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Social Determinants of Men's Health Disparities

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The year 2015 marks the anniversary of a number of significant milestones relevant to the study of social determinants of men's health disparities. A century ago, Booker T. Washington launched the National Health Improvement Week, which later became known as National Negro Health Week (Prevention, 2015). In addition to drawing attention to hygiene and other health behaviors, this program was among the first in US history to implement a large-scale, population-specific program to address social determinants of racial health disparities, though little of the efforts focused on the health of men (Quinn, 1996). Fifty years later (1965), Medicaid and Medicare were introduced to the American public as cornerstone safety net programs that provided access to health care for specific vulnerable populations (poor women with children and older or disabled men) who did not have health insurance. During this same year, the Assistant Secretary for Labor, Daniel Patrick Moynihan published *The Negro Family: The Case for National Action* (Moynihan, Rainwater, & Yancey, 1967). In this report, the author highlighted economic and social determinants of health facing African American families who had histories steeped in the oppressive eras of slavery and Jim Crow. Moynihan also noted the unique role that men played in African American families and how a "tangle of pathologies" affected the health and well-being of African American men and families. In 1985, another landmark report, *The Secretary's Task Force on Black and Minority Health*, was released (Heckler, 1985).

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This document, commonly known at *The Heckler Report*, contained tomes of data documenting the existence of health disparities by race, ethnicity and gender, including the shorter life expectancy of specific groups of men relative to white men and women. Each of these efforts have contributed to current lines of research examining how social factors can have implications for disease, disability, and premature death. Through this and other literature, it has been established that poverty, education, geography, family, race, and ethnicity are important social determinants of health and health care (Bruce, Roscigno, & McCall, 1998; Marmot, 2009; Marmot & Allen, 2014); however, these factors are often gendered or interact with each other in ways that contribute to disparate outcomes among men (Griffith, 2012; Griffith, Metzl, & Gunter, 2011). The multiple ways through which social determinants can affect men's health has been largely ignored in the effort to understand and address poor outcomes among vulnerable and underserved men (Thorpe Jr, Duru, & Hill, in press; R. Thorpe, Richard, Bowie, Laveist, & Gaskin, 2013; Treadwell, Young, & Rosenberg, 2012). The collection of articles in this issue represents the next step in an effort to fill this void.

Men have shorter lives than women despite men having social and economic advantages relative to women (Jack & Griffith, 2013). This pattern has remained unchanged throughout the 20th century and into the new millennium although billions of dollars being committed to addressing health disparities in recent decades (Thorpe Jr, et al., 2013). A significant segment of sex disparities in mortality can be attributed to premature death among men of color (Thorpe Jr. RJ, 2013). Despite longstanding health disparities among males and between men and women, the literature explaining how individual- or population-level health behaviors and health outcomes of men can be determined by cultural, environmental and economic factors associated with the intersection of gender, race, ethnicity, sexual identity and other socially defined identities and group memberships is limited (Griffith et al., 2011). Within the past decade social determinants of health has been posited as a plausible explanation for most health disparities (Marmot & Allen, 2014). Yet little attention has been given to the understanding how social determinants of health affect men's health in unique ways or how these social and environmental forces impact health disparities among men (Watkins & Griffith, 2013).

The editors of this *Social Determinants of Men's Health Disparities* issue of *Family and Community Health s*ought to publish a collection of peer-reviewed articles that would extend and stimulate discourse about social determinants, their interaction, and subsequent impact on the health outcomes of and among men. Each of the articles in this issue is briefly described in the following paragraphs.

The first article by Griffith and colleagues includes an analysis of focus group data that explores how African American men define manhood and health. While participants noted that these concepts were distinct, the authors found that manhood and health were interrelated. Both constructs were defined by the characteristics men embody, the behaviors men engage in and the goals and values men had to positively influence their families and communities. These findings have important implications for understanding gender as a social determinant of men's health and how we approach health promotion among African American men.

In the second article, Thorpe and colleagues examine the nature of disparities associated with increased morbidity and mortality–physical inactivity, current smoking, and current drinking–among Black and White men living in similar social and environmental conditions in the Exploring Health Disparities in Integrated Communities-Southwest Baltimore (EHDIC-SWB) study (LaVeist et al., 2008; Thorpe Jr, Bowie, Wilson-Frederick, Coa, & LaVeist, 2013). These authors also compared their findings to those from the 2003 National Health Interview Survey (NHIS) that does not account for social and environment exposures. In EHDIC-SWB, there were no race differences observed with regard to physical inactivity, current drinking, and current smoking among African American and White men. However in 2003 NHIS, race differences were observed with respect to all of the health behaviors among African American and White men. These findings provide evidence as to how social and environmental conditions established and maintained by segregation can contribute to the pattern of health disparities among Black and White men. These findings underscore the fact that social environment, particularly place, is an important determinant of health and should be considered in developing health promoting interventions and all policies.

The authors of the third article in this issue, “Racial/Ethnic Inequality in Men’s Health: Testing a Biopsychosocial Model of Racism as a Stressor,” present research investigating how stress could get under the skin to have implications for the health of older men of color. Using data from the Health and Retirement Study, Brown and colleagues estimate statistical models assessing the degree to which stressors at the individual and neighborhood level affect the functional limitations of men over 50 years of age. The authors report that African American and Latino men were disadvantaged relative to white men and these social and economic disadvantages (limited economic resources, elevated exposure to stressors) were found to be associated with racial disparities in functional limitations. Brown and colleagues make an important contribution to men’s health research as they identify stress and other pathways through which economic and social factors can have implications for functional outcomes.

Place is the social determinant of interest in the final article in this issue. Gonzales and colleagues report results from an analysis of data drawn from the National Health Interview Survey designed to assess the association between geographic region, ethnicity, birthplace, and diabetes disparities between Latino and white males. The findings from this study are significant because they highlighted the importance and complexity of two often-overlooked social determinants—place and ethnicity. Place in this study is represented in multiple ways and this diversity produce rich findings that lay the foundation for future studies using nationally representative samples of men to examine social determinants of men’s health disparities.

This collection of papers highlights the role that social determinants of health (i.e., gendered and non-gendered factors) play in shaping men’s health disparities. Men’s health disparities is not simply examining racial and ethnic disparities among men but includes efforts to consider how sex and gender interact with other social determinants to create population specific patterns of health among men (Griffith et al., 2011). Gender is a major social determinant of health that affects the pathways through which stress, place, and other factors influence men’s health (Bruce, Griffith, & Thorpe Jr, 2015). As opposed to continuing to

focus on *what* factors affect men's health, these papers highlight the need to articulate *why* and *how* key social determinants of health affect specific groups of men. While it is useful to consider how men's health outcomes compare to women's, the diversity and complexity of social determinants of men's health disparities highlight the richness of men's health disparities as a field of study in and of itself (White & Richardson, 2011). To develop health promoting strategies and interventions that reduce and ultimately eliminate men's health disparities, it will be critical to continue to explore and articulate how gendered and non-gendered factors affect men's health independently and in combination (Griffith, 2012). The diversity of these patterns of social determinants suggest that it may be useful to examine the additive effects of determinants of health but that it also will be important to consider the myriad ways that these factors may combine to affect specific populations of men differently and how these patterns of men's health may vary by health outcome.

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