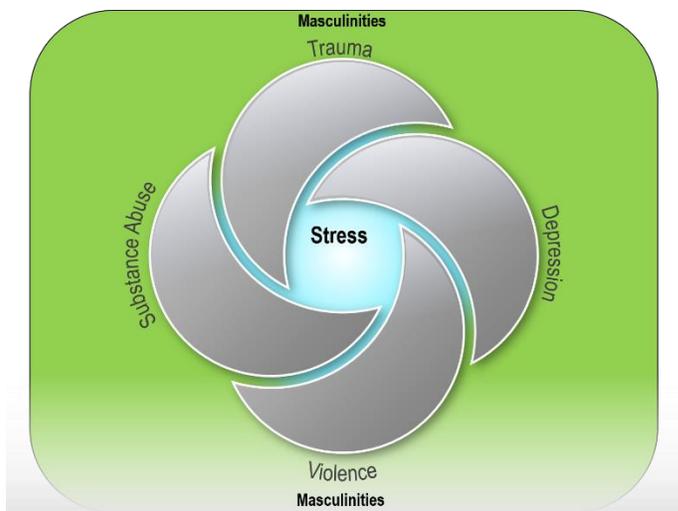


HEALTH EQUITY FOR VULNERABLE MEN & BOYS

Men are at disproportionate risk for chronic health conditions such as heart disease, diabetes, and cancer.ⁱ There are a myriad of physical, mental, and behavioral health disparities that are associated with these conditions, and these disparities are particularly strong among men and boys from vulnerable groups (e.g., boys and men from racial and ethnic minority groups, sexual minority groups, and males living in poverty and in rural communities).ⁱⁱ Comprehensive research indicates that psychosocial factors such as stress can strongly influence health issues in these populations.ⁱⁱⁱ Key health conditions linked to health disparities in vulnerable boys and men include depression, trauma, violence and substance abuse.^{iv}



DEPRESSION

- Men who identify as gay or bisexual report depression and anxiety at rates higher than that of the general heterosexual population.^v
- Compared with 41.6% of White youth, only 36.9% of Latino youth and 28.6% of African American adolescents with a major depressive episode in 2013 reported receiving treatment for depression.^{vi}

TRAUMA

- Vulnerable populations of men and boys are more likely to be exposed to traumatic stressors such as discrimination, delinquency, disadvantaged communities, poverty, and families with fewer socioeconomic resources.^{vii-viii}
- Over 90% of all detained youth report symptoms of post-traumatic stress disorder (PTSD) and other types of trauma.^{ix}

VIOLENCE

- Homicide was the leading cause of death for young Black men ages 15 to 24.^x
- Violent hates crimes against racial and ethnic minorities increased between 2004 and 2012, and this increase may be connected to disproportionate targeting of Latino males.^{xi-xii}

SUBSTANCE ABUSE

- Men report higher rates of binge drinking, illegal use of marijuana, cocaine, and hallucinogens, and substance dependence issues than women.^{xiii}
- From 2001-2014, men were much more likely than women to die from overdose across all drugs (e.g., prescription drugs, prescription opioid pain relievers, benzodiazepines, cocaine, and heroin).^{xiv}

APA RECOMMENDATIONS

The American Psychological Association (APA) is interested in the determinants of health among men and boys and hopes to address inequities through research, practice, and public policy. We recommend the following:

- **Development of research and evidence-based interventions that target populations of vulnerable men and boys.** Research on psychosocial problems among men and boys is not sufficient to explore nuances in different populations. Funders should incentivize research and programs that explore the development of psychosocial problems among disadvantaged men and boys of color.
- **A greater focus on health equity throughout legislative efforts.** Given that men and boys vulnerable to health disparities are disadvantaged, legislation and treatment protocols that focus on these groups should be adopted. The anticipated reintroduction of the *Health Equity and Accountability Act* (HEAA), by Rep. Robin Kelly (D-IL) in the 114th Congress builds on the Affordable Care Act's advancements by providing federal resources, policies, and infrastructure to eliminate health disparities stemming from race, ethnicity, age, ability, sex, sexual orientation, gender identity, and English proficiency.
- **Stronger efforts to reform mental health systems.** Mental health bills introduced in the 114th Congress need to be advanced, to provide better mental and behavioral health services among vulnerable men and boys. Mental health system reform should address substance abuse treatment and retention, appropriate treatments for trauma among diverse populations, and make provisions for males who may come from underserved, resource-poor backgrounds.
- **Sustained investment in public health and research programs.** Fund HHS and other federal agencies at the highest level possible in FY 2017 and beyond.

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