



# HEALTH OF BOSTON: BLACK MEN'S HEALTH SNAPSHOT

*A Data Overview of Premature Mortality and Its Drivers*

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## AUTHORSHIP

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## SUGGESTED CITATION

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# Purpose for this data snapshot

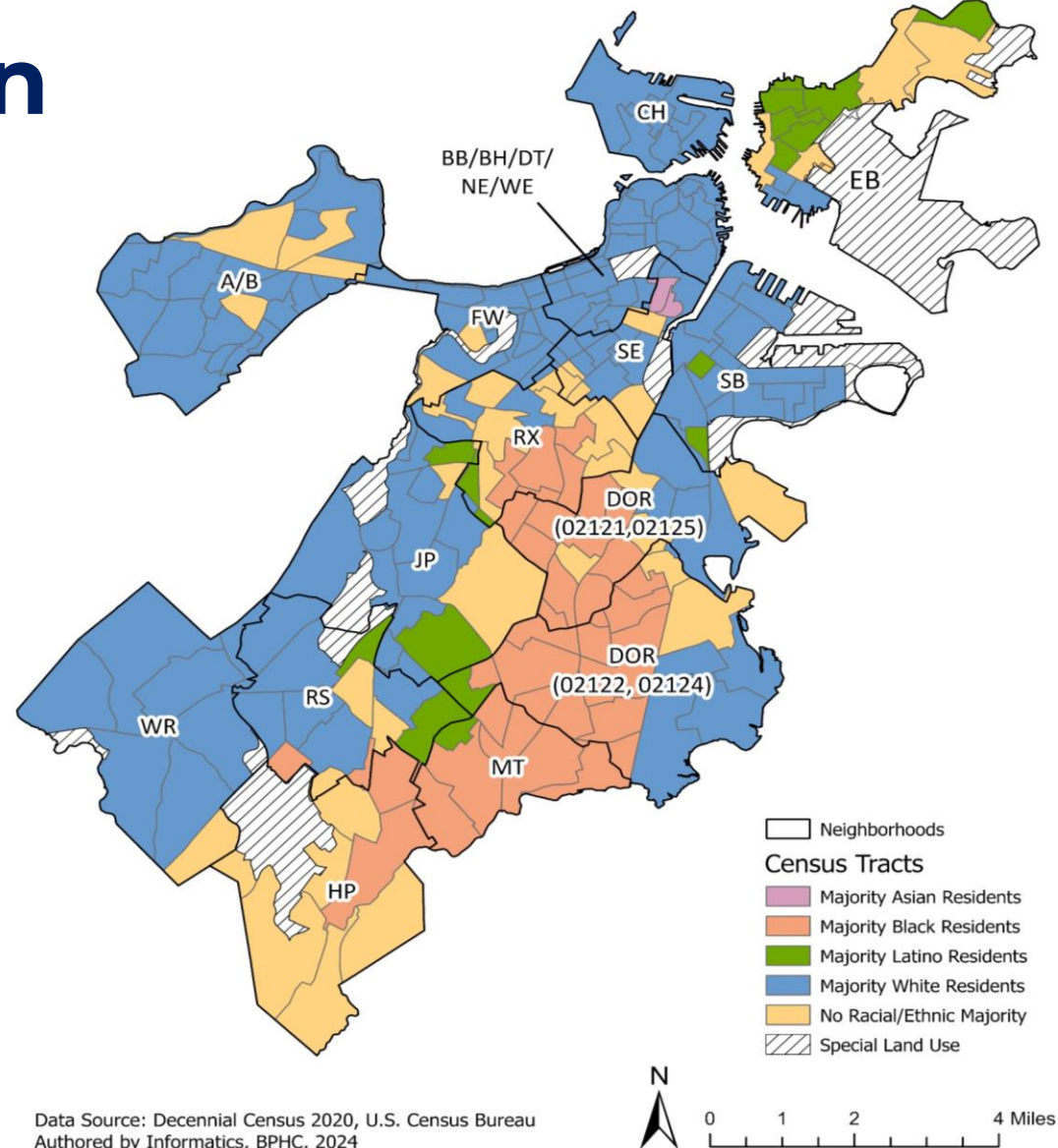
**All residents of Boston deserve to live long and healthy lives.** While progress has been made in addressing life expectancy disparities, Black men continue to die younger than all other residents in Boston. This is particularly troubling in a city with one of the highest overall life expectancies in the country.

This data snapshot is intended for community members, advocates, and decision-makers. We are issuing this data snapshot to initiate meaningful dialogue and collective action to address these inequities. This data must inform the actions we all take to ensure communities across the city have access to resources and support they need to live long and healthy lives.



# Where are Black men in Boston?

Black men represent 10% of Boston's population and are concentrated in several neighborhoods (Dorchester, Hyde Park, Mattapan, and Roxbury) where health inequities are also pronounced.

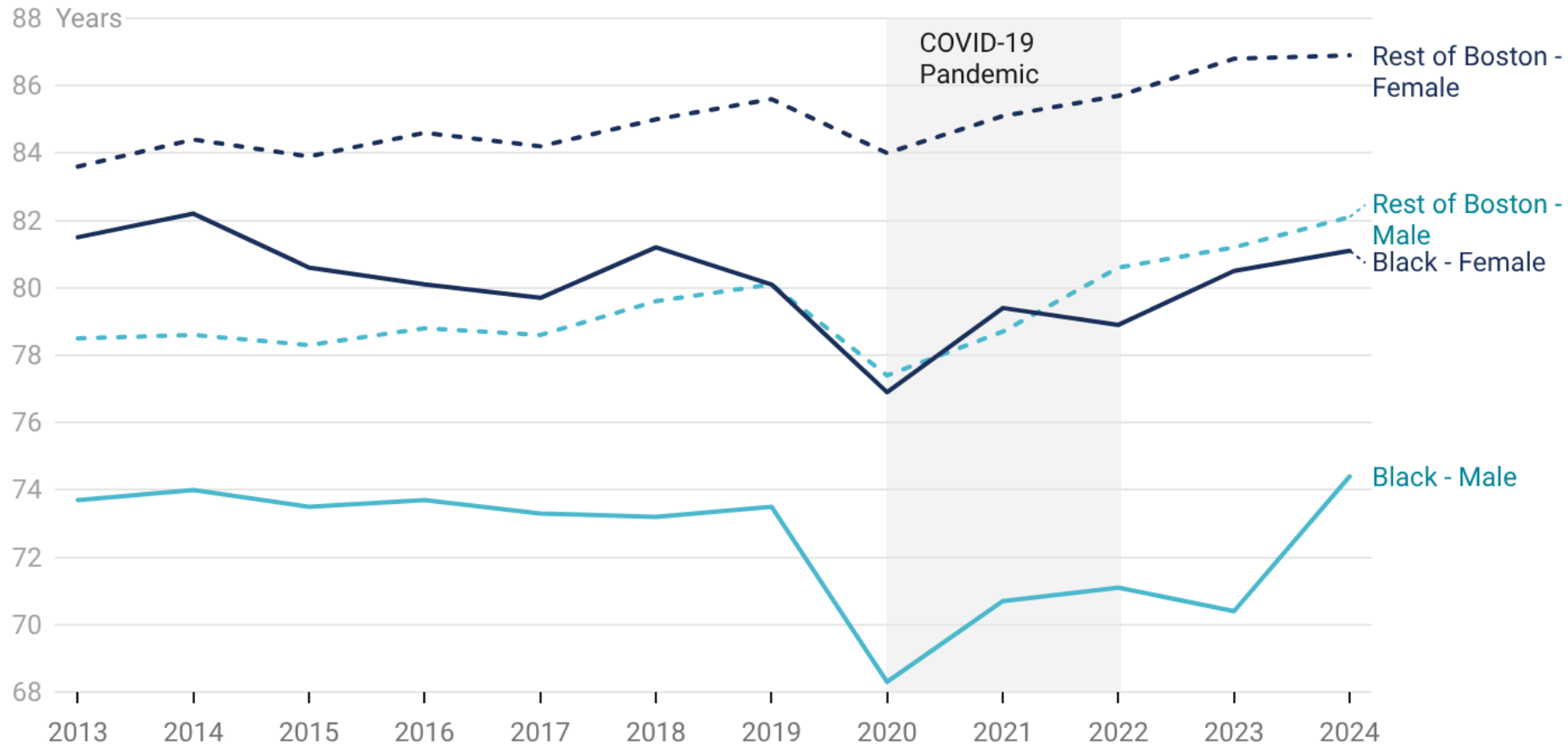


Data Source: Decennial Census 2020, U.S. Census Bureau  
Authored by Informatics, BPHC, 2024

# Black men have the lowest life expectancy in Boston, living **9.3 years less** than other men on average post pandemic.



**Race and Gender Trends in Age-Adjusted Mortality rates: 2013 – 2024**

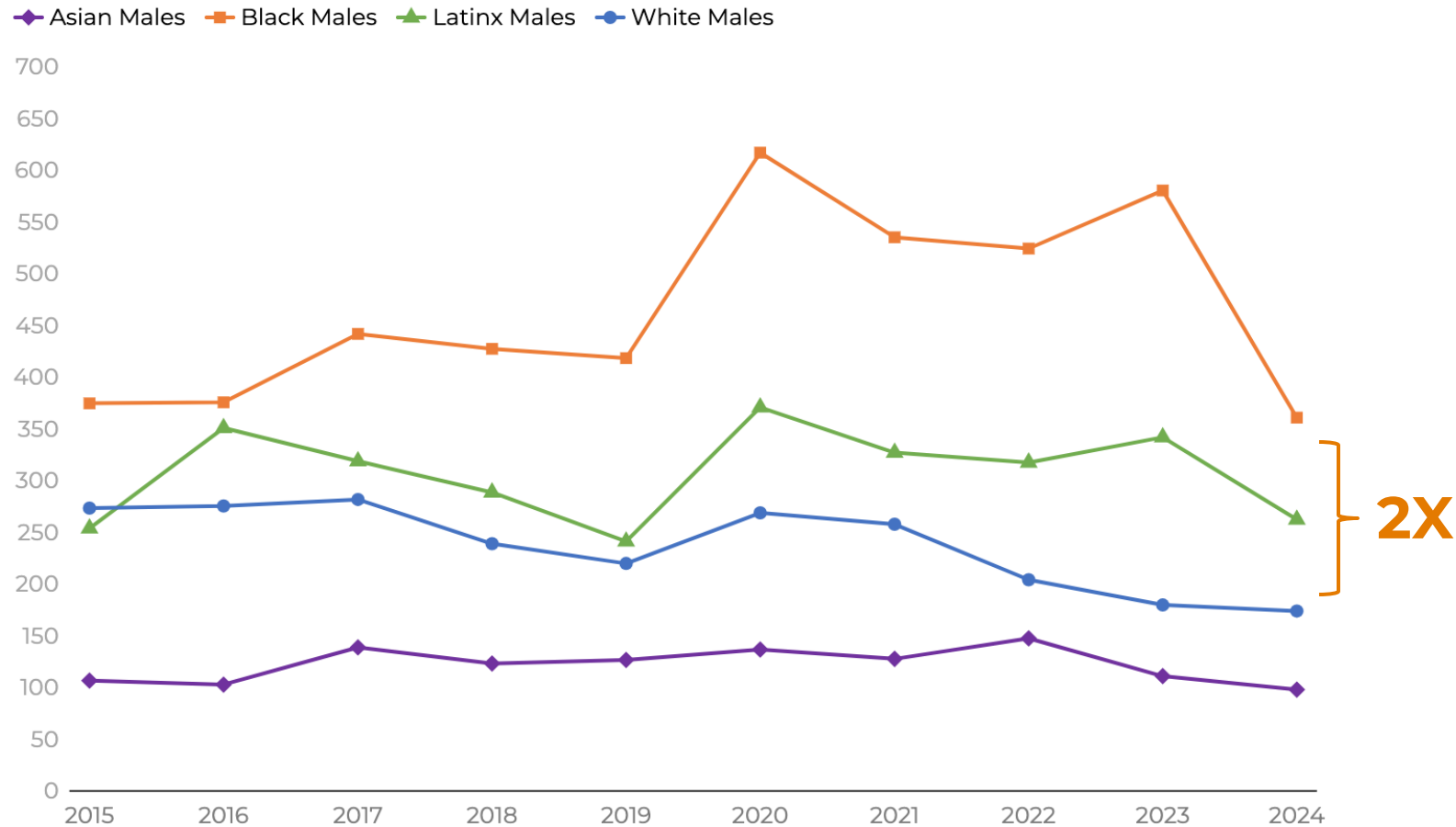


NOTE: Rates are calculated per 100,000 residents. Rates are compared in 3-year aggregates. Mortality calculations for 2024 are based on preliminary data and may be subject to change:  
DATA SOURCE: Boston Resident Deaths, Massachusetts Dept of Public Health

# Black men's premature mortality rate is over **twice** that of their white counterparts.



Premature Mortality† by Sex, Race/Ethnicity and Year, 2015-2024,



†Age-adjusted rates per 100,000 residents under age 65  
DATA SOURCE: Boston Resident Deaths, Massachusetts Dept of Public Health

# What causes of preventable death are driving these inequities?



<b>1</b>	<b>Unintentional Drug Overdose</b>
<b>2</b>	<b>Cancer</b>
<b>3</b>	<b>Cardiometabolic Disease</b>
<b>4</b>	<b>Homicide (Black Men)</b>

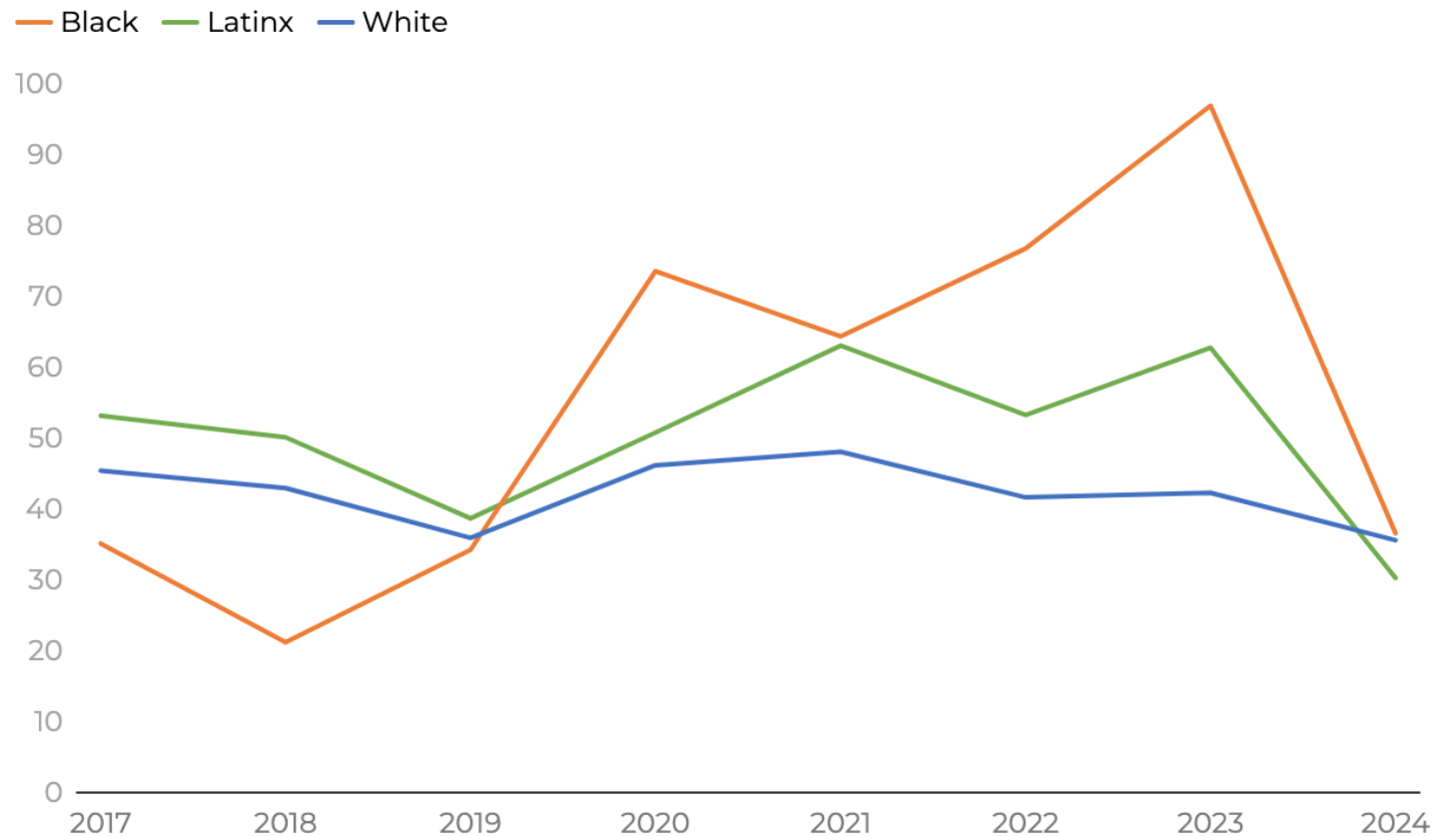
# Thanks to equity-centered efforts, overdose deaths among Black men **declined** in 2024.



Black men in Boston, have been disproportionately affected by overdose deaths. Over time, overdose mortality increased sharply among Black men while remaining largely unchanged for other groups.

Following focused and collaborative efforts supporting Black residents experiencing substance use disorder, overdose deaths among Black men declined sharply in 2024.

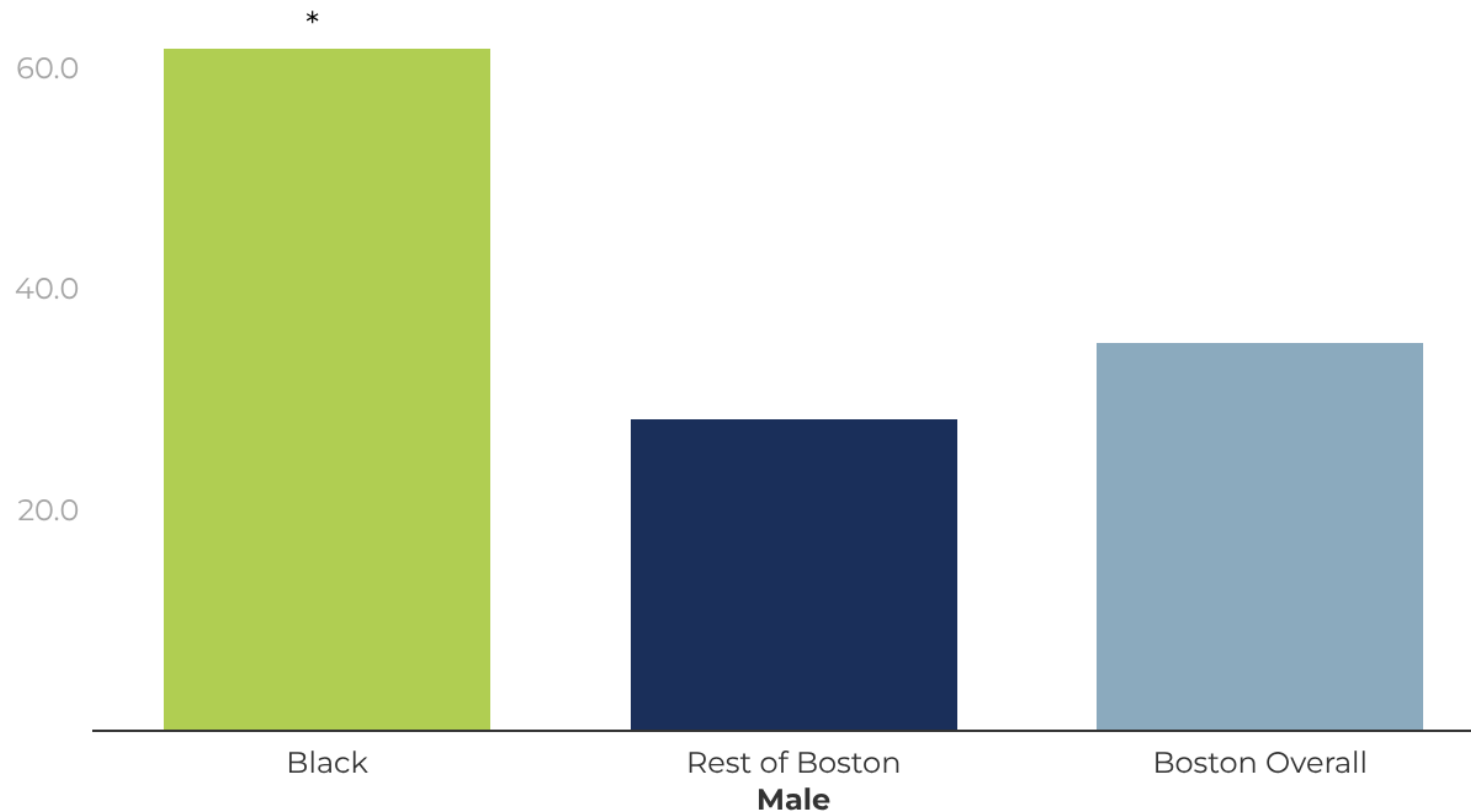
### Rate of Fatal Opioid Overdose by Race/Ethnicity (2017-2024†)



# Black men die of cancer before age 65 at **twice** the rate of other men.



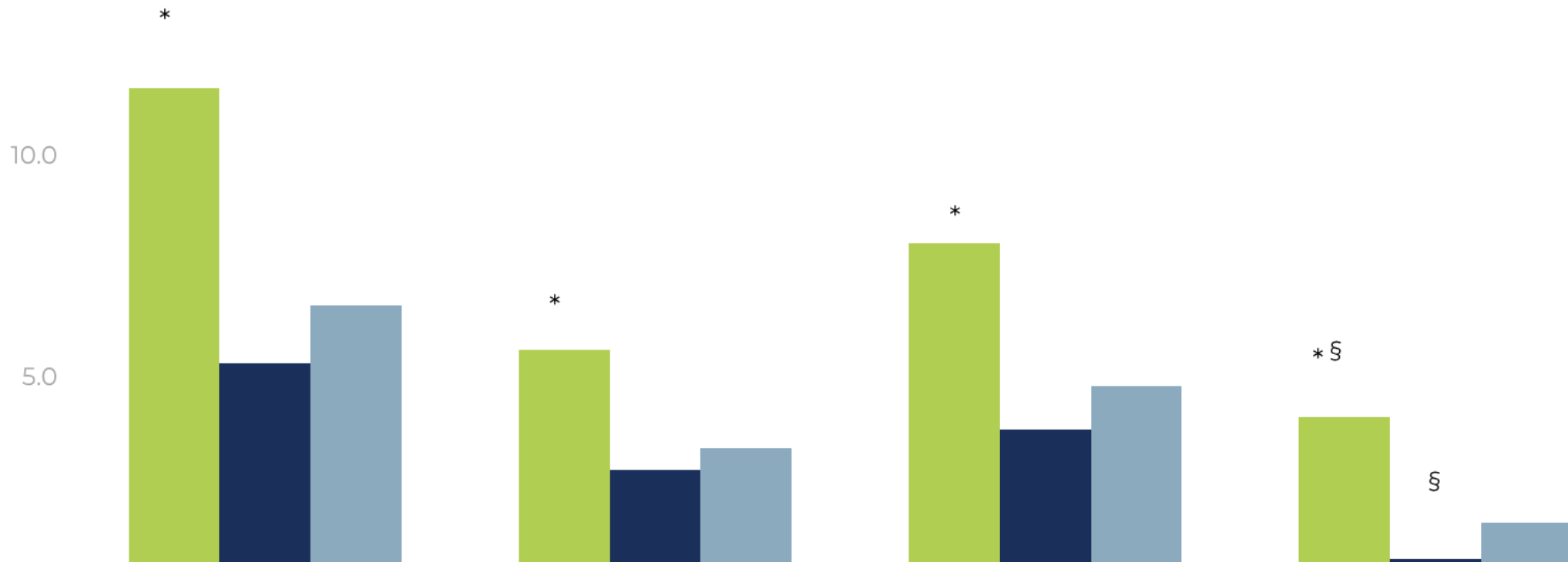
Premature Cancer Mortality<sup>†</sup> (death < age 65) Age-Adjusted Rates per 100,000 Residents, 2022-2024 Combined



# These inequities exist across many cancer types, with prostate cancer deaths **over 4 times** the rate of other men.



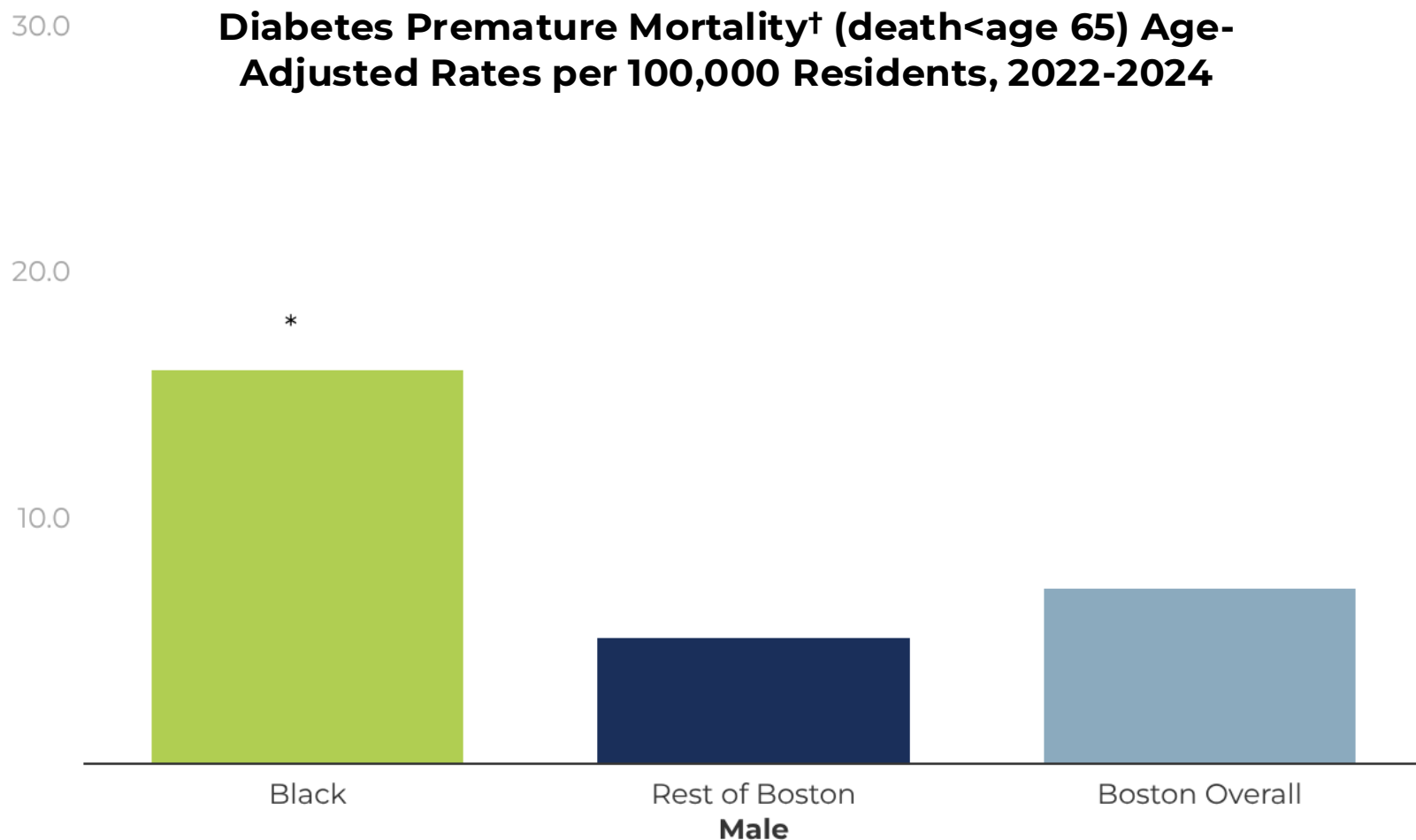
Premature Cancer Mortality<sup>†</sup> by type, Black Male Residents, 2018-2024 Combined



NOTE: \*Statistically significant difference compared to rest of Boston. †Age-adjusted rates per 100,000 residents under age 65. § Indicates that rates are based on 20 or fewer cases and should be interpreted with caution.

DATA SOURCE: Boston Resident Deaths, Massachusetts Dept of Public Health

# Black men die prematurely of diabetes at **3 times** the rate of other men

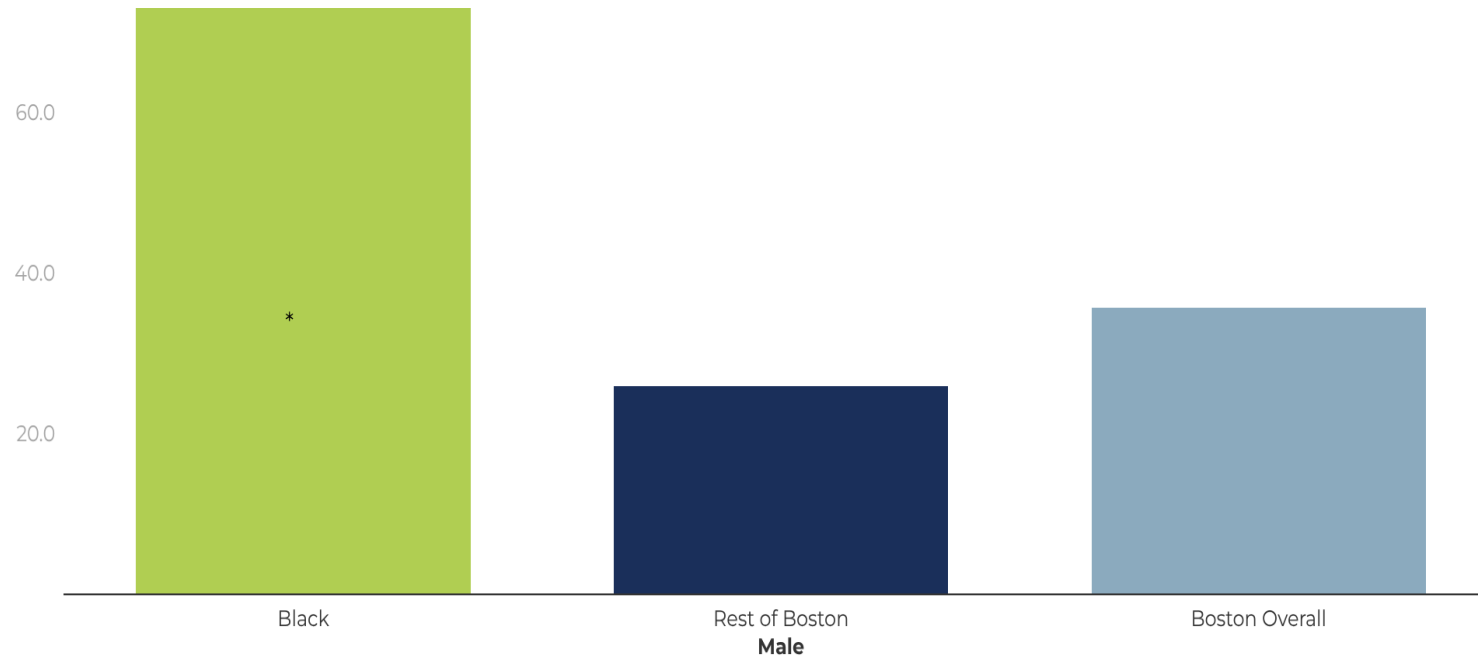


Black men have higher rates of diabetes premature mortality compared to other male residents.

# Premature heart disease deaths among Black men are almost **twice** as high.



**Heart Disease Premature Mortality<sup>†</sup> (death < age 65) Age-Adjusted Rates per 100,000 Residents, 2022-2024**

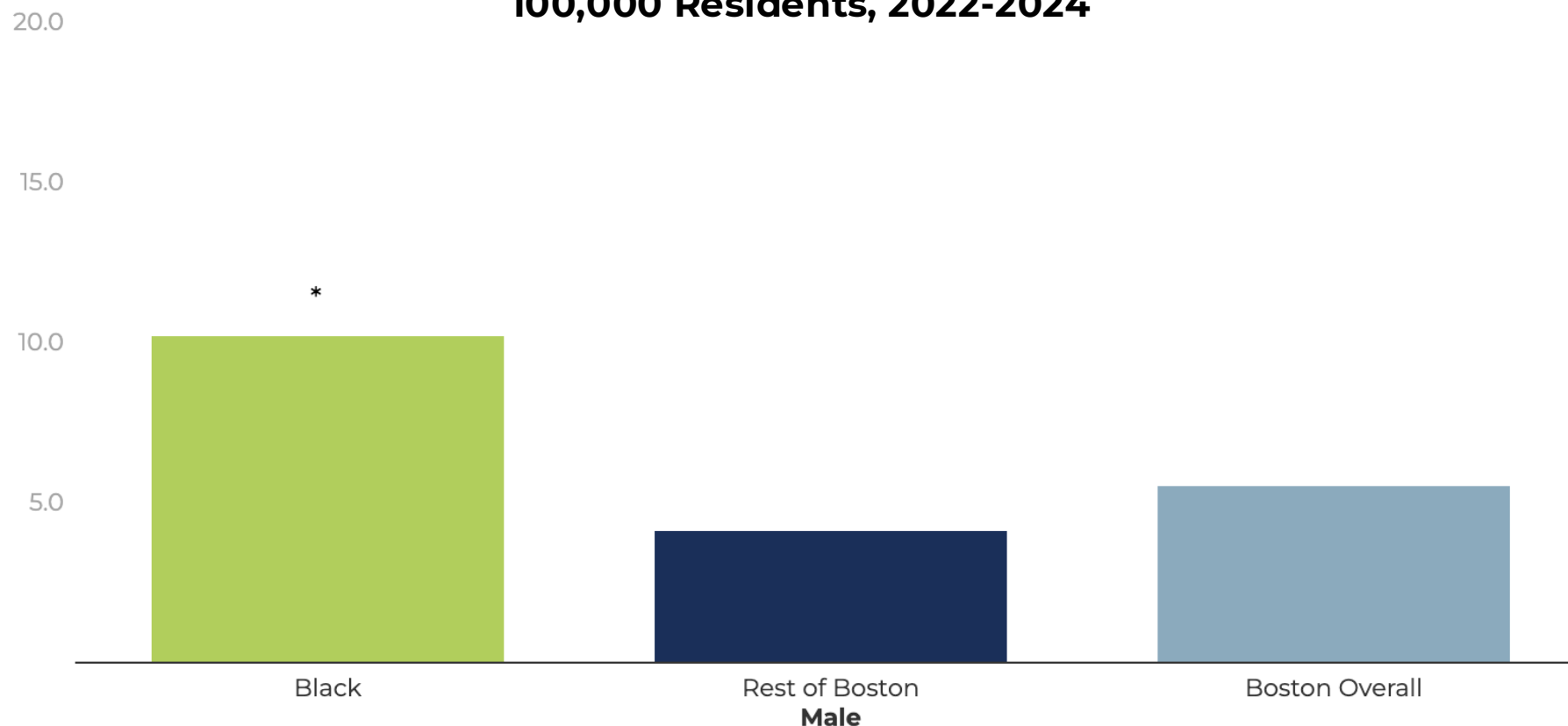


Black men have higher rates of heart disease premature mortality compared to other male residents.

# Premature stroke deaths among Black men were **over twice** as high.



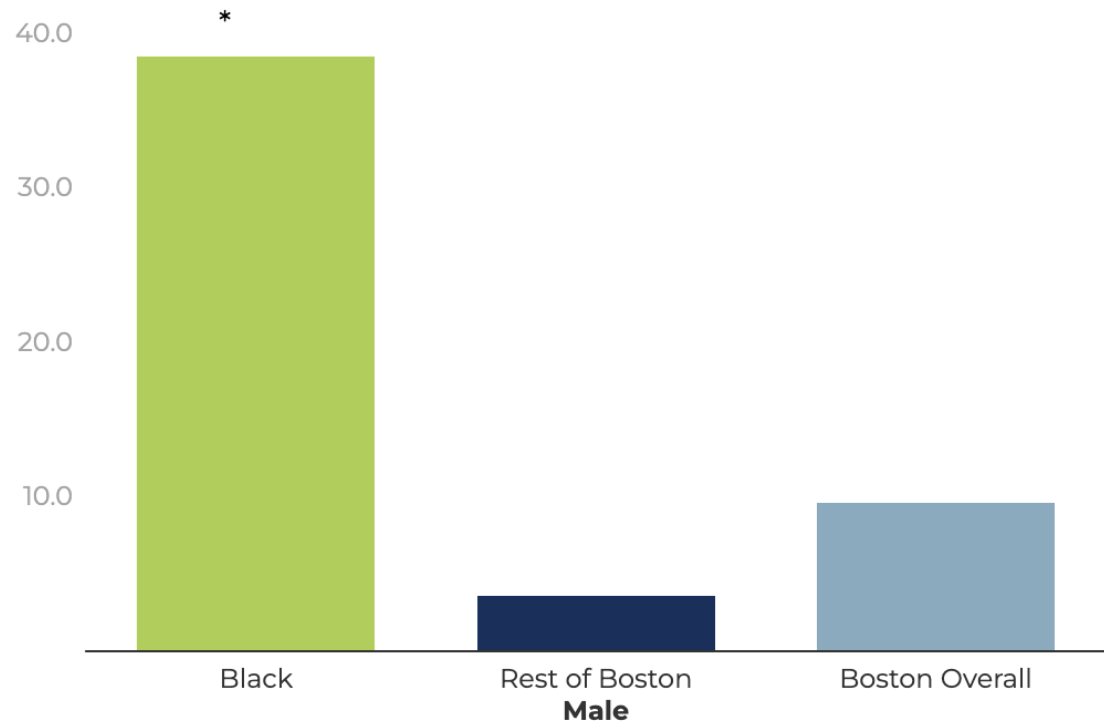
**Stroke Premature Mortality† (death < age 65) Age-Adjusted Rates per 100,000 Residents, 2022-2024**



Black men have higher rates of stroke premature mortality compared to other male residents.

# Black men died from homicide at over **ten times** the rate of other men.

## Homicide Mortality<sup>†</sup>, Black Residents, 2018-2024 Combined



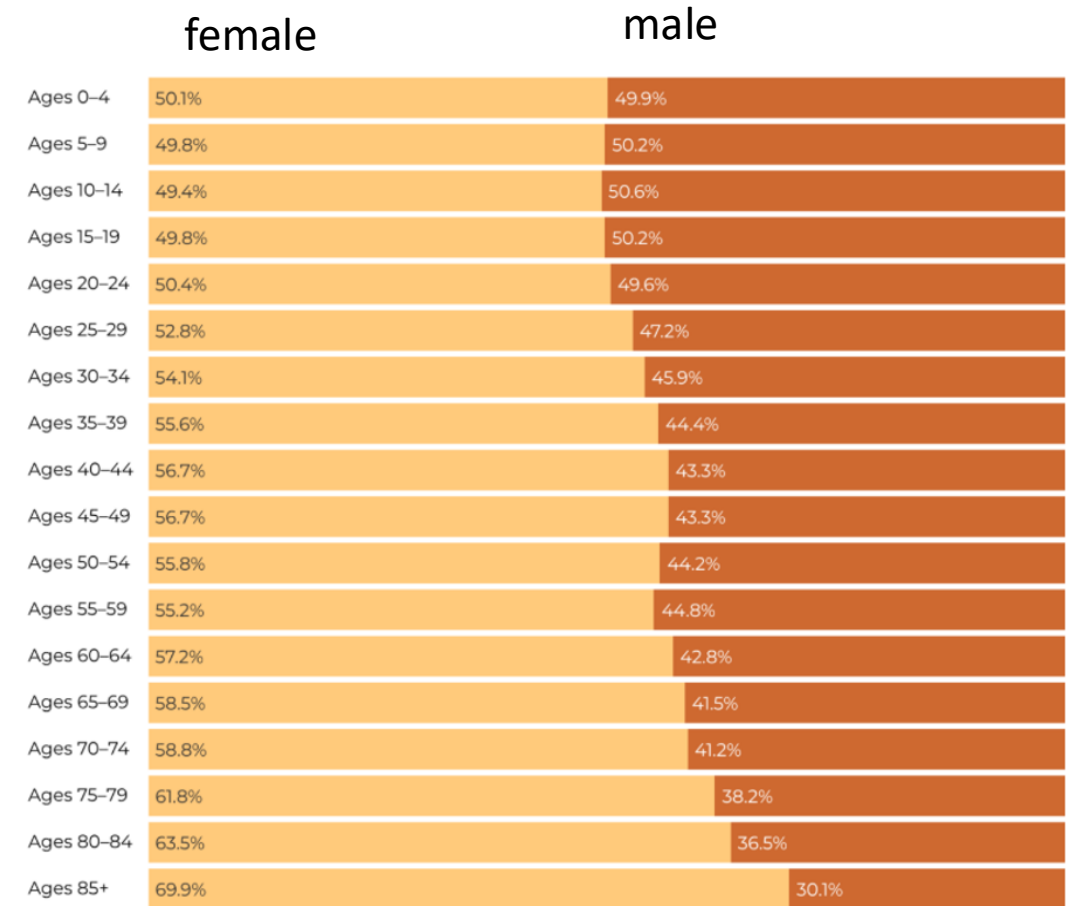
Black men had **over ten times** the rate of homicide mortality compared to other male residents.

**Violence reflects broader community and structural conditions.**

# These premature deaths compound over the life course, with Black men representing nearly half of children ages 0–4 but only **one third** of adults 65+



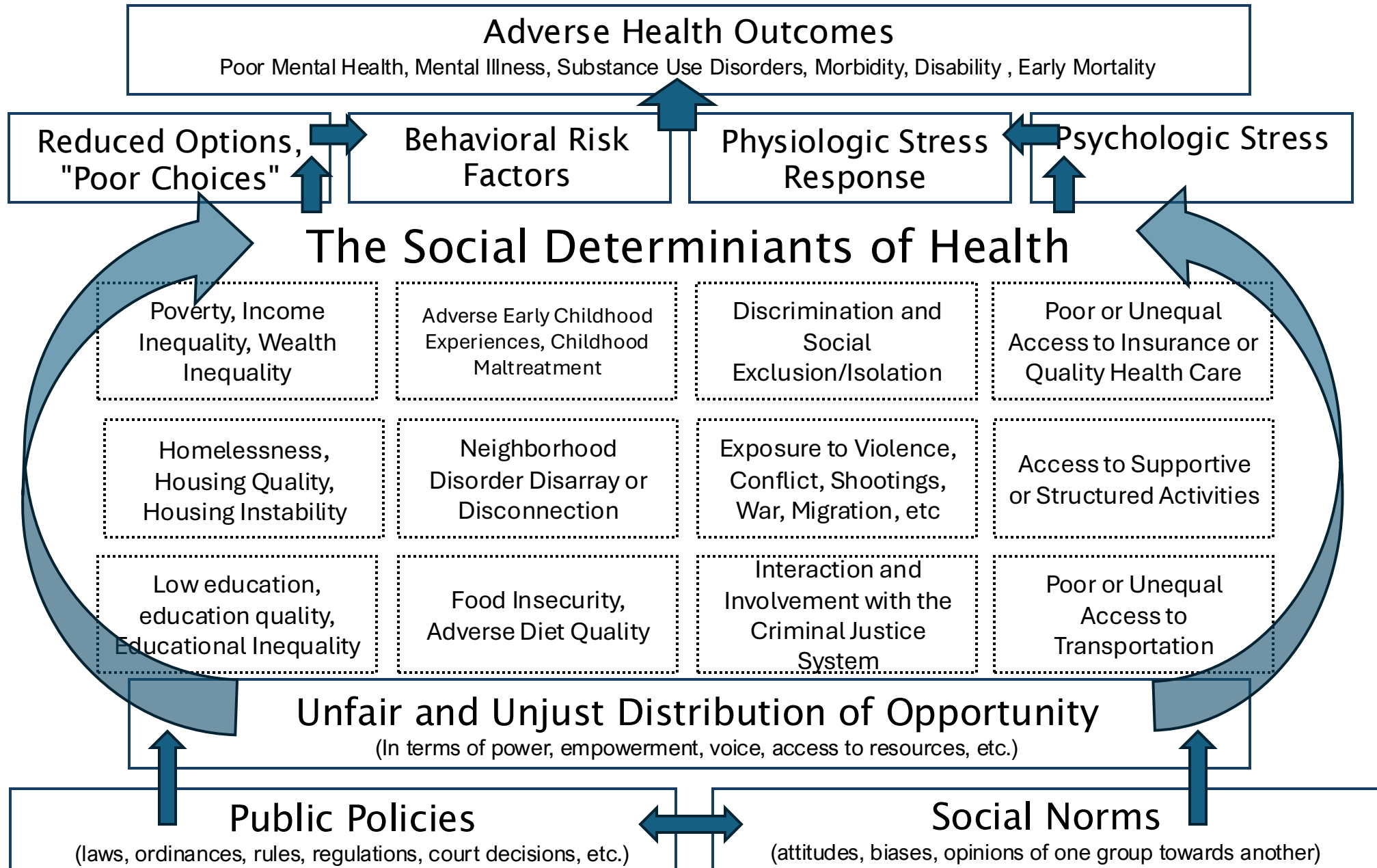
- The proportion of Black males and females in Boston is nearly identical during childhood
- differences become increasingly pronounced with age because substantially fewer Black men survive into later adulthood than Black women.
- As a result, Black women make up a markedly larger share of the older adult population.

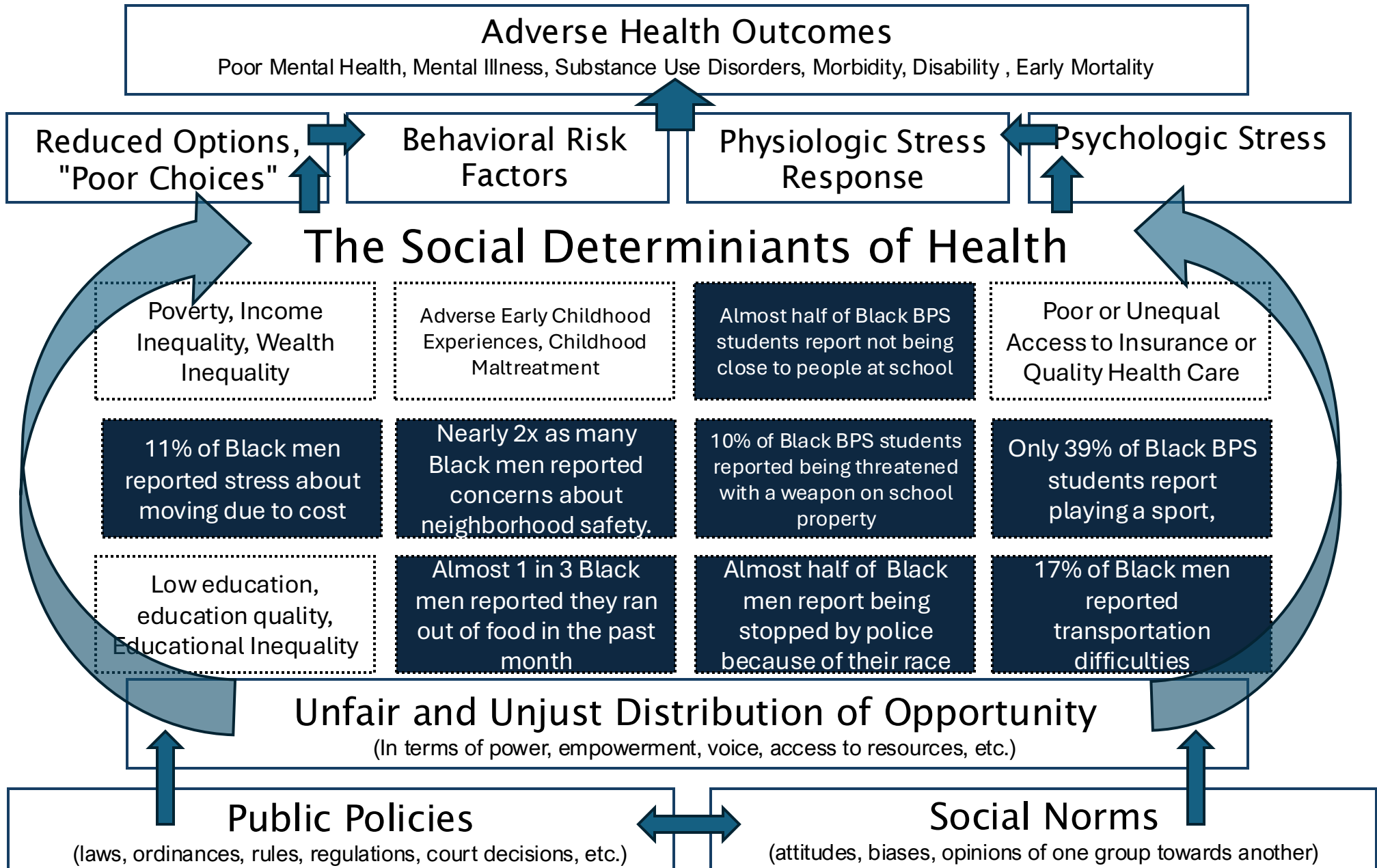




## The conditions that shape these outcomes are not equally distributed.

*Long before these conditions develop, Black boys and men experience unfair, unjust, and unequal access to power, opportunity, resources, and voice.*







## Stress Gets “Under the Skin”

*Decades of this kind of “weathering” are not without cost.  
The cumulative toll of chronic stress and inequity can  
affect both body and mind over time.*

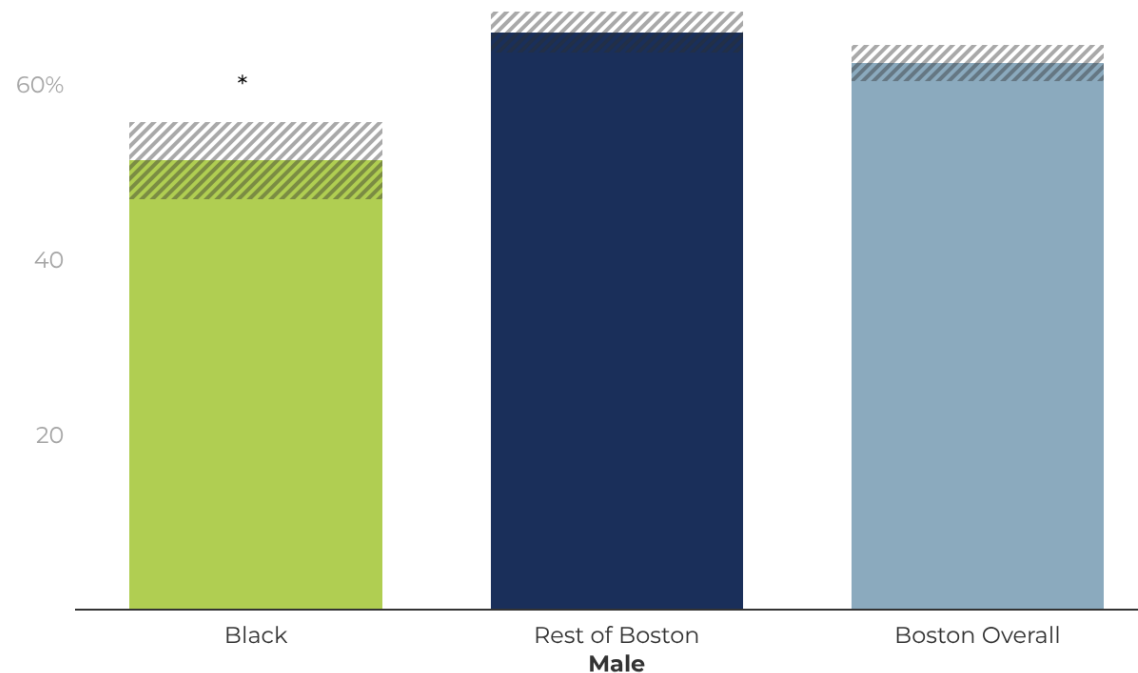
# Unequal stressors can shape sleep, recovery, and long-term health.



## Male Adults who Received At Least 7 Hours of Sleep in a 24-Hour Period, 2019, 2021, 2023 Combined

▨ 95% confidence interval

Only 50% of Black men reported adequate sleep, compared to almost 70% of other men.



NOTE: \* Statistically significant difference when compared to reference group.

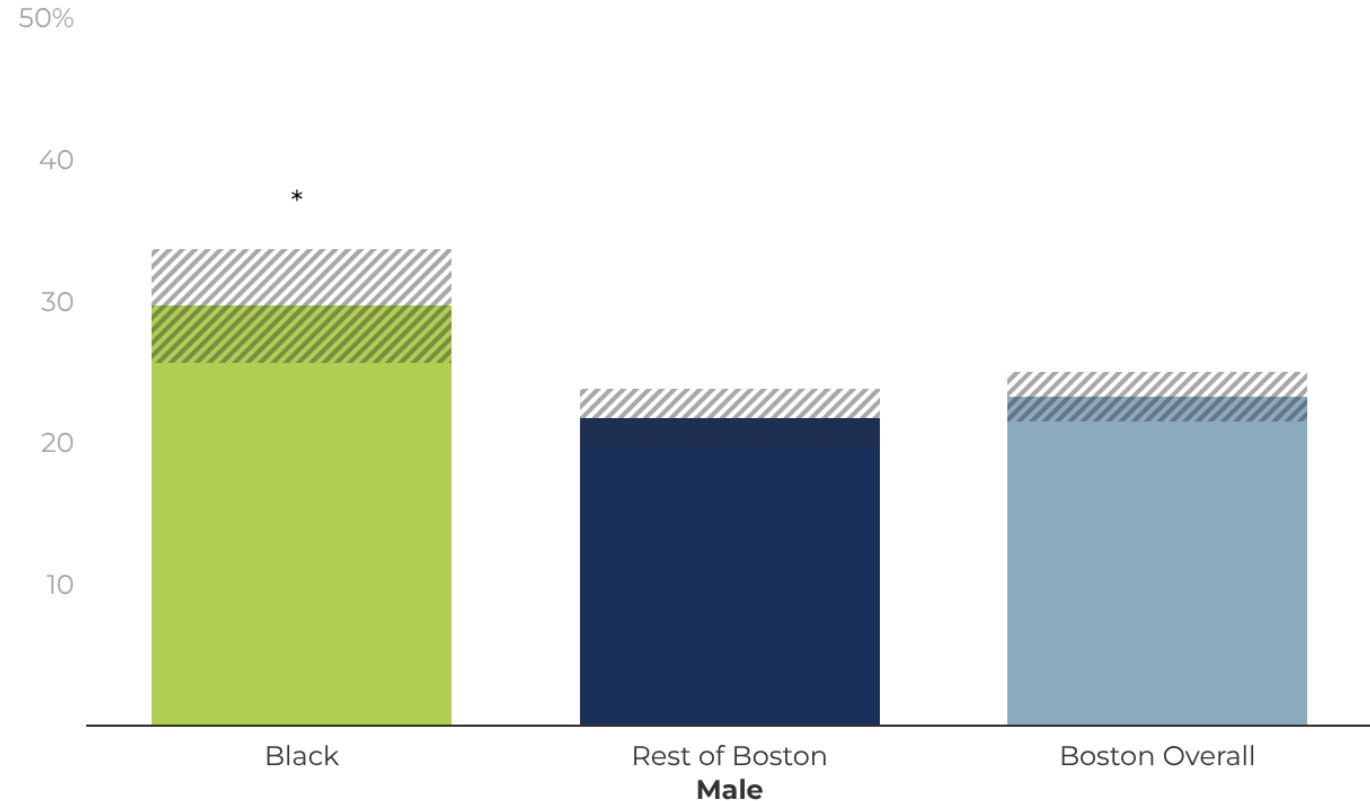
DATA SOURCE: Boston Behavioral Risk Factor Surveillance System (2017,2019, 2021, 2023), Boston Public Health Commission

# Chronic Stress has numerous impacts on the Body.



## Obesity Among Male Adults 2019, 2021, 2023 Combined

▨ 95% confidence interval



The cumulative impacts of stress can impact metabolic health-Black adults had higher rates of obesity.

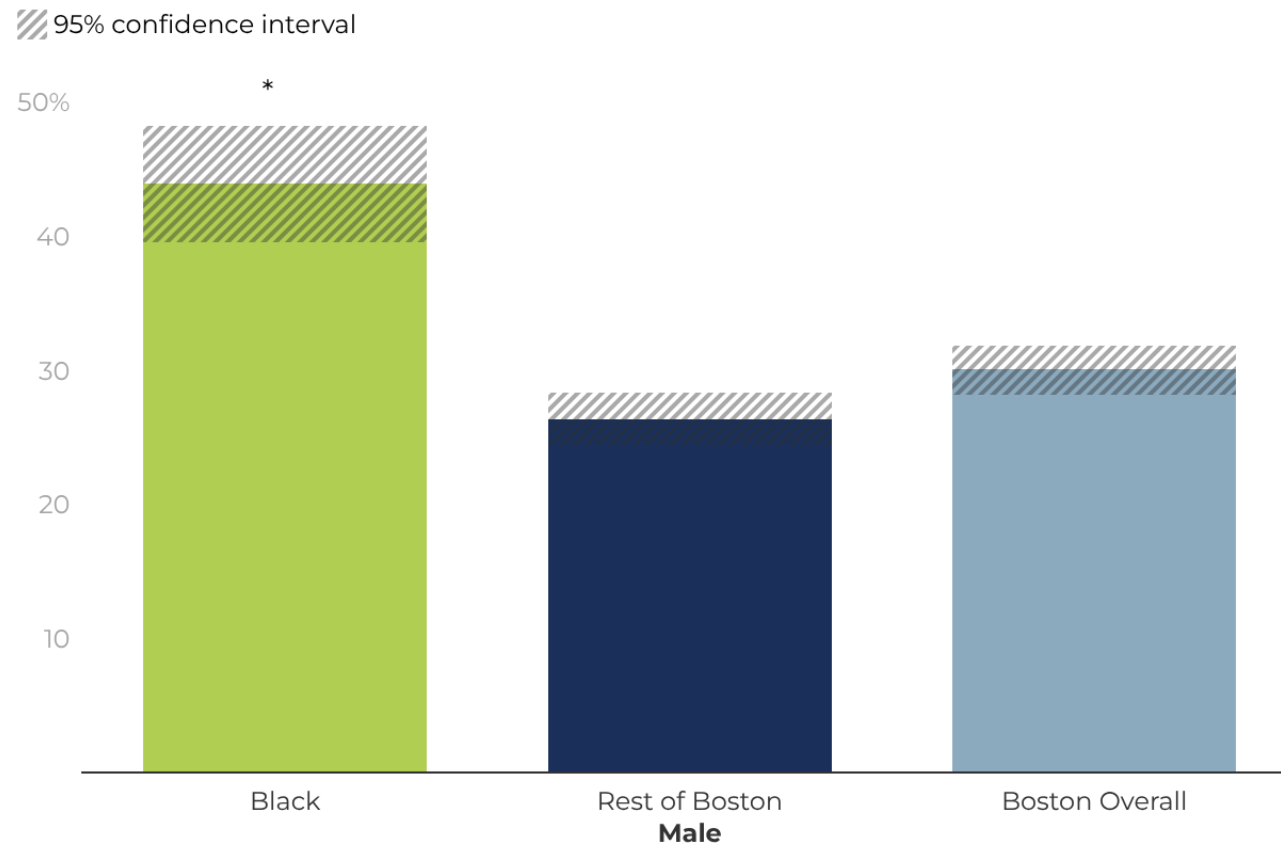
NOTE: \* Statistically significant difference when compared to reference group.

DATA SOURCE: Boston Behavioral Risk Factor Surveillance System (2019, 2021, 2023), Boston Public Health Commission

# It can place sustained strain on the cardiovascular system.



## Hypertension Among Male Adults, 2019, 2021, 2023 Combined



Black adults have higher rates of hypertension compared to other Boston residents.

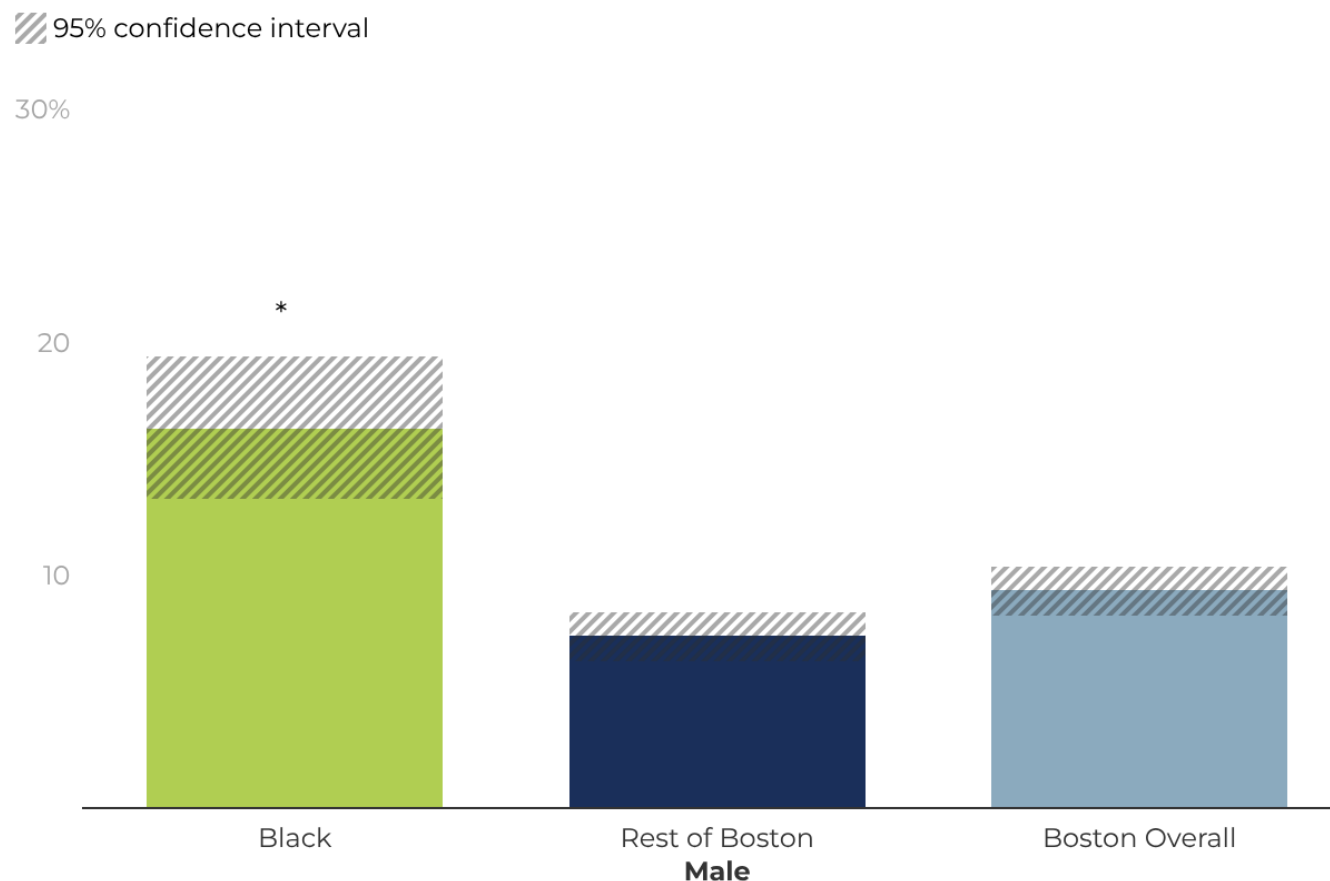
# It can disrupt metabolic health.



Black adults have higher rates of diabetes compared to other Boston residents.

Poor metabolic health is associated with increased risk of chronic diseases and worse health outcomes, including several cancers.

## Diabetes Among Male Adults, 2019, 2021, 2023 Combined





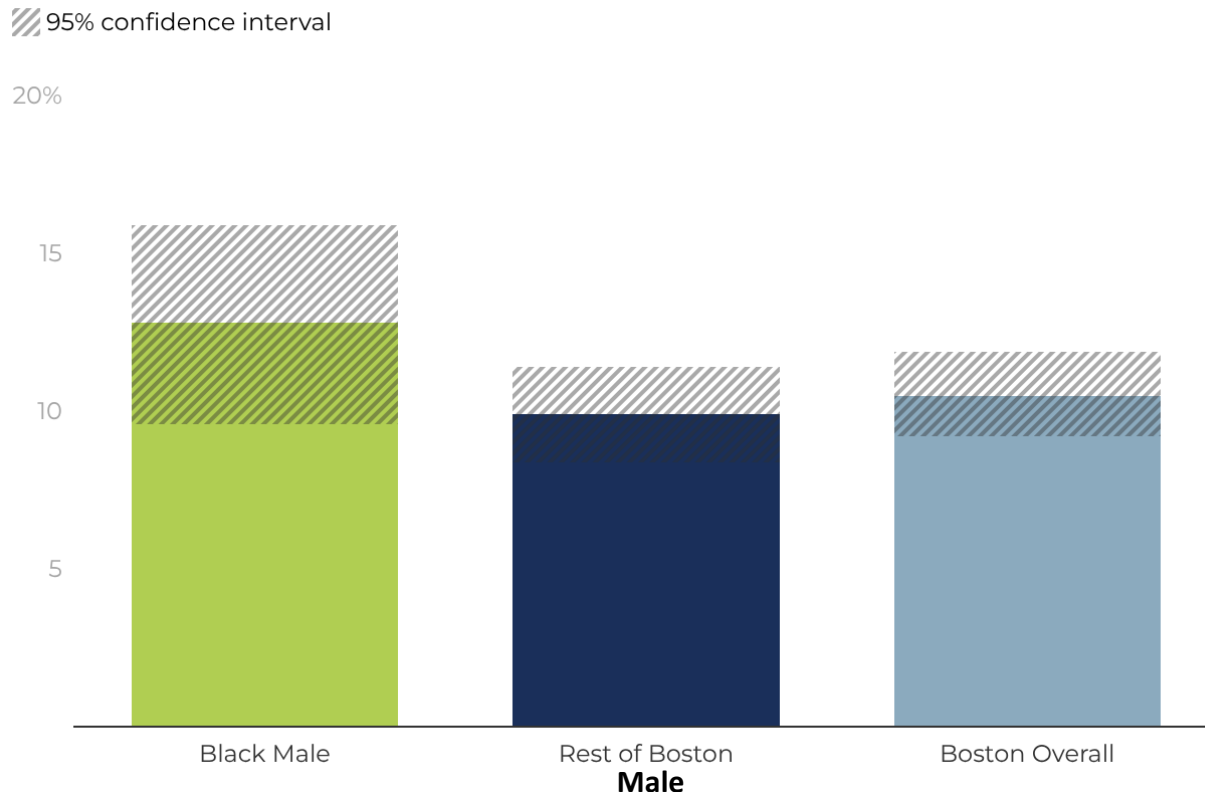
## But healthcare systems have not always met these needs among Black men.

*Despite the need for early diagnosis and treatment, generations of discrimination, unethical medical practices, and inequitable healthcare systems have contributed to lower trust and engagement with providers and clinical settings among Black men.*

# Despite **similar** healthcare affordability, Black men's health disparities persist because of longstanding system drivers including differences in quality of care.



## Adults who Could Not Afford a Doctor in the Past Year, 2019,2021,2023 Combined



There were no significant differences in health care *affordability* across groups.

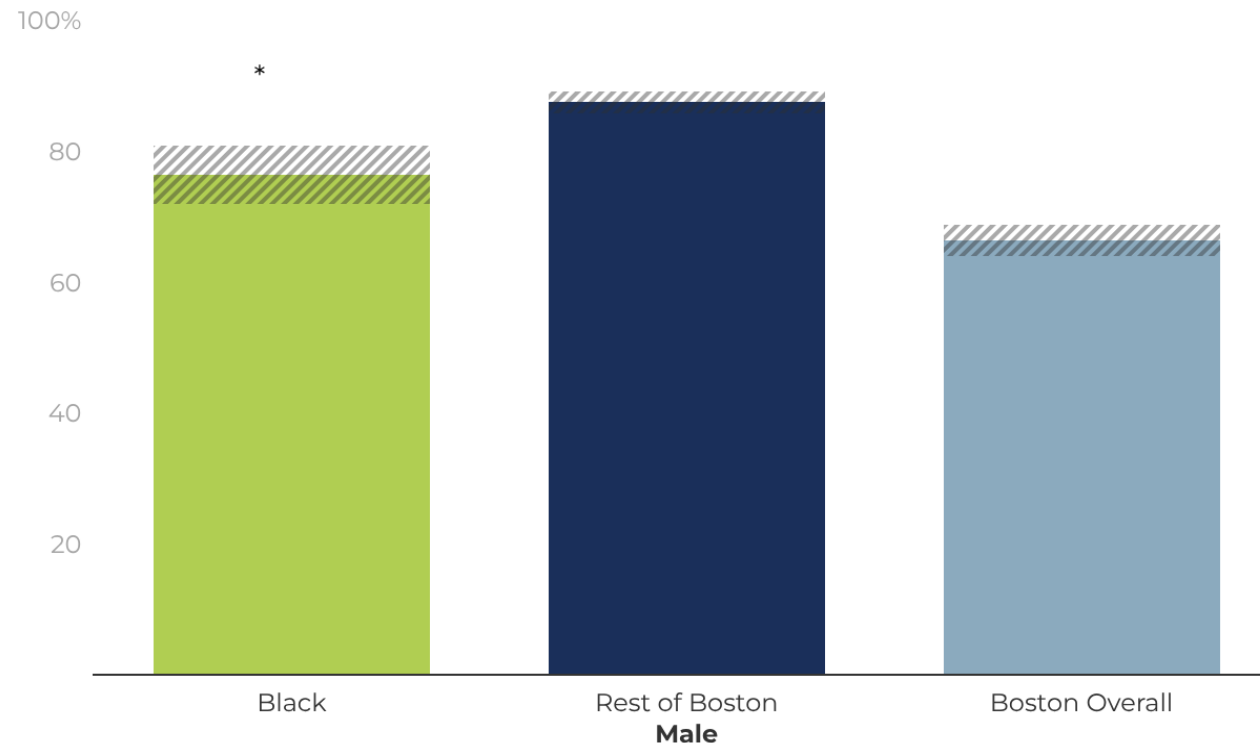
However, healthcare systems and guidelines are often structured around what is reimbursable, episodic, or efficient, not necessarily around the lived experiences, barriers, and relationship-building needed to support sustained engagement and trust among Black men.

# While still high, Black men were **less likely** to report feeling their health needs were **taken seriously**.



Adults who reported “I feel my Doctor or Nurse is Listening to what I am Saying (Always or Most of the Time),” 2021, 2023 Combined

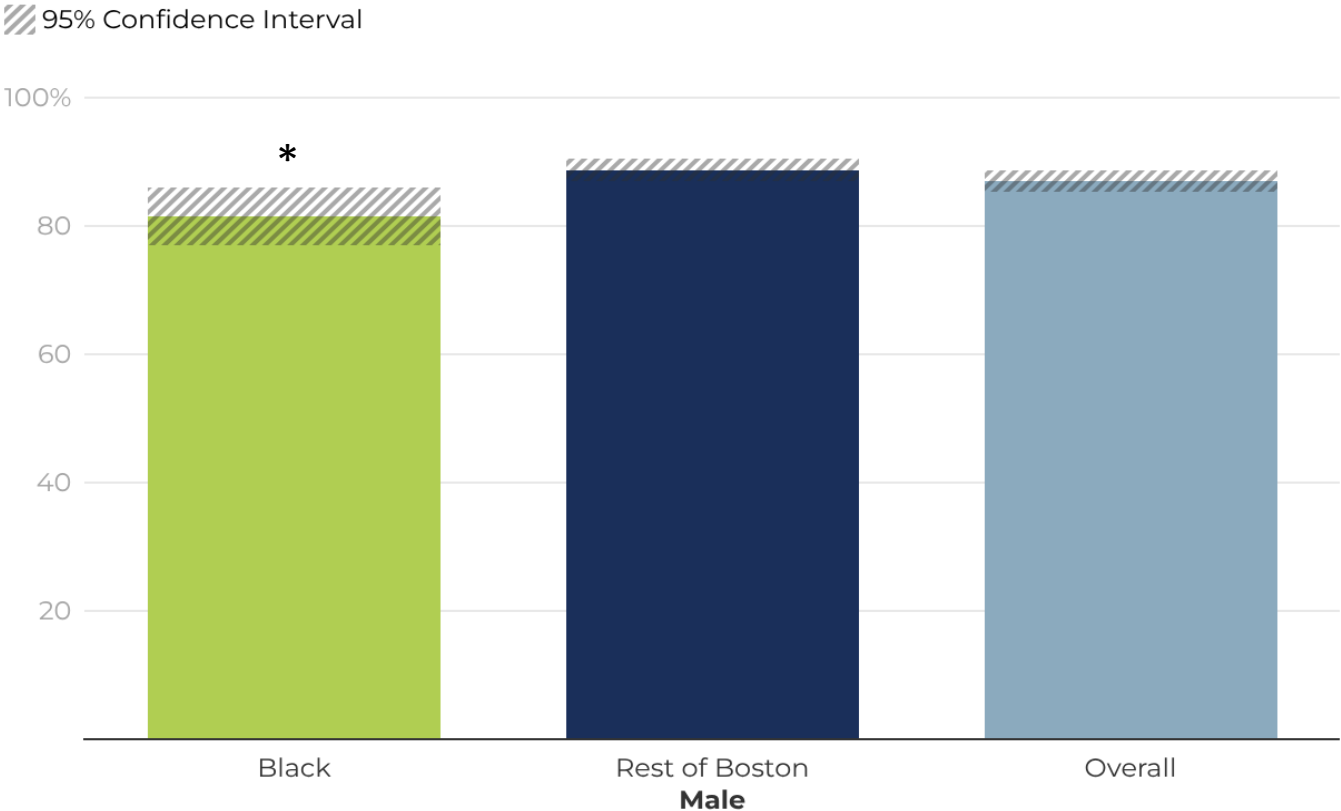
▨ 95% confidence interval



# While still lower than other men in Boston, a large portion of Black men do report trusting their provider.



Adults who reported “I trust my doctor’s judgements about my medical care (Strongly agree or agree),” 2021, 2023 Combined

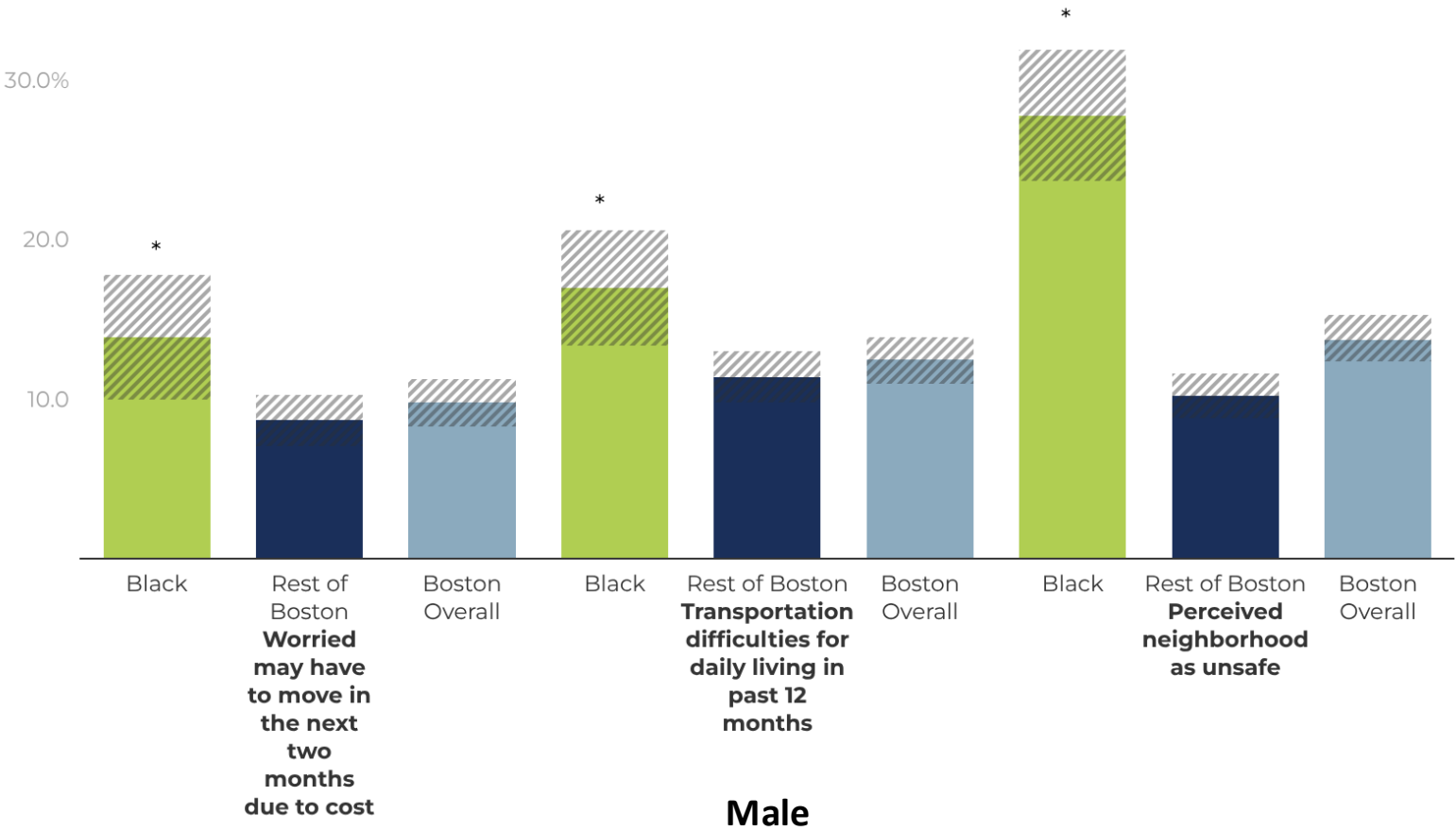


NOTE: \* Statistically significant difference when compared to reference group  
DATA SOURCE: Boston Behavioral Risk Factor Surveillance System (2021,2023), Boston Public Health Commission

# Black men also experience higher exposure to structural barriers that shape health opportunities.



▨ 95% Confidence Interval



Male

NOTE: \* Statistically significant difference when compared to reference group. DATA: Structural Barriers, Boston Black Male Residents 2019, 2021, 2023 Combined. DATA SOURCE: Boston Behavioral Risk Factor Surveillance System (2019, 2021, 2023), Boston Public Health Commission

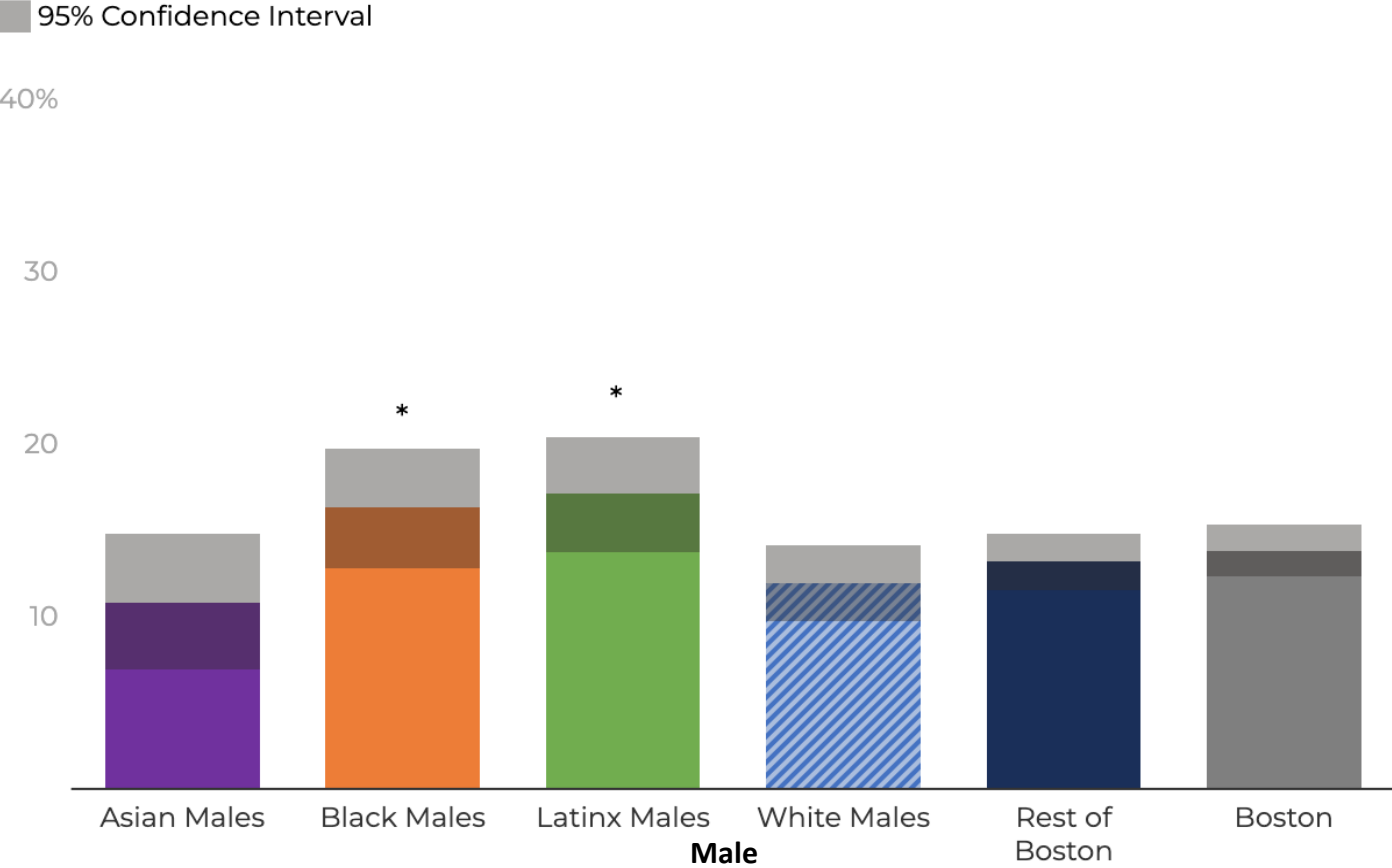


## Chronic stress and racism impacts both the body *and* mind.

*Decades of this kind of “weathering” by chronic stress, unequal community conditions, and discrimination also impact mental health over time.*

# Black men report persistent sadness at **higher rates** than white men.

**Persistent Sadness Among Adults by Sex and Race/Ethnicity, 2019, 2021, 2023, Combined**



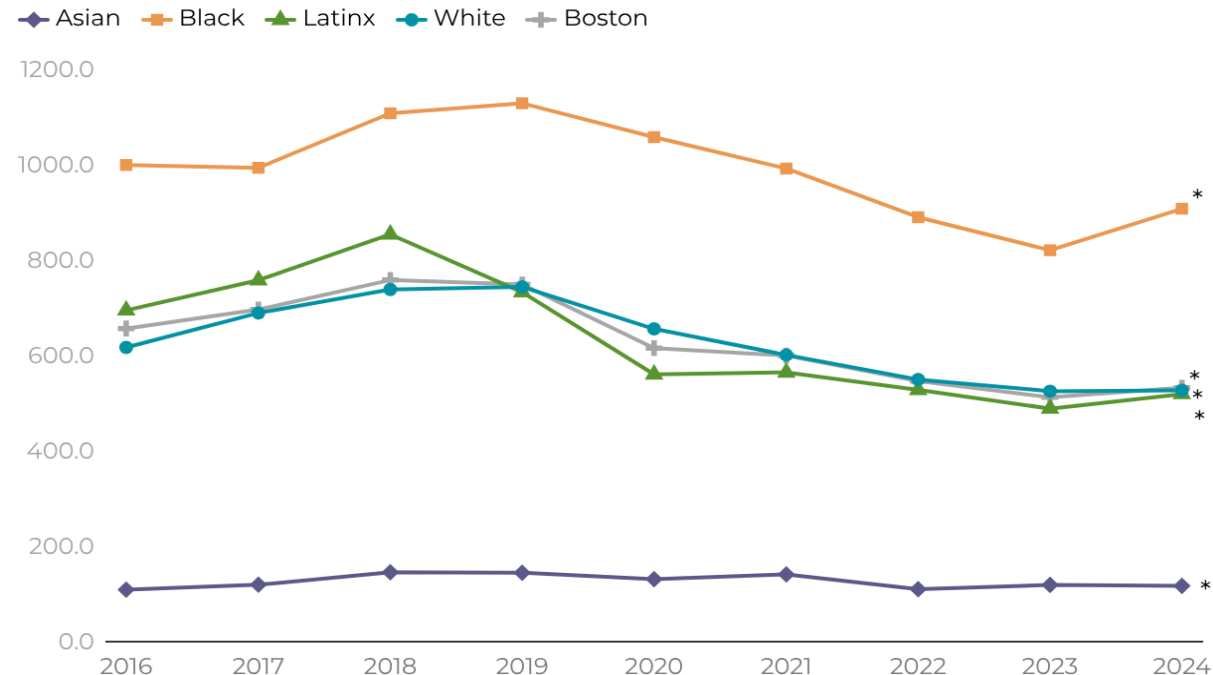
Black male residents had higher rates of self reported depressive symptoms compared to white male residents.

NOTE: \*Statistically significant when compared to reference group. Bars with hatch marks indicate the reference group within each selected indicator.  
DATA SOURCE: Acute Hospital Case Mix Database, Massachusetts Center for Health Information and Analysis

# Black men have Boston's highest mental health ER visit rates, nearly **twice** other men's



Mental Health Related Emergency Department Visits among Men (Excluding Substance Use)<sup>†</sup> by Race/Ethnicity, 2016-2024

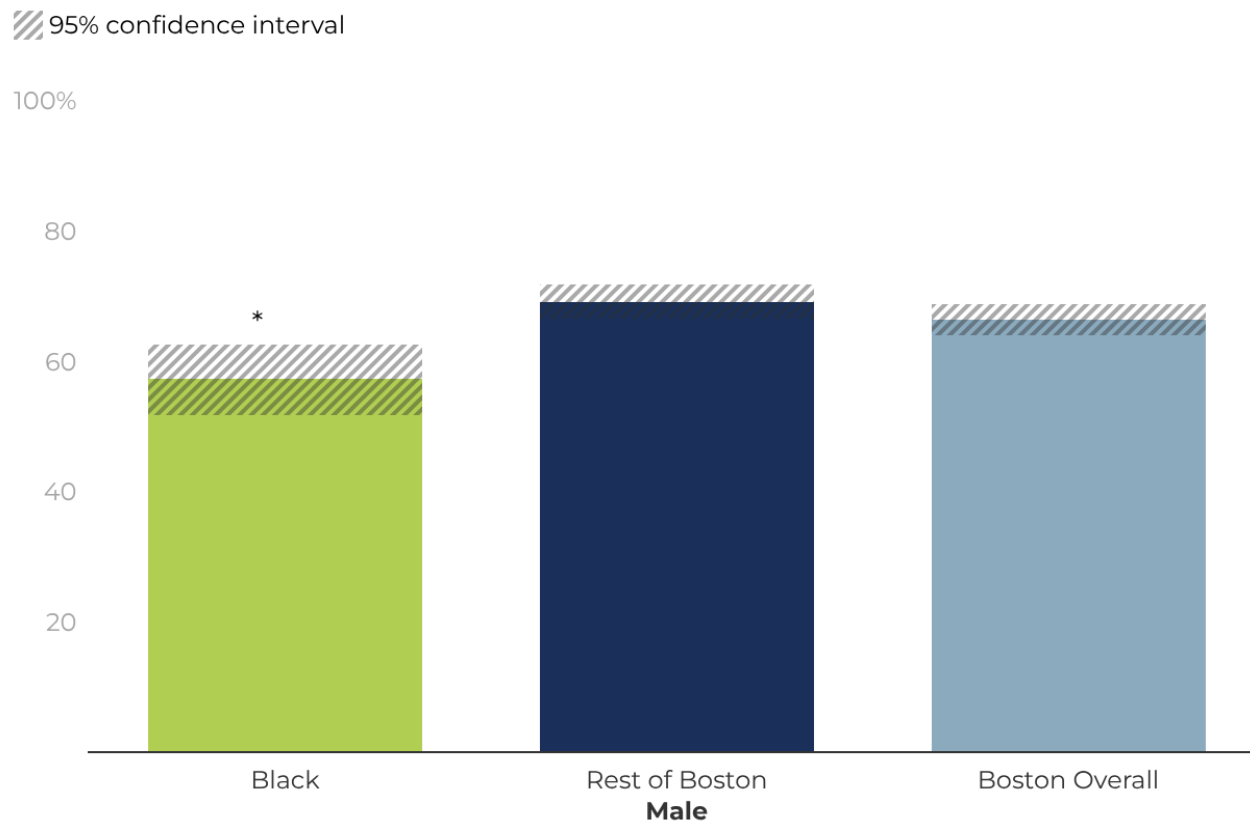


NOTE: \*Statistically significant when compared to reference group<sup>†</sup>Age-adjusted rates per 10,000 residents  
DATA SOURCE: Acute Hospital Case Mix Database, Massachusetts Center for Health Information and Analysis

# Despite *higher need*, Black men are the **least likely** to say they would seek care



## Adults who reported “I Would Seek Therapy or Mental Health Professional if Needed,” 2021, 2023 Combined



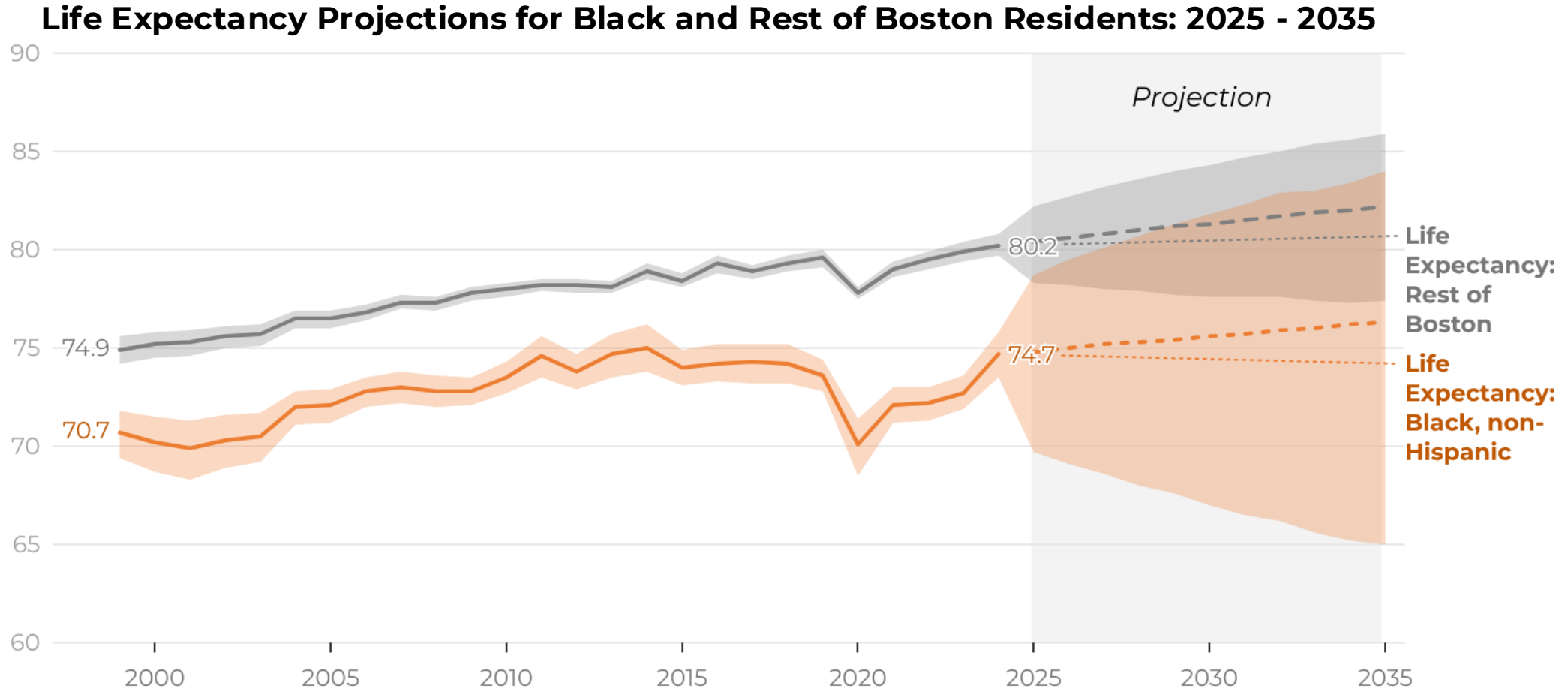
Decisions about seeking mental healthcare do not occur in isolation. Access to affordable and culturally responsive care, trust in healthcare systems, stigma, representation, prior experiences with providers, time, transportation, and competing daily stressors can all shape mental healthcare engagement.



## Without intervention, these inequities will persist across generations.

*If unequal access to safety, economic opportunity, support, and healthcare remains unchanged, fatal consequences will continue to accumulate, undermining Boston's goal of helping all residents live long and well*

# The cost of inaction: If we don't invest in data driven, equity centered public health action, Boston **will never close this gap.**



NOTE: Solid lines depict average Life Expectancy from 1999 - 2024; dashed lines are projected average Life Expectancy from 2025 - 2035  
DATA SOURCE: Boston Resident Deaths, Massachusetts Dept of Public Health



## What does this tell us about what we need to do?

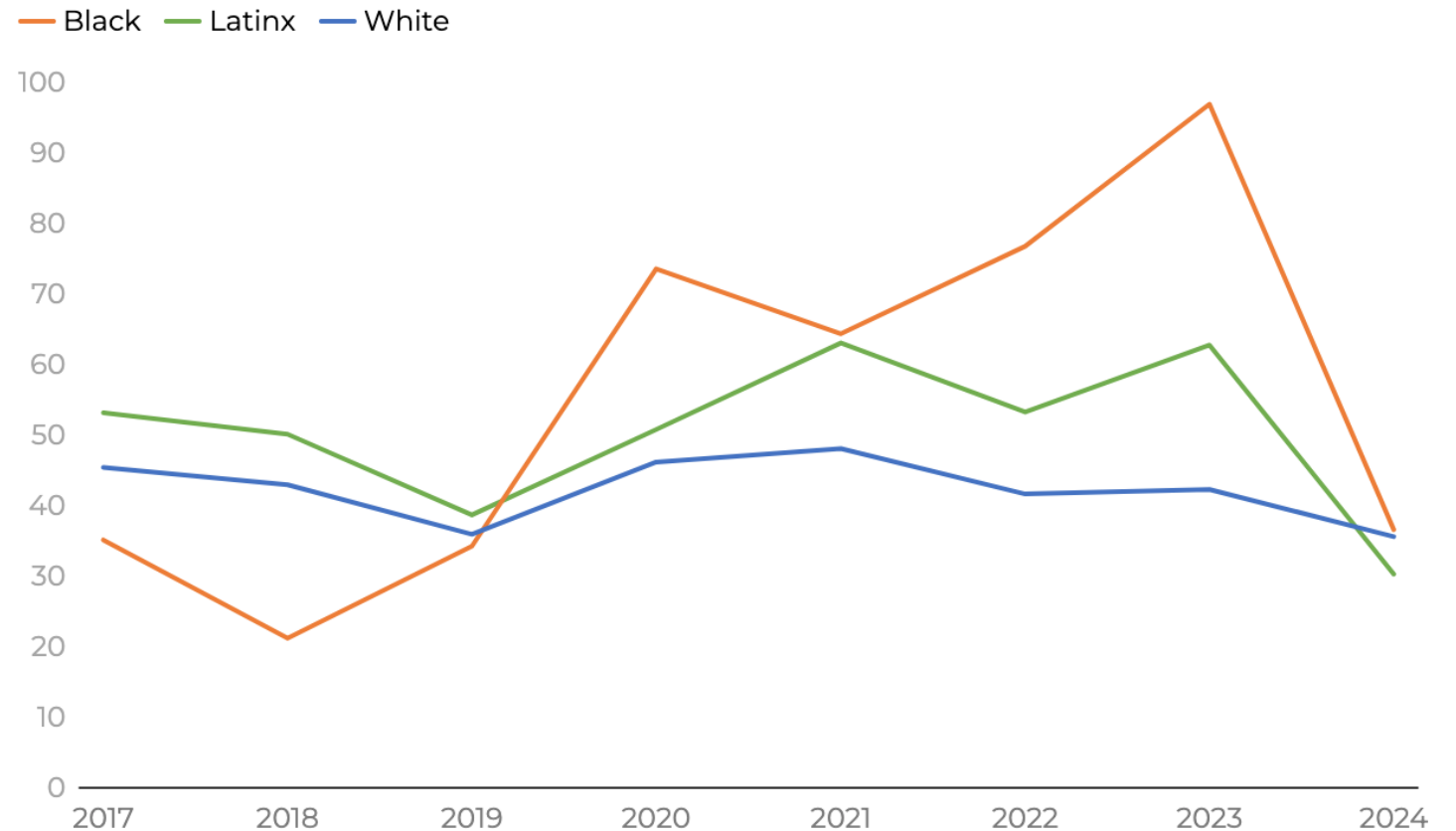
*If health pathways are shaped by environments, opportunity, support, safety, and systems, then improving health requires strengthening the conditions that support wellbeing across the life course*

# Learn from what has **worked**.

## LESSONS LEARNED: CLOSING THE OVERDOSE GAP

Recent reductions in overdose mortality suggest that coordinated investments in harm reduction, outreach, treatment access, housing, policy change, and community-informed responses can save lives.

**Rate of Fatal Opioid Overdose by Race/Ethnicity (2017-2024†)**





# Build on existing sources of strength and connection.

Despite these inequities, **91.4%** of Black residents participating in the Boston Community Health Needs Assessment report that they agree with, ***"I believe that all residents, including myself, can make the community a better place to live."***

Faith communities and neighborhood-based organizations contribute to this, serving as important sources of social support, caregiving, mentorship, healing, and collective resilience across Boston communities.



## The same pathways that shape risk can also support health.

*The environments, systems, and opportunities that contribute to poor health outcomes can also function as pathways toward safety, connection, healing, and wellbeing. Moving the needle on Black men's health will require sustained partnership across communities, institutions, and sectors to strengthen these protective pathways over time. That is why we are investing in initiatives like the **Live Long and Well Population Health Agenda***

## Live Long and Well is a citywide initiative focused on **reducing gaps** in life expectancy in Boston and creating a healthier city for all.

It aims to achieve this by addressing health inequity in four key areas related to preventable death before age 65:

- *Cardiometabolic disease*
- *Preventable cancers*
- *Overdose mortality*
- *Health along the lifespan & healthy aging*
  - *Maternal and infant mortality*
  - *Mental health*





## Live Long and Well

Boston's Population Health Equity Agenda



**Lead** with data

**Share** decision-making power with communities

**Establish** partnerships and shared goals

**Focus** on upstream social determinants of health and systems change

**Support** place-based strategies to address local needs

**Invest** collaboratively

**Goal: Close Boston's Life Expectancy Gap by 2035**



# Live Long and Well Partnerships & Investments include:

- *\$10 Million catalytic investment from Atrius Health Equity Foundation*
- *A \$1 million investment from BPHC's annual operating budget to fund organizations working to improve Black men's health.*
- *A new partnership with Dana-Farber Cancer Institute to invest \$1 million in cancer prevention, treatment, and other community-based initiatives that tackle the key drivers of premature mortality.*



# DATA NOTES:

**A note on comparisons:** reference groups vary throughout this report depending on the question being examined. In many analyses, Black men are compared to the “rest of Boston” because White residents are not viewed as the default standard for comparison. In other analyses, comparisons to White residents are used to help illustrate the impacts of structural advantage, unequal access to opportunity, and the health effects of longstanding inequities

**Boston BRFSS:** Data from the Boston BRFSS are derived from random sample surveys with approximately 3,000 respondents and administered approximately every other year. The resulting data from the past three survey years were adjusted (i.e., weighted) to permit generation of rates (i.e., percentages) that represent the entire Boston resident population of adults living in households. In some cases, survey data for multiple years were combined to increase stability of estimates. Logistic regression was used to compare two demographic groups within a given time period ( $p < .05$ )

**Mortality:** Mortality rates are age adjusted to permit comparisons that mitigate the impact of differences in age distributions of their respective underlying populations. The resulting comparisons allow consideration of observed differences in terms of factors other than population age differences. For Boston mortality comparisons, a rate for a given demographic group is described as higher or lower than the comparison group only when the comparison test indicated statistical significance ( $p < .05$ ).



# DATA NOTES:

**Denominators:** Boston population data used as denominators in the rate calculations were produced internally by the BPHC Population Health and Research Boston Population Estimates Project (B-PEP). BPEP uses 2010 and 2020 US Census data to generate population estimates for years between the 2010 and 2030 via interpolation and extrapolation of age, race/ethnicity, sex, and neighborhood population change from 2010 to 2030.

**Race/Ethnicity:** All racial and ethnic designations except those from the death certificate are self-reported. Several cautions should be kept in mind when using data reported by race/ethnicity. Race and ethnicity are social constructs, not biological facts. There is often more genetic variation between members of the same race than between members of different races. In addition, the meanings of these designations are highly subject to historical, cultural, and political forces. Not only do these designations change over time, but there is also a very subjective element that influences who is considered a member of one group or another. The concept of race can be notably broad: the term “Black,” for example, includes people describing themselves as African American, African diaspora, or Caribbean, groups with distinct histories and differing health risks.

Hispanic and or Latinx people can be of any race. In this report, data for persons of Hispanic and/or Latin descent are described as Latinx and presented alongside non-Latinx racial groups. Boston-specific data by race and Latinx ethnicity is presented for non-Latinx Asian residents, non-Latinx Black residents, non-Latinx White residents, and Latinx residents of any race .

*For additional information regarding the analytical methods used within this report, please contact the Boston Public Health Commission Population Health and Research Office.*