[10] Health Disparities in Boys and Men. American Journal of Public Health, May 2012. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3477916/

[11] HIV Among African Americans. Centers for Disease Control and Prevention, February 2017. https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-hiv-aa-508.pdf

[12] Cancer Facts and Figures for African Americans, 2016-2018. American Cancer Society, 2016. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2016-2018.pdf

[13] Health, United States, 2016. National Center for Health Statistics, Centers for Disease Control and Prevention, 2016. https://www.cdc.gov/nchs/data/hus/hus16.pdf#062

[14] Access to Health Care of Adult Men and Women, Ages 18–64, 2012. Statistical Brief #461. Agency for Healthcare Research and Quality, November 2014. http://www.meps.ahrq.gov/mepsweb/data_files/publications/st461/st461.shtml

[15] Tuskegee and the Health of Black Men. National Bureau of Economic Research Working Paper Series, June 2016. http://www.nber.org/papers/w22323.pdf

[16] State Health Fact, Poverty Rate by Race/Ethnicity 2016. Kaiser Family Foundation. https://www.kff.org/other/state-indicator/poverty-rate-by-raceethnicity/?currentTimeframe=0&selectedDistributions=black&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[17] Educational Attainment in the United States: 2015. U.S. Census Bureau, March 2016. https://www.census.gov/content/dam/Census/library/publications/2016/demo/p20-578.pdf

[18] Schott 50 State Report on Public Education and Black Males. Schott Foundation for Public Education. http://blackboysreport.org/national-summary/#

[19] Unaffordable America: Poverty, housing and eviction. University of Wisconsin-Madison Institute for Research on Poverty, March 2015. https://www.irp.wisc.edu/publications/fastfocus/pdfs/FF22-2015.pdf

[20] Food Security Status for U.S. Households in 2016. U.S. Department of Agriculture Economic Research Service. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx

[21] Economic Burden of Men's Health Disparities in the United States. International Journal of Men's Health, Fall 2013. http://www.mensstudies.info/OJS/index.php/IJMH/article/view/655/pdf_186

[22] Commission Outlook: Best and Promising Practices for Improving Research, Policy and Practice on Paternal Involvement in Pregnancy Outcomes. Commission on Paternal Involvement in Pregnancy Outcomes, May 2010. http://jointcenter.org/research/commission-paternal-involvement-pregnancy-outcomes-cpipo-presents-best-and-promising

[23] A Partner's Guide to Pregnancy. American College of Obstetricians and Gynecologists, May 2016. https://www.acog.org/Patients/FAQs/A-Partners-Guide-to-Pregnancy

[24] Father involvement, child health and maternal health behavior. Julien Teitler, Columbia University, July 2000. https://sites.hks.harvard.edu/urbanpoverty/Urban%20Seminars/May1999/tietler.pdf

[25] Assessing the Impact of Paternal Involvement on Racial/Ethnic Disparities in Infant Mortality Rates. Journal of Community Health, February 2011. https://doi.org/10.1007/s10900-010-9280-3

[26] Male involvement and maternal health outcomes: Systematic review and meta-analysis. Journal Epidemiology and Community Health, February 2015. http://jech.bmj.com/content/69/6/604

[27] Recognizing Privilege and Bias: An Interactive Exercise to Expand Health Care Providers' Personal Awareness. Academic Medicine, March 2017. https://www.ncbi.nlm.nih.gov/pubmed/27355785

[28] Addressing Chronic Disease Through Community Health Workers: A Policy and Systems-Level Approach. National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, April 2015. https://www.cdc.gov/dhdsp/docs/chw_brief.pdf

[29] Health Insurance Coverage and Health: What the Recent Evidence Tells Us. New England Journal of Medicine, August 2017. http://www.nejm.org/doi/full/10.1056/NEJMsb1706645#t=article

[30] Racial and Ethnic Disparities in Health Care Access and Utilization Under the Affordable Care Act. Medical Care, February 2016. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4711386/

[31] The Patient-Centered Medical Home's Impact on Cost and Quality. Patient-Center Primary Care Collaborative, February 2016. https://www.pcpcc.org/resource/patient-centered-medical-homes-impact-cost-and-quality-2014-2015

[32] Characteristics of Remaining Uninsured Men and Potential Strategies to Reach and Enroll Them in Health Coverage. Kaiser Family Foundation, April 2016. https://www.kff.org/uninsured/issue-brief/characteristics-of-remaining-uninsured-men-and-potential-strategies-to-reach-and-enroll-them-in-health-coverage/

Acknowledgments

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This brief was supported by Centers for Disease Control and Prevention Grant 5NU38OT000131-5w

The contents of this brief are the sole responsibility of the author and APHA and do not necessarily represent the views of those interviewed, of reviewers, or of the CDC.

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