

Racial and Socio-economic Disparity: Understanding the Controversy

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I. Men's Health

Men's health is not an issue or concern only for men. After widowhood or the disability of a husband, women lose their companions and the burden of care falls to them. A surviving spouse is at increased risk of dying over the course of the following year. Older women may have poor prospects for re-marriage, and when a man becomes disabled the family can face increased health care expenses in the face of diminished earnings. Epigenetics is also showing us important new discoveries about the impact of a father's health on the health of children.

There are demonstrable economic effects on the whole of society from male illness and death. There is lost time from work and diminished work productivity. A former provider may become a dependent. A person who was a taxpayer may become a burden on the tax system. There is a possible inability to maintain gainful employment due to chronic illness short of disability, and poverty is strongly associated with widowhood. Finally, children are affected, as well.

Some people seem to see the health of the genders like opposite ends of a seesaw; they believe that for one to rise the other must fall, and the health status of adult males has often been dismissed as irrelevant to the wellbeing of the family. The genders have so much interaction that the overall health of any family, community, or nation depends upon a positive balance between the genders. Men's poor health status has demonstrable negative effects on the health of the family as a whole, and men's health may be considered a vital but often overlooked aspect of family and community health.

II. Men Have Poor Rates of Participation in Preventive Health Care

American men overall have poor rates of participation in preventive health care, and we need targeted efforts to reconnect American men to the system. In 1997, I formed an organization in Atlanta, the National Black Men's Health Network, and one of our early efforts was to do AIDS prevention and education in homeless shelters for men. It only took us six months to realize that if we didn't deliver the education to the women as well, it would endanger the men. I still receive calls regarding whether boys should receive Gardasil. To me that is a silly question. If you don't vaccinate the boys, where are the girls going to get it from? Either deal with everybody's health or deal with nobody's health. From that time on, we started to approach health care with the attitude that you have to address all segments of the community in order to optimize health. Men are not being adequately addressed right now.

Men as a group are less likely to utilize the health care system than women, which is a factor that accounts in part for the lower average life expectancy. They are less likely to carry health insurance, less likely to have seen a physician in the previous year, and more likely to delay seeking health care than American women, especially among African American and Latino men.

Out of Touch American Men in the Health care system was a telephone survey, and the results were published in 2000. Thirty percent of the men surveyed hadn't seen a physician in the previous year as opposed to 19% of women with the separation especially seen in the 18 to 29-year-old age group. If you look at who hasn't visited a doctor in the last year, there are three times as many men as women, and again, the youngest age groups are the most affected. One of the most striking findings to me was that they said less than 18% of men stated that if they were in pain or sick they would seek medical help promptly. Twenty-four percent stated that they would delay seeking health care as long as possible even if they were in pain or sick, and 17% said they would delay going to a doctor for a week or more. This shows that men don't respond to pain and illness by seeking health care. Minority men were twice as likely to have had no physician contacts in the past year, when compared with minority women, and less likely to carry health insurance than their female counterparts.

A 2001 CDC study of ambulatory health care use by women found that even after excluding pregnancy-related visits, the rate of doctor visits for such reasons as annual examinations and preventive services was twice as high for women as for men. If you look at the top ten causes of death in males compared to females, all of them affect men more than women, and suicide is the most striking disparity. If you compare the top ten causes of death in Blacks compared to Whites, the only two that don't affect Blacks as much as Whites are chronic lung disease, which is slightly less, and suicide, which is about half. The caveat is that in most demographic groups suicide risk is highest in older and middle-aged men, but in African Americans it is mostly younger men.

In 1920, there was only one year's difference in life expectancy between the genders, but then it started to diverge. Now it is beginning to converge a little bit. What we are really seeing is different rates of increase in life expectancy after 1920 rather than a true disparity. If you compare death rates of males to females by age groups, it is highest in the 15 to 24-year age group. There's not much cancer, heart disease or the diseases that we associate with that age group. It is primarily injury, which doesn't point to a primary biological causation. There are also some unexplained racial differences in blood pressure and vascular function even among young men.

In a study that looked at 55 men who were primarily university seniors with an average age of 23 matched on heart rate, fitness, body mass index, blood glucose and other levels, even the young, healthy African American men had higher blood pressure in the central blood vessels, those near the heart, and their blood vessels were stiffer than their White counterparts even if there was no difference measurable on the arm. African American men appear to be developing high blood pressure earlier and with fewer outward signs. They also have higher levels of hypertension, which in 2002 was listed as a primary contributing cause of death for over a quarter of a million Americans. In a study in 2008, they found that even among young African American men, they had thicker carotid arteries and stiffer arteries with less change in diameter when the heart beats. Their

readings looked like older individuals with more advanced hypertensive disease. The study didn't explain why it happens to African America, whether it is diet or some environmental difference.

One in six American men will be diagnosed with prostate cancer in his lifetime, but the rate of diagnosis in African American men is 50% higher, with death rates that are about twice as high. It may be the single most diagnosed form of cancer in the United States, possibly after skin cancer, but some say it is as fast as that. Prostate cancer rates are eight to ten times less in the Far East, which might be due to diets high in animal fat or family history. Some work has been done showing that a lot of prostate cancer patients have low vitamin D3 blood levels. African American skin is more resistant to sun burn, but it doesn't make vitamin D as well as white skin, which may be part of the reason for the disparity.

Depression in men may be missed. Men are socialized to be stoic, to not think about problems, and to separate from their emotions, and a lot of the behaviors that we object to in men might actually be behavioral expressions of underlying depression. We need to be more in tune to how men express depression.

The workplace contributes to male mortality. In a study in Canada in 2005, 97% of the people killed on the job were men. The death rate for men was 30 times higher than for women, and the trend was that workplace deaths were rising for men and falling for women. In the 2005 U.S. Bureau of Labor Statistics annual census of fatalities in the workplace, they didn't count combat deaths. If they did, the U.S. military would have qualified as America's most dangerous job in 2005. Most of the deaths were due to traffic accidents, and the most dangerous industry was construction. In terms of occupational death rates per 100,000 in the United States, the top five included fishers and fishing workers, logging workers, aircraft pilots, structural iron and steel workers, and refuse and recyclable material collectors. Many non-fatal events can also occur, which may result in significant long-term or lifelong impairment of function and/or quality of life. There are also hazardous workplace exposures that are suffered predominantly by men including mechanical stressors, radiation, thermal stressors, and other hazardous exposures. Military exposures may include infections, foreign pathogens, multiple vaccinations in a short time frame, malaria-prevention drugs, toxic substances, anti-nerve gas agents, abrupt environmental changes, and events that induce post-traumatic stress disorder.

III. Men's Health Has a Major Impact on Women, Children and Society

Men's health has never been an issue that just affects men. We need to look closely at how it is affecting the society as a whole. Findings show that 40% of widows and over one-quarter of divorced women fall into poverty for some time during the first five years after the end of a marriage. More than one-half of the elderly widows who are now living in poverty were not poor before the deaths of their husbands. When looking at heart disease mortality following widowhood in the OPCS Longitudinal Study, in the month after widowhood there was a two-fold increase in mortality from all causes.

The health of fathers also affects the health of babies. There is justifiable emphasis on prenatal care for women to ensure healthy babies, but we also have to consider whether

the physical and mental health of fathers affects children. Peters in his study found that from the generation of eggs and sperm to the first years of life, a developing organism is susceptible to harmful effects of chemical agents, including drugs. Older fathers have also been found in a study to be associated with increased risk of facial defects, water on the brain, abnormal heart valves, urinary blockages and blood vessel tumors. If the father smokes cigarettes, it is also more common to have a child with cleft lip, water on the brain, holes between the main chambers of the heart and urinary system blockages. A father's alcohol use was also most positively associated with ventricular septal defect. In addition, if the father is older, there is an association between increasing paternal age and the risk of adult schizophrenia and schizophrenia-type disorders. When they looked at paternal military experience and risk of leukemia in offspring, a group of pediatric epidemiologists found that offspring of veterans who had served in Vietnam or Cambodia had a statistically significant increase in acute myelogenous leukemia with the overall odds ratio being 1.7 but for children diagnosed before age of two it was 4.6. It did not appear to increase acute lymphocytic leukemia.

What is being found is that babies of firefighters, painters, woodworkers, janitors, and men exposed to solvents and other chemicals in the workplace are more likely to be miscarried, stillborn or develop cancer later in life. Offspring of fathers who smoke or are exposed to polycyclic aromatic hydrocarbons are at increased risk of brain tumors. Older fathers are more likely to have children with autism, schizophrenia and Down Syndrome and to have daughters who go on to develop breast cancer. Men younger than 20 and older than 30 tend to make more abnormal sperm than men in their twenties, and these damaged sperm could create an unhealthy embryo or lead to birth defects in offspring. Older fathers also have a high risk of rare mutations such as dwarfism and progeria, premature aging disease. Examining the birth records of more than 2.6 million babies born between 1995 and 2000 to married mothers in their twenties in the United States resulted in a finding that the babies of teenaged fathers, but not middle-aged men, had an elevated risk of still birth, low birth weight and other birth problems. That was published in *Human Reproduction*.

Forty years ago a study was done in which researchers exposed female rats to morphine during pregnancy and the babies of the exposed mothers were born smaller than average. These babies also went on to give birth to tiny babies themselves even though they were never exposed to the drug directly. When they gave the male rats morphine, they found the same effect. Paternal exposure also affected the progeny. They dismissed the finding because they said the idea that a male could pass down a trait without passing along a mutation was considered preposterous. They have discovered, however, that genes are passed down, and not only the genes themselves, but their state of regulation. Chemical modifications to DNA and proteins are called epigenetic changes, and there's a chromosomal memory. They remember whether they came from the mother or the father, but the epigenetic modifications act like a tape recorder on the molecular level, keeping a record of events in the parents' lives and handing them down to the next generation and beyond.

A father's drug exposure also may hurt the children. We talk about maternal and child health, but that is exclusionary. Men are not unimportant in human reproduction to the health of children and prevention of birth defects, learning disorders and the like. Further

research could give new insights into how epigenetic alterations impact early development and could lead to adult disease in humans. The father's genes are important, and so is his psychological state.

When Ramchandani looked at the association between a father's mental health and the children's psychosocial development, when they controlled for maternal depression, the paternal post natal depression was associated with psychiatric disorders in the children seven years later. Before the 1960s and 1970s, behavioral scientists considered fathers relatively unimportant to healthy child development and often believed that fathers had no biological aptitude for childcare. They studied only women, and that tended to reinforce the idea that fathers weren't very important. That being said, mothers are more effective parents when fathers are both supportive partners and nurturing parents.

In terms of the direct exposure of spouses and children to disease agents, 1 in 160 African American women in the United States is believed to be HIV-positive, 42% of which is believed to have come from heterosexual transmission. With 1:50 African American men in the United States being HIV-positive, women are placed at great risk. How do you control sexually transmitted disease among women if you don't address it among men?

IV. Defining Barriers to African American Men's Participation in Health care

There are attitudinal, informational, and health care system barriers to men's participation in health care. There is also gender role stoicism and work role stoicism. Many boys have been trained from childhood to ignore and minimize the signals of their bodies. Health issues in the Black community including excessive, exaggerated and unhealthy stoicism may affect African American men and other minority men out of proportion to other men because they are disproportionately represented in manual labor jobs that are physically painful and hazardous. There is also increased distrust of the health care system by African American men stemming from the Tuskegee Syphilis Trials, military medical experimentation, and other factors. That distrust becomes a self-fulfilling prophesy with more individuals more likely to present in an advanced state of disease.

There are also informational barriers coupled with a lack of public awareness about men's health issues and problems and a tendency to fatalism and low self-efficacy. Men tend to feel like their actions don't make any difference. There is a lack of male-targeted programs in our health care system. While female-targeted medical specialties help habituate women into regular contact with physicians early in life, the lack of comparable male-targeted specialties and health care programs hinder men's ability to identify as participants in health care and men's health issues are often fragmented across different specialties.

V. Increasing Men's Participation in Preventive Health care

Engaging entire families to bring men in and help them understand health regimens has helped to contribute to higher turnouts of men. We have to take time to explain and promote understanding of disease processes and management, and we have to emphasize that the male individual is a whole person. We need to use multiple media formats, and we should use the peer-to-peer approach using familiar faces. Health care can be

provided in ways that are more conducive to male participation, such as holding health fairs on the weekends, bringing basic health screenings to the workplace or places where men normally gather, and creating innovative gender-specific programs targeting young males to keep them engaged in health care after the pediatric age.

Women often serve as the "health police" in the family, and it has been found that men do best when they have motivated partners. Women are usually more experienced and knowledgeable about health matters, and the best approach is a tactful, non-blaming one that is tailored to a man's personality. Men taking charge of their health can help them attain, maintain, or regain their greatest potential productivity, vitality, strength, speed, endurance, virility, stamina, concentration, ability to earn money, attractiveness, and all of the things that make men "feel like men." Care must be taken, however, not to belittle men in trying to improve men's participation in health care. Their inattention to health matters does not reflect a lack of intelligence. The real issue is cultural role expectations, and health care providers need to listen carefully to men who may be inexperienced at discussing health matters.

The Men's Health Network has pioneered health-screening projects in the workplace in the U.S., and doing so overcomes several barriers to men's health simultaneously such as conflicting work hours, lack of programs that target men, and lack of information and awareness.

VI. Health care Reform Timeline

An expected impact of health care reform on prostate cancer is that access to prostate cancer screening is in jeopardy. Currently, 37 states require health insurance to cover screening, but the Prevention Services Task Force does not recommend routine screening. Health care Reform follows their guidelines. At present, the 37 states will have to reimburse the federal government for screenings, which may force them to drop it and discourage other states from adopting screening. Men must speak out and make sure they don't get left out.

VII. Benefits of Addressing Men's Health to the Community

If we address men's health, we can reduce and control rising health care costs through preventing costly, advanced disease. We can reduce the economic cost of preventable male illness, and we can improve African American longevity figures and health care outcomes. Increased attention to men's health ultimately holds the potential to bolster and uplift the health status of both genders because gender health is not either/or; it's both or neither.

A rising tide lifts all boats. A four-pronged approach is necessary to optimize community health outcomes, and that includes children's health, women's health, men's health and minority health as co-equal partners. A failure to address any of them will undermine efforts to optimize the ability to address any of them.

VIII. Follow-up Comments

One suggestion has been to use sports medicine to keep men engaged, but we really need to look at the gap that occurs in the twenties and thirties. We need to look at how we can

keep young men engaged, and part of the reason they aren't engaged is that they don't know that much about health issues. A lot of things can be broke that you can't feel, and they are taught to ignore a lot of the things that they can feel. It appeals to men when we talk about improving their performance, and there are also some women who feel burdened with being the "health police." They would like for men to take over their health care. In addition, men have to believe that they are susceptible, that the consequences are worth worrying about, and that there are perceived benefits to engaging in screening, treatment or intervention. Fourthly, they have to understand the barriers and be empowered to overcome those barriers.