

## EDITOR'S CHOICE

# Health Disparities in Boys and Men

We've known for a long time that minority populations face unique challenges in health care and in disease incidence. Men of color cope with obstacles related to socioeconomic status, safety, and education, all of which have a direct impact on health. The health disparities among African American men are striking: they are 30% more likely to die from heart disease and 60% more likely to die from stroke than are non-Hispanic white men (US Dept of Health and Human Services, Office of Minority Health. *Data/Statistics*. Available at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=2>. Accessed February 8, 2012). AIDS is almost seven times as prevalent in African American men than in White men, and African American men are more than nine times more likely to die from the disease. HIV is one of the top 10 killers of African American men; Latino men also have HIV-related death rates higher than do White men.

Diabetes prevalence is also significantly higher. The Centers for Disease Control and Prevention reports that Hispanic men are twice as likely to die of diabetes as White men, and African American men are twice as likely to need treatment of severe kidney disease related to diabetes.

Lung and prostate cancers are responsible for most cancer deaths in men. The rates of prostate cancer and related deaths in African American men are among the highest in the world (Leigh WA. *Factors Affecting Health MOC*. Washington, DC: Joint Center for Political and Economic Studies; 2004). One overarching factor contributing to the disparity is that minority men are less likely both to get preventive care and to have access to quality health care when they get sick.

The Affordable Care Act offers the potential to address the needs of racial and ethnic minority populations by bringing down health care costs, investing in prevention and wellness, supporting improved primary care, and creating linkages between the realms of health and social services. *The HHS Strategic Action Plan to Reduce Racial and Ethnic Health Disparities* builds on the Affordable Care Act to guide further public and private action to reduce disparities by expanding health care insurance coverage and increasing access to care (Graham G. *Closing the Gaps in Health Disparities*. US Dept of Health and Human

Services. Available at: <http://www.healthcare.gov/blog/2011/04/disparities04082011.html>. Accessed February 8, 2012).

Another stark and immediate risk to young men of color is violence: homicide is the main killer of African American men 15 to 34 years old. African American males are 53 times more likely to be murdered than are White males (US Dept of Health and Human Services, Office of Minority Health. Available at: <http://minorityhealth.hhs.gov/templates/search.aspx>. Accessed February 8, 2012). The risk of poor physical and emotional health outcomes seems to be directly associated with where people live (*Healthy Communities Matter: The Importance of Place to the Health of Boys of Color*. Los Angeles, CA: Drexel University School of Public Health, CA Endowment; 2009). Policies and local programs are essential to combating violence in communities in need of assistance.

That is why the Office of Minority Health established the Commission on the Impact of Trauma and Violence on the Health of African American Men, which is intended to consider the challenges faced by African American men, raise awareness, and provide policy recommendations to improve the health and welfare of men of color (*OMH Commission*. Center for Non-violence and Social Justice. Available at: <http://www.nonviolenceandsocialjustice.org/OMH-Commission/82>. Accessed February 8, 2012).

Health disparities in boys and men, the focus of this special issue of the *American Journal of Public Health*, is of particular concern for men of color. We encourage readers to join with us in collective action to improve minority men's access to quality care and their attitudes toward preventive health care to improve their health outcomes. ■

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