# Physical and Mental Health Interventions for Black Men in the United States


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PREPARED FOR

RISE
FOR BOYS AND MEN OF COLOR

RESEARCH INTEGRATION STRATEGIES EVALUATION


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**RISE for Boys and Men of Color is a field advancement effort that aims to better understand and strategically improve the lives, experiences, and outcomes of boys and men of color in the United States.**

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# Introduction

This report, submitted to RISE for Boys and Men of Color (BMOC), is a comprehensive report of the findings from a field scan performed by the University of Michigan (U-M) Gender and Health Research (GendHR) Lab on physical and mental health interventions for black men[1] in the United States.

This field scan is a natural extension of the GendHR Lab's work on black men's social and cultural experiences, and how these experiences contribute to their health trajectories and transitions. For the current RISE field scan, members of the GendHR Lab conducted a thorough and systematic review of the **empirical** and **grey** literatures to identify successful strategies used by organizations, agencies, and individuals across the United States to develop and maintain physical and mental health interventions for black men ages 18 and older.

Several physical and mental health interventions that target black men exist. Yet, few studies have (a) examined the unique characteristics of these interventions, and (b) examined the way these interventions have improved health outcomes for black men. The current field scan sought to extend the work of previous studies by applying an intersectional approach to examining patterns in successful physical and mental health interventions for black men. There is a need for this field scan because it increases knowledge about the influences of contextual factors on individual- and community- level intervention work that is currently being done with black men. Therefore, we are pleased to submit a field scan that provides a comprehensive synopsis of previous and existing physical and mental health interventions that target black men in the United States.

This RISE field scan on physical and mental health interventions for black men in the United States contributes to the knowledge needed to develop culturally sensitive and gender-specific health intervention approaches for black men in the future. This field scan also provides an important basis for policy decisions regarding physical and mental health services and in designing interventions that will be most effective for subgroups of black men. Through this field scan, we strive to understand the disparity between how black men articulate physical and mental health conditions and researchers and practitioners' roles in working with them to improve these conditions. Acknowledging the importance of physical and mental health for black men will inform a strengths-based framework that documents the range of health-specific needs of this subgroup of men of color. A strengths-based framework is necessary to create evidence-based treatments and strategies to improve their health conditions. Overall, this field scan significantly advances a grossly under-studied area of culturally sensitive and gender--specific health interventions that are designed and implemented (specifically) with black men in mind.

[1] For the purposes of this field scan, *black men* are defined as men of African descent, who are aged 18 and older. This definition, as well as the literature reviewed and reported in this field scan, is inclusive of information that has been tailored and targeted for both "black" and "African American" men.

# How To Read This Field Scan Report

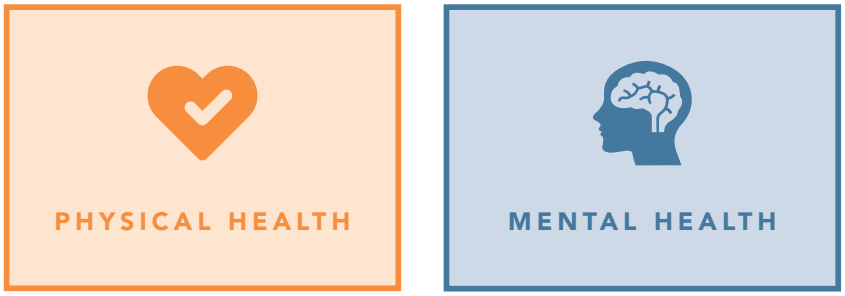
To understand the types of US-based physical and mental health interventions that currently exist for black men, this field scan is divided into two major sections. The first section is focused on **physical health interventions for black men**, defined as programmatic efforts that include clinical and nonclinical (i.e., community and/or institution-based) health promotion strategies that address physical health conditions (e.g., diabetes, cancer, HIV, and heart disease) in black men. To denote sections of this field scan report that underscore the procedures, results, and discussions that focus solely on physical health interventions, an orange heart icon (see below) will be used.

## PHYSICAL HEALTH

The second section of this field scan report underscores **mental health interventions for black men**, defined as programmatic efforts that include clinical and nonclinical (i.e., community and/or institution-based) health promotion strategies that are designed to address, improve, and maintain the mental, emotional, or psychological health conditions (i.e., anxiety, psychological distress, stress, and depression) in black men. To denote sections of this field scan report that underscore the procedures, results, and discussions that focus solely on mental health interventions, a blue brain icon (see below) will be used.

## MENTAL HEALTH

Both empirical and grey literatures that provide evidence of physical and mental health interventions for black men in the United States are presented under each health section (physical and mental). The only sections of this field scan report that are not separated by physical health and mental health interventions are the Methods and Recommendations. We begin with a brief but comprehensive background on the state of the science (page 6) on black men's physical and mental health. Next, we describe the methods (page 8) employed for our field scan, including the analytic framework, search criteria, and review and analyses procedures. Then, we present our field scan findings (page 10) beginning with the empirical literature from our scan of physical and mental health interventions, followed by the grey literature from our scan of physical and mental health interventions. The discussion (page 31) of our field scan findings outlines the gaps in the empirical and grey literatures, as well as policy and practice implications. Finally, we end our field scan report with a list of ten recommendations (page 34) and considerations for future physical and mental health interventions for black men.



# Background

## BLACK MEN'S HEALTH: THE STATE OF THE SCIENCE

### *Black Men's Physical Health*

As a population, black men have the worst health profile and disproportionately suffer premature death and significantly higher incidence of common diseases when compared to men and women of every racial group in the United States. Research consistently demonstrates that black men are more likely to experience undiagnosed or poorly managed chronic conditions such as diabetes, heart disease, cancer, HIV, and hypertension. For example, black men are more likely to be diagnosed with Type 2 diabetes (T2D), are 14 times more likely to experience kidney failure due to hypertension, have a 30 percent higher mortality rate due to cardiovascular disease, and a 60 percent higher mortality rate from stroke compared to non-Hispanic white men. Further, black men are 31 percent more likely to die from all types of cancer and have lower five-year survival rates at each stage of cancer diagnosis. HIV disparities are particularly stark among younger black men, whose rate of AIDS diagnosis is seven times higher than non-Hispanic white men with a mortality rate from AIDS and related complications nine times that of non-Hispanic white males.

The health profile of black men across the lifespan is shaped by racialized and gendered social determinants of health. Factors that influence health outcomes for this population include, but are not limited to, cultural and gendered norms, healthcare experiences and access, and lifestyle choices. For instance, within the black community, information regarding cancer prevention and treatment is not routinely disseminated informally, potentially limiting opportunities for black men to share experiences and recommendations that could be life-saving. With regard to hypertension, researchers attribute known disparities impacting black men to a lack of understanding of modifiable risk factors such as diet, physical activity, smoking and routine preventive care, and mistrust in the healthcare system.

Discussions around family health history are particularly consequential for the prevention of cardiovascular and kidney diseases, yet black men are less likely to share their health histories with extended family members or utilize family health information in the management of their own care in collaboration with physicians. How black men interface with healthcare providers can strongly determine the quality of care they receive and subsequent health outcomes. For example, the number of black men being screened for and educated about kidney disease remains low. As a result, physicians may be more likely to refer black men to dialysis care to manage their end-stage renal disease, and less likely to recommend the life-saving and longer-term solution of kidney organ transplants. Despite the knowledge that, generally, black men face substantial interpersonal, cultural, and systemic barriers to health and well-being, few large-scale efforts have been directed at addressing the poor health trajectory of this group. This field scan details specific insights drawn from a range of community-based programming aimed at empowering black men to prevent, detect, manage, and overcome health challenges.

## *Black Men's Mental Health*

According to Healthy People 2020, mental disorders are the leading cause of disability in the United States, accounting for 18.7 percent of years of life lost to disability and premature mortality. Among those with diagnosable mental disorders, blacks are more likely than whites to experience severe symptoms and long disorder trajectories, and roughly 7 percent of black men meet clinical criteria for major depression within a one-year period (Williams et al. 2007). Applying that figure to recent national population estimates, that means that 1.4 million black men are currently suffering from major depression. Moreover, given high rates of stigma and unmet need in this population, it is likely that these figures are far higher.

Black men in the United States face a disproportionate burden of preventable morbidity and mortality rates compared to other groups. Of all the health concerns faced by black men, mental health challenges may be among the most stigmatized (Holden et al. 2012; Watkins 2012; Watkins & Jefferson 2013). Research suggests that black men have more adverse life experiences than men of other racial/ethnic groups, and consequently, experience poorer mental health (Williams 2003; Watkins 2012).

Black men experience high rates of poverty, unemployment, and underemployment, and are incarcerated at much higher rates than men of other racial/ethnic groups (Jäggi et al. 2016). They are also the most common subpopulation in the United States to experience—either directly or indirectly—violence in the community. Given these negative social and health outcomes, black men's mental health should be an important priority for health promotion and policy stakeholders. Unfortunately, measureable objectives that address black men's mental health are often missing from national and state agendas designed to enact changes to health practices and policies that could directly influence black men and their families.

It is important to understand black men's mental health from an ecological perspective. Beyond the emotional burden that mental illness imposes on the individual, there are greater interpersonal and societal implications for the state of black men's mental health. At their full capacity, black men play an important role in families, churches, and neighborhoods. Therefore, black men's unmet need for mental healthcare and research efforts represents not only an important loss of human and economic capital for the individual but also a vital loss for black families and black communities as a whole.

Although researchers and practitioners are uniquely positioned to promote mental healthcare for black men, there is limited scientific evidence on concerted efforts to do so. For instance, while empirical research has highlighted the distinctive mental health needs of black men (Miller & Bennett 2011; Watkins 2012; Watkins, Hawkins, & Mitchell 2015), few have described practical solutions for how to address these needs with black men (Watkins & Griffith 2013). A critical examination of empirical and grey evidence on the mental health of black men is necessary to understand the gaps in knowledge and practice that exist for this already underserved population.

# Methods

## ANALYTIC FRAMEWORK

Specific criteria were used to develop the parameters for which this field scan on the physical and mental health of black men was performed. In addition to these criteria, our team used an intersectionality lens in our review of programs that target black men in the United States. Specifically, intersectionality is an analytic and theoretical framework that considers how socially constructed and meaningful demographic characteristics (e.g., sex, race, marital status, age, life stage, socioeconomic status) are inextricably intertwined. An intersectional approach to examining physical and mental health interventions for black men would postulate that different characteristics cannot be adequately understood when examined independently; but rather, key demographic characteristics that influence the health of men would be examined simultaneously and associated with different social and structural conditions, behaviors, and health outcomes. The field scan we conducted for RISE is timely because there is a need for a deeper look into these intersections and how they will influence future research and practice on physical and mental health promotion programs and services for black men aged 18 and older in the United States.

***TABLE 1***

**GENDHR LAB FIELD SCAN CRITERIA**

- Black men, ages 18 and older
- Physical Health Interventions in the U.S.
- Mental Health Interventions in the U.S.
- Written in English

## SEARCH CRITERIA

Specific criteria were used to search both empirical and grey literatures that describe physical and mental health interventions for **black men** (Table 1). For the purposes of this field scan, we define black men as all 18-and-older men of African descent who currently reside in the United States. Our search also included interventions targeting "African American men," though we consider black men to be inclusive of African American men, as well as men of other African and Caribbean ethnic origins (e.g., Haitian, Jamaican, etc.). Our search for ***physical health interventions*** was inclusive of programmatic efforts that address either clinical or nonclinical physical health promotion strategies and/or outcomes (e.g., diabetes, cancer, HIV, and heart disease) for black men. Our search for ***mental health interventions*** included programmatic efforts that address either clinical or nonclinical promotion strategies, efforts, and interventions that were designed and implemented specifically for addressing mental, emotional, or psychological health outcomes (e.g., anxiety, psychological distress, stress, and depression) for black men.

We used a two-pronged approach to our field scan. First, we performed an expansive Internet search for physical and mental health promotion programs and services that were conducted with participants and clients who identified as black men. We searched scientific databases (e.g., PsycINFO, Ebscohost, JSTOR, ProQuest, PubMed, and Google Scholar) for empirical articles on black and African American men and physical and mental health interventions. We used similar search strategies and terms when searching for empirical literature during this stage (i.e., using various combinations of search terms such as "African American men's mental health"; "black men's mental health"; "black men's health promotion"). Each article we found was carefully examined with special attention given to the articles that included a disaggregated sample of black men and one or more physical or mental health interventions designed and/or implemented in the United States.

Second, we developed a spreadsheet of the programs and services that we identified from the expansive Internet search. This spreadsheet included the articles, programs, and services that most closely aligned with our search terms (and focused on black men's physical and mental health) as well as the programs that were tangentially related to our search terms (and may have focused more on men's health, generally, and not black health specifically). These programs and services were entered into a spreadsheet (Garrard 2011), reviewed, discussed, and analyzed using our team's agreed-upon review and analyses procedures.

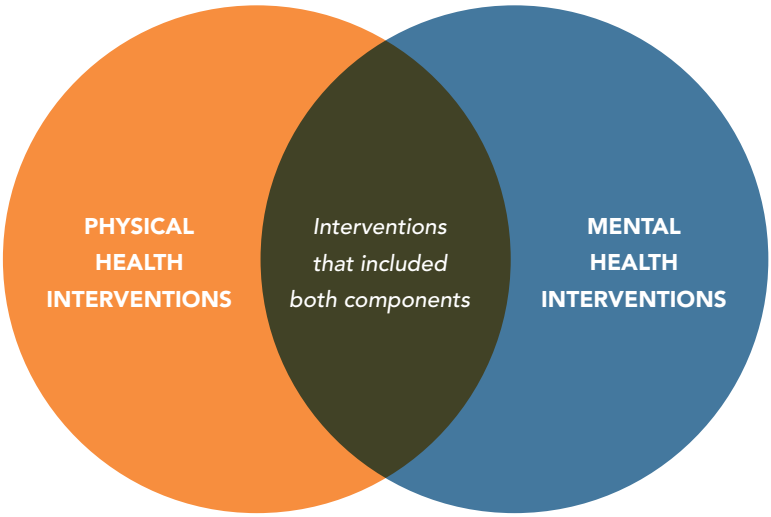
## REVIEW AND ANALYSES PROCEDURES

The beginning stages of the search unearthed articles from a multitude of interdisciplinary journals, so we conducted a second stage of the search that involved searching for articles about black men and physical and mental health interventions with "intervention" and "program" in the source's title, header, or abstract. This helped us identify resources that we then carefully vetted, with special attention to each source's focus on "men," "African American men" or "black men," and physical health interventions or mental health interventions. Studies that reported data from other races/ethnicities were heavily vetted for their fit with our search criteria; though, only studies where the results for black men could be extracted were included in the current RISE field scan report. Bibliographies of the compiled articles were reviewed for other potential sources; journal articles that did not focus entirely on the subject descriptors were removed from the final review. Based on our own professional experiences as researchers and practitioners working with black men, we know that to identify physical health interventions for black men, we needed to use the term "health" in our search along with a combination of disease-specific terms to identify resources that directly related to the topic of our field scan. Doing this helped us locate interventions that were specific to physical health conditions, mental health conditions, and some that included both physical and mental health components (Figure 1).

Our RISE field scan co-leaders and research assistants conducted additional searches (when needed), and the co-leaders generated lists of empirical and grey literatures related to their respective topic for the field scan: physical health interventions (Drs. Mitchell and Hawkins) and mental health interventions (Drs. Watkins and Mouzon) that targeted black men aged 18 and older in the United States. After our field scan tables were finalized, each co-leader reviewed the tables individually for their respective topic (physical health or mental health), and rank ordered the programs and services that were more closely aligned with the aim of our RISE field scan. Then, to check our inter-rater reliability, we held bi-monthly meetings to discuss our search criteria, rankings, procedures, and analyses procedures. Because information about the most successful interventions are not always published in peer-reviewed (empirical) journals, we gave special attention to the physical and mental health interventions that we found that targeted 18 and older black men in grey literature. We developed a separate spreadsheet that organized this information to supplement the information that we gleaned from the empirical literature scan. We listed these programs and services on the left side of the spreadsheet and included column headers, such as geographic location, website URL, year founded, purpose, services offered, funding source, and additional notes. After the grey literature information was finalized, each team member reviewed the tables individually, and rank ordered the programs and services that were more closely aligned with the aim of our RISE field scan.

***FIGURE 1***

PHYSICAL AND MENTAL HEALTH INTERVENTIONS FOR BLACK MEN SOMETIMES OVERLAPPED IN THEIR CONTENT AND COMPONENTS



FIELD SCAN FINDINGS

# Empirical Literature Findings

Our field scan of physical and mental health interventions for black men in the United States suggests that there are at least three different interrelated types of physical and mental health interventions for black men in the United States. These include: (1) verbal communication interventions, (2) activity- based interventions, and (3) resource delivery interventions. From the programs and services that our team reviewed, it appears that verbal communication is the style most often used by the programs and services geared toward black men. The communication is often delivered to men in a one-on-one, clinical- or community-based setting and with a trained clinician or community health worker. However, we also found programs that were designed to be a group intervention, or support group setting, led by a trained facilitator. Below, we discuss our findings in more detail. First, we discuss our empirical findings for the physical health interventions, followed by a discussion of the mental health interventions designed, implemented, and maintained for black men in the United States.

## OVERVIEW: PHYSICAL HEALTH INTERVENTION FIELD SCAN FINDINGS

### *Existing Best Practices for Disease Prevention and Management for Black Men*

Intervening to improve the health trajectory of black men should be a dynamic process that takes into account the aforementioned gendered and racialized contexts that determine opportunities for well-being for this population. Broadly, a health intervention can be defined as addressing disease prevention, diagnosis, treatment, management, health promotion, or quality of life. Research has articulated a range of methods commonly utilized by interventionists to influence, facilitate, or promote behavior change or service utilization for black men. When working to support underrepresented communities in general, programs to improve health have largely focused on supporting shared decision-making and improving patient-centered care between patients and providers across disease outcomes or targets.

Crosscutting proven strategies for improving black men's health focus on: providing personalized self- management tools and resources; building social support networks; delivering accurate, accessible, and actionable health information that is targeted or tailored; increasing health literacy skills; increasing Internet and mobile access for health; improving or developing the communication skills patients need to direct their own care, such as question asking and communication about symptoms; and engaging family members and companions into chronic disease care. Across a range of disease outcomes and health intervention settings, these strategies have provided new opportunities to connect with black Americans broadly and black men specifically. Additional context for how these and many other strategies have been harnessed for engaging individuals and communities around prevention and management of physical health conditions are provided elsewhere in this field scan report.[2]

Empirical literature, defined as formalized and peer-reviewed quantitative, qualitative, or mixed-methods inquiry, is somewhat limited on racial and gender-specific interventions to improve health and reduce disparities for black men across a range of diseases, though some highly prevalent conditions such as cancer and HIV have more extant knowledge than others. In contrast, grey or unpublished literature is typically defined as knowledge disseminated through dissertations, websites, public health campaigns, academic-community partnerships, and nonprofit organizations.

[2] https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology

The interventions being carried out in these contexts (across a range of disease outcomes) cluster around a few central strategies. First, crafting well-tested and tailored prevention and intervention messages that are culturally attuned to black men's needs. Second, there are several unpublished efforts aimed at disseminating health communication and promoting health behavior change over African American radio stations, websites, blogs, and other forms of popular and social media to reach a more expansive audience of black men. Third, efforts have focused on partnering with trusted community stakeholders, such as barbers, to integrate health communication and behavior change efforts into the fabric of existing contexts and services germane to the daily life of black men. The following section provides a sampling of the objectives, vehicles for health interventions, and reported outcomes directly or indirectly designed for black men, detailed in the empirical literature.

### *Existing Best Practices: Empirical Literature on Physical Health Interventions for Black Men*

Findings from peer-reviewed literature of physical health interventions targeting or significantly benefiting black men across a range of health outcomes tend to cluster around five typologies (see Figure 1). First, **lay and community health programs** harness the interest of individuals who are invested in promoting the health and well-being of their neighbors and fellow community members; these trained health ambassadors also share the cultural norms of those they wish to support, making them trustworthy and familiar health advocates.

Second, **peer interventions** often draw upon both cultural and gendered tailoring to create health education strategies that will uniquely appeal to black men. These programs are often initiated by outside institutions such as university-affiliated researchers, or by trusted community stakeholders, such as black male barbers, who deliver the interventions while services such as a haircut are being simultaneously provided. These programs have been shown to be particularly effective because black men are both engaging in a routine activity in a familiar setting, and receiving health information from someone with whom they have a long-term and trusting relationship.

**Health system interventions** frequently take the form of randomized controlled trials, as they are delivered in controlled medical/clinical settings where exposure to stimuli such as psycho-educational resources, health counseling, assessments, and engagement with specific healthcare team members can be closely monitored and adjusted to achieve optimal health outcomes. Older black men in particular have been drawn toward **faith-based initiatives** for managing outcomes such as prostate cancer early detection, diabetes or hypertension control, and dietary changes. A distinguishing feature of faith-based health interventions is that it is critical for researchers and community health programs to gain the trust and enlist significant input from the congregation and faith leadership in the design and implementation of such programs. Programs are also frequently hosted in the physical location of the faith community and, at times, utilize health workers and clinicians who may also be a part of that congregation or a trusted faith-oriented practitioner in the community.

Finally, **social media and mobile technologies** have been tested as promising terrain for engaging both younger and older individuals for health messaging and increasingly, health behavior change. These methods encompass a wide range of platforms from downloadable mobile applications, to telemedicine delivered by a health provider at a distance, to targeted social media campaigns on Facebook and Twitter, to specially designed websites and health portals for black men to find targeted resources and possibly connect directly to a health or lay adviser. Table 2 highlights select interventions targeting or significantly incorporating black men, and published in empirical literature. These highlighted programs exemplify each of the intervention typologies for a range of health outcomes.

***FIGURE 2*** EMPIRICAL LITERATURE INTERVENTION TYPOLOGIES FROM SCAN OF PHYSICAL HEALTH INTERVENTIONS AMONG ADULT BLACK MEN (18+) IN THE UNITED STATES

**Lay & Community Health Programs**

Community members with shared cultural identity who are trained to provide education, assistance with goal setting, problem solving, and social & emotional support.

**Peer Interventions**

The use of personalized gender-specific peer-based health messaging delivered by trained community peers such as barbers to effect health behavior change.

**Health Systems Interventions**

Health education or health behavior interventions delivered within clinical or hospital settings, often integrating multiple health care providers using a team-based approach.


**Faith-based Interventions**

Health interventions in the context of faith-based settings, curriculums, and care providers; developed often with significant input from faith communities about preferences for treatment.

**Social media & Tech Interventions**

Utilizing technology such as mobile phones/apps, telemedicine, tailored website, and social media platforms to educate, engage, or promote health behavior change.

***TABLE 2***

## EXEMPLAR INTERVENTIONS TARGETING OR BENEFITING BLACK MEN ACROSS A RANGE OF PHYSICAL HEALTH OUTCOMES

| INTERVENTION NAME OR DESCRIPTION | CITATION | INTERVENTION TYPE | HEALTH OUTCOME | APPROACH AND FINDINGS |
|---|---|---|---|---|
| **Racial and Ethnic Approaches to Community Health (REACH)** | Spencer et al. 2011. "Effectiveness of a Community Health Worker Intervention Among African American and Latino Adults with Type 2 Diabetes: A Randomized Controlled Trial. *American Journal of Public Health* 101(12): 2253–60. | Lay & Community | Diabetes self-management | REACH used an empowerment-based approach with community health workers delivering diabetes self-management education and home visits along with accompaniment to clinic visits during a 6- month intervention. Black male participants had significantly greater improvements in blood sugar levels and diabetes understanding than the control group.<br>Community health workers play an important role in interdisciplinary teams to deliver culturally appropriate healthcare. |
| **Black Barbershop Health Outreach Program** | Releford, B. J., S. K. Frencher Jr, A. K. Yancey, & K. Norris. 2010. "Cardiovascular Disease Control Through Barbershops: Design of a Nationwide Outreach Program." *Journal of the National Medical Association* 102(4): 336. | Peer | Cardiovascular disease prevention | Training barbers to deliver health information and even basic health screenings is an effective and culturally credible community- centered approach for improving the health of medically underserved black men. The use of role modeling by barbers, positive peer pressure, and the "captive audience" strategy resulted in increased health literacy, self- empowerment, and the identification of multi-level barriers to care for black men. |
| **Randomized Clinical Trial** | Hill et al. 2003. "Hypertension Care and Control in Underserved Urban African American Men: Behavioral and Physiologic Outcomes at 36 Months." *American Journal of Hypertension* 16(11): 906–13. | Health System | Hypertension control | Combining intensive and comprehensive educational, behavioral, and pharmacologic interventions by nurses, community health workers, and a physician significantly reduced blood pressure and slowed the progression of kidney failure in black men ages 21–54. |
| **Quasi- experimental study of informed decision- making** | Drake, B. F., R. Shelton, T. Gilligan, & J. D. Allen. 2010. "A Church-Based Intervention to Promote Informed Decision-Making for Prostate Cancer Screening Among African-American Men." *Journal of the National Medical Association* 102(3): 164. | Faith-Based | Prostate cancer screening | A church-based intervention delivered by a race-matched (black) health educator significantly increased older black men's knowledge of prostate cancer and self- efficacy regarding early detection as evidenced by a pre-post test design. Using decision aids such as a prostate cancer "road map" support black men in understanding when to safely forego screening and treatment. |
| **HIV-related app development for young black men** | Muessig, K. E., E. C. Pike, B. Fowler, S. LeGrand, J. T. Parsons, S. S. Bull, ... & L. B. Hightow-Weidman. 2013. "Putting Prevention in Their Pockets: Developing Mobile Phone-Based HIV Interventions for Black Men Who Have Sex with Men." *AIDS Patient Care and STDs* 27(4): 211–22. | Social Media or Technology | HIV prevention | Twenty-two black men who have sex with men (MSM) in North Carolina completed electronic daily journals, surveys, and focus groups to inform the development of a user-friendly mobile app to deliver health information about HIV testing sites, symptoms for sexually transmitted infections, healthy sexual and romantic relationships, alcohol and drug risk reduction, and MSM-friendly health providers. Participants deemed the content and mode of delivery for this app widely acceptable and feasible. |

## OVERVIEW: MENTAL HEALTH FIELD SCAN FINDINGS

*Existing Literature on Mental Health Intervention for Black Men*

The social conditions and experiences of black men differ from those of men from other racial and ethnic groups; thus, being a black man has considerable implications for mental health. For example, fewer than 8 percent of black men graduate from college compared to 17 percent of white men and 35 percent of Asian men (Kaiser Family Foundation, 2006). Beyond educational attainment, the unemployment rate for black men is more than twice the rate of white, Hispanic, and Asian men. When compared to white, Hispanic, and Asian men of the same cohort, black men between 16 and 29 years of age have less of a presence in the workforce (Kaiser 2006). The inability to earn a living translates into 20 percent of black men living in poverty, compared to 18 percent of Hispanic, 12 percent of Asian, and 10 percent of white men (Mather, Rivers, & Jacobsen, 2005).

For many black men, the aforementioned factors lead them to "street" life, or a lifestyle that includes the network of public and semi-public social settings (e.g., street corners, bars, after-hours locations, drug houses, and vacant lots) that serve as important influences on the psychosocial development and life course trajectories (Oliver 2006; Payne 2011). Street life often subjects black men to the judicial system, where they represent over 40 percent of the prison population, though only 14 percent of the US population (Harrison & Beck 2006). Unless counteracted upon by protective factors, these psychosocial stressors result in poor mental health for black men (Mizell 1999; Watkins, Walker, & Griffith 2010).

Despite their increased exposure to various psychosocial stressors, there are mixed findings on the prevalence and severity of mental disorders for black men. Results from large, epidemiological community surveys imply that the prevalence of depression symptoms is lower in black men compared to white men and black women (Breslau et al. 2005).[3] Other studies suggest that the rates of depression among black men are not less than those of other men, but rather, that disorders tend to be underdiagnosed in men of color (Dallas & Burton 2004; Woodward, Taylor, & Chatters 2011). Still, some authors have suggested that regardless of whether or not prevalence rates are lower for blacks, the course and persistence of mood disorders may be more chronic for blacks than they are for whites (Williams et al. 2007).

Interpretations of these findings raise a couple of questions with regard to help seeking. First, can health and social services professionals do anything to intervene on the potentially deleterious mental health trajectory of black men? Second, given the lack of mental health services use by black men, what strategies can we use to reach this population before they progress toward severe and persistent levels of depression, anxiety, and psychological distress?

Black men experience disproportionately higher levels of psychological distress due to their exposure to a greater frequency and severity of psychosocial stressors compared to other groups (Sellers et al. 2009; Williams 2003). The frequency and severity of psychosocial stressors are exacerbated by other socio-demographic factors (e.g., age, household income, marital status, education level) that can influence the emotional and psychological health of black men. For example, the largest epidemiologic study of black Americans in the United States found that black men aged 34 and younger experienced psychological distress at higher rates than those over the age of 35 (Lincoln et al. 2010; Lincoln et al. 2011; Watkins et al. 2011). Likewise, studies have chronicled the psychological distress of black men as a result of discrimination (Pierre & Mahalik 2005; Pieterse & Carter 2007; Sellers et al. 2009), negative attitudes toward the criminal justice system (Gaines 2007), racial and cultural identity (Pierre & Mahalik 2005; Wester et al. 2006), depression (Lincoln et al. 2011; Watkins et al. 2011), violence (Paxton et al., 2004), and issues surrounding masculine gender norms (Pierre, Mahalik, & Woodland 2001).

[3] However, among those diagnosed with a mental disorder, blacks have disorder trajectories that are more persistent (i.e., last two years or longer) with more severe symptoms (Breslau et al. 2005).

Psychosocial coping and socio-economic challenges faced by black men have a negative impact on their mental health (Lincoln et al. 2011; Watkins et al. 2006; Watkins, Walker, & Griffith, 2010). Psychological distress among black men is a problem because of its silent presence in the black community. The term "silent" is used because although communities witness the direct and indirect effects of distressed black men, this group is undiagnosed, underdiagnosed, untreated, and undertreated for their mental health problems (Woodward et al. 2011). These patterns lead to an unnecessary loss of human and economic capital for black families and communities.

For the purposes of this field scan, we focused our attention on seeking empirical articles featuring research on black men's mental health interventions. Overall, there was a dearth of empirical research documenting the findings of results of mental health interventions targeting black men. However, we identified four published research articles targeting relatively low- or moderate-risk black male populations (Brown et al. 2010; Griffin 2005; Ward and Brown 2015; Watkins et al. 2015). Of these sources, three targeted general stress and mental health interventions among black men while one intervention focused on depression among both black men and women (Ward and Brown 2015). A detailed analysis of those four mental health empirical exemplar programs can be found in the following section.

We also identified three (3) published interventions targeting especially high-risk populations of black men (i.e., sexual minority men, men with substance abuse problems, men with a childhood history of sexual abuse, men with a positive diagnosis of HIV/AIDS; Hergenrather et al. 2013; Kurtz et al. 2013; Williams et al. 2013). A detailed analysis of an exemplar program from this set of interventions is also highlighted as the mental health empirical exemplar #5 in the following section (Hergenrather et al. 2013).

| **MENTAL HEALTH EMPIRICAL EXEMPLAR 1:** SOCIAL JUSTICE BASED INTERVENTION FOR FOSTERING RESILIENCE IN STREET LIFE-ORIENTED BLACK MEN | |
|---|---|
| **Citation** | Brown, A. E., Y. A. Payne, L. Dressner, & A. C. Green. 2010. "'I Place My Hand in Yours:' A Social Justice Based Intervention for Fostering Resilience in Street Life Oriented Black Men." *Journal of Systematic Therapies* 29(3): 44–64. |
| **Description** | Proposes a theoretically grounded approach to the clinical treatment of low-income black men with mental health problems |
| **Population Targeted** | "Street life–oriented" black men in need of mental healthcare services |
| **Settings** | Primary emphasis on clinical settings, secondary emphasis on community settings |
| **Theoretical Framework(s)** | 1) Sites of Resilience: Locates the multiple pathways in which resilience manifests in urban street life. Argues that identities that are central/core to low-income black men (i.e., black/African-centered identity; spiritual/religious identity; street identity) are the ways in which they express resilience. Uses positive framing of this population, using as their starting point the basic premise that *all* low-income black men are resilient.<br><br>2) Cultural Context Model (as a therapeutic framework): Beyond respect for differences, this model has the goal of constructing healing communities. Some key features:<br>a. "Culture circles" – gender-specific therapy groups (facilitated by a therapist) to develop the awareness and skills to identify and act upon socio-political forces affecting their lives<br>b. Socio-educational activities – including the use of film, music, and readings to destigmatize mental health symptoms, deconstruct life stories, understand intersections of race/culture, gender, class, and sexual orientation among other objectives |
| **Intervention Content and Format** | Narrative of a single case study of "Kode," showing how this intervention could be used not only to draw low-income black men into mental health treatment, but to retain them in treatment and promote ways of reintegrating them into their communities with new pro-social identities. |
| **Results** | Anecdotal but positive. Includes description of how Kode disseminated his experiences to family, peers, and community members, which could encourage subsequent peer involvement in this intervention. |
| **Comments** | Applies predominantly to low-income black men; should ultimately also be adapted for black men of all social classes |

| **MENTAL HEALTH EMPIRICAL EXEMPLAR 2:** THE BUILDING RESILIENCY AND VOCATIONAL EXCELLENCE (BRAVE) PROGRAM | |
|---|---|
| **Citation** | Griffin Jr., J. P. 2005. "The Building Resiliency and Vocational Excellence (BRAVE) Program: A Violence-Prevention and Role Model Program for Young, African American Males. *Journal of Health Care for the Poor & Underserved* 16(4): 78–88. |
| **Description** | Substance abuse and violence prevention program for young African American men aged 16—20 |
| **Population Targeted** | Young African American men aged 16–20 (n=60). Considered at-risk students with current, past, or pending rule violations (either school infractions or legal charges). |
| **Settings** | School-based career development program in Clarkston, GA (alternative school, during evenings – 3–9 p.m.) |
| **Theoretical Framework(s)** | Resilience networking and social learning theory: strength-based approach to promote positive social competence, problem-solving skills, and ability to cope with challenging life events. Included matching each protégé with a mentor, coaching, and career planning. |
| **Intervention Content and Format** | Dual-pronged approach:<br>1) Use of standardized evidence-based curricula aimed at violence prevention, improving decision-making, social competence, and assertiveness. Active learning. Topics also included coping with anxiety, dealing with anger, myths/realities associated with alcohol, tobacco, and marijuana use. Manhood curriculum included redefinition of gender roles and treating women with respect, and internalizing social norms equating manhood with personal responsibility.<br>2) At least one hour of mentor-to-protégé interaction each week during a school year. This included community activities/events, museum tours, sports events, visiting the mentor's workplace |
| **Results** | High levels of attrition reduced sample size and precluded the use of statistical analysis to test the impact of the program on social and mental health outcomes among participants. BRAVE staff anecdotally reported an improvement in alcohol use over 30 days among those who completed the program. |
| **Comments** | Given problems with recruitment/retention, the investigators propose targeting this program to younger participants (middle school). They also suggest testing program effectiveness through randomization at the neighborhood level. |

| **MENTAL HEALTH EMPIRICAL EXEMPLAR 3:** THE OH HAPPY DAY INTERVENTION FOR AFRICAN AMERICAN ADULTS WITH DEPRESSION | |
|---|---|
| **Citation** | Ward, E. C., & R. L. Brown. 2015. "A Culturally Adapted Depression Intervention for African American Adults Experiencing Depression: Oh Happy Day." *American Journal of Orthopsychiatry* 85(1): 11–22. |
| **Description** | Used an existing intervention (Coping with Depression course) to create a culturally adapted intervention ("Oh Happy Day") for African American adults with major depressive disorder |
| **Population Targeted** | African American adults with depression |
| **Settings** | Community setting, support group format |
| **Theoretical Framework(s)** | Culturally-specific, cognitive behavioral approach using ecological validity frameworks |
| **Intervention Content and Format** | ·· Originally adapted from the Coping with Depression (CWD) course<br>·· Group counseling intervention that consisted of 12 weekly meetings lasting 2.5 hours.<br>·· Classes were led by two African American counselors with master's degrees in social work, counseling, or psychiatric mental health nursing<br>·· Incorporated seven humanistic African principles from the *Nguzo Sabo* faith (e.g., unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity, and faith)<br>·· Topics included: stigma, anger management and ways to address the negative label of angry black men/women, stress management, forgiveness, depression knowledge, constructive thinking, access barriers, developing a life plan |
| **Results** | Evaluation data were collected at four time points (baseline, mid-intervention, end- intervention, and three months post-intervention)<br>Reviews results from two pilot studies<br>Pilot 1: 73 percent of participants completed the full programs. There were significant declines in depression symptoms three months after the end of the intervention. Pilot 2: 66 percent of participants completed the full program. There was a significant decrease in depression symptoms three months after the end of the intervention. |
| **Comments** | Not targeted specifically toward men although relative to African American women, African American men experienced more mental health benefits from the intervention. |

| **MENTAL HEALTH EMPIRICAL EXEMPLAR 4:** YOUNG BLACK MEN, MASCULINITIES, AND MENTAL HEALTH (YBMEN) PROJECT | |
|---|---|
| **Citation** | Watkins, D. C., J. O. Allen, J. R. Goodwill, & B. Noel. 2016. "Strengths and Weaknesses of the Young Black Men, Masculinities, and Mental Health (YBMen) Facebook Project." *American Journal of Orthopsychiatry*. 2016 Dec 15. [Epub ahead of print] DOI: 10.1037/ort0000229 |
| **Description** | The *Young Black Men, Masculinities, and Mental Health* (YBMen) project is a Facebook-based intervention that provides mental health education and social support to young black men. The *YBMen* project was created to better understand and address the pressures and needs of young black men, particularly about issues related to their conceptualization of masculinity and mental health. |
| **Population Targeted** | Young (18- to 25-year-old) black men |
| **Settings** | College and university settings in the Midwest (USA) |
| **Theoretical Framework(s)** | Online social support theory, intersectionality |
| **Intervention Content and Format** | Popular culture references were used as content and delivered through a private, 6-8 week long Facebook group. Content included themes related to mental health, masculinities, and social support. |
| **Results** | A systematic analysis identified 10 sub-themes that described participants' reactions to different components and characteristics of the Facebook intervention. Results indicated that opportunities for relationship building and connectivity, coupled with engaging popular culture references used in the intervention encouraged young black men to actively participate in the *YBMen* Facebook intervention. |
| **Comments** | The *YBMen* project has potential to improve the health and well-being of young black men by providing non-traditional resources that are easily accessible, culturally sensitive, and gender-specific. Implications of the *YBMen* project for effective Internet-based programs that promote mental health and increase social support among young black men are discussed. |

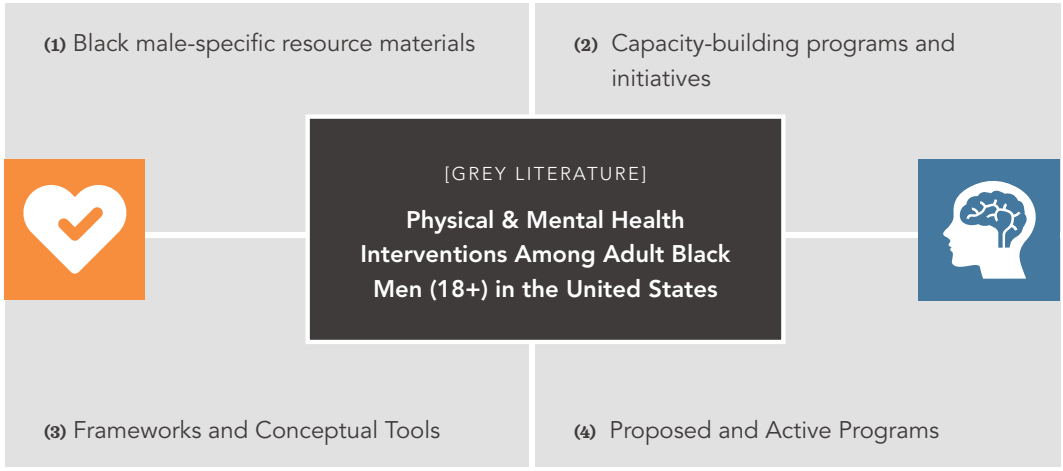
| **MENTAL HEALTH EMPIRICAL EXEMPLAR 5:** THE HOPE INTERVENTION | |
|---|---|
| **Citation** | Ward, E. C., & R. L. Brown. 2015. "A Culturally Adapted Depression Intervention for African American Adults Experiencing Depression: Oh Happy Day." *American Journal of Orthopsychiatry* 85(1): 11–22. |
| **Description** | HOPE (Helping Overcome Problems Effectively): a community-based participatory research (CBPR) partnership to improve mental health and employment outcomes |
| **Population Targeted** | Gay African American men diagnosed with HIV/AIDS |
| **Settings** | Community setting in Washington, D.C. |
| **Theoretical Framework(s)** | 1) Social cognitive theory: Human behavior is understood as a combination of personal factors, behavior, and environment. Proposes that self-efficacy can be boosted through modeling and practicing positive behaviors, verbal persuasion, and encouragement.<br>2) Hope theory: To increase problem-solving, goal-conceptualization, and develop strategies to reach goals and change behaviors. Has six components: hope thoughts, outcome value, pathway thoughts, agency thoughts, impediments, and goals |
| **Intervention Content and Format** | • Seven weekly sessions, group format, three hours per session.<br>• A total of seven African American men participated.<br>• Intervention focused on developing goal-setting and problem-solving skills, health- promoting behaviors, and employment-seeking behaviors.<br>• Topics included: understanding HIV/AIDS, working with medications, working with healthcare providers, employment, lifestyle management, HIV tests and treatment.<br>• Interventionist was a man with counseling expertise and experience working with African American and MSM populations with HIV/AIDS (and was trained by a gay African American man who had HIV/AIDS).<br>• Participants were given a $10 gift card for attending each session and a $50 gift card for completing the post-intervention assessment (structured interviews three months after the intervention). |
| **Results** | Three months after the intervention, participants exhibited:<br>• Higher coping self-efficacy<br>• Higher levels of hope<br>• Greater self-esteem<br>• Lower anxiety<br>• Lower depression<br>• Greater HIV treatment adherence self-efficacy<br>• Higher medication adherence |
| **Comments** | Rigorously done, both qualitative and quantitative data though small N |

# Grey Literature Findings

## GREY LITERATURE ON BLACK MEN'S PHYSICAL AND MENTAL HEALTH INTERVENTIONS

The grey literature we reviewed focused on physical and mental health interventions that were developed and/or implemented specifically with black men in mind. We categorized our grey literature findings into four substantive areas: black male-specific resource materials, capacity-building programs and initiatives, frameworks and conceptual tools, and proposed and active programs (See Figure 3).

***FIGURE 3*** GREY LITERATURE FINDINGS FROM SEARCH ON PHYSICAL AND MENTAL INTERVENTIONS AMONG ADULT BLACK MEN (18+) IN THE UNITED STATES




*Grey Literature Categories Defined*

**1. Black male-specific resource materials**

This category includes grey literature sources that were designed by and/or for black men for purposes of physical or mental health promotion, disease prevention, or treatment of chronic physical or mental illness.

- *Examples of black male-specific resources materials are blogs, practice notes, and publications by social media outlets.*

**2. Capacity-building programs and initiatives**

This category includes grey literature sources that were developed by organizations, agencies, or units for initiating collaborations and capacity-building efforts at the local, regional, or national levels.

- *Examples of capacity-building programs and initiatives are efforts led by organizations where Black men are the leaders and change agents. Similarly, these sources are often developed by black, male-led groups that have a vested interest or motivation to serve black men through the systems that have historically oppressed them (e.g., schools, health systems, justice systems, etc.).*

**3. Frameworks and conceptual tools**

This category includes grey literature sources that summarized concepts, ideas, frameworks, and approaches to help either professionals or laypersons think about (or implement) practical strategies to improve the physical and mental health of black men at risk for or living with chronic physical or mental illness.

- *Examples of frameworks and conceptual tools are resources that were located on the Internet and elsewhere that offered conceptual frameworks and ideologies for how to think about health promotion and disease prevention work with black men through various avenues (e.g., schools, justice system, healthcare, etc.).*

**4. Proposed and active programs**

This category includes grey literature that outlines proposed and currently active physical and mental health programs. These may include both prevention and treatment programs designated for black men and may be in a variety of settings, such as barber shops, schools, agencies, fraternity groups, and churches.

- *Examples of grey literature that focus on proposed and active programs for black men are program executive summaries, handbooks, toolkits, and website descriptions of health promotion programs and interventions.*

In the subsequent sections, we present the findings from our grey literature field scan on physical and mental health interventions for black men in the United States. We present the grey literature, divided into two sections (physical health interventions and mental health interventions) and under each section are the four aforementioned grey literature categories (black male-specific resource materials, capacity-building programs and initiatives, frameworks and conceptual tools, and proposed and active programs).

## GREY LITERATURE: PHYSICAL HEALTH INTERVENTIONS

**1. Black Male-Specific Physical Health Resource Materials**

The first section of grey literature under the physical health section is composed of a variety of resource materials that seek to provide information regarding how to prevent the development of a chronic illness and manage an existing chronic illness. A majority of these resources focus on black men specifically, with a few that are intended for both black men and women but include a section focused on gender-specific information. Most of the resources discussed below are provided by city, state, or local government agencies. The details of our grey literature findings on black male-specific physical health resources are presented in Figure 4.

## *FIGURE 4* BLACK MALE-SPECIFIC PHYSICAL HEALTH RESOURCE MATERIALS

### Keeping Heart Healthy for African-American Men

**Physical Health Condition:** Heart disease

**Summary:** Provides a list of steps African American men can take to prevent or manage heart disease.

**Site:** http://www.hhs.gov/blog/2016/02/26/keeping-heart-healthy-african-american-men.html

### Overcoming Barriers in Treating African Americans

**Physical Health Area:** Diabetes

**Summary:** A list of barriers to care for African Americans with diabetes including cultural factors, cost of treatment and accessibility. Also includes a discussion of treatment recommendations.

**Site:** http://www.cecity.com/aoa/healthwatch/jan_11/print3.pdf

### Addressing Health Disparities in Ohio: African American Men

**Physical Health Area:** Stroke/Heart Disease

**Summary:** The Ohio Department of Health Heart Disease and Stroke Prevention (ODH, HDSP) in partnership with the Ohio Commission on African American Males (CAAM) conducted focus groups with African American men in the three largest Ohio cities with a high concentration of African Americans to assess their knowledge, attitude and beliefs about the prevention and control of high blood pressure. This report summarizes their findings.

**Site:** http://www.healthy.ohio.gov/hdsp/~/media/47710C755610445D-9428BE0B2DD689DA.ashx

**2. Capacity-Building Programs and Initiatives**

The second section of grey literature consists of programs and initiatives focused on capacity building for preventing and treating chronic illness in black communities. These resources provide different types of activities that are designed to improve and enhance the ability of communities to develop and sustain chronic illness prevention or treatment programs over time. A majority of these programs and initiatives were directly provided by private, state, and federal entities. Some focused on black men specifically, while others targeted both men and women, but have significant implications for men (see Figure 5).

***FIGURE 5*** BLACK MALE-SPECIFIC PHYSICAL HEALTH RESOURCE MATERIALS

**Physical Health Area:** Physical Health Area: AIDS

**Summary:** Training and Capacity Building provides tools and training to Black-serving institutions, organizations, and individuals to help move the 512,000 African Americans living with HIV into viral suppression. Typical users of this service are community-based organizations, AIDS-service organizations and health departments, as well as traditional Black institutions such as faith-based institutions, civic and professional organizations, fraternities and sororities, social organizations, etc.

**Site:** https://www.blackaids.org/programs/training-and-capacity

**Physical Health Area:** Diabetes and Cardiovascular Disease
**Summary:** The Men's Health League (MHL) is a Cambridge initiative that addresses the prevention of cardiovascular disease and type 2 diabetes, especially in men of color. The MHL is a partnership of the Margaret Fuller Neighborhood House, Cambridge Health Alliance, and the Cambridge Family YMCA. Program components include wellness promotion and linkage to clinical care.

The program was selected as a "model practice" for demonstrating exemplary and replicable qualities in response to a local public health need.

**Site:** http://cambridgepublichealth.org/lifestyle/mens-health/index.php

### 3. Frameworks and Conceptual Tools

Our third section of grey literature includes frameworks and conceptual tools for the prevention and treatment of chronic illness in black men. These resources were comprised of toolkits that included information regarding how to train and further build infrastructure in organizations and communities, along with helpful resources that can be used directly with black men (see Figure 6).

***FIGURE 6*** BLACK MALE-SPECIFIC PHYSICAL HEALTH RESOURCE MATERIALS


#### The Barbershop and Salon Health Outreach Program Toolkit

**Physical Health Area:** Diabetes, hypertension, and HIV

**Summary:** The toolkit is designed to empower community health workers, clinicians, and volunteers to launch, sustain, and monitor the success of an effective barbershop and salon outreach program.

**Link:** https://www.colorado.gov/pacific/sites/default/files/DC_CD-event_BB-SP-Toolkit-Interactive.pdf


#### Health is Power Message Toolkit

**Physical Health Area:** Sexual Health

**Summary:** The toolkit is designed to help organizations serving young African American men to promote sexual health. The toolkit is designed to support a multi-phased campaign, with four waves of implementation intended to promote (1) increased condom use, (2) healthy relationships (3) sexually transmitted disease (STD) testing and other sexual health services, and (4) open partner communication.

**Link:** http://www.ashasexualhealth.org/wp-content/uploads/2015/05/HIP_Toolkit_2015.pdf


#### Addressing Stigma: A Blueprint for Improving HIV/STD Prevention and Care Outcomes for Black and Latino Gay Men

**Physical Health Area:** HIV/STD

**Summary:** This toolkit represents a primer that health departments, communities, and advocacy organizations can use to develop and implement novel approaches to addressing stigma and its impacts on prevention efforts targeting Black and Latino gay men/MSM. It is designed to stimulate conversations about approaches to reduce stigma in practice.

**Link:** https://www.nastad.org/sites/default/files/NASTAD-NCSD-Report-Addressing-Stigma-May-2014.pdf

**4. Proposed and Active Programs**

Our final group of grey literature sources under the physical health interventions section includes community and clinically oriented chronic illness and prevention programs for black men. While few in number, these programs were tailored and designed for adult-aged black men, and a majority of the programs are in community-based settings (see Figure 7).

*FIGURE 7* PROPOSED AND ACTIVE PROGRAMS THAT ADDRESS BLACK MEN'S PHYSICAL HEALTH

THE BLACK BARBERSHOP

HEALTH OUTREACH PROGRAM

**Black Owned Barber shops Saving Lives Across The Country**

Screen, Educate and Refer!

**SUMMARY:** The inception of the program grew out of recognizing the barbershop as a centralized gathering place for black men that can also be used as a medium to link men to health resources. The Black Barbershop Health Outreach Program (BBHOP) was spearheaded by Founder, Executive Director Dr. Bill J. Releford, DPM. Under his direction, the program has utilized barbershops as a platform to disseminate health education information and give screenings to black men in an environment where black men feel safe and appreciated, the barbershop.

*"Historically, black-owned barbershops are a place where African American men have always felt comfortable. It's the only place where you'll see the whole spectrum of the black socioeconomic strata," says Releford, 50, a podiatric surgeon dedicated to reducing diabetes-related amputations.*

**CONTACT:**
**http://blackbarbershop.org/**

## GREY LITERATURE: MENTAL HEALTH INTERVENTIONS

### 1. Black Male-Specific Counseling Resource Materials

The first category of grey literature under the mental health interventions section consists of sources that were directly related to the ways in which black men need and utilize counseling resources. Counselors who either specialize in therapeutic work with black Americans or have developed clinical opportunities for black men provided many of these sources.

One of the sources was more of a conceptual piece written in the context of how to work directly with black men. This resource, developed in the early 1990s,[4] was divided into eight sections, including topics such as the socialization process of black men, practitioner issues, counseling dyad issues, therapeutic issues, therapeutic goals, strategies for creating a helping environment, and a reading list. Other examples are thought-pieces on strategies for how to help black men go to therapy. These examples, from Internet-based magazines, blogs, media sites, and popular culture resources,[5] provide techniques for the layperson interested in convincing the black men in their lives that they should consider going to therapy. Some of these resources feature black men, who identify as professionals and non-professionals, discussing why they go to therapy.[6] A common thread across many of these more mainstream resources on counseling for black men is that many black men tend to turn to church and spiritual counsel for the kind of support they would receive from a mental health clinician.[7] Other grey literature sources provide direct links to clinicians who specialize in working with black men. For example, the Atlanta African American Men's Counseling, Therapy, and Life Coaching website[8] offers services for black men of all ages and is led by a young black male marriage and family therapist and certified facilitator. Most of these private practice–based clinicians are geographically bounded and primarily serve black men within a specific mile radius of their cities. Another model some clinicians have used is to maximize the Internet by not putting any geographical limitations on their services. By offering 100 percent of their services via the Internet, this approach is innovative and helps address the extensive barriers black men face in finding culturally sensitive mental healthcare providers (in addition to avoiding the stigma of physically seeking services in the community). An example of this model of therapy is by a black man named Coach Nakumbe[9] who has been featured on television networks such as NBC, CBS, PBS, and BET. Coach Nakumbe joins the likes of other black male clinicians by not only providing one-on-one counseling specific to black men, but also a host of other services such as group meetings, workshops, and a blog.

[4] http://www.theviproom.com/visions/counseli.htm

[5] http://madamenoire.com/339920/black-men-into-therapy/; http://www.clutchmagonline.com/2011/08/the-black-boy- blues-why-black-men-must-go-to-therapy/

[6] http://yourblackworld.net/2013/03/25/tracy-coleman-why-black-men-avoid-therapy-a-black-man-tells-us/; http://blclife.com/2012/07/black-men-struggle-professional-coach-counselor/

[7] http://tpcjournal.nbcc.org/the-black-church-theology-and-implications-for-counseling-african-americans/

[8] http://www.atlantablackmenscounseling.com/

[9] http://www.coachnakumbe.com/

**2. Capacity-Building Programs and Initiatives**

The second group of grey literature under the mental health interventions section includes programs and initiatives with the aim to build and sustain the capacity to improve the living and working conditions of black men in the context of their mental health. In many cases, these capacity-building programs and initiatives are sponsored by certain groups that are funded by private and federal entities to focus their efforts exclusively on a group or sub-group of black men. An example of this type of program is the Campaign for Black Male Achievement (CBMA) and their new Health and Healing Strategies Initiative.

Though the aim of the Campaign for Black Male Achievement (CBMA) is to improve the educational achievements of young black males, the CBMA Health and Healing Initiative focuses on sustaining mental health and wellness of the adult black men (and women) who work with young black men across various communities.

These capacity-building programs and initiatives are sometimes framed as suggestions for ways that various groups can make connections with individuals (and sometimes groups) of black men for the purposes of improving their mental health.

Motivated by the national CBMA efforts, the Black Male Achievement Portland is designed to assist city leaders in their efforts to improve the life outcomes of black men and boys. In the fall of 2016, it held its first Black Men and Boys Health and Healing Summit,[10] which sought to transform communities through healing the invisible wounds of black men and boys.

The National Institute on Minority Health and Health Disparities (NIMHD) and the Omega Psi Phi Fraternity have developed a partnership to change the national dialogue on mental health and black men called "Brother, You're On My Mind." Their full toolkit is available on the Internet and includes educational resources for black men.[11] The "Brother, You're on My Mind" toolkit provides Omega Psi Phi Fraternity chapters with the materials needed to educate fellow fraternity brothers and community members about depression and stress in black men. Omega chapters and their partners can use the toolkit to help plan and execute community education events and build strategic community partnerships to advance initiative goals. When planning community events, event organizers are encouraged to have a licensed mental health professional present during community presentations. Other organizations, such as nonprofits, churches, youth groups, and retirement homes, are invited to use toolkit materials as desired to educate black families about mental health.

### THE CAMPAIGN FOR BLACK MALE ACHIEVEMENT'S HEALTH AND HEALING STRATEGIES

This initiative is aimed at providing capacity-building, strategic communications, and community-building tools to help achieve four goals:

(1) Provide caregivers with trauma-response strategies;

(2) Recruit, train, and facilitate Mentor Wellness Circles to improve schooling and youth development outcomes of black boys and young men of color;

(3) Implement culturally-responsive teacher training and professional development designed to improve classroom management and reduce stress for school personnel and caregivers; and

(4) Produce and disseminate strategic communications to increase healthy and health healing lifestyles for teachers, mentors, parents, and young men locally and nationally.

**3. Frameworks and Conceptual Tools**

Our third group of grey literature under the mental health interventions section includes frameworks, conceptual tools, and practical toolkits that are meant to serve as general resources that aim to provide information on the mental health of black men. These resources are intended to help inform mental health interventions designed for and implemented with black men. Examples of such frameworks and conceptual tools in the grey literature include everything from Internet-based resources on health promotion strategies for black men to literature reviews summarizing the empirical literature on the mental health of adult black men.

[10] https://bmbhealingsummit.com/2016-summit/

[11] https://www.nimhd.nih.gov/docs/byomm_fulltoolkit.pdf

Sometimes these grey literature sources include diagrams of frameworks that could be useful in promoting mental health and (general) well-being among black men. An example of this is the Policy Forum at Mills College and their diagram that illustrates what young black men must endure in Alameda County.[12] Many of the resources located under this substantive area were not specific to black men, and instead alluded to African Americans or blacks, in general. For example, information produced by Mental Health America[13] includes statistics on black/African American demographic and societal issues, prevalence, attitudes, treatment issues, and access/insurance, as well as educational fact sheets and links to other sources.


### 4. Proposed and Active Programs

Our final group of grey literature under the mental health intervention section includes community and clinically oriented psycho-education programs for black men. A majority of proposed and active programs did not include large, nationally representative programs for black men and instead focused on children, adolescents, and young boys and men of color (younger than 18 years of age). Though we were unable to locate national programs focused on the mental health needs of adult black men, we did locate smaller, more community-specific programs that target various settings (e.g., college, community, veteran hospitals, prisons, etc.).

One example of an active program is the African American Men Project, sponsored by the NorthPoint Health and Wellness group in Minneapolis, Minnesota. For example, according to their website,[14] the African American Men Project "helps African American men become healthy and successful wage earners, fathers and community leaders." The African American Men Project provides coaching and support and assists men with medical needs. Not only does the African American Men Project offer supplemental services such as life coaching, a re-entry program, and a book club for black men, but they also encourage men to see health as a priority for meeting life goals, as it helps them connect with medical care, behavioral health, dental care, and human services.

Also noteworthy is our inclusion of the institution-based programs that have been highlighted in the grey literature. Most of these programs are specific to college and university campuses in the United States and have ensured that their mental health programmatic efforts are specific to the black men on their campus. Examples of these exemplar programs are plentiful and usually focus, not on mental health and well-being, but rather on educational success and strategies that can help black men succeed in college and post-college career activities. Some examples of these programs are:

- African American Men of Arizona State University
- Men of Merit at Jackson College (Michigan)
- BrotherHOOD Initiative at Eastern Michigan University
- African American Men's Group at the University of Georgia

[12] http://www.millspolicyforum.com/race/african-american-adolescent-males-living-stressfully-in-alameda-county/#_ftn15)

[13] http://www.mentalhealthamerica.net/african-american-mental-health

[14] http://www.northpointhealth.org/african-american-men-project

Four projects/interventions that are (or have recently been) particularly successful or show good promise are outlined below. However, their programs are not targeted to black men, and instead, provide services to a broader, male client based.

| **MENTAL HEALTH GREY LITERATURE EXEMPLAR 1:** THE MEN'S RESOURCE CENTER OF WEST MICHIGAN | |
|---|---|
| **Contact email** | http://menscenter.org/<br>(No email listed, only telephone numbers: Grand Rapids, Michigan USA: 1- 616-456-1178 Holland, Michigan, USA: 1- 616-355-3000) |
| **Brief project or intervention description** | Founded in 2000, this center helps men discover and explore what it means to become a complete person characterized by respect for others and self by being open to emotions and new ideas, acceptance of differences, pursuit of intimacy, and dedication to personal growth.<br>The center offers programs and services based upon a vision of men growing in mind and spirit, while joining others to create a strong, caring, and safe community. These services target all men, including a substance abuse program for youthful offenders (17–25 years old). |
| **Key approaches or elements of success (why does this seem to work, could it transfer to other settings or groups of men?)** | This program uses a very holistic approach to mental health promotion by offering services that improve the mind, body, and spirit. This could be transferred to other settings and other work with men. |
| **Is the project/ intervention primarily based on "doing" (activities) or on "talking" (verbal communication)** | Both. Though it appears that the verbal communication precedes the activities. |
| **Any additional information (including any further important aspects of the context the project operates in or web links to project reports etc.)** | Their services include individual counseling and men's support groups for relationship issues, family issues, mid-life crisis, and personal growth as well as therapy for debilitating issues and behaviors such as domestic abuse, PTSD, drug and alcohol abuse, anger management, and sex addiction. We also provide phone counseling, massage and bodywork, specialized clinical services and evaluations, expert witness, and testimony. |

| **MENTAL HEALTH GREY LITERATURE EXEMPLAR 2:** THE CALIFORNIA MEN'S COLONY | |
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| **Contact email** | http://www.cdcr.ca.gov/Facilities_Locator/CMC.html<br>Dr. Jack Meyers (805) 547-7900 ext. 7752 (No email listed, only mailing address: P.O. Box 8101 San Luis Obispo, CA 93409-8101) |
| **Brief project or intervention description** | Founded in 2013, the primary mission of the California Men's Colony is to provide secure housing for minimum and medium security inmates.<br>CMC works extensively within San Luis Obispo County, in conjunction with other governmental entities. CMC's West Facility has been designated as a re-entry hub. As part of the re-entry hub program, inmates are given the opportunity to take advantage of increased academic education and increased career technical education. CMC West inmates have access to cognitive behavior therapy programs such as substance abuse, criminal thinking, anger management, and family relationships. |
| **Key approaches or elements of success (why does this seem to work, could it transfer to other settings or groups of men?)** | The Gold Coats Program is a subset of chronically mentally ill inmates who are low functioning (experiencing Alzheimer's, dementia, etc.) and train inmates who wear "gold coats" to assist them (i.e., get to appointments, get them to the dining hall, regular grooming, etc.). |
| **Is the project/ intervention primarily based on "doing" (activities) or on "talking" (verbal communication)** | Both. Though it appears that the activities precede the verbal communication. |
| **Any additional information (including any further important aspects of the context the project operates in or web links to project reports etc.)** | This is a men's prison so everything is gender specific and geared toward men. This includes group therapy, anger management, parenting classes for men going to parole to assist in their transition after prison, etc. The program is believed to reduce recidivism, which in turn saves money for the state. Additionally, CMC West inmates may also take advantage of transitional programs that help them get jobs, plan their career paths, and plan for their financial future and obtain a California ID before their release. |

| **MENTAL HEALTH GREY LITERATURE EXEMPLAR 3:** THE ATLANTA MEN'S MENTAL HEALTH AND COUNSELING SERVICES | |
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| **Contact email** | http://www.innermanpsychology.com/<br>Atlanta Psychiatry and Psychotherapy Associates, LLP, Dr. Daniel David, (770) 674-0553 Option 3, Lifetherapy07@yahoo.com |
| **Brief project or intervention description** | Atlanta Men's Mental Health and Counseling Services is a full-service outpatient psychiatric medical practice serving the Metropolitan Atlanta area. They provide premiere medical treatments for complex psychiatric conditions. They offer the most advanced psychiatric medicine treatments and evidenced-based individual therapy and group psychotherapy in Atlanta. They help men achieve their best psychiatric, mental health, and addiction recovery possible. These services target all men, and include special services for "20-something young men." |
| **Key approaches or elements of success (why does this seem to work, could it transfer to other settings or groups of men?)** | An innovative approach that Dr. David uses is the way he has the men focus on the following questions: 1. What does it mean to be a man in today's world? 2. How did you develop from a boy to a man? 3. Where did you miss out on development? Where in your development as a man are you stuck? This focuses on how men define masculinity for themselves and, in their social and cultural environments, could be transferred to other groups of men. |
| **Is the project/ intervention primarily based on "doing" (activities) or on "talking" (verbal communication)** | Verbal communication.<br>Though Dr. David seems open to incorporating new and innovative ways for men to engage in therapeutic activities that improve their mental health and well-being. |
| **Any additional information (including any further important aspects of the context the project operates in or web links to project reports etc.)** | There are two different therapy groups. One for young men in their 20's, and the other for men in their 40's. Although the men know it is group therapy, they call it "life coaching." Here they talk extensively about what it means to be a man, how to invent (or reinvent) themselves, girlfriends, wives, money problems, etc. |

| **MENTAL HEALTH GREY LITERATURE EXEMPLAR 4:** THE MEN'S MENTAL HEALTH CENTER | |
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| **Contact email** | http://www.mensmentalhealthcenter.com/index.html<br>Contact: Dr. Percy Ricketts drpricketts@mensmentalhealth.com; Center is in Pembroke Pines, Florida |
| **Brief project or intervention description** | The Men's Mental Health Center works with a wide range of emotional and behavioral issues for boys and men and they provide services that span from therapy for depression and grief counseling to parenting support, couples counseling, and beyond. They provide these services in a comfortable, confidential, and supportive environment for boys and men, and they offer a highly personalized approach that is tailored to each of the client's individual needs. |
| **Key approaches or elements of success (why does this seem to work, could it transfer to other settings or groups of men?)** | The Men's Mental Health Center works with a wide range of emotional and behavioral issues for boys and men and they provide services that span from therapy for depression and grief counseling to parenting support, couples counseling, and beyond. They provide these services in a comfortable, confidential, and supportive environment for boys and men, and they offer a highly personalized approach that is tailored to each of the client's individual needs. |
| **Is the project/ intervention primarily based on "doing" (activities) or on "talking" (verbal communication)** | Verbal communication.<br>The director reported that he believes that CBT is the best approach in working with men—and believes that men receiving services work best with male clinicians and practitioners |
| **Any additional information (including any further important aspects of the context the project operates in or web links to project reports etc.)** | Finally, the center provides all male clients with a "Men's Mental Health Packet" after their first session because he knows it is likely that they will not return for another session. Packet includes info from Men's Health Resource Center in Washington, D.C. about physical, sexual, and mental health, brochures, hotline numbers, small books on mental health, etc. |

***Summary***

There are advantages and disadvantages to black male-specific counseling resources in the grey literature. While many of them are practice-based and developed by clinicians and mental health researchers who work almost exclusively with blacks and black men, many of them are anecdotal and not grounded in evidence-based practice. This does not lessen the merit of these resources, however, because in recent years, the value of practice-based evidence (Martínez, Callejas, & Hernandez 2010) has gained merit, particularly among communities of color. Also noteworthy is the fact that most of our mental health grey literature exemplars are for men, generally, not black men specifically. Though the focus of our field scan is black men, we believed that it was necessary to consider what kinds of mental health interventions and programmatic efforts currently exist for men more broadly, and whether these interventions could be tailored for black men.

# Discussion

## DISCUSSION: PHYSICAL HEALTH

*Discussion: Gaps in the Empirical and Grey Literature on Black Men's Physical Health Interventions*

While the physical health intervention exemplars all include the common theme of tailoring health interventions to address the complex health needs of black men, this highly effective model is not widely utilized, resulting in a dearth of literature on existing interventions specifically designed for black men's physical health.

Type 2 diabetes may be one of the few health conditions for which a range of interventions across the aforementioned set of typologies have been developed and tested to improve outcomes specifically for or deeply inclusive of black men's needs. For example, studies have utilized the peer-based barbershop model (Bragg 2011), intensive follow-up from hospital or health system staff (Anderson et al. 2003), and faith-based support groups and education delivered in church settings (Goode 2016) to engage black men around diabetes prevention, self-management (including lifestyle factors), and psychosocial support. Unfortunately, the work being done to effect change around Type 2 diabetes is the exception, and not the rule, regarding approaches to black men's health. Few studies consider the intersectional influence of race, gender, age, culture, and socioeconomic status when designing interventions to address the barriers to health prevention, screening, treatment, and adherence to healthcare recommendations for HIV, cardiovascular disease, hypertension, cancer, and other conditions.

In the intervention literature, these factors are not widely understood with regard to how black men in particular manage and receive information about the prevention and management chronic illness. When a common health condition, such as prostate cancer, does receive due attention, the scope of inquiry is often narrow, one-sided, or covered to the exclusion of many other needed concerns. For example, with regard to prostate cancer, there is an extensive body of literature on sexual functioning after treatment, decision-aids for treatment selection, the impact of cancer on spouses and marital and sexual relationships, and controversies over when and how aggressively to treat the disease. No such literature exists for a range of other cancers for which black men are disproportionately burdened. Relatedly, black men are one of the fastest growing populations experiencing end-stage renal disease and in need of kidney transplants. Even though a genetic factor has been identified that may predispose some black men to kidney ailments, both descriptive and intervention studies are sparse and fail to elucidate and address the barriers to healthcare access, dialysis treatment, organ donation and transplantation, and long-term survival of black men.

On the broadest level, the US healthcare system is not designed to serve the cultural and gender- specific needs of men of color, or to incentivize routine preventive care for men in the same way that the needs of women and children are addressed. In primary care settings specifically, our knowledge is limited regarding the timeliness with which primary care providers interact with and screen for potentially deadly chronic diseases among men of color who may present with a range of symptoms. For black men who do receive appropriate diagnoses for Type 2 diabetes, cardiovascular disease, kidney disease, hypertension, and even cancer, there is a paucity of information on how black men are referred to both health system and community-based resources for ongoing treatment and disease management, including the psychosocial implications of initiating new daily medical routines, navigating the healthcare system, and obtaining the support of family and social networks.

*Discussion: Implications for Policy and Practice with Black Men's Physical Health*

There are a number of lessons that can be drawn from the exemplar interventions and related approaches to addressing a broad range of health disparities facing black men. First, across all health conditions and specifically in Type 2 diabetes care, when researchers incorporated the use of culturally tailored forms of health communication, they observed marked improvements in adherence to medication and lifestyle changes among black men. Therefore, culturally appropriate programs helped black men feel empowered to participate in their own healthcare. Next, as evidenced by the strong efficacy and wide scope of "barbershop" programs to engage community peers in health promotion, the use of community leaders and organizations to help foster trust in and familiarity with engaging healthcare services is a proven intervention model for influencing black men's health behaviors regarding cancer screening, hypertension, diabetes control, cardiovascular risk, and HIV prevention.

Black men across a range of intervention outcomes have been receptive to and benefitted greatly from efforts to simultaneously address health behaviors that lead to or exacerbate disease and the socioeconomic or other multilevel barriers to engaging in positive health behaviors. Several interventions reviewed here implemented a "community strategy" that included intrapersonal, interpersonal, group, and organizational changes to effectively inform black men, and particularly those least likely to interact with healthcare systems. This work has included properly trained community health workers, bringing services to men in their community context such as churches, barbershops, and community centers, developing portable toolkits with content and images representative of black male experiences, and nontraditional social media, radio, and Internet advertising, including age-specific programs such as curated spaces online and mobile applications for younger men regarding HIV risk reduction.

Efforts to increase participation in healthcare, improve culturally tailored and appropriate communication and intervention elements, leverage community gatekeepers, and employ multilevel systemic approaches all require not only health practitioners on the ground to be engaged, but also a concerted policy effort to direct expertise and funding toward the development and implementation of such initiatives. Early studies show that the enactment of the Affordable Care Act has resulted in expanded healthcare coverage for younger- and lower-income black men, in particular, who had often been excluded from eligibility criteria for Medicaid. Along with that expanded access came greater parity for coverage of preventive services, mental healthcare, and increased resources for community-based clinics that served lower-income residents overall. Researchers, clinicians, policy-makers, and community health advocates who championed the cause of black men's health in an era of expanded access may now be bracing for a retraction of progress given the changing political climate and expected cuts to both the Affordable Care Act and Medicaid expansions in many states. Attention to policy prescriptions at the federal level for prioritizing black men's health may be limited, but stakeholders can and should work regionally and across organizations, institutions, and academic and medical disciplines to pool resources and expertise, make creative and sustainable use of a range of funding sources such as foundations where available, and replicate existing proven interventions to continue to build up the evidence base for effective interventions across the range of chronic diseases impacting black men. Such concerted efforts could buoy existing advancements in a time of impending uncertainty.

## DISCUSSION: MENTAL HEALTH

*Discussion: Gaps in the Empirical and Grey Literature on Black Men's Mental Health Interventions*

There were four notable gaps gleaned from the empirical literature search process. First, published interventions seemed to largely focus on black boys and adolescents, a population that was not the foci for our RISE field scan. Although this is clearly an important emerging population to study, we argue that adult black men are also important to target, for two key reasons. First, boys growing up in the current generation may have more flexible gender role ideologies, which are known to be associated with positive mental health outcomes. Conversely, adult men in the middle or later stages of the adult life course were more likely to be socialized during periods of more rigid gender norms discouraging men's expression of emotions, which may deter them from seeking or recognizing the need for mental healthcare. Second, targeting adult black men is crucial because many of them are fathers or otherwise important role models for black boys. Modeling the healthy expression of emotions, disclosing mental health problems, and seeking mental healthcare services are important behaviors that can both reduce mental health stigma and provide important examples of healthy behaviors for young black boys.

The second gap we identified was that most of the published articles focused on very high-risk populations of black men (e.g., those suffering from substance abuse problems, those diagnosed with HIV/AIDS, etc.). Again, although these populations are imperative to study, we argue that it is also important to study lower risk populations of black men, as they proportionally represent a large population of men who may be marginalized in other ways. The third gap noted was that there are few published mental health studies based in religious settings. Given the strong historical ties to the Black church and its importance to Black communities, this is a promising setting to launch mental health interventions targeting adult Black men.

Finally, approximately two-thirds of the programs and services we reviewed for the mental health field scan were self-contained. These self-contained programs and services were more likely to function within a clinical model (e.g., psychotherapy), were owned and directed by white men, and provided a range of services that span the life course (i.e., from young adult men to men in late adulthood). Though many of the programs and services we reviewed highlighted the mental health services they offered, these services were frequently coupled with (or presented as directly relating to) men's relationships with women and their families (e.g., domestic violence, relationship challenges, fathering) and/or substance use and abuse (e.g., alcoholism, drugs). In other words, the self-contained programs often underscored these other aspects of men's lives, and offered mental health services as a part of improving these aspects of their lives.

### *Discussion: Implications for Policy and Practice with Black Men's Mental Health*

Though the published literature was sparse, two approaches to black men's mental health interventions seem promising. First, interventions that focus on larger systems of power (such as racism) may help reduce the stigma of mental health problems among black men. Rather than being viewed as personal weakness or deficiency, framing mental health problems as a cause of broader social and racial inequality may make black men more willing both to disclose experiencing mental health problems and more willing to seek mental healthcare services. Active learning, multimodal approaches that focus not solely on mental health problems (e.g., employment and problem-solving skills, gender norms, re-socialization) also appear to be very beneficial to outcomes of mental health interventions targeting black men.

Though the literature on black men's mental health promotion suggests that partnerships are important to men's health and well-being, our review did not reveal many successful partnerships (defined by our team as the full participation of two or more organizations and service units in the design, implementation, and evaluation of programs/services for men). We found only a couple of programs and services that offered their services in partnerships with others or, used a collaborative care model. Despite the reported benefits of partnerships and the collaborative care model in health and well-being, our review revealed that the services offered through these collaborations tend to prioritize physical health and social/family relationships over mental health for black men.

Some of the programs reviewed for this field scan described linking black men to other services in their communities, while others focused more on services offered through private practices. Our interpretation of these findings is that while (in theory) partnerships and collaborative care models are important for health promotion for all people, successful models of collaborative care for black men are sparse (in practice). Simply put, we could not locate successful models for how partnerships are operationalized daily with programs that serve black men. Though few agencies can specialize in everything that black men need to maintain positive health and well-being. Thus, we found that often, the services offered through partnerships are diluted and do not have a strong enough presence in the agencies to make an impact.

# Recommendations

## RECOMMENDATION 1: EXPOUND ON THE SERVICES BLACK MEN CURRENTLY UTILIZE

While our field scan was insightful, we found several gaps in the service provision for black men's mental and physical health. For example, we found that black men have limited service options (e.g., access to services and types of services tailored to them). This is problematic because given the geographic differences between black men in the United States, we thought we would find more specialized services offered to them in certain regions of the United States. Furthermore, black men may have preferences for enacting treatment recommendations that are not clearly understood but that impact their health-related outcomes. They may also experience difficulty navigating the healthcare system and communicating across a range of health providers. Future efforts should focus on drawing black men into the decision-making process (across all physical and mental health conditions), soliciting their specific preferences and concerns, and providing healthcare navigation services as needed to coordinate care and overcome material and economic barriers to treatment adherence.

## RECOMMENDATION 2: GIVE VULNERABLE SUB-GROUPS SPECIALIZED ATTENTION

Our field scan of physical and mental health interventions for black men also helped us identify gaps in services that specifically target certain sub-groups of black men. Because of the limited empirical and grey literature on these sub-groups, they could be considered vulnerable groups, or a "minority within a minority" of already sparse research on underrepresented black men. Such vulnerable sub-groups include black men who identify as athletes (current or former), gay, bisexual, and transgender men, as well as those of various religious faiths. More specialized programs and services could be offered through agencies that are intentional about how they target black men (e.g., services offered through regional local religious groups for their black male members).

## RECOMMENDATION 3: ACCOUNT FOR GENDER ROLE ADHERENCE

Our field scan revealed current strategies that are used to develop and sustain physical and mental health programs and services for black men. We noted that the developers of these programs and services underscored targeted demographic characteristics of black men, and then developed programs and services based on these demographics. While this may be one approach to physical and mental health promotion for black men, another area of promise and potential for future health promotion programs for black men is developing program components in the context of gender role adherence, which considers how closely black men adhere to certain gender roles and norms because of their interpretation of gender presentations, actions, and traits. This is often shaped by how black men view their gender in comparison to the differences they see in individuals who identify as male and individuals who identify as female. Also, gender role adherence is a result of how black men make decisions about their "maleness" based on how society responds to certain norms and beliefs attached to males. Future programs and services that account for gender norms and gender role adherence would tap into an important yet often overlooked aspect of manhood for black men.

## RECOMMENDATION 4: ACCOUNT FOR INTERSECTIONALITY

Intersectionality is an analytic and theoretical framework that considers how socially constructed and meaningful demographic characteristics (e.g., sex, race, marital status, age, life stage, socioeconomic status) are inextricably intertwined (Griffith 2012). An intersectional approach to physical and mental health interventions for black men would postulate that different characteristics cannot be adequately understood when examined independently. Rather, key demographic characteristics that influence the physical and mental health of black men would be examined simultaneously and associated with different social and structural conditions, behaviors, and health outcomes. An intersectional approach calls for simultaneously addressing the intersection of multiple aspects of socially constructed identity, including race, ethnicity, gender, class, SES, and context. Inclusion of biological, sociocultural, psychological, and environmental factors and how these factors are manifested through individual identities (e.g., racial, cultural, sexual orientation, etc.) will help to develop a comprehensive understanding of physical and mental health interventions in black men.

Though several physical and mental health interventions focused on race and gender in their efforts to improve the health and well-being of black men, we also suspect that the inclusion of other demographic facts such as class, age, culture, ethnicity, and religion are important for physical and mental health promotion programs that target black men. Relatedly, age is a significant factor in healthcare engagement, with older black men being more likely to interface with healthcare systems that could detect conditions such as Type 2 diabetes, hypertension, and HIV, and support them in managing these conditions. Clinicians and researchers should collaborate more effectively to track disease literacy and risk among younger black men so that more effective interventions can be developed to direct those men into care settings before undiagnosed disease progresses into more serious sequelae. An intersectional approach can be particularly useful when examining complex issues of black men. However, there is a need for a deeper consideration of these intersections and how they will influence future physical and mental health promotion programs and services for black men.

## RECOMMENDATION 5: IMPROVE STAFF TRAINING

Our field scan suggests that it is important for staff to be well-trained (and in some cases, certified) in some physical and mental health service professions and disciplines (i.e., counseling, social work, and psychology) that work directly with black men. Successful staff members need skills in interpersonal communication and relations, therapeutic counseling, interviewing, and physical and mental health. Male staff members seem to dominate the list of owners, directors, and staff of the physical and mental health programs and services for black men in our field scan, though female staff members were helpful in service delivery and program and service management. It seems that the program and service leaders believe is it important for men to see other men in positions of power, who can also be vulnerable and care about the progression of other men. Also, it is important for younger men to see charismatic men leading health promotion programs and services. Whether staffed by men or women, gender-sensitive training is also imperative for successful physical and mental health programs geared toward black men. We found that the gender of the staff of these programs and services from our field scan matter for some of the black male clients. All the owners, directors, and founders of these interventions were men, yet some of the staff members were women. Finally, we noticed that when program staff members were from the communities where black men resided, this resulted in more successful program outcomes.

## RECOMMENDATION 6: INVOLVE MORE BLACK MEN IN INTERVENTIONS

Programs developed and delivered by black men are important to the success of the programs. This kind of peer-mentoring and peer-group facilitation encourages black men to work toward getting better and offers them the opportunity to help someone else. Programs that are structured this way tend to work toward progression and peer-activism, and operate in a cyclical style in which current clients/participants in the program are expected to become peer facilitators after they have completed the program. This kind of collaborative peer mentoring shows an investment from the program and in the former participants. This format seems particularly successful when used with marginalized men (e.g., men of color, sexual minority men, etc.).

We found that the few programs that presented "collaborative" and "community-based" approaches were successful, but not significantly more successful than the ones that were not community- driven. These programs and services were dominated by clinical practices that used psychotherapy rather than support groups and community engagement led by the men, themselves. While psychotherapy is a powerful tool for men's health promotion, our recommendation is for the implementation of more community-based activities, linked with other community organizations, which allow black men to connect with the strengths of their community and to connect with other black men. Similarly, we can draw lessons from research seeking to increase recruitment and retention of black men into health-related research interventions. One major impediment to intervention development across diseases is the lack of existing knowledge on black Americans broadly and men particularly.

## RECOMMENDATION 7: USE INNOVATIVE STYLES AND APPROACHES THAT WORK

Though several of the programs and services we examined were delivered "verbally" (and often by a trained clinician), there were a few programs and services that used more "activity-based" intervention styles. These programs engaged black men in activities that were culturally sensitive (e.g., held in a barbershop with black men) and gender-specific (e.g., using sports-inspired language or work-setting themes to engage the men). Some of the programs we reviewed offered a list of local resources for improving the health of black men. These resource lists were expansive, and often included contact information for services beyond those that improve and promote mental health (e.g., general health clinics, sexual health information, fathering program contacts, etc.). Also noteworthy is that we found no difference in the style of services offered for black men compared to the styles of services offered for black boys. Often, the program and services offered all three styles of programming to their black male clients, regardless of age.

Using survivors of health conditions (e.g., cancer) to advocate for health screening proved to be a powerful tool in disseminating information to black men, along with adding an important element of cultural familiarity. Few interventions made use of survivors or "spokespeople" as reliable sources of information within their community. Perhaps this type of intervention can be expanded for use to target disparities for cancer and other conditions as well. Relatedly, with the exception of prostate cancer, very few interventions leverage the role of women (e.g., spouses/partners, adult children, close friends/companions) in the lives of black men as key stakeholders in their healthcare access, management, and follow-up. While gender-specific interventions are emerging as important for creating "safe" spaces for black men to discuss health care candidly, black men are on the whole, often buoyed by their social networks, for which women can play an outsized role. Accordingly, women's roles in men's healthcare should be a point of future inquiry across disease interventions when appropriate.

## RECOMMENDATION 8: MODIFY THE INTERVENTION SETTING

From our field scan, we found that programs and services geographically positioned within the communities/neighborhoods where black men reside work best. Geographically positioning programs and delivering services in the communities and neighborhoods where black men reside make accessing these programs and services easier for them. Additionally, we found that some of the programs we reviewed had extended office hours (i.e., were open past 5:00 p.m. and on the weekends), which worked well with black men whose professional and personal schedules prevented them from accessing available health services during normal business hours. Other settings that seemed to work best for black men were those that were selected based on the social and cultural identities of the men they were intended to serve. For example, barbershops have a historical and cultural position in the lives of many black men and are often used as intervention settings. Similarly, the workplace and athletic venues are also settings that have served as intervention sites for mental health programs geared toward black men.

## RECOMMENDATION 9: LEVERAGE SOCIAL MEDIA AND TECHNOLOGY

Though none of the programs we reviewed for this field scan discussed the use of "online settings," some of our own work supports the use of the Internet in mental health promotion with men. Research on Internet-based interventions—including work by field scan leader Daphne C. Watkins—suggests that online settings can also serve as "communities" for Black men (Watkins et al. 2015; Watkins & Jefferson 2013), particularly those who are dealing with more stigmatized challenges regarding their mental health (e.g., depression, PTSD, etc.) and social identities (e.g., men of color, sexually marginalized men, etc.).

As this is a grossly understudied topic, we urge the RISE leaders to also think about the culture- and gender-specific stigma surrounding men who seek professional help for health issues, and how some men may be more inclined to seek professional help after using informal resources that act as stepping- stones toward engagement in more formal help-seeking behaviors. For example, online support may be an effective approach for some Black men, particularly those who are less likely to disclose their physical and mental health status face-to-face, those who experience less severe distress, and those who need a gradual progression toward more formal care through a safe and virtually anonymous online setting. Black men are at risk for numerous social conditions and health risks. Therefore, developing interventions that protect black men from exposure to traumatic experiences may be counterproductive toward reducing the likelihood that they experience poor physical and mental health. Instead, efforts should include online social support as a means of coping with traumatic experiences and as a preliminary step toward helping black men maintain physical and mental health. Black men may be more inclined to seek help for their mental health conditions if they first explore their emotions through a medium with which they feel comfortable, such as the Internet.

## RECOMMENDATION 10: CONSIDER A LIFECOURSE APPROACH FOR WORK WITH BLACK MEN

Researchers should use a life course approach to gain a better understanding of the multilevel factors that influence physical and mental health outcomes for black men. For example, the existing evidence on the social determinants of depression for black men challenges the next generation of researchers to consider the role of social and cultural context (Watkins 2012; Watkins, Walker, & Griffith 2010). Future inquiries should continue to examine the impact of black men's lived experiences and incorporate important social and psychosocial factors that influence their life course such as socioeconomic status, successful life transitions, and gender role socialization. Next steps for researchers and practitioners interested in physical and mental health interventions for black men may include proposing other factors that lead to physical and mental health challenges in black men and exerting greater effort toward understanding within and between group differences.

Retrospective, prospective, and life history analysis can be used to explore black men's psychological resilience to risk factors and uncover more information that will inform efforts to promote their positive transitions and health trajectories. This information could help create strategies necessary for informing behavioral interventions over the adult life course and provide details on the best times during the life course for intervention. Our efforts to address health disparities in black men should be directed toward a life course approach whereby we target pre-diabetes, early detection of cancer, the prevention of heart disease and hypertension, and even earlier genetic testing for kidney and related diseases in younger black men, creating interventions that target men at every point of vulnerability over the life course as opposed to a reactive stance.

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## ABOUT THE AUTHORS

Drs. Watkins and Mitchell have worked together for over 5 years and currently co-direct the University of Michigan Gender and Health Research (GendHR) Lab, in which Drs. Hawkins and Mouzon serve as faculty affiliates. The GendHR Lab (https://gendhrlab.com/) is a cooperative learning and research group that aims to understand the mechanisms by which socio-demographic, psychosocial, and environmental agents influence the mental and physical health of racial and ethnic minorities, particularly as it pertains to gender differences and gender role socialization. The specific aims of the GendHR Lab are to: (1) train the next generation of gender and health scholars on social work research methods, (2) enhance literacy on disparities issues for students and new social work professionals, (3) disseminate practice guidelines for the design, implementation, and evaluation of culturally-sensitive and gender-specific community-based programs, and (4) teach best practices for incorporating social work research into social work practice.

Our previous studies have been instrumental in the development and refinement of conceptual frameworks for how to engage in physical health research with Black men (Hawkins, Watkins, Kieffer, et al., 2015; Mitchell, Shires, Thompson, Watkins, & Modlin, 2014; Mitchell, Watkins, Shires, et al., in press; Samuel-Hodge, Watkins, Rowell, & Hooten, 2008;) as well as mental health research with Black men (Mouzon, 2014; Watkins, 2012; Watkins & Neighbors, 2007; Watkins & Jefferson, 2013; Watkins, Green, Rivers, & Rowell, 2006; Watkins, Hawkins, & Mitchell, 2015; Watkins, Walker, & Griffith, 2010). Our work has also included the design, implementation, and evaluation of community-based interventions that target young adult Black men such as the *Young Black men, masculinities, and mental health (YBMen)* project (ybmenproject.com).

### Daphne C. Watkins, PhD

**Principal Investigator, Co-Leader, Mental Health Intervention Field Scan**

Dr. Daphne C. Watkins is an Associate Professor of Social Work and the Co-Director of the Gender and Health Research (or, "GendHR") Lab at the University of Michigan. Dr. Watkins studies the influence of gender role socialization on health status over the adult life course for underserved groups using mixed methods. To date, her research has focused on understanding the social determinants of health that explain within group differences among black men; developing evidence-based strategies to improve the physical and mental health of black men; and increasing knowledge about the intersection of age, culture, and gender. Dr. Watkins holds faculty appointments at the University of Michigan School of Social Work; School of Medicine, Department of Psychiatry; and the Program for Research on Black Americans at the Institute for Social Research. Dr. Watkins oversaw the implementation of the field scan; monitored project activities on a day-to-day basis; and co-led the mental health field scan with Dr. Mouzon.

## Jamie A. Mitchell, PhD

**Co-Leader, Physical Health Intervention Field Scan**

Dr. Jamie A. Mitchell is an Assistant Professor of Social Work and the Co-Director of the GendHR Lab at the University of Michigan. She is an applied researcher with experience examining the social determinants of cancer and chronic disease disparities for African American men. She focuses on improving health communication between African American men and their physicians, understanding the psychosocial care needs of African American men after a cancer or chronic disease diagnosis, and examining family involvement in the context of African American men managing their health. Dr. Mitchell co-led the physical health field scan with Dr. Hawkins.

## Dawne M. Mouzon, PhD

**Co-Leader, Mental Health Intervention Field Scan**

Dr. Dawne M. Mouzon is a sociologist and Assistant Professor at Rutgers, The State University of New Jersey and a faculty affiliate of the GendHR Lab. Her research focuses on the "Black-White paradox in mental health," or the unexpected finding that black Americans exhibit better mental health outcomes than Whites despite lower socioeconomic standing and greater exposure to discrimination. Dr. Mouzon employs intersectionality frameworks to understand race, gender, and social class differences in the mental health benefits of marriage and the social-structural causes and mental health implications of the black marriage decline. She also studies mental health stigma, men's mental health, and the impact of goal-striving stress on the mental health of upwardly mobile African Americans and black Caribbeans. Dr. Mouzon co-led the mental health field scan with Dr. Watkins.

## Jaclynn Hawkins, PhD

**Co-Leader, Physical Health Intervention Field Scan**

Dr. Jaclynn Hawkins is an Assistant Professor at Michigan State University in the Department of Social Welfare and a faculty affiliate of the GendHR Lab. Dr. Hawkins' research agenda is broadly focused on the social determinants of health behavior in African American and Latino men with diabetes. Specifically, it includes the examination of the influence of gender on health behaviors in persons of color with diabetes. She is particularly interested in factors that contribute to access to and utilization of care, diabetes self-management, and community-based interventions targeting low-income African American and Latino men. Dr. Hawkins' unique perspective on the physical health of adult black men makes her a valuable contributor to the proposed work. Dr. Hawkins co-led the physical health intervention field scan with Dr. Mitchell.

## Ellen Nixon, MA

**Research Assistant, Physical Health Intervention Field Scan**

Ellen Nixon has a Master of Arts in Applied Sociology from the University of Massachusetts–Boston, with a concentration in health care policy research and evaluation. Ellen has worked on various grant-funded research projects focused on mental health, health communication, and chronic disease at both Wayne State University and the University of Michigan. Currently she is a senior project coordinator at Henry Ford Hospital's Center for Health Policy and Health Services Research in Detroit. Ellen supported the physical health field scan team by assisting with literature searches, data preparation, analysis, and report preparation.

## Janelle R. Goodwill, MSW

**Research Assistant, Mental Health Field Scan**

Janelle R. Goodwill is a student in the Joint PhD Program in Social Work and Psychology at the University of Michigan. Her work focuses on Black men's experiences with mental health, with specific interest in studying issues related to depression and suicidality. In exploring these topics, Janelle plans to debunk myths typically associated with mental health among underserved populations and communities of color. Janelle earned her BA in psychology from Michigan State University and her MSW from the University of Michigan. Aside from her previous work with the Washtenaw Prisoner Reentry (a program which aids persons with felony backgrounds in their transition back into society post-incarceration), Janelle also has experience in student affairs and development at the university level. Janelle supported the mental health field scan team by assisting with data preparation, analysis, and report preparation.

RISE is a joint initiative co-led by Equal Measure and
Penn GSE Center for the Study of Race and Equity in Education.

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RESEARCH INTEGRATION STRATEGIES EVALUATION

## RISE for Boys and Men of Color

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