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

ACCESS AND UTILIZATION HIGHLIGHTS

September 2012

Men and women use health care differently. In some cases, men and women use different types of care and in others, services are utilized at different rates. Men generally use health care at lower rates than women. This is largely due to lower rates of chronic illness among men as well as women's reproductive health care needs. In addition to gender differences, men of different racial and ethnic backgrounds access and utilize care differently. Today, one-third of U.S. residents self-identify as a member of a racial or ethnic minority group,[1] but increasingly, *minority* populations are becoming the *majority* in several states across the nation. This factsheet draws upon findings from the chapter on health care access and utilization 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 the health status, access to care, and well-being of 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 United States.

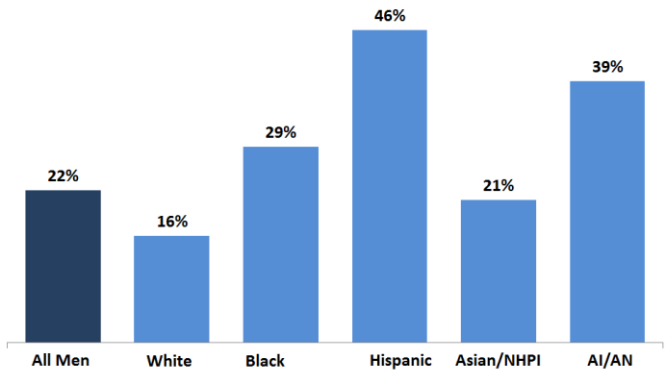
Coverage

Health insurance coverage, whether private or public, helps make health care more affordable and accessible.

- ***No Health Insurance***. Nationally, about one in five (22.4%) nonelderly men lacked health insurance coverage in 2006-2008. On average, the uninsured rates for Hispanic and AI/AN men were higher than for other racial and ethnic groups (Figure 1).
- Hispanic men had the highest uninsured rate in the nation and in nearly every state for which data was available. Nonetheless, the uninsured rate among Hispanic men ranged from 67.5% in North Carolina to 17.3% in Hawaii.

Figure 1

No Health Insurance Coverage Among Men, by Race/Ethnicity, 2006 - 2008



Among men 18 to 64 years.
Source: Kaiser Family Foundation, *Putting Men's Health Care Disparities on the Map, Examining Racial and Ethnic Disparities at the State Level*, 2012.

- White men in a number of states had higher uninsured rates compared to the national average for white men of 15.7%. This was the case in Arkansas (22.6%), Florida (21.3%), and Louisiana (22.9%). However, in all of these states, the uninsured rate for men of color was almost twice as high as for whites.

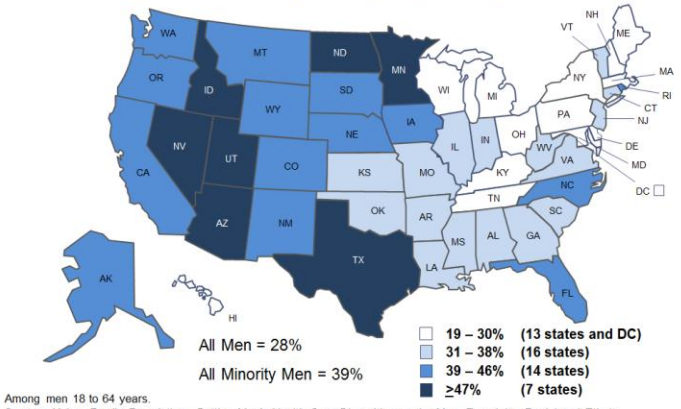
Access to Care

Having an ongoing relationship with a doctor or health care provider increases the likelihood of receiving recommended preventive services as well as ongoing care to manage chronic health problems.[2] However, affordability of health care is a problem for many men and is often a leading reason for postponing or forgoing health care.[3]

- ***No Personal Doctor/Provider.*** More than a quarter (28.0%) of men in the U.S. did not have a regular health care provider.
- On average, 38.7% of minority men did not have a regular provider, ranging from a low of 19.3% in Hawaii to a high of 55.8% in Idaho (Figure 2).
- ***No Doctor Visit Due to Cost***. Nationally, cost barriers were highest among the racial and ethnic groups with the highest uninsured rates and lowest incomes – Hispanic (21.8%) and AI/AN (20.7%) men.

Figure 2

No Personal Doctor/Health Care Provider Among All Minority Men, by State, 2006 - 2008



Among men 18 to 64 years.
Source: Kaiser Family Foundation, *Putting Men's Health Care Disparities on the Map, Examining Racial and Ethnic Disparities at the State Level*, 2012.

- Compared to other men of color nationally, Asian/NHPI men had the lowest rate of cost barriers to care (10.9%). However, there was a wide range across states. For example, nearly one in five (19.1%) Asian/NHPI men in Texas could not see a doctor because of cost.

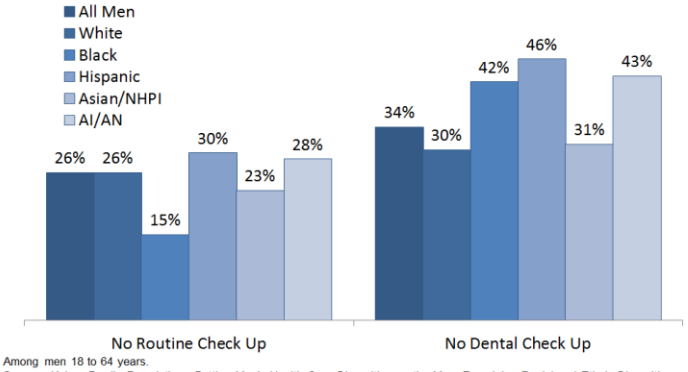
Checkups and Preventive Care

Routine checkups are an important point of contact with the health care system and can provide an opportunity for health education, screening services, and treatment of chronic illnesses.

- ***No Routine Check Ups.*** Nationally, one in four (26.2%) white men reported they did not have a routine checkup in the prior two years (Figure 3). The national average among all minority men was slightly lower at 23.6%. This was the only measure of access or utilization for which white men fared worse than minority men as a whole. However, Hispanics had the lowest rate of recent checkups at 29.5%.
- ***No Regular Dental Care.*** Dental checkups are important for maintaining oral health, early detection of oral health problems, and obtaining treatments to prevent further damage.[4]
- Nationally, 1 in 3 (34.2%) nonelderly men reported that they did not have a dental checkup in the prior two years. This rate was highest among Hispanic (45.7%) men.
- State-to-state variations within racial and ethnic groups were observed. For example, 26.6% of Hispanic men in Pennsylvania lacked a recent dental checkup, compared to 62.8% of Hispanic men in Arkansas. Similarly one-third (32.9%) of black men in New York did not have a recent dental checkup, compared to more than half (53.8%) of black men in Oklahoma.

Figure 3

Physical and Dental Check Up Rates Among Men, by Race and Ethnicity, 2006-2008

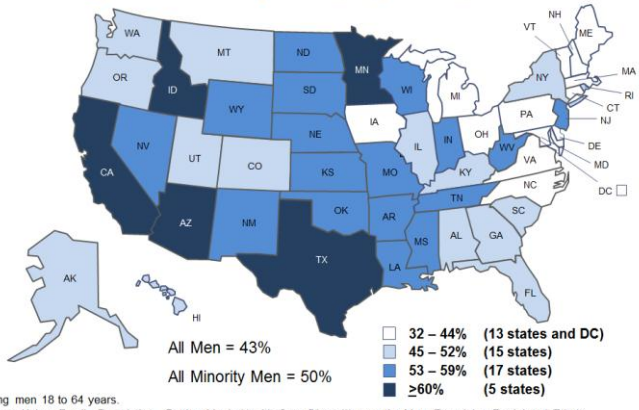


Among men 18 to 64 years.
Source: Kaiser Family Foundation, *Putting Men's Health Care Disparities on the Map, Examining Racial and Ethnic Disparities at the State Level*, 2012.

- ***No Colorectal Cancer Screening.*** Early detection of colorectal cancer is associated with better treatment options and increased life expectancy.[5] The U.S. Preventive Services Task Force recommends that men ages 50 and older have a colorectal cancer screening at least once every ten years.
- Nationally, 42.7% of men ages 50 to 64 reported they did not have a colorectal cancer screening test in the prior two years. On average, 56.2% of Hispanic and 48.4% of AI/AN men did not have a recent colorectal cancer screening, compared to 43.2% of black and 40.6% of white men.
- As with the other indicators, there was considerable state-to-state variation (Figure 4). For example, 63.9% of all minority men in Idaho did not have a recent colorectal cancer screening, approximately twice the rate of all minority men in Vermont (32.4%).

Figure 4

No Colorectal Cancer Screening Among All Minority Men, by State, 2006 - 2008



Among men 18 to 64 years.
Source: Kaiser Family Foundation, *Putting Men's Health Care Disparities on the Map, Examining Racial and Ethnic Disparities at the State Level*, 2012.

[1] United States Census Bureau. 2010 Census Brief. *Overview of Race and Hispanic Origin: 2010*. March 2011. 124.
[2] Bindman, A., et al. "Primary Care and Receipt of Preventive Services." *Journal of General Internal Medicine* (1996); 11(5): 269-276.
[3] Institute of Medicine. *Coverage Matters: Insurance and Health Care.* National Academies Press. October 2001.
[4] United States Department of Health and Human Services. Centers for Disease Control and Prevention. *Oral Health: Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers*, 2011.
[5] Soetikno R, et al. "Prevalence of Nonpolypoid (flat and depressed) Colorectal Neoplasms in Asymptomatic and Symptomatic Adults." *JAMA* (2008); 299(9): 1027–1035.

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