Black Male Health in the United States: Implications of Demographic Heterogeneity

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The health of Black men is a growing but understudied public health concern. It is well known that Black men suffer some of the worst health outcomes, including higher rates of heart disease, diabetes, and premature mortality (Williams 2003). However, much of the work on the intersectionality of race, gender and health has largely ignored the issue of intra-ethnic heterogeneity within the Black racial category. The purpose of this paper is twofold. First, we focus a review of the current literature on the social and cultural determinants of Black men's health in the United States. In doing so, we will highlight trends in Black men's health, the social context in which these trends occur, and why it is important to understand Black men's health separately from other gender and race/ethnic groups. Second, as a contribution to research, we will examine nativity differences on multiple health outcomes across key demographic characteristics (i.e., age, marital status, education level, and income) among nationally representative samples of Black men residing in the United States.

Race and Health

The relationship between health and race is varying and complex. Compared with Whites, African Americans report lower levels of psychological well-being, including life satisfaction and happiness (Hughes and Thomas 1998). However when examining other psychosocial measures, like self-esteem and self-mastery, African Americans report higher levels than expected (Twenge and Crocker 2002). Adding to the complexity is the intersection of race and gender on mental health. Among African American men, the death rate from suicide is almost four times that for African America women (Centers for Disease Control 2011). Structural factors like socioeconomic status, discrimination, and gender socialization are salient in explaining race and gender differences in mental health, while other factors have largely been ignored, including migration status (Watkins, Walker and Griffith 2010; Williams and Earl 2007).

Conversely, more of the socio-demographic research has focused on physical health and race (Williams and Sternthal 2010). Blacks have elevated rates of infectious (e.g. HIV) and chronic illnesses (e.g. diabetes and functional limitations) (Centers for Disease Control 2011). The overall health of the U.S. population has improved over recent decades. However, the rate of change has not been as large for Blacks as it has been for other racial/ethnic groups, resulting in greater disparities by race and ethnicity. Though an immigrant advantage exists, it is unclear if the rate of health improvement is evenly distributed within the heterogenic Black population. In this paper, we will examine several physical and mental health outcomes across two datasets by nativity.

Why Restrict Analysis to Males?

The Black-White health and mortality gaps are well documented in the literature (Hummer and Chinn 2011; Williams and Sternthal 2010). However, the overall trends in racial disparities vary by gender, with Black males at a disadvantage. As of 2010, the Black-White gap in life

expectancy at birth was 3.7 years (Kochanek et al. 2013). However, when looking at males only, this gap was a staggering 4.7 years. A host of structural issues have contributed to the disparate health trajectories of Black males and females, including educational attainment and incarceration (Office of Minority Health 2013). By focusing the analyses on only males, the results will not be confounded by sex differences and will highlight the current health status of a vulnerable population, Black males in the United States.

Nativity

Immigration from Africa and the Caribbean has changed the face of Black America. At least 20 percent of the growth in the U.S. Black population between 2001 and 2006 was due to immigration (Kent 2007). In some areas of the country, including New York, Miami and Boston, Black immigrants comprise more than one-fourth of the Black population (Kent 2007). A myriad of structural issues have contributed to the influx of Black immigration, including political and economic forces. Despite the growth of the Black foreign-born population, researchers have largely ignored the issue of ethnic heterogeneity among Black Americans until recently. The use of the monolithic category "African American" obscures the growing diversity among Blacks in the U.S. and as a consequence, little is known about health differences among native born and foreign born Blacks.

An immigrant advantage in health outcomes is widely known (Forbes and Frisbie 1991; Hummer et al. 2007; Kaestner et al. 2009). This health advantage has been documented across both Hispanic and non-Hispanic immigrant groups (Singh and Miller 2004). However, there is evidence that the immigrant health advantage is not uniform across race/ethnic groups (Singh and Miller 2004), or even within group (Read et al. 2005). For example, Hamilton and Hummer (2011) found Black immigrants report lower odds of fair/poor self-rated health than US-born Blacks. This health advantaged varied in magnitude by region of origin and time spent in the United States. Additionally, immigration patterns vary by gender. The question remains, is the immigrant advantage observed among Blacks confounded by gender?

Data and Measures

Data come from the two sources. The first source is the 2001-2003 Sample Adult supplements of the National Health Interview Survey (NHIS). The NHIS data are a cross-sectional random household sample drawn from the civilian, non-institutionalized US adult population. These data supplements ask more detailed health questions and allow for consistency in the questionnaire design and questions asked of the respondents. The data are restricted to Black males ages 18 years or older at the time of the survey.

The second source is the National Survey of American Life: Coping with Stress in the 21st Century (NSAL). The NSAL was collected from 2001 to 2003, by the Program for Research on Black Americans at the University of Michigan's Institute for Social Research. The NSAL is part of the Collaborative Psychiatric Epidemiology Surveys (CPES) data collection. The survey was designed to explore race/ethnic differences in mental disorders, psychological distress, and (in)formal services use among three target populations: African Americans, Afro-Caribbeans, and non-Hispanic Whites (Jackson et al. 2004a; 2004b). The survey was administered to a

sample of non-institutionalized English-speaking adults aged 18 or older. The African-American sample is the core sample of the NSAL. However, the NSAL includes the first major probability sample of Caribbean Blacks ever conducted. For the purposes of the survey, Caribbean Blacks were defined as persons who trace their ethnic heritage to a Caribbean country, but who now reside in the US, are racially classified as Black and who are English-speaking (but may also speak another language) (Jackson et al. 2004a; 2004b) The data are restricted to Black males ages 18 years or older at the time of the survey.

Physical Health Variables: *current smoker* (dummy variable 1=yes vs. 0=no); *cancer of any type* (dummy variable 1=yes vs. 0=no); *cardiovascular disease* (dummy variable 1=yes vs. 0=no); diabetes (dummy variable 1=yes vs. 0=no); *functional limitations* (dummy variable 1=yes vs. 0=no); *hypertension* (dummy variable 1=yes vs. 0=no); *obesity* (1=BMI $\geq$ 30 vs. 0=all others) and *subjective physical health* (dummy variable1=fair/poor physical health vs. 0=all others).

Mental Health Variables: *subjective mental health* (dummy variable 1=fair /poor mental health vs. 0=all others); *depression* (response categories ranged from 0 to 3; higher scores reflect greater levels of depression); *self-esteem* (response categories ranged from 1 to 4; higher scores reflect higher levels of self-esteem); *self-mastery* (response categories ranged from 1 to 4; higher scores reflect greater levels of self-mastery); and *life satisfaction* (response categories ranged from 1 to 4; higher scores reflect greater life satisfaction).

Key covariates include: *age* (dummy coded across four age groups: 18 to 24; 25 to 44; 45 to 64; and 65+); *education* (dummy variables for less than a high school diploma; high school diploma and greater than a high school diploma); *marital status* (dummy variable 1=married vs. 0=all other marital categories); *annual household income* (in dollars) and a *poverty threshold variable*.

Plans for Continued Research

Future plans for this project include an exhaustive examination of the literature in three areas: a) the empirical research on the physical and mental health of Black men in the US; b) the prevailing explanations for the findings of Black male health; and c) the current literature on nativity differences in Black male health. In addition, we plan to include additional analyses that examine the role of key sociodemographic variables (i.e., age, education, income and marital status) in explaining nativity differences in physical and mental health outcomes.

Table 1: Weighted Descriptive Statistics

	National Health Interview Survey 2001-2003			National Survery of American Life 2001-2003		
Variable	US Born	Foreign Born	Total	US Born	Foreign Born	Total
Age (Mean Years)	44.9	41.6	44.5	42.4	43.0	42.6
Ages 18-24	17.5	13.8	17.1	16.2	12.6	15.3
Ages 25-44	43.0	49.5	43.7	42.9	45.6	43.7
Ages 45-64	28.8	30.9	29.1	29.0	31.2	29.4
Ages 65+	10.7	5.8	10.2	11.7	10.3	11.6
Marital Status						
Married	44.9	59.3	46.4	33.7	48.6	37.5
Unmarried	55.1	40.7	53.6	66.3	51.4	62.5
Education						
More than High Sch	46.5	66.0	48.6	36.8	49.8	23.7
High Sch Graduate	30.3	20.7	29.2	39.1	27.9	36.1
Less Than High Sch	23.3	13.3	22.2	24.2	22.3	40.2
Mean Income Level	n/a	n/a	n/a	39240.4	45241.0	40809.5
Family Income: Poverty Threshold						
2.00 or More	47.1	57.5	48.2	n/a	n/a	n/a
1.00 - 1.99	17.4	12.0	16.8	n/a	n/a	n/a
0.99 or Less	12.0	7.7	11.5	n/a	n/a	n/a
Missing Poverty Info	23.5	22.8	23.5	n/a	n/a	n/a
Current Smoker	28.2	14.9	26.8	31.5	16.0	27.2
Any Cancer	2.8	1.7	2.7	3.4	2.5	3.1
Cardiovascular Disease	8.8	4.6	8.3	n/a	n/a	n/a
Diabetes	9.1	4.7	8.6	9.7	8.0	9.2
Functional Limitation	25.0	13.1	23.7	n/a	n/a	n/a
Hypertension	29.2	16.9	27.9	30.1	21.3	27.7
BMI ≥ 30	31.8	18.8	30.4	28.4	13.8	24.5
Poor/Fair Self Rated Health	16.3	8.2	15.5	18.2	10.9	16.3
Poor/Fair Mental Health	n/a	n/a	n/a	9.2	6.5	8.5
Mean Life Satisfaction	n/a	n/a	n/a	3.2	3.1	3.2
Mean Depression	n/a	n/a	n/a	.52	.45	0.5
Mean Self-esteem	n/a	n/a	n/a	3.6	3.6	3.6
Mean Self-mastery	n/a	n/a	n/a	3.7	3.2	3.3
Weighted N	4417	529	4946			
UnWeighted N	4413	533	4946	1398	516	1914
UnWeighted N (%)	89.2	10.8	100.0	73.9	26.1	100.0

All numbers are percentages unless otherwise stated

Reference List Available Upon Request