

What lies behind the pandemic's inequitable impact on Black men

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Andis Robeznieks

Senior News Writer

COVID-19's profound impact on Black men has been well documented, but the virus's deeply inequitable impact has not necessarily been well explained. The answer might be found in the pandemic's convergence of chronic disease epidemics intersecting with social factors such as structural racism.

The pandemic "has surfaced that minoritized communities, communities of color, or low-income communities, have all been disproportionately impacted by the virus," said Christopher S. Holliday, PhD, MPH, the director of population health and clinical-community linkages at the AMA. "But then, when you parse those numbers out, Black men tend to—again—fall toward the bottom of those disparities."

Holliday co-wrote a commentary published in *Public Health Reports* that explores how COVID-19 combined with the concurring (or co-occurring) epidemics of heart disease, obesity, hypertension, diabetes and drug overdoses to create a "syndemic."

Syndemics are defined as "two or more epidemics interacting synergistically in ways that exacerbate health consequences because of their interaction."

In the commentary, "Using Syndemics and Intersectionality to Explain the Disproportionate COVID-19 Mortality Among Black Men," Holliday and his colleagues from Vanderbilt, Georgetown and George Washington universities use syndemics to "identify how the clustering of structural forces precipitates clustering of disease in specific populations, moving beyond the assumption that these phenomena are separate or coincidental."

They also note how the intersection of these health problems with gendered forms of structural racism and class discrimination create chronic stress that can make people more vulnerable to chronic and infectious diseases.

The three pillars of syndemics are disease concentration, disease interaction and structural forces that underlie these factors, Holliday and his colleagues wrote. The *Public Health Reports* piece follows up on “Men and COVID-19: A Biopsychosocial Approach to Understanding Sex Differences in Mortality and Recommendations for Practice and Policy Interventions,” a commentary by the same authors published in the Centers for Disease Control and Prevention (CDC) journal *Preventing Chronic Disease*. It was the publication’s most-popular article of 2020.

Figures from a February CDC report show the life expectancy for Black men fell by three full years, to 68.3 from 71.3, between 2019 and the first half of 2020—further widening the gap between them and any other racial, ethnic and gender demographic.

Problems are predictable, solvable

Holliday and colleagues suggest policy initiatives and research priorities to improve the health of Black men and cut the disparities in COVID-19 mortality. A key reason these problems can be solved—or even better—prevented, is because they are predictable, Holliday explained.

“Going into any situation, whether it's an infectious disease outbreak or chronic disease, we know that disease concentration and the clustering of diseases happen in certain populations,” Holliday said.

“You already know that, before there's a pandemic, these diseases interact,” he added. “So, proactively from a prevention perspective, you begin to create the conditions where this doesn't happen.”

Recommendations from Holliday and his colleagues include:

- Using the integrated syndemics approach to inform simulation models of the potential effects of health and public policy changes.
- Regularly disaggregating data by race, ethnicity and gender to better inform health and public programming and policy.
- Training health professionals to realize that racism and other social determinants of health operate differently within and across populations.

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Start with vaccine strategy

What's to be done? A systematic COVID-19 vaccination strategy that considers populations at greater risk because of their social status or rates of chronic conditions would be a good place to start, along with a program focusing on hypertension such as the evidence-based AMA MAP BP™ program, Holliday suggests.

These can be followed by workforce development or back-to-work efforts, as well as a mental health effort focused on Black men.

"I don't know if I've ever seen an ad for Black men and mental health," Holliday said. "I'm a psychologist by training, so mental health is a big part of the way I think about the confluence of different factors that lead to disparate outcomes."

Ultimately, he said, it comes down to preventing illness by changing the environment to where the "healthy choice is the easy choice."

"You have to dismantle those structural forces so that people have an opportunity to eat well, to exercise, to have gainful employment, insurance and adequate child care—all of the things that any of us needs to live a fulfilling life, and that will remove some of the stress that exacerbates the concentration and interaction of diseases," Holliday said.

Visit the AMA COVID-19 resource center for clinical information, guides and resources, and updates on advocacy and medical ethics.

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