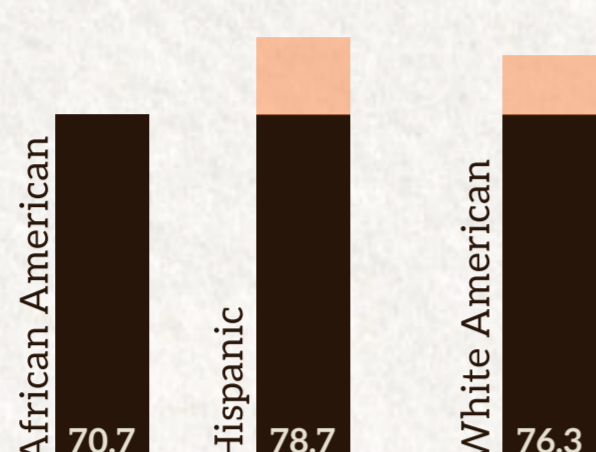


HEALTH DISPARITIES IN

BOYS & MEN OF COLOR

Boys and men of color have some of the worst health outcomes in the U.S.

Boys and men of color are more likely to live in poverty, have poorer education and educational opportunities, be under and un-employed, be incarcerated, be exposed to toxic substances, experience threats and realities of crime, live with cumulative worries about meeting basic needs, and have discrimination influence their capacity to achieve and maintain good mental and physical health. This infographic explores how **Trauma, Substance Use/Abuse, Depression** and **Violence** create mass disparities in health amongst ethnic boys and men.



life expectancy much shorter than white males

\$488 BILLION



costs between 2006 and 2009 associated with health disparities for African American males for direct medical care expenditures

\$433 BILLION



costs between 2006 and 2009 in indirect expenditures for African American and Hispanic males combined

TRAUMA

47%

Recent estimates indicate that roughly 47% of males report IPV (Intimate Partner Violence) victimization

60%

60% of males who report IPV also report significant posttraumatic stress symptoms. However, this number likely underestimates IPV trauma since males are less likely to disclose post-traumatic symptomatology



Sexual assault-related trauma: Racial/ethnic minority men experience more sexual violence during their lifetime when compared with White men. For example, while 1.7% of White men experienced rape, 31.6% of multiracial non-Hispanic men and 26.6% of Hispanic men did

2-4x

Combat-related trauma: Combat veterans present two to four times PTSD rates compared to civilians. While the PTSD rate among civilians is 5-6%, Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans have point prevalence rates of 2 to 17% and lifetime prevalence rates of 6 to 31%

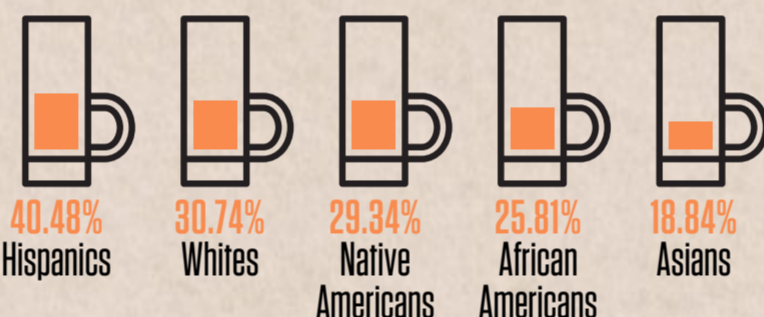


African American men and boys have the highest likelihood of being killed by police. The viral circulation of videos capturing these tragic killings increases opportunities for vicarious trauma exposure. Emerging perspectives suggest that symptoms akin to those presented in cases of PTSD can appear among witnesses of these killings. Black boys are often perceived as older and less innocent than non-Hispanic White males, which places them at greater risk for racial profiling by police officers. Also, Black and Hispanic/Latino boys are seen as more culpable which increases the likelihood they are viewed as crime suspects

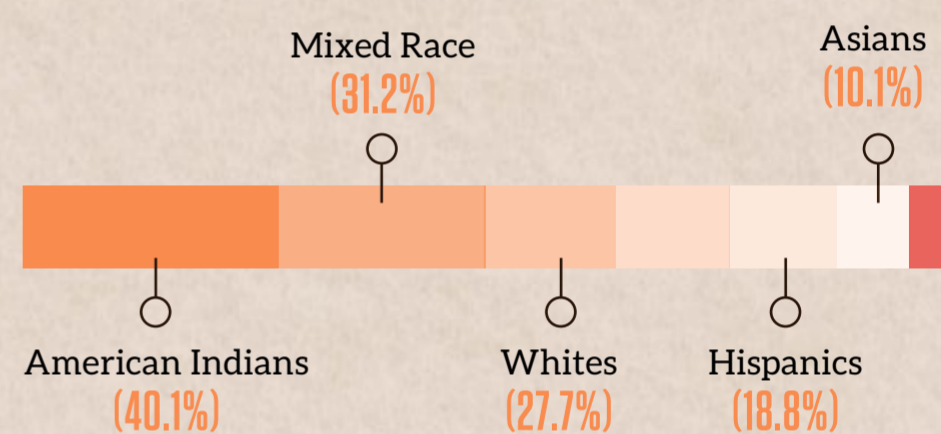
SUBSTANCE USE/ABUSE



Substance use is directly or indirectly associated with the top seven causes of death in the U.S., which include heart disease, cancer, unintentional injuries, COPD, strokes, diabetes, and suicide.



Daily Heavy Alcohol Use by Race
Alcohol and drug use is directed by male gender stress. This substance use phenomena may be heightened by conformity to male role in heterosexual racial and ethnic minority groups such as Asian and Pacific Islanders



Tobacco Use by Race
Smoking is the leading cause of preventable illness and death. Risk factors associated with smoking include ease of access to cigarettes, ostracism, depressive symptoms



One out of every six African American male adults have been in jail or prison, most on charges related to substance use. African Americans and Latinos comprised over 50% of the prison population in 2008 even though they accounted for only 25% of the U.S. population

These disparities in incarceration rates are likely related to racial profiling, institutionalized bias in the criminal justice system, and unfair sentencing guidelines for substances such as crack cocaine or due to three strikes laws

DEPRESSION

6 MILLION

More than six million men in the United States have a depressive disorder—about one-third of all adults living with depression in any given year

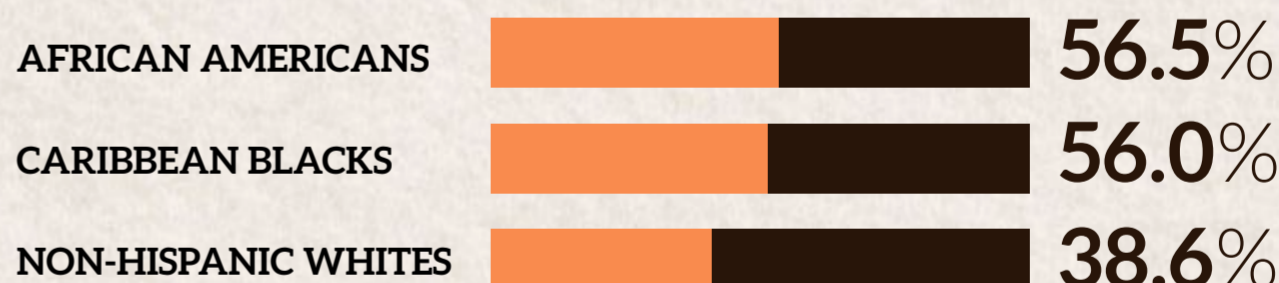


Evidence detects an upsurge in suicide among younger (8- to 11-year-old) Black boys. Similarly, data indicates that in 2014 American Indian/Alaska Native males had the highest rates of suicide among all racial/ethnic groups, a rate that is 60% higher than in 1999

LIFETIME DEPRESSION

VS.

PERSISTENCE (OR CHRONICITY) OF DEPRESSION



the long-lasting effects and course of depression may be more severe within and across Black American ethnic groups compared to Whites. In other words, though Black groups have a lower lifetime prevalence of depression overall, compared to Whites, they have a higher risk of persistence for depression.

VIOLENCE

90%

Men represent more than 90% of the perpetrators of criminal violence in the United State

78%

Men are also the victims of the large majority (78%) of that violence

HOMICIDES

- Leading Cause of death: African Americans
- 2nd Cause of death: Hispanic/Latinos
- 3rd Cause of death: American Indian/Alaska Native
- 4th Cause of death: Asian and Pacific Islander

3.5x

significant disparities exist in police killings of Black males, who were more than 3.5 times as likely to die during arrest than Whites between 2003 and 2009

APA RECOMMENDS

The American Psychological Association (APA) is interested in the determinants of health among men and boys and hopes to address inequities through research, practice, and public policy. We recommend the following:

Development of research and evidence-based interventions that target populations of vulnerable men and boys. Research on psychosocial problems among men and boys is not sufficient to explore nuances in different populations. Funders should incentivize research and programs that explore the development of psychosocial problems among disadvantaged men and boys of color.

A greater focus on health equity throughout legislative efforts. Given that men and boys vulnerable to health disparities are disadvantaged, legislation and treatment protocols that focus on these groups should be adopted. Legislation should include federal resources, policies, and infrastructure to eliminate health disparities stemming from race, to eliminate, age, ability, sex, gender identity, and English proficiency.

Stronger efforts to reform mental health systems. Mental health bills need to be advanced, to provide better mental and behavioral health services among vulnerable men and boys. Mental health system reform should address substance abuse treatment and retention, appropriate treatments for trauma among diverse populations, and make provisions for males who may come from under-served, resource-poor backgrounds.