James A. Smith
Daphne C. Watkins
Derek M. Griffith *Editors*

Health Promotion with Adolescent Boys and Young Men of Colour

Global Strategies for Advancing Research, Policy, and Practice in Context

Springer

Health Promotion with Adolescent Boys and Young Men of Colour

James A. Smith • Daphne C. Watkins
Derek M. Griffith
Editors

Health Promotion with Adolescent Boys and Young Men of Colour

Global Strategies for Advancing Research, Policy, and Practice in Context

Springer

Editors
James A. Smith
Rural and Remote Health
College of Medicine and Public Health
Flinders University
Darwin, NT, Australia

Derek M. Griffith
Department of Health Management
and Policy
School of Health
Center for Men's Health Equity
Racial Justice Institute
Georgetown University
Washington, DC, USA

Daphne C. Watkins
School of Social Work
University of Michigan–Ann Arbor
Ann Arbor, MI, USA

ISBN 978-3-031-22173-6 ISBN 978-3-031-22174-3 (eBook)
https://doi.org/10.1007/978-3-031-22174-3

This Springer imprint is published by the registered company Springer Nature Switzerland AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

Preface

Over the past few years, there has been a rapid expansion of global commentary relating to men's health equity (Griffith et al., 2019; Baker, 2020; Griffith, 2020; Smith et al., 2020; Smith et al., 2020). It has provided a new, and arguably more helpful, gender-health lens from which to view the health and social inequities experienced by marginalised and vulnerable groups of boys and men (Griffith et al., 2019; Griffith, 2020; Smith et al., 2020). Indeed, it has enabled a more nuanced discourse about the health and well-being of specific sub-populations of men to emerge, including that relating to men of colour (Jones et al., 2012; Griffith et al., 2019; Smith et al., 2019, 2021). Most recently, there has been increased interest in the health inequities experienced by *adolescent boys* and *young* men of colour (Cunningham & White, 2019; Smith et al., 2021). This book helps to expand on this discussion.

Our primary aim, in this book, is to explore what the health promotion community has done, and can continue to do, to reduce the health and social inequities facing boys and young men of colour across the globe. While there are pockets of health promotion innovation strategies targeting boys and young men of colour, these strategies are typically poorly funded, time-bound, and seldom scaled to a level to meet population health needs (Smith et al., 2021).

Why Write a Book About Health Promotion and Young Men of Colour?

As men's health promotion scholars, we know that there is a paucity of evidence about the most promising health-promotion strategies to improve the health and well-being of boys and young men (Armstrong & Cohall, 2011). This is exacerbated further when it comes to boys and young men of colour (Smith et al., 2021). The existing scholarship is diffuse, often lacks research and evaluative rigour, and appears more abundant in grey literature than peer-reviewed scholarship. This

impedes the planning and implementation of robust evidence-based health promotion strategies targeting boys and young men of colour. We subsequently call for more gender-sensitive, culturally responsive, and age-appropriate health promotion action to serve this highly marginalised population (Smith et al., 2020).

What Do You Need to Know Before Reading This Book?

There are a few important insights to share before you read this book.

First, young men of colour are not a homogenous group. Recognising the heterogeneity among this population is critical for understanding the potential health promotion actions that can follow. This edited collection deliberately reflects geographical, cultural, and social diversity among young men of colour. It includes contributions from Australia, Canada, New Zealand, the United States, and the Pacific Islands. It draws on research and interventions with African American, Aboriginal and Torres Strait Islander, Maori, Native American, and other First Nations young men. Yet, we recognise that this contribution only paints a partial picture. Other marginalised groups of boys and young men of colour, such as those from Latinx and Asian backgrounds, are equally deserving of such attention, but are under-represented in this book. Nevertheless, we trust this collection provides the impetus for a broader and more diverse array of voices to emerge over the longer term. As such, we encourage people working in these spaces to promote and share their learnings with others.

Second, the health promotion work happening with boys and young men of colour spans research, policy, and practice settings. All of these domains are reflected in one way or another throughout this book. Indeed, some chapters focus on men's health promotion research and preferentially offer guidance about promising health promotion interventions. In contrast, other chapters provide evaluative evidence about implementing health promotion programs targeting boys and young men of colour. These contributions are equally important. We urge our readers to engage with this breadth of perspectives, as there are different lessons in each chapter that can influence future health promotion research, policy, and practice in this field.

Third, it was evident from the chapters submitted for this book that there has been a groundswell in health promotion research and programs with an explicit mental health or social and emotional well-being orientation. This is an important observation in advancing health promotion efforts with boys and young men of colour, and is consistent with other recent scholarship on this topic (Watkins, 2019). In particular, it demonstrates there is room to incorporate more progressive forms of masculinity in the way mental health promotion strategies are developed with boys and young men of colour. This marks a significant step forward in health promotion scholarship and practice. We are pleased there are multiple examples of this throughout the book, which offer new insights about more explicit strengths-based approaches to health promotion with boys and young men of colour.

Finally, it is difficult to pull together such diverse chapters into a cohesive whole. We were initially tempted to edit chapters in a way that standardised their format and tone. After much consideration, we decided not to edit the chapters in this way. It was important that we presented the chapters authentically, in the way the authors and the communities they work with had intended. Each chapter tells a unique story. We consider this is a reflection of the current field of scholarship focused on health promotion and young men of colour. This diversity should be celebrated, not homogenised. We trust our readers will embrace this intent and glean from this new and emerging evidence base. Please enjoy the read ahead.

Darwin, NT, Australia — James A. Smith
Ann Arbor, MI, USA — Daphne C. Watkins
Washington, DC, USA — Derek M. Griffith

References

Armstrong, B. & Cohall, A. (2011). Health promotion with adolescent and young adult males: An empowerment approach. In A. Cohall & M. Resnick (Eds.), *Advances in Health Promotion for Adolescents and Young Adults - Adolescent Medicine: State of the Art Reviews*. Chicago: American Academy of Pediatrics.

Baker P. (2020). *From the Margins to the Mainstream: Next Steps. Achieving the Inclusion of Men's Health in Policy*. Global Action on Men's Health, London (UK).

Cunningham, M. & White, A. (2019). Young adulthood and health disparities in African American males. In D. M. Griffith, M. A. Bruce & R. J. Thorpe, Jr. (Eds.), *Men's Health Equity: A Handbook* (p. 57–71). New York: Routledge.

Griffith, D. M. (2020). Promoting men's health equity. *American Journal of Men's Health. 14*(6), 1–7.

Griffith, D. M., Bruce, M. A. & Thorpe, Jr., R. J. (2019). Introduction. In D. M. Griffith, M. A. Bruce & R. J. Thorpe, Jr. (Eds.), *Men's Health Equity: A Handbook* (p. 3–9). New York, Routledge.

Jones, D., Crump, A. & Lloyd, J. (2012). Health disparities in boys and men of color. *American Journal of Public Health, 102*(S2), S170–S172.

Smith, J., Drummond, M., Adams, M., Bonson, J. & Christie, B. (2019). Understanding men's health inequities in Australia (p. 498–509). In D. M. Griffith, M. A. Bruce & R. J. Thorpe, Jr. (Eds.), *Men's Health Equity: A Handbook* (p. 498–509). New York, Routledge.

Smith, J., Griffith, D.M., White, A., Baker, P., Watkins, D., Drummond, M. & Semlow, A. (2020). COVID-19, equity and men's health: Using evidence to inform future public health policy, practice and research responses in pandemics. *International Journal of Men's Social and Community Health, 3*(1), e48–e64.

Smith, J., Watkins, D. & Griffith, D. M. (2020). Equity, gender, and health: New directions for global men's health promotion. *Health Promotion Journal of Australia, 31*(2), 161–165.

Smith, J., Watkins, D. & Griffith, D. M. (2021). Reducing health inequities facing boys and young black men in the US. *Health Promotion International, 36*(5), 1508–1515.

Smith, J., Watkins, D., Griffith, D. M., Richardson, N. & Adams, M. (2020). Strengthening policy commitments to equity and men's health. *International Journal of Men's Social and Community Health, 3*(3), e9–e10.

Watkins, D. (2019). A light on the path to and promise for Black men's mental health. *Men and Masculinities, 22*(5), 917–920.

Acknowledgements

The editors would like to acknowledge the Australian-American Fulbright Commission for supporting Professor Smith to visit the United States of America throughout 2020. This provided an opportunity for Professor Smith, Professor Watkins, and Professor Griffith to meet and work collaboratively on the development of this book. Despite the various interruptions caused by COVID-19, we trust this book will leave a lasting legacy that will benefit boys and young men of colour globally.

We would like to extend our thanks and appreciation to Dr. Liz Adamson, Dr. Daile Rung, and Mr. Jahdai Vigona from the Freemasons Centre for Male Health and Wellbeing – Northern Territory for assisting with a variety of administrative tasks during the preparation of the book.

We would also like to thank Leslie Castro-Woodhouse, Owner and Principal of Origami Editorial, for copyediting the chapters prior to publication.

We would like to thank all of the book chapter authors. Your contributions and unique insights are critical for advancing the field of health promotion with young men of colour.

Thanks also to Janet Kim at Springer for your patience as we navigated the development of the book.

Contents

About the Editors

James A. Smith PhD, is the Deputy Dean of Rural and Remote Health Northern Territory, and Matthew Flinders Professor (Health and Social Equity) at Flinders University, Australia. He has worked at the research-policy-practice nexus in men's health for over two decades, with national and global expertise in men's help seeking, men's health promotion, men's health equity, and men's health policy. He was the inaugural Director of the Freemasons Centre for Male Health and Wellbeing – Northern Territory at Menzies School of Health Research, and has been an advisor to numerous national and global organisations with an interest in men's health, including the World Health Organization. In 2020, he was the NT Fulbright Senior Scholar where he visited the United States to explore health promotion strategies aimed at reducing health inequities among boys and young men of colour. In 2021, Professor Smith was presented the NT Men's Health People's Choice Award, and National Runner-Up in Men's Health Research Award, by the Australian Men's Health Forum. He is a Fellow of the Australian Health Promotion Association, Editor-in-Chief of the *Health Promotion Journal of Australia*, and Editorial Advisory Board Member of the *International Journal of Men's Social and Community Health*. He holds honorary academic status at multiple universities in Australia, Canada, and the United States.

Daphne C. Watkins PhD, is a University Diversity and Social Transformation Professor, Professor of Social Work, and Director of the Vivian A. and James L. Curtis Center for Health Equity Research and Training at the University of Michigan. Her research focuses on generating new knowledge about: (1) the social determinants of health that explain within-group differences for boys and men; (2) evidence-based strategies to improve the mental health of boys and men; and (3) the intersection of age, culture, and gender. Dr. Watkins is a mixed methods expert who uses qualitative and quantitative data to increase knowledge about how intersecting social determinants and gender dynamics place Black men at high risk for poor health. She is the past President of the American Men's Studies Association and the Founding Director of the Young Black Men, Masculinities, and Mental Health

(YBMen) Project. She also serves on several committees and boards aimed at improving men's health domestically and globally.

Derek M. Griffith PhD, is a Founder and Co-director of the Racial Justice Institute, Founder and Director of the Center for Men's Health Equity, and Professor of Health Management and Policy and Oncology at Georgetown University in Washington, D.C. Trained in psychology and public health, Dr. Griffith's program of research focuses on developing strategies to improve Black men's health and to achieve racial, ethnic, and gender equity and justice in health and well-being. Dr. Griffith is Chair of Global Action on Men's Health, and he has collaborated with colleagues in Canada, Ireland, New Zealand, and the United States on various research projects. Dr. Griffith is a contributor to and editor of *Racism: Science and Tools for the Public Health Professional* (APHA Press, 2019) and *Men's Health Equity: A Handbook* (Routledge, 2019), and author of over 150 peer-reviewed manuscripts. He has been the principal investigator of research grants from the American Cancer Society, the Robert Wood Johnson Foundation, several institutes within the National Institutes of Health, and other entities.

Contributors

Jamie M. Abelson School of Social Work, University of Michigan–Ann Arbor, Ann Arbor, MI, USA

Robbie Atatoa Pacific Health Section, School of Population Health, The University of Auckland, Auckland, New Zealand

Elizabeth S. Barnert Department of Internal Medicine & Pediatrics, David Geffen School of Medicine, University of California, Los Angeles, CA, USA

Christopher Bondoc Department of Internal Medicine & Pediatrics, David Geffen School of Medicine, University of California, Los Angeles, CA, USA

John Bosco Department of Pediatrics, David Geffen School of Medicine, University of California, Los Angeles, CA, USA

Department of Emergency Medicine, Harbour-UCLA Medical Center, Torrance, CA, USA

Brittany Ribeiro Brown School of Social Work, University of Michigan–Ann Arbor, Ann Arbor, MI, USA

Ruben Cantu Prevention Institute, Oakland, CA, USA

Frank Cohn The Dudes Club, Vancouver, BC, Canada

William Crary Prevention Institute, Oakland, CA, USA

Iloradanon H. Efimoff Department of Psychology, University of Manitoba, Winnipeg, MB, Canada

James Ellis School of Social Work, University of Michigan–Ann Arbor, Ann Arbor, MI, USA

Heriberto Escamilla National Compadres Network, San Jose, CA, USA

Teka Everstz The Dudes Club, Vancouver, BC, Canada

Jesse J. Fleay School of Education, Curtin University, Bentley, WA, Australia

Kava Fuavao Pacific Health Unit, School of Population Health, The University of Auckland, Auckland, New Zealand

Derek M. Griffith Department of Health Management and Policy, School of Health, and Center for Men's Health Equity, Racial Justice Institute, Georgetown University, Washington, DC, USA

Paul A. Gross Department of Family Practice, University of British Columbia, Vancouver, BC, Canada

The Dudes Club, Vancouver, BC, Canada

Himanshu Gupta Freemasons Centre for Male Health and Wellbeing – Northern Territory, Menzies School of Health Research, Charles Darwin University, Darwin, NT, Australia

Rural and Remote Health, College of Medicine and Public Health, Flinders University, Alice Springs, NT, Australia

Andrew Harvey School of Education, Griffith University, Logan, QLD, Australia

Braden Hill Centre of Kurongkurl Katitjin, Edith Cowan University, Mt Lawley, WA, Australia

Phyllis Shu Hubbard Radiant Health Strategies, Miramar, FL, USA

Emily C. Jaeger Center for Men's Health Equity, Racial Justice Institute, Georgetown University, Washington, DC, USA

Viviane Josewski Faculty of Medicine, University of British Columbia, Okanagan, BC, Canada

Sandy Lambert The Dudes Club, Vancouver, BC, Canada

Garrison McCleary Wilfrid Laurier University, Kitchener, Canada

Jocelyn I. Meza Department of Psychiatry, University of California, Los Angeles, CA, USA

Samuel Moore Freemasons Centre for Male Health and Wellbeing – Northern Territory, Menzies School of Health Research, Charles Darwin University, Darwin, NT, Australia

Rural and Remote Health, College of Medicine and Public Health, Flinders University, Alice Springs, NT, Australia

Vili Nosa Pacific Health Unit, School of Population Health, The University of Auckland, Auckland, New Zealand

Malakai Ofanoa Pacific Health Unit, School of Population Health, The University of Auckland, Auckland, New Zealand

John Oliffe Men's Health Research Program, School of Nursing, University of British Columbia, Vancouver, BC, Canada

Teuila Percival Pacific Health Unit, School of Population Health, The University of Auckland, Auckland, New Zealand

Lisa Puloka Pacific Health Unit, School of Population Health, The University of Auckland, Auckland, New Zealand

Peter Radoll People and Organisation, Victoria University, Melbourne, VIC, Australia

Daile L. Rung Freemason's Centre for Male Health and Wellbeing – Northern Territory, Charles Darwin University, Darwin, NT, Australia

Héctor Sánchez-Flores National Compadres Network, San Jose, CA, USA

Debra de Silva Pacific Health Unit, School of Population Health, The University of Auckland, Auckland, New Zealand

James A. Smith Rural and Remote Health, College of Medicine and Public Health, Flinders University, Darwin, NT, Australia

Menzies School of Health Research, Charles Darwin University, Darwin, NT, Australia

Freemasons Centre for Male Health and Wellbeing – Northern Territory, Menzies School of Health Research, Charles Darwin University, Darwin, NT, Australia

Garth Stahl School of Education, University of Queensland, Brisbane, QLD, Australia

Roxann McNeish Taormina Department of Child and Family Studies, College of Behavioural and Community Sciences, University of South Florida, Tampa, FL, USA

Jerry Tello National Compadres Network, San Jose, CA, USA

Bep Uink Kulbardi Aboriginal Centre, Murdoch University, Murdoch, WA, Australia

R. Bong Vergara National Compadres Network, San Jose, CA, USA

Roderick Wallace College of Education, Eastern Michigan University, Ypsilanti, MI, USA

Daphne C. Watkins School of Social Work, University of Michigan–Ann Arbor, Ann Arbor, MI, USA

Chapter 1
Introduction: What Do We Know About Global Efforts to Promote Health Among Adolescent Boys and Young Men of Colour?

James A. Smith, Daphne C. Watkins, Derek M. Griffith, and Daile L. Rung

Introduction

Research has consistently shown that men have more privilege and power than women, yet men have shorter life expectancies and higher rates of premature mortality than women in almost every country in the world (AIHW, 2017; Griffith et al., 2019; Smith et al., 2020; WHO, 2018; Department of Health, 2019). Men's adoption of risky health practices and perceived reluctance to seek help and engage in preventive health behaviours have frequently been used to explain these poorer health outcomes over the past two decades (Courtenay, 2003; Smith et al., 2008; Rovito, 2019; Vandello et al., 2019). This has been particularly notable in

J. A. Smith (✉)
Rural and Remote Health, College of Medicine and Public Health, Flinders University, Darwin, NT, Australia

Menzies School of Health Research, Charles Darwin University, Darwin, NT, Australia
e-mail: james.smith@flinders.edu.au

D. C. Watkins
School of Social Work, University of Michigan–Ann Arbor, Ann Arbor, MI, USA
e-mail: daphnew@umich.edu

D. M. Griffith
Department of Health Management and Policy, School of Health, and Center for Men's Health Equity, Racial Justice Institute, Georgetown University, Washington, DC, USA
e-mail: Derek.Griffith@georgetown.edu

D. L. Rung
Freemason's Centre for Male Health and Wellbeing – Northern Territory, Charles Darwin University, Darwin, NT, Australia
e-mail: daile.rung@cdu.edu.au

J. A. Smith et al. (eds.), *Health Promotion with Adolescent Boys and Young Men of Colour*, https://doi.org/10.1007/978-3-031-22174-3_1

discussions about adolescent boys and young adult males, whereby studies have consistently shown that they have higher rates of risky health practices such as alcohol and drug misuse, smoking, unsafe sex, reckless driving, engagement in violence, poor dietary habits, and a tendency to avoid seeking help and using health services (Cunningham & White, 2019; Rovito, 2019). Moreover, these risky health practices are disproportionately experienced among marginalised adolescent boys and young men, particularly young men of colour (Powell et al., 2010; Jones et al., 2012; Kato-Wallace et al., 2016; Cunningham & White, 2019; Gilbert et al., 2016; Rovito, 2019; Smith et al., 2021). It is essential to understand how the broader social landscape influences the risky health practices of young men of colour to ensure that they are not inaccurately apportioned blame, and to generate appropriate health intervention solutions. Scholarship on the social determinants of health clearly shows that the health and social, political, and economic inequities young men of colour face – and the subsequent health practices they adopt – are shaped by a complex array of structural factors that vary by age, race, gender, sexuality, socioeconomic status and geography (Jones et al., 2012; Kato-Wallace et al., 2016; Smith et al., 2020, 2021; Merlino et al., 2020; Smith et al., 2020).

Using examples from contemporary research and practice contexts, this book aims to unpack these complex social landscapes and structural intersections and explore what this confluence of factors means for adopting innovative and strengths-based health promotion approaches for adolescent boys and young men of colour (BYMOC). While empowerment approaches have previously been advocated when working with adolescent boys and young adult males (Armstrong & Cohall, 2011), we argue that paying greater attention to strengths-based narratives about BYMOC is a critical health promotion strategy to reduce the health inequities they often experience (Jack & Griffith, 2013; Smith et al., 2020, 2021). We purposefully bring together a range of examples from research findings and promising practices worldwide, including Australia, the United States, New Zealand, and Canada, to celebrate and highlight health promotion strategies that can help improve the life trajectories for BYMOC. In doing so, we move beyond discussing the health and social inequities faced by this population to focus on the practical actions that can be taken to address them – commonly referred to as addressing the 'know-do' gap (WHO, 2006; Bacchi, 2008; Davison et al., 2015) – and to achieve men's health equity. First, however, it is helpful to understand what we mean by addressing health and social inequities experienced by BYMOC.

Framing Health and Social Inequities in Relation to Adolescent Boys and Young Men of Colour

From the outset of this book, we acknowledge that there are multiple ways that the terms 'health equity' and 'social equity' can be defined. We also recognise that health inequities and social inequities are inextricably intertwined – that is, they

often co-exist (Carey & Crammond, 2015; Carey et al., 2015; Lopez & Gadsden, 2016). For this reason, we turn to the foundational work of the WHO Commission on Social Determinants of Health to guide our thinking:

> The WHO Department of Equity, Poverty and Social Determinants of Health defines health equity as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically, or geographically. In essence, health inequities are health differences which are: socially produced; systematic in their distribution across the population; and unfair. (Solar & Irwin, 2007, 7.)

An important concept here is that these differences – sometimes also referred to as disparities and inequalities – are regarded as health inequities if avoidable, unfair, and unjust. Health equity has long been tied to social justice, an ethical concept based on principles of distributive justice and fundamentally linked to human rights (Braveman & Gruskin, 2003).

At this juncture, it is helpful to understand the nexus between health equity and men's health. There has been a notable increase in scholarship dedicated to equity and men's health (sometimes also referred to as men's health equity) over the past decade (Williams et al., 2010; Thorpe et al., 2013; Watkins & Griffith, 2013; Baker et al., 2014; Griffith, 2016; Griffith et al., 2019; Robertson & Kilvington-Dowd, 2019; Smith et al., 2020, 2021). This work has emphasised differences between, and within, specific populations of boys and men. This scholarship is considerably different from – albeit connected with – a much broader discourse on gender equity. Indeed, policy discourses on gender equity, while important, have often perpetuated an unproductive binary between men's health and women's health, which largely fails to address the fluidity of gender relations or the poor health outcomes of men relative to women (Lohan, 2007; Broom, 2009; Smith et al., 2010; WHO, 2010; Baker et al., 2014; Smith et al., 2020). This dualistic framing has been particularly problematic for acknowledging and addressing the complex health and social inequities that marginalized men face (Smith et al., 2020). Therefore, within the context of this book, we are specifically interested in the health and social inequities experienced by adolescent BYMOC.

The health and social inequities experienced by this population are diverse and noted across various sectors. It is beyond the scope of this book to undertake a meta-analysis of such work. Indeed, this could be a book in itself. However, at a macro level, there is robust evidence to suggest that the following inequities exist among adolescent BYMOC:

- High rates of risky health practices – including those relating to:
  - Smoking (Elton-Marshall et al., 2011; Freedman et al., 2012);
  - Unsafe sex (Heerde et al., 2015; Crosby et al., 2016; Aduloju-Ajijola & Payne-Foster, 2017);
  - Alcohol and substance misuse (Chartier et al., 2011; Elton-Marshall et al., 2011); and
  - Violence (Chartier et al., 2011; Rich, 2016; Gallant et al., 2017)

- Poor mental health (Watkins et al., 2010; Prevention Institute, 2014), and high rates of suicidal ideation and suicide (Armstrong et al., 2017; Lindsey & Xiao, 2019)
- Challenges associated with health and social service access, which impinge on help-seeking practices and health service use (Hughes, 2004; Barker, 2007; Vogel et al., 2011; Canuto et al., 2018; Canuto et al., 2019; Planey et al., 2019)
- Poor education outcomes, including:
  - Low levels of participation, achievement, and completion across all levels of the education system (White, 2009; Hare & Pidgeon, 2011; Dreise & Thomson, 2014; Voisin & Elsaesser, 2014; Cook et al., n.d.; Addis & Withington, 2016; Ferguson, 2016);
  - High levels of disengagement and suspension (Fenning & Rose, 2007; Losen, 2011; Godsil, n.d.; Ferguson, 2016); and
  - Low levels of postsecondary education and career aspiration (Sikora & Biddle, 2015)
- Over-representation in the child welfare system (Tilbury, 2009), with clear evidence this impacts lifelong education, employment, and incarceration trajectories (Greenfield, 2010; Gebhard, 2013; De Vincentiis et al., 2019; Cook et al., n.d.)
- High rates of incarceration (Barker et al., 2015; De Vincentiis et al., 2019; Williams & Bergeson, 2019)
- Poor job attainment and retention, and high rates of unemployment (Bird, 2016)
- Challenges associated with accessing and retaining safe and secure housing (De Vincentiis), and homelessness (Heerde et al., 2015; De Vincentiis et al., 2019)

This information only provides a partial snapshot of some of the inequities this population faces.

In this book, our goal is not to provide a detailed summary of the different health and social inequities young men of colour face, for a variety of reasons. First, the inequities they experience are already comprehensively documented elsewhere, particularly in epidemiological and public health scholarship (see, for example, White & Holmes, 2006; AIHW, 2013; Thorpe et al., 2013; Gilbert et al., 2016; Patton et al., 2018; Cunningham & White, 2019; Ragonese et al., 2019). Second, the scholarship on racialised disparities is often specific to both context and geography. For example, there are notable differences between and among peoples of African descent and Indigenous peoples. The heterogeneity of people of African descent who have spent recent generations in the Caribbean, the United Kingdom, Canada, the United States versus the differences among Native American, Aboriginal and Torres Strait Islander, First Nations Canadian, and Maori populations are important to recognise and explicitly consider in intervention strategies. We do not want to trivialise these differences by conflating them. Instead, we intend the book to unpack, discuss and debate the synergies and tensions among them.

Third, simplistic comparisons based on sex (males vs. females) or race (White vs. colour) have led to unproductive binaries (as described above) that fail to acknowledge the complex intersections with other social and cultural dimensions. It

is important to understand this multi-dimensionality to develop effective health promotion interventions for this population. Fourth, an over-emphasis on describing health and social inequities can perpetuate a deficit-based rather than a strengths-based discourse. This is at odds with the intent of this book. Instead, we want to showcase health promotion efforts that recognise and value the positive attributes tied to the range of identities of BYMOC. This means celebrating approaches that embrace concepts of empowerment, self-determination, and resilience rooted in the identities and experiences that vary by race, ethnicity, sexuality, socio-economic status, geography, and other factors. Finally, literature on gender-based health and social inequities is frequently tied to literature relating to education, employment, justice, transportation, and housing. That is, there is an array of evidence that sits outside of the health domain that can be used to inform health promotion efforts (Johnson, 2019; Richardson et al., 2019; Williams & Bergeson, 2019), particularly those seeking to promote the health and wellbeing of BYMOC (Jones et al., 2012). We deliberately capitalize on this evidence and provide practical examples that reflect this sectoral diversity throughout the chapters of this book.

We focus on research findings and novel health promotion approaches that can inform future strategies to reduce health and social inequities experienced by young men of colour (Smith et al., 2021). More specifically, we aim to convey that age (adolescent boys/young men), gender (the social construction of masculinities and manhood), and race (including cultural expressions such as Black, First Nations/Indigenous, Latino or Asian people) – and the respective intersections between them – can be intentionally and systematically incorporated to address inequities. We deliberately use intersectionality and life-course approaches as frameworks (to be explained in greater detail later in the chapter) to inform health promotion work targeting adolescent boys and young men of colour. A critical foundation of our book is the intersection of age, gender, and race, so below, we define how these terms will be used within the context of this book.

Defining Key Concepts

Age: Defining Youth

First, we acknowledge there is no universally agreed-upon definition of ***youth*** (Cunningham & White, 2019). However, to make this text globally applicable, we have adopted the definition of youth used by the United Nations Educational, Scientific, and Cultural Organization (UNESCO), which broadly defines youth as persons aged between 15 and 24. We use this definition to provide consistency in discussing the influence of age throughout this book. However, we also recognise that conceptualisations of youth intersect with parallel scholarship about children, adolescence, and young adulthood (Cunningham & White, 2019). Where applicable, we discuss these intersections explicitly. Indeed, the content of this book is best

understood as part of a broader narrative relating to key stages of development across the life course (Braveman & Barclay, 2009; Watkins, 2012; Thorpe et al., 2015; Goodwill et al., 2018). The life-course narrative inevitably intersects with discourses on gender and race, which ultimately influences how age is viewed socially and culturally (Thorpe et al., 2015). As Thorpe, Duru, and Hill have previously argued: "a better understanding of how and why racial/ethnic disparities emerge among younger men is required to develop strategies and policy-relevant solutions that can attenuate/eliminate disparities among men of all age groups" (Thorpe et al., 2015, p. 241). As it relates to BYMOC, the concept of youth is fluid, contextual, and has lifelong consequences. As UNESCO succinctly explains (UNESCO, 2018, p. 12):

> While geography and gender characterize part of the diversity of youth, diversity also reflects the varied experiences and life situations of young people. Youth with disabilities; Indigenous youth; lesbian, gay, bisexual, and transgender youth; migrant, displaced, and refugee youth; youth in conflict and post-conflict situations; and rural youth, among others, often face challenges and barriers to participation specific to their situation. As many young people identify with more than one group, the challenges they encounter are often multiplied. The dearth of information and data on marginalized and vulnerable youth makes identifying and addressing their distinctive challenges particularly difficult.

Gender: Defining the Social and Cultural Construction of Masculinities

Within the context of this book, we define ***gender*** as the social and cultural construction of masculinities. We do this broadly, recognizing that the social construction of masculinities is a contested space, whereby adherence to hegemonic forms of masculinity (masculine norms) has frequently been used as an analytic tool in men's studies and men's health scholarship. Yet, this approach has been repeatedly challenged and is considered too simplistic to accommodate the range of gender identities adopted by boys and men (Smith et al., 2016). We are not suggesting it is an unhelpful theoretical framework – quite the contrary, understanding masculine norms in the context of individual attitudes, behaviours, and decisions in relation to health and wellbeing is important. However, we also acknowledge a burgeoning literature on multiple masculinities that offers new insights and progressive, alternative theoretical conceptualisations to more comprehensively understand patterns of health and wellbeing among young men of colour. Salient to this book are emerging yet distinct discourses relating to the social construction of manhood (Griffith, 2015; Griffith & Cornish, 2018; Vandello et al., 2019); Black masculinities (Griffith et al., 2012a; McGuire et al., 2014; Laing, 2017; Goodwill et al., 2019); and Indigenous masculinities (Innes & Anderson, 2015; Mukandi et al., 2019). Both Black and Indigenous masculinities acknowledge complex intersections between race and the social construction of gender. These emerging definitions of masculinities and manhood tend to include concepts tied to spirituality, connection to

community, interdependence with their family, and the achievement of social status through their roles in community-based organisations and institutions (Gilbert et al., 2016; Griffith & Cornish, 2018; Griffith, Pennings, Bruce, & Ayers, 2019). Embracing these diverse perspectives is central to advancing global men's health promotion efforts for BYMOC (Smith et al., 2021).

Research over the past two decades has consistently shown that adherence to masculine norms is harmful to the health and wellbeing of boys and men (Ragonese et al., 2019; Heilman et al., 2019), particularly young men (Heilman et al., 2017; The Men's Project and Flood, 2018). Despite this awareness, hegemonic masculine norms have frequently been used to guide the planning and implementation of men's health promotion work (particularly as an engagement strategy), which has perpetuated masculine stereotypes known to be health-damaging to boys and men (Smith, 2007; Smith & Robertson, 2008; Fleming et al., 2014). Irrespective of whether these approaches have been intentional or inadvertent in nature, they have been heavily criticised by men's health scholars for failing to address health and social inequities experienced by marginalised groups of men (Smith, 2007; Smith & Robertson, 2008; Griffith et al., 2011; Fleming et al., 2014; Robertson & Baker, 2017). As such, research and health interventions that embrace alternative constructions of masculinities, such as Black masculinities and Indigenous masculinities, have the potential to offer novel approaches to strengths-based health promotion (Griffith et al., 2011; Smith et al., 2019a; Smith et al., 2020). We consider that embracing these alternative standpoints can help to strengthen global discourses on equity and men's health, which places a greater focus on vulnerable and marginalised groups of men, including BYMOC.

Colour: Defining Race, Ethnicity, and Culture

We use the term ***colour*** to represent race, culture, and ethnicity. From a socio-political perspective, this is perhaps the most contested term we have adopted throughout the book. We have used this as an umbrella term to collectively represent Black (African American), First Nations (Aboriginal and Torres Strait Islander, Maori, Native American, Native Hawaiian, Alaskan Native, and Pacific Islander), and Latinx people. While there is a consistent narrative of racial inequities and marginalisation experienced by people of colour, the socio-political and cultural underpinnings, such as slavery and colonisation, differ markedly. As such, the synergies and differences associated with race, culture, and ethnicity are openly discussed and debated throughout this book. In doing so, we demonstrate that BYMOC are as diverse as they are homogenous. Within-group and between-group heterogeneity is deliberately unpacked as part of the complex intersections between age, gender, and race. This multi-faceted focus has the greatest potential to advance health promotion efforts associated with adolescent BYMOC (Thorpe et al., 2015; Gilbert et al., 2016; Watkins et al., 2017a, b; Goodwill et al., 2018). Indeed, understanding this