*"He is missing from the health care system. He is less likely to hold a job that provides health insurance. Otherwise, he is underinsured. Despite chronic poverty that cries out for relief, he often slips through the cracks of a frayed social safety net. Medicaid, focused on pregnant women and children, rarely includes him. He bears a disparate burden of disease. He dies early and struggles frequently against structures that render him invisible."*

That reflection, delivered by Dr. Keith Elder, flows from the shared mission he and his colleague Dr. Keon Gilbert have embraced – bringing Black men into public conversations about health, health care and health reform. They say their goal is to spotlight the dire need for more resources focused on Black men.

Elder chairs the Department of Health Management and Policy at Saint Louis University's School of Public Health. His work moves beyond disparities and dysfunction, expanding the research to expose the breadth and depth of Black men's health issues from cradle to grave. Gilbert, an assistant professor in the department of Behavioral Sciences and Health Education, focuses on outreach, education, and interventions that increase Black men's access to social capital in order to improve overall health outcomes.

Gilbert's goal is to redefine Black men's health.

"Black men should embrace the broadest definition of health, including how health can fuel their educational and economic ambitions, their dreams and their well-being," said Gilbert.

The pair are co-authors of two recent studies: "Men's Health Disparities in Confidence to Manage Health," published in the fall 2013 issue of the International Journal of Men's Health, and "Trust Medication, Adherence and Hypertension Control in Southern African American Men," which appeared in the American Journal of Public Health in December 2012.

They both credit New Connections – a Robert Wood Johnson Foundation (RWJF) initiative that works to expand the diversity of perspectives informing RWJF program strategy – with helping to enhance their research agendas, and deepening their network of scholars and support.

Elder (a 2009 New Connections alumnus), whose research marked some of the seminal data on Black men's health status encouraged Gilbert to seek RWJF support. A current fellow, Gilbert is using his New Connections grant to engage Black men around access to the Affordable Care Act (ACA).

The goal is to understand how to help those without insurance obtain it, and to persuade those

who have it to use it more often by seeking routine and preventive health care services.

**Black men missing from health care conversation**

One of the first hurdles confronting Black men is health coverage. Second, and more fundamentally, many Black men do not readily access health care even when they are insured. Elder notes that Black men with health insurance are two times less likely to use it than other groups.

"Black men are one of the hardest groups to reach. No one is looking to engage them, and they are just not plugged into the systems," said Gilbert.

Education and outreach, vital to improved health status, are not isolated from the other challenges to advancing Black men's health.

"We have to expand the science when it comes to a myriad of processes, from access to health care outcomes," said Elder, whose research focused on predictors, perceptions, and evaluation of health care quality by Black men in non-emergency medicine. "Our published research is important, but the people we need to reach aren't in the academic world. They are in the barbershop, on the basketball court, and in communities that are medically underserved."

**Health disparities' effect on Black men**

The health disparities suffered by Black men are stunning. According to studies, the death rate from heart disease is 30 percent higher than that of white male counterparts. From stroke, it is

60 percent higher. The diabetes death rate is 200 percent higher for Black men, and the death rate from prostate cancer is also more than 200 percent higher.

Gilbert notes that the disparities exist in specific outcomes, such as chronic disease and unintentional injuries. "These are the barriers men face starting early in life, when those diseases begin and then manifest over time," said Gilbert. "The question becomes, what can we do in the realm of prevention? And what can we do to address social determinants that may limit opportunities for access to care, education, and quality employment?"

He suggests encouraging young men to complete high school and go to college may be one answer. Paying attention to their health at an earlier age is another solution.

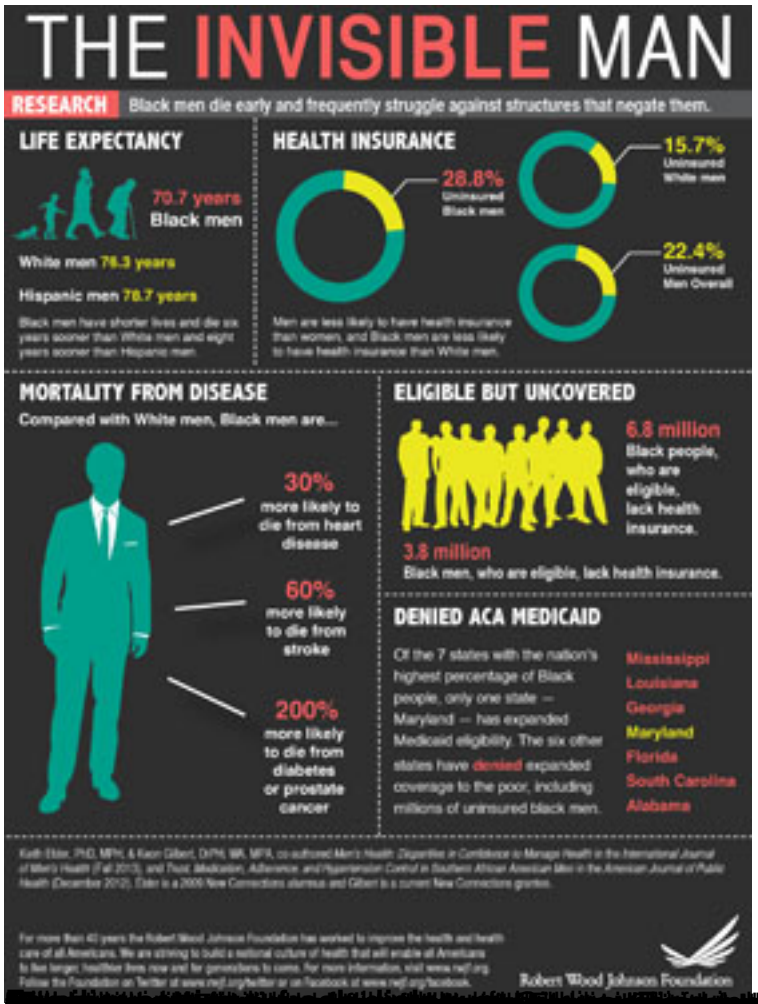
Gilbert points out that another impediment comes from Black men's sense of self-perceived masculinity and gender identity.

He added that Black men are not socialized to go to the doctor on a regular basis. Research shows that men younger than 18 years of age tend to go to the doctor when prompted by a parent, or because they are active in sports, but after the age of 18, health care utilization drops off dramatically.

Moreover, according to Gilbert, there is a history in America of rendering Black men invisible, which puts them at greater risk. He believes engagement has to start on parallel tracks, in small, incremental and systemic measures.

"When men have the opportunity to talk about things that are important to them and participate in decision-making, it almost always makes a difference. It increases their engagement and the chances of improved outcomes," said Gilbert.

This spills over into policy as well. Gilbert noted that the states choosing to expand Medicaid provisions under ACA now include people with felony convictions, who previously were ineligible for Medicaid coverage. This provides an important opportunity to introduce and expand access to a large segment of the excluded and marginalized population.


THE INVISIBLE MAN
RESEARCH
Black men die early and frequently struggle against structures that negate them.
LIFE EXPECTANCY
70.7 years
Black men
White men 76.3 years
Hispanic men 78.7 years
Black men have shorter lives and die six years sooner than White men and eight years sooner than Hispanic men.
HEALTH INSURANCE
28.8%
Uninsured
Black men
15.7%
Uninsured
White men
22.4%
Uninsured
Men Overall
Men are less likely to have health insurance than women, and Black men are less likely to have health insurance than White men.
MORTALITY FROM DISEASE
Compared with White men, Black men are...
30%
more likely to die from heart disease
60%
more likely to die from stroke
200%
more likely to die from diabetes or prostate cancer
ELIGIBLE BUT UNCOVERED
6.8 million
Black people, who are eligible, lack health insurance.
3.8 million
Black men, who are eligible, lack health insurance.
DENIED ACA MEDICAID
Of the 7 states with the nation's highest percentage of Black people, only one state — Maryland — has expanded Medicaid eligibility. The six other states have denied expanded coverage to the poor, including millions of uninsured black men.
Mississippi
Louisiana
Georgia
Maryland
Florida
South Carolina
Alabama
Robert Wood Johnson Foundation