

PUTTING MEN'S HEALTH CARE DISPARITIES ON THE MAP: Examining Racial and Ethnic Disparities at the State Level

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THE HENRY J.
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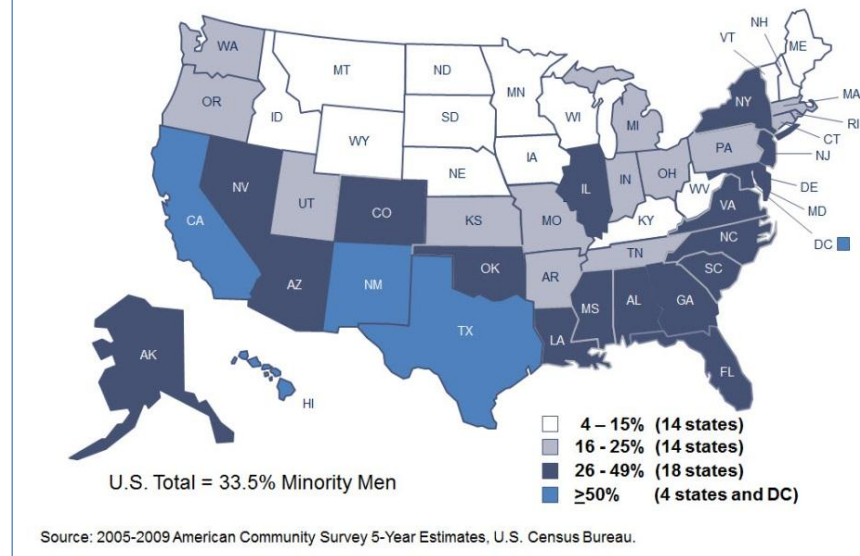
EXECUTIVE SUMMARY

The distinct manner in which women and men experience health problems and use health care services can shape their health outcomes. These gender-based differences are further affected by the varied experiences of racial and ethnic minorities living in different states across the U.S. Today, one-third of U.S. residents self-identify as a member of a racial or ethnic minority group¹ and over half of all births are among minorities.² Increasingly, *minority* populations are becoming the *majority* in many states across the nation. Because national statistics can mask the impact of the demographic shifts that are already well underway in many states (Figure A) this report was developed to provide data on the different aspects of the health experiences of men living in different states in the U.S. In 2009, the Kaiser Family Foundation produced an analysis of the state-level health disparities for women across the nation, *Putting Women's Health Care Disparities on the Map*. This new analysis on men provides the same level of information that was presented for women – state-level data which has not previously been available. The central aim of this report is not only to show how the health of men of particular racial and ethnic groups differs across the nation, but also how the broad range of men's experiences vary by state. Like its companion report on women, this report documents considerable health-related disparities among men, and also highlights the wide variation among men in different states.

Despite a large body of research that has documented the unique impact of gender on health, much of what is currently known about racial and ethnic disparities is drawn from national data sources that are typically presented in the aggregate, combining information for both sexes. State-level and national information is commonly presented by gender or by race and ethnicity, but rarely both. This can occur because the size of minority populations in some states is not large enough on which to base reliable state-level estimates. Aggregate data can obscure many of the state-level differences in economics, policies, and demographics that affect health and health care for men and women. Men often face health challenges that are different from those of women such as violence and binge drinking, experience health problems or health conditions at different rates, and often underuse preventive services compared to women.

This report provides new information about how men fare at the state level by assessing aspects of health status and access to care experienced by men ages 18 to 64 in all 50 states and the District of Columbia. For each state, the magnitude of the racial and ethnic differences between white men and men of color was analyzed for 22 indicators of health and well-being grouped in three dimensions — health status, access and utilization, and social determinants. These indicators were selected based on criteria that included both the relevancy of the indicator as a measure of men's health and access to care, and the availability of the data by state. The data in this report are drawn from several sources. The primary data sources for the indicators were the Behavioral Risk Factor Surveillance System (BRFSS) and the Current Population Survey (CPS), combining years 2006-2008 for both data sources, which represented the most recent data at the time the project began, and the base years for most of the sources of data.

Figure A. Proportion of Men Who Self-Identify as a Racial or Ethnic Minority, by State, 2005-2009



The report presents rates for subpopulations of men for all the indicators and also includes a *disparity score* for each indicator, a measure that captures the extent of the disparity between white men and men of color in the state and the U.S. overall. A disparity score of 1.00 signifies that the rates were similar for white and minority men, although it does not indicate whether both groups were doing well or poorly relative to other men in the nation. A disparity score of greater than 1.00 indicates that minority men were doing more poorly than white men on that indicator, and a score that is lower than 1.00 indicates that white men were doing more poorly than men of color men.

For each indicator a 2 x 2 graphic is presented that shows how the states clustered by disparity score and how white men in the state fared. This graphic allows the reader to understand how the disparities were distributed across the states and to recognize that fewer disparities can be attributed to either good health and access among both white and minority men or poor performance among both groups.

CROSS CUTTING FINDINGS

While the focus of the analysis was on disparities between men of different races and ethnicities, it is important to recognize that on many indicators, men of all groups in all states faced multiple health and economic challenges. This includes high rates of chronic health problems, challenges accessing care, and social and economic hardships. For some groups and those in some states, the challenges were greater. Several themes emerged from the analysis.

Men of color fared worse than white men across a broad range of measures in almost every state -- and in some states the magnitude of the disparities was striking. On some indicators and in some states, men of color fared poorly at rates that were two to three times that of white men (Table A).

Health Status	All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/Alaska Native
Self-reported Fair or Poor Health Status	11.0%	8.5%	17.0%	13.3%	22.3%	8.3%	18.8%
Unhealthy Days (mean days/month)	5.5	5.3	5.7	6.0	5.8	3.9	8.7
Limited Activity Days (mean days/month)	3.3	3.1	3.7	3.7	4.0	2.4	6.3
Serious Psychological Distress	9.5%	9.6%	9.3%	9.3%	9.0%	7.9%	13.8%
Diabetes	4.2%	3.5%	5.9%	6.3%	6.1%	4.6%	6.8%
Cardiovascular Disease	3.5%	3.2%	4.1%	3.8%	4.7%	2.5%	7.8%
Obesity	25.2%	24.7%	26.4%	31.0%	28.1%	10.7%	30.7%
Smoking	25.0%	25.2%	23.9%	26.9%	23.3%	15.8%	43.2%
Binge Drinking	23.6%	24.8%	20.8%	17.8%	24.8%	14.0%	24.0%
New AIDS Cases/100,000 men**	27.14	13.7	59.7	104.1	40.8	8.0	17.3
Access and Utilization							
No Health Insurance Coverage	22.4%	15.7%	35.8%	28.8%	46.0%	21.0%	38.5%
No Personal Doctor/Health Care Provider	28.0%	22.6%	38.7%	30.3%	49.1%	25.8%	38.1%
No Routine Check Up	25.5%	26.2%	23.6%	15.1%	29.5%	22.9%	28.4%
No Dental Check Up	34.2%	30.2%	42.0%	42.1%	45.7%	30.6%	42.9%
No Colorectal Cancer Screening***	42.7%	40.6%	50.1%	43.2%	56.2%	46.8%	48.4%
No Doctor Visit Due to Cost	13.2%	10.3%	18.9%	18.2%	21.8%	10.9%	20.7%
Social Determinants							
Poverty	14.3%	10.5%	22.0%	25.8%	21.1%	15.3%	29.1%
Median Household Income	\$48,800	\$58,952	\$31,222	\$30,924	\$29,000	\$53,000	\$30,116
No High School Diploma	14.3%	8.7%	25.7%	16.2%	38.6%	8.8%	21.9%
Incarceration Rate/100,000 men	981.9	609.7	1682.0	3610.9	835.9	185.1	1572.2
Unemployment	6.4%	5.4%	8.3%	13.1%	6.5%	5.0%	12.7%
Wage Gap	89.8%	100.0%	68.4%	71.0%	58.6%	101.4%	75.9%
Note: *All Minority men includes Black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian/Alaska Native, and men of two or more races. ** Data for this indicator are from the year 2004 *** Among men 50 to 64 years.							
<div style="display: flex; justify-content: space-around; align-items: center;"> Lowest Rate for Indicator Highest Rate for Indicator </div>							

There was considerable variation in how the same subgroup of minority men fared across the different states. Certain racial and ethnic subgroups of men in some states did much better than their counterparts in others. However, it is important to recognize that in some of these states, minority men often still experienced higher rates of health problems, more barriers gaining access to care, and greater social and economic challenges than white men.

In many states where disparities appeared to be modest, this difference was largely due to the fact that both white and minority men were doing poorly, not that minority men were doing that much better than white men. In these states, men of all racial and ethnic groups faced significant challenges that affected their health and access to care.

Each racial and ethnic group faced distinct health, health care, and socio-economic challenges.

- ***The significant health and socioeconomic struggles that many American Indian and Alaska Native men faced was striking.*** Native American men had higher rates of health and access challenges than men in other racial and ethnic groups on all the health indicators with the exception of self-reported health status and new AIDS cases. This pattern was generally evident throughout the country. The high rates of smoking and obesity among Native American men were also notable given the widespread impact of these indicators. They also had the highest poverty rate and the second poorest educational attainment, unemployment rate, and incarceration rate among men.
- ***For Hispanic men, access and utilization were consistent problems.*** More than 40% of Latino men lacked insurance, a personal doctor/health care provider, delayed or went without care because of cost or did not have timely colon cancer screening. Latino men also had the lowest median household income, the largest wage gap and the lowest educational status.
- ***Black men experienced consistently higher rates of problems associated with social determinants of health than whites.*** Black men also experienced unemployment and incarceration rates that far exceeded any other racial or ethnic group. They also had high rates of poverty and low median household income compared to other groups. The most striking health disparity was the extremely high rate of new AIDS cases among black men.
- ***Asian American, Native Hawaiian and Pacific Islander men had the lowest rate of health problems and the fewest barriers to access of all subgroups of men, even white men.*** While their access measures were often comparable to those of white men, their experiences often varied considerably by state. This group also fared comparably or better than white men on most of the social determinants.
- ***White men fared better than minority men on most access and social determinant indicators, but had higher rates of some health problems than men of color.*** In particular white men nationally had higher rates of smoking, binge drinking, and serious psychological distress than men of color. On measures of socio-economic determinants of health, white men had the lowest poverty rate and the highest median household income.

Dimension Highlights

Health Status

The 10 indicators of health status and health-related behaviors represent many of the conditions that are associated with health problems, premature death, and disability in men. Highlights, including which states had the top three and bottom three disparity scores for each indicator, are presented in Table B. State disparity scores that are greater than 1.00 occurred when minority men fared more poorly than white men on that indicator; a score of 1.00 indicated that white and minority men had similar rates in a state (both groups could be doing well or both could be doing poorly). A disparity score of less than 1.00 indicated that white men did more poorly than minority men on that indicator.

Table B. Highest and Lowest Health Status Indicator Disparity Scores, 2006-2008

Indicator	U.S. Disparity Score	Highest Disparity States						Lowest Disparity States					
		State	Disparity Score	State	Disparity Score	State	Disparity Score	State	Disparity Score	State	Disparity Score	State	Disparity Score
Self-reported Fair or Poor Health Status	2.00	DC	5.84	CO	3.65	AZ	3.58	WV	0.53	KY	0.78	TN	0.91
Unhealthy Days (mean days/month)	1.06	ME	1.78	WI	1.64	DC	1.63	KY	0.75	TN	0.82	FL	0.85
Limited Activity Days (mean days/month)	1.20	ND	3.12	DC	2.79	SD	2.51	TN	0.45	NV	0.87	AL	0.91
Serious Psychological Distress	0.97	WI	2.48	NM	1.48	AK	1.41	NV	0.53	DC	0.64	TN	0.72
Diabetes	1.68	VT	3.15	MT	3.14	DC	2.80	WV	0.95	TN	1.04	NV	1.06
Cardiovascular Disease	1.30	VT	3.00	MA	2.28	ME	2.26	MT	0.68	KY	0.74	WV	0.89
Obesity	1.07	DC	2.09	TN	1.54	ND	1.51	VT	0.67	NY	0.80	MA	0.80
Smoking	0.95	DC	1.87	SD	1.86	MT	1.74	FL	0.68	NJ	0.78	MA	0.80
Binge Drinking	0.84	UT	1.55	TN	1.28	AL	1.26	DC	0.54	WI	0.57	RI	0.59
New AIDS Cases/100,000 men*	4.37	NE	10.41	PA	10.00	NH	9.37	HI	0.40	ID	0.60	CA	1.17

* Data for this indicator are from the year 2004

- New AIDS cases and self-reported fair or poor health status had the highest disparities.** For fair or poor health, men of color had rates that were twice that of white men (disparity score 2.00), and for new AIDS cases, the average rate for men of color was over 4 times greater than that of white men (disparity score 4.37). Men of color also fared more poorly than white men on rates of chronic conditions such as cardiovascular disease (disparity score 1.30) and diabetes (disparity score 1.68). Minority men had obesity (disparity score 1.07) and serious psychological distress (disparity score 0.97) rates that were similar to those of white men, but had slightly lower rates of smoking (disparity score 0.95) and binge drinking (0.84) than white men.
- The District of Columbia had among the highest disparity scores on 5 of the 10 indicators.** This finding was attributable to the generally better health characteristics of white men in the District of Columbia rather than comparatively poor health status indicators seen among men of color in the District of Columbia compared to those in other states. At the other end of the spectrum, Tennessee had among the lowest disparity scores on 5 of the 10 indicators – a finding attributable to the fact that both men of color and white men had similarly poor rates on many health indicators, rather than better health for both groups.

Access and Utilization

The six access and utilization indicators measure elements of men's ability to obtain timely care (Table C). These indicators are commonly used markers of potential barriers to care³ and highlight the distinct health care challenges facing men living in different states.

Table C. Highest and Lowest Access and Utilization Indicator Disparity Scores, 2006-2008

Indicator	U.S. Disparity Score	Highest Disparity States						Lowest Disparity States					
		State	Disparity Score	State	Disparity Score	State	Disparity Score	State	Disparity Score	State	Disparity Score	State	Disparity Score
No Health Insurance Coverage	2.27	DC	4.81	SD	3.51	ND	3.16	HI	1.07	VT	1.28	WV	1.31
No Personal Doctor/Health Care Provider	1.71	RI	2.43	CT	2.39	NE	2.12	HI	0.81	TN	1.05	WV/AK	1.07
No Routine Check Up	0.90	RI	1.48	AZ	1.31	ME	1.23	TN	0.51	DC	0.06	GA	0.64
No Dental Check Up	1.39	CT	1.78	NJ/RI	1.71	IL	1.60	WV	0.85	KY	1.05	WY	1.06
No Colorectal Cancer Screening*	1.23	CA	1.62	MN	1.59	RI	1.58	IA	0.90	VT	0.92	MT/OH	1.01
No Doctor Visit Due to Cost	1.83	DC	3.30	RI	2.87	SD	2.74	TN	0.99	KY	1.06	HI	1.11

* Among men 50 to 64 years

- **The largest disparities in access were found among lack of health coverage (disparity score 2.27), no doctor visit due to cost (disparity score 1.83) and lack of personal doctor (disparity score 1.71), where minority men experienced health access barriers at rates that were more than 1.5 times that of white men.** There were also notable gaps in access to and use of services as evident in the disparity scores of lack of dental checkup (disparity score 1.39) and no colorectal cancer screening (disparity score 1.23). In these cases, all men -- not just men of color -- had rates that were considerably below recommended levels.
- **Several states in New England (RI, CT, ME) and in the Mid-Atlantic (DC, NJ) had rankings that were among the highest in disparity scores for all the access indicators.** States with relatively large Native American populations also had among the highest disparity scores (ND, SD, AZ). Hawaii was among the states with the lowest disparity scores for 3 of the 6 indicators, which was often due to relatively good access for all racial and ethnic groups. In contrast, although WV, TN, and KY had relatively low disparity scores, both men of color and white men experienced noticeably high rates of access problems in several indicators.

Social Determinants

There is growing evidence that social factors (e.g., income, education, occupation, neighborhoods, and housing) have a strong influence on health behaviors, access to health care, and health outcomes. Six socio-economic indicators are examined in this report (Table D).

Table D. Highest and Lowest Social Determinants Indicator Disparity Scores, 2006-2008

Indicator	U.S. Disparity Score	Highest Disparity States						Lowest Disparity States					
		State	Disparity Score	State	Disparity Score	State	Disparity Score	State	Disparity Score	State	Disparity Score		
Poverty	2.09	SD	5.72	ND	4.39	CO	3.17	WV	0.89	HI	1.26	WY	1.56
Median Household Income	1.89	SD	2.89	LA	2.73	DC	2.70	WV	0.97	HI	1.30	VT	1.40
No High School Diploma	2.96	DC	19.00	CO	5.49	AZ	4.85	WV	0.75	KY	1.34	MO	1.36
Incarceration Rate/100,000 men	2.76	WI	7.41	PA	7.10	CT	6.92	NH	1.04	HI	1.22	OR	1.38
Unemployment	1.55	SD	7.47	ND	5.60	DC	5.35	NH	0.98	OR	1.06	NV	1.10
Wage Gap	1.46	DC	2.30	CA	1.80	LA/TX	1.73	WV	1.01	MI	1.11	WY	1.16

Examining the social determinant indicators sheds light on areas in which policy interventions that are broader than health care may be warranted to further reduce racial and ethnic health disparities.

- **In every state and among every social determinant indicator, men of color fared worse than white men.** Unlike in the health status and access dimensions, there were no indicators in this dimension for which minority men had lower national prevalence rates than white men, and thus all U.S. disparity scores exceeded 1.00. The highest disparity scores were found for no high school diploma (disparity score 2.96), incarceration (disparity score 2.76) and poverty (2.09) where minority men had rates that were twice as high as or greater than that of white men. The smallest disparities were found for wage gap (disparity score 1.46) and unemployment (disparity score 1.55) where minority men fared at rates that were one and half times that of white men.
- **The District of Columbia and South Dakota had the among the highest disparity scores on 5 of the 6 socio-economic indicators.** The proportion of men of color in the District of Columbia who lacked a high school diploma was 19 times that of white men. In contrast, West Virginia had the lowest disparity scores for four of the six socio-economic indicators. West Virginia's low disparity scores were largely driven by the high rates of disadvantage faced by both minority and white men. In New Hampshire, however, minority and white men had rates that met, or exceeded, the national average on most indicators. Notably, both states had relatively small populations of minority men.

CONCLUSION

This report documents not only the persistence of disparities between men of different racial and ethnic groups in states across the country and on multiple dimensions, but the 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 the different challenges faced by men across the nation. 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 recession and the critical role of employment and housing on health, access, and well-being.

This report demonstrates the importance of looking beyond national statistics to the state level to gain a better understanding of where challenges are greatest or different, and to determine how to shape policies that can ultimately eliminate racial and ethnic disparities and improve health and well-being for all residents. As states and the federal government consider options to implement the Affordable Care Act in the coming years and develop approaches to improve public health, efforts to eliminate disparities will also require an ongoing investment of resources. These include efforts targeted at multiple health and socio-economic sectors that go beyond health coverage, and include strengthening the health care delivery system, improving health education efforts, and expanding educational and economic opportunities for men. 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.

INTRODUCTION

The Institute of Medicine's landmark report, *Unequal Treatment*, provides compelling evidence that health disparities persist for a number of health conditions and health care services.⁴ Although numerous efforts are underway to eliminate health disparities, significant gaps remain in our understanding of the disparities in access to health care and health outcomes between minority and white Americans. There also has been increasing recognition that biology and social roles shape the health status of men and women as well as their interactions with the health care system. However, much of what is known about racial, ethnic, and gender disparities is drawn from national information sources. These aggregated data can mask many local-level differences in economics, policies, provider availability, and population demographics that shape health outcomes and health care delivery. There have been very little data that examine disparities in health care and health outcomes by race and ethnicity, sex, and locale.

Men face some different health challenges than women. Men suffer from some health conditions at higher rates, including unintentional injuries such as those obtained in motor vehicle crashes,⁵ occupational fatalities,⁶ and alcohol and substance misuse.⁷ Furthermore, men are more likely than women to be uninsured, primarily because they have fewer eligibility pathways for Medicaid. They also have fewer interactions with the health care system and are less likely to have an ongoing relationship with a primary care provider.

Nationally, one-third of men between the ages of 18 and 64 self-identify as a racial or ethnic minority,⁸ however, there is sizable variation in diversity across states. Around 5% of men in Maine, West Virginia, and Vermont are minorities, while in California, New Mexico, Hawaii, Texas, and the District of Columbia, racial and ethnic minorities constitute a majority of the male population (Figure I.1 and Table I.1). These patterns reflect the general distribution of racial and ethnic minority Americans in the U.S.

Among men of color, some communities have worse health

outcomes, with higher rates of chronic illnesses, shorter lifespans, and higher levels of disability than white men. It is also important to recognize that certain health problems, notably HIV/AIDS fall disproportionately on communities of color. For black men in particular, who have the highest diagnosis rate of AIDS among any subgroup of men or women nationally, this epidemic has taken a major toll.

Of course, an individual's health is influenced by a number of forces, including societal and community-level factors. Challenges in living healthy lifestyles and obtaining health care can be exacerbated by a number of factors, including lower incomes, poorer educational attainment, and a long history of societal racism. An individual's neighborhood and housing conditions can affect his access to healthy foods, physical activity, exposure to environmental toxins, and overall safety. Men are more likely than women to be incarcerated⁹ or unemployed,¹⁰ and all of these conditions are worse among men of color nationally, but as this report shows, vary substantially by state.

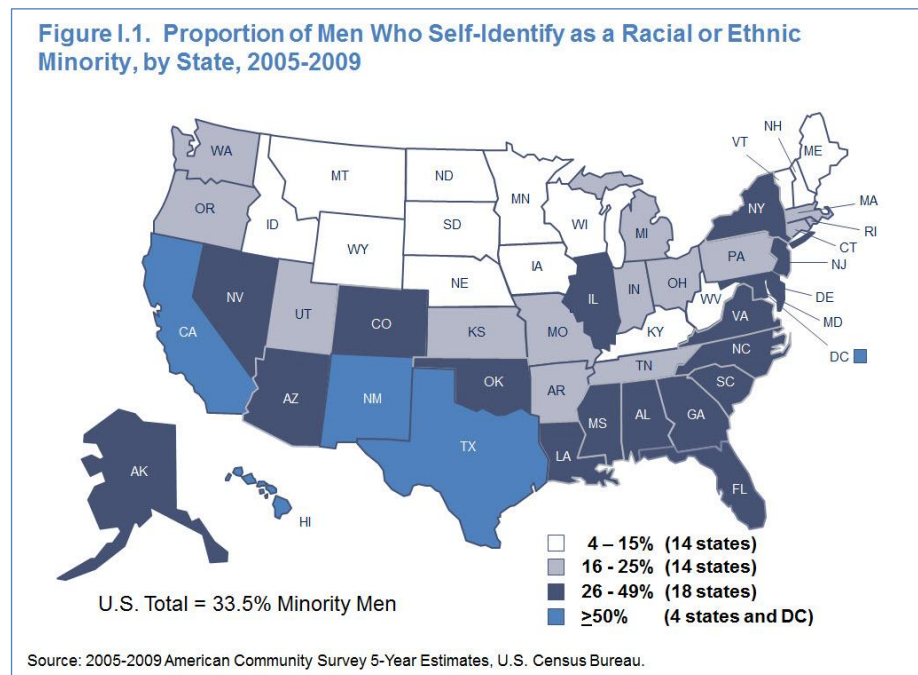


TABLE I.1. State Population of Men Ages 18-64 and Percent Distribution by Race/Ethnicity, 2005-2009

State	Total Nonelderly Adult Male Population	Percent Distribution						
		White, Non-Hispanic	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native	Two or More Races**
United States	94,536,577	66.5%	33.5%	11.7%	15.2%	4.7%	0.8%	7.6%
Alabama	1,411,335	69.8%	30.2%	24.7%	3.0%	1.1%	0.5%	1.9%
Alaska	238,855	69.6%	30.4%	4.1%	5.6%	5.0%	11.7%	6.9%
Arizona	1,947,916	58.9%	41.1%	3.9%	29.7%	2.7%	4.2%	11.3%
Arkansas	860,531	76.7%	23.3%	14.5%	5.7%	1.3%	0.7%	3.9%
California	11,627,032	43.8%	56.2%	6.1%	35.2%	12.8%	0.8%	18.5%
Colorado	1,609,248	72.4%	27.6%	4.0%	18.9%	2.6%	1.0%	8.0%
Connecticut	1,087,368	74.2%	25.8%	9.1%	11.7%	3.7%	0.3%	6.9%
Delaware	263,213	68.9%	31.1%	19.9%	6.9%	3.2%	0.3%	3.6%
District of Columbia	192,258	38.1%	61.9%	47.6%	9.6%	3.2%	0.3%	6.2%
Florida	5,528,163	59.4%	40.6%	15.1%	22.2%	2.4%	0.3%	5.7%
Georgia	2,988,755	59.3%	40.7%	27.9%	8.7%	3.1%	0.3%	5.4%
Hawaii	419,205	30.0%	70.0%	3.5%	8.2%	43.8%	0.4%	20.0%
Idaho	461,168	85.8%	14.2%	0.7%	9.9%	1.1%	1.2%	4.4%
Illinois	4,020,427	66.1%	33.9%	13.3%	15.1%	4.5%	0.2%	8.9%
Indiana	1,978,505	83.9%	16.1%	8.1%	5.3%	1.5%	0.3%	3.7%
Iowa	922,440	90.7%	9.3%	2.5%	4.1%	1.7%	0.3%	2.7%
Kansas	868,101	80.7%	19.3%	5.8%	8.8%	2.5%	0.9%	5.1%
Kentucky	1,337,759	88.0%	12.0%	7.5%	2.6%	1.1%	0.2%	1.8%
Louisiana	1,353,521	63.7%	36.3%	29.8%	3.7%	1.6%	0.6%	2.1%
Maine	414,809	94.9%	5.1%	1.1%	1.2%	0.9%	0.6%	1.8%
Maryland	1,756,582	58.6%	41.4%	27.6%	7.2%	5.2%	0.3%	4.9%
Massachusetts	2,063,903	79.1%	20.9%	6.0%	8.2%	5.2%	0.2%	5.8%
Michigan	3,142,844	78.8%	21.2%	12.9%	4.0%	2.6%	0.6%	3.0%
Minnesota	1,659,678	86.0%	14.0%	4.5%	4.0%	3.5%	1.0%	2.7%
Mississippi	877,912	60.5%	39.5%	34.9%	2.6%	1.0%	0.4%	1.7%
Missouri	1,816,171	83.3%	16.7%	10.3%	3.2%	1.6%	0.4%	2.6%
Montana	304,347	89.2%	10.8%	0.6%	2.5%	0.7%	5.6%	2.5%
Nebraska	550,548	84.7%	15.3%	4.1%	7.8%	1.8%	0.8%	4.3%
Nevada	823,218	59.1%	40.9%	7.2%	24.8%	6.4%	1.1%	8.8%
New Hampshire	423,288	93.2%	6.8%	1.2%	2.5%	2.1%	0.3%	1.6%
New Jersey	2,702,538	61.5%	38.5%	12.9%	16.7%	8.0%	0.3%	8.8%
New Mexico	605,380	42.7%	57.3%	2.4%	44.0%	1.4%	9.0%	17.0%
New York	6,078,763	60.8%	39.2%	14.5%	16.5%	7.4%	0.3%	10.0%
North Carolina	2,830,167	68.2%	31.8%	19.9%	7.7%	2.1%	1.1%	5.5%
North Dakota	207,806	90.3%	9.7%	1.2%	2.0%	1.0%	4.7%	1.7%
Ohio	3,557,528	83.6%	16.4%	11.0%	2.6%	1.7%	0.2%	2.0%
Oklahoma	1,115,148	72.1%	27.9%	7.4%	7.7%	1.9%	6.3%	8.4%
Oregon	1,190,822	80.8%	19.2%	1.9%	10.6%	3.7%	1.7%	6.3%
Pennsylvania	3,866,379	82.2%	17.8%	9.8%	4.6%	2.6%	0.1%	2.9%
Rhode Island	332,726	79.4%	20.6%	5.6%	10.9%	2.9%	0.4%	7.8%
South Carolina	1,363,347	66.2%	33.8%	26.7%	4.7%	1.3%	0.3%	2.8%
South Dakota	247,362	87.2%	12.8%	1.3%	2.5%	0.9%	7.2%	2.2%
Tennessee	1,915,207	77.9%	22.1%	15.4%	4.1%	1.5%	0.3%	2.5%
Texas	7,462,617	48.7%	51.3%	11.2%	35.3%	3.7%	0.6%	12.7%
Utah	804,091	82.4%	17.6%	1.1%	11.6%	2.8%	1.2%	5.0%
Vermont	200,977	95.4%	4.6%	0.8%	1.3%	1.1%	0.3%	1.6%
Virginia	2,476,818	67.6%	32.4%	18.9%	7.2%	5.0%	0.3%	4.3%
Washington	2,097,741	76.4%	23.6%	3.8%	9.2%	6.9%	1.4%	6.8%
West Virginia	569,411	93.3%	6.7%	3.8%	1.0%	0.7%	0.2%	1.3%
Wisconsin	1,790,452	86.1%	13.9%	5.4%	4.9%	2.0%	0.9%	3.0%
Wyoming	172,197	87.6%	12.4%	1.3%	7.3%	0.6%	2.1%	4.3%

Note: *All Minority men includes black, Hispanic, Asian and Native Hawaiian and Other Pacific Islander (NHPI), American Indian and Alaska Native, and men who identify as two or more races. **Two or More Races includes men who identify as Some Other Race.

Source: 2005-2009 American Community Survey 5-Year Estimates, U.S. Census Bureau.

This report provides new information about how different racial and ethnic sub-populations of men between the ages of 18 and 64 fare, by measuring their health status, access to care, and socioeconomic status in each state. In some states, men of color do much better than their counterparts who live elsewhere, and in other states white men are as challenged by health and access problems as minority men. Using a wide range of data sources available from federal agencies and other research organizations, *Putting Men's Health Care Disparities on the Map* presents new data on men's health and assesses the magnitude of racial and ethnic disparities in every state for 22 indicators grouped in 3 dimensions: Health Status, Access and Utilization, and Social Determinants (Table I.2).

Table I.2. Summary of Dimensions and Indicators

HEALTH STATUS	ACCESS AND UTILIZATION	SOCIAL DETERMINANTS
Self-reported Fair or Poor Health	No Health Insurance Coverage	Poverty
Unhealthy Days	No Personal Doctor/ Health Care Provider	Median Household Income
Limited Activity Days	No Routine Check-up	No High School Diploma
Serious Psychological Distress	No Dental Check-up	Incarceration
Diabetes	No Colorectal Cancer Screening	Unemployment
Cardiovascular Disease	No Doctor Visit Due To Cost	Wage Gap
Obesity		
Smoking		
Binge Drinking		
New AIDS Cases		

This report builds on an earlier report from the Kaiser Family Foundation on disparities in women's health and health care.¹¹ This report presents data on the prevalence of each indicator for men of five racial and ethnic groups in every state, to the extent that data were available. It also quantifies the magnitude of the differences between men of color and white men in each state with the reporting of a "disparity score." While the terms health disparity, health inequality, and health inequity are often used interchangeably in the literature,¹² for the purposes of this report, "health disparities" is used to describe a difference in treatment or health outcome between population groups not explained by differences in health status or preferences.

Data and Analysis

Uniform state-level data on men's health status and access to care that allow for the comparison of various subgroups is difficult to come by because it is costly to collect, and the existing data sources are limited, particularly for the groups that represent the smallest portion of the population, such as American Indians and Alaska Natives, Asian Americans, and Native Hawaiians and other Pacific Islanders. This report uses data from national surveys that provide representative state-level data over multiple years to present national and state-level statistics for white, black, Hispanic, Asian American, Native Hawaiian and other Pacific Islander, and American Indian and Alaska Native men to the extent possible. However, on some indicators, sufficient data were not available for all subgroups in every state, and even among these subgroups there is tremendous variation. For example, black men who have family ancestry in the Caribbean often have very different experiences from those with African ancestry. The same is true of Latinos who come from North as opposed to Central or South America, and for Asian American men whose origins are from a broad swath of nations with very different cultures and histories.

The indicators in this report were selected based on criteria that included both the relevance of the indicator as a measure of men's health and access to care as well as the availability of data. For each indicator, a table presents the prevalence rates for each subgroup as well as a state-level disparity score that summarizes how minority men in a state fare relative to the average non-Hispanic white man in the same state. A disparity score of 1.00 indicates no disparity between men of color and white men. A score greater than 1.00 indicates that minority men were experiencing higher rates than white men, and a score of less than 1.00 indicates that more white than minority men experienced a problem. For each indicator there is also a figure that shows two different aspects of state performance – how the disparities are distributed across the states as well as how white men in the state fare relative to the national average. This figure illustrates both the level of disparity and how the subgroup that generally fares the best, white men, are doing in the state relative to other states.

HEALTH STATUS

Men's health status is a major determinant of how they use the health care system. The majority of men in the U.S. report that they are healthy and free of disability. However, a sizable number of men deal with chronic illnesses such as diabetes, cardiovascular disease, or cancer. Some of these conditions can be prevented or cured through preventive screenings and early detection. Other conditions can be managed effectively with ongoing medical attention and lifestyle changes. Physical or mental limitations are also a facet of health and well-being and can affect a man's ability to participate in daily activities, such as work, recreation, or household management.

The health status indicators used in this report cover a variety of health conditions, associated behaviors, and outcomes and those in this section reflect many of the leading causes of death and disability in men as well as key measures of health and wellbeing. In 2007, heart disease and cancer accounted for half of all deaths among U.S. men. However, there are sizable differences in the rates at which various subgroups of men experience certain diseases and conditions. For example, diabetes and obesity affect a greater percentage of black, Hispanic, and Native American men than white and Asian men.¹³ Disparities and gender differences research has found that men have health-related experiences that differ by several measures, including race, ethnicity, and location. This chapter compares state-level rates for men of different racial and ethnic groups on a spectrum of health status indicators. An indicator disparity score, assessing the level of disparity between white men and men of color for each state on each indicator, is also presented.

The data for these indicators are drawn from the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance Survey (BRFSS), Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug use and Health, and the CDC's HIV/AIDS Surveillance Supplemental Report. The indicators included in this dimension are:

1. Self-reported Fair or Poor Health Status
2. Unhealthy Days
3. Limited Activity Days
4. Serious Psychological Distress
5. Diabetes
6. Cardiovascular Disease
7. Obesity
8. Smoking
9. Binge Drinking
10. New AIDS Cases

SELF-REPORTED FAIR OR POOR HEALTH STATUS

Individuals who rate their health as fair or poor tend to have a higher need for, and greater utilization of, health care services than those in better health. This measure is also predictive of mortality.¹⁴ The data presented for self-reported fair or poor health status are age-adjusted and drawn from the Behavioral Risk Factor Surveillance System (BRFSS).

Highlights

- Nationally, one in nine (11.0%) men ages 18 to 64 rated their health as fair or poor (Table 1.1). Hispanic (22.3%) and American Indian and Alaska Native men (18.8%) had the highest rates of self-reported fair or poor health, followed by black men (13.3%), white men (8.5%), and Asian American, Native Hawaiian and other Pacific Islander men (8.3%).
- Across states, the prevalence of fair or poor health rating ranged from a high of 15.0% in California to a low of 6.7% in Nebraska and South Dakota.
- There was considerable variation within racial and ethnic groups across the states. For example, among Hispanic men, about three in ten (29.0%) in North Carolina reported fair or poor health compared to one in twenty (4.8%) men in Georgia. Similarly, black men in Texas were twice as likely to report their health as fair or poor compared to black men in Florida (18.4 % vs. 9.0%).
- The U.S. disparity score for fair or poor health was 2.00, meaning that rates of fair or poor health for men of color were double that of white men. State disparity scores ranged from a low of 0.53 in West Virginia where ratings of fair or poor health for minority men were about half the rate of white men, to a high of 5.84 in the District of Columbia where there was nearly a six fold difference in the rates of white and minority men.
- The vast majority of states had disparity scores about 1.00 and clustered in the upper quadrants of Figure 1.1. The District of Columbia, an outlier in the top of the upper left quadrant, had the highest disparity score in the nation. This is because minority men (13.9%) in the District of Columbia were almost six times more likely to report fair or poor health than white men; and because white men in the District of Columbia had the lowest rate of fair or poor health of all white men nationally (2.4%). Arizona, Colorado, and Utah had disparity scores greater than 3.00.
- Tennessee, Kentucky, and West Virginia were the only states located in the lower right quadrant. In these states, the share of white men reporting fair or poor health was higher than that reported by minority men in the state. Several other states in the South (Alabama, Mississippi, Louisiana, Oklahoma, and Arkansas) had relatively low disparities, yet in all cases, white men in these states had among the highest rates of fair or poor health.

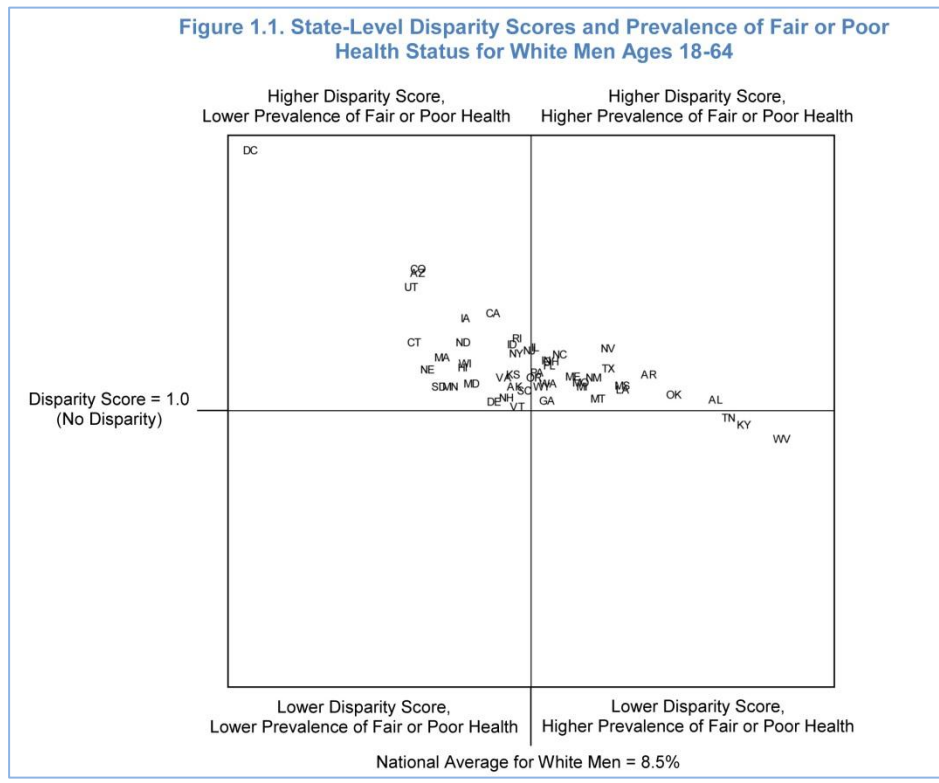


Table 1.1. Self-reported Fair or Poor Health Status, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/Alaska Native
All States	2.00	11.0%	8.5%	17.0%	13.3%	22.3%	8.3%	18.8%
Alabama	1.24	13.0%	12.3%	15.2%	14.5%			
Alaska	1.48	9.2%	8.0%	11.8%				17.4%
Arizona	3.58	10.9%	5.9%	21.2%		23.4%		25.7%
Arkansas	1.70	12.1%	10.8%	18.4%	16.6%	20.6%		
California	2.84	15.0%	7.5%	21.4%	15.6%	25.8%	11.9%	
Colorado	3.65	9.6%	5.9%	21.6%	16.9%	25.2%	7.4%	
Connecticut	2.29	7.2%	5.9%	13.4%	9.6%	20.7%		
Delaware	1.21	7.9%	7.5%	9.1%	9.3%			
District of Columbia	5.84	9.2%	2.4%	13.9%	14.4%	14.6%		
Florida	1.87	11.4%	8.8%	16.4%	9.0%	21.8%	5.6%	25.4%
Georgia	1.23	9.7%	8.7%	10.6%	12.7%	4.8%		
Hawaii	1.84	10.7%	6.9%	12.7%		14.8%	12.5%	
Idaho	2.26	9.0%	8.0%	18.1%		23.0%		
Illinois	2.20	12.1%	8.5%	18.7%	14.5%	27.2%	6.3%	
Indiana	1.96	10.1%	8.7%	17.1%	17.2%	18.0%		
Iowa	2.75	7.9%	7.0%	19.2%		27.8%		
Kansas	1.71	8.6%	8.0%	13.6%	18.1%	14.8%		
Kentucky	0.78	12.6%	12.8%	10.0%	10.2%			
Louisiana	1.43	11.6%	10.3%	14.7%	14.9%	15.6%		
Maine	1.67	9.5%	9.2%	15.3%				
Maryland	1.53	8.4%	7.1%	10.8%	10.3%	15.5%	5.5%	
Massachusetts	2.02	8.1%	6.4%	13.0%	10.9%	21.8%	5.4%	
Michigan	1.49	10.5%	9.5%	14.1%	14.1%	16.1%		
Minnesota	1.48	7.0%	6.6%	9.8%	10.7%			
Mississippi	1.51	12.2%	10.3%	15.5%	15.7%			
Missouri	1.56	10.1%	9.4%	14.6%	11.5%			
Montana	1.25	10.1%	9.8%	12.2%				16.2%
Nebraska	1.79	6.7%	6.2%	11.0%		17.9%		
Nevada	2.19	14.6%	10.0%	21.8%	16.7%	26.0%		
New Hampshire	1.28	7.9%	7.8%	10.0%				
New Jersey	2.14	11.4%	8.3%	17.8%	11.3%	25.6%	10.0%	
New Mexico	1.64	12.9%	9.7%	15.9%		16.8%		13.2%
New York	2.10	11.1%	8.0%	16.8%	10.5%	25.0%	10.9%	
North Carolina	2.07	12.0%	8.9%	18.5%	15.4%	29.0%	6.3%	19.2%
North Dakota	2.30	7.4%	6.9%	15.9%				21.0%
Ohio	1.93	9.8%	8.8%	16.9%	16.7%	18.9%		
Oklahoma	1.34	12.9%	11.3%	15.2%	12.4%	23.0%		18.4%
Oregon	1.65	9.0%	8.4%	13.8%		18.3%		
Pennsylvania	1.73	9.9%	8.5%	14.7%	14.6%	18.4%	4.9%	
Rhode Island	2.37	9.8%	8.1%	19.2%	11.8%	22.1%		
South Carolina	1.40	9.2%	8.2%	11.5%	11.1%	13.6%		
South Dakota	1.47	6.7%	6.4%	9.4%				15.4%
Tennessee	0.91	12.1%	12.5%	11.4%	9.1%			
Texas	1.81	13.6%	10.0%	18.1%	18.4%	19.1%	8.2%	
Utah	3.32	7.7%	5.8%	19.2%		24.2%		
Vermont	1.12	8.1%	8.0%	9.0%				
Virginia	1.65	8.5%	7.8%	12.8%	9.9%	21.8%		
Washington	1.54	9.6%	8.7%	13.3%	11.2%	20.4%	8.0%	18.3%
West Virginia	0.53	13.3%	13.6%	7.2%				
Wisconsin	1.90	7.5%	7.0%	13.2%	14.1%	10.3%		14.5%
Wyoming	1.48	9.0%	8.5%	12.7%		10.3%		17.3%

Note: Among men ages 18-64.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men. A disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

⋯ Largest disparity: White men faring worse than men of color
 □ Largest disparity: Men of color faring worse than white men

⋯ Best state in column
 □ Worst state in column

UNHEALTHY DAYS

There has been increasing recognition of the importance of measures that capture dimensions of quality of life and well-being.¹⁵ The indicator of unhealthy days counts the number of days during the past month that men stated their physical or mental health was “not good.” Overall, men report a lower number of days of poor physical and mental health than women.¹⁶ This indicator is based on the sum of two questions in the BRFSS – one that asks respondents about the number of days in the preceding 30 days that their *physical health*, including physical illness and injury, were not good, and the other that asks about the number of days in the past 30 days that their *mental health*, including stress, depression, and problems with emotions, was not good.

Highlights

- Nationally, men ages 18 to 64 reported their physical or mental health was “not good” during 5.5 of the past 30 days (Table 1.2). This rate was highest for American Indian and Alaska Native men, who reported an average of 8.7 unhealthy days in the past 30 days and lowest for Asian American, Native Hawaiian, and Pacific Islander men who reported an average of 3.9 unhealthy days.
- The average number of unhealthy days in the past month ranged from a high of 7.1 days among men in West Virginia to a low of 4.0 days among South Dakota men. Men in Oklahoma and California had a relatively large number of unhealthy days, averaging a little more than 6.0 days in the past month.
- Nationally, the disparity score for unhealthy days was 1.06, or virtually no disparity, one of the few indicators in this report for which there is practically no difference on a national level between white and minority men. At the state level, disparity scores ranged from 0.75 in Kentucky to 1.78 in Maine.
- As indicated by Figure 1.2, there was great variation by state in the level of disparity on this measure. Each quadrant of the figure is populated with several states, although nearly one-half of the states fell into the upper left quadrant. White men in those states reported fewer unhealthy days than their minority counterparts, and also fewer days than the national average for white men.
- About one-quarter of the states fell into the upper right quadrant. In Maine, the state with the highest disparity score, men of color, as a group, had the highest number of unhealthy days (9.7), but white men were also slightly above the national average.
- In the states in the lower quadrants, men of color had fewer average unhealthy days than white men. White men in Kentucky had a greater number of unhealthy days than the national average.

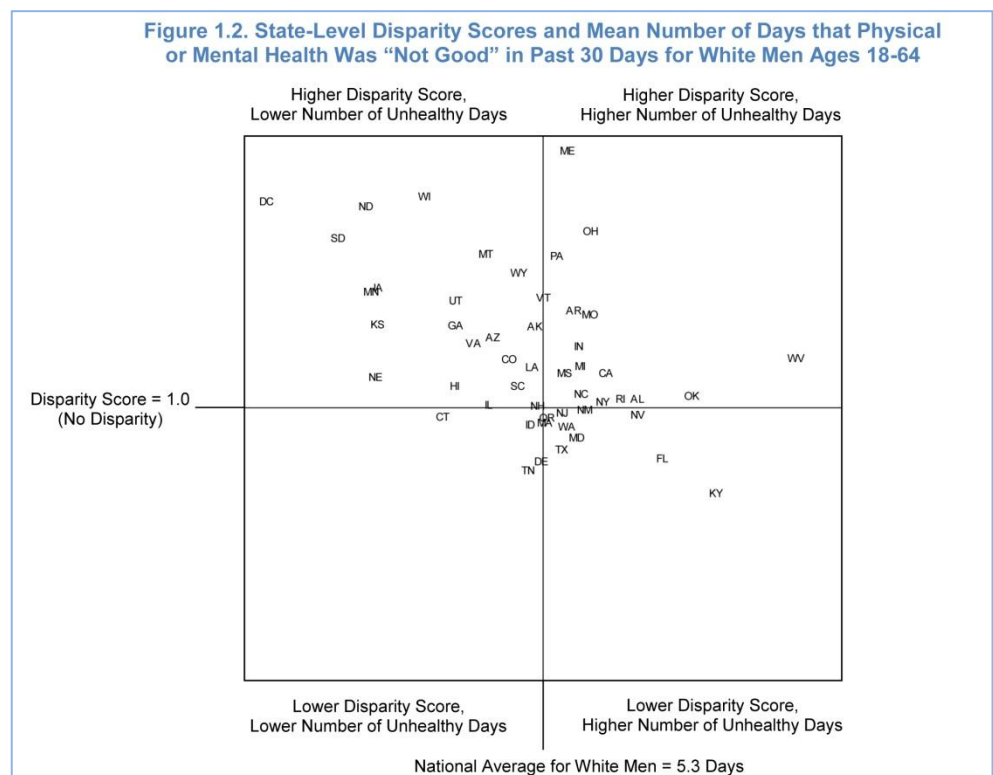


Table 1.2. Days Physical or Mental Health was "Not Good" in Past 30 Days, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Mean Number of Days						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/Alaska Native
All States	1.06	5.5	5.3	5.7	6.0	5.8	3.9	8.7
Alabama	1.03	5.9	5.9	6.1	5.8			
Alaska	1.25	5.5	5.2	6.5				6.0
Arizona	1.22	5.2	4.9	6.0		5.4		9.9
Arkansas	1.30	5.7	5.5	7.1	8.1	4.2		
California	1.11	6.1	5.7	6.3	8.7	6.7	4.0	
Colorado	1.15	5.2	5.0	5.8	5.9	5.9	4.3	
Connecticut	0.98	4.7	4.6	4.5	4.2	4.6	4.2	
Delaware	0.84	5.1	5.3	4.4	3.8			
District of Columbia	1.63	4.6	3.4	5.5	5.7	4.8		
Florida	0.85	5.9	6.1	5.2	5.8	4.7	5.7	8.5
Georgia	1.25	5.2	4.7	5.8	5.9	5.0		
Hawaii	1.07	4.8	4.7	5.0		6.6	4.5	
Idaho	0.96	5.2	5.2	5.0		5.3		
Illinois	1.01	4.9	4.9	5.0	5.5	5.2	3.1	
Indiana	1.19	5.7	5.5	6.6	7.4	5.6		
Iowa	1.37	4.3	4.1	5.7		5.0		
Kansas	1.26	4.2	4.1	5.2	7.0	4.1		
Kentucky	0.75	6.3	6.5	4.8	3.5			
Louisiana	1.13	5.3	5.2	5.9	6.1	5.4		
Maine	1.78	5.6	5.4	9.7				
Maryland	0.91	5.3	5.5	5.0	5.3	5.2	2.7	
Massachusetts	0.96	5.4	5.3	5.1	5.3	6.7	2.8	
Michigan	1.13	5.7	5.5	6.3	6.0	6.5		
Minnesota	1.36	4.2	4.1	5.5	3.1			
Mississippi	1.11	5.6	5.4	6.0	5.7			
Missouri	1.29	5.8	5.6	7.2	6.8			
Montana	1.47	5.1	4.9	7.2				7.0
Nebraska	1.10	4.2	4.1	4.5		3.5		
Nevada	0.99	5.8	5.9	5.8	6.9	4.9		
New Hampshire	1.01	5.2	5.2	5.3				
New Jersey	0.99	5.4	5.4	5.4	6.5	5.7	3.4	
New Mexico	1.00	5.5	5.5	5.5		5.4		7.1
New York	1.02	5.8	5.7	5.8	6.3	6.3	3.8	
North Carolina	1.05	5.6	5.5	5.8	6.0	4.5	5.8	7.5
North Dakota	1.62	4.2	4.0	6.5				8.3
Ohio	1.54	5.9	5.6	8.6	8.7	9.6		
Oklahoma	1.04	6.4	6.3	6.6	6.3	5.3		8.6
Oregon	0.98	5.3	5.3	5.2		5.7		
Pennsylvania	1.46	5.9	5.4	7.8	6.7	9.6	6.8	
Rhode Island	1.03	5.8	5.8	6.0	6.0	6.1		
South Carolina	1.07	5.3	5.1	5.5	5.5	4.3		
South Dakota	1.52	4.0	3.9	5.8				5.9
Tennessee	0.82	4.9	5.2	4.2	4.0			
Texas	0.88	5.2	5.4	4.8	4.7	5.0	2.2	
Utah	1.33	4.9	4.7	6.2		5.7		
Vermont	1.34	5.3	5.3	7.0				
Virginia	1.20	4.9	4.8	5.7	5.6	6.0		
Washington	0.95	5.4	5.4	5.1	4.9	5.1	3.8	9.5
West Virginia	1.16	7.1	7.0	8.1				
Wisconsin	1.64	4.7	4.5	7.3	6.3	8.8		9.5
Wyoming	1.41	5.3	5.1	7.2		7.0		7.3

Note: Among men ages 18-64.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men, and a disparity score equal to 1.00 indicates that minority men and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

⋮ Largest disparity: White men faring worse than men of color

⊠ Largest disparity: Men of color faring worse than white men

⋮ Best state in column

⊠ Worst state in column

LIMITED ACTIVITY DAYS

Health status includes a measure of functional health, the degree to which personal health influences quality of life and ability to carry out day to day activities. This indicator seeks to measure the impact of unhealthy days on men’s ability to work, take care of themselves and family, or participate in recreational activities. This age-adjusted indicator from the BRFSS asks respondents who said they had at least one unhealthy day in the prior month to report the number of days in the past month that their physical or mental health prevented them from engaging in their usual activities.

Highlights

- In the U.S., men ages 18 to 64 with at least one unhealthy day in the past month experienced an average of 3.3 days where poor physical or mental health affected their activities (Table 1.3). The rate was highest among American Indian and Alaska Native men (6.3 days) and lowest for Asian American, Native Hawaiian and other Pacific Islander men (2.4 days).
- Across states, the number of limited activity days among all men ranged from a low of 2.0 days in Nebraska to a high of 5.4 days in West Virginia.
- State performance also varied by race, with the worst rates among American Indian and Alaska Native men (ranging from 4.5 days in Montana to 9.2 days in Florida).
- Nationally, the disparity score was 1.20, indicating that men of color reported limited activity at a rate that was 20 percent higher than white men. Disparity scores ranged from 0.45 in Tennessee to 3.12 in North Dakota. The high disparity score in North Dakota is partially because men of color in that state, of whom American Indian and Alaska Native men make up half, reported the 2nd highest rate in the country (6.6 days), while white men in the state reported fewer days (2.1) than the national average.
- Figure 1.3 reflects what appears to be an inverse relationship between the functional status of white men and men of color, such that states where white men had fewer limited activity days than the national average had higher disparities for men of color (e.g. District of Columbia, North Dakota, South Dakota), while states where white men had higher average number of limited activity days had lower disparities for men of color, and in some cases notably worse disparities for white men (e.g. Nevada, Tennessee, and West Virginia).
- The District of Columbia, North Dakota, and South Dakota were outliers in the upper left quadrant because they each had the highest disparity scores for men of color. At the other end of the spectrum are Tennessee and Nevada in the lower right quadrant, where disparity scores were highest for white men. In Tennessee, white men reported limited activity days at a rate that was more than double that of men of color, and more unhealthy days than that of white men in nearly every other state.

Figure 1.3. State-Level Disparity Scores and Mean Number of Limited Activity Days in Past 30 Days for White Men Ages 18-64

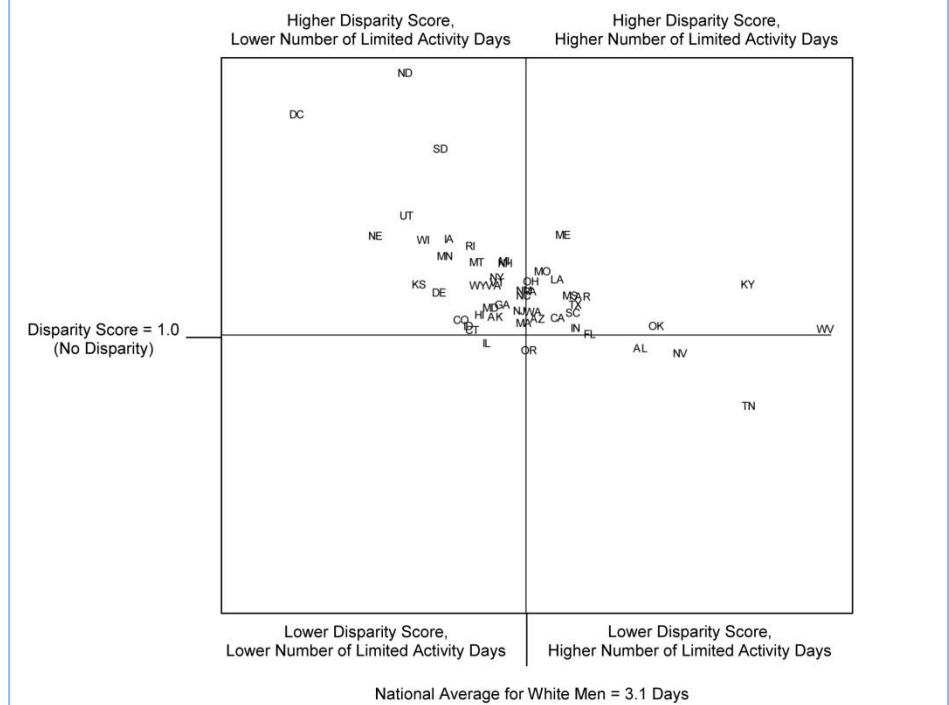


Table 1.3. Days Activities Were Limited in Past 30 Days by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Mean Number of Days						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/Alaska Native
All States	1.20	3.3	3.1	3.7	3.7	4.0	2.4	6.3
Alabama	0.91	3.8	3.9	3.6	3.2			
Alaska	1.16	3.0	2.8	3.3				5.0
Arizona	1.14	3.2	3.1	3.6		3.1		
Arkansas	1.32	3.7	3.5	4.6	4.6			
California	1.16	3.6	3.3	3.8	3.8	4.2	2.4	
Colorado	1.14	2.7	2.5	2.9	1.5	3.2		
Connecticut	1.06	2.7	2.6	2.8	2.5	2.8		
Delaware	1.35	2.5	2.4	3.2	3.1			
District of Columbia	2.79	2.7	1.3	3.5	3.8	2.9		
Florida	1.02	3.6	3.5	3.6	3.8	3.5		9.2
Georgia	1.26	3.2	2.9	3.6	3.2			
Hawaii	1.18	3.0	2.7	3.2		5.5	2.9	
Idaho	1.09	2.6	2.6	2.9		2.6		
Illinois	0.95	2.7	2.8	2.6	2.3	2.9		
Indiana	1.08	3.5	3.4	3.7	2.9			
Iowa	1.79	2.6	2.5	4.4				
Kansas	1.42	2.3	2.2	3.1	3.3	2.9		
Kentucky	1.42	4.8	4.8	6.8				
Louisiana	1.46	3.9	3.3	4.8	4.7			
Maine	1.82	3.5	3.3	6.1				
Maryland	1.24	3.0	2.8	3.4	3.7	3.2		
Massachusetts	1.11	3.2	3.0	3.4	3.2	4.7	1.8	
Michigan	1.61	3.3	2.9	4.7	4.3			
Minnesota	1.65	2.6	2.4	4.0				
Mississippi	1.33	3.8	3.4	4.5	4.5			
Missouri	1.52	3.3	3.2	4.8	4.8			
Montana	1.60	2.8	2.7	4.3				4.5
Nebraska	1.81	2.0	1.9	3.4		3.9		
Nevada	0.87	4.0	4.2	3.7		3.4		
New Hampshire	1.59	3.0	2.9	4.6				
New Jersey	1.21	3.2	3.0	3.6	4.2	4.0	2.2	
New Mexico	1.37	3.5	3.0	4.2		4.1		4.9
New York	1.48	3.4	2.8	4.2	3.6	4.8		
North Carolina	1.33	3.3	3.0	4.0	3.9	3.5		6.4
North Dakota	3.12	2.4	2.1	6.6				
Ohio	1.45	3.3	3.1	4.5	3.5			
Oklahoma	1.09	4.3	4.1	4.4	4.5	4.1		6.3
Oregon	0.89	3.0	3.1	2.7				
Pennsylvania	1.37	3.3	3.1	4.2	5.0	3.4		
Rhode Island	1.73	2.9	2.6	4.6		4.3		
South Carolina	1.20	3.7	3.4	4.1	3.8			
South Dakota	2.51	2.8	2.4	6.0				6.8
Tennessee	0.45	4.2	4.8	2.2	2.2			
Texas	1.26	3.9	3.4	4.3	4.6	4.2		
Utah	1.98	2.4	2.1	4.2		3.8		
Vermont	1.44	2.9	2.8	4.1				
Virginia	1.41	3.0	2.8	3.9	3.3			
Washington	1.20	3.2	3.1	3.7	3.7	4.6	2.2	5.6
West Virginia	1.06	5.4	5.4	5.7				
Wisconsin	1.78	2.5	2.3	4.0	3.0			
Wyoming	1.41	2.8	2.7	3.8		3.7		

Note: Among men ages 18-64, who reported their physical or mental health was "not good" during at least one of the past 30 days.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men, and a disparity score equal to 1.00 indicates that minority men and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

⋯ Largest disparity: White men faring worse than men of color

▭ Largest disparity: Men of color faring worse than white men

▭ Best state in column

▭ Worst state in column

SERIOUS PSYCHOLOGICAL DISTRESS

Mental health is a critical component of men’s overall health and well-being. Research has found that men and women experience mental illness in different ways. For example, rates of suicide, schizophrenia, depression and anxiety differ between men and women.¹⁷ Men are also less likely to seek help for mental health issues than women.^{18,19} Research has also found substantial differences between racial and ethnic communities in the management of mental illness, with people in minority communities less likely to receive services and less represented in mental health research.²⁰ Furthermore, stigma is still pervasive and affects the identification, prevention, and treatment of mental illness for all groups.²¹ Serious psychological distress is a measure that is associated with a host of limitations in daily function and activity.²² This indicator reports the age-adjusted rate of men who meet the criteria for serious psychological distress, based on six questions about the frequency of symptoms associated with psychological distress from the National Survey of Drug Use and Health.

Highlights

- Nationally, 9.5% of adult men ages 18 to 64 were in serious psychological distress in 2004-2007 (Table 1.4). Unlike many of the other health status indicators, white men (9.6%) had a slightly higher rate of serious psychological distress than black (9.3%) and Hispanic (9.0%) men. American Indian and Alaska Native men had the highest rate (13.8%) and Asian American, Native Hawaiian and other Pacific Islander men had the lowest rate (7.9%).
- The share of men with serious psychological distress was highest in Rhode Island at 14.3%, more than twice the rate in Vermont (6.7%), the state with the lowest rate.
- The national disparity score for serious psychological distress was 0.97, and ranged from 0.53 in Nevada to 2.48 in Wisconsin. Wisconsin had the highest disparity score because of the high rates of psychological distress among minority men (15.6%), most of whom were Hispanic.
- About half of the states were in the upper quadrants of Figure 1.4, with disparity scores more than 1.00, meaning that minority men had higher rates of psychological distress compared to white men. For instance, the percentage of psychological distress for Hispanic men in New Mexico was 16.0% compared to 10.5% for white men. White men in these states in the upper right quadrant also had a higher percentage of psychological distress compared to white men on average.
- In the states in the lower right quadrant, rates of serious psychological distress among white men were higher than the national average for white men and higher than the rates for minority men. For example, white men in Nevada were twice as likely to suffer from psychological distress compared to Hispanic men (12.2% vs. 5.6%), contributing to its very low disparity score of 0.53.
- In the lower left quadrant, the disparity scores were under 1.00 and white men had lower rates of serious psychological distress than the national average for white men. In Connecticut, Texas, and Virginia, men in all racial and ethnic groups had rates that were lower than the national average, but the rates were higher among white men than men of color in the state.



Table 1.4. Serious Psychological Distress, by State and Race/Ethnicity, 2004 - 2007

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	0.97	9.5%	9.6%	9.3%	9.3%	9.0%	7.9%	13.8%
Alabama	1.29	9.0%	8.3%	10.7%	11.4%			
Alaska	1.41	8.5%	7.6%	10.7%				
Arizona	0.99	12.0%	12.0%	11.9%		9.6%		
Arkansas	0.78	11.9%	12.5%	9.8%	7.9%			
California	0.95	8.5%	8.7%	8.3%	8.4%	8.1%	9.0%	
Colorado	1.03	6.9%	6.9%	7.1%		7.6%		
Connecticut	0.88	8.1%	8.3%	7.3%	4.8%			
Delaware	1.03	8.1%	8.0%	8.2%	7.0%			
District of Columbia	0.64	11.0%	14.1%	9.0%	9.1%			
Florida	0.81	10.2%	11.0%	8.9%	12.3%	7.0%	2.1%	
Georgia	1.11	9.6%	9.2%	10.2%	10.4%			
Hawaii	1.32	9.4%	7.6%	10.0%			9.8%	
Idaho	1.21	11.7%	11.4%	13.8%		10.8%		
Illinois	1.14	8.4%	8.1%	9.2%	10.2%	9.3%	4.5%	
Indiana	1.08	12.2%	12.1%	13.1%				
Iowa		10.2%	10.4%					
Kansas		9.3%	9.4%					
Kentucky		12.7%	12.8%					
Louisiana	1.10	10.7%	10.4%	11.4%	10.7%			
Maine		9.0%	9.1%					
Maryland	1.32	8.4%	7.4%	9.8%	10.9%	5.2%		
Massachusetts	1.13	8.0%	7.8%	8.8%				
Michigan	1.07	9.8%	9.7%	10.4%	9.7%	14.1%	8.8%	
Minnesota	0.90	9.0%	9.2%	8.3%				
Mississippi	1.14	10.8%	10.3%	11.7%	12.5%			
Missouri		10.2%	9.6%		9.1%			
Montana	1.26	10.2%	9.9%	12.5%				
Nebraska		9.4%	8.4%					
Nevada	0.53	10.0%	12.2%	6.5%		5.6%		
New Hampshire		9.1%	8.6%					
New Jersey	1.18	8.5%	8.0%	9.4%		12.2%		
New Mexico	1.48	13.3%	10.5%	15.5%		16.0%		
New York	0.78	10.5%	11.4%	8.9%	7.2%	8.9%	10.0%	
North Carolina	1.06	8.2%	8.1%	8.6%	9.0%			
North Dakota	0.73	8.0%	8.2%	6.0%				
Ohio	1.22	10.4%	10.1%	12.3%	13.0%	13.6%		
Oklahoma	1.34	11.4%	10.5%	14.1%				
Oregon	1.39	11.1%	10.3%	14.3%				
Pennsylvania	1.07	8.8%	8.7%	9.3%	9.3%	10.3%		
Rhode Island	1.00	14.3%	14.3%	14.3%				
South Carolina	1.28	9.3%	8.5%	10.9%	10.8%			
South Dakota		8.7%	8.2%					
Tennessee	0.72	12.7%	13.4%	9.6%				
Texas	0.74	8.3%	9.6%	7.1%	6.8%	7.5%	5.0%	
Utah	0.73	11.1%	11.7%	8.5%		8.1%		
Vermont		6.7%	6.4%					
Virginia	0.81	7.9%	8.4%	6.8%	5.9%			
Washington	1.22	10.2%	9.7%	11.8%				
West Virginia		10.6%	10.9%					
Wisconsin	2.48	7.6%	6.3%	15.6%				
Wyoming	1.15	11.3%	11.1%	12.8%				

Note: Percent in serious psychological distress in past year among men ages 18-64.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

Serious Psychological Distress (SPD) is defined as having a score of 13 or higher on the K6 scale. These estimates are based on the 2004, 2005, 2006, and 2007 full adult samples, where the 2004 sample includes both short-form and adjusted long-form responses. Therefore these estimates are not comparable with SPD estimates published in prior NSDUH reports. See Section B.4.4 in Appendix B of the Results from the 2007 National Survey on Drug Use and Health: National Findings.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men. A disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004-2007.

⊞ Largest disparity: White men faring worse than men of color

⊞ Largest disparity: Men of color faring worse than white men

⊞ Best state in column

⊞ Worst state in column

DIABETES

Diabetes is a growing public health challenge across the nation. Among men, diabetes is the sixth-leading cause of death.²³ Men of color are particularly at risk for this disease, which is often accompanied by other conditions including heart disease and kidney disease.²⁴ Diabetic men are also at greater risk for erectile dysfunction and low testosterone.²⁵ This indicator from the BRFSS, measures the share of men who have ever been diagnosed with diabetes by a physician. It is worth noting that other surveys have estimated that 7 million people have undiagnosed diabetes in the U.S.²⁶ and the BRFSS likely understates the extent of this condition.

Highlights

- Nationally, 4.2% of men ages 18 to 64 reported having been diagnosed with diabetes, with American Indian and Alaska Native (6.8%), black (6.3%), and Hispanic (6.1%) men having the highest rates (Table 1.5). White men had the lowest rate at 3.5%, followed by Asian American, Native Hawaiian and other Pacific Islander men at 4.6%. Across the states, the prevalence of diabetes ranged from 2.4% of men in Montana to 6.0% in West Virginia
- As with other health indicators, there was sizable variation in diabetes rates within racial and ethnic groups across states. For example, diabetes rates for American Indian and Alaska Native men ranged from a low of 4.1% in North Carolina to 10.1% in Oklahoma, the highest rate for any population. Similarly, 9.0% of black men in Michigan had received a diabetes diagnosis compared to 3.8% of those living in Minnesota.
- Nationally, the disparity score for diabetes was 1.68, meaning that the prevalence rate for diabetes was 68% higher among men of color than white men. Disparity scores ranged from a low of 0.95 in West Virginia to a high of 3.15 in Vermont. Vermont (3.15) and Montana (3.14) were the only states with disparity scores higher than 3.00, and at the other end, West Virginia was the only state where the disparity score was less than 1.00.
- In Figure 1.5, all states, except for West Virginia, were situated in the upper quadrants indicating disparity scores greater than 1.00. West Virginia's disparity score was less than 1.00, reflecting the higher rate among white men (6.0%).
- Many of the states with the lowest disparity scores (Missouri, Nevada, Tennessee, and Mississippi), located in the upper right quadrant, have the highest diabetes rate for white men relative to the national average. The diabetes rate for black men in each of these states fell below the national average for black men (6.3%).
- Many states in the South (Georgia, Texas, Louisiana, Oklahoma, Kentucky, Alabama, and Arkansas) were clustered in the upper right quadrant (higher disparities and prevalence among white men).
- Several Western states and the District of Columbia stood out in the upper left quadrant with higher disparities and lower prevalence among white men.

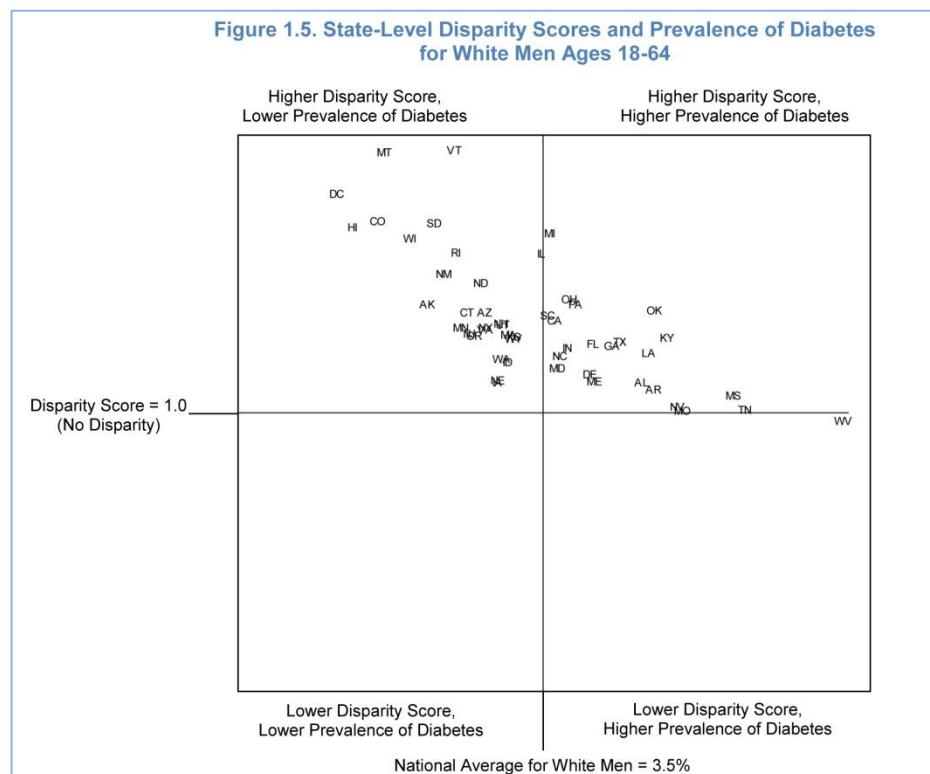


Table 1.5. Diabetes by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.68	4.2%	3.5%	5.9%	6.3%	6.1%	4.6%	6.8%
Alabama	1.27	4.7%	4.3%	5.4%	6.3%			
Alaska	1.89	3.2%	2.4%	4.6%				6.5%
Arizona	1.84	3.6%	2.9%	5.4%		5.7%		8.6%
Arkansas	1.20	4.6%	4.4%	5.3%	5.8%	2.8%		
California	1.76	5.0%	3.5%	6.3%	7.8%	6.5%	4.9%	
Colorado	2.58	2.8%	2.0%	5.2%	6.4%	5.1%	4.2%	
Connecticut	1.83	3.1%	2.8%	5.1%	6.1%	4.8%	4.2%	
Delaware	1.33	4.1%	3.8%	5.1%	6.0%			
District of Columbia	2.80	3.5%	1.7%	4.7%	4.9%	4.3%		
Florida	1.58	4.5%	3.9%	6.1%	5.9%	6.6%	4.5%	6.7%
Georgia	1.56	4.8%	4.0%	6.3%	5.7%	8.1%		
Hawaii	2.53	3.6%	1.8%	4.6%		5.7%	4.5%	
Idaho	1.43	3.3%	3.2%	4.5%		4.7%		
Illinois	2.31	4.9%	3.5%	8.0%	8.4%	7.9%	7.8%	
Indiana	1.54	4.0%	3.7%	5.7%	4.8%	7.5%		
Iowa	1.27	3.1%	3.1%	3.9%		4.5%		
Kansas	1.63	3.5%	3.2%	5.2%	4.7%	6.2%		
Kentucky	1.62	4.8%	4.5%	7.3%	8.6%			
Louisiana	1.50	5.1%	4.4%	6.6%	6.7%	5.8%		
Maine	1.27	3.9%	3.9%	4.9%				
Maryland	1.38	4.1%	3.6%	4.9%	5.4%	3.9%	5.1%	
Massachusetts	1.65	3.5%	3.1%	5.2%	5.0%	5.5%	5.0%	
Michigan	2.48	4.6%	3.5%	8.7%	9.0%	7.6%		
Minnesota	1.71	2.9%	2.7%	4.7%	3.8%			
Mississippi	1.16	5.4%	5.1%	5.9%	6.3%			
Missouri	1.03	4.7%	4.6%	4.8%	4.1%			
Montana	3.14	2.4%	2.1%	6.5%				7.1%
Nebraska	1.28	3.1%	3.1%	3.9%		5.5%		
Nevada	1.06	4.7%	4.6%	4.9%	4.3%	4.7%		
New Hampshire	1.74	3.2%	3.1%	5.4%				
New Jersey	1.66	3.5%	2.8%	4.7%	5.0%	5.0%	3.7%	
New Mexico	2.15	3.9%	2.6%	5.5%		5.1%		7.9%
New York	1.71	3.7%	3.0%	5.1%	4.0%	6.1%	4.5%	
North Carolina	1.47	4.0%	3.6%	5.3%	6.4%	3.6%	3.6%	4.1%
North Dakota	2.07	3.1%	2.9%	6.0%				6.9%
Ohio	1.94	4.0%	3.7%	7.1%	6.6%	8.9%		
Oklahoma	1.85	5.5%	4.4%	8.1%	7.4%	8.5%		10.1%
Oregon	1.65	3.0%	2.8%	4.7%		3.4%		
Pennsylvania	1.92	4.4%	3.7%	7.1%	8.3%	6.6%	2.7%	
Rhode Island	2.32	3.3%	2.7%	6.3%	5.0%	8.9%		
South Carolina	1.80	4.3%	3.5%	6.3%	6.5%	6.0%		
South Dakota	2.56	2.9%	2.5%	6.4%				8.8%
Tennessee	1.04	5.2%	5.2%	5.4%	6.1%			
Texas	1.59	5.2%	4.1%	6.5%	4.8%	7.2%	4.9%	
Utah	1.73	3.4%	3.1%	5.4%		5.8%		
Vermont	3.15	3.1%	2.7%	8.5%				
Virginia	1.69	3.3%	2.9%	5.0%	6.3%	3.9%		
Washington	1.45	3.3%	3.1%	4.5%	4.3%	4.9%	4.6%	5.9%
West Virginia	0.95	6.0%	6.0%	5.7%				
Wisconsin	2.44	2.6%	2.3%	5.6%	8.5%	4.5%		4.3%
Wyoming	1.62	3.5%	3.2%	5.1%		4.2%		8.9%

Note: Percent reporting ever diagnosed with diabetes among men ages 18-64.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men. A disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

⋯ Largest disparity: White men faring worse than men of color
 ▭ Largest disparity: Men of color faring worse than white men

⋯ Best state in column
 ▭ Worst state in column

CARDIOVASCULAR DISEASE

Research has found important differences in how men and women experience cardiovascular disease in terms of risk factors, diagnosis, and treatment. Cardiovascular disease is the leading cause of death among men, and it is also a major cause of disability.²⁷ Heart disease kills more men than women annually, and the vast majority of sudden cardiac deaths, where there are no prior symptoms, occur in men.²⁸ On average, heart disease strikes men earlier in life than women.²⁹ Many men of color are at a higher risk for cardiovascular disease because major risk factors, including hypertension and obesity, affect some racial and ethnic groups at very high rates. Access to health care is also critical for prevention and management of cardiovascular disease. This age-adjusted indicator from the BRFSS reflects the percentage of men who responded “yes” to ever having had heart attack, stroke, or angina.

Highlights

- The prevalence rate of cardiovascular disease nationwide for men ages 18 to 64 was 3.5%, with American Indian and Alaska Native men having the highest rate at 7.8%, followed by Hispanic (4.7%), black (3.8%), and white (3.2%) men. Asian American, Native Hawaiian and other Pacific Islander men had the lowest rate at 2.5% (Table 1.6).
- Across states, the District of Columbia and North Dakota had the lowest rates of cardiovascular disease among men (2.1%), while the rates in Oklahoma and West Virginia were over twice as high at 4.9%.
- There was variation within racial or ethnic groups across states. Among Hispanic men, those in Louisiana had the highest rate (11.7%), while those in the District of Columbia had the lowest (1.7%). Similarly, the prevalence rates of cardiovascular disease for Asian American, Native Hawaiian and other Pacific Islander men in Massachusetts was 5.5% and 0.4% in Connecticut, the lowest for any subgroup.
- The national disparity score for cardiovascular disease was 1.30, meaning that cardiovascular disease rates were 30% higher for men of color than white men. State-level disparity scores ranged from a low of 0.68 in Montana to a high of 3.00 in Vermont. Eight states had disparity scores greater than 2.00.
- As shown in Figure 1.6, only six states had disparity scores less than 1.00 (in the bottom quadrants). Only Hawaii and Montana were located in the lower left quadrant, where disparity scores were below 1.00 and the prevalence rate for cardiovascular disease for white men was below the national average.
- In the District of Columbia, (far left of upper left quadrant) the cardiovascular disease rate for white men was 1.3%, the lowest rate in the nation, and less than half that of black men in the District of Columbia (2.9%).
- Similarly in Vermont, the rate of cardiovascular disease among all minority men (8.2%) was twice as high as the national average for minority men and nearly three times that of white men in the state.
- West Virginia (far right) had a disparity score of 0.89 because the cardiovascular disease rate for all minority men (4.4%) was lower than the rate of white men (4.9%).

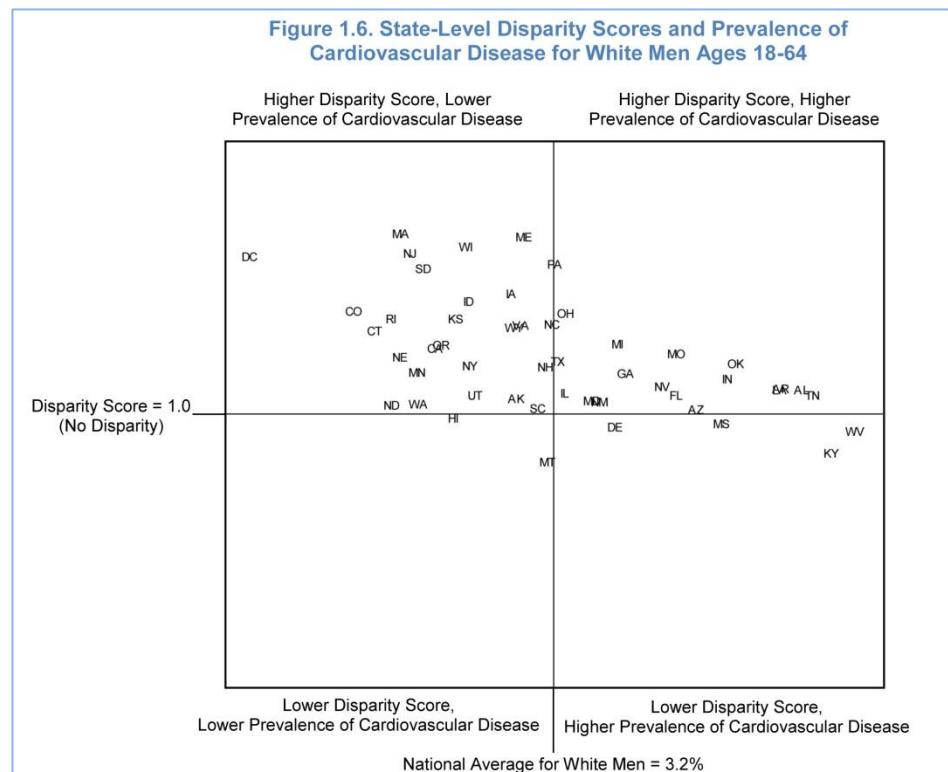


Table 1.6. Cardiovascular Disease, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.30	3.5%	3.2%	4.1%	3.8%	4.7%	2.5%	7.8%
Alabama	1.18	4.7%	4.6%	5.4%	4.9%			
Alaska	1.12	3.0%	2.9%	3.2%				3.9%
Arizona	1.04	4.0%	4.0%	4.1%		4.8%		5.4%
Arkansas	1.19	4.7%	4.5%	5.3%	5.9%	2.5%		
California	1.47	3.0%	2.4%	3.5%	3.2%	3.8%	2.5%	
Colorado	1.74	2.2%	1.9%	3.3%	5.6%	3.0%	2.4%	
Connecticut	1.60	2.2%	2.0%	3.3%	4.0%	3.6%	0.4%	
Delaware	0.92	3.4%	3.5%	3.2%	4.0%			
District of Columbia	2.12	2.1%	1.3%	2.7%	2.9%	1.7%		
Florida	1.14	4.1%	3.9%	4.4%	2.3%	5.9%	2.1%	6.5%
Georgia	1.30	4.0%	3.5%	4.6%	4.8%	3.9%		
Hawaii	0.98	2.6%	2.50%	2.5%		2.9%	2.7%	
Idaho	1.80	2.9%	2.6%	4.7%		5.9%		
Illinois	1.16	3.4%	3.2%	3.7%	3.3%	4.5%	2.9%	
Indiana	1.26	4.5%	4.2%	5.2%	6.2%	3.5%		
Iowa	1.85	3.0%	2.9%	5.3%		6.6%		
Kansas	1.68	2.8%	2.5%	4.2%	3.6%	6.4%		
Kentucky	0.74	4.7%	4.8%	3.5%	2.8%			
Louisiana	1.18	4.8%	4.5%	5.3%	4.5%	11.7%		
Maine	2.26	3.1%	2.9%	6.6%				
Maryland	1.11	3.5%	3.3%	3.7%	3.6%	5.0%	1.8%	
Massachusetts	2.28	2.7%	2.2%	5.0%	4.3%	5.2%	5.5%	
Michigan	1.50	3.9%	3.5%	5.3%	5.2%	5.6%		
Minnesota	1.31	2.4%	2.3%	3.0%	4.1%			
Mississippi	0.94	4.0%	4.1%	3.9%	3.9%			
Missouri	1.43	4.1%	3.8%	5.5%	4.3%			
Montana	0.68	3.0%	3.1%	2.1%				2.7%
Nebraska	1.41	2.3%	2.2%	3.1%		2.2%		
Nevada	1.21	4.0%	3.8%	4.5%	9.0%	3.9%		
New Hampshire	1.34	3.1%	3.1%	4.1%				
New Jersey	2.14	3.1%	2.3%	4.8%	4.9%	5.6%		
New Mexico	1.10	3.6%	3.4%	3.7%		3.6%		4.0%
New York	1.35	2.9%	2.6%	3.5%	2.0%	5.2%	2.6%	
North Carolina	1.64	3.7%	3.1%	5.1%	4.3%	7.4%	0.8%	7.9%
North Dakota	1.08	2.1%	2.1%	2.3%				2.5%
Ohio	1.72	3.5%	3.2%	5.5%	4.4%	10.4%		
Oklahoma	1.37	4.9%	4.2%	5.8%	6.9%	5.8%		9.2%
Oregon	1.49	2.6%	2.4%	3.6%		4.8%		
Pennsylvania	2.06	3.8%	3.1%	6.4%	6.3%	8.3%	1.3%	
Rhode Island	1.68	2.5%	2.1%	3.6%	1.5%	3.5%		
South Carolina	1.06	3.1%	3.0%	3.2%	3.2%	2.5%		
South Dakota	2.03	2.6%	2.3%	4.7%				6.3%
Tennessee	1.14	4.8%	4.7%	5.3%	3.9%			
Texas	1.38	3.7%	3.1%	4.3%	2.4%	4.8%	5.3%	
Utah	1.14	2.7%	2.6%	3.0%		3.7%		
Vermont	3.00	3.2%	2.7%	8.2%				
Virginia	1.64	3.3%	2.9%	4.8%	2.6%	8.5%		
Washington	1.08	2.3%	2.3%	2.5%	3.3%	2.9%	1.4%	4.4%
West Virginia	0.89	4.9%	4.9%	4.4%				
Wisconsin	2.18	2.9%	2.6%	5.6%	4.3%	5.8%		11.6%
Wyoming	1.62	3.0%	2.9%	4.6%		5.0%		2.8%

Note: Percent who ever had heart attack, stroke, or angina among men ages 18-64.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men. A disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

⋮ Largest disparity: White men faring worse than men of color
 □ Largest disparity: Men of color faring worse than white men

⋮ Best state in column
 □ Worst state in column

OBESITY

Obesity has been identified as one of the nation’s most urgent health problem, with rates on the rise over the past three decades. Every year, more than 112,000 preventable deaths in the United States are associated with obesity-related conditions.³⁰ Individuals who are obese have higher rates of several chronic diseases, including diabetes, cardiovascular disease, and hypertension than those who are not obese.³¹ For men, obesity has also been associated with infertility, coronary heart disease, and colon and prostate cancers.^{32,33} The far-reaching impact of obesity has affected the health system as well. One study estimated that the rise in obesity prevalence accounted for 12 percent of the growth in health spending during the 1990s.³⁴ These age-adjusted data are based on body mass index (BMI) calculations computed from weight and height data collected in the BRFSS. Men with BMIs greater than or equal to 30 are classified as obese.

Highlights

- Nationally, one in four men ages 18 to 64 (25.2%) were obese (Table 1.7). Black (31.0%), American Indian and Alaska Native (30.7%), and Hispanic (28.1%) men had higher obesity rates than the national average, followed by white men (24.7%). Asian American, Native Hawaiian and other Pacific Islander men had the lowest obesity rates (10.7%).
- Across states, obesity rates ranged from a low of 17.1% in Colorado to a high of 30.2% in West Virginia and Tennessee. Obesity rates were generally higher in Southern states.
- Obesity rates varied within racial and ethnic groups across states. American Indian and Alaska Native men in North Dakota had the highest rate for any subgroup at 50.1%, but varied to a low of 30.1% in Arizona. Similarly, the rates for black men ranged from 44.0% in Kansas to 18.4% in Rhode Island, and there was a seven-fold difference in obesity rates among Asian American, Native Hawaiian and other Pacific Islander men between the highest in Hawaii (25.5%) and lowest in Massachusetts (3.4%).
- The national disparity score for obesity was 1.07, indicating that the obesity rate was slightly higher for men of color than for white men. State level disparity scores ranged from a low of 0.67 in Vermont to a high of 2.09 in the District of Columbia. The disparity score in the District of Columbia, the only state with a disparity score above two, was driven largely by the fact that white men in the District of Columbia had the lowest obesity rate (10.6%) for white men nationally.
- More than half of the states were concentrated in the upper top two quadrants of Figure 1.7. In these states, the disparity score is above 1.00, indicative of the higher obesity rates for all minority men compared to that of white men.
- Southern states were concentrated in the upper right quadrant, representing the higher obesity prevalence for men of color than white men, driven in large part by the high rates among black men. Among those states, the obesity rate for white men was higher than average.
- States in the New England region clustered in the lower left quadrant, with disparity scores under 1.00. In Vermont, which had the lowest disparity score (0.67), fewer men, regardless of race, were obese compared to the national average (25.2%), and fewer minority men (14.5%) than white men in Vermont (21.7%) were obese. Similarly, Massachusetts holds the second lowest disparity score (0.80), as a smaller share of minority men (18.1%) than white men (22.6%) were obese in the state.

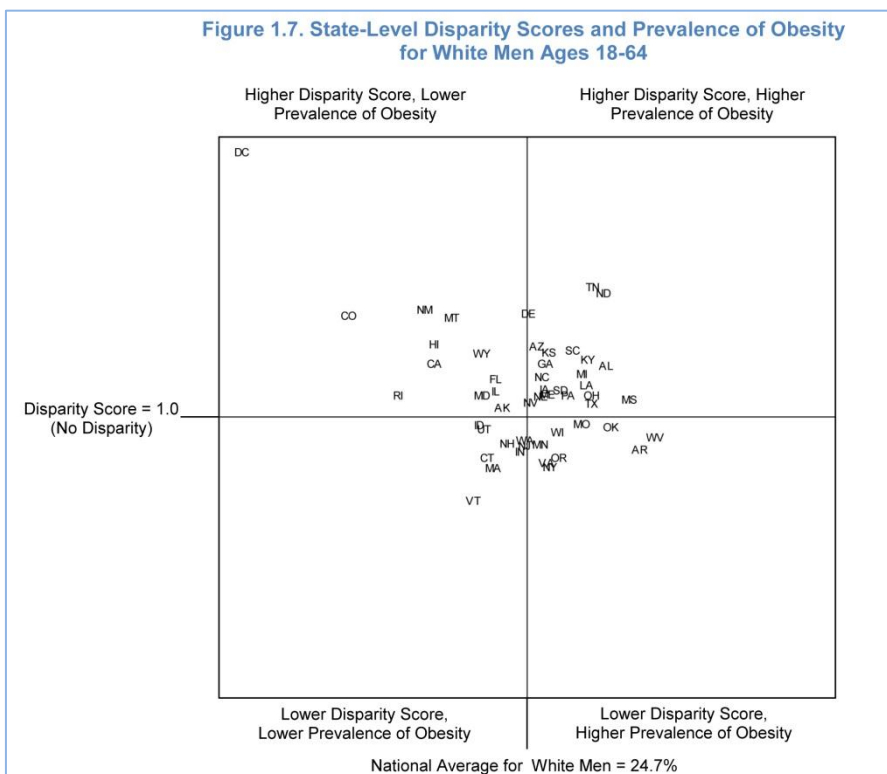


Table 1.7. Obesity, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.07	25.2%	24.7%	26.4%	31.0%	28.1%	10.7%	30.7%
Alabama	1.22	30.0%	28.1%	34.1%	36.5%			
Alaska	1.04	23.5%	23.1%	24.1%				30.9%
Arizona	1.30	26.5%	24.7%	32.1%		33.2%		30.1%
Arkansas	0.87	29.0%	29.7%	25.9%	27.5%	22.9%		
California	1.23	22.6%	19.9%	24.4%	27.6%	28.9%	9.9%	
Colorado	1.42	17.1%	15.7%	22.3%	24.2%	23.3%	13.3%	
Connecticut	0.84	21.7%	22.4%	18.8%	19.3%	22.3%	6.3%	
Delaware	1.43	25.9%	24.3%	34.8%	39.8%			
District of Columbia	2.09	17.3%	10.6%	22.2%	23.7%	19.6%		
Florida	1.16	24.0%	22.8%	26.5%	27.7%	28.0%	7.7%	35.1%
Georgia	1.23	27.3%	25.1%	30.8%	34.8%	24.1%		
Hawaii	1.30	23.8%	20.0%	26.0%		31.7%	25.5%	
Idaho	0.98	22.0%	22.1%	21.5%		23.3%		
Illinois	1.11	23.9%	22.9%	25.5%	27.7%	29.2%	9.4%	
Indiana	0.87	23.4%	24.1%	20.9%	24.4%	18.6%		
Iowa	1.12	25.4%	25.2%	28.3%		27.1%		
Kansas	1.27	26.0%	25.3%	32.1%	44.0%	30.2%		
Kentucky	1.24	27.6%	27.2%	33.8%	37.6%			
Louisiana	1.14	28.3%	27.1%	30.9%	32.0%	26.4%		
Maine	1.10	25.3%	25.2%	27.7%				
Maryland	1.10	22.8%	22.1%	24.2%	28.5%	19.2%	12.4%	
Massachusetts	0.80	21.9%	22.6%	18.1%	24.2%	25.3%	3.4%	
Michigan	1.18	28.1%	27.0%	31.9%	34.6%	32.9%		
Minnesota	0.90	24.7%	24.9%	22.3%	21.5%			
Mississippi	1.08	30.1%	29.2%	31.4%	33.3%			
Missouri	0.98	26.8%	26.8%	26.2%	24.8%			
Montana	1.41	21.5%	20.7%	29.2%				38.1%
Nebraska	1.09	25.1%	24.9%	27.2%		21.7%		
Nevada	1.07	25.2%	24.4%	26.1%	23.2%	29.9%		
New Hampshire	0.90	23.2%	23.3%	21.0%				
New Jersey	0.89	23.3%	24.2%	21.6%	32.4%	22.8%	7.6%	
New Mexico	1.44	23.4%	19.4%	28.0%		27.5%		33.6%
New York	0.80	23.9%	25.4%	20.4%	20.8%	27.5%	5.0%	
North Carolina	1.17	26.1%	25.0%	29.3%	32.4%	26.2%	8.2%	35.0%
North Dakota	1.51	28.8%	27.9%	42.3%				50.1%
Ohio	1.10	27.4%	27.3%	29.9%	33.2%	25.2%		
Oklahoma	0.97	28.7%	28.3%	27.4%	26.8%	31.4%		34.8%
Oregon	0.84	25.3%	25.8%	21.7%		21.5%		
Pennsylvania	1.10	26.4%	26.3%	28.8%	30.3%	35.5%	6.9%	
Rhode Island	1.10	18.5%	18.2%	20.0%	18.4%	18.5%		
South Carolina	1.28	28.5%	26.5%	33.9%	33.0%	43.1%		
South Dakota	1.11	26.3%	25.9%	28.8%				36.7%
Tennessee	1.54	30.2%	27.5%	42.2%	36.9%			
Texas	1.06	28.0%	27.4%	29.1%	37.4%	28.9%	9.1%	
Utah	0.96	22.2%	22.3%	21.4%		19.0%		
Vermont	0.67	21.4%	21.7%	14.5%				
Virginia	0.82	23.7%	25.2%	20.7%	26.3%	18.7%		
Washington	0.91	24.1%	24.1%	22.0%	24.5%	28.5%	12.4%	36.0%
West Virginia	0.92	30.2%	30.3%	28.0%				
Wisconsin	0.95	25.8%	25.8%	24.4%	27.9%	21.1%		33.9%
Wyoming	1.27	22.7%	22.0%	27.9%		27.9%		37.9%

Note: Among men ages 18-64. Obesity is defined as men who have a body mass index greater than or equal to 30.0.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men, and a disparity score equal to 1.00 indicates that minority men and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

⊞ Largest disparity: White men faring worse than men of color
 ⊞ Largest disparity: Men of color faring worse than white men

⊞ Best state in column
 ⊞ Worst state in column

SMOKING

The relationship between smoking and illness, particularly lung cancer, is well documented.³⁵ Many public health experts view smoking as a leading cause of preventable illness in the developed world.³⁶ Smoking is more common among men than women, but takes an enormous toll on both sexes. High quantity and long duration of smoking have been shown to increase risk of cancer, heart disease, stroke, and respiratory illness. More men die from lung cancer than any other cancer, and an estimated 80 to 90 percent of all deaths from lung cancer are associated with smoking.³⁷ This indicator reports the age-adjusted rate of men who are current smokers. It is based on two questions in the BRFSS, which ask the respondent if he has smoked at least 100 cigarettes in his lifetime, and if so, whether he currently smokes every day, some days, or not at all.

Highlights

- Nationally, one in four adult men ages 18 to 64 was a regular smoker in 2006-2008 (Table 1.8). Among men, the highest rate was among American Indian and Alaska Natives (43.2%), followed by blacks (26.9%), whites (25.2%), Hispanics (23.3%), and Asian American, Native Hawaiian and other Pacific Islanders (15.8%).
- West Virginia (33.3%) had the highest rate of men who were smokers compared to 12.9% of men in Utah. Oklahoma, Missouri, Mississippi, Kentucky, and Indiana all had smoking rates exceeding 30%.
- There was considerable variation within racial and ethnic groups by state. The smoking rate among Hispanic men varied from a low of 11.6% in Maryland to a high of 39.8% in Ohio. For Asian American, Native Hawaiian and other Pacific Islander men, the range was from 25.8% in North Carolina to 8.3% in Maryland.
- The national disparity score for smoking was 0.95 because a slightly smaller share of men of color smoked than white men. Half of the states had disparity scores greater than 1.00. Disparity scores ranged from 0.68 in Florida to 1.87 in the District of Columbia.
- American Indian and Alaska Native men had disproportionately higher smoking rates than any other group. North Carolina, South Dakota, Wisconsin, and Wyoming, had large American Indian and Alaska Native populations, and about 50% of men in this ethnic group smoked, contributing to state disparity scores higher than 1.00. The lowest smoking rate for this group was in New Mexico, but still higher than the national average for men.
- Among the states in the lower right quadrant of Figure 1.8, smoking rates for white men were higher than the national average and higher than the rates for minority men. For example, in Florida 30.0% of white men smoked compared to 20.9% of Hispanic and 14.3% of Asian American, Native Hawaiian and other Pacific Islander men, contributing to a disparity score of 0.68.
- In the lower left quadrant, the disparity scores were less than 1.00, where white men had lower smoking rates than the national average, but the rates were even lower among men of color. For example, the smoking rate for white men in Massachusetts was one of the lowest in the nation at 21.8%, but was still considerably higher than the combined rate for all minority men in the state (17.4%).

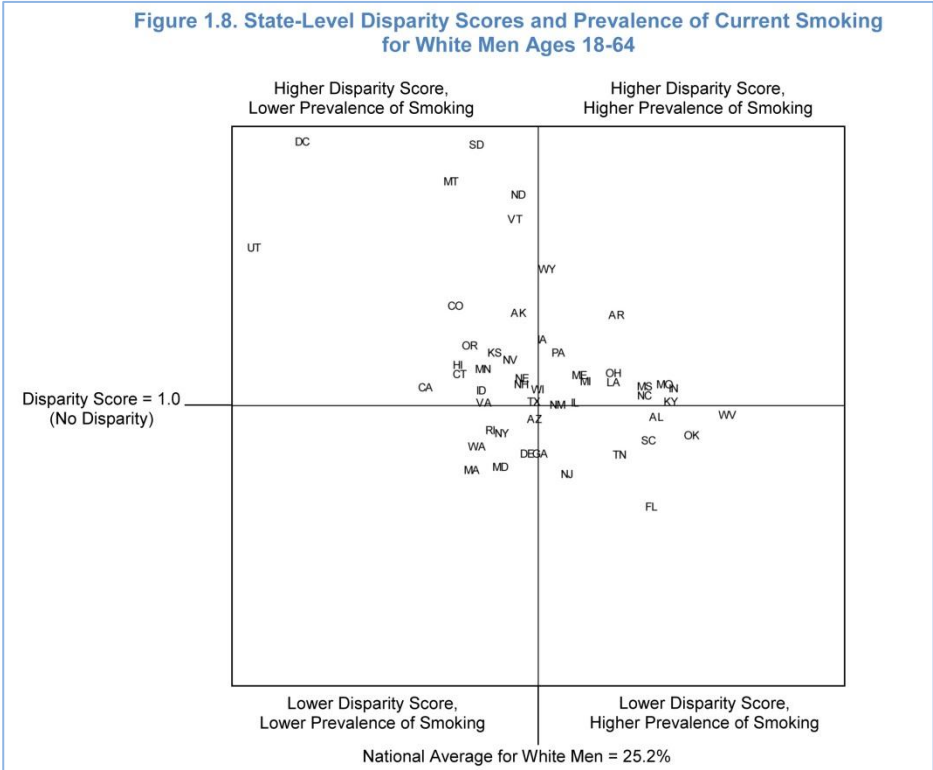


Table 1.8. Current Smoking, by State and Race/ Ethnicity, 2006 - 2008



State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	0.95	25.0%	25.2%	23.9%	26.9%	23.3%	15.8%	43.2%
Alabama	0.97	29.9%	30.2%	29.3%	30.9%			
Alaska	1.31	27.0%	23.9%	31.4%				47.6%
Arizona	0.96	24.6%	24.6%	23.8%		22.7%		28.2%
Arkansas	1.30	29.4%	28.3%	36.9%	41.4%	30.5%		
California	1.07	20.5%	19.7%	21.0%	28.5%	21.1%	15.4%	
Colorado	1.33	23.0%	21.1%	28.1%	29.4%	28.1%	20.1%	
Connecticut	1.11	21.8%	21.3%	23.6%	22.3%	26.3%	18.3%	
Delaware	0.85	23.6%	24.3%	20.7%	18.4%			
District of Columbia	1.87	21.4%	14.1%	26.4%	26.8%	25.0%		
Florida	0.68	27.0%	30.0%	20.3%	20.4%	20.9%	14.3%	37.0%
Georgia	0.85	23.8%	24.9%	21.2%	20.7%	19.4%		
Hawaii	1.14	22.6%	21.3%	24.2%		27.4%	22.3%	
Idaho	1.06	22.4%	22.3%	23.6%		25.4%		
Illinois	1.02	26.8%	26.6%	27.1%	29.8%	27.8%	16.3%	
Indiana	1.06	31.3%	31.1%	33.0%	32.4%	35.1%		
Iowa	1.22	25.5%	25.1%	30.7%		29.5%		
Kansas	1.18	23.4%	22.9%	26.9%	25.9%	29.1%		
Kentucky	1.02	31.1%	30.9%	31.5%	27.5%			
Louisiana	1.08	29.3%	28.3%	30.6%	30.8%	30.6%		
Maine	1.11	26.8%	26.7%	29.6%				
Maryland	0.81	21.5%	23.1%	18.6%	23.0%	11.6%	8.3%	
Massachusetts	0.80	21.3%	21.8%	17.4%	18.5%	21.0%	11.4%	
Michigan	1.09	27.9%	27.1%	29.4%	29.7%	33.9%		
Minnesota	1.12	22.6%	22.3%	25.1%	19.0%			
Mississippi	1.07	30.3%	29.7%	31.7%	31.0%			
Missouri	1.08	31.0%	30.6%	32.9%	31.4%			
Montana	1.74	22.1%	20.9%	36.3%				43.2%
Nebraska	1.10	24.3%	24.1%	26.4%		20.1%		
Nevada	1.16	24.9%	23.5%	27.2%	29.2%	27.3%		
New Hampshire	1.08	24.2%	24.0%	25.9%				
New Jersey	0.78	24.4%	26.2%	20.5%	27.4%	21.0%	11.5%	
New Mexico	1.01	25.8%	25.7%	25.9%	25.9%	25.3%		27.2%
New York	0.92	22.6%	23.2%	21.2%	21.8%	24.6%	12.8%	
North Carolina	1.04	29.7%	29.7%	30.8%	32.6%	21.5%	25.8%	52.4%
North Dakota	1.70	25.0%	23.9%	40.6%				47.3%
Ohio	1.11	28.8%	28.2%	31.4%	27.0%	39.8%		
Oklahoma	0.91	32.1%	31.8%	28.9%	35.2%	26.0%		39.7%
Oregon	1.20	22.2%	21.7%	26.1%		18.8%		
Pennsylvania	1.18	26.8%	25.8%	30.4%	32.5%	31.3%	17.2%	
Rhode Island	0.93	22.6%	22.8%	21.1%	21.2%	16.6%		
South Carolina	0.89	29.2%	29.9%	26.7%	26.2%	24.7%		
South Dakota	1.86	24.0%	22.0%	40.9%				50.7%
Tennessee	0.85	27.6%	28.5%	24.2%	26.6%			
Texas	1.02	24.5%	24.7%	25.2%	26.5%	25.8%	13.4%	
Utah	1.52	12.9%	11.9%	18.1%		19.0%		
Vermont	1.61	24.5%	23.8%	38.4%				
Virginia	1.01	22.2%	22.3%	22.7%	25.8%	19.2%		
Washington	0.87	21.9%	22.0%	19.2%	25.6%	18.3%	12.5%	41.8%
West Virginia	0.98	33.3%	33.3%	32.6%				
Wisconsin	1.06	25.2%	24.8%	26.3%	35.5%	17.3%		57.2%
Wyoming	1.45	26.7%	25.2%	36.6%		35.3%		60.2%



Note: Among men ages 18-64.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men. A disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

 Largest disparity: White men faring worse than men of color
 Largest disparity: Men of color faring worse than white men

 Best state in column
 Worst state in column

BINGE DRINKING

Binge drinking is a dangerous form of excessive alcohol use that is related to a number of short-term and long-term health problems.³⁸ It is also associated with a number of public health concerns such as sexually transmitted diseases, higher risk of injuries from car crashes, drowning, firearm misuse, and chronic conditions such as cardiovascular and liver diseases.³⁹ This indicator uses BRFSS data to capture the share of men who report having consumed at least five drinks on one occasion in the past 30 days.

Highlights

- Nationally, about a quarter (23.6%) of men ages 18 to 64 had at least one episode of binge drinking in the past 30 days. On average, this was the case for 24.8% of white and Hispanic men, 24.0% of American Indian and Alaska Native men, 17.8% of black men, and 14.0% of Asian American, Native Hawaiian and other Pacific Islander men (Table 1.9).
- Binge drinking rates ranged from 33.8% of men in North Dakota to 13.5% of men in Utah. While North Dakota had the highest rate, one-third of men in Wisconsin also were binge drinkers.
- There was variation within racial or ethnic groups across states. For example, there was a nearly six-fold difference between Asian American, Native Hawaiian and other Pacific Islander men in Texas (5.1%) and Asian American, Native Hawaiian and other Pacific Islander men in Hawaii (30.0%). Among white men, the range was from 35.1% of men in Wisconsin to 12.4% in Utah.
- The U.S. disparity score for this indicator was 0.84, meaning that overall white men had higher rates of binge drinking compared to minority men. State disparity scores ranged from a low of 0.54 in the District of Columbia (where men of color binged at half the rate of white men) to a high of 1.55 in Utah.
- Figure 1.9 shows the wide variability in state disparities in this indicator. Of the states in the upper quadrants, Utah and Tennessee stand out. Utah had the highest disparity score, driven by the lowest rate of binge drinking among white men in the nation. This is similar in Tennessee, but not quite as pronounced. Both states also had binge drinking rates for minority men that were below the national average for white and minority men.
- In the lower quadrants, which represent states where white men had higher rates of binge drinking than men of color, Kentucky, North Dakota, and Wisconsin are outliers. In Kentucky (far left bottom quadrant), the rates of binge drinking are below the national average among all subgroups of men. North Dakota and Wisconsin, which are at the far right of the lower right quadrant, the binge drinking rates among almost all subgroups of men are higher than the national averages.

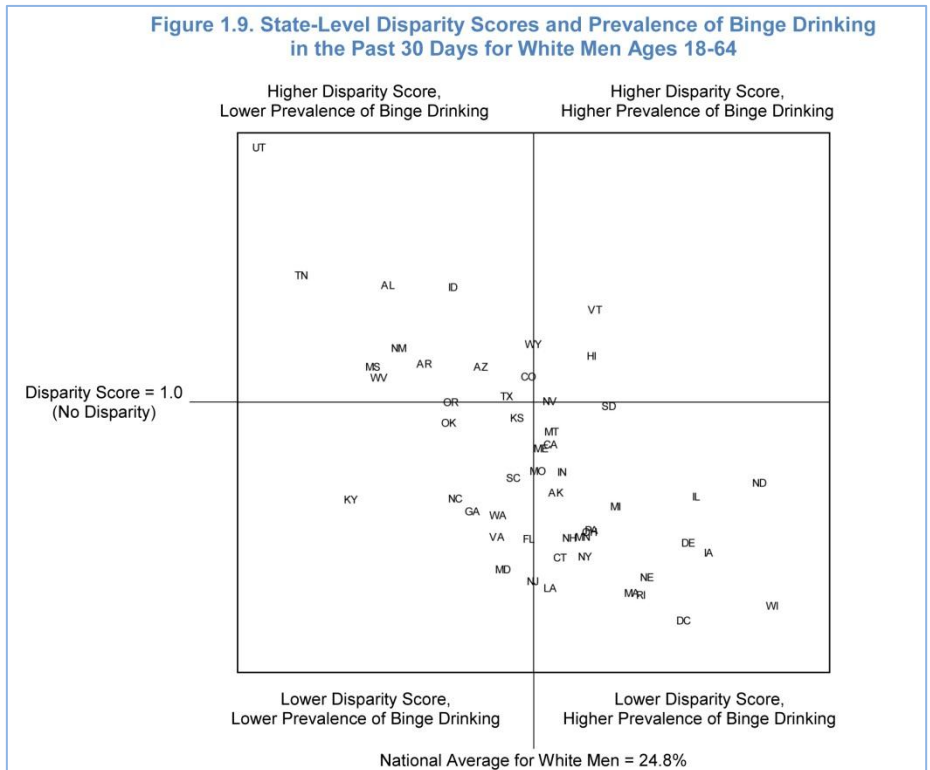


Table 1.9. Binge Drinking in Past 30 Days, by State and Race/Ethnicity, 2006 - 2008



State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHOPI	American Indian/ Alaska Native
All States	0.84	23.6%	24.8%	20.8%	17.8%	24.8%	14.0%	24.0%
Alabama	1.26	19.4%	18.1%	22.7%	23.2%			
Alaska	0.81	24.4%	25.5%	20.6%				22.5%
Arizona	1.08	23.2%	22.2%	24.0%		25.1%		31.1%
Arkansas	1.09	19.8%	19.7%	21.4%	22.7%	21.1%		
California	0.91	24.4%	25.3%	23.1%	22.7%	25.9%	14.9%	
Colorado	1.06	24.7%	24.3%	25.7%	14.5%	29.1%	16.1%	
Connecticut	0.67	24.3%	25.7%	17.3%	10.9%	23.5%	12.9%	
Delaware	0.70	29.6%	31.4%	22.0%	20.0%			
District of Columbia	0.54	22.9%	31.2%	16.7%	14.4%	24.7%		
Florida	0.71	21.7%	24.4%	17.3%	13.6%	20.2%	10.5%	18.1%
Georgia	0.77	19.6%	21.8%	16.8%	15.1%	21.7%		
Hawaii	1.10	29.4%	27.2%	30.0%		36.5%	30.0%	
Idaho	1.25	21.8%	21.1%	26.4%		26.2%		
Illinois	0.80	29.7%	31.8%	25.5%	23.6%	31.3%	15.2%	
Indiana	0.85	25.3%	25.9%	22.1%	19.1%	27.3%		
Iowa	0.68	31.6%	32.4%	22.1%		31.1%		
Kansas	0.97	23.8%	23.8%	23.1%	18.6%	28.1%		
Kentucky	0.80	16.2%	16.4%	13.1%	13.5%			
Louisiana	0.61	21.8%	25.3%	15.3%	14.6%	15.3%		
Maine	0.90	24.7%	24.8%	22.5%				
Maryland	0.65	19.8%	23.2%	14.9%	15.2%	16.3%	8.4%	
Massachusetts	0.59	26.9%	28.9%	17.1%	16.2%	24.4%	9.1%	
Michigan	0.78	26.9%	28.2%	22.0%	20.9%	29.6%		
Minnesota	0.71	25.9%	26.7%	19.1%	17.5%			
Mississippi	1.08	17.9%	17.4%	18.8%	17.8%			
Missouri	0.86	24.4%	24.7%	21.1%	17.3%			
Montana	0.94	25.2%	25.3%	23.8%				27.8%
Nebraska	0.63	28.2%	29.6%	18.6%		17.2%		
Nevada	1.01	25.2%	25.2%	25.4%	25.6%	25.3%		
New Hampshire	0.71	25.6%	26.1%	18.6%				
New Jersey	0.62	21.0%	24.5%	15.2%	12.4%	19.4%	9.7%	
New Mexico	1.12	19.8%	18.5%	20.7%		21.9%		17.5%
New York	0.67	23.2%	26.8%	18.0%	16.4%	22.5%	11.6%	
North Carolina	0.80	19.7%	21.0%	16.8%	15.7%	20.1%	11.2%	19.6%
North Dakota	0.83	33.8%	34.5%	28.7%				35.2%
Ohio	0.73	25.9%	27.0%	19.6%	18.9%	30.5%		
Oklahoma	0.96	21.3%	20.7%	19.9%	18.6%	29.1%		23.3%
Oregon	1.00	20.8%	20.8%	20.9%		19.2%		
Pennsylvania	0.73	25.8%	27.1%	19.8%	16.7%	28.9%	10.5%	
Rhode Island	0.59	27.5%	29.4%	17.3%	13.2%	19.5%		
South Carolina	0.84	22.2%	23.6%	19.9%	18.6%	28.2%		
South Dakota	0.99	27.9%	27.8%	27.7%				32.8%
Tennessee	1.28	15.2%	14.3%	18.2%	15.8%			
Texas	1.02	23.9%	23.3%	23.7%	16.8%	27.8%	5.1%	
Utah	1.55	13.5%	12.4%	19.2%		21.3%		
Vermont	1.20	27.5%	27.2%	32.7%				
Virginia	0.71	21.6%	22.9%	16.3%	17.1%	13.7%		
Washington	0.76	22.2%	22.9%	17.4%	15.4%	18.6%	15.2%	36.8%
West Virginia	1.06	17.6%	17.6%	18.6%				
Wisconsin	0.57	33.7%	35.1%	19.9%	21.0%	19.7%		25.9%
Wyoming	1.13	24.7%	24.4%	27.6%		27.6%		19.7%



Note: Among men ages 18-64 who reported drinking at least once during the past 30 days.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men, and a disparity scores equal to 1.00 indicates that minority men and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

 Largest disparity: White men faring worse than men of color
 Largest disparity: Men of color faring worse than white men

 Best state in column
 Worst state in column

NEW AIDS CASES

Since the beginning of the HIV/AIDS epidemic more than thirty years ago, the majority of new HIV infections and AIDS cases have been among men.⁴⁰ In particular, men who have sex with men (MSM) are at higher risk for HIV/AIDS, representing more than half (53%) of all people living with HIV/AIDS in the United States. Over time, the epidemic has taken a growing toll on men of color, particularly young black MSM.⁴¹ Stigma and homophobia are major factors in HIV prevention and treatment, and many men who are HIV-positive are not aware of their status, contributing to spread of the infection.⁴² Research also suggests that blacks with HIV/AIDS face greater barriers to accessing care than their white counterparts.⁴³ This indicator measures new AIDS cases per 100,000 among men for each racial and ethnic category. It includes both adults and adolescents 13 years and older, and is drawn from the CDC’s HIV/AIDS Surveillance Supplemental Report.

Highlights

- The national average of new HIV/AIDS was 27.1 cases per 100,000 males ages 13 and older (Table 1.10). Men of color had a notably higher rate than white men (59.7 vs. 13.7). Within racial and ethnic groups across the United States, black men had the highest case rate (104.1), followed by Hispanic (40.8), American Indian and Alaska Native (17.3), and white men (13.7). Asian American, Native Hawaiian and other Pacific Islander men had the lowest case rate (8.0).
- There is considerable state-to-state variation in the rate of new AIDS cases. Most notably, the highest prevalence rate of new HIV/AIDS infections for almost all racial and ethnic groups (except Asian and Native Hawaiian Pacific Islander) was in the District of Columbia (306.0 cases/100,000 men), more than ten times higher than the national average.
- In 47 states and the District of Columbia, new AIDS cases were more prevalent among black men compared to all other racial and ethnic groups. Black men had the highest prevalence rate in the District of Columbia (492.1). The range for Hispanic men was significant as well, with the highest rates in District of Columbia (165.9) and New York (137.0).
- The national disparity score for HIV/AIDS was 4.37, the largest disparity score among all indicators in this report. This disparity score varied significantly across states, ranging from a high of 10.41 in Nebraska to a low of 0.46 in Hawaii.
- In Figure 1.10, it appears that most states are clustered near each other and close to the average for white men. This cluster effect can be explained in part by the very high prevalence rate in the District of Columbia (88.1), which is much higher than all the other states and stands out at the far right of the graph. The figure also shows the disproportionate impact of AIDS on men of color, with all but two of the states in the upper quadrants.
- The only two states in the lower quadrants with disparity scores less than 1.00 were Hawaii (0.46) and Idaho (0.60). In Hawaii, the AIDS case rate for white men was higher than the national average for white men, but in Idaho, men of all racial and ethnic groups had rates lower than the national average.

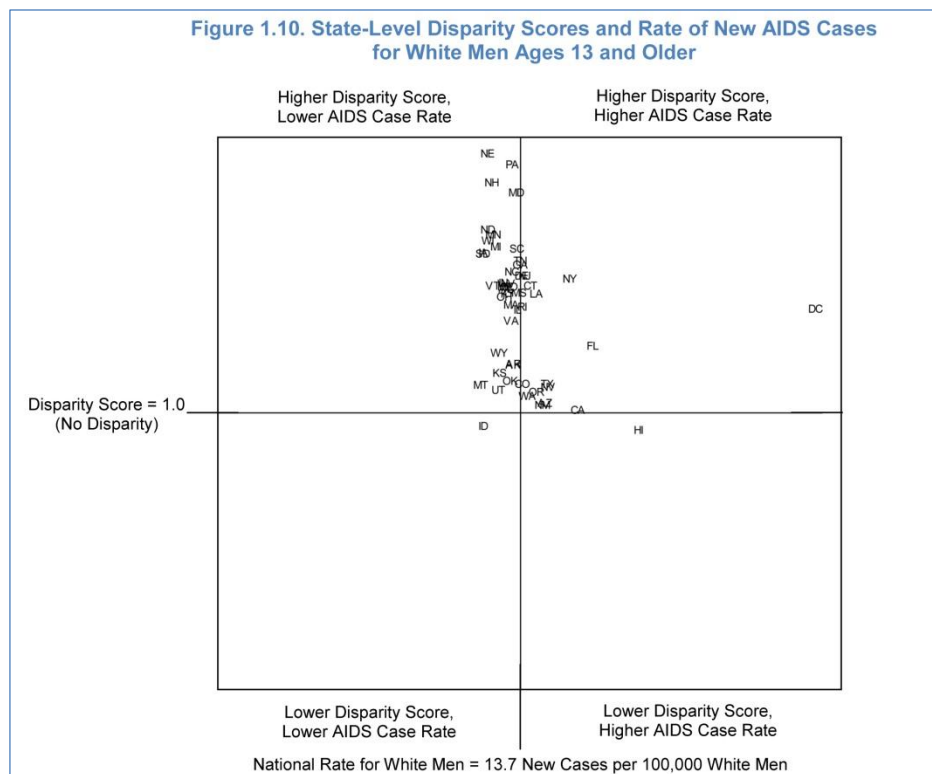


Table 1.10. New AIDS Cases, per 100,000 Men by State and Race/Ethnicity, 2004

State	Disparity Score	AIDS Case Rate per 100,000 Men						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	4.37	27.1	13.7	59.7	104.1	40.8	8.0	17.3
Alabama	5.52	17.7	7.9	43.7	49.1	11.9	6.6	0.0
Alaska	2.78	14.1	9.8	27.2	40.0	22.8	0.0	34.4
Arizona	1.42	20.4	17.9	25.4	53.6	23.8	8.4	22.0
Arkansas	2.82	13.1	9.7	27.4	35.8	10.4	0.0	0.0
California	1.17	28.5	26.6	31.1	75.4	31.2	8.2	29.9
Colorado	2.12	15.1	11.9	25.3	64.8	18.9	9.0	21.7
Connecticut	5.64	28.7	14.3	80.8	101.7	88.9	2.4	0.0
Delaware	6.02	28.3	12.2	73.1	93.7	43.3	0.0	0.0
District of Columbia	4.82	306.0	88.1	425.0	492.1	165.9	0.0	182.1
Florida	3.48	56.8	30.8	107.1	191.9	58.9	6.6	4.7
Georgia	6.40	33.9	11.4	73.0	94.2	22.4	2.2	11.3
Hawaii	0.46	23.2	42.9	19.7	68.9	40.8	13.3	116.1
Idaho	0.60	2.5	2.6	1.6	0.0	0.0	0.0	14.8
Illinois	4.77	25.5	11.8	56.4	95.4	31.7	9.6	23.7
Indiana	5.75	13.0	7.9	45.5	61.0	31.0	6.6	0.0
Iowa	6.85	3.9	2.7	18.7	34.7	15.1	6.0	0.0
Kansas	2.50	7.8	6.4	15.9	21.4	18.1	0.0	0.0
Kentucky	5.37	12.3	8.5	45.6	56.2	31.2	0.0	26.4
Louisiana	5.34	39.6	15.8	84.5	94.2	39.4	8.0	9.8
Maine	5.60	8.8	7.7	43.3	47.0	99.9	0.0	0.0
Maryland	9.00	41.7	10.6	95.1	124.3	33.2	6.9	0.0
Massachusetts	4.95	15.2	9.1	45.2	70.1	55.0	1.7	0.0
Michigan	7.04	12.7	5.9	41.8	56.8	15.3	4.6	9.1
Minnesota	7.48	7.7	4.5	33.8	67.2	29.0	3.2	14.5
Mississippi	5.39	29.6	11.4	61.3	63.7	55.9	0.0	0.0
Missouri	5.61	14.6	8.8	49.2	62.8	25.5	3.3	9.4
Montana	2.09	1.6	1.4	3.0	57.2	0.0	0.0	0.0
Nebraska	10.41	7.1	3.3	34.3	70.0	22.1	9.9	0.0
Nevada	2.00	24.9	18.8	37.6	84.0	28.8	13.5	41.8
New Hampshire	9.37	5.9	4.2	39.4	122.7	28.5	11.6	0.0
New Jersey	5.99	35.3	13.1	78.7	144.8	58.1	4.7	56.4
New Mexico	1.37	20.6	17.4	23.8	37.7	25.0	0.0	17.7
New York	5.89	67.2	24.5	144.5	217.2	137.0	14.4	35.1
North Carolina	6.16	23.4	9.4	58.1	79.5	8.9	5.3	38.9
North Dakota	7.67	4.9	3.3	25.0	157.7	0.0	0.0	8.8
Ohio	5.23	11.7	7.3	38.3	46.2	26.1	1.6	9.8
Oklahoma	2.22	11.2	9.0	20.1	39.3	13.7	4.5	9.8
Oregon	1.83	17.3	15.6	28.6	72.4	23.0	14.4	48.5
Pennsylvania	10.00	22.6	9.6	96.0	124.0	83.3	2.8	14.5
Rhode Island	4.89	21.0	12.7	62.3	89.6	65.8	9.1	0.0
South Carolina	6.98	31.0	10.8	75.1	83.1	38.8	22.4	0.0
South Dakota	6.78	2.9	1.8	12.1	66.8	16.5	0.0	4.6
Tennessee	6.55	24.8	11.9	77.9	93.2	41.6	0.0	0.0
Texas	2.11	28.3	18.7	39.5	91.8	25.5	11.2	5.9
Utah	1.90	6.9	6.2	11.7	58.7	10.6	4.3	0.0
Vermont	5.63	5.1	4.5	25.2	57.5	35.9	0.0	0.0
Virginia	4.40	18.3	9.3	40.8	55.7	24.7	0.8	11.3
Washington	1.68	14.6	13.2	22.2	49.3	23.5	6.5	17.0
West Virginia	5.71	9.3	7.6	43.3	45.2	47.5	43.2	0.0
Wisconsin	7.27	6.2	3.6	26.1	42.9	18.3	5.1	5.6
Wyoming	3.24	7.1	5.9	19.0	0.0	29.4	0.0	0.0


Note: Among men ages 13 and older.


*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.


A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men, and a disparity scores equal to 1.00 indicates that minority men and white men are doing the same.


Due to the large number of states with a rate of 0.0, there is no indication of the best state for black, Hispanic, Asian and NHPI, and American Indian and Alaska Native men.

Source: 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.

 Largest disparity: White men faring worse than men of color

 Largest disparity: Men of color faring worse than white men

 Best state in column

 Worst state in column

ACCESS AND UTILIZATION

Men and women use health care differently. In some cases, men and women use different types of care and in other cases, services are utilized at different rates. Men generally use health care at lower rates than women. This is largely due to women's reproductive health care needs and lower rates of chronic illness among men. In addition to gender differences, men of different racial and ethnic backgrounds access and utilize care differently. Men of color (black, Hispanic, and American Indian and Alaska Native men, in particular) face greater barriers and challenges in accessing care, which often leads to lower use of recommended health services. As there is considerable state variation in measures of access and utilization, aggregate statistics that describe men nationally or even statewide can mask gaping disparities between men of different racial and ethnic groups.

State policies can also affect men's access to care. Whether a state economy is dominated by jobs in industries with high rates of coverage (i.e. manufacturing) or dominated by jobs in industries with lower insurance rates (i.e. agriculture or service), affects the insurance rate in the state. Access and utilization rates are also affected by Medicaid eligibility policy, local health care provider availability, and men's ability to shoulder the out-of-pocket costs associated with their care. Interactions with the health care system, such as an ongoing relationship with a physician, also influence how men obtain and use services. The importance of screening services, such as colorectal cancer screenings, has been well documented.⁴⁴ Services like routine dental care, which maintains healthy teeth and gums, and medical checkups, are also recognized as important.⁴⁵

This chapter focuses on widely accepted measures of health care access: insurance status, having a regular healthcare provider, and experiencing financial barriers to timely care. This chapter also examines the use of selected preventive services including routine checkups, colorectal cancer screenings, and dental care. The state-level data presented in this chapter also highlight variations in access and utilization rates across racial and ethnic groups. The data in this section are drawn from the Current Population Survey conducted by the U.S. Census Bureau every March and the Behavioral Risk Factor and Surveillance Survey conducted annually by the U.S. Centers for Disease Control and Prevention (CDC). The indicators included in this dimension are:

1. No Health Insurance Coverage
2. No Personal Doctor/Health Care Provider
3. No Routine Checkup
4. No Dental Checkup
5. No Colorectal Cancer Screening
6. No Doctor Visit Due to Cost

NO HEALTH INSURANCE COVERAGE

Health insurance, be it private or public, has been demonstrated to greatly facilitate the use of health care services.⁴⁶ There is a significant body of research that has demonstrated the important role that insurance plays in making health care affordable and accessible. In the U.S., the majority of men get their insurance through their employer. Men who are insured are more likely to get recommended levels of preventive care, higher quality care, and to have better health outcomes. There are also numerous studies that demonstrate that the uninsured face more barriers to accessing care.⁴⁷ This indicator reports the percentage of men ages 18 to 64 who were uninsured based on data from the 2006 to 2008 Current Population Surveys from the U.S. Census Bureau.

Highlights

- Nationally, about one in five (22.4%) men ages 18 to 64 lacked health insurance coverage (Table 2.1). On average, 15.7% of white men were uninsured compared to 46.0% of Hispanics, 38.5% of American Indians and Alaska Natives, 28.8% of blacks, and 21.0% of Asian American, Native Hawaiian and other Pacific Islanders.
- The uninsured rate ranged from 11.6% of men in Massachusetts to one-third of men in Texas (33.3%).
- There was considerable variation in uninsured rates in the states and among the rates of men who were uninsured within racial and ethnic groups across the states. For example, only 17.3% of Hispanic men in Hawaii were uninsured compared to 67.5 % in North Carolina. Among black men, the range varied from a low of 16.0% uninsured in Massachusetts to a high of 40.6% in Nebraska.
- The U.S. disparity score for the uninsured was 2.27, indicating that the uninsured rate for men of color was over twice that of white men. State disparity scores ranged from a low of 1.07 in Hawaii to a high of 4.81 in the District of Columbia, meaning that men of color in the District of Columbia had an uninsured rate that was almost five times the rate of white men. The high disparity score in the District of Columbia was largely due to ten-fold difference in the uninsured rates between Hispanic (43.8%) men compared to white men (4.7%).
- In Figure 2.1, all the states were in the upper quadrants and had disparities that exceeded 1.00, meaning that the uninsured rates were higher for men of color than for white men in all states.
- In states in the upper left quadrant of Figure 2.1, white men were uninsured at rates below the national average, but above the uninsured rate for minority men. Connecticut, Minnesota, Nebraska, New Jersey, and Wisconsin had among the lowest uninsured rates in the nation for white men, but disparity scores that were higher than the national average. The District of Columbia was a notable outlier with a very low uninsured rate for white men, and the highest disparity score in the nation (4.81).
- A number of states (Arkansas, Florida, Louisiana, New Mexico, and Tennessee) in the upper right quadrant had among the highest uninsured rates for white men but disparity scores that approached 2.00. In these states, both men of color and white men had high uninsured rates.



Table 2.1. No Health Insurance Coverage, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	2.27	22.4%	15.7%	35.8%	28.8%	46.0%	21.0%	38.5%
Alabama	1.87	19.9%	15.4%	28.9%	24.9%			
Alaska	1.75	25.3%	21.3%	37.3%		28.4%	26.8%	49.3%
Arizona	2.53	26.2%	16.1%	40.8%		46.7%		
Arkansas	1.84	27.0%	22.6%	41.6%	37.2%	64.0%		
California	2.30	27.4%	15.8%	36.4%	26.5%	43.3%	22.4%	
Colorado	2.34	22.5%	16.8%	39.4%	30.7%	43.1%		
Connecticut	2.74	15.1%	10.7%	29.2%	28.5%	36.9%	12.1%	
Delaware	2.12	16.3%	12.1%	25.6%	16.7%	48.8%		
District of Columbia	4.81	15.6%	4.7%	22.8%	18.7%	43.8%		
Florida	1.90	28.8%	21.3%	40.5%	33.4%	46.3%	31.2%	
Georgia	2.32	24.7%	16.0%	37.1%	30.9%	62.9%	20.4%	
Hawaii	1.07	12.2%	11.5%	12.3%		17.3%	10.7%	
Idaho	2.14	21.1%	18.3%	39.1%		46.9%		
Illinois	2.25	20.1%	14.2%	32.0%	29.9%	40.8%	15.4%	
Indiana	2.14	17.2%	15.0%	32.1%	28.9%	43.2%		
Iowa	2.15	14.4%	12.7%	27.4%	20.9%	34.4%		
Kansas	2.71	17.2%	13.1%	35.5%	26.2%	48.8%		
Kentucky	2.06	20.1%	17.9%	36.9%	30.4%			
Louisiana	1.80	29.4%	22.9%	41.2%	37.7%			
Maine	1.58	15.3%	14.9%	23.6%				
Maryland	2.38	19.8%	12.5%	29.8%	21.9%	59.8%	17.3%	
Massachusetts	1.60	11.6%	10.4%	16.7%	16.0%	21.6%	12.4%	
Michigan	1.86	17.2%	14.7%	27.4%	29.8%	30.0%	11.8%	
Minnesota	2.86	12.0%	9.6%	27.5%	19.5%	44.2%	16.9%	
Mississippi	2.44	26.6%	16.6%	40.6%	38.1%			
Missouri	1.67	18.0%	16.3%	27.1%	28.1%	39.7%		
Montana	2.28	22.8%	20.3%	46.4%				
Nebraska	2.62	18.1%	14.5%	38.1%	40.6%	41.5%		
Nevada	1.94	24.2%	17.5%	34.1%	21.6%	42.3%	23.3%	
New Hampshire	2.33	16.8%	15.4%	35.8%		53.1%		
New Jersey	3.07	21.1%	11.6%	35.5%	30.9%	47.9%	16.7%	
New Mexico	1.98	31.5%	20.4%	40.5%		37.5%		63.9%
New York	2.12	21.2%	14.7%	31.3%	28.3%	37.8%	23.6%	
North Carolina	2.24	24.1%	17.2%	38.6%	28.0%	67.5%		
North Dakota	3.16	17.9%	14.3%	45.1%				53.3%
Ohio	1.83	16.4%	14.6%	26.7%	25.3%	40.1%		
Oklahoma	1.83	25.0%	20.3%	37.1%	30.5%	51.7%		41.4%
Oregon	2.15	25.7%	20.9%	45.0%		63.8%	21.5%	
Pennsylvania	1.74	15.2%	13.6%	23.7%	23.1%	29.0%	17.0%	
Rhode Island	2.23	15.8%	12.8%	28.6%	25.4%	31.9%	21.6%	
South Carolina	1.84	23.4%	18.3%	33.6%	29.7%	64.9%		
South Dakota	3.51	16.8%	13.4%	47.2%				53.5%
Tennessee	1.87	24.2%	20.2%	37.7%	29.7%	61.2%		
Texas	2.33	33.3%	19.5%	45.4%	32.9%	51.3%	27.3%	
Utah	3.03	19.5%	14.5%	43.8%		49.9%		
Vermont	1.28	15.1%	14.9%	18.9%				
Virginia	2.27	19.8%	13.9%	31.7%	22.1%	58.4%	24.6%	
Washington	2.15	17.8%	14.1%	30.3%	31.9%	43.3%	16.8%	
West Virginia	1.31	20.9%	20.6%	27.0%				
Wisconsin	2.73	14.1%	11.3%	30.9%	26.1%	41.0%		
Wyoming	2.02	20.0%	17.9%	36.1%		37.2%		

Note: Among men ages 18-64.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men. A disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Current Population Survey, 2006-2008.

◻ Smallest disparity: Men of color faring worse than white men
 ◻ Largest disparity: Men of color faring worse than white men

◻ Best state in column
 ◻ Worst state in column

NO PERSONAL DOCTOR/HEALTH CARE PROVIDER

Having an ongoing relationship with a doctor or health care provider can improve access to health care services. Having a regular doctor increases the likelihood of receiving recommended screening and preventive services as well as ongoing care to manage chronic health problems.⁴⁸ Many factors influence the likelihood of having a regular doctor, including insurance status and the availability of care in the communities where patients reside. The data for this indicator are drawn from the Behavioral Risk Factor Surveillance Survey (BRFSS). The survey questions asked respondents if they have one person they think of as their personal doctor or health care provider.

Highlights

- Nationally, more than 1 in 4 (28.0%) men ages 18 to 64 did not have a personal doctor/health care provider (Table 2.2). On average, 49.1% of Hispanic and 38.1% of American Indian and Alaska Native men lacked a personal health care provider as did 30.3% of black and 25.8% of Asian American, Native Hawaiian and other Pacific Islander men, all higher rates than 22.6% of white men.
- The share of men who did not have a personal health care provider ranged from a low of 16.0% of men in Delaware to a high of 42.2% in Alaska. There was also variation within racial and ethnic groups across states. For example, 23.5% of Hispanic men in Hawaii lacked a personal health care provider compared with 73.5% of Hispanic men in North Carolina where the uninsured rate was also high for this group (Table 2.2).
- The U.S. disparity score was 1.71 meaning that on average, minority men had no regular provider at rates that exceeded white men by 70%. State disparity scores ranged from a low of 0.81 in Hawaii to a high of 2.43 in Rhode Island, where half of Hispanic men were without a personal doctor.
- In Figure 2.2, in Hawaii, the only state in the lower quadrants with a disparity score less than 1.00, a smaller share of men of color went without a personal doctor than white men, however, a slightly higher share of white men in Hawaii lacked a personal doctor than the average for white men in the U.S.
- Rhode Island and Connecticut were near the top of the upper left quadrant with among the highest disparity scores in the U.S (2.43 and 2.29, respectively). However, the share of white men without a personal health care provider was lower than the national average for white men in these states.
- Several rural and frontier states in the upper right quadrant, Alaska, Wyoming, Montana, North Dakota, and Idaho had higher than average rates of no personal provider among both white and minority men.

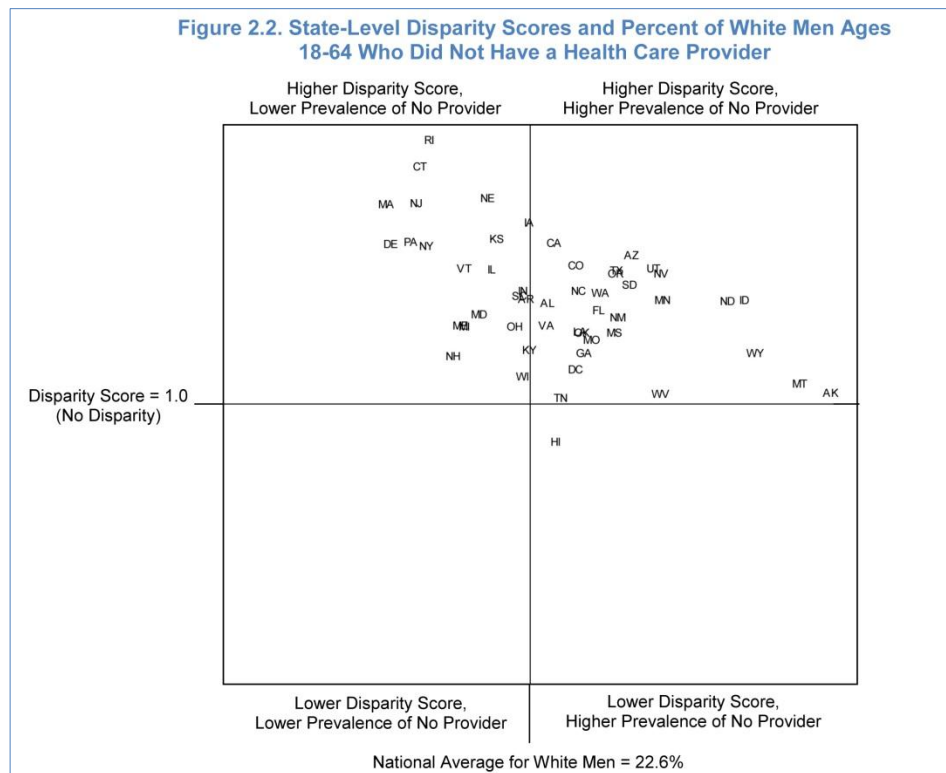


Table 2.2. No Personal Doctor/Health Care Provider, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.71	28.0%	22.6%	38.7%	30.3%	49.1%	25.8%	38.1%
Alabama	1.55	27.1%	23.2%	36.0%	35.2%			
Alaska	1.07	42.2%	40.7%	43.6%				54.1%
Arizona	1.81	37.2%	28.4%	51.4%		55.1%		61.4%
Arkansas	1.57	24.4%	21.8%	34.3%	26.0%	59.6%		
California	1.88	36.5%	23.6%	44.3%	27.3%	52.4%	29.3%	
Colorado	1.76	30.4%	24.9%	43.7%	32.1%	48.2%	28.5%	
Connecticut	2.29	19.1%	15.3%	35.0%	29.7%	43.5%	23.6%	
Delaware	1.87	16.0%	13.5%	25.2%	20.5%			
District of Columbia	1.20	28.3%	24.9%	29.8%	27.1%	40.3%		
Florida	1.51	31.7%	26.4%	40.0%	30.7%	46.6%	30.4%	42.3%
Georgia	1.28	28.4%	25.4%	32.6%	30.5%	37.2%		
Hawaii	0.81	19.9%	23.9%	19.3%		23.5%	16.7%	
Idaho	1.57	38.4%	35.5%	55.8%		61.6%		
Illinois	1.73	25.6%	19.9%	34.5%	29.6%	43.9%	22.9%	
Indiana	1.62	24.5%	21.8%	35.3%	24.9%	50.7%		
Iowa	1.99	24.2%	22.2%	44.1%		49.2%		
Kansas	1.90	23.1%	20.0%	38.0%	26.7%	48.4%		
Kentucky	1.30	22.7%	22.1%	28.7%	36.9%			
Louisiana	1.40	29.5%	25.2%	35.3%	33.3%	47.1%		
Maine	1.43	18.2%	17.8%	25.5%				
Maryland	1.49	22.8%	18.9%	28.3%	25.3%	43.6%	15.5%	
Massachusetts	2.09	16.5%	13.2%	27.5%	23.6%	35.3%	24.2%	
Michigan	1.43	20.1%	18.1%	25.9%	25.9%	26.8%		
Minnesota	1.57	32.4%	30.3%	47.5%	43.4%			
Mississippi	1.39	31.6%	27.3%	38.1%	37.9%			
Missouri	1.36	27.2%	25.8%	35.0%	30.6%			
Montana	1.12	39.1%	38.8%	43.4%				48.1%
Nebraska	2.12	22.4%	19.5%	41.3%		58.4%		
Nevada	1.71	39.8%	30.2%	51.7%	41.0%	60.3%		
New Hampshire	1.27	17.6%	17.3%	22.0%				
New Jersey	2.09	22.0%	15.1%	31.6%	24.1%	43.5%	17.0%	
New Mexico	1.48	34.2%	27.5%	40.6%		38.7%		50.4%
New York	1.86	21.5%	15.7%	29.2%	23.5%	39.5%	18.0%	
North Carolina	1.62	32.3%	25.1%	40.7%	30.6%	73.5%	24.0%	31.6%
North Dakota	1.56	35.8%	34.3%	53.6%				65.9%
Ohio	1.43	22.3%	21.1%	30.2%	30.5%	27.6%		
Oklahoma	1.39	28.9%	25.3%	35.2%	36.0%	53.4%		26.2%
Oregon	1.71	30.1%	27.4%	46.9%		60.9%		
Pennsylvania	1.88	17.2%	14.8%	27.8%	28.0%	26.4%	30.3%	
Rhode Island	2.43	20.1%	16.0%	39.0%	29.2%	50.2%		
South Carolina	1.59	25.9%	21.4%	34.1%	32.7%	40.8%		
South Dakota	1.65	30.3%	28.3%	46.6%				52.6%
Tennessee	1.05	24.4%	24.0%	25.1%	27.4%			
Texas	1.73	37.5%	27.5%	47.6%	40.1%	52.1%	25.4%	
Utah	1.74	33.5%	29.8%	51.9%		59.4%		
Vermont	1.74	18.6%	18.0%	31.3%				
Virginia	1.43	25.0%	23.1%	33.1%	28.8%	51.2%		
Washington	1.61	29.9%	26.4%	42.4%	44.7%	58.6%	26.4%	35.6%
West Virginia	1.07	30.2%	30.1%	32.1%				
Wisconsin	1.16	22.2%	21.7%	25.1%	22.2%	26.7%		16.2%
Wyoming	1.29	36.9%	35.9%	46.3%		47.5%		42.8%

Note: Among men ages 18-64.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men. A disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

 Largest disparity: White men faring worse than men of color
 Largest disparity: Men of color faring worse than white men

 Best state in column
 Worst state in column

NO ROUTINE CHECK UP

Routine checkups are an important point of contact with the health care system. Checkups are an opportunity for screening and counseling services on a wide range of issues ranging from smoking to nutrition. While the U.S. Preventive Services Task Force does not have a specific recommendation regarding the frequency of checkups, they have guidelines for a number of preventive screenings that are often included in a checkup, such as blood pressure tests and cholesterol screenings. Furthermore, for men with chronic illnesses, regular follow up with a provider is important for obtaining both preventive and treatment services. The data for this indicator are drawn from the Behavioral Risk Factor Surveillance Survey (BRFSS). The survey question asked respondents how long it had been since they last visited a doctor for a routine checkup (defined as a general physical exam, not an exam for a specific injury, illness, or condition).

Highlights

- Nationally, 25.5% of men ages 18 to 64 reported no routine checkups in the prior two years (Table 2.3). Approximately one-third of Hispanic men (29.5%) reported they had not had a recent checkup, as did 28.4% of American Indian and Alaska Native, 26.2% of white, 22.9% of Asian American, Native Hawaiian and other Pacific Islander, and 15.1% of black men.
- There was variation within racial and ethnic groups across states. For example, 12.8% of Hispanic men in Pennsylvania reported no recent checkups compared with 53.7% of Hispanic men in Arkansas.
- The U.S. disparity score for this measure was 0.90, indicating that on average, white men had lower rates of routine checkups than men of color overall. This was the only access measure for which minority men had higher access than white men. State disparity scores ranged from a low of 0.51 in Tennessee, where white men had recent checkups at half the rate of minority men, to a high of 1.48 in Rhode Island, where the rate was 48% higher among white men.
- In Figure 2.3, most states were in the lower quadrants, with disparity scores below 1.00, meaning that white men had a higher rate of not having a recent checkup than men of color. This pattern is unusual for an access indicator, as states typically cluster in the upper quadrants. In the lower left quadrant, several states with the lowest disparity scores (District of Columbia, Louisiana, and Tennessee) were also ones in which fewer black men had low rates of not having a routine checkup, but white men had relatively higher rates.
- In the lower right quadrant, two states (Oklahoma and Wyoming) are at the farthest right because they had among the highest shares of white men who had not had a checkup and relatively low disparities between racial and ethnic groups.

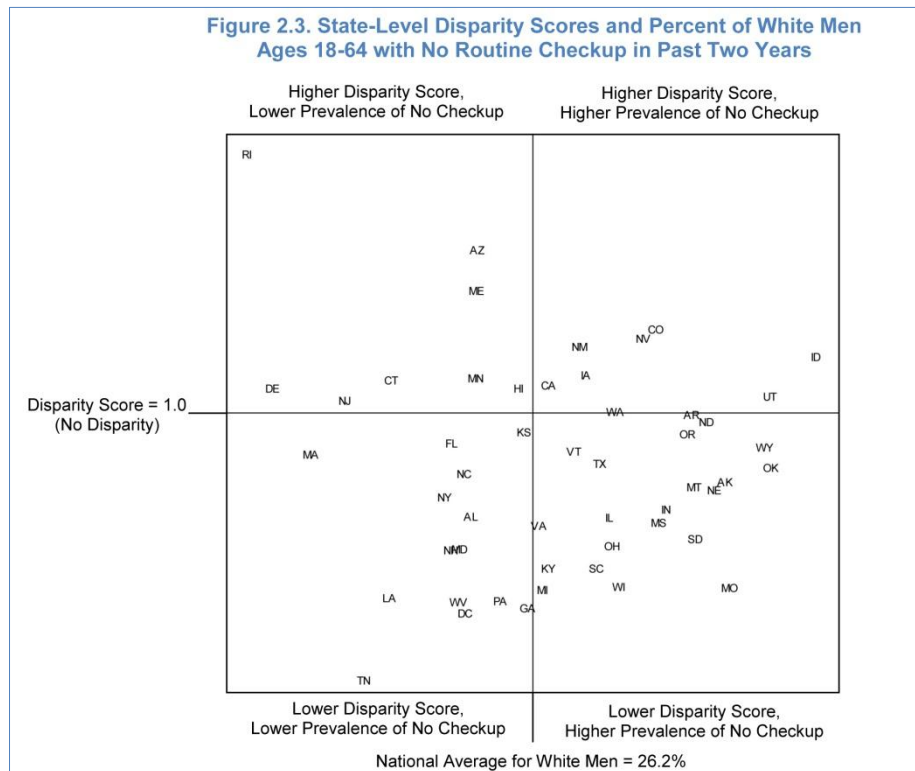


Table 2.3. No Routine Checkup in Past Two Years, by State and Race/Ethnicity, 2006 - 2008



State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	0.90	25.5%	26.2%	23.6%	15.1%	29.5%	22.9%	28.4%
Alabama	0.81	21.5%	23.0%	18.6%	17.0%			
Alaska	0.88	33.2%	34.6%	30.3%				33.2%
Arizona	1.31	26.0%	23.3%	30.4%		31.8%		27.9%
Arkansas	1.00	33.6%	33.1%	33.0%	23.3%	53.7%		
California	1.05	27.9%	26.5%	28.0%	10.0%	31.6%	25.9%	
Colorado	1.16	33.0%	31.4%	36.4%	25.3%	39.5%	28.9%	
Connecticut	1.06	19.9%	19.4%	20.6%	12.5%	26.8%	19.4%	
Delaware	1.05	14.2%	14.0%	14.7%	10.0%			
District of Columbia	0.63	17.9%	22.7%	14.3%	11.3%	26.0%		
Florida	0.95	21.8%	22.2%	21.0%	13.9%	24.4%	26.7%	30.9%
Georgia	0.64	22.0%	25.6%	16.4%	14.2%	19.2%		
Hawaii	1.05	26.5%	25.3%	26.5%		25.8%	27.7%	
Idaho	1.11	39.4%	38.9%	43.1%		46.7%		
Illinois	0.81	27.8%	29.5%	23.9%	19.8%	27.0%	25.7%	
Indiana	0.82	31.6%	32.1%	26.4%	17.8%	33.8%		
Iowa	1.07	28.6%	28.4%	30.5%		40.8%		
Kansas	0.97	25.6%	25.4%	24.6%	15.8%	29.0%		
Kentucky	0.71	25.9%	26.6%	19.0%	20.9%			
Louisiana	0.66	17.4%	19.3%	12.7%	11.0%	19.1%		
Maine	1.23	23.6%	23.3%	28.6%				
Maryland	0.75	20.2%	22.5%	16.8%	13.7%	22.3%	20.9%	
Massachusetts	0.93	15.6%	15.7%	14.5%	11.4%	15.4%	16.6%	
Michigan	0.68	24.5%	26.3%	17.8%	14.3%	20.5%		
Minnesota	1.07	23.3%	23.2%	24.8%	20.5%			
Mississippi	0.80	29.1%	31.6%	25.2%	24.5%			
Missouri	0.68	33.4%	34.8%	23.6%	17.7%			
Montana	0.87	32.7%	33.2%	28.8%				25.4%
Nebraska	0.86	33.8%	34.1%	29.3%		37.7%		
Nevada	1.14	33.1%	30.9%	35.3%	17.9%	41.2%		
New Hampshire	0.75	21.7%	22.1%	16.5%				
New Jersey	1.03	17.5%	17.3%	17.8%	11.1%	23.9%	12.9%	
New Mexico	1.13	29.8%	27.9%	31.5%		32.1%		29.6%
New York	0.85	20.9%	21.8%	18.5%	13.1%	24.2%	15.4%	
North Carolina	0.89	23.0%	22.7%	20.2%	12.4%	38.7%	20.2%	24.0%
North Dakota	0.99	33.6%	33.8%	33.3%				38.2%
Ohio	0.76	28.6%	29.4%	22.3%	16.2%	38.5%		
Oklahoma	0.90	35.9%	36.7%	33.1%	28.5%	46.0%		26.8%
Oregon	0.96	32.8%	32.9%	31.7%		37.1%		
Pennsylvania	0.65	23.0%	24.4%	15.9%	15.3%	12.8%	20.9%	
Rhode Island	1.48	14.0%	12.9%	19.1%	13.8%	22.8%		
South Carolina	0.71	26.1%	28.7%	20.5%	17.6%	34.9%		
South Dakota	0.77	32.3%	33.2%	25.6%				24.1%
Tennessee	0.51	15.9%	18.2%	9.2%	8.3%			
Texas	0.91	28.0%	28.9%	26.3%	17.9%	29.1%	20.9%	
Utah	1.03	36.9%	36.7%	38.0%		42.8%		
Vermont	0.93	27.6%	27.7%	25.8%				
Virginia	0.79	24.6%	26.1%	20.7%	17.4%	31.7%		
Washington	1.00	29.9%	29.5%	29.7%	23.8%	37.1%	23.6%	27.8%
West Virginia	0.65	22.0%	22.4%	14.6%				
Wisconsin	0.68	28.9%	29.8%	20.3%	17.3%	22.7%		39.9%
Wyoming	0.94	36.0%	36.4%	34.2%		33.9%		33.8%



Note: Among men ages 18-64.

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men. A disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

 Largest disparity: White men faring worse than men of color
 Largest disparity: Men of color faring worse than white men

 Best state in column
 Worst state in column

NO DENTAL CHECK UP

Dental health is an important, yet, often overlooked aspect of overall health and well-being. In 2000, the Surgeon General’s first-ever report on oral health documented links between oral diseases and other physical illnesses, such as ear and sinus infections, weakened immune systems, diabetes, and several other serious health conditions.⁴⁹ Lack of dental care has the potential to affect speech, nutrition, growth and function, social development, and quality of life throughout the lifespan.⁵⁰ While most seek dental care regularly, those who are poor, disabled, or are racial and ethnic minorities, often face greater challenges accessing dental care and suffer a disproportionate burden of oral disease.⁵¹ The data for this indicator are drawn from the Behavioral Risk Factor Surveillance Survey (BRFSS). The survey question asked respondents if they had a dental checkup in the past two years.

Highlights

- Nationally, 1 in 3 (34.2%) men ages 18 to 64 reported that they did not have a dental checkup in the past two years (Table 2.4). Over 4 in 10 Hispanic (45.7%), American Indian and Alaska Native (42.9%), and black (42.1%) men lacked a timely dental checkup compared to 30.6% of Asian American, Native Hawaiian and other Pacific Islander men and 30.2% of white men.
- There was variation within racial and ethnic groups across states. For example, just over a quarter (26.6%) of Hispanic men in Pennsylvania lacked a recent dental checkup compared with nearly two-thirds (62.8%) of Hispanic men in Arkansas.
- The U.S. disparity score for this measure was 1.39, meaning that men of color had a nearly 40% higher rate of no dental checkup in the past two years than white men. State disparity scores ranged from a low of 0.85 in West Virginia to a high of 1.78 in Connecticut, where the percentage of men of color without a dental checkup was almost 80% higher than the percentage of white men.
- With the exception of West Virginia, all states were in the upper quadrants in Figure 2.4. In West Virginia, 40.9% of white men had not had a recent dental checkup compared to 34.7% of minority men. Furthermore, white men in West Virginia fared worse than white men nationally (40.9% versus 30.2%).
- About half of the states clustered in the upper left quadrant, meaning that white men in those states did better than white men nationally, but men of color had lower rates of dental checkups than white men.
- The other half of states clustered in the upper right quadrant, indicating that a higher share of white men in those states went without a dental checkup than the national average for white men, but men of color were still at a disadvantage relative to white men. In Arkansas, Mississippi, Missouri, and Oklahoma, over 40% of white men lacked a dental visit, but the share was still lower than the rate for minority men in those states.

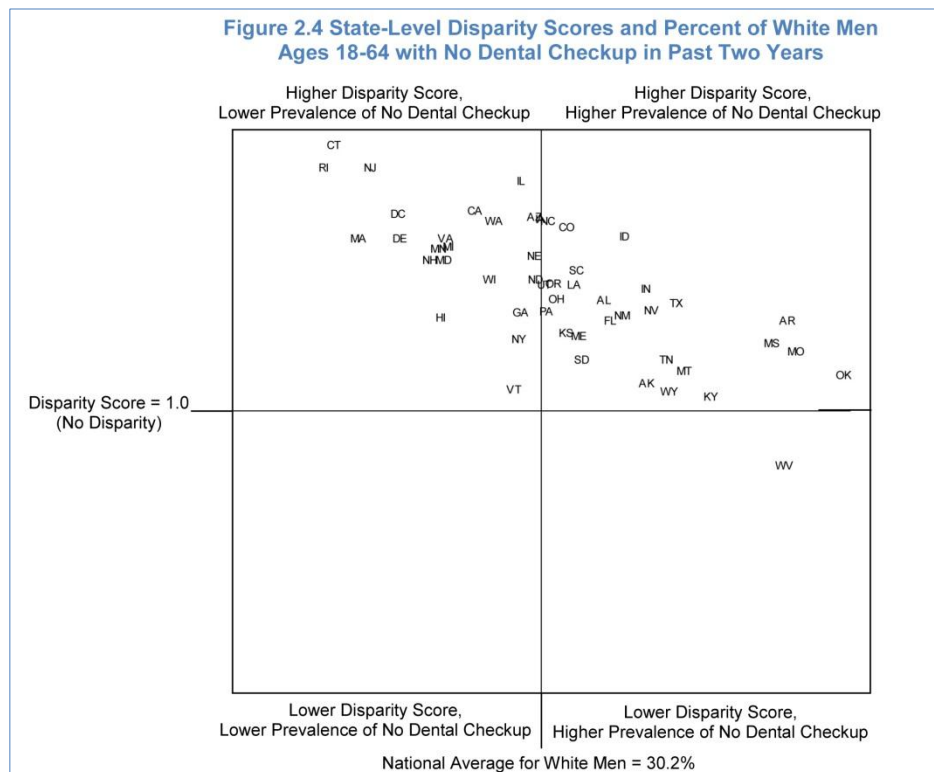


Table 2.4. No Dental Checkup in Past Two Years, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.39	34.2%	30.2%	42.0%	42.1%	45.7%	30.6%	42.9%
Alabama	1.33	35.7%	32.7%	43.4%	44.1%			
Alaska	1.09	36.1%	34.6%	37.6%				52.2%
Arizona	1.57	35.5%	29.5%	46.3%		46.6%		52.1%
Arkansas	1.27	43.5%	41.1%	52.2%	46.9%	62.8%		
California	1.59	36.6%	26.8%	42.5%	38.4%	47.8%	29.8%	
Colorado	1.54	35.7%	31.0%	47.7%	34.5%	51.6%		
Connecticut	1.78	23.3%	20.3%	36.0%	37.5%	38.6%	26.7%	
Delaware	1.51	25.9%	23.3%	35.1%	37.7%			
District of Columbia	1.58	30.8%	23.2%	36.6%	37.6%	35.3%		
Florida	1.27	36.4%	33.0%	41.9%	41.4%	42.8%		
Georgia	1.29	32.0%	28.9%	37.2%	39.6%	34.2%		
Hawaii	1.28	30.3%	25.3%	32.3%		34.6%	32.4%	
Idaho	1.51	36.2%	33.7%	51.0%		60.6%		
Illinois	1.67	35.8%	29.0%	48.6%	53.7%	47.8%		
Indiana	1.36	37.0%	34.8%	47.3%	45.8%	50.1%		
Iowa	1.56	31.2%	29.9%	46.7%				
Kansas	1.23	32.3%	31.0%	38.2%	35.7%	47.2%		
Kentucky	1.05	37.8%	37.7%	39.4%				
Louisiana	1.37	35.3%	31.4%	43.0%	44.5%	37.5%		
Maine	1.22	31.9%	31.6%	38.6%				
Maryland	1.44	29.6%	25.3%	36.6%	39.4%	36.8%	24.6%	
Massachusetts	1.51	23.6%	21.3%	32.2%	35.9%	32.6%	28.1%	
Michigan	1.48	28.3%	25.6%	37.9%	41.7%			
Minnesota	1.48	26.4%	25.1%	37.0%				
Mississippi	1.20	43.5%	40.4%	48.6%	47.6%			
Missouri	1.18	42.5%	41.5%	49.0%	49.7%			
Montana	1.12	36.9%	36.4%	40.8%				43.5%
Nebraska	1.46	31.4%	29.5%	42.9%		55.5%		
Nevada	1.30	40.0%	34.9%	45.3%		53.3%		
New Hampshire	1.44	25.4%	24.7%	35.6%				
New Jersey	1.71	28.6%	22.0%	37.6%	37.7%	42.8%	27.2%	
New Mexico	1.28	38.4%	33.5%	43.1%		44.9%		41.2%
New York	1.21	31.6%	28.8%	35.0%	32.9%	39.7%	28.5%	
North Carolina	1.56	36.5%	30.1%	46.8%	42.7%	61.8%		43.4%
North Dakota	1.39	30.4%	29.5%	41.0%				
Ohio	1.33	31.7%	30.5%	40.5%	42.8%			
Oklahoma	1.11	45.6%	43.7%	48.6%	53.8%	52.3%		47.6%
Oregon	1.37	31.9%	30.3%	41.7%		49.1%		
Pennsylvania	1.29	31.8%	30.1%	38.9%	47.4%	26.6%		
Rhode Island	1.71	22.3%	19.9%	34.1%		38.6%		
South Carolina	1.41	35.7%	31.4%	44.4%	45.7%	37.8%		
South Dakota	1.16	32.2%	31.7%	36.6%				38.5%
Tennessee	1.15	36.9%	35.6%	41.1%	44.0%			
Texas	1.32	41.2%	36.1%	47.6%	51.1%	48.0%		
Utah	1.37	31.7%	30.0%	41.2%		45.5%		
Vermont	1.07	28.7%	28.6%	30.5%				
Virginia	1.51	28.8%	25.4%	38.2%	39.6%	37.6%		
Washington	1.56	30.8%	27.6%	42.9%	43.5%	53.4%	34.3%	41.4%
West Virginia	0.85	40.6%	40.9%	34.7%				
Wisconsin	1.39	28.7%	27.4%	38.0%	34.3%			
Wyoming	1.06	35.8%	35.7%	37.9%		38.9%		

Note: Among men ages 18-64

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men. A disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

 Largest disparity: White men faring worse than men of color
 Largest disparity: Men of color faring worse than white men

 Best state in column
 Worst state in column

NO COLORECTAL CANCER SCREENING

Colorectal cancer is the third most common cancer among men in the United States.⁵² It is amenable to treatment, particularly when detected early. The United States Preventive Services Task Force recommends that adults ages 50 to 75 be screened for colorectal cancer at least once every ten years using one of the following testing methods: fecal occult blood testing, colonoscopy or sigmoidoscopy.⁵³ These tests can detect precancerous growths that can often be removed before developing into cancer and can also find tumors at an early stage.⁵⁴ Approximately 90 percent of people whose colorectal cancer is found and treated early live for at least another five years. The data for this indicator are drawn from the Behavioral Risk Factor Surveillance Survey (BRFSS). The survey question asked respondents if and when they had a blood stool test, colonoscopy, or flexible sigmoidoscopy.

Highlights

- Nationally, 42.7% of men ages 50 to 64 reported they had not had a colorectal cancer screening test in the past two years (Table 2.5). On average, 56.2% of Hispanic men, 48.4% of American Indian and Alaska Native men, and 46.8% of Asian American, Native Hawaiian and other Pacific Islander had not been screened, compared to 43.2% of black and 40.6% of white men.
- There was variation within racial and ethnic groups across states. For example, 30.7% of black men in Maryland reported they had not received a colorectal cancer screening compared to 55.3% of black men in Arkansas.
- The U.S. disparity score for this indicator was 1.23. State disparity scores ranged from a low of 0.90 in Iowa to a high of 1.62 in California, where more than six in ten black and Asian American and Native Hawaiian and other Pacific Islander men reported that they had not had a recent colorectal cancer screening.
- Figure 2.5 shows only Iowa and Vermont in the lower quadrants, with disparity scores below 1.00. Several states had disparity scores close to 1.00 and hovered near the x-axis, indicating that there was a similar share of white and minority men who had not had a recent colorectal screening test.
- Of the states in the upper left quadrant of Figure 2.5, California, Minnesota, and Rhode Island hovered above the rest as states with the highest disparity scores on this indicator.
- In the upper right quadrant, Wyoming stands out at the far right. While there is relatively little disparity between white men and men of color in the state, the rate of no recent colon cancer screening test among both groups was greater than the national average.



Table 2.5. No Colorectal Cancer Screening in Past Two Years, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.23	42.7%	40.6%	50.1%	43.2%	56.2%	46.8%	48.4%
Alabama	1.08	47.1%	46.2%	49.7%	51.1%			
Alaska	1.08	47.5%	47.1%	50.8%				47.5%
Arizona	1.54	44.3%	41.3%	63.5%		68.7%		
Arkansas	1.25	49.1%	47.6%	59.7%	55.3%			
California	1.62	47.2%	37.8%	61.3%		65.1%	61.8%	
Colorado	1.25	42.8%	40.9%	51.3%		53.4%		
Connecticut	1.29	33.0%	31.8%	41.1%				
Delaware	1.31	31.2%	29.9%	39.0%				
District of Columbia	1.40	38.9%	31.4%	43.9%	43.4%			
Florida	1.34	42.3%	38.8%	52.1%	39.2%	59.3%		
Georgia	1.11	44.1%	42.7%	47.5%	45.3%			
Hawaii	1.19	46.7%	42.5%	50.7%		56.6%	48.2%	
Idaho	1.26	51.6%	50.6%	63.9%				
Illinois	1.14	47.4%	45.8%	52.4%				
Indiana	1.15	50.0%	49.2%	56.4%	47.7%			
Iowa	0.90	44.4%	44.7%	40.2%				
Kansas	1.23	44.8%	44.0%	54.0%				
Kentucky	1.10	41.7%	41.3%	45.5%				
Louisiana	1.17	51.1%	48.4%	56.7%	55.3%			
Maine	1.07	31.1%	31.0%	33.1%				
Maryland	1.03	33.9%	33.7%	34.7%	30.7%			
Massachusetts	1.50	30.4%	28.5%	42.7%	45.8%	46.7%		
Michigan	1.12	36.7%	36.0%	40.4%	36.7%			
Minnesota	1.59	39.0%	37.9%	60.4%				
Mississippi	1.10	50.5%	48.9%	53.9%	52.3%			
Missouri	1.26	46.0%	44.7%	56.4%				
Montana	1.01	50.0%	50.0%	50.5%				61.5%
Nebraska	1.08	49.6%	49.4%	53.1%				
Nevada	1.12	48.8%	47.3%	53.0%				
New Hampshire	1.05	34.0%	33.9%	35.5%				
New Jersey	1.36	43.9%	39.9%	54.1%	52.0%	58.2%		
New Mexico	1.30	49.3%	44.1%	57.2%		55.8%		
New York	1.49	39.0%	33.7%	50.2%	40.4%			
North Carolina	1.18	39.4%	37.9%	44.9%	40.7%			
North Dakota	1.10	51.3%	51.1%	56.4%				
Ohio	1.01	44.3%	43.8%	44.3%	36.0%			
Oklahoma	1.10	50.8%	50.5%	55.5%	47.2%			49.1%
Oregon	1.19	42.9%	42.4%	50.6%				
Pennsylvania	1.03	42.3%	42.2%	43.6%	42.3%			
Rhode Island	1.58	33.1%	31.1%	49.1%				
South Carolina	1.19	42.3%	40.0%	47.5%	46.6%			
South Dakota	1.17	47.1%	46.6%	54.6%				54.5%
Tennessee	1.24	45.5%	44.1%	54.7%	48.2%			
Texas	1.38	50.5%	45.0%	62.1%	50.6%	66.5%		
Utah	1.19	39.9%	39.0%	46.5%				
Vermont	0.92	35.0%	35.1%	32.4%				
Virginia	1.09	37.2%	36.9%	40.3%	39.7%			
Washington	1.22	40.2%	39.5%	48.3%		56.3%		
West Virginia	1.13	49.4%	49.1%	55.8%				
Wisconsin	1.45	40.0%	38.9%	56.2%				
Wyoming	1.08	52.5%	52.2%	56.4%				

Note: Among men ages 50-64

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men. A disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

⋯ Largest disparity: White men faring worse than men of color
 □ Largest disparity: Men of color faring worse than white men

⋯ Best state in column
 □ Worst state in column

NO DOCTOR VISIT DUE TO COST

Affordability of health care is a problem for many Americans. For men who are uninsured and must bear the full costs of health care services, affordability is often a leading reason for postponing or forgoing health care.⁵⁵ Even among those with insurance, costs associated with co-payments and coinsurance cause many to postpone or go without needed care.⁵⁶ Medicaid, the federal-state program to assist low-income families, the elderly, and people with disabilities, has no premiums and only nominal cost-sharing if any, but even those costs can be a barrier to those with very few resources. The data for this indicator are drawn from the Behavioral Risk Factor Surveillance Survey (BRFSS). The survey question asked respondents if there was a time in the past 12 months when they needed to see a doctor but could not because of cost.

Highlights

- Nationally, 13.2% of men ages 18 to 64 reported they did not visit a doctor in the prior year due to cost (Table 2.6). On average, 21.8% of Hispanic, 20.7% of American Indian and Alaska Native men, and 18.2% of black men reported cost as a barrier to care. This was about twice the rate of Asian American, Native Hawaiian and other Pacific Islander men (10.9%), and white men (10.3%).
- There was variation within racial and ethnic groups across states. For example, 27.4% of black men in Texas reported they went without a doctor visit because of cost compared to 8.8 % of black men in Nevada.
- The U.S. disparity score for this indicator was 1.83, indicating that the share of men of color who went without care because of cost was 80% higher than white men. State disparity scores ranged from a low of 0.99 in Tennessee, where the rates were nearly identical between white and minority men, to a high of 3.30 in the District of Columbia, where minority men in every subgroup reported that they went without care due to cost at three to four times the rate of white men.
- Almost all of the states were in the upper quadrants of Figure 2.6, indicating a disparity score greater than 1.00. Smaller shares of white men in those states went without care due to cost than minority men. Of the states in the upper left quadrant, Rhode Island and the District of Columbia hovered above the rest with the highest disparity scores on this indicator.
- In the upper right quadrant, West Virginia is an outlier. While there is little relative disparity between white men and men of color within the state, men in West Virginia went without care due to cost more often than the national average.
- Only Tennessee is in the lower quadrants, with a disparity score just lower than 1.00. Although the share of white and minority men for whom cost was a barrier to care was similar in Tennessee, the rate among white men was higher than the national average, but lower than average among men of color.

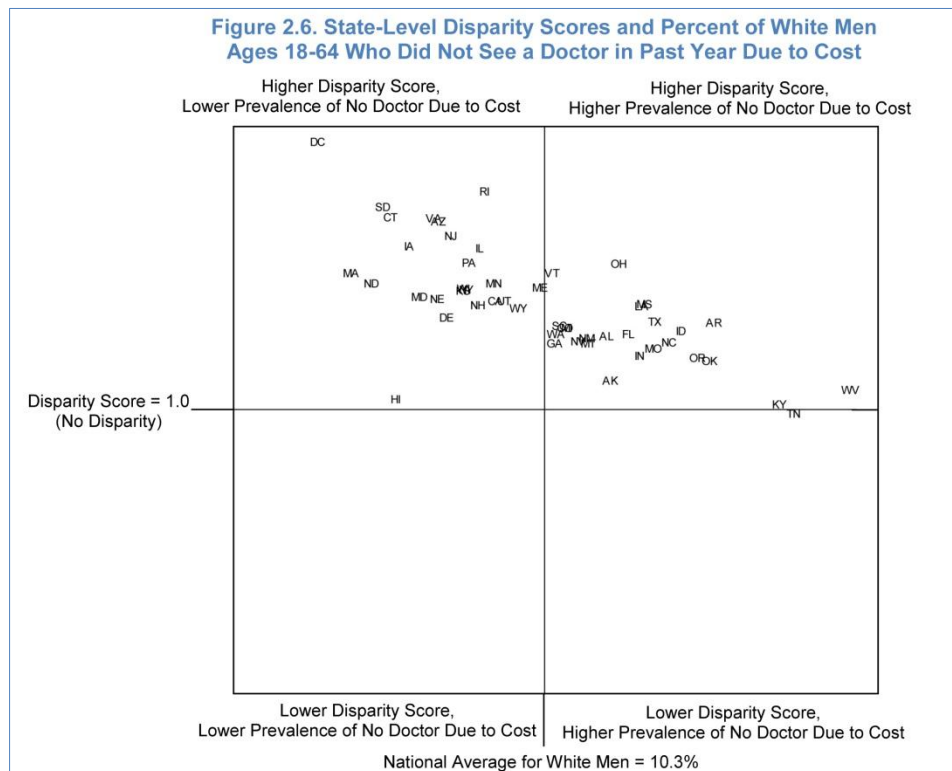


Table 2.6. No Doctor Visit in Past Year Due to Cost, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.83	13.2%	10.3%	18.9%	18.2%	21.8%	10.9%	20.7%
Alabama	1.64	13.8%	11.7%	19.1%	17.8%			
Alaska	1.26	13.0%	11.7%	14.8%				18.3%
Arizona	2.62	12.1%	7.6%	20.0%		22.8%		16.8%
Arkansas	1.76	16.2%	14.2%	24.9%	24.9%	24.9%		
California	1.94	14.2%	9.0%	17.4%	13.5%	20.9%	9.6%	
Colorado	1.71	13.0%	10.6%	18.2%	14.7%	19.7%	8.2%	
Connecticut	2.66	8.8%	6.5%	17.2%	18.0%	18.8%	10.9%	
Delaware	1.80	9.1%	7.8%	14.0%	10.5%			
District of Columbia	3.30	11.2%	4.7%	15.6%	15.1%	20.7%		
Florida	1.66	15.5%	12.2%	20.2%	16.3%	24.0%	5.3%	30.2%
Georgia	1.58	12.9%	10.4%	16.5%	15.7%	18.0%		
Hawaii	1.11	7.0%	6.7%	7.4%		11.0%	6.5%	
Idaho	1.69	14.7%	13.5%	22.7%		25.0%		
Illinois	2.39	13.2%	8.7%	20.8%	20.5%	24.1%	13.2%	
Indiana	1.48	13.7%	12.5%	18.5%	18.2%	17.4%		
Iowa	2.41	7.8%	7.0%	16.8%		19.6%		
Kansas	2.03	9.7%	8.2%	16.7%	11.9%	20.9%		
Kentucky	1.06	15.7%	15.8%	16.7%	15.5%			
Louisiana	1.90	16.2%	12.5%	23.8%	25.0%	20.4%		
Maine	2.06	10.6%	10.1%	20.7%				
Maryland	1.98	10.2%	7.2%	14.2%	12.6%	22.1%	7.4%	
Massachusetts	2.18	7.1%	5.5%	12.0%	13.8%	17.9%	3.8%	
Michigan	1.71	12.5%	10.7%	18.4%	18.3%	18.7%		
Minnesota	2.09	10.1%	8.9%	18.7%	19.5%			
Mississippi	1.91	16.9%	12.5%	24.0%	25.6%			
Missouri	1.54	13.7%	12.7%	19.6%	20.9%			
Montana	1.58	11.9%	11.2%	17.7%				13.3%
Nebraska	1.96	8.4%	7.6%	14.9%		18.7%		
Nevada	1.60	13.9%	10.9%	17.5%	8.8%	21.0%		
New Hampshire	1.90	9.1%	8.6%	16.3%				
New Jersey	2.50	12.6%	7.9%	19.9%	19.9%	24.5%	11.0%	
New Mexico	1.63	14.7%	11.2%	18.2%		18.1%		15.6%
New York	2.04	12.1%	8.3%	16.9%	12.8%	23.1%	10.9%	
North Carolina	1.59	16.1%	13.1%	20.9%	18.1%	26.6%	18.5%	26.7%
North Dakota	2.10	6.6%	6.0%	12.6%				11.9%
Ohio	2.26	13.8%	11.9%	26.9%	24.8%	38.0%		
Oklahoma	1.43	16.4%	14.1%	20.2%	20.9%	28.4%		17.7%
Oregon	1.45	14.6%	13.8%	20.1%		24.3%		
Pennsylvania	2.27	10.4%	8.4%	19.0%	20.7%	20.9%	4.1%	
Rhode Island	2.87	11.8%	8.8%	25.3%	20.7%	32.5%		
South Carolina	1.73	13.3%	10.5%	18.2%	17.0%	22.9%		
South Dakota	2.74	7.3%	6.3%	17.3%				10.0%
Tennessee	0.99	16.1%	16.1%	15.9%	15.2%			
Texas	1.77	17.7%	12.8%	22.6%	27.4%	21.5%	19.1%	
Utah	1.94	10.6%	9.2%	17.8%		19.0%		
Vermont	2.18	11.0%	10.3%	22.5%				
Virginia	2.65	10.6%	7.5%	19.8%	16.4%	32.8%		
Washington	1.66	11.9%	10.4%	17.2%	21.6%	23.8%	7.9%	19.9%
West Virginia	1.19	17.6%	17.4%	20.7%				
Wisconsin	2.05	9.2%	8.2%	16.9%	18.1%	16.3%		12.9%
Wyoming	1.88	10.5%	9.5%	17.8%		15.7%		22.4%

Note: Among men ages 18-64

*All Minority men includes black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

A disparity score greater than 1.00 indicates that minority men are doing worse than white men. A disparity score less than 1.00 indicates that minority men are doing better than white men. A disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Behavioral Risk Factor Surveillance System, 2006-2008.

 Largest disparity: White men faring worse than men of color
 Largest disparity: Men of color faring worse than white men

 Best state in column
 Worst state in column

SOCIAL DETERMINANTS

An individual's health outcomes and utilization of health care are influenced by numerous factors beyond health insurance status. While much of the policy focus has been on personal behaviors (e.g., smoking, diet, nutrition, help seeking), there is growing evidence that social factors (e.g. early life experiences, work environment, housing, and neighborhood characteristics) can have a direct or indirect influence on health outcomes. These factors are often called social determinants of health and research in this area examines how the contexts in which people live and work affect their health.⁵⁷

A primary social determinant of health status and health care utilization is socioeconomic status (SES) or social class. SES is often measured by income, education, and/or occupation. Overall, men are more likely to be unemployed,⁵⁸ incarcerated,⁵⁹ and are less likely to graduate from high school than women.⁶⁰ These disparities are more evident among men of color compared to white men. Lower levels of income, educational attainment, and certain occupations are associated with high risk health behaviors, reduced access to health care, and poorer health outcomes.⁶¹

In addition, neighborhood-level factors such as crime, the availability of healthy foods, access to parks and other athletic facilities, and homeownership rates have all been shown to affect health. Neighborhoods that are racially segregated, especially those with a high proportion of African Americans, Latinos, and American Indian and Alaska Natives, tend to have higher concentrations of poverty.⁶² Residential segregation has been associated with infant and adult mortality⁶³ as well as limits on availability of care.⁶⁴

Many social determinants are closely related to each other and have a complex effect on access to health care and health outcomes, which may explain why certain groups – particularly lower income communities and communities of color – experience worse health outcomes. However, for some social determinants of health, high quality state-level and population-based data are not available. In the absence of more refined measures, researchers often use proxies to assess their impact on health. For instance, unemployment data may be used to understand health insurance coverage and other financial barriers to care.

The tables that follow present indicators that capture some of the social determinants of health. The indicators included in this dimension are:

1. Poverty
2. Median Household Income
3. No High School Diploma
4. Incarceration
5. Unemployment
6. Wage Gap

POVERTY

The link between income and health is well established.^{65, 66} Poor individuals are less likely to have health insurance coverage, a usual source of care, or routine screenings and checkups. Research has also demonstrated that individuals living in poorer neighborhoods are more likely to have poor health behaviors⁶⁷ and are more likely to experience higher rates of mental illness⁶⁸ and cardiovascular disease⁶⁹ than those living in neighborhoods with greater resources. Poverty also indirectly affects health through factors such as nutritional intake and increased levels of stress. The Federal Poverty Guideline from the U.S. Department of Health and Human Services was \$21,200 for a family of four in 2008.⁷⁰ The poverty rates presented here are based on data from the Current Population Survey conducted by the U.S. Census Bureau.

Highlights

- In the U.S., 14.3% of nonelderly adult men had household incomes below the federal poverty guideline (Table 3.1). Men of color lived in poverty at more than twice the rate of white men (22.0% vs. 10.5%). Of all groups nationwide, American Indian and Alaska Native men experienced the highest rate of poverty (29.1%), followed by black (25.8%) and Hispanic (21.2%) men. White men had the lowest poverty rate, slightly lower than Asian American, Native Hawaiian and other Pacific Islander men (15.3%).
- Men in several Southern states, such as Mississippi, Tennessee, and Kentucky, had higher overall poverty rates than men in other regions of the country.
- There was considerable variation within racial and ethnic groups across states. For example, poverty ranged from 12.2% for Hispanic men in Maryland to 36.4% in Oregon.
- The U.S. disparity score for poverty was 2.09, meaning that men of color lived in poverty over twice the rate of white men. State disparity scores for poverty ranged from a low of 0.89 in West Virginia, where a higher proportion of white men than men of color lived in poverty to a high of 5.72 in South Dakota, where men of color lived in poverty at almost 6 times the rate of white men.
- States with larger Native American populations, such as North Dakota and South Dakota, had among the highest disparity scores, 4.39 and 5.72, respectively.
- Poverty rates for men of color were higher than those for white men in all states except West Virginia, the only state with a disparity score below 1.00. White men in West Virginia experienced one of the highest rates of poverty among white men nationwide (15.9%), while men of color reported the lowest in the country (14.2%). Poverty rates for white men were also considerably higher than average in Kentucky and Tennessee, reflected by their placement toward the right of Figure 3.1.

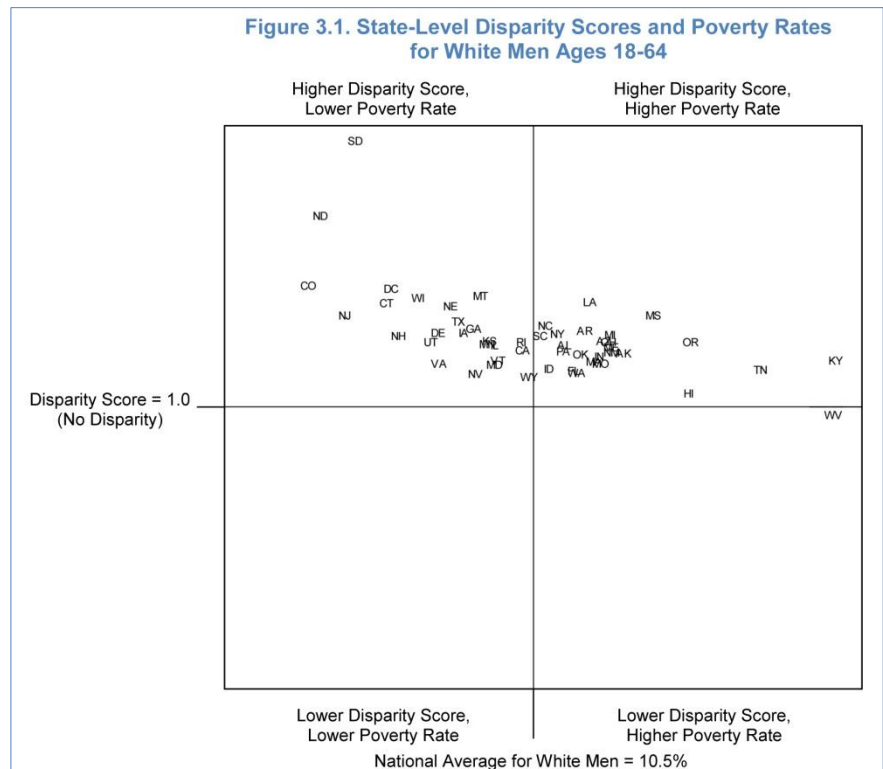


Table 3.1. Poverty, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	2.09	14.3%	10.5%	22.0%	25.8%	21.2%	15.3%	29.1%
Alabama	2.13	15.0%	10.9%	23.2%	27.6%			
Alaska	1.97	14.9%	12.0%	23.7%		18.2%	19.7%	33.3%
Arizona	2.18	17.3%	11.7%	25.5%		25.9%		
Arkansas	2.36	14.7%	11.3%	26.7%	32.8%	23.7%		
California	2.02	16.0%	10.2%	20.5%	23.5%	21.5%	16.3%	
Colorado	3.17	9.5%	6.2%	19.6%	22.8%	19.2%		
Connecticut	2.86	11.0%	7.6%	21.9%	20.0%	28.2%	10.8%	
Delaware	2.34	12.2%	8.6%	20.1%	18.6%	26.3%		
District of Columbia	3.11	17.5%	7.7%	24.0%	26.8%	16.8%		
Florida	1.67	14.0%	11.1%	18.6%	21.6%	17.0%	13.1%	
Georgia	2.40	14.6%	9.2%	22.2%	24.4%	21.8%	11.3%	
Hawaii	1.26	16.1%	13.3%	16.7%		16.9%	15.4%	
Idaho	1.71	11.9%	10.7%	18.3%		19.5%		
Illinois	2.13	13.3%	9.7%	20.6%	28.1%	17.6%	10.0%	
Indiana	1.92	13.0%	11.6%	22.3%	24.8%	20.8%		
Iowa	2.34	10.5%	9.1%	21.3%	27.9%	21.4%		
Kansas	2.19	11.6%	9.5%	20.9%	24.0%	21.7%		
Kentucky	1.85	17.5%	16.0%	29.4%	30.3%			
Louisiana	2.88	18.8%	11.4%	32.9%	35.1%			
Maine	2.08	12.3%	11.8%	24.5%				
Maryland	1.78	12.8%	9.6%	17.1%	20.3%	12.2%	11.0%	
Massachusetts	1.83	13.3%	11.5%	21.0%	19.2%	27.1%	17.7%	
Michigan	2.30	14.9%	11.8%	27.1%	34.3%	18.2%	7.4%	
Minnesota	2.14	10.9%	9.5%	20.3%	23.0%	18.8%	18.7%	
Mississippi	2.64	21.2%	12.6%	33.3%	34.2%			
Missouri	1.79	13.1%	11.6%	20.7%	22.5%	19.8%		
Montana	2.98	11.1%	9.4%	28.0%				
Nebraska	2.80	11.3%	8.8%	24.7%	28.8%	22.8%		
Nevada	1.61	11.5%	9.3%	14.9%	12.0%	17.5%	9.4%	
New Hampshire	2.29	8.5%	7.9%	18.0%		27.2%		
New Jersey	2.65	11.4%	6.9%	18.2%	25.4%	16.3%	14.0%	
New Mexico	1.99	18.3%	11.8%	23.5%		21.6%		33.6%
New York	2.31	16.3%	10.8%	25.0%	31.6%	22.1%	20.3%	
North Carolina	2.46	15.5%	10.6%	26.0%	26.2%	29.6%		
North Dakota	4.39	9.0%	6.4%	28.2%				36.4%
Ohio	2.18	13.8%	11.7%	25.5%	28.6%	17.9%		
Oklahoma	1.96	14.3%	11.2%	22.0%	22.9%	25.1%		23.0%
Oregon	2.18	16.4%	13.3%	28.9%		36.4%	12.2%	
Pennsylvania	2.01	12.7%	10.9%	21.9%	24.6%	18.9%	20.1%	
Rhode Island	2.17	12.4%	10.2%	22.0%	20.9%	22.2%	19.6%	
South Carolina	2.29	14.9%	10.5%	23.9%	25.1%	16.5%		
South Dakota	5.72	10.4%	7.1%	40.4%				55.5%
Tennessee	1.69	16.7%	14.6%	24.6%	26.7%	19.0%		
Texas	2.54	16.4%	9.0%	22.8%	25.2%	23.3%	13.0%	
Utah	2.17	10.2%	8.5%	18.3%		17.3%		
Vermont	1.84	10.1%	9.7%	17.9%				
Virginia	1.79	10.9%	8.6%	15.4%	15.5%	14.3%	15.4%	
Washington	1.64	12.7%	11.1%	18.2%	22.2%	19.4%	17.5%	
West Virginia	0.89	15.8%	15.9%	14.2%				
Wisconsin	2.96	10.5%	8.2%	24.3%	26.8%	24.2%		
Wyoming	1.56	10.9%	10.3%	16.0%		17.0%		

Note: Among men ages 18-64

*All Minority men includes Black, Hispanic, Asian and Native Hawaiian or Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

Disparity score greater than 1.00 indicates that minority men are doing worse than white men. Disparity score less than 1.00 indicates that minority men are doing better than white men. Disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Current Population Survey, 2006-2008.

⋯ Largest disparity: White men faring worse than men of color

▭ Largest disparity: Men of color faring worse than white men

⋯ Best state in column

▭ Worst state in column

MEDIAN HOUSEHOLD INCOME

Median household income is an important indicator of the resources available to men and their families. Lower-income households have fewer resources available to address health issues and are more likely to experience cost-related barriers to care. A lack of resources has a direct impact on health, as low-income individuals are also more sensitive to unexpected health care costs and price increases than wealthier individuals. For example, a change in medication price, even a modest one, can result in people choosing to forgo their medication or to cut down on how often they take it and how much they take.⁷¹ The data presented here are derived from the Current Population Survey conducted by the U.S. Census Bureau, and to keep the interpretation consistent with other indicators, the disparity score for median household income was calculated as the ratio of white men to minority men.

Highlights

- Nationally, the median household income for men was \$48,805 (Table 3.2). White men on average had incomes that were \$20,000 higher than men of color (\$58,952 versus \$31,222). Among men of color, Asian American, Native Hawaiian and other Pacific Islander men had the highest median income nationally at \$53,000. The lowest incomes were among black (\$30,924), American Indian and Alaska Native (\$30,116), and Hispanic men (\$29,000).
- Household incomes tended to be lowest among states in the South (Kentucky, Arkansas, Tennessee) and highest in some Northeastern (New Jersey, Connecticut) and Mid-Atlantic (Maryland, Virginia) states.
- Within racial and ethnic groups, there was variation across states as well. For instance, the median household income in Oklahoma (\$34,015) for American Indian and Alaska Native men was more than twice the income of those in South Dakota (\$12,000), the lowest for any sub-group in the nation. Among Asian American, Native Hawaiian and other Pacific Islander men, the median household income in Michigan was \$90,002, approximately three times the level of their counterparts in Rhode Island (\$34,014).
- Nationally, the disparity score for this indicator was 1.89, and ranged from a low of 0.97 in West Virginia (the only state where white men had a lower median household income than minority men) to a high of 2.89 in South Dakota. A total of 19 states reported a disparity score of 2.00 or higher, indicating that the median household income for white men was more than double for men of color.
- White men in states such as Tennessee, Kentucky, and Arkansas (far right of the upper right quadrant in Figure 3.2) had median household incomes well below the national average for white men; however, the median incomes of men of color were even lower than white men in these states.
- Both white men and men of color in New Jersey had higher median income levels than the national average; however, New Jersey remains in the far left of the upper quadrant because the median household income among white men (\$82,285) was the highest among white men in the country and was far higher than the national average for men of color.

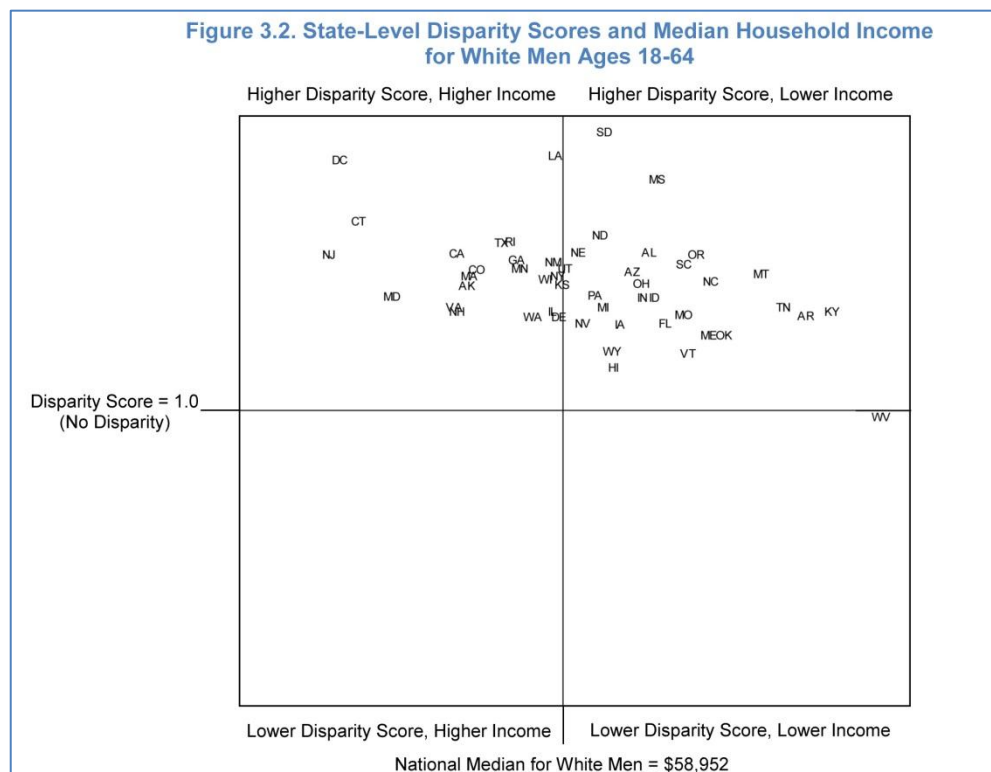


Table 3.2. Median Household Income, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Household Median Income						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.89	\$48,805	\$58,952	\$31,222	\$30,924	\$29,000	\$53,000	\$30,116
Alabama	2.08	\$42,800	\$53,997	\$25,960	\$25,960			
Alaska	1.85	\$58,023	\$67,273	\$36,344		\$40,103	\$43,264	\$24,512
Arizona	1.95	\$41,536	\$55,010	\$28,244		\$26,043		
Arkansas	1.65	\$41,000	\$46,201	\$28,000	\$26,062	\$25,000		
California	2.07	\$45,000	\$68,153	\$33,000	\$38,000	\$29,075	\$54,001	
Colorado	1.96	\$56,962	\$66,327	\$33,800	\$36,000	\$31,152		
Connecticut	2.29	\$66,200	\$78,638	\$34,394	\$33,000	\$26,001	\$68,225	
Delaware	1.64	\$50,300	\$59,784	\$36,344	\$41,600	\$23,883		
District of Columbia	2.70	\$42,000	\$80,995	\$30,000	\$29,400	\$28,000		
Florida	1.60	\$45,000	\$53,000	\$33,229	\$31,152	\$32,640	\$48,900	
Georgia	2.03	\$48,450	\$63,021	\$31,000	\$31,152	\$24,000	\$61,000	
Hawaii	1.30	\$45,689	\$56,010	\$42,974		\$40,191	\$45,232	
Idaho	1.77	\$50,000	\$53,540	\$30,176		\$28,207		
Illinois	1.68	\$50,500	\$60,000	\$35,629	\$31,152	\$32,190	\$66,000	
Indiana	1.77	\$50,020	\$54,250	\$30,584	\$30,100	\$28,000		
Iowa	1.59	\$53,000	\$55,554	\$35,000	\$34,215	\$30,116		
Kansas	1.86	\$54,000	\$59,604	\$32,050	\$32,050	\$28,078		
Kentucky	1.68	\$41,536	\$45,080	\$26,791	\$29,099			
Louisiana	2.73	\$41,536	\$60,000	\$22,000	\$22,000			
Maine	1.52	\$50,000	\$50,746	\$33,300				
Maryland	1.78	\$60,000	\$74,764	\$42,000	\$45,140	\$30,000	\$70,000	
Massachusetts	1.92	\$60,000	\$67,080	\$35,000	\$40,000	\$27,000	\$45,000	
Michigan	1.71	\$52,153	\$56,679	\$33,223	\$26,998	\$31,780	\$90,002	
Minnesota	1.97	\$58,161	\$62,823	\$31,953	\$31,953	\$28,975	\$28,037	\$52,099
Mississippi	2.57	\$37,053	\$53,550	\$20,800	\$21,826			
Missouri	1.66	\$49,459	\$52,099	\$31,353	\$29,075	\$35,360		
Montana	1.93	\$46,002	\$48,187	\$25,000				
Nebraska	2.08	\$52,086	\$58,431	\$28,078	\$26,998	\$27,244		
Nevada	1.60	\$48,600	\$58,148	\$36,344	\$40,000	\$31,200	\$48,883	
New Hampshire	1.68	\$65,900	\$68,100	\$40,600		\$28,000		
New Jersey	2.06	\$60,966	\$82,285	\$40,000	\$36,398	\$30,000	\$80,000	
New Mexico	2.01	\$40,850	\$60,227	\$30,002		\$31,700		\$20,768
New York	1.92	\$46,728	\$59,905	\$31,152	\$30,000	\$28,005	\$40,865	
North Carolina	1.88	\$40,865	\$50,622	\$26,998	\$28,000	\$21,000		
North Dakota	2.19	\$53,100	\$57,000	\$26,000				\$22,880
Ohio	1.87	\$50,364	\$54,454	\$29,075	\$25,960	\$35,329		
Oklahoma	1.52	\$45,000	\$50,000	\$32,871	\$37,500	\$22,800		\$34,015
Oregon	2.06	\$46,728	\$51,411	\$24,960		\$18,691	\$60,000	
Pennsylvania	1.79	\$52,173	\$57,280	\$32,040	\$32,001	\$28,037	\$46,728	
Rhode Island	2.15	\$54,490	\$63,342	\$29,400	\$36,344	\$25,000	\$34,014	
South Carolina	2.00	\$42,745	\$52,024	\$25,960	\$26,087	\$20,920		
South Dakota	2.89	\$51,920	\$56,749	\$19,622				\$12,000
Tennessee	1.71	\$41,774	\$47,143	\$27,500	\$27,667	\$25,000		
Texas	2.14	\$42,574	\$64,164	\$30,000	\$31,152	\$28,037	\$57,112	
Utah	1.97	\$53,203	\$59,334	\$30,116		\$30,000		
Vermont	1.40	\$50,900	\$51,801	\$37,100				
Virginia	1.71	\$57,164	\$68,448	\$40,000	\$41,914	\$30,000	\$55,862	
Washington	1.64	\$55,288	\$61,842	\$37,683	\$31,142	\$32,000	\$45,018	
West Virginia	0.97	\$43,260	\$43,248	\$44,600				
Wisconsin	1.90	\$56,442	\$60,746	\$32,000	\$25,925	\$27,448		
Wyoming	1.41	\$55,000	\$56,300	\$40,000		\$40,000		

Note: Among men ages 18-64

*All Minority men includes Black, Hispanic, Asian and Native Hawaiian or Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

Disparity score greater than 1.00 indicates that minority men are doing worse than white men. Disparity score less than 1.00 indicates that minority men are doing better than white men. Disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Current Population Survey, 2006-2008.

 Largest disparity: White men faring worse than men of color
 Largest disparity: Men of color faring worse than white men

 Best state in column
 Worst state in column

NO HIGH SCHOOL DIPLOMA

Educational attainment influences health in direct and indirect ways. Education is predictive of the types of jobs an individual can obtain, employment status, and income, all of which affect opportunities for healthier living and the ability to access health care. A man with at least a high school education who works full time and year-round makes significantly more than a man who has not earned a high school diploma.⁷² Higher educational attainment is also correlated with longer lifespans, better health outcomes and positive health behaviors. It is also correlated with better health literacy, which affects an individual’s ability to communicate with health providers, understand and follow instructions, and navigate the health care system.⁷³ The data for this indicator are from the Current Population Survey conducted by the U.S. Census Bureau.

Highlights

- About 1 in 7 (14.3%) nonelderly adult men lacked a high school diploma in the U.S. (Table 3.3). More than 1 in 3 Hispanic (38.6%), 1 in 5 American Indian and Alaska Native (21.9%), and 16.2% of black men did not have a high school diploma. The share without a diploma was lower among Asian American, Native Hawaiian and other Pacific Islander (8.8%), and white men (8.7%).
- There was significant variation in educational attainment within racial and ethnic groups across states. For example, there was an 18-fold difference between white men in Mississippi (17.8%) and those in the District of Columbia (1.0%), and nearly a 10-fold difference between Hispanic men in Tennessee (60.4%) and those in Hawaii (6.4%).
- The national disparity score was 2.96, indicating that the share of minority men without a high school diploma was almost three times higher than that of white men. However, disparities varied greatly across states ranging from a low of 0.75 in West Virginia to a high of 19.00 in the District of Columbia. Notably, the disparity scores in California, Colorado, the District of Columbia, and Nebraska were greater than 5.00.
- The disparity score in West Virginia was less than 1.00, which indicates that there was a higher prevalence of white men without a high school diploma as compared to men of color in the state.
- Many states clustered in the upper left quadrant of Figure 3.3, indicating that white men did better than the national average and a higher prevalence of men of color did not have a high school diploma in those states. The District of Columbia was an outlier at the top of the upper left quadrant, as only 1.0% of white men in the District of Columbia had not completed high school. This is a much lower rate than the national average for white men (8.7%) and resulted in a very high disparity score.

Because of this great disparity and the high graduation rates among white men, the distribution of the other states in the figure appears to be more concentrated than the data indicate.

- Many Southern states clustered in the upper right quadrant because white men living there had lower high school completion rates than the national average for white men. Nonetheless, men of color in those states fared worse than white men.

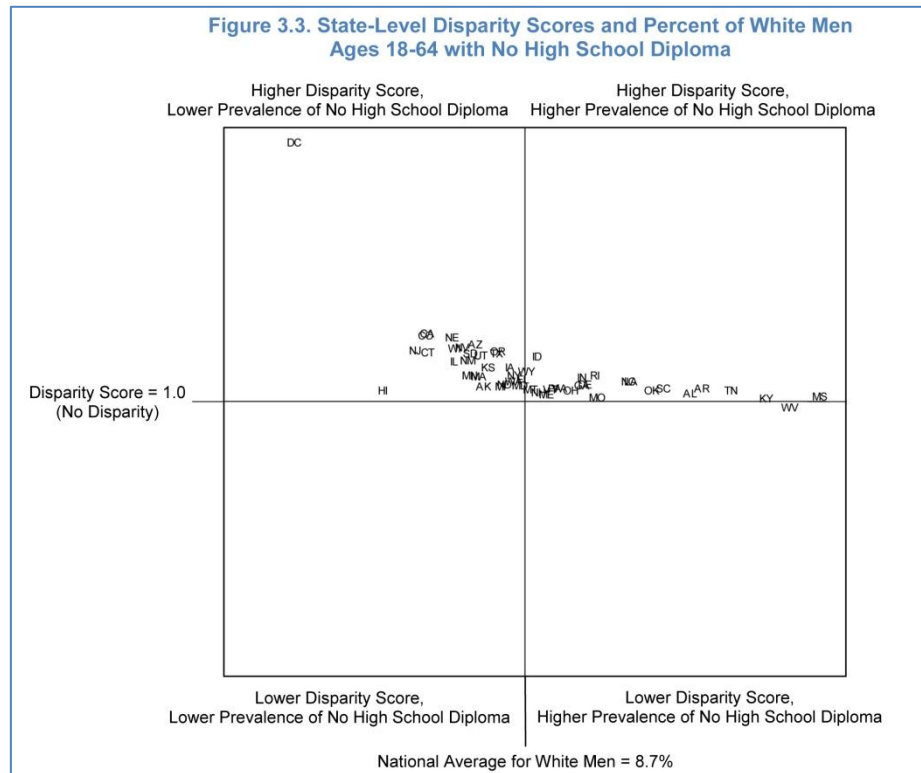


Table 3.3. No High School Diploma, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Prevalence						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	2.96	14.3%	8.7%	25.7%	16.2%	38.6%	8.8%	21.9%
Alabama	1.67	16.8%	13.7%	23.0%	19.6%			
Alaska	2.12	9.1%	7.1%	15.0%		15.1%	16.1%	15.4%
Arizona	4.87	17.8%	6.9%	33.3%		40.6%		
Arkansas	1.99	17.3%	14.1%	28.0%	22.1%	49.8%		
California	5.58	19.0%	5.3%	29.6%	9.9%	40.6%	8.1%	
Colorado	5.49	11.1%	5.2%	28.7%	9.4%	36.3%		
Connecticut	4.35	9.6%	5.3%	23.2%	16.7%	33.7%	5.9%	
Delaware	2.24	14.3%	10.4%	23.2%	13.4%	54.5%		
District of Columbia	19.00	11.9%	1.0%	19.0%	13.5%	48.2%		
Florida	2.57	13.6%	8.4%	21.6%	16.9%	26.1%	8.4%	
Georgia	2.19	15.3%	10.2%	22.5%	15.4%	48.8%	9.7%	
Hawaii	1.85	6.7%	4.0%	7.3%		6.4%	7.3%	
Idaho	4.08	12.9%	8.9%	36.3%		44.5%		
Illinois	3.74	11.9%	6.3%	23.4%	12.4%	41.0%	7.1%	
Indiana	2.73	12.6%	10.3%	28.2%	19.5%	47.5%		
Iowa	3.37	10.0%	8.0%	27.0%	14.4%	46.8%		
Kansas	3.39	10.4%	7.2%	24.5%	15.2%	38.6%		
Kentucky	1.34	16.7%	16.1%	21.6%	19.1%			
Louisiana	2.47	17.7%	11.8%	29.2%	29.2%			
Maine	1.60	9.3%	9.1%	14.5%				
Maryland	2.21	12.5%	8.2%	18.2%	12.9%	41.0%	4.8%	
Massachusetts	2.76	9.2%	6.9%	19.1%	10.8%	39.8%	6.7%	
Michigan	2.13	9.5%	7.7%	16.5%	17.9%	26.3%	3.0%	
Minnesota	2.84	8.2%	6.6%	18.9%	11.4%	35.2%	9.2%	
Mississippi	1.46	21.2%	17.8%	25.9%	24.7%			
Missouri	1.36	11.3%	10.7%	14.5%	12.6%	29.2%		
Montana	1.90	9.3%	8.6%	16.4%				
Nebraska	5.34	10.1%	6.1%	32.5%	8.9%	53.7%		
Nevada	4.68	15.8%	6.4%	30.0%	12.6%	44.0%	7.3%	
New Hampshire	1.73	9.4%	8.9%	15.3%		26.3%		
New Jersey	4.50	11.8%	5.0%	22.3%	13.6%	36.7%	4.1%	
New Mexico	3.86	16.8%	6.6%	25.4%		27.7%		21.8%
New York	2.84	13.9%	8.1%	22.9%	16.9%	31.7%	16.0%	
North Carolina	2.46	17.1%	11.7%	28.8%	20.9%	50.1%		
North Dakota	2.25	8.9%	7.8%	17.5%				18.4%
Ohio	1.84	11.1%	9.9%	18.1%	14.8%	33.4%		
Oklahoma	1.84	15.6%	12.5%	22.9%	11.7%	47.7%		21.2%
Oregon	4.44	12.7%	7.6%	33.5%		50.4%	8.7%	
Pennsylvania	1.99	10.9%	9.4%	18.7%	14.4%	31.9%	8.9%	
Rhode Island	2.84	14.7%	10.7%	30.5%	26.3%	39.1%	20.0%	
South Carolina	1.98	17.0%	12.8%	25.5%	22.8%	46.0%		
South Dakota	4.27	8.9%	6.7%	28.6%				32.3%
Tennessee	1.82	17.8%	15.0%	27.3%	16.7%	60.4%		
Texas	4.31	20.8%	7.5%	32.5%	13.4%	40.8%	8.9%	
Utah	4.19	10.9%	7.0%	29.4%		35.9%		
Vermont	1.91	9.7%	9.2%	17.6%				
Virginia	2.01	12.7%	9.5%	19.1%	14.7%	38.3%	6.6%	
Washington	2.43	10.6%	8.0%	19.5%	13.0%	37.8%	6.0%	
West Virginia	0.75	16.6%	16.8%	12.6%				
Wisconsin	4.61	9.4%	6.2%	28.6%	27.2%	37.4%		
Wyoming	3.10	10.5%	8.4%	26.2%		32.5%		

Note: Among men ages 18-64

*All Minority men includes Black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

Disparity score greater than 1.00 indicates that minority men are doing worse than white men. Disparity score less than 1.00 indicates that minority men are doing better than white men. Disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Current Population Survey, 2006-2008.

⊠ Largest disparity: White men faring worse than men of color
 ⊡ Largest disparity: Men of color faring worse than white men

⊞ Best state in column
 ⊞ Worst state in column

INCARCERATION

In the past three decades, incarceration rates have increased more than 500 percent.⁷⁴ More than 60 percent of those in prison are people of color, with a disproportionate rate among black men.⁷⁵ State-level criminal laws and sentencing policies play a major role in incarceration rates. Although prisoners have a right to health care, the quality of care in prisons is highly variable. Furthermore, once released from prison, men are often uninsured and do not qualify for programs such as Medicaid.⁷⁶ Their chances of remaining in their communities are often limited as gaps in social services, limited job skills and opportunities, and public policy restrictions make it difficult for them to qualify for education loans or secure public housing.⁷⁷ This indicator measures the rate of incarcerated men per 100,000 men by race and ethnicity and is derived from data from the U.S. Bureau of Justice Statistics.

Highlights

- The national incarceration rate for men was 981.9 per 100,000 men (Table 3.4). By far, black men had the highest incarceration rate per 100,000 men (3,610.9) followed by American Indian and Alaska Native (1,572.2), Hispanic (835.9), white (609.7), and Asian American, Native Hawaiian and other Pacific Islander (185.1) men.
- Louisiana (1,657.5) had the highest incarceration rate for all men, which was five times the rate in Maine (309.0).
- As with other indicators, there was sizable variation in incarceration rates within racial and ethnic groups of men across states. For example, incarceration rates for Hispanics ranged from a low of 49.3 per 100,000 men in Louisiana to a high of 2,447.7 in Connecticut. Similarly, the incarceration rate for black men ranged from a low of 1,078.3 per 100,000 men in Hawaii to a high of 6,428.3 in Vermont.
- The national disparity score was 2.76, meaning that minority men were incarcerated at rates that were over 2 and half times that of white men. Disparity scores ranged from a low of 1.04 in New Hampshire, which had the lowest incarceration rate for all minority men in the nation, to a high of 7.41 in Wisconsin.
- In Figure 3.4, disparity scores were spread out across the upper quadrants, meaning that the incarceration rate for all minority men was higher than the rate for white men in every state.
- Oklahoma, located in the right of the upper right quadrant, had the highest incarceration rate for white men nationally at 913.7 per 100,000 men, yet the rate for black men in the state was still over five times higher than the rate for white men.

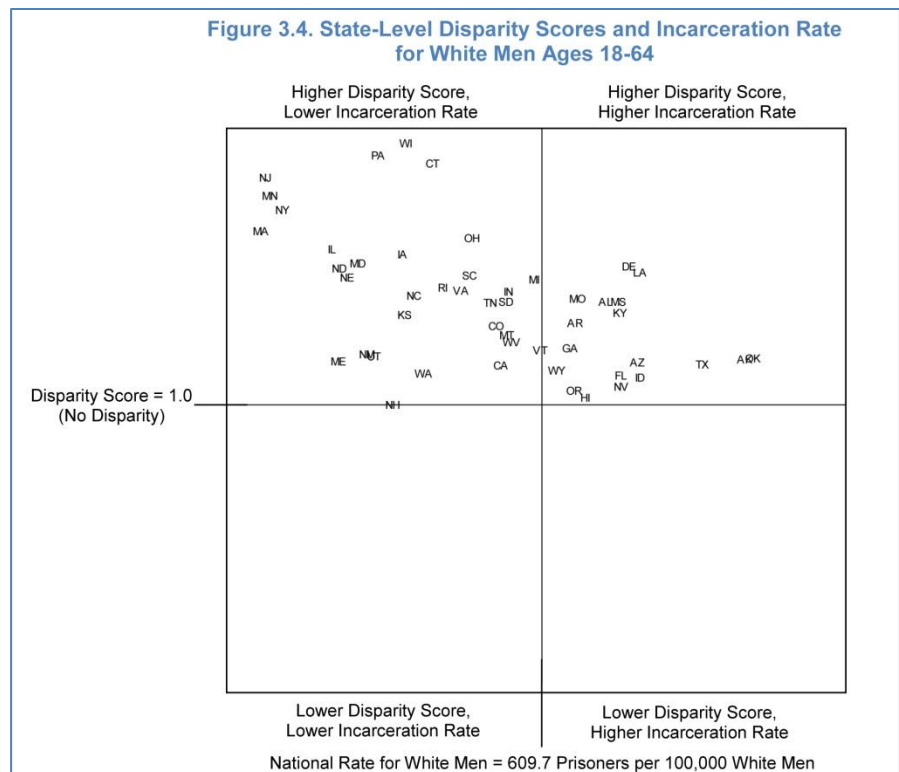


Table 3.4. Incarceration Rate per 100,000 Men, by State and Race/Ethnicity, 2008



State	Disparity Score	Incarceration Rate Per 100,000						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHP1	American Indian/ Alaska Native
All States	2.76	981.9	609.7	1,682.1	3,610.9	835.9	185.1	1,572.2
Alabama	3.56	1,246.9	694.0	2,471.9	3,058.6		13.3	17.7
Alaska	2.15	1,249.8	901.7	1,937.3	3,145.1	511.9	778.5	3,188.2
Arizona	2.07	1,081.4	740.7	1,531.9	3,945.1	1,445.1	124.2	1,334.0
Arkansas	3.04	971.8	648.0	1,969.0	3,014.4	437.6	213.0	187.9
California	2.01	851.6	536.7	1,078.5	4,337.9	941.4	67.3	1,496.2
Colorado	2.97	838.2	529.7	1,571.9	4,138.5	1,293.2	357.8	2,718.3
Connecticut	6.92	1,121.1	435.2	3,012.3	5,350.6	2,447.7	111.9	873.9
Delaware	4.42	1,527.8	728.6	3,221.1	4,799.2	1,013.5	54.7	0.0
District of Columbia								
Florida	1.77	940.7	718.4	1,270.3	3,235.8	153.9	5.0	347.1
Georgia	2.43	1,023.6	639.3	1,555.8	2,290.7		41.2	550.4
Hawaii	1.22	774.4	666.7	814.4	1,078.3	303.0	1,195.6	1,151.4
Idaho	1.72	832.8	748.8	1,286.4	2,554.2	1,339.7	372.4	2,292.8
Illinois	4.82	675.9	287.5	1,385.5	2,888.1	540.1	44.2	507.4
Indiana	3.79	817.8	552.0	2,094.3	3,717.0	626.7	89.9	538.0
Iowa	4.70	542.3	392.5	1,843.2	5,158.0	808.1	272.1	2,630.0
Kansas	3.23	572.1	393.0	1,269.2	3,191.0	578.2	205.9	868.7
Kentucky	3.29	925.1	715.2	2,350.6	3,727.4	441.1	118.4	338.6
Louisiana	4.25	1,657.5	745.3	3,168.8	3,852.9	49.3	169.0	68.8
Maine	2.11	309.0	292.5	616.7	1,396.6	509.7	141.6	1,027.3
Maryland	4.49	794.4	321.2	1,442.5	2,181.7		19.5	111.0
Massachusetts	5.28	334.3	175.1	924.7	1,607.4	1,051.8	87.2	1,061.2
Michigan	4.08	993.5	589.1	2,406.7	3,904.7		116.6	1,407.3
Minnesota	6.12	337.3	188.6	1,153.6	2,540.5	541.6	224.5	2,336.2
Mississippi	3.56	1,456.5	712.0	2,534.1	2,843.5	449.9	225.5	322.8
Missouri	3.62	952.9	650.6	2,352.8	3,640.1	488.1	91.9	665.5
Montana	2.75	662.2	545.7	1,502.8	2,959.6	958.4	335.7	2,050.8
Nebraska	4.13	466.9	306.4	1,264.3	2,921.8	684.7	214.5	2,374.7
Nevada	1.50	873.2	717.5	1,074.6	3,543.3	658.8	307.3	44.8
New Hampshire	1.04	375.7	374.6	390.6	1,936.9		102.4	670.7
New Jersey	6.56	580.9	184.4	1,210.3	2,821.2	627.8	36.4	148.3
New Mexico	2.27	585.1	334.2	759.0	2,128.1	765.5	131.7	553.2
New York	5.79	606.4	209.7	1,213.3	2,245.8	926.8	45.5	1,011.8
North Carolina	3.70	765.8	405.6	1,499.5	2,340.2		124.0	1,432.1
North Dakota	4.36	401.1	294.7	1,283.6	2,093.2	1,091.4	76.7	1,639.8
Ohio	5.10	846.4	492.7	2,514.7	3,611.3	720.4	79.3	433.8
Oklahoma	2.18	1,229.2	913.7	1,991.7	4,996.1	1,022.5	199.2	1,393.9
Oregon	1.38	696.4	645.9	890.0	3,635.6	776.0	236.7	1,332.2
Pennsylvania	7.10	759.7	353.2	2,507.7	3,807.6	1,657.6	99.8	502.9
Rhode Island	3.89	741.6	453.7	1,763.5	4,112.9	1,301.9	311.1	775.5
South Carolina	4.20	1,029.8	489.0	2,051.4	2,557.2	330.2	84.1	471.6
South Dakota	3.55	744.0	543.8	1,930.4	3,951.5	906.2	420.0	2,469.6
Tennessee	3.53	825.5	521.1	1,837.5	2,541.4	399.0	104.5	493.8
Texas	2.04	1,304.6	839.8	1,712.7	4,471.1	1,117.6	71.4	141.9
Utah	2.22	428.0	347.7	771.6	2,696.9	664.6	511.6	1,647.6
Vermont	2.38	635.8	595.1	1,414.9	6,428.3		369.0	1,379.3
Virginia	3.81	919.7	476.2	1,813.5	3,068.9	208.1	68.4	63.3
Washington	1.80	503.7	418.6	755.3	2,616.8	497.2	256.2	1,459.3
West Virginia	2.57	608.7	550.3	1,413.5	2,341.0	358.0	83.5	
Wisconsin	7.41	785.5	395.6	2,931.5	6,040.2	1,294.0	330.4	2,497.6
Wyoming	1.88	692.7	618.6	1,162.0	3,020.1	1,064.9	563.5	1,382.2



Note: Among men ages 18-64. Totals may differ from the reported total number of males under jurisdiction in appendix table 1 and appendix table 3 of Prisoners in 2008. Some states use different information systems to pull race and jurisdiction numbers. The number of Hispanic males may be underestimated. Some states are unable to differentiate between race and ethnicity. There may be some Hispanic persons included in the number of black and white male prisoners reported.

*All Minority men includes Black, Hispanic, Asian and Native Hawaiian or Pacific Islander (NHP1), American Indian or Alaska Native, and men of two or more races.

Disparity score greater than 1.00 indicates that minority men are doing worse than white men. Disparity score less than 1.00 indicates that minority men are doing better than white men. Disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Bureau of Justice Statistics, National Prisoner Statistics data series (NPS-1b) Bureau, Population Division, June 2010.

 Smallest disparity: Men of color faring worse than white men
  Best state in column

 Largest disparity: Men of color faring worse than white men
  Worst state in column

UNEMPLOYMENT

Employment, income, and health are related on many levels.⁷⁸ Employment is a major determinant of income, insurance, and the ability to pay for out-of-pocket health care costs.⁷⁹ Those who are unemployed are more likely to be uninsured, face barriers to care, and experience worse health outcomes than those who are employed.⁸⁰ Men—especially men of color—experience higher rates of unemployment than women.⁸¹ This indicator is derived from unemployment data for men ages 18 to 64 from the American Community Survey (ACS), conducted by the U.S. Census Bureau.

Highlights

- The average national unemployment rate for men between 2006 and 2008 was 6.4% (Table 3.5). Black men had the highest unemployment rate (13.1%), followed by American Indian and Alaska Native (12.7%), Hispanic (6.5%), white (5.4%), and Asian American, Native Hawaiian and other Pacific Islander (5.0%) men.
- The unemployment rate ranged from a high of 10.2% in Michigan to a low of 3.5% in Wyoming.
- Variation within racial and ethnic groups in different states was also prevalent. For example, black men in Michigan experienced a much higher unemployment rate than those in Hawaii (21.8% versus 4.0%). There was more than a three-fold difference in the unemployment rate between Hispanic men living in Georgia (3.9%) and those in West Virginia (12.4%).
- The national disparity score for this indicator was 1.55. State-level disparity scores ranged from a high of 7.47 in South Dakota to a low of 0.98 in New Hampshire. South Dakota's disparity score was the highest in the nation because white men had the second to lowest unemployment rate (2.8%) in the nation while men of color had the highest (20.5%) in the nation. More than a quarter (27.5%) of American Indian and Alaska Native men in South Dakota were unemployed.
- In every state except New Hampshire, men of color had higher unemployment rates than white men, as reflected in Figure 3.5.
- In the upper right quadrant, Michigan stands out at the far right, reflecting its high unemployment rate among all men.



Table 3.5. Unemployment, by State and Race/Ethnicity, 2006 - 2008



State	Disparity Score	Unemployment Rate						
		All Men	White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.55	6.4%	5.4%	8.3%	13.1%	6.5%	5.0%	12.7%
Alabama	2.40	6.5%	4.7%	11.2%	12.8%	4.1%	5.0%	7.7%
Alaska	2.35	8.7%	6.3%	14.9%	7.7%	8.4%	5.6%	26.6%
Arizona	1.38	5.6%	4.8%	6.6%	9.5%	5.5%	5.4%	15.8%
Arkansas	1.96	7.2%	5.8%	11.3%	16.1%	5.6%	4.8%	7.6%
California	1.26	6.8%	5.9%	7.4%	12.7%	7.2%	5.9%	10.7%
Colorado	1.49	5.1%	4.5%	6.7%	9.3%	6.1%	5.1%	12.5%
Connecticut	2.07	6.3%	5.0%	10.4%	14.0%	9.5%	4.2%	
Delaware	1.71	6.2%	5.2%	8.9%	11.2%	6.2%	1.7%	
District of Columbia	5.35	8.4%	2.4%	12.8%	15.4%	5.0%	5.6%	
Florida	1.38	6.3%	5.5%	7.6%	11.0%	5.9%	4.1%	8.2%
Georgia	1.75	6.5%	4.9%	8.6%	11.8%	3.9%	3.7%	6.8%
Hawaii	1.27	4.4%	3.8%	4.8%	4.0%	6.7%	3.5%	
Idaho	1.24	5.3%	5.1%	6.3%		5.5%	5.8%	12.2%
Illinois	1.70	7.3%	5.7%	9.7%	18.5%	6.9%	4.9%	9.9%
Indiana	1.74	6.9%	6.1%	10.6%	14.6%	7.5%	5.7%	11.9%
Iowa	1.91	4.8%	4.4%	8.4%	15.7%	8.1%	3.5%	6.0%
Kansas	1.79	5.1%	4.4%	7.9%	14.6%	5.5%	4.9%	8.1%
Kentucky	1.34	6.9%	6.6%	8.9%	12.1%	5.0%	2.6%	
Louisiana	2.85	6.9%	4.2%	12.0%	14.1%	5.1%	6.9%	6.9%
Maine	1.67	6.2%	6.1%	10.2%	8.7%	8.4%		15.8%
Maryland	1.97	5.5%	3.9%	7.7%	9.8%	4.9%	3.6%	8.1%
Massachusetts	1.64	6.6%	5.9%	9.7%	12.4%	10.2%	5.3%	9.3%
Michigan	1.91	10.2%	8.7%	16.6%	21.8%	12.0%	5.5%	16.9%
Minnesota	2.04	5.8%	5.1%	10.5%	16.3%	7.7%	5.5%	20.3%
Mississippi	2.87	8.3%	4.9%	14.2%	15.6%	4.9%	3.1%	
Missouri	2.23	6.6%	5.4%	12.1%	16.6%	7.0%	4.3%	8.7%
Montana	3.15	5.5%	4.6%	14.6%		5.9%		21.8%
Nebraska	1.76	4.6%	4.0%	7.1%	15.1%	4.2%	3.4%	19.2%
Nevada	1.10	6.2%	5.9%	6.5%	9.9%	6.3%	3.7%	12.4%
New Hampshire	0.98	4.8%	4.8%	4.7%		6.1%	1.8%	
New Jersey	1.34	6.0%	5.2%	7.0%	12.0%	5.6%	3.6%	11.2%
New Mexico	1.51	5.8%	4.6%	6.9%	7.5%	6.3%	6.4%	10.2%
New York	1.66	6.7%	5.3%	8.8%	12.2%	7.9%	5.3%	12.1%
North Carolina	1.73	6.3%	5.0%	8.6%	12.3%	4.8%	5.0%	7.3%
North Dakota	5.60	3.5%	2.9%	16.1%				16.1%
Ohio	2.10	7.5%	6.4%	13.5%	16.9%	9.0%	3.4%	15.9%
Oklahoma	1.67	5.3%	4.4%	7.3%	10.4%	4.5%	3.2%	9.8%
Oregon	1.06	6.9%	6.7%	7.1%	11.3%	6.6%	4.4%	9.8%
Pennsylvania	2.27	6.2%	5.1%	11.7%	15.1%	9.4%	5.1%	13.8%
Rhode Island	1.55	6.9%	6.3%	9.7%	8.4%	10.2%	6.8%	
South Carolina	2.25	6.9%	4.9%	11.0%	13.1%	5.2%	2.0%	11.2%
South Dakota	7.47	4.4%	2.8%	20.5%		9.8%		27.5%
Tennessee	1.89	6.8%	5.7%	10.8%	13.7%	5.1%	4.6%	8.0%
Texas	1.48	5.6%	4.4%	6.5%	11.5%	5.7%	4.5%	8.0%
Utah	1.48	4.1%	3.8%	5.5%	12.1%	4.9%	4.1%	11.3%
Vermont	1.79	5.3%	5.2%	9.4%				
Virginia	1.78	4.6%	3.7%	6.5%	8.9%	4.1%	3.5%	9.6%
Washington	1.42	6.1%	5.5%	7.8%	10.8%	7.4%	4.9%	17.6%
West Virginia	1.91	6.8%	6.6%	12.6%	11.0%	12.4%		
Wisconsin	2.23	6.0%	5.1%	11.4%	18.9%	7.0%	7.9%	16.8%
Wyoming	1.75	3.5%	3.0%	5.3%		3.9%		11.6%



Note: Among men ages 18-64

*All Minority men includes Black, Hispanic, Asian and Native Hawaiian or Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

Disparity score greater than 1.00 indicates that minority men are doing worse than white men. Disparity score less than 1.00 indicates that minority men are doing better than white men. Disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: American Community Survey, 2006-2008.

 Largest disparity: White men faring worse than men of color
 Largest disparity: Men of color faring worse than white men

 Best state in column
 Worst state in column

WAGE GAP

Although men continue to earn more than women,⁸² racial and ethnic disparities in earnings are well documented for both genders. These disparities persist even after accounting for years of work, experience, and education.⁸³ Wages are another measure of the resources available to cover health care expenditures. The racial and ethnic wage gap ratio represents the share of earnings for men of various racial and ethnic minority groups compared to those of white men. A higher wage gap ratio is a better outcome and indicates that there is a smaller difference in earnings between men of color and white men. The data for this indicator are derived from the Current Population Survey conducted by the U.S. Census Bureau. There is no 2x2 graphic for this indicator.

Highlights

- Nationally, the difference in earnings between men of color and white men was 68.4%. This means that among nonelderly adult men who worked full time and year round, men of color earned 68.4 cents for every dollar earned by white men (Table 3.6). Significant variation by race and ethnicity was observed. For example, Hispanic, black, and American Indian and Alaska Native men who worked full-time earned 58.6, 71.0, and 75.9 cents, respectively, for every dollar a white man earned. Asian American, Native Hawaiian and other Pacific Islander men earned slightly more than white men (\$1.01 versus \$1.00).
- The wage gap varies within racial and ethnic groups. For example, earnings among black men in the District of Columbia were less than half of white men in the District (43.5%). On the other hand, black men in Iowa (95.6%) had earnings almost on par with white men in Iowa. In Michigan, Asian American, Native Hawaiian and other Pacific Islander men have earnings far surpassing their white counterparts (151.7%), but in Rhode Island, they earn only about two-thirds the level of white men (63.5%).
- In all states, white men had higher average earnings than men of color as a group. The national wage gap disparity score was 1.46, ranging from a low 1.01 in West Virginia, where earnings for white men and men of color were nearly equal to a high of 2.30 in the District of Columbia, where white men earned more than twice that of minority men. In the District of Columbia, black and Hispanic men had the lowest relative earnings compared to white men.

Table 3.6. Wage Gap for Men Who Are Full-Time Year-Round Workers Compared to Non-Hispanic White Men, by State and Race/Ethnicity, 2006 - 2008

State	Disparity Score	Wage Gap Compared to White Men					
		White	All Minority*	Black	Hispanic	Asian and NHPI	American Indian/ Alaska Native
All States	1.46	100.0%	68.4%	71.0%	58.6%	101.4%	75.9%
Alabama	1.53	100.0%	65.3%	76.1%			
Alaska	1.39	100.0%	72.1%		72.9%	63.6%	65.4%
Arizona	1.71	100.0%	58.6%		54.7%		
Arkansas	1.36	100.0%	73.4%	77.5%	52.4%		
California	1.80	100.0%	55.6%	71.0%	47.4%	82.1%	
Colorado	1.59	100.0%	63.1%	79.6%	55.6%		
Connecticut	1.62	100.0%	61.7%	55.6%	50.9%	105.3%	
Delaware	1.38	100.0%	72.4%	79.7%	49.8%		
District of Columbia	2.30	100.0%	43.5%	46.5%	33.6%		
Florida	1.50	100.0%	66.5%	68.0%	62.3%	90.1%	
Georgia	1.49	100.0%	67.0%	69.6%	49.7%	114.9%	
Hawaii	1.36	100.0%	73.3%		75.3%	72.6%	
Idaho	1.58	100.0%	63.2%		56.5%		
Illinois	1.46	100.0%	68.4%	66.3%	58.6%	111.0%	
Indiana	1.41	100.0%	70.7%	77.8%	62.3%		
Iowa	1.28	100.0%	78.0%	95.6%	66.7%		
Kansas	1.36	100.0%	73.3%	83.7%	65.2%		
Kentucky	1.39	100.0%	72.1%	80.2%			
Louisiana	1.73	100.0%	57.7%	57.7%			
Maine	1.18	100.0%	84.6%				
Maryland	1.52	100.0%	65.8%	71.6%	47.5%	101.5%	
Massachusetts	1.52	100.0%	65.8%	66.4%	49.2%	95.1%	
Michigan	1.11	100.0%	89.8%	79.8%	61.5%	151.7%	
Minnesota	1.39	100.0%	72.0%	72.0%	57.8%	104.6%	
Mississippi	1.54	100.0%	65.0%	68.1%			
Missouri	1.34	100.0%	74.9%	66.4%	78.0%		
Montana	1.49	100.0%	67.1%				
Nebraska	1.61	100.0%	62.0%	57.8%	59.0%		
Nevada	1.59	100.0%	63.0%	65.5%	58.7%	68.5%	
New Hampshire	1.28	100.0%	78.3%		65.9%		
New Jersey	1.70	100.0%	59.0%	59.7%	44.2%	110.6%	
New Mexico	1.53	100.0%	65.4%		66.0%		44.8%
New York	1.44	100.0%	69.2%	76.0%	59.9%	86.1%	
North Carolina	1.45	100.0%	68.8%	70.7%	57.3%		
North Dakota	1.38	100.0%	72.4%				62.7%
Ohio	1.31	100.0%	76.5%	76.5%	70.6%		
Oklahoma	1.20	100.0%	83.4%	81.1%	64.9%		92.7%
Oregon	1.67	100.0%	60.0%		43.2%	114.2%	
Pennsylvania	1.30	100.0%	76.9%	77.9%	70.0%	91.3%	
Rhode Island	1.84	100.0%	54.5%	69.7%	49.6%	63.5%	
South Carolina	1.56	100.0%	64.2%	64.2%	51.4%		
South Dakota	1.60	100.0%	62.5%				60.4%
Tennessee	1.40	100.0%	71.4%	73.4%	57.3%		
Texas	1.73	100.0%	57.7%	67.4%	55.6%	92.8%	
Utah	1.70	100.0%	58.7%		56.4%		
Vermont	1.10	100.0%	90.9%				
Virginia	1.42	100.0%	70.4%	70.4%	52.8%	98.2%	
Washington	1.45	100.0%	69.0%	63.4%	59.3%	81.4%	
West Virginia	1.01	100.0%	98.9%				
Wisconsin	1.34	100.0%	74.7%	83.0%	60.3%		
Wyoming	1.16	100.0%	86.0%		87.2%		

Note: Among men ages 18-64

*All Minority men includes Black, Hispanic, Asian and Native Hawaiian or Pacific Islander (NHPI), American Indian or Alaska Native, and men of two or more races.

Disparity score greater than 1.00 indicates that minority men are doing worse than white men. Disparity score less than 1.00 indicates that minority men are doing better than white men. Disparity score equal to 1.00 indicates that minority and white men are doing the same.

Source: Current Population Survey, 2006-2008.

⋯⋯⋯ Smallest disparity in wage gap

▭ Largest disparity in wage gap

⋯⋯⋯ Best state in column

▭ Worst state in column

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%

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