

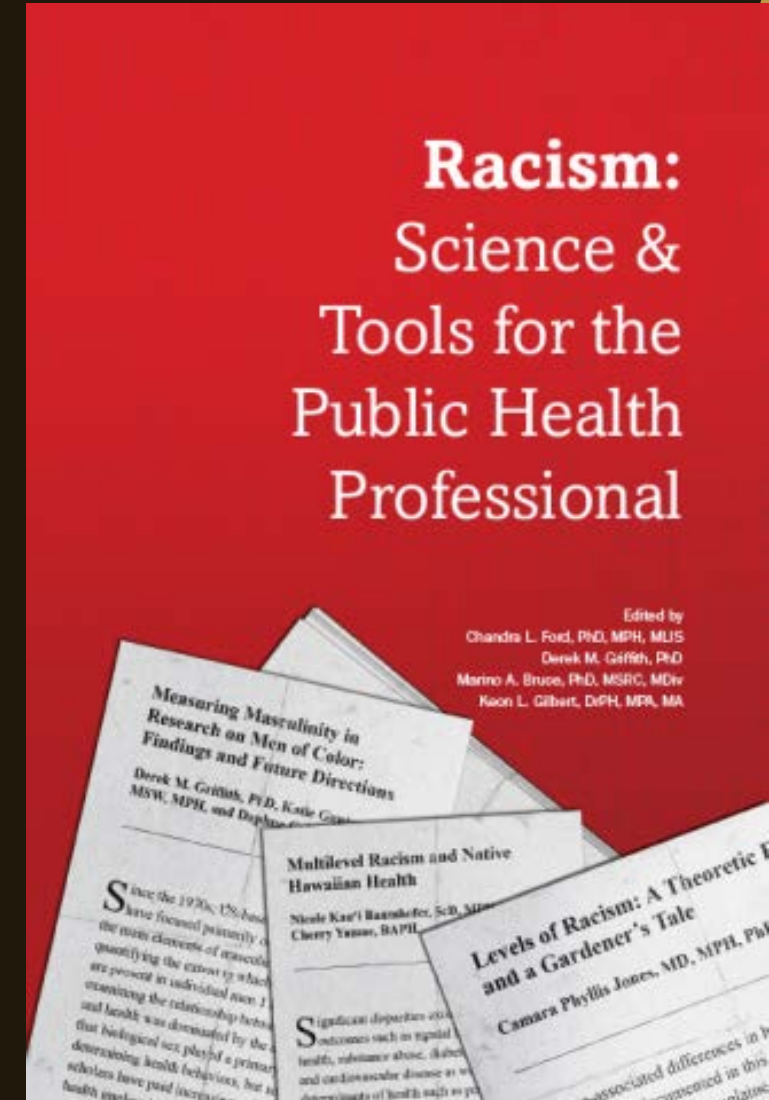
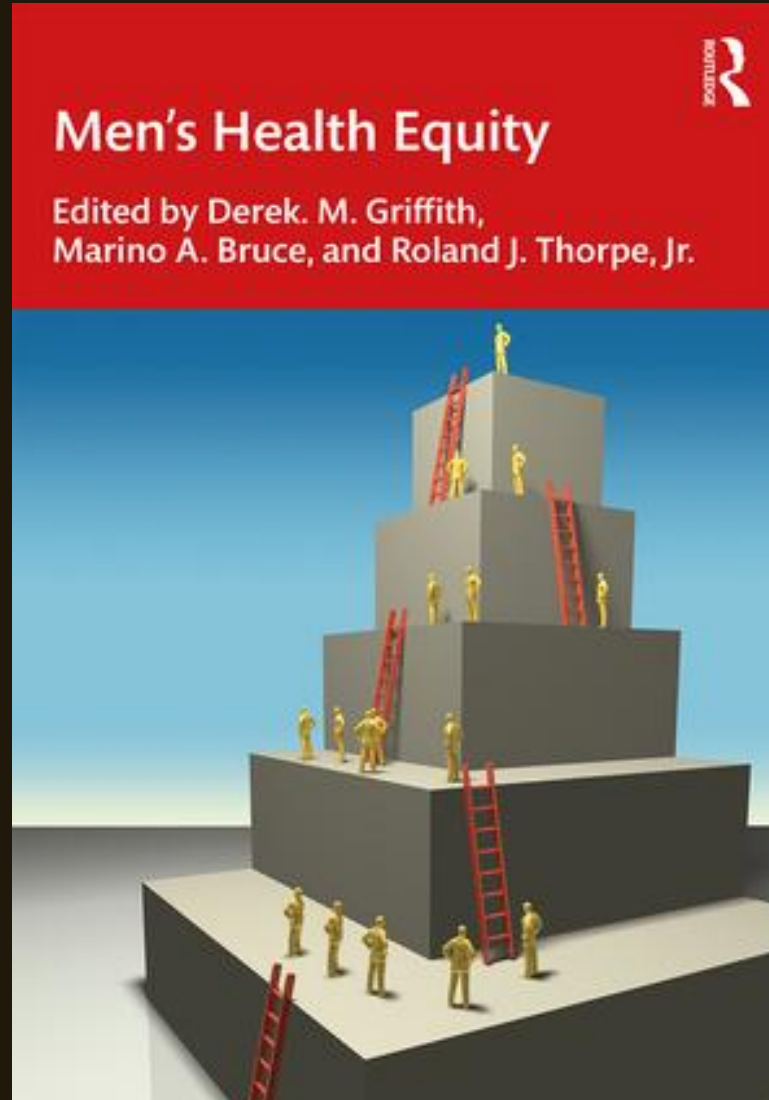
# Men's Health Equity: What is it and what can we do to achieve it?

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SEA Breakfast Forum  
Sharp HealthCare  
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# Center for Research on Men's Health

“On a team, it’s not the strength of in the individual players, but the it is the strength of the unit and how they all function together.” – Bill Belichick





The most robust measure  
of a health disparity is who  
dies too soon.

(Harold Freeman, 2005)  
CEO, president and founder of the Harold P. Freeman Patient  
Navigation Institute Speaking at the  
Meharry-Vanderbilt Alliance Conference on Colorectal Cancer  
in Nashville, TN in 2005

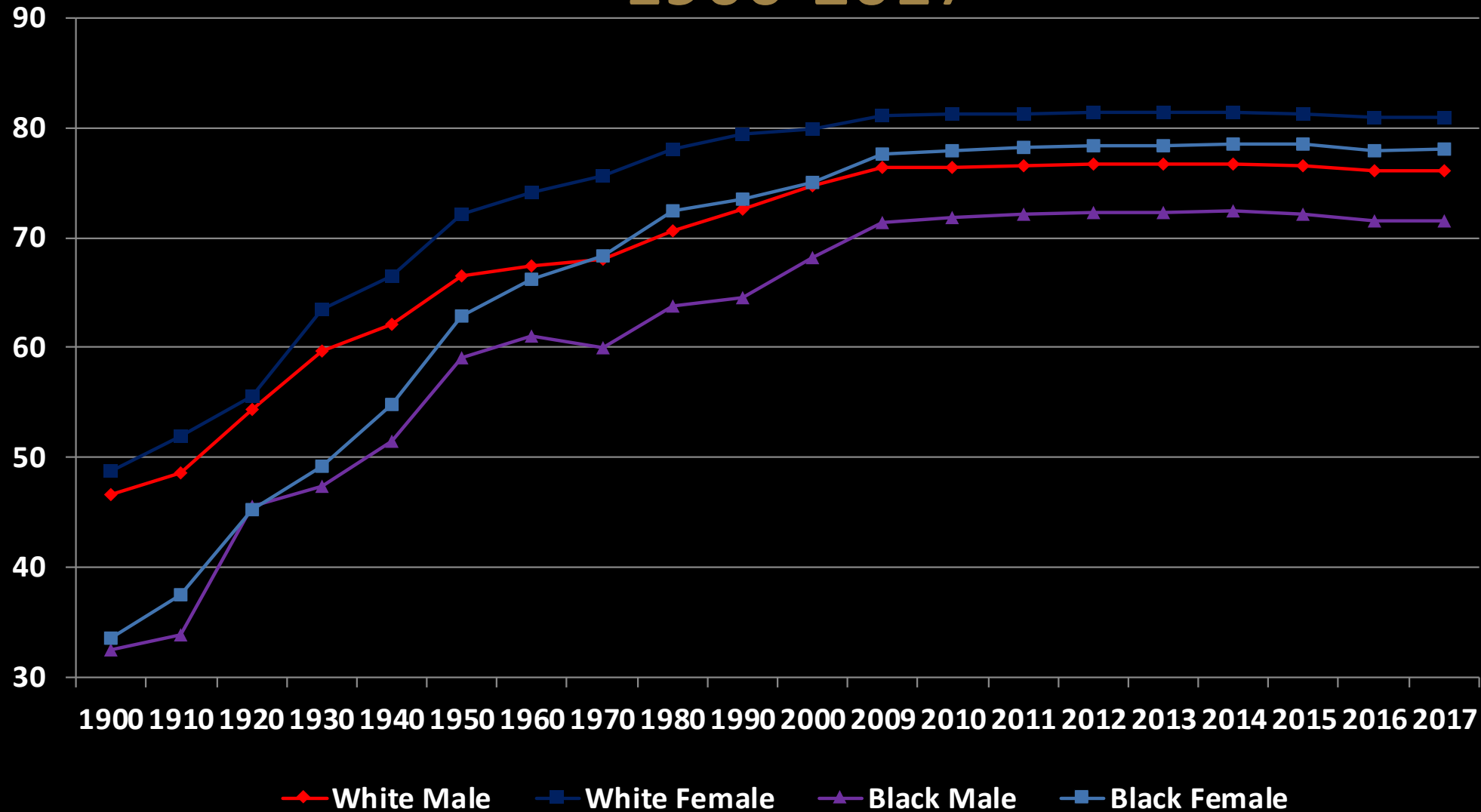


# Goals



- Discuss why men's health is important
- Describe the difference between men's health and men's health equity
- Argue that mistrust and distrust of medical care may be warranted
- Outline what can be done to engage men and pursue men's health equity

# Life Expectancy at Birth by Race and Sex, 1900-2017



Xu et al, 2018; NVSR, 2019

# Ten Great Public Health Achievements United States, 1900-1999

- Vaccination
- Motor vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in deaths from coronary heart disease and stroke

(MMWR, 1999)

# Ten Great Public Health Achievements United States, 1900-1999 (continued)

- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco as a health hazard

(MMWR, 1999)



# The 20<sup>th</sup> Century Surge of Excess Adult Male Mortality

Hiram Beltrán-Sánchez\*

Caleb E. Finch<sup>†</sup>

Eileen M. Crimmins<sup>‡</sup>

## Significance

Female life expectancy now exceeds that of males in all countries. While this gender difference has become accepted as normal, it is a relatively new demographic phenomenon that emerged with the reduction of infections and the increase in the share of adult mortality attributed to cancer and cardiovascular disease. Heart disease is the main condition associated with increased excess male mortality making the strongest contributions in birth cohorts of the early 20th Century. Smoking behavior accounts for about 30% of male excess mortality at ages 50-70 for those born in 1900-1935. The remaining excess male mortality may be explained by underlying traits of vulnerability to cardiovascular disease that emerged with the reduction of infections and changes in diet and other life-style factors.

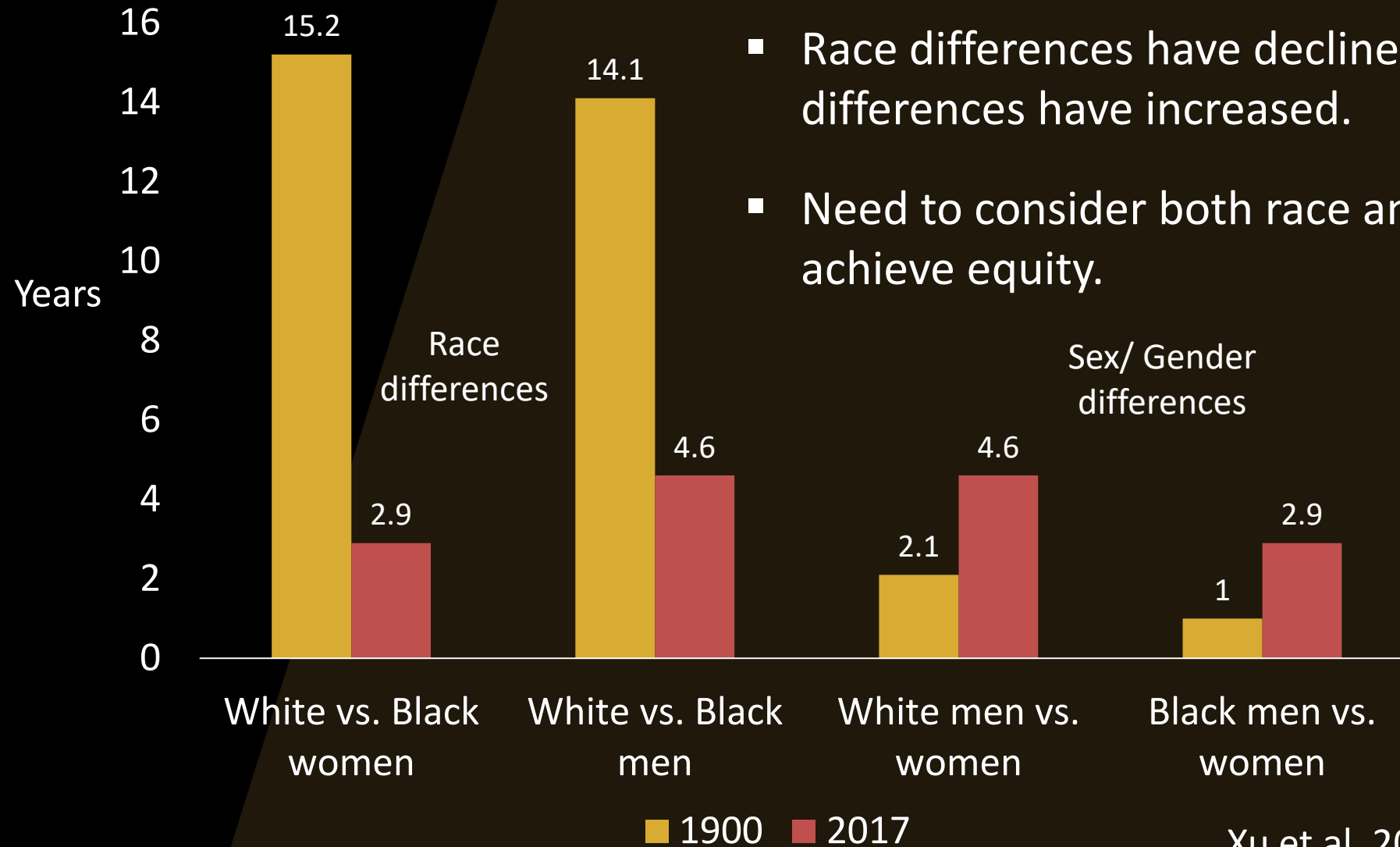
[www.pnas.org/cgi/doi/10.1073/pnas.1421942112](http://www.pnas.org/cgi/doi/10.1073/pnas.1421942112)

PNAS | July 21, 2015 | vol. 112 | no. 29 | 8993–8998

**PNAS** Proceedings of the  
National Academy of Sciences  
of the United States of America



# Life Expectancy at Birth differences in years within race and within sex, 1900 vs. 2017



- Race differences have declined, but gender differences have increased.
- Need to consider both race and gender to achieve equity.

# Should gender differences in life expectancy be considered disparities?

“...the gender disparity in life expectancy is, albeit an important public health issue, not an appropriate health disparities issue, because in this particular case it is the a priori disadvantaged group—women—who experiences better health.”

(Braveman, 2006, p. 186)



# Equality



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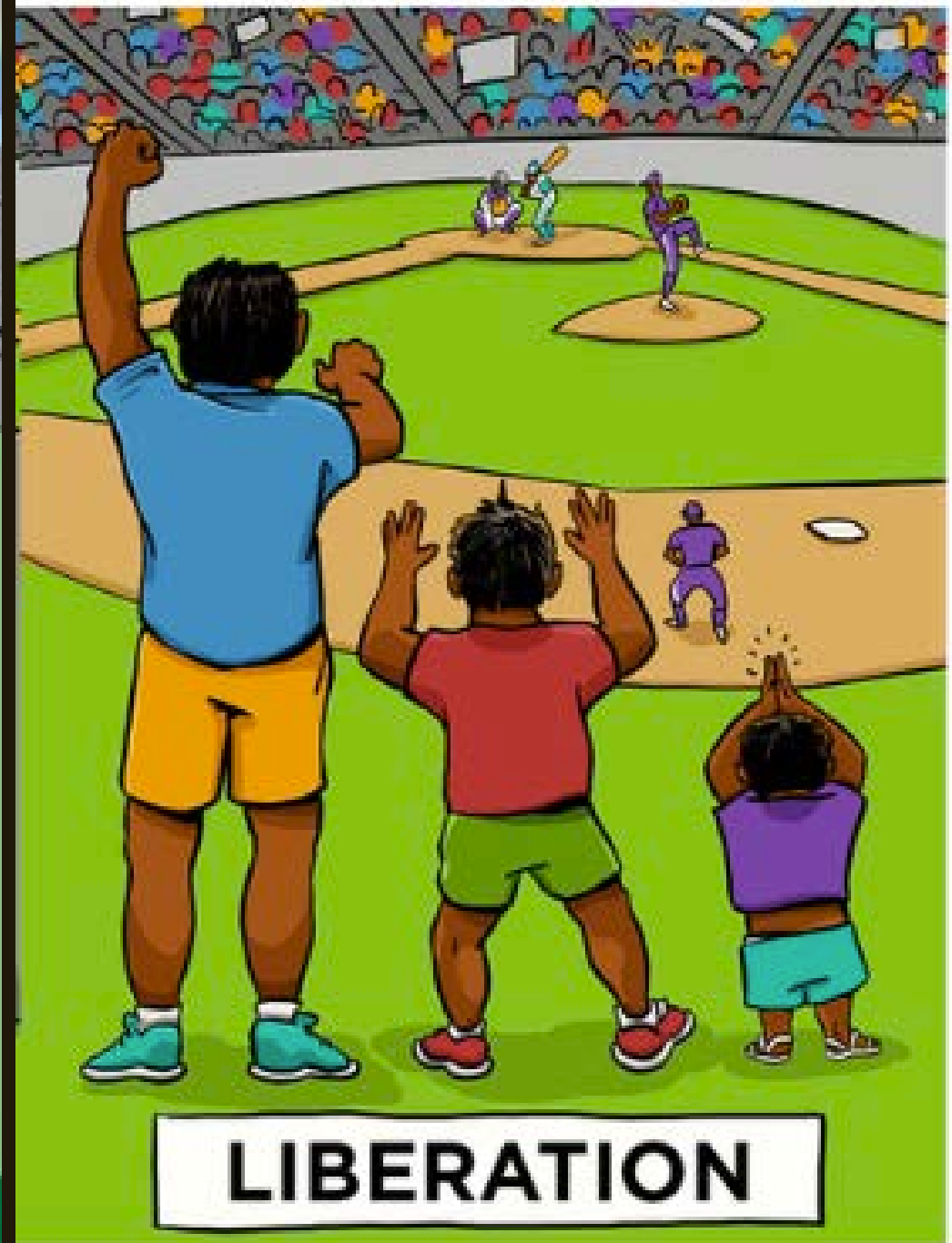
# Equity

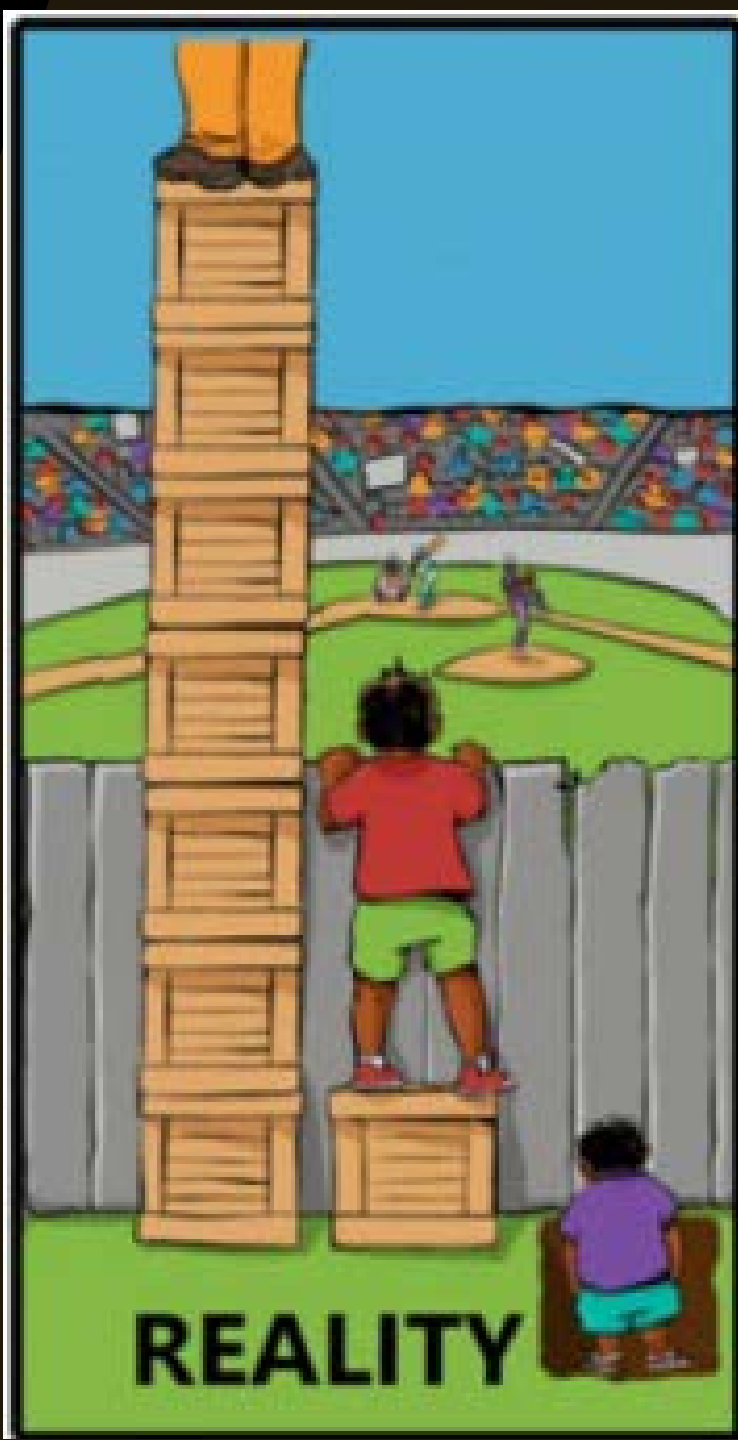


# Justice



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We have made “unsatisfactory progress in **reducing** health disparities and **improving** minority health over the past 20 years...”

(Duran & Perez-Stable, 2019, p. S11)

# What is men's health?

“There is not clear and consistent definitions of what constitutes men's health.” (Porsche, 2007, editor of *American Journal of Men's Health*)

(Bardehle, Dinges, & White, 2017)



# Men's Health Defined

Men's Health has been defined as:

1. sex-specific diseases that are related to male anatomy (e.g., prostate cancer, testicular diseases)
2. non-sex-specific diseases or illnesses that are more prevalent or have a higher impact in men (e.g., cardiovascular disease, chronic obstructive pulmonary disease; cancers of the lung, colon, bladder, and liver; and schizophrenia, obsessive compulsive disorder, suicide)

(Shabsigh, 2013)

# Men's Health Defined

Men's Health has been defined as:

3. health-harming behaviors that are **more common in men** (e.g., smoking, substance abuse, violence)
4. health issues and social situations for which **different interventions for men are required to achieve improvements in health and well-being** at the individual or the population level (e.g., armed forces, war, incarceration, construction, mining, and shipping industries).

(Shabsigh, 2013)

# What is missing from men's health?

“Using an intersectional lens to study men's health requires researchers to contextualize and recognize the ways that race, class, sexual orientation, disability and other structures and axes of inequity constitute intersecting systems of oppression when conceptualizing the problem of research interest as well as the intervention.”

(Griffith, 2018)

# Intersectionality

Introduced by legal scholar Kimberlé Crenshaw, intersectionality is a framework for understanding the ways that the multiple aspects of our identities intersect, influence one another, and compound to create unique experiences. The concept is regularly used to describe the ways that societal privilege and oppression is complicated by the different parts of our identity that are marginalized or privileged in society.

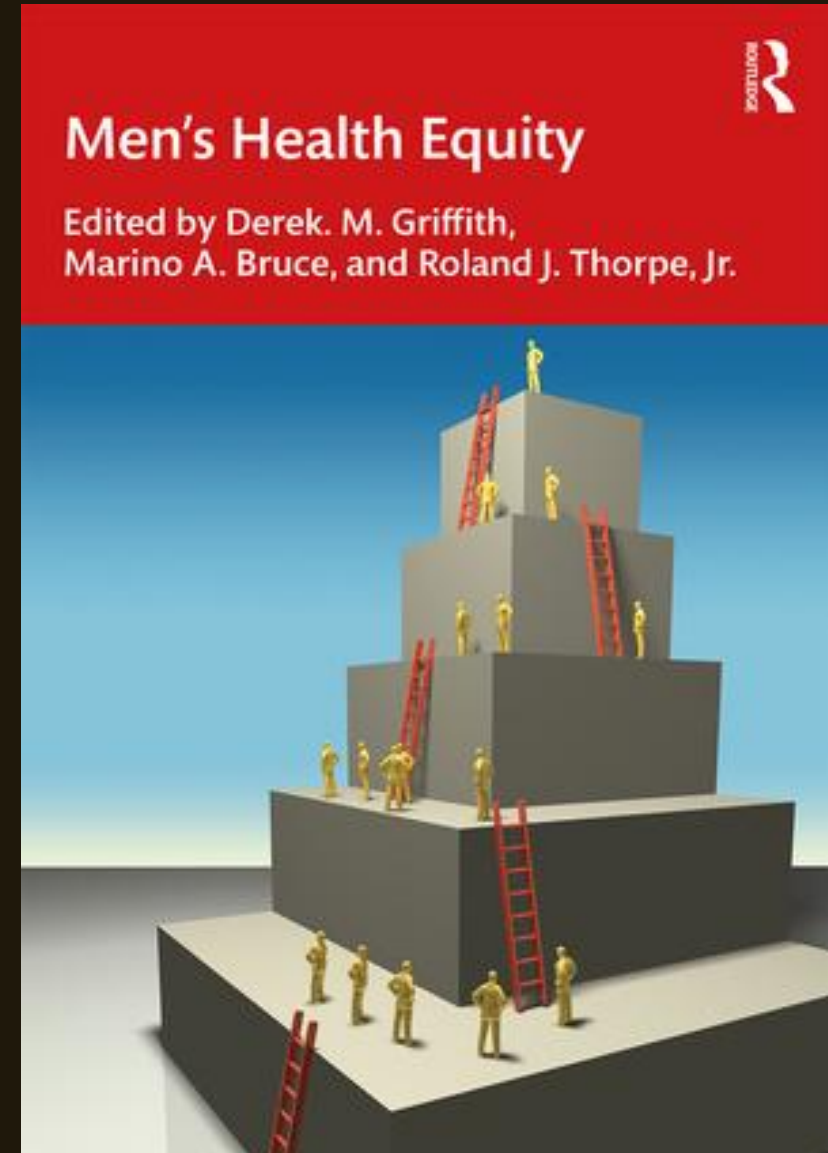


<https://www.youtube.com/watch?v=-DW4HLgYPIA>

# What is men's health equity?

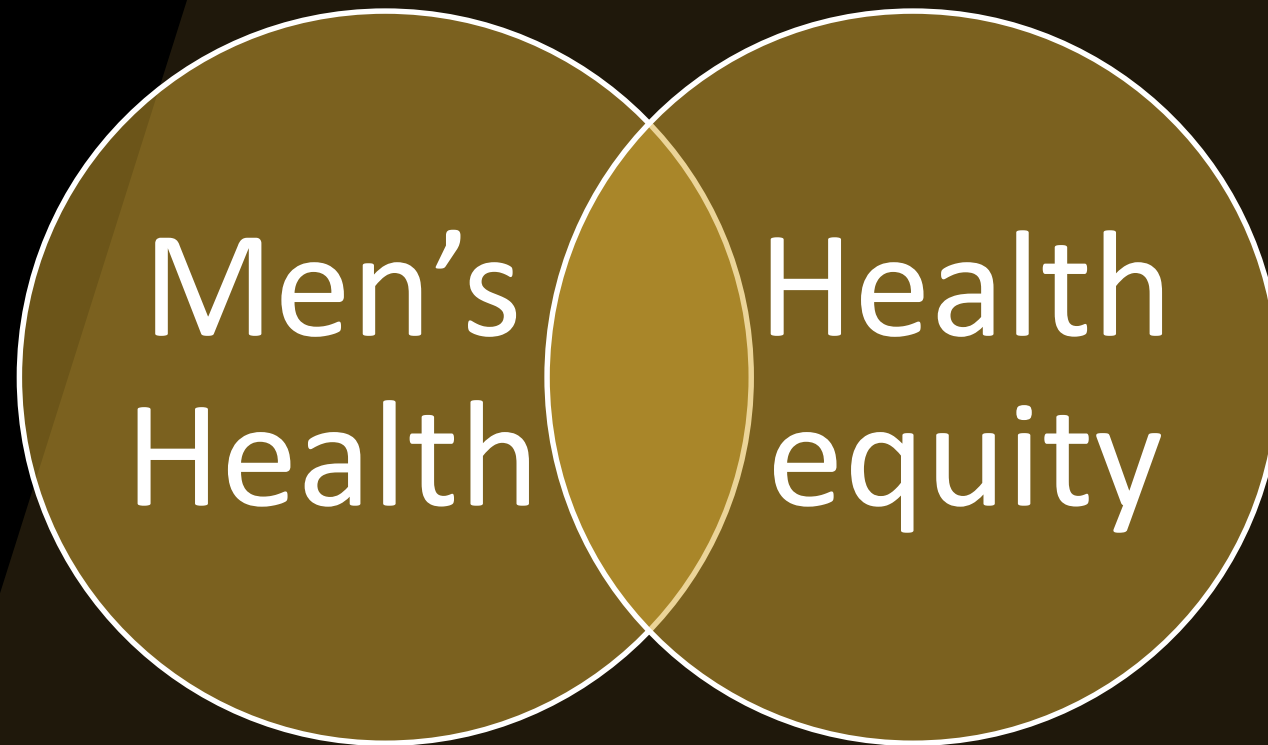
“Men's health equity... seeks to understand and address the needs of men whose poor health is rooted in their underlying social position in society in ways that are sensitive to... structures that have implications for individual-level and population-level solutions to health inequities.”

(Griffith, Bruce, & Thorpe, Jr., 2019)



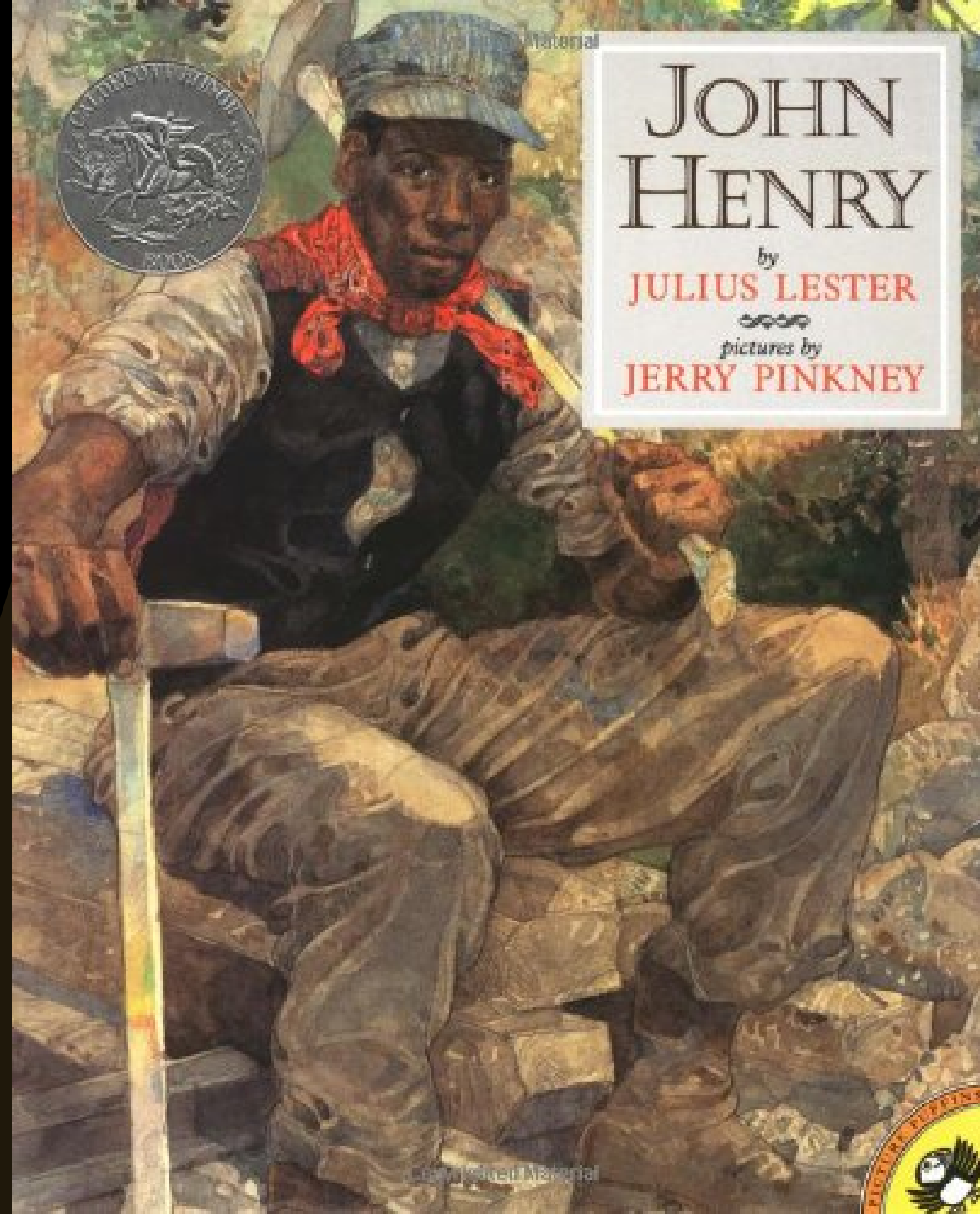


# Why men's health equity?

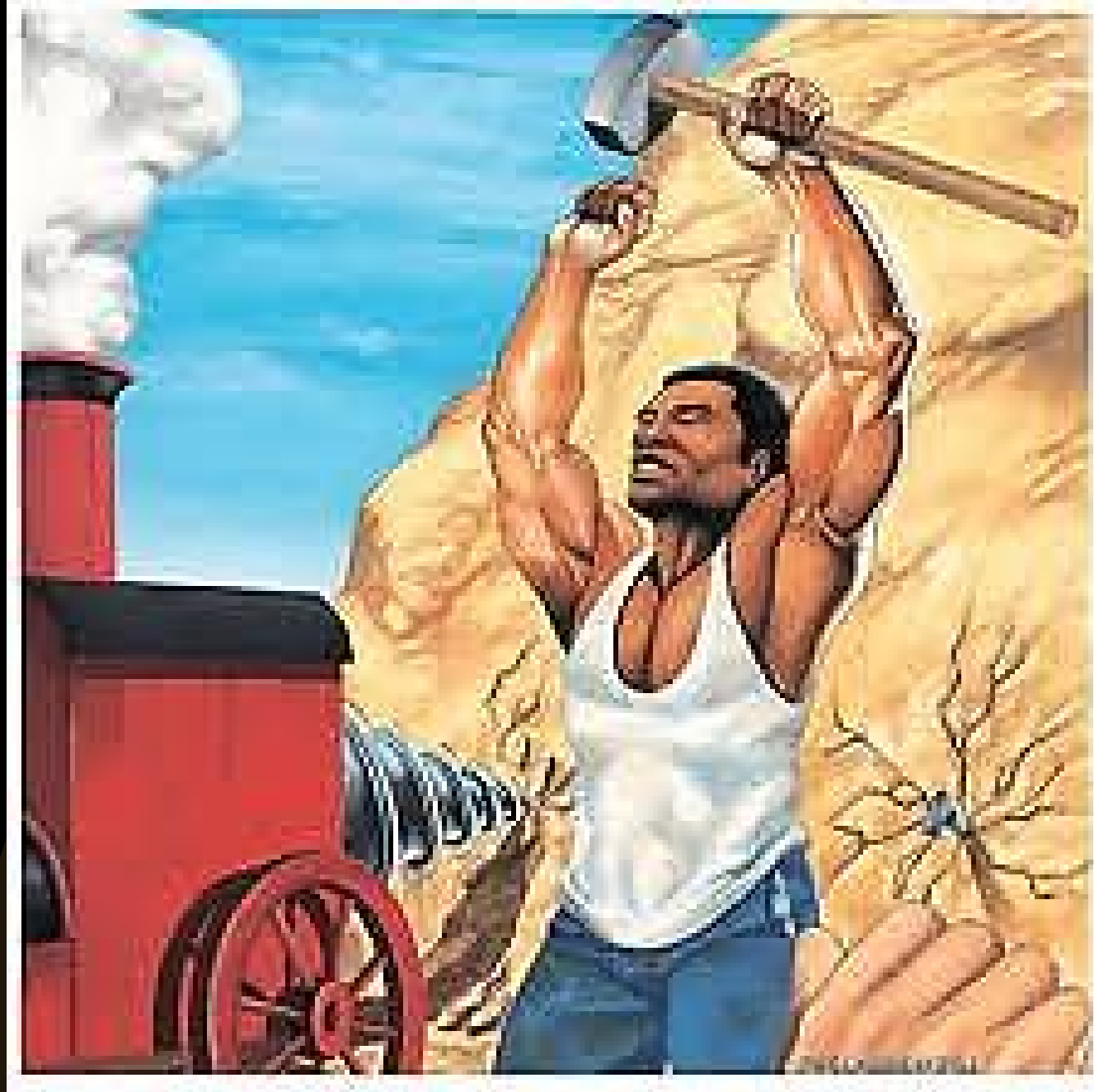


Where should we focus to achieve  
men's health equity?





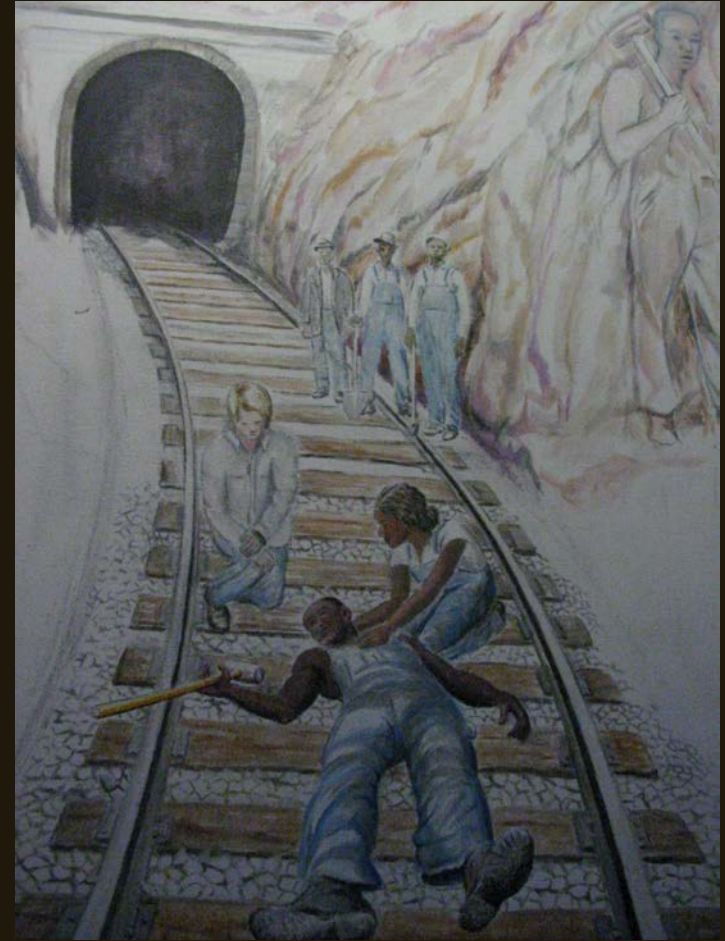
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# What do we learn from John Henry about health?

- His strategy for dealing with this challenge was simply to try and work harder
- He was successful, but this success cost him his life
- Focused more on professional success than his own health





“I would rather have more concussions than leg injuries...”

Houston Texans safety D.J. Swearinger said, “**I would think you’d rather have more concussions than leg injuries.** Leg injury, you can’t come back from that. A concussion, you’ll be back in a couple of weeks.”



*Guardian Express, August 20, 2013*

# Tony Gonzalez, “Hit me in the head, not my knees...”

**“I’d rather have a guy hit me head than knife at my knee,”** Gonzalez said. “You’re talking about a career-ending injury. It’s going to be so hard for Dustin to come back off of that. It should be a fineable offense, just like going for the head is.”

*USA Today, August 21, 2013*



## How do **health professionals** think about men's health?

- Underlying, biological and physiological processes (think tests you get when you go to the doctor)



(Robertson, 2006; Watson, 2000)

## How do **men** think about their bodies and health?

- How you feel; global sense of “well-being”
- Can you function fulfill your roles at work, at home, in bed, at church, in the community, etc.?



# Which Target Are You Aiming For?

Happiness



Career



Health



Money



Relationship



Household



Spiritual  
Development



# Health as an Instrumental and Relational Construct

“Being healthy to me is continuing to be able to be independent, being supportive, and being able to accomplish the things that I put out.”

“[Health is] to be able to perform 8 to 10 hours of labor, daily and then having excess energy for another 3 or 4 hours to enjoy life with your family.”



(Griffith et al, 2015)



# Commonalities between definitions of manhood & health

- Who you are: embodying certain characteristics defines both manhood & health

“Being healthy to me is continuing to be able to be independent, being supportive, & being able to accomplish the things that I put out.”
- What you do: behavior defines manhood & health

“[Health is] to be able to perform 8 to 10 hours of labor, daily & then having excess energy for another 3 or 4 hours to enjoy life with your family.”
- How you seek to affect others: relational definitions of manhood & health

“...[Being healthy] hopefully ensures longevity to be able to provide for those who you care for & love for.”

(Griffith, et al., 2015)

T R U S T

**Takes years to build,  
seconds to break and  
forever to repair.**



“...we should only trust the truly trustworthy,” because when trust is violated or diminished, the reaction is often not simply one of disappointment but a sense of betrayal.”

(Griffith, 2020)

# Trust

“...trust is belief in a person’s competence to complete a certain task.”

(Griffith, et al, in press)

# Trustworthiness vs. Trust

“For groups with a history of experiencing racism, discrimination or exclusion, even those that are not defined by race and ethnicity, concerns about the trustworthiness of health professionals, medical care, health research and institutions that deliver health services abound.”

(Griffith, 2020)

# Determinants of Trustworthiness to Conduct Medical Research: Findings from Focus Groups Conducted with Racially and Ethnically Diverse Adults

*Derek M. Griffith, PhD<sup>1,2</sup> , Emily Cornish Jaeger, MPH<sup>1</sup>, Erin M. Bergner, MPH, MA<sup>1</sup>, Sarah Stallings, PhD<sup>3</sup>, and Consuelo H. Wilkins, MD, MSc<sup>3,4</sup>*

**CONCLUSIONS:** These findings highlight that one's willingness to participate in research is driven in part by their perception of the trustworthiness of researchers, research institutions, and the information they are given about potential research opportunities. There are important and modifiable determinants of trustworthiness that may facilitate minority participation in research. We found that research, researchers, and research institutions each have things that can be done to increase trustworthiness and minority participation in research.

# Distrust

“...**distrust** is the idea that the patient actively questions and doubts the motives, sincerity, genuineness, and trustworthiness of the specific provider, researcher, organization, or institution.”

**Note:** with distrust there is a specific direct object

(Griffith, et al, in press)

# Mistrust

“Mistrust also is often a **general sense of unease or suspicion...** that is predicated either on the notion that the provider or healthcare entity may not act in the patient’s best interest and they may in fact actively work against the patient. **Mistrust may originate from distinct historical experiences linked to group identity, personal experience, vicarious experiences, and oral histories.**”

**Note:** with mistrust there is NOT a specific direct object

(Griffith, et al, in press)



# 10 things you can do to promote men's health equity

1. Create regular systems for gaining feedback on your services and reputations from different segments of the communities you serve
2. Be open to and take seriously feedback from the community
3. Explore your data and program evaluation systems to make sure they can provide information on subgroups of men
4. Participate in and serve the community beyond efforts to generate business; show that you care about more than your bottom line
5. Examine the data used to evaluate the reach and impact of your services by sex and relevant subgroups of men



# 10 things you can do to promote men's health equity

6. Market services to men that highlight the tangible benefits to their lives not only to their health
7. Many men have very recent negative experiences with medical care that they often experience through the lens of race
8. The current politics are undermining confidence that some men (and everyone else) have in the services healthcare institutions provide
9. Trust/distrust in you as a provider may be different than trust in your specialty or trust in your organization or institution
10. Don't dismiss concerns about the quality of the care you provide or reduce them to the legacy of the Syphilis Study

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*That's all Folks!*

