

CONCLUSION

This report documents the persistence of disparities between men of different racial and ethnic groups in states across the country and on multiple dimensions. It also spotlights the broad range of disparities across the nation. More than a decade after the Surgeon General's call to eliminate health disparities, the data in this study underscore the difficulty in answering that call and in different challenges faced by men across the nation.

While the focus of this report was on disparities between men of different races and ethnicities, it is important to recognize that in some states men of all groups face multiple health and economic challenges. This includes high rates of chronic health problems, barriers to obtaining care, and social and economic hardships. For some groups and in some states, the challenges are greater. Additionally, this analysis pre-dates the current economic recession, which has wide ranging impacts on health. It is likely that many of the outcomes presented in this report have deteriorated in light of the critical role of employment and housing on health, access, and well-being.

Several themes emerged from the analysis:

- The first is that men of color consistently fared worse than white men across a broad range of measures in almost every state, and in some states these disparities were striking. Hispanic men and American Indian and Alaska Native men in particular faced many challenges, but black men also fared considerably worse than white men in almost all states.
- Second, there was considerable variation across the nation in the experiences of men of color in terms of their health and the factors that affect their health and their ability to access quality care. Minority men in some states did much better than their counterparts in other states; however, even in states where minority men fared better, they usually had higher rates of health problems, experienced more barriers to care, and faced social and economic challenges at higher rates than white men.
- Third, in states where disparities were lower, this was sometimes due to the fact that both white and minority men were doing poorly, not that minority men were necessarily doing better. Thus, it is important to recognize that, in some states, men of all racial and ethnic groups faced significant challenges.
- Fourth, each racial and ethnic group faced distinct health, health care, and socio-economic challenges.

Many elements of the Affordable Care Act (ACA) can be used to improve health status and access to care in order to narrow many of these health disparities. The states will play a central role in the implementation of the law, including the development of the Health Insurance Exchanges, where uninsured individuals and small businesses will be able to secure coverage and assistance for care as well as setting eligibility standards and enrollment systems for those who will be newly eligible for Medicaid. For men of color, who have lower use of services and are more likely to be uninsured, the ACA could represent an important avenue to gain access to care. Policy choices made at the state level will have a considerable effect on the impact of this law on the men and women who have experienced disproportionate burdens of poor health and limited access to care.

The provisions of the ACA that improve data collection and enhance the provider workforce can also help eliminate racial and ethnic disparities in men's health. This report can be used as a baseline to gauge our progress in reducing disparities. As states and the federal government consider options to implement health reform in the coming years and develop approaches to improve public health, it is important to consider that efforts to eliminate disparities will also require an ongoing investment of resources from multiple sectors that go beyond health coverage, such as strengthening the health care delivery system and improving health education efforts. Furthermore, it will also be critical to address the social determinants of health by expanding educational and economic opportunities for men. Multi-sectoral policy action at the state and federal level will be required to end the disparities that have been part of the social and health fabric of this country for far too long. Through these broad-scale investments, we can improve not only the health of men of color, but the health of all men in the nation.

APPENDIX 1. METHODS

Criteria for Selection of Indicators

The decision to include an indicator was based on the following criteria: relevancy to the health of men; policy or programming relevance; adequate sample size to make estimates for minority populations, data reliability, and comparability across most or all states.

Data Sources

The findings presented in this report are from several data sources that are collected by the federal government. The primary sources of population-based data were the Behavioral Risk Factor Surveillance System (BRFSS) and the Current Population Survey (CPS), combining years 2006–2008, which represented the most recent data at the time the project began, and the base years for most of the sources of data.

The BRFSS was used for most of the health status and access and utilization measures. Established by the Centers for Disease Control and Prevention (CDC), the BRFSS is a state-based survey that collects information on health behaviors, preventive health practices, and health care access. It is a cross-sectional, annual, random-digit-dial telephone survey of adults ages 18 and over. Data from the 2006, 2007, and 2008 BRFSS databases were combined for this report to increase sample sizes and stabilize estimates.

The Current Population Survey (CPS) was the data source for the health insurance indicator and most of the social determinants indicators in this report. The CPS, administered by the U.S. Census Bureau, is an annual probability sample of the civilian non-institutionalized population 15 years of age and older. It is the primary source for labor force statistics in the U.S. and also contains extensive demographic data. The 2006, 2007, and 2008 CPS Annual Social and Economic Supplements were merged to increase sample size.

For both CPS and BRFSS, the study population was males ages 18–64 (unless otherwise indicated) in all 50 states and the District of Columbia. For each state, data were reported for individual racial and ethnic groups if there were at least 100 valid responses in the racial and ethnic cell based on the merged data. If that criterion was not met, the data for that racial or ethnic group were not reported, but were included in an “other” racial and ethnic category. While data for the “other” category were not reported by state, the data were used to calculate disparity scores.

Serious psychological distress (SPD) was defined as having a score of 13 or higher on the K6 scale, a self-administered questionnaire used to assess mental health status in the 2004–2007 *National Survey on Drug Use and Health*. The state-level new AIDS case rates for 2004 were generated with data from the CDC. The CDC’s HIV/AIDS Surveillance Supplemental Reports document the number of AIDS cases in individuals ages 13 and older that were reported annually as well as state population totals for each year from the U.S. Census Bureau, Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2009 (State Characteristics Population Estimates).

State-level unemployment rates were prepared using merged data from the 2006 to 2008 American Community Survey, an ongoing survey of the American population conducted by the U.S. Census Bureau. The incarceration rates were generated using data collected by the Bureau of Justice Statistics on the number of prisoners under the jurisdiction of state or federal correctional authorities as of December 31, 2008 and 2008 population totals from the Bureau of the Census, Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2009 (State Characteristics Population Estimates).

Dimensions and Indicators

The 22 indicators detailed in this report are grouped into 3 dimensions: health status, access and utilization, and social determinants. Table M.1 lists all of the indicators used in this report, and their respective data sources.

Table M.1. Indicator Descriptions and Data Sources

Indicators by Dimension	Description	Data Source
HEALTH STATUS		
Self-reported Fair or Poor Health Status	Percent of men ages 18 to 64 who reported their health was fair or poor, when asked to choose among excellent, very good, good, fair or poor.	Behavioral Risk Factor Surveillance Survey, 2006-2008
Unhealthy Days	Mean number of the past 30 days when the respondent felt their physical or mental health was "not good." It is based on two separate questions that measure the number of days when physical or mental health were not good. Men ages 18 to 64 years.	Behavioral Risk Factor Surveillance Survey, 2006-2008
Limited Activity Days	Mean number of the past 30 days when the respondent said their physical or mental health prevented them from doing their usual activities. The question was asked only of those respondents who reported at least one day when their physical or mental health was not good. Men ages 18 to 64 years	Behavioral Risk Factor Surveillance Survey, 2006-2008
Serious Psychological Distress	Percent of men who had a score of 13 or higher on the K6 scale.	SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004-2007
Diabetes	Percent of men ages 18 to 64 years who were ever told by a doctor that they had diabetes.	Behavioral Risk Factor Surveillance Survey, 2006-2008
Cardiovascular Disease	Percent of men ages 18 to 64 years who were ever told by a doctor that they had one of the following cardiovascular diseases: angina, coronary heart disease, heart attack or stroke.	Behavioral Risk Factor Surveillance Survey, 2006-2008
Obesity	The percent of men ages 18 to 64 whose body mass index (BMI) was greater than or equal to 30.	Behavioral Risk Factor Surveillance Survey, 2006-2008
Smoking	The percent of men 18 ages to 64 who currently smoke, which is comprised of the respondents who reported having smoked at least 100 cigarettes in their lifetime, and who currently smoke either every day or some days.	Behavioral Risk Factor Surveillance Survey, 2006-2008
Binge Drinking	The percent of men ages 18 to 64 who reported having five or more drinks on at least one occasion, among men who reported drinking on one or more occasions during the past 30 days.	Behavioral Risk Factor Surveillance Survey, 2006-2008
New AIDS Cases	The number of new AIDS cases per 100,000 men ages 13 and older, in 2004	Centers for Disease Control and Prevention. AIDS cases, by geographic area of residence and metropolitan statistical area of residence, 2004. HIV/AIDS Surveillance Supplemental Report 2006, 12 (No. 2). Population data from the Population Division, U.S. Census Bureau.
ACCESS AND UTILIZATION		
No Health Insurance Coverage	Percent of men ages 18 to 64 who were without health coverage for the past year	Current Population Survey, 2006-2008
No Personal Doctor/Health Care Provider	Percent of men ages 18 to 64 who reported not having a personal doctor or health care provider	Behavioral Risk Factor Surveillance Survey, 2006-2008
No Routine Check Up	Percent of men ages 18 to 64 who have not had a routine physical exam in the past two years	Behavioral Risk Factor Surveillance Survey, 2006-2008
No Dental Check Up	Percent of men ages 18 to 64 who have not had a routine dental exam in the past two years.	Behavioral Risk Factor Surveillance Survey, 2006-2008
No Colorectal Cancer Screening	Percent of men ages 50 and older who have not had a blood stool test, colonoscopy or sigmoidoscopy in the past two years.	Behavioral Risk Factor Surveillance Survey, 2006-2008
No Doctor Visit Due To Cost	Percent of men ages 18 to 64 who did not see a doctor in the past year for financial reasons	Behavioral Risk Factor Surveillance Survey, 2006-2008
SOCIAL DETERMINANTS		
Poverty	Median income of households with at least one nonelderly adult male present.	Current Population Survey, 2006-2008
Median Household Income	Percent of men with incomes below 100 percent of the Federal Poverty Level. In 2008, the Federal Poverty Level was \$21,200 for a family of four.	Current Population Survey, 2006-2008
No High School Diploma	Percent of men who have not graduated from high school.	Current Population Survey, 2006-2008
Incarceration Rate	Number of male prisoners under the jurisdiction of state or federal correctional authorities on December 31, 2008, per 100,000 men.	Bureau of Justice Statistics, National Prisoner Statistics Data Series (NPS-1b) Bureau, Population Division, June 2010
Unemployment	Percent of men in the work force who are currently unemployed.	American Community Survey, 2006-2008
Wage Gap	Ratio of earnings for full-time, year-round employed men to those of full-time, year-round non-Hispanic white men.	Current Population Survey, 2006-2008

Analysis Overview

Prevalence Estimates

For indicators derived from BRFSS and CPS, we retained records for all men aged 18–64 in the 50 states and the District of Columbia, for 2006–2008. We concatenated the three years’ data into a single dataset retaining only selected variables. Variables with trivial questionnaire changes were synchronized across years.

Respondents to the BRFSS survey were asked their ethnicity (whether they are Hispanic) and then their race. Respondents who did not provide a single race were asked which racial group best represents their race. Analyses for this report used the ethnicity identified in the first question and the single race or best representative race identified in the follow-up question to generate the race and ethnicity of the respondent. Responses to these questions were used to classify men into five racial and ethnic groups: Hispanic and non-Hispanic groups of white, black, American Indian and Alaska Native, and the combined group of Asian American, Native Hawaiian and other Pacific Islander.

With the exception of the unhealthy days and limited activity days indicators, each indicator from BRFSS was defined as a dichotomous variable with 1 representing the respondent being at risk and 0 representing his not being at risk. Definitions of the dichotomous indicators are included in Table M.1.

For indicators in the *Health Status* dimension, data were adjusted for differences in the age distribution of respondents among races using a post-stratification approach. Weights of observations were adjusted so that each sample of respondents represented the standardized age distribution shown in Table M.2. Indicators in the *Access & Utilization* and *Social Determinants* dimensions were not age-adjusted because age should not affect access and utilization among nonelderly adults.

In estimating the prevalence of each indicator, respondents who refused to answer the specific question that was the basis of the indicator, and those who stated that they did not know the answer, were omitted. If fewer than 100 responses remained within a race/ethnicity category, those respondents were collapsed into an “other” race/ethnicity category. Prevalence estimates were obtained using SAS PROC SURVEYMEANS. Overall prevalence was estimated applying the procedure to all men in the dataset. The prevalence among “All Minority” men was estimated by applying the procedure to the dataset after excluding non-Hispanic white men. Finally, the prevalence for each racial and ethnic group was estimated.

Table M.2. Standardized Population of Men in the U.S., by Age, 2006

Age Group	Standardized Population
18-29	23,672,589
30-39	21,640,465
40-49	21,018,608
50-64	20,253,080

Note: These groups were the basis for age-adjustment of indicators in the health status dimension.

The prevalence was estimated for each year and then averaged across the three years weighted by effective sample size.⁸⁴ The coefficient of variation (CV) was expressed as the ratio of the standard error (SE) to the mean, and 95% confidence intervals were computed about prevalence estimates as the mean $\pm 1.96 \times SE$.

Indicator Disparity Scores

The disparity score for each indicator was obtained using the weighted average of the ratio of the mean prevalence for each racial and ethnic group divided by the mean prevalence for non-Hispanic white men in that state. Weights for averaging were based on the proportion of the state’s minority population. The exceptions to this calculation were median household income and wage gap, for which disparity scores were calculated using the inverse ratio. This was done to preserve the relationship between disparity scores greater than 1.00 and worse outcomes for men of color. All variables were coded so that higher prevalence rates were associated with poorer outcomes and lower prevalence rates with better outcomes.

For indicators such as median household income and wage gap where higher numbers are considered to be positive, the disparity score was calculated as the ratio of median household income for non-Hispanic white men to that of men from all other racial and ethnic populations. With this method, a disparity score below 1.00 reflected a state where minority men had higher incomes than white men, as is the case for all other indicators. In the case of the wage gap, larger numbers represent more equitable wages. Here again, the disparity score was calculated as the ratio of white men to the weighted average for minority men.

In all instances, disparity scores equivalent to 1.00 corresponded to there being no disparity between men of color and non-Hispanic white men (i.e. the prevalence rates for both groups were the same). Disparity scores above 1.00 reflected worse outcomes for men of color compared to white men (i.e. the prevalence rate was higher for men of color than for white men), and disparity scores below 1.00 corresponded to men of color having better outcomes than white men (i.e. the prevalence rate for men of color was lower than that of white men). Table M.3 illustrates the relationship between disparity scores and prevalence rates for white men and men of color. For almost every indicator there is a graph which shows how states perform in terms of both prevalence of the indicator and their disparity score relative to other states and the national average for all white men.

Table M.3. Examples of Disparity Score and Prevalence Rates for White and All Minority Men

State	Disparity Score	Prevalence White Men	Prevalence All Minority Men
State A	0.75	20.0%	15.0%
State B	1.00	20.0%	20.0%
State C	1.50	20.0%	30.0%
State D	2.00	20.0%	40.0%

ENDNOTES

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