

Promoting Black Men's Health and Well-Being

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Society for Health Psychology

Presidential Research Webinar Series

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Goals



- Discuss the significance of the Heckler Report
- Reflect on the progress we have made since the report was released
- Argue that men's health should be an explicit focus of health equity research in the next 40 years

“The Task Force on Black and Minority Health was thus **conceived in response to a national paradox** of phenomenal scientific achievement and ***steady improvement in overall health status, while at the same time, persistent, significant health inequities exist for minority Americans.***”



Volume I:
Executive Summary

Report of the
Secretary's Task
Force on

Black & Minority Health

Margaret M. Heckler
Secretary

U.S. Department of Health and
Human Services

“Although tremendous strides have been made in improving the health and longevity of the American people, **statistical trends show a persistent, distressing disparity in key health indicators among certain subgroups of the population.**”



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Black & Minority Health

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Human Services

“The Task Force on Black and Minority Health was a unique and historic... this was the **first time that representatives of these programs [across DHHS] were joined in a common effort to carry out a comprehensive and coordinated study to investigate the longstanding disparity in the health status of Blacks, Hispanics , Asian/Pacific Islanders, and Native Americans compared to the nonminority population.**”



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“In analyzing mortality data from 1979 to 1981, the Task Force identified **six causes of death that together account for more than 80 percent of the mortality** observed among Blacks and other minority groups **in excess of that in the White population.** Although the ranking of health problems according to excess deaths differs for each minority population, **the six health problems became priority issue areas for Task Force study.**”



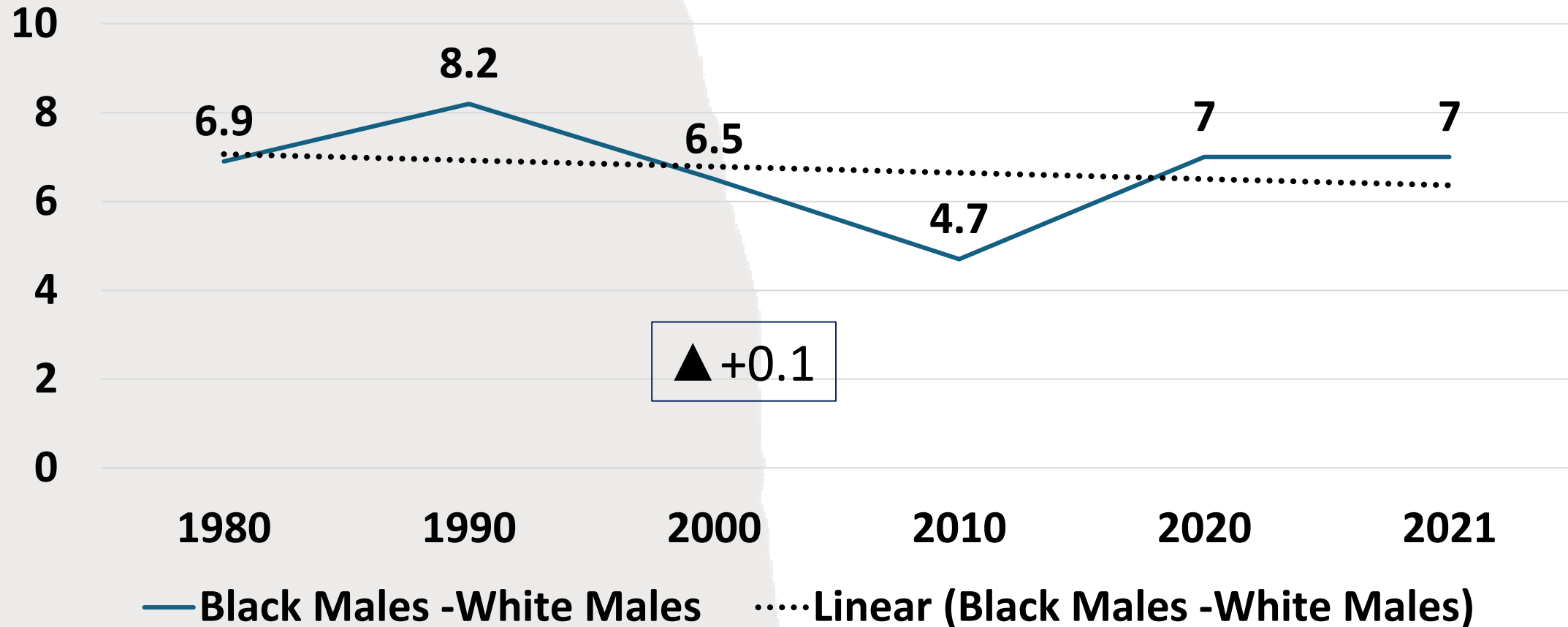
Table 1
**Average Annual Total and Excess Deaths in Blacks
 Selected Causes of Mortality,
 United States, 1979-1981**

Causes of Excess Death	Excess Deaths Males and Females Cumulative to Age 45		Excess Deaths Males and Females Cumulative to Age 70	
	Number	Percent	Number	Percent
Heart Disease and Stroke	3,312	14.4	18,181	30.8
Homicide and Accidents	8,041	35.1	10,909	18.5
Cancer	874	3.8	8,118	13.8
Infant Mortality	6,178	26.9	6,178	10.5
Cirrhosis	1,121	4.9	2,154	3.7
Diabetes	223	1.0	1,850	3.1
Subtotal	19,749	86.1	47,390	80.4
All Other Causes	3,187	13.9	11,552	19.6
Total Excess Deaths	22,936	100.0	58,942	100.0
Total Deaths, All Causes	48,323		138,635	
Ratio of Excess Deaths to Total Deaths	47.4%		42.5%	
Percent Contribution of Six Causes to Excess Death	86.1%		80.4%	

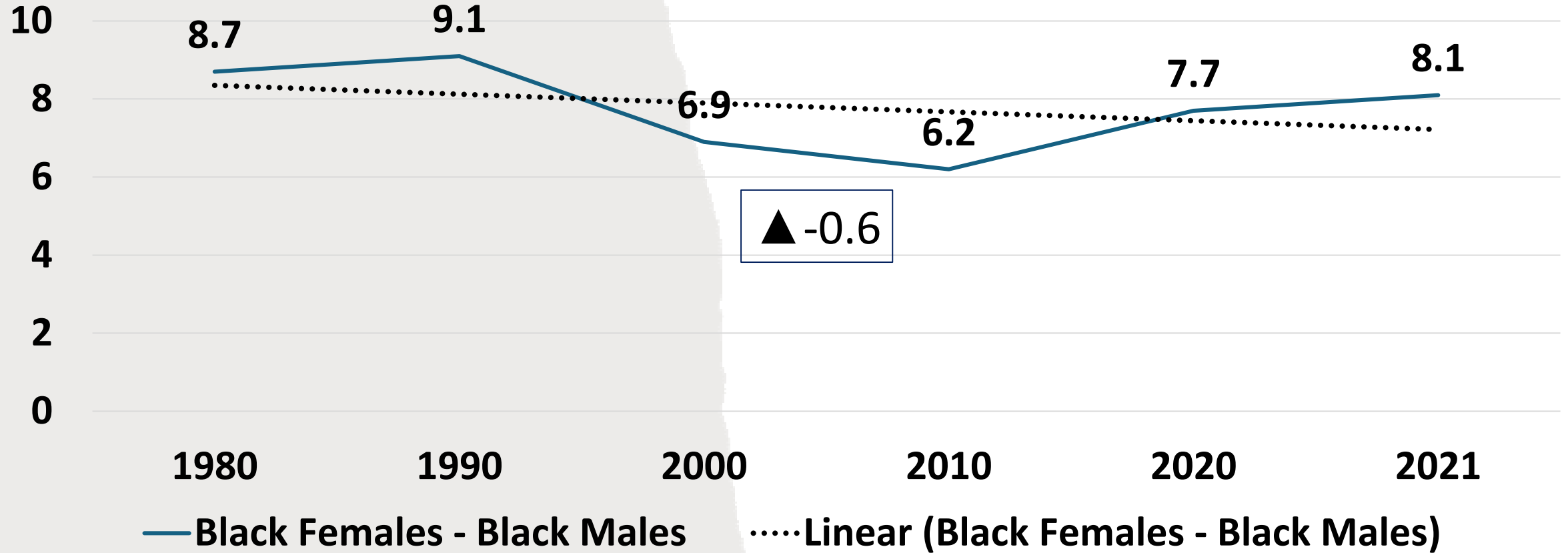
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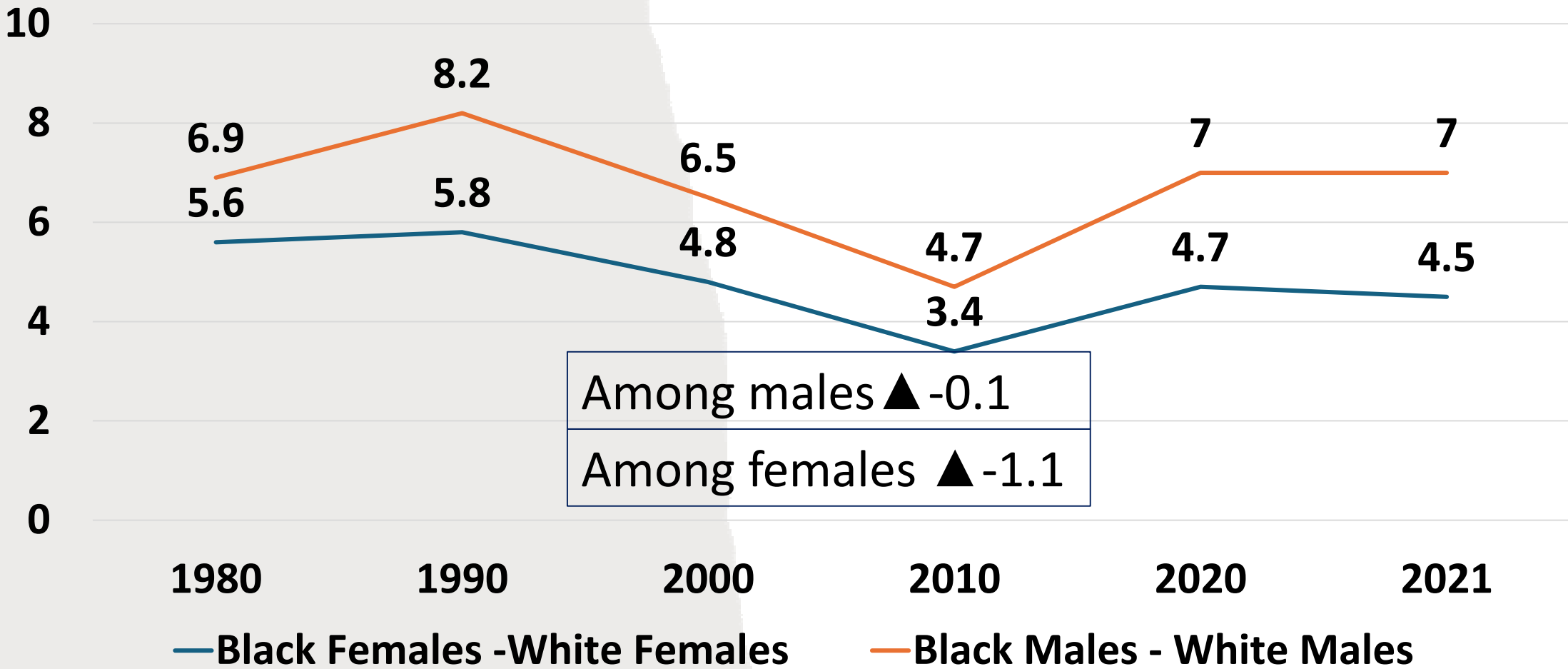
Racial Difference in Life Expectancy at Birth among Males (between Black Males and White Males), 1980-2021



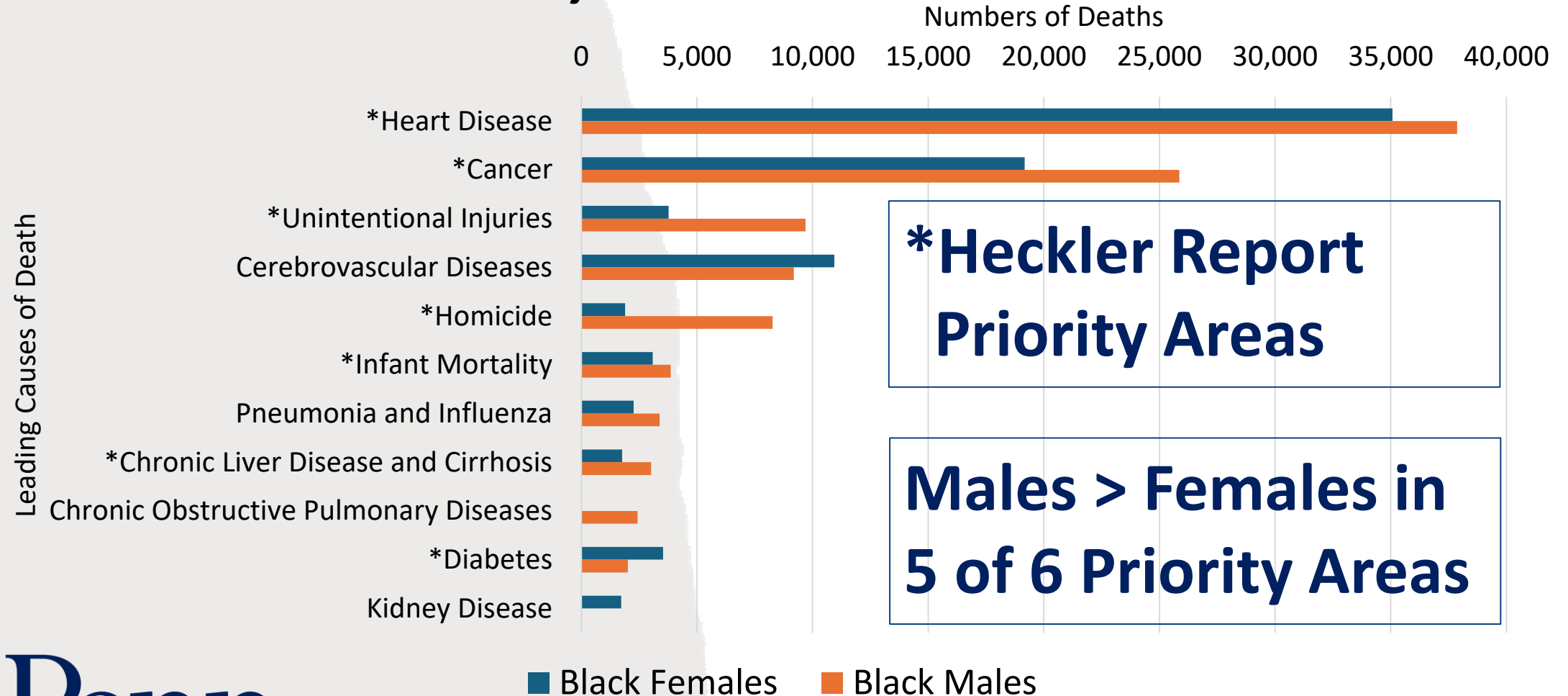
Sex Difference in Life Expectancy at Birth among Black Americans (between Black Females and Black Males), 1980-2021



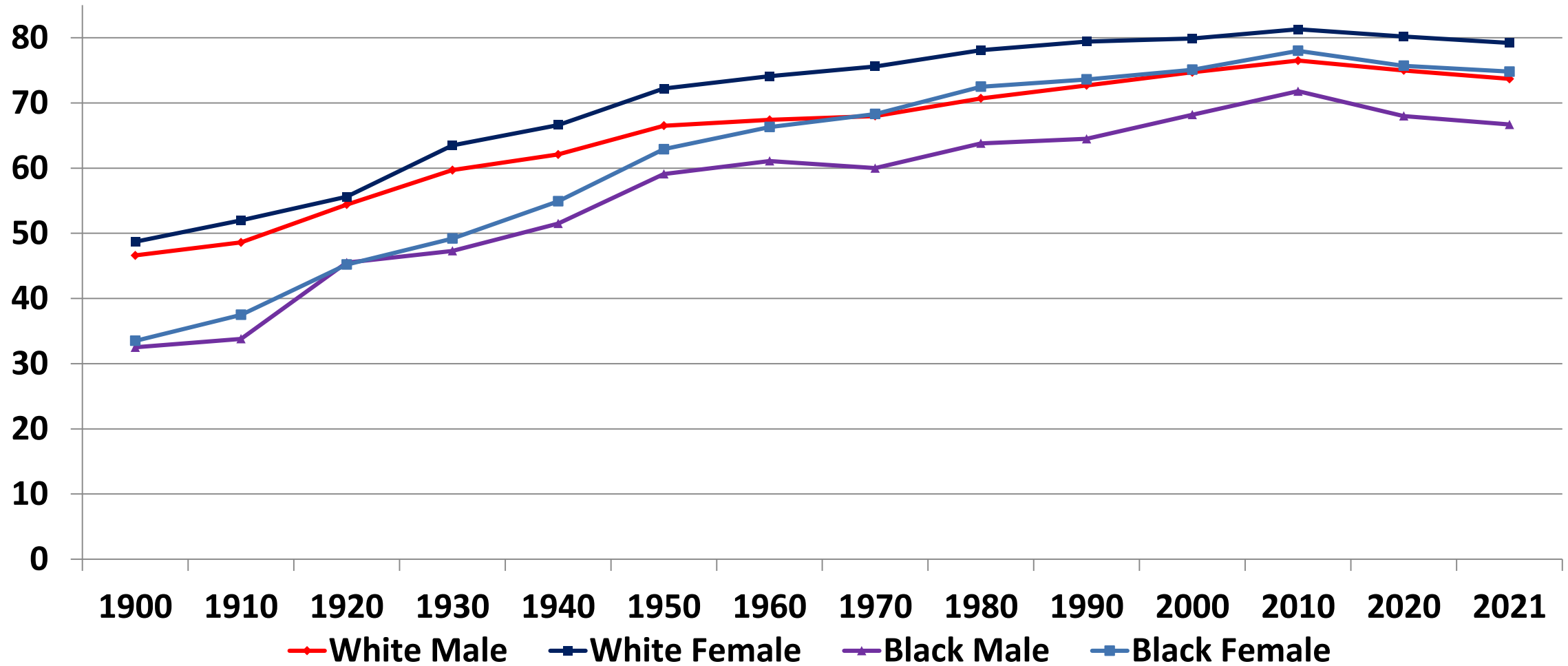
Black-White Racial Difference in Life Expectancy at Birth by Sex, 1980-2021



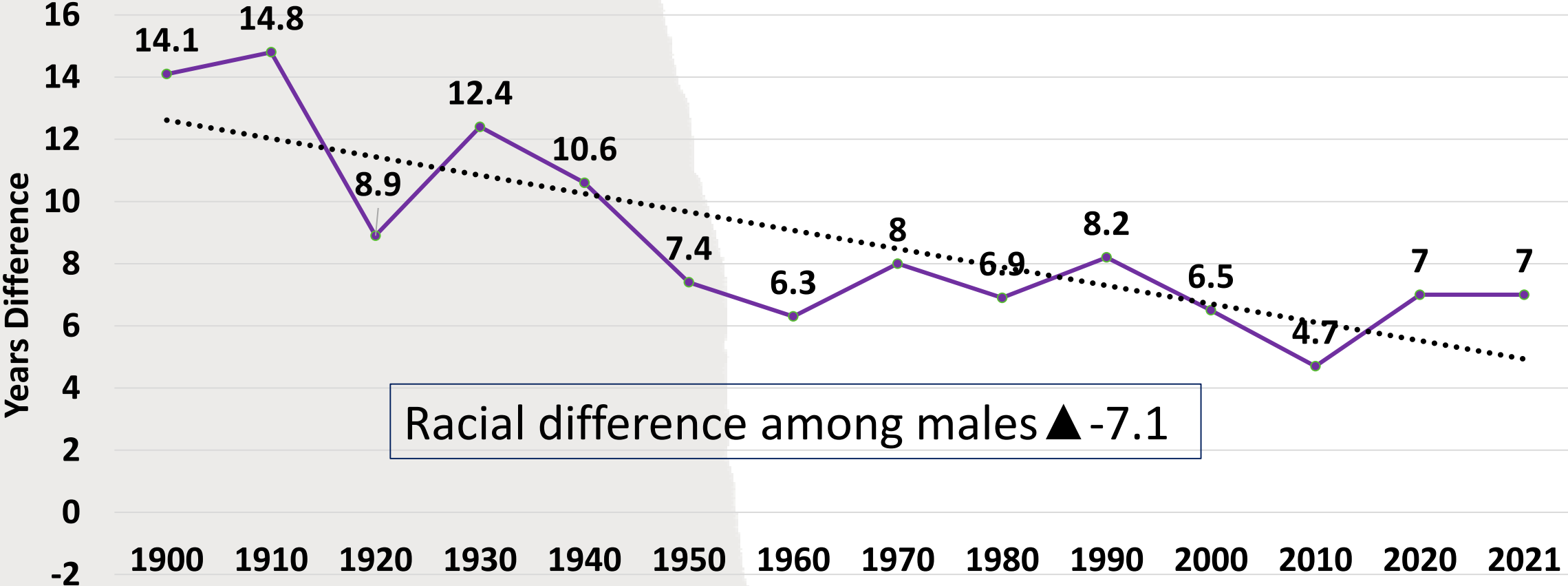
10 Leading Causes of Death by Sex among Black Americans, 1980



Life Expectancy at Birth by Race and Sex, 1900-2021



Racial Difference in Life Expectancy at Birth between Black Males and White Males, 1900-2021



(Griffith, 2024)

Sex Difference in Life Expectancy at Birth between Black Females and Black Males, 1900-2021

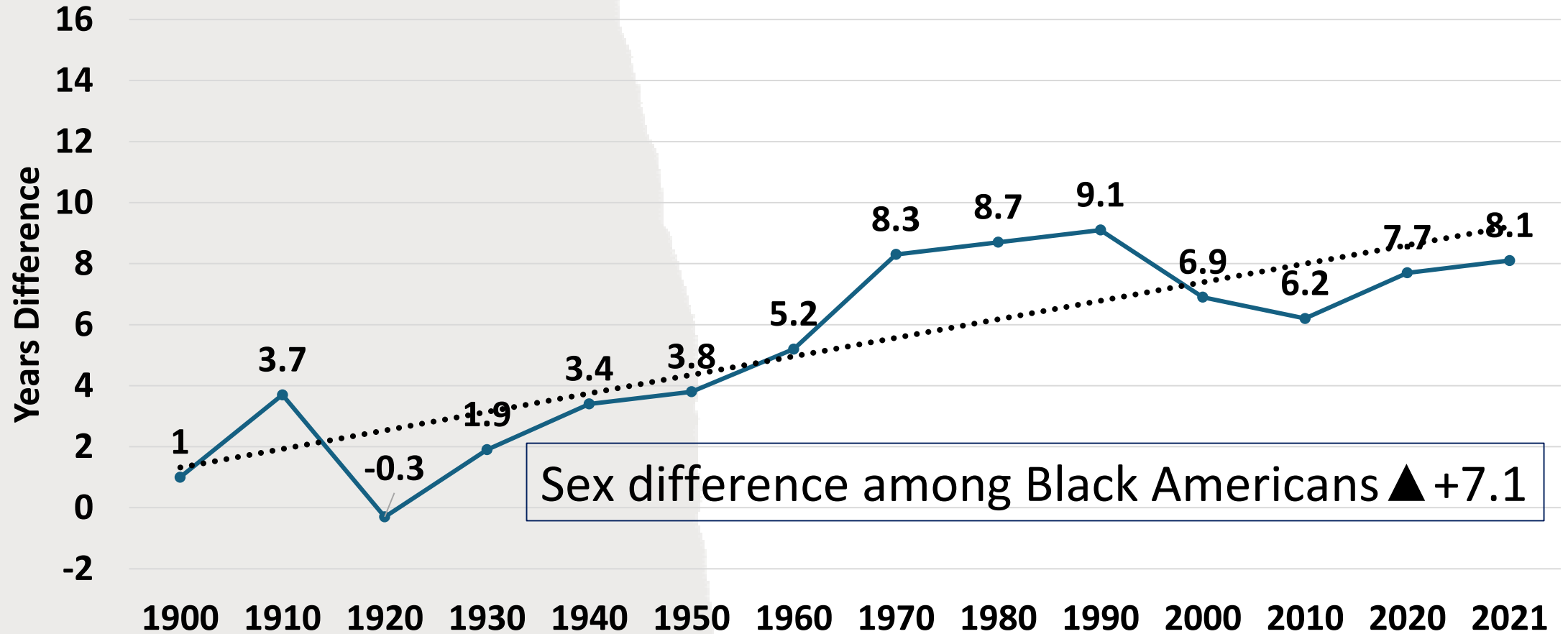


Figure 1. Changes in Female Life Expectancy in the US and 21 Other High-Income Countries Between 2019 and 2020

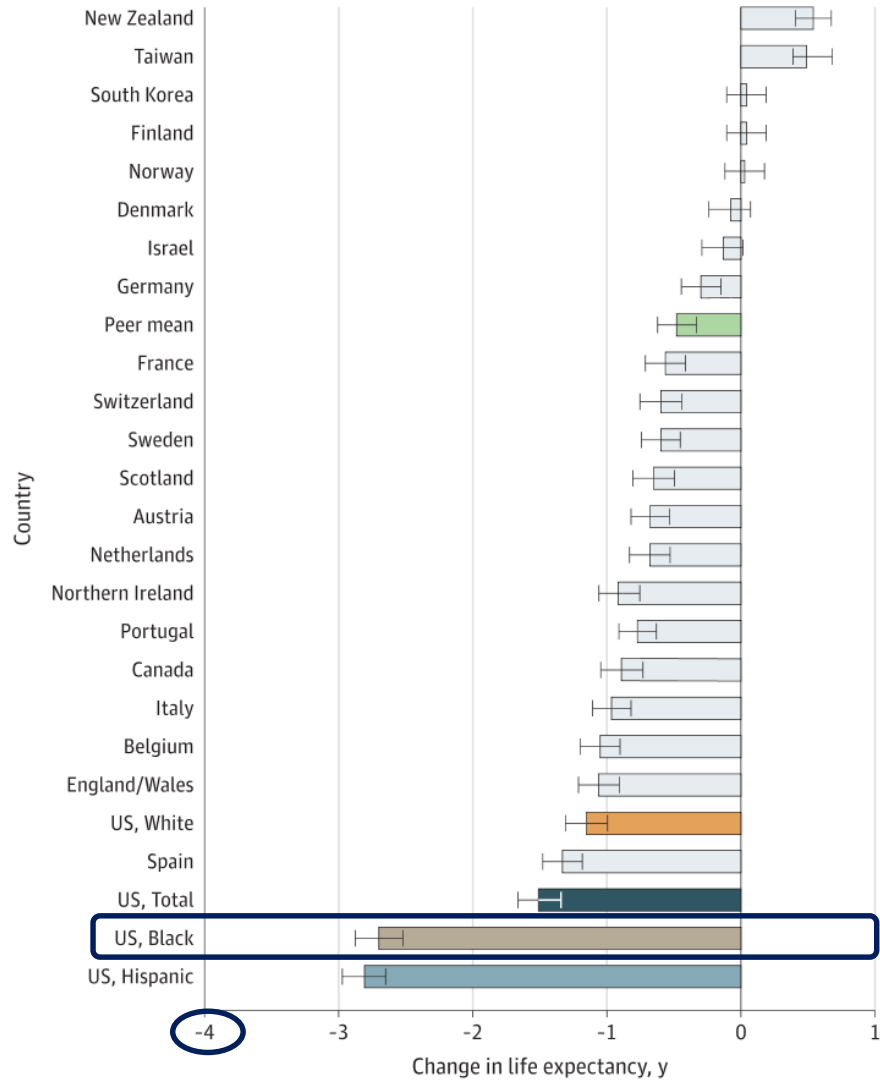


Figure 2. Changes in Male Life Expectancy in the US and 21 Other High-Income Countries Between 2019 and 2020



(Woolf, Masters, & Aron, 2022)

Wait! To date, all health has been men's health. Why do you think we need to dedicate attention to men's health again?

We all know men engage in numerous unhealthy behaviors. If men would just stop doing unhealthy things, that would solve the problem, right?



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimedWorkshop summary: National Institutes of Health (NIH) 2022 scientific workshop on gender and health[☆]

Elizabeth Barr^{a,*}, Pablo F. Belaunzarán-Zamudio^b, Janine Austin Clayton^a, Melissa S. Gerald^c, Gregory L. Greenwood^d, Keisher Highsmith^e, Beth K. Jaworski^f, Amelia Karraker^c, Sarah Kobrin^g, Marrah Lachowicz-Scroggins^h, Christine Maric-Bilkanⁱ, Ronna Popkin^j, Erik Roodzant^{k,1}, Cheryse A. Sankar^m, Theresa E. Senn^d, Rona Siskindⁿ, Sarah M. Temkin^a

“Paradoxically, while **health systems [biomedical research]** and structures have generally prioritized males as a biological norm, they have *not focused on men as socially embodied individuals who are influenced and constrained by larger gender systems.*”



Gender, power, and health: Modifiable factors and opportunities for intervention[☆]

Anita Raj^a, Elizabeth Barr^{b,*}, Derek M. Griffith^c

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“inattention to gender in federal policy and the lack of federal infrastructure that explicitly considers men’s health undermines collective efforts to improve population health and well-being, and [to achieve] health equity.”



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“It has become clear to me that *the problems of boys and men are structural in nature, rather than individual; but rarely treated as such.* The problem with men is typically treated as the problem of men. It is men who must be fixed, one man or boy at a time.”

(Reeves, 2022, p. xi)



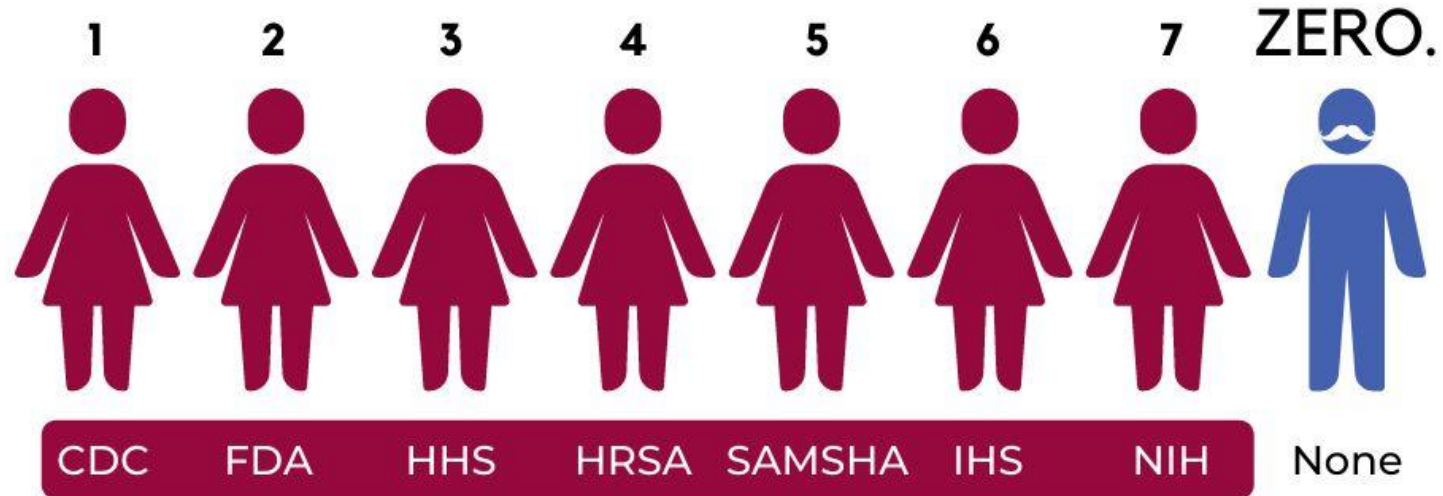
OF BOYS AND MEN

WHY THE MODERN MALE
IS STRUGGLING, WHY IT MATTERS,
AND WHAT TO DO ABOUT IT

Richard V. Reeves
AUTHOR OF *DREAM HOARDERS*

NATIONAL OFFICES OF WOMEN'S HEALTH

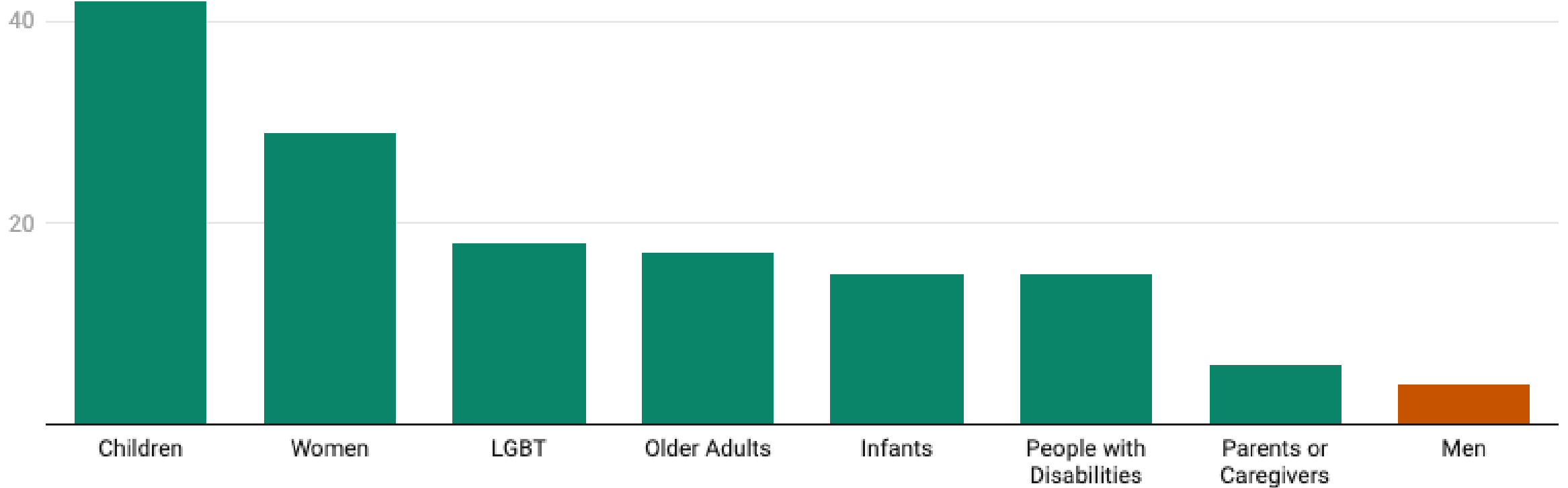
NATIONAL OFFICES OF MEN'S HEALTH



WE NEED AN #OFFICEOFMENSHEALTH
WE NEED TO #PASSMENSHEALTH

MHN
Men's Health Network
www.menshealthnetwork.org

Healthy People 2030 goals by demographic group




Health objectives attributed to population groups according to Healthy People 2030 classifications. Developmental and Research objectives not included in count.

Source: [Healthy People 2030 - Get the data](#)

(<https://ofboysandmen.substack.com/p/can-we-get-mens-health-onto-the-agenda>)

Healthy Men 2030: Setting Men's Health Goals as a Tool to Improve the Nation's Health and Achieve Health Equity

Health Education & Behavior
2021, Vol. 48(4) 393–396
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DOI: 10.1177/10901981211025465
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“Of the 355 total objectives in Healthy People 2030, there are **30 objectives** that **explicitly mention women, females, or maternal health**, but **only four objectives** that **specifically mention males or men**: one regarding *prostate cancer*, one regarding *family planning*, and two regarding *sexually transmitted infections*. Thus, with the exception of prostate cancer, **none of the four objectives presented in Healthy People 2030 align with the five leading causes of death for men.**”

(Semlow, et al., 2021)

GLOBAL ACTION ON MEN'S HEALTH

GONE MISSING...

The Treatment of Men in Global Cancer Policy

Natalie Leon and Christopher Colvin

A report from Global Action on Men's Health

GLOBAL ACTION ON MEN'S HEALTH

ABSENT-MINDED

The treatment of men in global mental health policy

Natalie H Leon and Christopher J Colvin

A report from Global Action on Men's Health

GLOBAL ACTION ON MEN'S HEALTH

OUT OF FOCUS

The representation of men in regional and global sexual and reproductive health policy

Dr Tim Shand and Conor Evoy

A report from Global Action on Men's Health

“...policies that have sought to employ gender sensitive or gender mainstreaming approaches have rarely included men”.

Gender mainstreaming assumes that gender is the most significant determinant of health rather than one that is co-constituted with other factors.



Gender health equity: The case for including men's health[☆]

Derek M. Griffith ^{a, b, c, d, *}

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^b Racial Justice Institute, Georgetown University, Washington, DC, USA

^c Department of Health Management and Policy, School of Health, Georgetown University, Washington, DC, USA

^d Global Action on Men's Health, United Kingdom

ARTICLE INFO

Handling Editor: Susan J. Elliott

ABSTRACT

United States' federal policy and infrastructure fail to explicitly consider the health of men, particularly the poor health of marginalized men. This inattention to men's health hinders the nation's ability to improve population health, to achieve gender health equity, and to achieve health equity more broadly. Expanding efforts to consider gender in federal policy and infrastructure to include men, naming men as a population whose poor health warrants policy attention, creating offices of men's health in federal agencies, and utilizing an intersectional lens to develop and analyze policies that affect health would likely yield critical improvements in population health and health equity in the United States. Using data from the Centers for Disease Control and Prevention, I illustrate the persistence of sex differences in mortality and leading causes of death, and how these patterns mask gender gaps in health that are driven largely by marginalized men. Given the common practice of presenting data by sex and race separately, it is difficult to recognize when the health of specific groups of men warrants attention. I utilize the case of Black men to illustrate the importance of an intersectional approach, and why men's health is critical to achieving gender and racial equity in health. While a gender mainstreaming approach has enhanced the nation's ability to consider and address the health of women and girls, it has not expanded to be inclusive of boys and men. Consequently, I argue that if our goal is to achieve health equity, it is critical to employ an intersectional approach that simultaneously considers the full range of factors that influence individual and population health and well-being. An intersectional approach would facilitate efforts to simultaneously explore strategies to achieve racial, ethnic, and gender health equity, which are driven by structural determinants beyond sex and gender related factors.

Goals



- Discuss the significance of the Heckler Report
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- Argue that men's health should be an explicit focus of health equity research in the next 40 years

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YOU SEE.

HENRY DAVID THOREAU

“...if men’s health is not an appropriate health equity issue, nor is it one that is addressed in the context of gender, how is men’s poor health to be addressed?”



Gender health equity: The case for including men’s health[☆]

Derek M. Griffith^{a,b,c,d,*}

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Losing the men in our lives to poor health



By Tara Parker-Pope

April 20, 2023 at 7:31 p.m. EDT



(Abbey Lossing for The Washington Post)

Listen 4 min Comment 27 Gift Article Share

“It’s startling how many people are offended by the idea that men are suffering. Others say the longevity gap is simply due to biology — and we should just accept it. But I think we can do more.”

- Tara Parker-Pope

(<https://www.washingtonpost.com/wellness/2023/04/20/newsletter-mens-health/>)



The first step toward creating an improved future is developing the ability to envision it.

Tony Dungy

That's all Folks!

