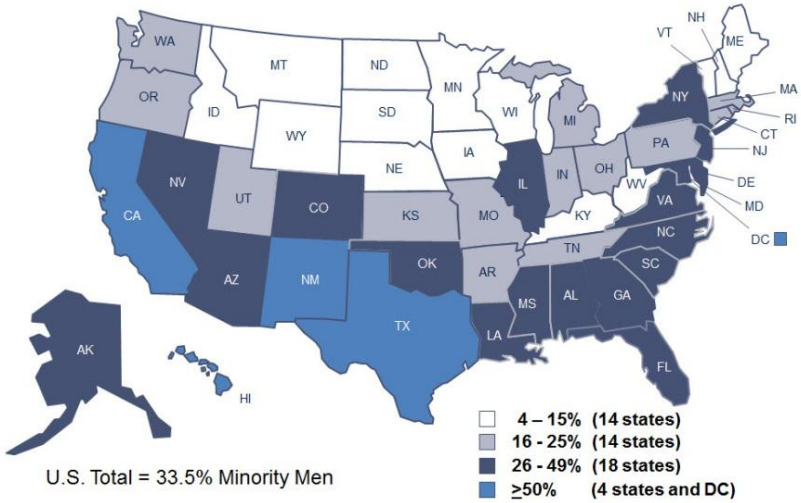
EXECUTIVE SUMMARY

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 group[1] 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.

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



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

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.

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).

Table A. National Indicator Rates for Men Ages 18 to 64, by Race/Ethnicity, 2006-2008

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.

Lowest Rate for Indicator

Highest Rate for Indicator

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 care[3] 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

		Highest Disparity States						Lowest Disparity States					
Indicator	U.S. Disparity Score	State	Disparity Score	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.