

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.

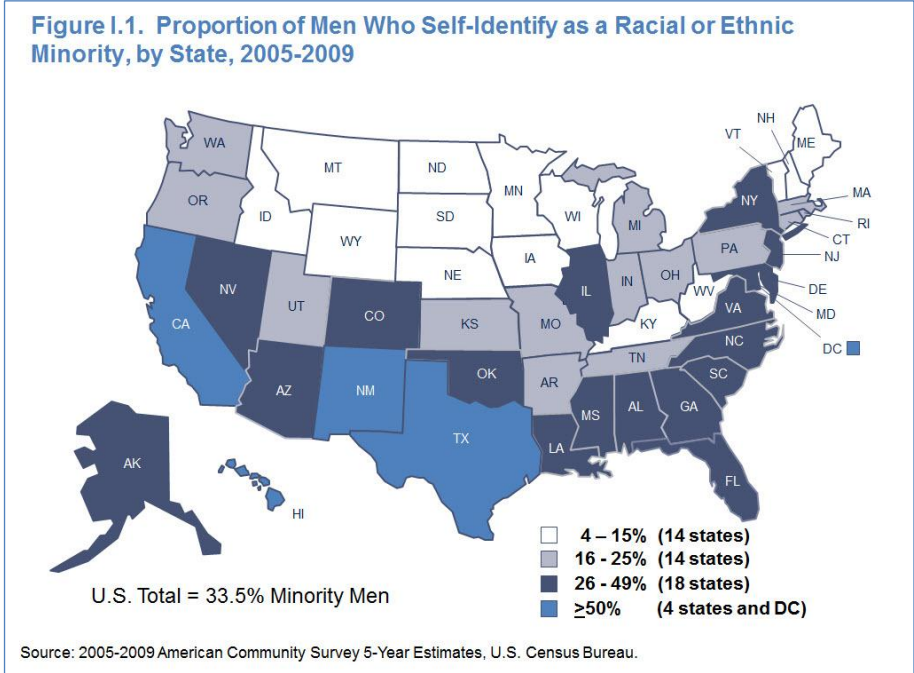


TABLE I.1. State Population of Men Ages 18-64 and Percent Distribution by Race/Ethnicity, 2005-2009

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.