

From Chronic Disease to “Justifiable” Homicides:

The Context of Visible and Invisible Trends in Black Male Health

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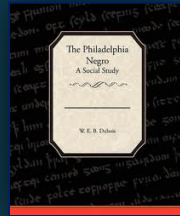
SAINT LOUIS UNIVERSITY
—
COLLEGE FOR PUBLIC HEALTH
AND SOCIAL JUSTICE

Overview

- Why Black Male Health is Important
- Different Models for Understanding Inequities in Men's Health
- Understanding the Fundamental Causes of Health
- The Role of Chronic and Emerging Causes of Death for Black Males



HEALTH DISPARITIES TIMELINE 1899-2020



**The Philadelphia Negro
1899**



**Black and Minority Health "Heckler Report"
1985**



**CDC Office of Minority Health
1988**



**Racial and Ethnic Approaches to Community Health (REACH)
1999**

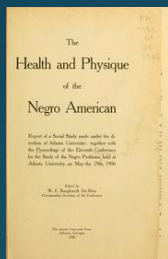
**The Unequal Burden of Cancer: An Assessment of NIH Research and Programs for Ethnic Minorities and the Medically Underserved
1999**



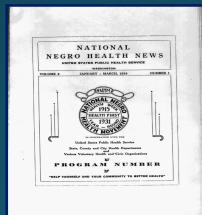
**Healthy People 2010
2010**



**The Health and Physique of the Negro American
1906**



**National Negro Health Movement
1915-1951**



**Office of Minority Health
1986**



**Office of Minority Programs at NIH
1990**



**Healthy People 2000
2000**



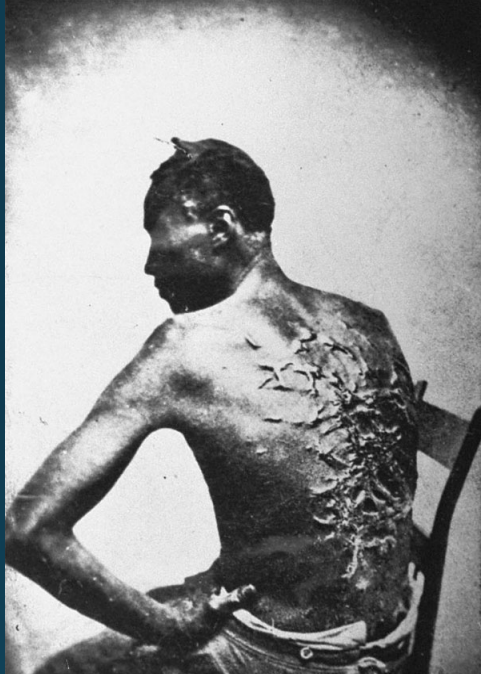
**Unequal Treatment: Confronting Racial & Ethnic Disparities in Health Care
2002**



**Healthy People 2020
2020**




Salience of history...& Narrative Framing



WANTED

By the
Manning Police Department



This person is WANTED for Robbery and Attempted Murder, which occurred on August 22, 2008 at the City Laundry and Cleaners on Mill Street in Manning, South Carolina. The suspect is described as a black male in his 30s, medium to dark complexion, approximately 5'11, stocky build with a goatee. Suspect was wearing a black stocking Do-Rag. The suspect was also driving a light green newer model Mitsubishi. The Mitsubishi was possibly a Galant. The suspect is considered armed and dangerous.

Any information on this suspect, please contact:
Major Blair Shaffer
Manning Police Department
(803) 435-8859 - office
(803) 934-6480 - cell
Or
CrimeStoppers
1-888-CRIME-SC



SALIENCE OF HISTORY...& NARRATIVE FRAMING



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Visible and Invisible Trends in Black Men's Health: Pitfalls and Promises for Addressing Racial, Ethnic, and Gender Inequities in Health

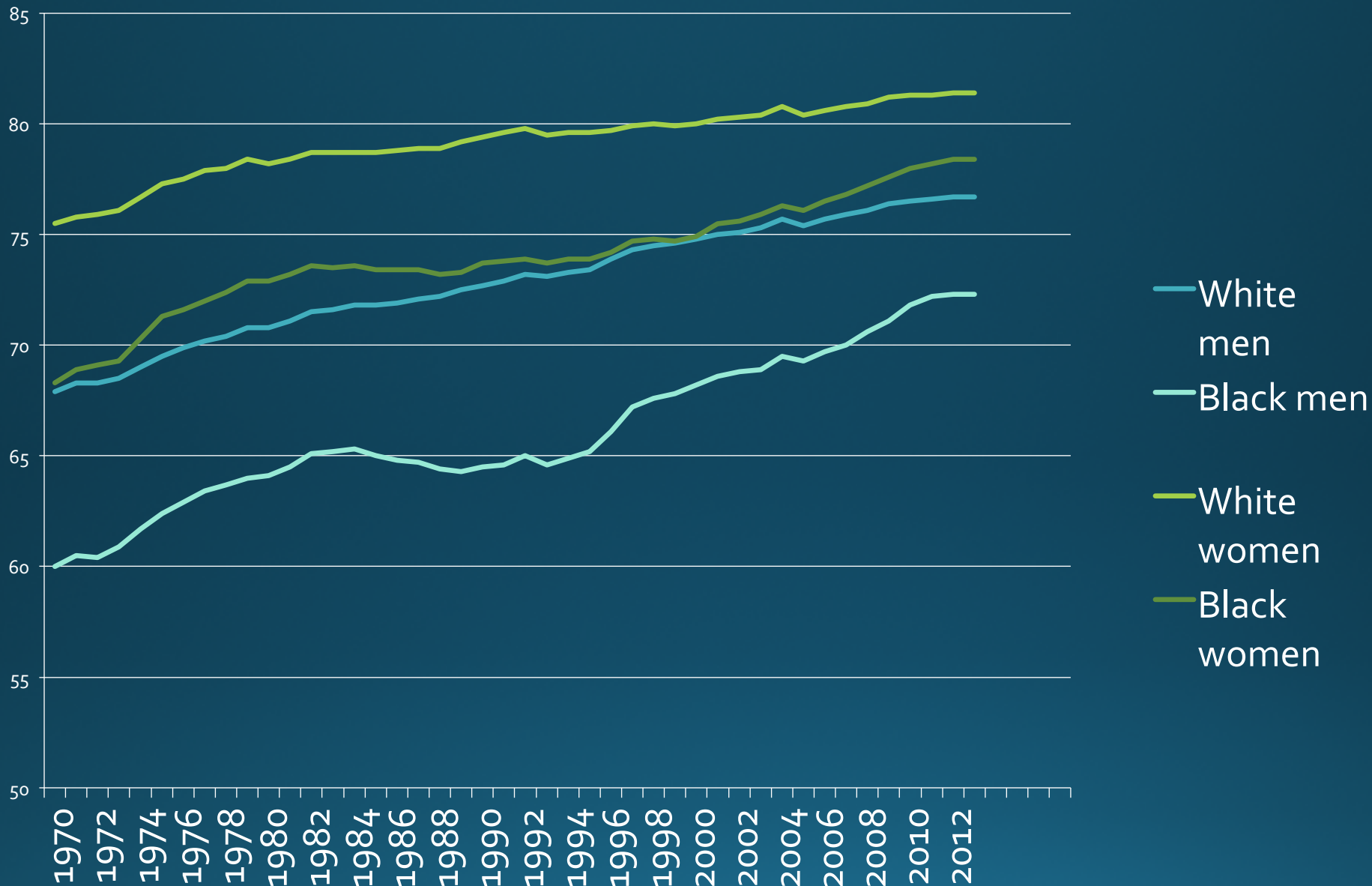
Annual Review of Public Health

Vol. 37:295-311 (Volume publication date March 2016)

<https://doi.org/10.1146/annurev-publhealth-032315-021556>

Keon L. Gilbert,¹ Rashawn Ray,³ Arjumand Siddiqi,^{4,5,6} Shivan Shetty,¹ Elizabeth A. Baker,¹ Keith Elder,² and Derek M. Griffith^{7,8}

- Examine trends in black men's health
- Identify gaps in research and interventions
- Contextualize experiences of black men within historical, social, economic, and political structures

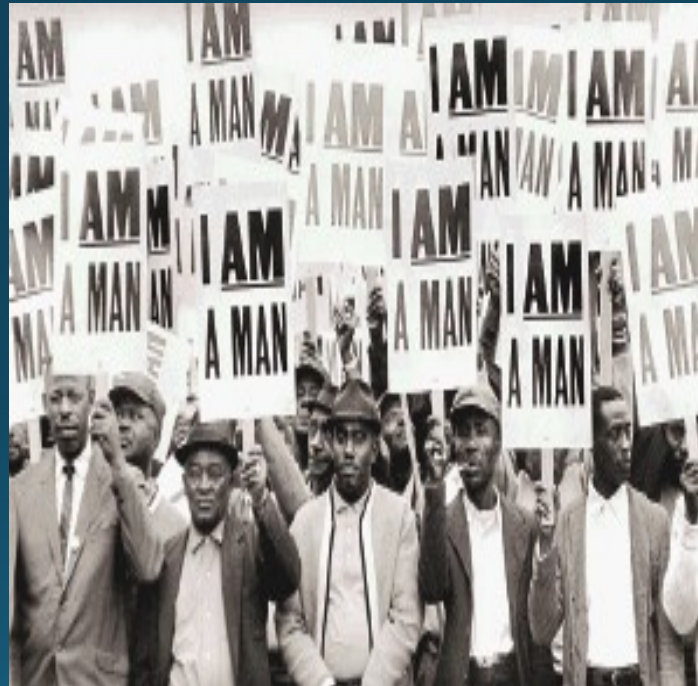


Life expectancy by race and gender, 1970-2012

Source: Centers for Disease Control/National Center for Health Statistics, National Vital Statistics System, Life expectancy at birth for selected years.

Why does race & gender matter?

- Men die at earlier ages than women
- Delay seeking health care
- Masculinity
- Quality of Employment



- Fewer Health-Protective Behaviors
- Poor Stress and Coping
- Use of health care services
- Sources of Social Support

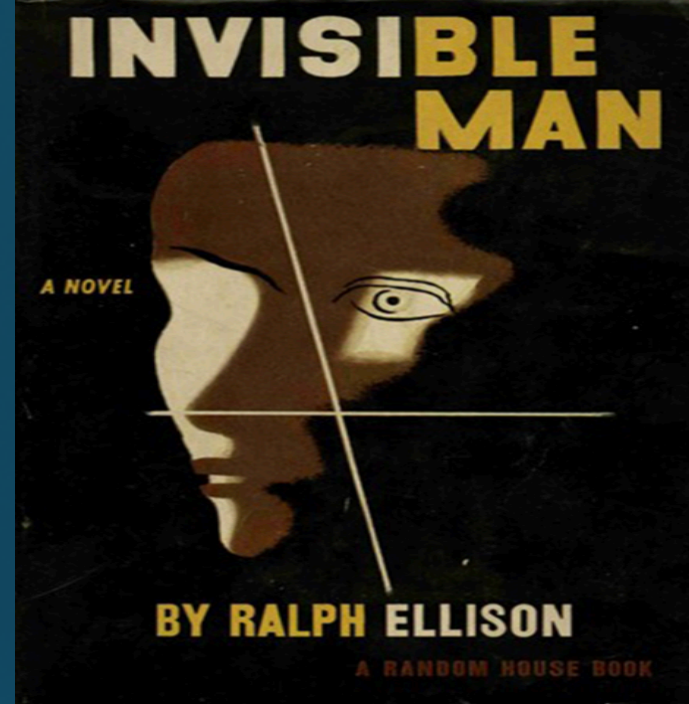
Current Literature on Health Disparities of African-American Males



- 1) Focus on biological sex and gender socialization.
- 2) Focus on social determinants: racism, socioeconomic status, poor neighborhood conditions, quality education, access to employment, and incarceration.
- 3) Focus on health care systems (access, health services use), and quality of care. Examples: Access to care, distrust, preferences, provider factors, health care organizational culture.

Framing Health and Well-Being of African-American Males

- What are the systematic effects of policies that marginalize African-American males?
- What and where are the sources of social capital that can advance and improve the economic, social and physical health of African-American males?
- What are the social assets that will aid in identifying the mechanisms that place African-American males of color (across SES groups) at risk for chronic diseases?



“I am an invisible man. No I am not a spook like those who haunted Edgar Allen Poe: Nor am I one of your Hollywood movie ectoplasms. I am a man of substance, of flesh and bone, fiber and liquids - and I might even be said to possess a mind. I am invisible, simply because people refuse to see me.”

— **Ralph Ellison**

THE INVISIBLE MAN

RESEARCH Black men die early and frequently struggle against structures that negate them.

LIFE EXPECTANCY



70.7 years
Black men

White men **76.3 years**

Hispanic men **78.7 years**

Black men have shorter lives and die six years sooner than White men and eight years sooner than Hispanic men.

HEALTH INSURANCE



28.8%
Uninsured
Black men

Men are less likely to have health insurance than women, and Black men are less likely to have health insurance than White men.



15.7%
Uninsured
White men



22.4%
Uninsured
Men Overall

MORTALITY FROM DISEASE

Compared with White men, Black men are...



30%
more likely to
die from heart
disease

60%
more likely
to die from
stroke

200%
more likely
to die from
diabetes
or prostate
cancer

ELIGIBLE BUT UNCOVERED



6.8 million
Black people,
who are
eligible,
lack health
insurance.

3.8 million
Black men, who are eligible, lack health insurance.

DENIED ACA MEDICAID

Of the 7 states with the nation's highest percentage of Black people, only one state — Maryland — has expanded Medicaid eligibility. The six other states have **denied** expanded coverage to the poor, including millions of uninsured black men.

Mississippi
Louisiana
Georgia
Maryland
Florida
South Carolina
Alabama

Keith Elder, PhD, MPH, & Keon Gilbert, DrPH, MA, MPH, co-authored *Men's Health: Disparities in Confidence to Manage Health* in the *International Journal of Men's Health* (Fall 2013), and *Trust, Mistrust, Adherence, and Hypertension Control in Southern African American Men* in the *American Journal of Public Health* (December 2012). Elder is a 2009 New Connections alumnae and Gilbert is a current New Connections grante.

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Robert Wood Johnson Foundation



There are 1.5 million black men, between the ages of 25 and 54 who are MISSING from daily life as a result of premature mortality or incarceration.

Places with most missing men

PLACE	PCT. BLACK MEN	"MISSING"
New York	43.1%	118,000
Chicago	43.4%	45,000
Philadelphia	42.8%	36,000
Detroit	45.2%	21,000
Memphis	43.6%	21,000
Baltimore	44.0%	19,000
Houston	45.5%	18,000
Charlotte, N.C.	43.3%	15,000
Milwaukee	42.2%	14,000
Dallas	44.8%	13,000

Leading Causes of Death for Black Men, 2007-2013

2007	2013
Heart Disease	Heart Disease
Malignant Neoplasms	Malignant Neoplasms
Unintentional Injuries	Unintentional Injuries
Homicide	Cerebrovascular Diseases
Cerebrovascular Diseases	Homicide
Diabetes Mellitus	Diabetes Mellitus
Chronic lower respiratory disease	Chronic lower respiratory disease
HIV	Nephritis, nephrotic syndrome and nephrosis

1.5 Million Missing Black Men

1.5 Million Missing Black Men

By JUSTIN WOLFERS, DAVID LEONHARDT and KEVIN QUEALY APRIL 20, 2015

For every 100 black women not in jail, there are only 83 black men. The remaining men – 1.5 million of them – are, in a sense, **missing**.



Among cities with sizable black populations, the largest single gap is in **Ferguson, Mo.**



North Charleston, S.C., has a gap larger than 75 percent of cities.



This gap – driven mostly by incarceration and early deaths – **barely exists among whites.**



Figures are for non-incarcerated adults who are 25 to 54.



Me: How do I
see myself?
How do others
see me?



Me: How do I see myself ? How do others see me?

"This is Me. This is who I am. I am not them, they are not me, and we will never be the same."

The Health of Men: Structured Inequalities and Opportunities

Originally published as: David R. Williams, PhD, MPH. The Health of Men: Structured Inequalities and Opportunities. *Am J Public Health*. 2003;93:724–731.

I have summarized in this article data on the magnitude of health challenges faced by men in the United States.

Across a broad range of indicators, men report poorer health than women. Although men in all socioeconomic groups are doing poorly in terms of health, some especially high-risk groups include men of low socioeconomic status (SES) of all racial/ethnic backgrounds, low-SES minority men, and middle-class Black men. Multiple factors contribute to the elevated health risks of men. These include economic marginality, adverse working conditions, and gendered coping responses to stress, each of which can lead to high levels of substance use, other health-damaging behaviors, and an aversion to health-protective behaviors.

The forces that adversely affect men's health are interrelated, unfold over the life course, and are amenable to change. (*Am J Public Health*. 2003;93:724–731)

Study: Education Extends Longevity—Except for Black Males

Sarasota Herald-Tribune/New America Media, News Report, Barbara Peters-Smith, Posted: Nov 24, 2012

Black Men Die by 65 at Quadruple U.S Rate

Research team member James S. Jackson, a University of Michigan psychologist, called the education effect on longevity “startling...Is there something about education that you can bottle, turn into a drug, and inject everybody with? And why isn’t it as protective for African Americans as it is for non-Hispanic whites?”

The benefit of education for African American males stops at 12 years, he said, and one theory is that young black men in school are safer than they are on the streets. But these men are clearly not beneficiaries of the new longevity: About 40 percent of the least-educated African American males who make it to age 25 will die before they are 65, the study found, as will 22 percent of the most-educated. For all other groups, the chances of dying by age 65 are only 10 percent.

Frameworks for Understanding the Health of Black Males

- Environmental Affordances
- Life Course
- Intersectionality
- Critical Race Theory

Environmental Affordances

&

Life Course

RACIAL COMPOSITION OVER THE LIFE COURSE: EXAMINING SEPARATE AND UNEQUAL ENVIRONMENTS AND THE RISK FOR HEART DISEASE FOR AFRICAN AMERICAN MEN

Keon L. Gilbert, DrPH; Keith Elder, PhD; Sarah Lyons, MS;
Kimberly Kaphingst, ScD; Melvin Blanchard, MD; Melody Goodman, PhD

The majority (86%) of participants were not currently in the workforce (retired, unemployed, or disabled) and more than half (54%) reported an annual household income of \$9,999, median age of 53.

Results suggest that African American men who grew up in mostly Black neighborhoods (OR=4.3; P=.008), and worked in mostly Black environments (OR=3.1; P=.041) were more likely to be diagnosed with hypertension than those who did not.

Found associations between mostly Black residential and workplace settings and hypertension diagnoses among African American men. Exposure to segregated environments during childhood and later adulthood may impact hypertension risk among African American men over the lifecourse.

Screening Interventions: Barbershop Placed vs. Barbershop Based

- Level 1: interventions are implemented, barbershops are the venue for recruitment
- Level 2: interventions are implemented by health care or public health professionals, at the venue
- Level 3: barbers implement interventions, develop messages to deliver
- Level 4: interventions integrate themes about black masculinity into the intervention content, intervention is implemented by barbers
 - Content may include ideas about risks for black men, addressing norms of masculinity, imagery, metaphors, allegories that are race and gender specific





Intersectionality & Life

Course: *Why Police Kill Black Males with Impunity*



Why Police Kill Black Males with Impunity: Applying Public Health Critical Race Praxis (PHCRP) to Address the Determinants of Policing Behaviors and “Justifiable” Homicides in the USA

Keon L. Gilbert and Rashawn Ray

ABSTRACT *Widespread awareness of the recent deaths of several black males at the hands of police has revealed an unaddressed public health challenge—determining the root causes of excessive use of force by police applied to black males that may result in “justifiable homicides.” The criminalization of black males has a long history in the USA, which has resulted in an increase in policing behaviors by legal authorities and created inequitable life chances for black males. Currently, the discipline of public health has not applied an intersectional approach that investigates the intersection of race and gender to understanding police behaviors that lead to “justifiable homicides” for black males. This article applies the core tenets and processes of Public Health Critical Race Praxis (PHCRP) to develop a framework that can improve research and interventions to address the disparities observed in recent trend analyses of “justifiable homicides.” Accordingly, we use PHCRP to offer an alternative framework on the social, legal, and health implications of violence-related incidents. We aim to move the literature in this area forward to help scholars, policymakers, and activists build the capacity of communities to address the excessive use of force by police to reduce mortality rates from “justifiable homicides.”*

KEYWORDS *Black men’s health, Health inequalities, Police brutality, Critical race theory, Public Health Critical Race Praxis, Intersectionality, #BlackLivesMatter*



Dr. Rashawn Ray
University of Maryland



How neighborhoods matter in fatal interactions between police and men of color

Odis Johnson Jr.^{a,*}, Christopher St. Vil^b, Keon L. Gilbert^c, Melody Goodman^d,
Cassandra Arroyo Johnson^e

- The odds of a black male unarmed being killed by police was **3.78 ($p < .001$)**
- Adding neighborhood factors, such as the percentage of high school drop outs, the odds a black male unarmed increases to **6.22 ($p < .05$)**
- The odds of unarmed black males being killed by police decreased when law enforcement agencies had non white officers **1.71 ($p < .01$)**, however, agencies with more non white officers having a higher probability of black male fatalities.

Intersectionality: Criminalization of Black Males

- Post-industrial prison complex – Reconstruction Era to present
- Lynching, from 1800s-1968, more than 4,000 people lynched, 70% were Black men
- Legal authority granted to police to over-police, stop and frisk, and to kill with impunity



Chronic Disease to “Justified” Homicide

- Black males from the age of 15-35 are at highest risk for **homicide, and unintentional injury**
- **CVD** becomes leading cause of at age **40** for Black men, Stress, psychological costs of trying to escape **poverty**, and **discrimination** may lead to higher risk of CVD
 - Example of John Henryism
-

Death by Legal Intervention—It's Trending

- A recent study found that black males are **21 times more likely** to be killed by a police officer than white males. Examining trends from 1960-2010 for death by legal intervention by race and social class, Krieger and colleagues (2015) find that **high income blacks are just as likely** to be killed by police officers **as low income blacks**.

Social Context of Profiling Black Males

- Limited social interactions with blacks provides context for understanding social cues about black men
- White fear of black men—perceived as violent, promiscuous, less ambitious
- Results in justifying harm that is done to black males by larger society and authority figures such as police

Critical Race Theory in Public Health

Explores racialization and its influence on the historical and current patterns of racial relations; the social construction of knowledge and privileging voices of marginalized populations; identifying appropriate measures that capture social constructions of race and; and developing action steps to address the inequality being discussed from a community-engaged perspective.

Case Examples that Support Policing Behaviors

Year	Case Title	Legal Authority Granted
1985	Tennessee v. Garner	Police are prohibited to use deadly force for incidents where individuals are unarmed, and a non-dangerous fleeing suspect. There are several violations of this statute by municipal and state authorities.
1999	Brown v. City of Oneonta	Police are allowed to stop and question every black resident in Oneonta, NY.
1996	Whren v. United States	Police are allowed to use minor vehicle infractions to stop motorists with or without probable cause and investigate them for crimes that may be currently occurring.
1999	Wyoming v. Houghton	Allows police officers to ask all vehicle passengers to exit vehicle during traffic violation, even without probable cause that they have broken laws.
2000	Illinois v. Wardlow (U.S. Supreme Court)	Police are allowed to assume anyone running in their presence either away from them or in their presence.

The New Industry in America: Eliminating Health Disparities

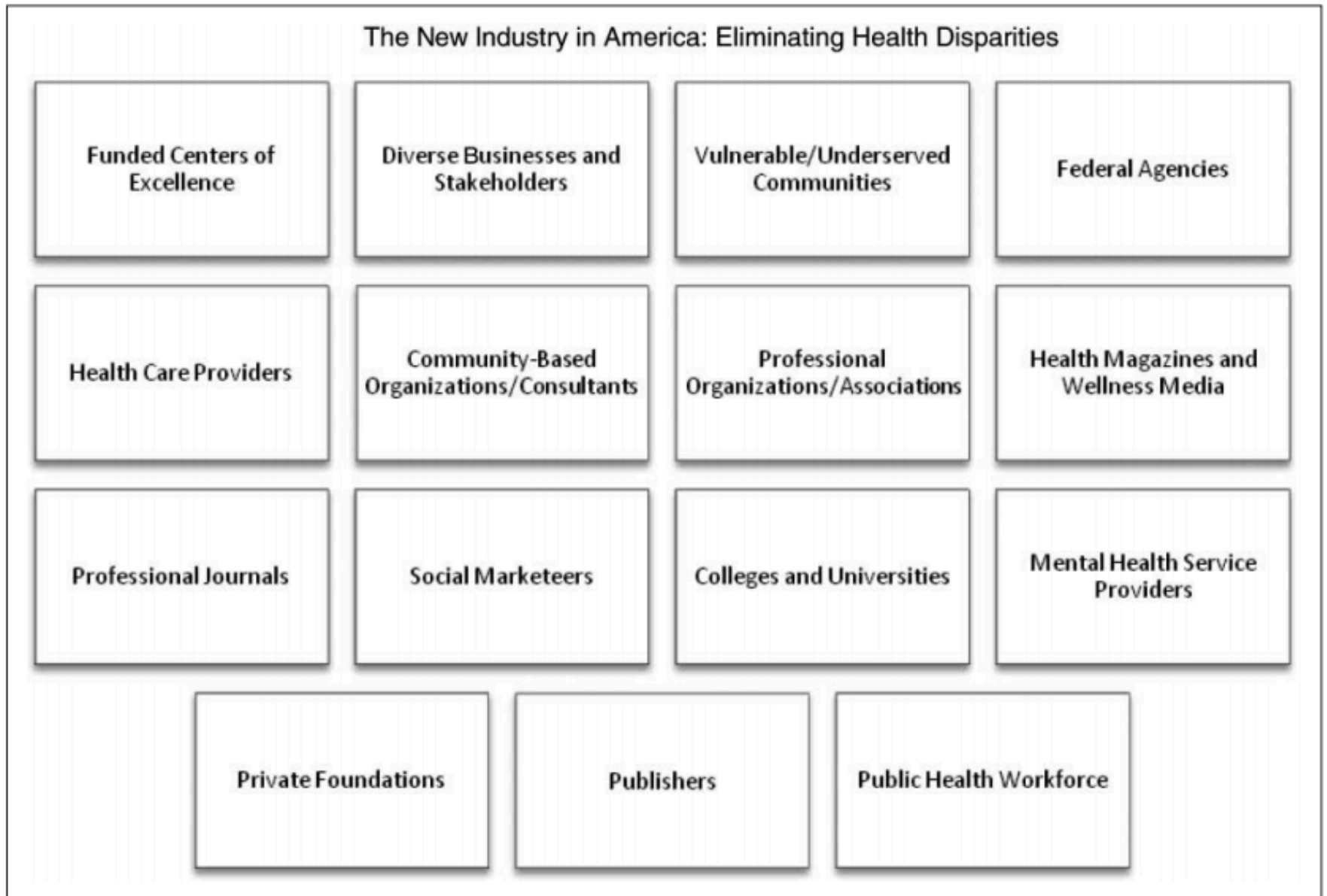


FIGURE 1 The Health Disparities Industry



What motivates or prevents me from being healthy?
(Durham)



What motivates or prevents me from being healthy?
(Durham)

Defining Health: Decisions you make to keep yourself from harm or danger (crowds, friends, women), What you do to keep yourself healthy, what you put inside your mind, what you listen to. Health is your lifestyle. How you live, not just the doctor—being in danger and your environment is health.

Intergenerational Study of Economic Opportunity Comparing Black and White Boys

1. Black boys have lower earnings than white boys in 99% of Census tracts in America, controlling for parental income
2. Both black and white boys have better outcomes in “good” (e.g., low-poverty, higher rent) neighborhoods, but the black-white gap is *bigger* in such areas
3. Within low-poverty areas, there are two factors associated with better outcomes for black boys *and* smaller gaps: greater father presence and less racial bias
4. Neighborhoods have *causal* childhood exposure effects: black boys who move to good areas at a younger age do better

Conclusions & Future Work

- Focus on the social contexts of black males over time
- Focus on the construction of masculinity within and across contexts, over time and the threats to positive developments of manhood at critical life stages
- Inclusion of black males in local, regional and national studies
- Community-based interventions
- Policies that do not undermine the health and well-being of black males
- Make the invisible, visible

?Questions?



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