

# African American men's health disparities: Research, practice, and policy implications

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The burden of risk factors for chronic disease is substantially higher in black men compared with their white counterparts, including a higher prevalence of obesity and hypertension. The Center for Healthy African American Men through Partnerships (CHAAMPS) presents results from several studies that pinpoint some of the issues and propose strategies to solve these in a special [supplement](#) to the *American Journal of Preventive Medicine*.

CHAAMPS is a National Transdisciplinary Collaborative Center funded in 2013 by the National Institute on Minority Health and Health Disparities of the NIH that aims to address these disparities in health risk. CHAAMPS, led by Selwyn Vickers, MD, and James Shikany, DrPH, at the University of Alabama at Birmingham and Badrinath Konety, MD, at the University of Minnesota, collaborates with three national partners: National USA Foundation, Inc., 100 Black Men of America, Inc., and the National Football League.

According to Guest Editor and CHAAMPS Principal Investigator Selwyn Vickers, MD, Senior Vice President and Dean, School of Medicine, University of Alabama at Birmingham, Birmingham, AL, USA, "This supplement on African American Men's Health in the *American Journal of Preventive Medicine* is derived from the culmination of work developed through critical community partnerships with 100 Black Men of America, Inc. and National USA Foundation, Inc., which has allowed CHAAMPS to make a significant impact in our understanding of the fundamental issues that affect African American

men's health."

The overarching goal of CHAAMPS is to address health disparities affecting black males. Specifically, CHAAMPS seeks to identify the socioeconomic, behavioral, and biological factors driving and sustaining the pronounced [health disparities](#) experienced by black males, targeting unintentional and violence-related injuries, along with chronic diseases—cardiovascular disease, cancer, and stroke. This is accomplished through a life course approach, pinpointing critical periods in a black man's life during youth/adolescence, young adulthood, middle age, and old adulthood, when social context may be more salient in the way it affects physiology or shapes health behavior. The ultimate goal of CHAAMPS is to develop, implement, and evaluate interventions that will improve the health of [black males](#) through research, outreach, and training.

"In this supplement, CHAAMPS presents results from several of our most compelling projects, including those focused on racial disparities in medical outcomes, community prevention initiatives, and disease screening," explained Guest Editor and CHAAMPS Principal Investigator, James M. Shikany, DrPH, Professor, Division of Preventive Medicine, School of Medicine, University of Alabama at Birmingham, Birmingham, AL, USA. "These studies demonstrate not only the breadth and extent of disparities affecting the health of black men of all ages, but also the innovative initiatives being developed to address them within CHAAMPS."

## **Uncovering Racial Disparities in Hospitalizations for Heart Failure**

In a national study of racial disparities in hospitalizations for [heart failure](#), Alexander X. Lo, MD, Ph.D., Assistant Professor, Northwestern

University Department of Emergency Medicine, Chicago, IL, USA (formerly at the University of Alabama at Birmingham), and colleagues found that among persons with heart failure 65 years and older seeking care in US emergency departments from 2001-2010, blacks were less likely to be admitted to the hospital than whites.

There were more than twelve million adult visits for heart failure to US emergency departments during this period, with 23 percent of visits by blacks. About 70 percent of visits resulted in hospitalization. Among those aged 65 years and older, the investigators noted that patients who were sicker were more likely to be admitted to the hospital than those who were less sick. However, blacks who were less ill were more likely to be admitted to hospital than whites, while blacks who were severely ill were less likely to be admitted. The reasons for these disparities were unclear and in stark contrast to whites where the expected pattern of sicker patients having a higher probability of admission was seen: it was not explained by clinical severity, institutional differences, or regional variations.

"Emergency departments (EDs) are the focal point of unmet care for the underserved, and often, the underinsured as well," commented Dr. Lo. "Improvements in health care and policy, and the necessary human and financial capital required to effect those changes, are insufficiently directed towards EDs. We urgently need to determine the reasons for this pattern and to identify avenues to address these [racial disparities](#) in ED care for older racial minorities."

## **Preventing Violent Encounters Between Police and Young Black Men**

High profile events in recent years have drawn attention to the problem of violent encounters between police and young black men in the US. In

2016, black men between the ages of 18 and 44 were more than three times as likely as white men of the same age group to be killed by a police officer. While black men make up only six percent of the US population, they accounted for one-third of the unarmed individuals killed by police in 2016. In a comparative case study, Rhonda Jones-Webb, DrPH, Professor, Division of Epidemiology and Community Health, University of Minnesota School of Public Health, Minneapolis, MN, USA, and colleagues highlight the results of a one-year qualitative study to describe perceptions of police-youth violence prevention policies, programs, and practices; and evaluate existing infrastructures that can be leveraged to strengthen police-youth violence prevention efforts.

Researchers found there was high awareness of youth violence prevention programs in general. However, there was little awareness of programs and policies specifically designed to prevent violence between police and young black men. Policies that were discussed focused on younger rather than older youth, such as curfew laws. Participants described practices to reduce violence between police and young black men that were essentially informal rules about how to interact with police and remain safe (e.g., keeping hands on the steering wheel of one's car; waiting to retrieve one's ID when a police officer pulls one over).

Results suggest that race/ethnicity must be addressed explicitly when designing and implementing policies, programs, and practices to reduce violent encounters between police and young blacks. "These efforts will require leveraging resources across programs and agencies, as well as changing current police practices and policies related to hiring (for example, more police from minority groups), training (such as, implicit bias, cultural competency), and community relationship building," concluded Dr. Jones-Webb. "Findings also suggest that community engagement and involving key stakeholders such as those who

participated in our study will be critical in identifying community-driven solutions to prevent future violent encounters between police and young black men."

## **Addressing Mistrust Toward Genomic Testing and Prostate Cancer Research Among Black Men**

Black men are diagnosed with prostate cancer at nearly twice the rate of white men and are under-represented in prostate cancer research, including validation studies of new clinical tools such as genomic testing, say researchers. "The disproportionate burden of prostate cancer on black men gives this population a vested interest in prostate cancer research and the development of new clinical tools," commented lead investigators Charles R. Rogers, Ph.D., MPH, MS, CHES®, Assistant Professor, Department of Family and Preventive Medicine, University of Utah School of Medicine, Salt Lake City, UT, USA (formerly at the University of Minnesota Medical School), and Christopher Warlick, MD, Ph.D., Associate Professor, Department of Urology, University of Minnesota Medical School, Minneapolis, MN, USA. "However, confusion over prostate-specific antigen (PSA) testing has fueled some mistrust among black men, affecting both clinical care and research participation. Black men's willingness to accept novel testing including genomic tools or to participate in research studies for prostate cancer is influenced by continued mistrust of the healthcare system."

The study identified barriers to genomic testing, which included a lack of terminology understanding, healthcare system mistrust, reluctance to seek medical care, and unfavorable attitudes toward research.

Facilitators included family history, value of prevention, and the desire for health education. Barriers to research study participation included lack of prostate cancer knowledge, confusion about PSA testing, healthcare system distrust, and concerns about misuse of personal health

information.

"Our study reinforces the importance of developing successful strategies for increasing [black men](#)'s participation in prostate cancer research trials," said Dr. Rogers. "Broad approaches to achieve these goals could include increasing the numbers of black doctors and researchers, which may help engender more trust in the system and increase transparency in the research process," added Dr. Warlick.

"This challenging problem is multi-factorial in genesis and will require a multi-pronged approach to solve, including improving health literacy and addressing historical mistrust in the healthcare system," the authors concluded.

In summary, Badrinath R. Konety, MD, Guest Editor and CHAAMPS Principal Investigator, Professor and Chair, Department of Urology, Medical School, University of Minnesota, Minneapolis, MN, USA, commented, "This excellent compendium of articles represents research into the multidimensional healthcare disparities that affect African American men. It adds to the body of work allowing us to understand heretofore unappreciated influential factors and highlights innovative solutions that can potentially positively alter the trajectory of health and wellbeing among African American men."

**More information:** "A National Study of U.S. Emergency Departments: Racial Disparities in Hospitalizations for Heart Failure," by Alexander X. Lo, MD, PhD, John P. Donnelly, PhD, Raegan W. Durant, MD, MPH, Sean P. Collins, MD, MSc, Emily B. Levitan, ScD, Alan B. Storrow, MD, and Vera Bittner, MD, MSPH, [doi.org/10.1016/j.amepre.2018.05.020](https://doi.org/10.1016/j.amepre.2018.05.020)

"Preventing Violent Encounters Between Police and Young Black Men: A Comparative Case Study," by Rhonda Jones-Webb, DrPH, Collin

Calvert, MPH, and Sonya S. Brady, PhD,  
[doi.org/10.1016/j.amepre.2018.05.016](https://doi.org/10.1016/j.amepre.2018.05.016)

"Attitudes Toward Genomic Testing and Prostate Cancer Research Among Black Men," by Charles R. Rogers, PhD, MPH, MS, Michael J. Rovito, PhD, Musse Hussein, BS, Ogechi Jessica Obidike, MPH, Rebekah Pratt, PhD, Mark Alexander, PhD, MPH, Jerica M. Berge, PhD, MPH, Marc Dall'Era, MD, Jeffrey W. Nix, MD, and Christopher Warlick, MD, PhD , [doi.org/10.1016/j.amepre.2018.05.028](https://doi.org/10.1016/j.amepre.2018.05.028)

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