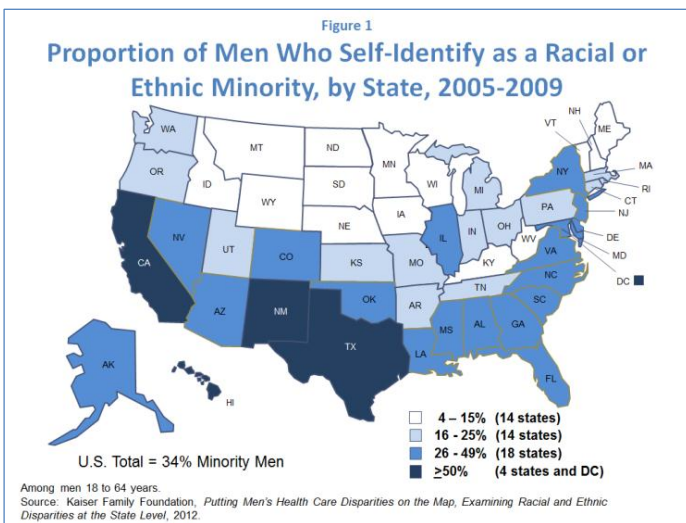


# PUTTING MEN'S HEALTH CARE DISPARITIES ON THE MAP: Examining Racial and Ethnic Disparities at the State Level

## HEALTH STATUS HIGHLIGHTS

September 2012

Women and men of different races and ethnicities not only have distinct health-related experiences, but these experiences can differ by geography. Despite the striking variation in the health status and chronic condition rates found in cross-state comparisons that stratify by race and gender, these analyses are often difficult to find. The need for this information is even more critical today as the number of men of color shift from minority to majority in a growing number of states and state policies play a significant and increasing role in shaping access to care and coverage (Figure 1). This factsheet draws upon findings from the chapter on health status in the Kaiser Family Foundation report, *Putting Men's Health Care Disparities On the Map*, which uses national data sources to generate state-level estimates on a range of indicators of health status, access, and well-being for men of different racial and ethnic backgrounds (white, black, Hispanic, Asian, Native Hawaiian and other Pacific Islander (Asian/NHPI), and American Indian and Alaska Native (AI/AN)) in the U.S.



- Serious Psychological Distress.** Nationally, 9.5% of adult men ages 18 to 64 met the criteria for serious psychological distress (SPD) in 2004-2007. Unlike many of the other health status indicators where men of color fared worse, white men (9.6%) had similar rates of SPD as black (9.3%) and Hispanic (9.0%) men. AI/AN men had the highest rate (13.8%) and Asian/NHPI men had the lowest rate (7.9%).
- At the state level, the differences ranged from a low of 2.1% of Asian/NHPI men in Florida and 4.8% of black men in Connecticut to a high of 16.0% of Hispanic men in New Mexico and 14.3% of white men in Rhode Island.

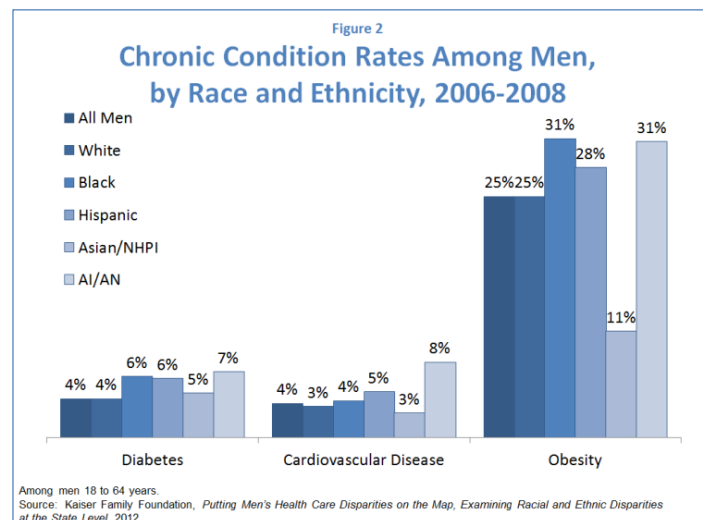
### Chronic Conditions

Many men live with chronic health conditions such as diabetes, cardiovascular disease, or obesity that can be avoided, managed effectively, or even cured with ongoing medical attention and lifestyle changes (Figure 2).

### Health and Well-Being

Physical and mental limitations can affect a man's ability to participate in daily activities, such as work, recreation, or share in household management and family responsibilities.

- Self-reported Health Status.** Nationally, just over one in ten (11.0%) men ages 18 to 64 rated their health as fair or poor. Hispanic (22.3%) and AI/AN men (18.8%) had the highest rates of fair or poor health, followed by black men (13.3%), white men (8.5%), and Asian/NHPI men (8.3%).
- These differences, however, masked even more striking variations at the state level, with only 2.4% of white men in DC and 4.8% of Hispanic men in Georgia reporting fair or poor health compared to highs of 29.0% of Hispanic men in North Carolina and 27.2% in Illinois.



- **Diabetes** is a growing health burden on men in the U.S. On average 4.2% of men ages 18 to 64 reported having been diagnosed with diabetes, but this range was also large, topping out at 10.1% of AI/AN men in Oklahoma and 9.0% of black men in Michigan to 1.7% of white men in DC and 1.8% in Hawaii.
- **Cardiovascular Disease.** Among men 18 to 64 years, the prevalence rate of cardiovascular disease was 3.5% nationwide, and ranged from 11.7% of Hispanic men in Louisiana and 11.6% of AI/AN men in Wisconsin to 1.3% of white men in DC and 1.5% of black men in Rhode Island.
- **Obesity.** Nationally, one in four men ages 18 to 64 (25.2%) were obese (Body Mass Index (BMI) of 30 or higher). This ranged from highs of 50.1% of AI/AN men in North Dakota and 44.0% of black men in Kansas to lows of 3.4% of Asian/NHPI men in Massachusetts and 5.0% in New York.

## Health Behaviors

Many lifestyle behaviors such as smoking, diet, and alcohol abuse have an impact on health. Smoking, for example, 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. Binge drinking<sup>1</sup>, a dangerous form of excessive alcohol use, is associated with a higher risk of acquiring sexually transmitted infections, injury from car crashes, drowning, firearm misuse; as well as higher rates of chronic conditions such as cardiovascular and liver diseases.<sup>2</sup>

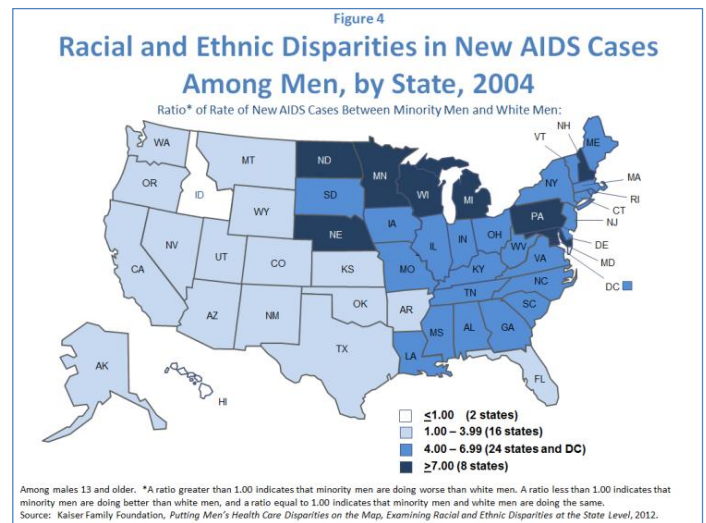
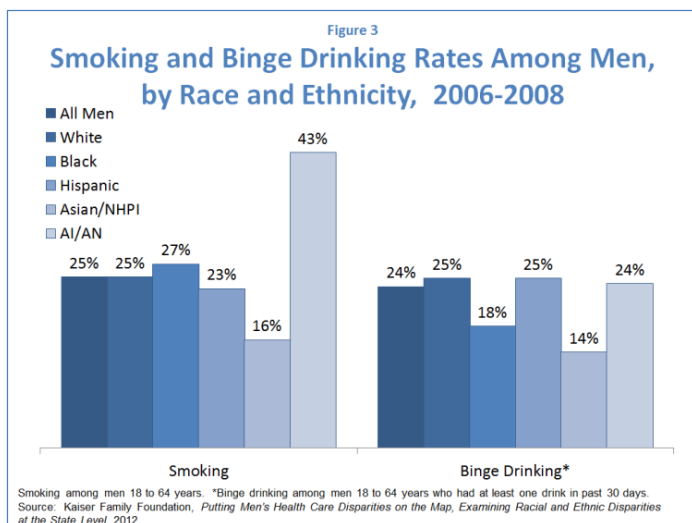
- **Smoking.** One in four men ages 18 to 64 was a current smoker in 2006-2008 (Figure 3). Among men, the highest smoking rate was among AI/AN (43.2%). The range on this indicator was quite large, with the highest rates among of AI/AN men in Wyoming (60.2%) and Wisconsin (57.2%) and the lowest rates among Asian/NHPI men in Maryland (8.3%) and white men in Utah (11.9%).

- **Binge Drinking.** About a quarter (23.6%) of men ages 18 to 64 had at least one episode of binge drinking in the past 30 days. Both whites and Hispanics had the highest rate of recent binge drinking (24.8%). Nationally, however, AI/AN men in Washington and Hispanic men in Hawaii had the highest rates (36.8% and 36.5%), respectively, and Asian/NHPI men in Texas (5.1%) and Maryland (8.4%) had the lowest rates.

## HIV/AIDS

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.<sup>3</sup>

- **New AIDS Cases.** The most striking health disparity was the disproportionate burden of new AIDS cases on black men. The new AIDS case rate for black men was 104.1 cases/100,000 males ages 13 years and older, followed by 40.8 cases/100,000 for Hispanic men, and 17.3/100,000 for AI/AN men. The rates for Asian/NHPI (8.0/100,000) and white men (13.7/100,000) were the lowest.
- Considerable state-to-state variation is evident in the rate of new AIDS cases and the differences in the rates between white men and men of color (Figure 4). Most notably, the highest prevalence rate of new AIDS infections for almost all racial and ethnic groups (except Asian/NHPI) was in the District of Columbia. The case rate for all men in DC was 306.0 cases/100,000 men, more than ten times higher than the national average.



<sup>1</sup> United States Department of Health and Human Services. Centers for Disease Control and Prevention. *Binge Drinking Fact Sheet*. December 2010. <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>.

<sup>2</sup> Ibid.

<sup>3</sup> United States Department of Health and Human Services. Centers for Disease Control and Prevention. *HIV in the United States*. November 2011.

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