PRACTICAL SOLUTIONS TO ADDRESSING MEN’S HEALTH DISPARITIES: GUEST EDITORIAL

In men’s health research, an important gap exists in how we explain differences in health among men. Though scholarly contributions to men’s health disparities are growing, there continues to be a lack of discourse around concrete solutions that can be applied to reducing or eliminating differences in health outcomes between groups of men. This is the first special issue dedicated to describing strategies for addressing men’s health disparities globally and across racial and ethnic groups in the U.S. Collectively, these papers represent a range of efforts to not simply explain men’s health disparities, but to describe interventions or findings in such a way that they inform strategies to reduce or eliminate men’s health disparities. This body of work uses a variety of research methods, captures global, social and economic developmental issues, and provides practical solutions that can be implemented by various stakeholders at various levels.

Keywords: disparities, gender, men’s health, policy, practice, research

Men’s health has become a worldwide concern and is now a topic of discussion in many health care, research, and policy circles. This increasing interest in men’s health is, in part, due to the various sources that have documented the ways in which women fare better than men across a number of health outcomes (Courtenay, 2011; European Commission, 2011; White, 2011). While the release of the report by the European Commission on the state of men’s health in the European Union focused unprecedented global attention on men’s health, the report has been criticized for not attending to disparities among men (Treadwell & Young, 2012). Men’s health research has primarily focuses on the extent to which social and cultural factors shape men’s health practices and health outcomes (Lee & Owens, 2002), but an important gap that exists in the literature is how we explain differences in health among
men (Griffith, Gunter, & Watkins, 2012; Griffith, Metzl, & Gunter, 2011; Springer, Mager Stellman, & Jordan-Young, 2012; Treadwell & Braithwaite, 2005).

While the men’s health movement has helped identify disparities that exist between men and women, men’s health disparities research considers how the health of men is determined by cultural, environmental, and economic factors associated with race, ethnicity and other socially-defined identities and group memberships (Griffith et al., 2011). In literature on men’s health, men of color and men who live in poverty have largely been invisible, though these men account for much of the sex difference in mortality globally (Courtenay, 2002; Griffith et al., 2012; Treadwell & Ro, 2003; Young, 2009; Young, Meryn, & Treadwell, 2008). The impetus for this special issue arose from our desire to extend the current scholarship on men’s health disparities from describing disparities to discussing what can be done to address them. Though scholarly contributions to men’s health disparities are growing, there continues to be a lack of discourse around concrete solutions that can be applied to reducing or eliminating differences in health outcomes between groups of men in the U.S. and abroad. We wanted to address this concern by compiling a special issue with contributions that achieved the rigor of advanced research methods but also highlighted the next steps in health research and practice to address men’s health disparities.

**The Need for Next Steps in Men’s Health Disparities Research**

It is critical to examine how sex and gender intersect with other aspects of men’s identities and experiences to accurately capture the experience of men around the world (Griffith, 2012). Socially-defined and socially meaningful characteristics are inextricably intertwined and cannot be fully appreciated as factors that operate independently or additively (Warner & Brown, 2011). Accordingly, stressors that arise from one’s unique position in social systems with unequal distributions of resources, opportunities, life chances, power, privilege and prestige are best examined with an intersectional lens (Cole, 2009; Griffith, 2012; Griffith, Ellis, & Allen, 2013; Pieterse & Carter, 2007). Focusing on men’s health disparities enables a research agenda that examines (a) how masculinities are related to health (Coles, 2008, 2009; Connell, 1995; Courtenay, 2000; Evans, Frank, Oliffe & Gregory, 2011); (b) how gender is constructed and embedded in social, economic, and political contexts and institutions (Connell & Messerschmidt, 2005; Courtenay, 2002; Crawshaw, 2009; Hearn, 2004); and (c) how culture and subcultures influence how men develop their masculinities as well as how they respond to health issues (Bowleg et al., 2011; Coles, 2008, 2009; Malebranche, Fields, Bryant & Harper, 2009). Masculinity is often signified by beliefs and behaviors that occur in everyday social and cultural patterns, practices, interactions and relations (Courtenay, 2002; O’Brien, Hunt & Hart, 2005; Smiler, 2004). Because the social and cultural roles, expectations and norms of those who are biologically male are fundamentally shaped by race, ethnicity and gender (Summers, 2004), it is critical to examine how these socially-defined characteristics shape men’s health and influence the relationship between masculinities and men’s health (Snow, 2008).

**Contributions of This Special Issue to Developing Practical Solutions to Men’s Health Disparities**

The literature describing how to explain, reduce or eliminate men’s health disparities is in its infancy. Succinctly, “the aim of research on health disparities is not to just accurately
describe health differences or determine their cause, but to do so in a way that will be useful to making predictions, preventing greater health disparities, and improving human health” (de Melo-Martin, 2007) (p. 218). To date, special issues have addressed men’s health (Crawshaw & Smith, 2009; Gough, 2013; Robertson & White, 2011), social determinants of men’s health (Treadwell, Young, & Rosenberg, 2012), the health issues of specific racial or ethnic groups of men (Jack & Griffith, 2013; Wade & Rochlen, 2013) and describing men’s health disparities (Graham & Gracia, 2012; Treadwell & Ro, 2003). This is the first special issue dedicated to describing strategies for addressing men’s health disparities across racial and ethnic groups in the US and globally. Collectively, these papers represent a range of efforts to not simply explain men’s health disparities, but describe interventions or findings in such a way that they inform strategies to reduce or eliminate men’s health disparities. It is with great pleasure that we bring together a body of papers that cover a diverse set of topics related to men’s health disparities. Despite the variation in subject matter, method, and approach, each offers recommendations for practical solutions to address men’s health disparities in the context of their study’s findings.

In their study titled “Economic burden of men’s health disparities in the United States,” Thorpe, Richard, Bowie, LaVeist, and Gaskin use four years of data from the Medical Expenditure Panel Survey and the National Vital Statistics Reports to examine potential cost savings for eliminating health disparities for men of color in the United States. The authors found differences in health profiles of minority men compared to white men by health conditions. Specifically, among their sample of 11,768 non-institutionalized men, Asian men exhibited a better health profile than white men; however, white men reported better health than African American and Hispanic men. As for estimated direct medical care expenditures due to health inequalities, the authors reported $447.6 billion for African American men, of which $24.2 billion were excess medical care expenditures.

In their study of jail as a public health setting, Dumont, Gjelsvik, Redmond, and Rich explored data on health screenings with Black and Hispanic men from the last Bureau of Justice Statistics Survey of Inmates in Local Jails in their article “Jail as public health partners: Incarceration and disparities among medically-underserved men.” The authors reported findings from interviews of 2044 Black men, 1684 white men, and 978 Hispanic men and found that Black and Hispanic men had the same or higher odds of reporting nearly all types of screenings compared to White male inmates. This was even after controlling for age, education, and length of time in jail. In addition to providing practical solutions that address men’s health disparities in the context of incarceration, the authors also raise critical questions that their data do not address. These questions—centered on the types of data collected from inmates, the reliability of national averages, and the quality of care provided to inmates—provide noteworthy next steps in this research and practice area with men.

The voices of men are particularly important in addressing men’s health disparities. Including representatives of the populations and communities who are directly impacted by health disparities in the larger discussion about how to solve the problem can help acquire language and strategies that can be used for reducing and eliminating men’s health disparities. Similarly, the voices of men can equip stakeholders to take part in improving the health of the men, and the communities in which they reside. In their article “Beyond behavioral adjustments: How determinants of contemporary Caribbean masculinities thwart efforts to eliminate domestic violence,” Jeremiah, Gamache, and Hegamin-Younger provided an international perspective to our special issue. Their study focused on the cultural and social
determinants of Caribbean society that shaped how men use violence against women. It included qualitative data from Partnership for Peace (PFP), a Caribbean domestic violence initiative that originated in the 1990s by the UNWomen. The PFP developed and implemented a violence diversion program that delivered a behavioral adjustment curriculum to Caribbean men charged with domestic violence under newly adopted domestic violence laws. The authors not only extract the stories of violence against Caribbean women from the male perpetrators’ perspectives, but they also provide a context for domestic violence that is grounded in education and employability for Caribbean men. Through this lens, the authors offer recommendations and policy implications that speak directly to improvements and adaptations of the PFP in other settings.

In “Leadership and job readiness: Addressing social determinants of health among rural African American men,” Baker and colleagues reported findings from the leadership and job readiness component of the Men on the Move program. Using survey and interview data from one hundred thirty-nine African American men, the authors reported increases in hope, active coping, and decreases in smoking activity as a result of this portion of the intervention. Interview data supported the survey results by suggested that the men’s communication, job readiness, and coping skills were greatly improved by the program. The primary findings—that support for behavioral interventions can influence behavioral change, positive coping strategies, and hope—have implications for practical solutions and promote thinking around gender- and cultural-specific programmatic efforts.

This supplement ends with a study by Elder and colleagues titled “Men’s health: Disparities in confidence to manage health,” that examined the association between seeking health information and confidence to manage health among men using the 2007 Health Tracking Household Survey. The authors sampled 6,478 men ages 18 and older and used binary logistic regression to examine associations between health information seeking and confidence with men’s abilities to follow through with their medical care needs at home. The authors found that health information seeking was strongly linked to lower confidence levels around following through with medical care at home. Racial/ethnic differences were found, as African American and Hispanic men were less confident of their ability to follow through with medical care at home. This study has implications for the tailoring and targeting of health resources to diverse groups of men as well as the role of healthcare professionals in community engagement.

There were several practical solutions that resonated throughout the special issue articles. For instance, most of the articles addressed the need for local, regional, and federal policies that promote research and programmatic efforts that address men’s health disparities. Similarly, policies that influence educational, workforce, and economic development are needed to address gender-specific disparities and the social determinants of health therein. Therefore, advocating for policy changes that could result in men having more social and economic opportunities is a step toward the reduction and/or elimination of men’s health disparities. The special issue articles also addressed the need for more community organizing and community-based participatory research that include transdisciplinary and multidisciplinary approaches. These multi-level approaches to addressing men’s health disparities will require engaging community members as equal partners and using the community as a setting for resources, information, and skills to develop, implement, and evaluate strategies that enhance men’s disparities research and practice efforts. In combining resources, collaborating with stakeholders, and streamlining efforts, it will be essential to
build on the existing theoretical frameworks and contexts through advocacy efforts, and include health care providers who work directly with men as key stakeholders. Providers’ contributions to improving men’s health may have an impact on the future of their families and the quality of life in their communities. The special issue articles addressed the implications of the professional exchange between adult male patients and clients as well as healthcare institutions in order to address men’s health disparities successfully. Finally, some articles discuss the responsibilities of institutions (e.g., in delivering health education, improving medical encounters, and reducing recidivism) as having a role in addressing men’s health disparities.

While the articles in this special issue cover a range of settings and health issues, it is critical to recognize that there are a myriad of important men’s health issues that are not featured here. Future research should consider issues such as sexual health, unintentional injuries, homicide, substance use/abuse, smoking and other leading causes of death for men. One of the key areas of research is how men’s physiological and behavioral response to stress either promotes or harms their health (Griffith et al., 2012). Similarly, men’s mental health and well-being has generated momentum in the literature (Addis, 2008; Hammond, 2012; Hudson, Neighbors, Geronimus, & Jackson, 2012; Lincoln, Taylor, Watkins, & Chatters, 2011; Martin, Neighbors, & Griffith, 2013; Oliffe & Phillips, 2008; Watkins, 2012; Watkins, Walker, & Griffith, 2010), and how co-morbid physical and mental health issues are gendered (Jackson, Knight, & Rafferty, 2010; Johnson-Lawrence, Griffith, & Watkins, 2013; Mezuk et al., 2013; Mezuk et al., 2010) should be a part of the larger discourse around practical solutions to addressing men’s health disparities.

As we consider fundamental structural roots and causes of these disparities (Link & Phelan, 1995; Treadwell et al., 2012; Xanthos, Treadwell & Holden, 2010), and examine the aspects of masculinity that men seek to perform in different settings (Coles, 2008, 2009), it will be important to look not only within nations but across them. The cultural, historical and policy contexts that vary across nations illustrate that while there may be some critical common gendered elements of men’s health across the globe, these factors are shaped by the intersection of these national policies and cultural contexts (Crawshaw & Smith, 2009; Creighton & Oliffe, 2010; Evans et al., 2011). We need to consider the intersection of these structural and intrapersonal factors to create culturally and contextually relevant solutions to men’s health disparities. Future research should examine how men negotiate issues such as race, ethnicity, social class, disability status and other socially meaningful characteristics across countries where the performance of masculinities may vary in relation to health and health practices.

CONCLUSION

This special issue of the International Journal of Men’s Health offers a first-hand look at some of the leading research on men’s health disparities. The studies here will contribute to advancing the scholarly discourse and practical applications of health research, policy, and practice with (and for) men. The authors of these studies use a variety of research methods, capture national and international scope, address social and economic developmental issues, and provide practical solutions that can be implemented by various stakeholders at various levels. Our hope is that our colleagues whose work prioritizes men’s health—and the disparities therein—will read the articles in this special issue and consider ways in which
the topics, methods, implications, and suggested solutions can be used to inform their own work. It is our responsibility as students, researchers, and practitioners to not just study the change that needs to occur, but ensure that improvements are made through our actions.

REFERENCES


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