



Bridging the Gaps

Racial Health Inequities for Black Men in
Hampden County

October 2022

*Prepared for Baystate Health by the Public Health Institute of Western Massachusetts
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About the Public Health Institute of Western Massachusetts

The Public Health Institute of Western Massachusetts (PHIWM), formerly Partners for a Healthier Community, is a 501(c)(3) non-profit organization based out of Springfield, MA whose mission is to build measurably healthier and more equitable communities through community engagement, collaborative partnerships, research and evaluation, and policy advocacy. PHIWM is committed to improving the public's health by fostering innovation, leveraging resources, and building partnerships across sectors, including government agencies, communities, the health care delivery system, media, and academia.

PHIWM's Health Equity Statement

A historic legacy of social, economic, and environmental inequities, such as racism and gender-based discrimination, are embedded in societal institutions and result in poor health. These unjust inequities affect communities differently with some bearing a greater burden of poorer health. These inequities can influence health more than individual choices or access to healthcare. PHIWM recognizes its responsibility to dismantle these injustices by promoting health through policies, practices, and organizational systems that benefit all. We encourage others to join in these efforts.

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**PUBLIC HEALTH INSTITUTE
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PARTNERS FOR HEALTH EQUITY

Letter from Dr. Frank Robinson

Between 1891-1931, the Wilcox School at Cornell University was a leader in the development of American social science research on the nature of race and racial difference¹. It was instrumental in adopting and adapting Fredrick Hoffman's "racial extinction hypothesis" to promote a policy of **take no action** to assist Black people in improving their health and well-being. In 1970, Daniel Patrick Moynihan, counselor to President Nixon, suggested that "the time may have come when the



issue of race could benefit from a period of 'benign neglect,'" a more contemporary strategy labeled by civil rights leaders as a "laissez-faire" or "do-nothing" approach to racial problems.² In producing this brief, it was painfully evident, a laissez-faire approach persists. As reported by many health and public health researchers, there is no body of scholarly work that comprehensively focuses on drivers of health and well-being of Black or African-American men in the United States. This report focuses on the health of Black men in our region through the lens of structures and systems that continue to cause harm and create health inequities for Black men. The absence of quality local, regional, and state data on the health of Black men constrained this examination to focusing primarily on racial health disparities, which, represents the bulk of research on the determinants of health for Black men. To improve the health of Black men it is imperative to take a more complete view of men's health outcomes and achieve a deeper understanding of how social experiences and institutional forces are influencing these outcomes.

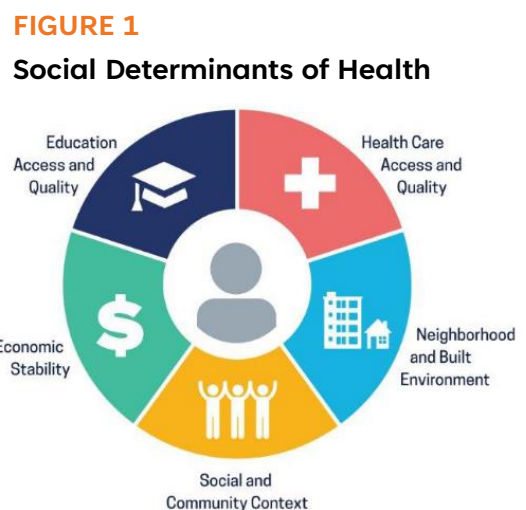
A handwritten signature in black ink that reads "Frank Robinson".

Frank Robinson, PhD
Vice President, Public Health
Baystate Health

Background

The contributions of Black men to American culture and our society are vast and profound despite the tremendous challenges they face due to policies and practices created in this country to disadvantage Black people based on their skin color. As a result of these policies and practices, the health of Black men continues to be worse than nearly all other groups in the United States. Black men are more likely than others in the U.S. population to have undiagnosed or unmanaged chronic conditions such as diabetes, cancer, and heart disease. They are also more likely to delay seeking medical care.^{3,4} The legacy of slavery and segregation and continued structural and institutional forces influence these health outcomes. In contemporary society, these forces are broadly labeled as structural or systemic racism. Examples of systems impacted by racism include healthcare, political, education, and criminal-legal.^{5,6} Structural racism is experienced by Black men as the burden of racial discrimination, residential segregation, limited access to health care, employment discrimination, criminalization, generational poverty, and many other racialized barriers to health. Structural and systemic racism creates and maintains health disparities and inequities for Black Americans, especially Black men. These structural factors impact people's access to social and economic resources and the conditions in the spaces people live, work, play, and learn. They affect health risks and outcomes and are also called social determinants of health (Figure 1).⁷ For example, if a person is raised in a low-income neighborhood with under-funded education, it may impact their ability to seek higher education or job opportunities that pay well. Employment often determines health insurance access which impacts access to high-quality, affordable, and culturally responsive health care. This is important for preventing, treating, or managing health conditions.

Systemic and structural racism are forms of racism that are pervasively and deeply embedded in systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences.⁶



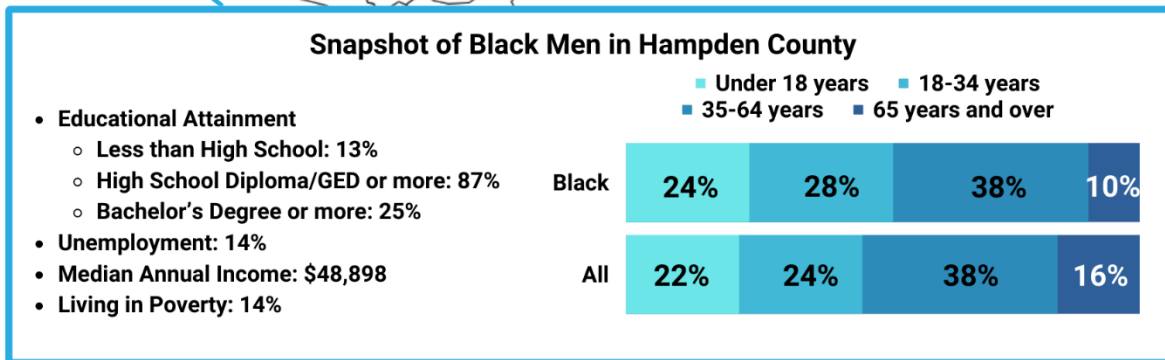
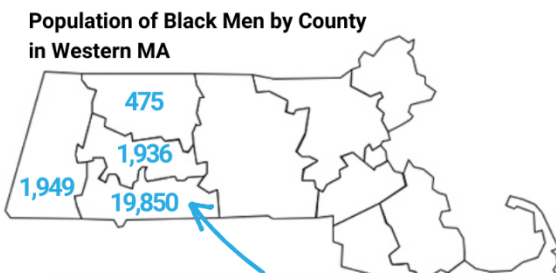
Source: CDC

The stark difference in health can be seen in the life expectancy of Black men in our country. Since the late 1800s, Black men have had the lowest life expectancy of all people in the U.S. even as health and life expectancy improved over time.^{8,9} In 2021, Black men’s life expectancy was 66.7 years, about seven years less than all men in the U.S.¹⁰ Though there was a decrease in life expectancy across all groups during the COVID-19 pandemic, it was greater for Black men, which increased the already existing gap in life expectancy between Black, Hispanic, and White men. We see this play out in overall health with more than one in ten Black men (13%) reporting their health as fair or poor.¹¹

Black men have a life expectancy seven years less than all men as a whole.¹⁰

Black Men in Western Massachusetts

Western Massachusetts (population 824,464) is home to an estimated 24,210 Black males of which 77% are between the ages of 18 and 64.¹² Most of these men live in Hampden County (79%), with the largest proportion in the county living in the City of Springfield (14,797).



Source: U.S. Census Bureau. ACS 2021. S0101 and B01001B.

Like Black men in the United States, Black men in Western Massachusetts experience numerous social and economic inequities that impact their ability to live healthy lives. As described above, systemic and structural barriers and racism make it harder for Black men to have the same opportunities and resources as White men in our society. For example, the Springfield Metropolitan Statistical Area (which includes Hampden, Hampshire, and Franklin Counties) was ranked 22nd in the nation for the segregation of Black people in 2013.¹³ Racial residential

segregation - which historically was supported by our government's redlining policies and other practices and has now become structurally embedded in the real estate/home ownership systems - has been described as one of the most damaging forms of racism that impacts health¹⁴. This segregation limits opportunities and embeds communities with structural barriers that directly impact access to quality education, jobs, housing, and other factors that impact health.

Health of Black Men in Hampden County Massachusetts

Promoting Health

Addressing the structural factors that impact Black men's health is critical to promoting good health. Supporting healthy behaviors is also essential to preventing chronic conditions, which are among the leading causes of death for Black men based on the most recent available data. More recent data for the general population indicates chronic conditions continue to be the leading causes of death. Preventing risk behaviors, such as **smoking** and **drinking too much alcohol**, and increasing those that support health, such as **physical activity**, are critical. Data is limited for Black men in Hampden County, but national and state data offer us an understanding of how Black men in Hampden County fare on these health factors.

FIGURE 2

Leading Causes of Death for Black Men, 2018



All Ages:	Age 20-44:	Age 45-64:	Age 65+
1. Heart Disease	1. Homicide	1. Heart Disease	1. Heart Disease
2. Cancer	2. Unintentional Injuries	2. Cancer	2. Cancer
3. Unintentional Injuries	3. Heart Disease	3. Unintentional Injuries	3. Stroke

Source: Office of Minority Health and Health Equity. Leading Causes of Death – Males – Non-Hispanic Black – United States – 2018.

<https://www.cdc.gov/minorityhealth/lcod/men/2018/nonhispanic-black/index.htm>.

Smoking – Tobacco use is the leading cause of preventable disease and death in our country. Nationally, about one in five Black adults currently use tobacco. In addition, those living in rural areas are more likely to use tobacco than those living in urban areas.¹⁵ Targeted marketing of tobacco can increase the chance a person will try tobacco products or use tobacco regularly.¹⁶ Predominantly Black neighborhoods have more stores that sell, advertise, and offer discounts or incentives to purchase tobacco.^{17,18} About three in four Black adults who smoke report they want to quit using tobacco products.¹⁹ However, they are less likely to receive clinical advice, counseling on quitting tobacco, or medication to help quit. Additionally, Black residents across the U.S. are more likely than other racial and ethnic groups to be exposed to secondhand smoke which can lead to worse health.²⁰

Physical Activity – Physical activity helps people to have a healthy body, brain, and good emotional health. It also helps to prevent chronic disease. About half (58%) of U.S. adults met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity. Only 46% of Black adults met the physical activity guidelines compared to 57% of White adults. However, in a 2021 survey of Springfield eighth graders, about half of the surveyed Black students said they were physically active at least four or more days per week.²¹ Barriers to physical activity may include limited access to places to be physically active and lack of time.

Alcohol Use – In general, Black men drink less alcohol than the general population.²² Although Black men drink less alcohol, those seeking treatment for drinking too much are less likely to receive treatment. Barriers to treatment include but are not limited to structural poverty, stigma, lack of culturally appropriate care, and lack of insurance.

Health Conditions

Black men's health is impacted by racism, discrimination, structural poverty, and mistrust of the healthcare system. Mistrust of the healthcare system is linked to historical mistreatment of Black people.^{23,24} Additionally, a lack of culturally appropriate care and communication can be a barrier for Black men seeking care.²⁵ Black men may be less likely to seek out care for their health because of these barriers. As a result of all of these factors, Black men have historically had worse health outcomes than other races/ethnicities. Black men are more likely to die from chronic diseases compared to White men even though overall health has improved in the U.S.^{26,27} As in the previous section, data on the status of Black men's health is limited for Hampden County. National data combined with available local data help us to understand Black men's health locally.

Heart Disease- Heart disease is the leading cause of death for Black men and an estimated 7% of Black men currently have heart disease.²⁸ The median age for Black men who are admitted to Baystate Medical Center with congestive heart failure (CHF) from 2019-2021 was more than ten years lower than that of White men (68 and 79). This data suggests that Black men in Western Massachusetts may experience acute cardiac issues that require hospitalization at a younger age. Risk factors for CHF include stress and poor diet²⁹, both of which may be related to structural racism.

Hypertension- National data shows that over half (57%) of Black men have hypertension (high blood pressure).³⁰ Over time, Black men continue to have higher rates of hypertension and be disproportionately impacted by hypertension than their White male peers. Hypertension is a risk factor for heart disease and stroke. Uncontrolled high blood pressure can worsen chronic kidney disease.³¹ Many factors contribute to the high rates of hypertension, including conditions such as diabetes, and some behaviors, such as unhealthy eating, physical inactivity, too much alcohol, and tobacco use³². People who are obese are also at higher risk.

Diabetes- Nearly 13% of Black men in the U.S. have type 2 diabetes, and Black men are twice as likely to die from diabetes than White men.³³ Baystate Medical Center data indicates that Black men are coming to the hospital for diabetes-related care at a younger age than White men (aged 57 years compared to aged 64 years) and are hospitalized for diabetes at a slightly younger age (aged 66 years) than White men (aged 69 years).

Mental Health- An estimated 17% of Black adults have a mental illness, which is similar to the general population.³⁴ Data from the Massachusetts Department of Public Health's Community COVID-19 Impact Survey (CCIS) provide an indication of the impact of COVID-19 on mental health. Data from Fall 2020 indicated that 29% of Black residents in Western Massachusetts had 15 or more days of poor mental health in the past month and 40% reported PTSD symptoms in the past month.³⁵ Research also indicates that in general, Black adults with poor mental health are more likely to use drugs, alcohol, and smoke tobacco than those with good mental health. In addition, thoughts of suicide are higher among Black adults with a substance use disorder than among those without the disorder.³⁶ Unfortunately, two in three Black adults in the U.S. with poor mental health did not receive treatment for their mental health in the last year compared to 54% of the general population.³⁷ Reasons for not receiving care may include structural poverty, stigma, lack of culturally appropriate care, and lack of insurance. Poverty,³⁸ stigma,³⁹ stress,⁴⁰ and experiences with the criminal legal system⁴¹ are a few contributors to poor mental health.

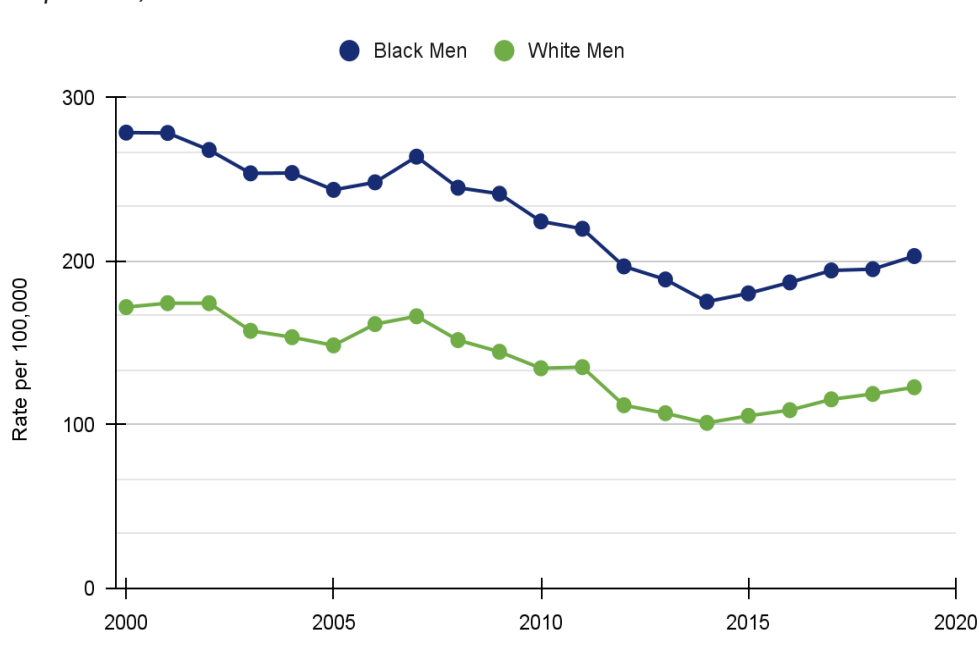
Black men are more likely to develop kidney failure from kidney disease that may require dialysis or a kidney transplant to live. Controlling high blood pressure may help to protect against kidney failure.³¹

Prostate Cancer- Nationally, prostate cancer is the most common type of cancer in Black men (37% of all new cancer diagnoses in 2022).⁴² The difference in the rate of prostate cancer has persisted for decades. Black men are diagnosed with prostate cancer at a rate 50% higher than White men (Figure 3). Black men are twice as likely to die from prostate cancer, and the death rate for Black men is increasing and widening the disparity between Black and White men.⁴³

FIGURE 3

Men's Prostate Cancer Age-Adjusted Incidence Rate by Race / Ethnicity, 2000-2019

Rate per 100,000



Source: National Cancer Institute. Surveillance, Epidemiology, and End Results Program. [updated January 8, 2022, cited 2022 September]. Available from: <https://seer.cancer.gov/index.html>.

Rates are per 100,000 and are age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130).

Prevention & Call to Action

This report is a first step in documenting the health outcomes of Black Men in Hampden County within historical and contemporary contexts. This context serves as a foundation for creating goals that move us from restating the poor health and health disparities of Black men to action toward positive progress in health and well-being. As shared in the letter from Dr. Robinson, the Wilcox School and Moynihan insinuated that Black self-help was sufficient, recommending private or government agencies disinvest since the health and social welfare issues facing Black populations were insurmountable. This report is the first in a series informing ‘Bridging the Gap,’ a larger initiative that re-envisioned prioritized investments of private and government resources and Black ‘self-help’ action centered by the voices of Black men as the foundation for change, including:

1. Shift the focus of public health, health interventions, and related resources toward changing the social and economic determinants that have the greatest likelihood of improving health outcomes of Black men.
2. Turn our attention to the unique contributions of the physical environment, economic circumstances, social norms, and cultural practice, that affect patterns of health outcomes for Black men.
3. Include the important perspectives Black women have in Black men's lives to better understand how race, ethnicity, age, marital status, masculinity, and other factors combine as stressors that affect Black men's mental health, physical health, and overall quality of life.
4. Develop new coping strategies for dealing with stress that replace the negative physical and emotional effects of alcohol, tobacco, and other substance use which are often used to deal with stress.

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