

RACE, ETHNICITY & HEALTH CARE

FACT SHEET

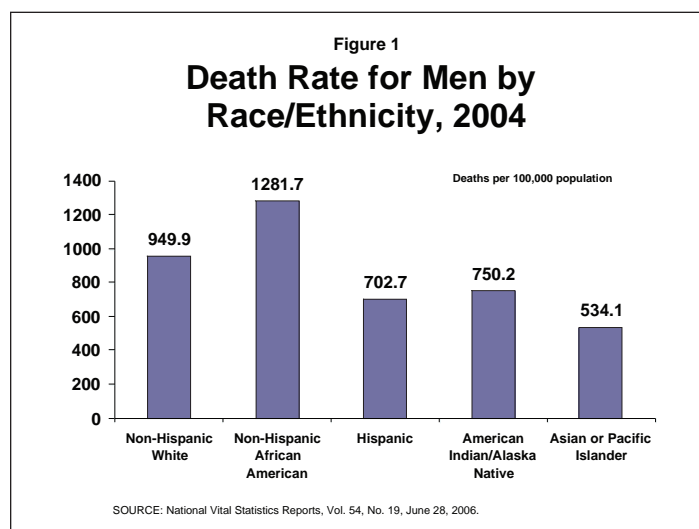
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The Health Status of African American Men in the United States

There are 17.3 million African American men in the United States, representing 48% of all African Americans in the US. They tend to have some of the worse health indicators of all racial/ethnic groups, male or female. This fact sheet uses data from the U.S. Census, National Vital Statistics System, and national surveys to compare the health status and coverage of African American men to other racial/ethnic groups.

Health Status

African American men have the lowest life expectancy and highest death rate compared to men and women in other racial/ethnic groups in the United States. The overall death rate for African American men is 1.3, 1.8, 1.7 and 2.4 times that of White, Hispanic, American Indian/Alaska Native, and Asian or Pacific Islander men respectively (Fig. 1).

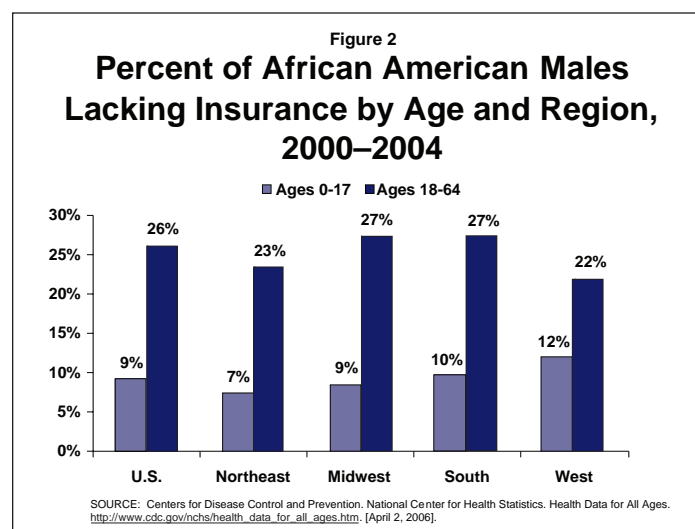


Homicide is the leading cause of death for African American men between the ages of 18 and 34, and the 4th leading cause of death for African American men between the ages of 18 and 64.¹ Among non-Hispanic White men in the same age groups, homicide is the 5th and 10th leading cause of death respectively. African American males also have higher death rates than men from other racial groups for heart disease, HIV/AIDS, and certain cancers, including prostate, lung, and colon.²⁻⁴

Aside from higher death rates, African American men also have higher rates of hospital admissions for diabetes complications, hypertension, and angina than non-Hispanic White and Asian or Pacific Islander men.⁵⁻⁷

Health Coverage and Access

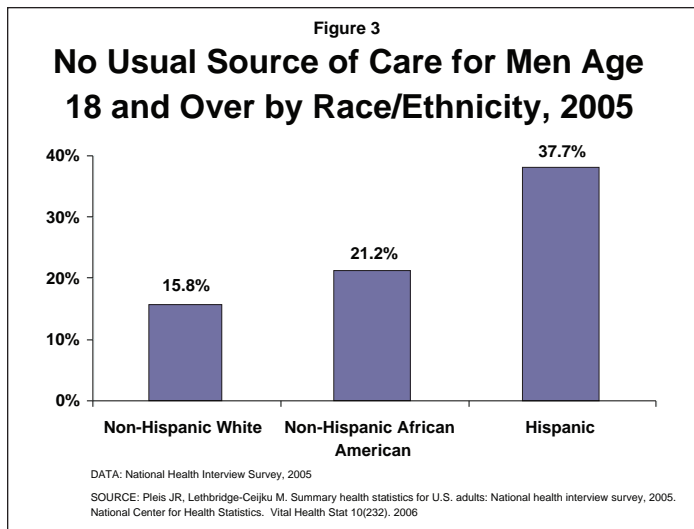
In general men are more likely to lack insurance than women. This is in part because men are less likely to qualify for public sources of insurance in which eligibility is linked to the care of dependent children. Over 25% of nonelderly African American men were without health insurance in 2005 compared to 16% of non-Hispanic Whites and 21% of Asians.⁸ A higher percentage of nonelderly Hispanic, Native Hawaiian/Pacific Islander, and American Indian/Alaska Native men were uninsured than African American men. Uninsured rates vary by age and geographic region (Fig. 2). African American adult men are more likely to lack health insurance than boys, as are adult men in the Midwest and the South, compared to the Northeast and the West.



The majority of Americans between the ages of 18 and 64 receive health coverage through their employer (64%).⁹ However, just over half (53%) of African American men had employment-based coverage in 2005, compared with 70% of non-Hispanic White men, 65% of Asian, and 42% of Hispanic men. This number in part reflects differences in types of employment, in income, and in the unemployment rate of African American men. On average, 8% of nonelderly African American men were unemployed in 2005 compared to 4% of non-Hispanic White men. The unemployment rate was higher (11%) for African American men between the ages of 18 and 34.¹⁰

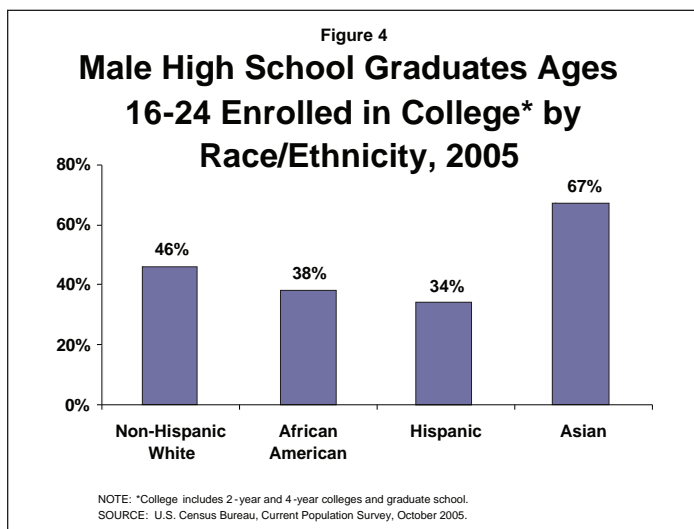
More than 20% of African American men over the age of 18 do not have a usual source of medical care, compared to

16% of non-Hispanic White men and 38% of Hispanic men (Fig. 3). Among men with a usual source of care, African American men are twice as likely as non-Hispanic White men to say that their usual source of care is an emergency room. They are also less likely than non-Hispanic White men to have had an office or an outpatient visit.¹¹



Social Determinants of Health

The link between socioeconomic status and health is well established. On average, individuals with more education and more income tend to have better access to health care and better health outcomes than those with less education and income. In 2005, 38% of African American men between the ages of 16 and 24 with a high school diploma were enrolled in college compared with 67% of Asian and 46% of non-Hispanic White men (Fig. 4). Regardless of education level, African American men tend to earn less than non-Hispanic White men.



Increasingly, researchers are demonstrating the importance of place of residence in racial and ethnic health disparities. In a study of mortality by geography and other social determinants of health, the gap in life expectancy between African American men living in high risk urban areas and Asian men living in areas with at least 40% Asians, was found to be 15.4 years.¹² This same study found that African American men living in Southern rural,

low-income areas were less likely to say they had health plan coverage or a physical in the past year than African American men in high-risk urban areas.

African American men are disproportionately represented in the criminal justice system. Ten percent of African American men between the ages of 18 and 34 were in prison in 2005.¹³ This was almost 3 times the rate of Hispanic men and almost 7 times the rate of non-Hispanic White men. Prisoners reentering the community have difficulty obtaining stable employment, decent housing, and health coverage. The difficulty obtaining coverage is particularly troubling given the high rates of mental illness, substance abuse, and infectious disease in the prison population.

Conclusions

African American men have the highest death rate of all racial/ethnic groups, male or female. The poorer health and health care indices of African American men have consequences for African American families and the nation's economy. High rates of incarceration, and unemployment, and low levels of college graduation rates negatively affect their quality of life as well as access to health coverage and quality care. Efforts to improve the health of African American men need to consider improving health coverage and care, as well as social factors that affect health.

Sources

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