

OUT OF TOUCH:
AMERICAN MEN AND THE
HEALTH CARE SYSTEM

Commonwealth Fund Men's and Women's Health Survey Findings

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This survey was conducted by Louis Harris and Associates, Inc., under commission by The Commonwealth Fund.

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EXECUTIVE SUMMARY

This report presents new research revealing that an alarming proportion of American men have only limited contact with physicians and the health care system generally. Many men fail to get routine checkups, preventive care, or health counseling, and they often ignore symptoms or delay seeking medical attention when sick or in pain. When they do seek care, social taboos or embarrassment can sometimes prevent men from openly discussing health concerns with their physicians. These and other findings point to a need for expanded efforts to address men's special health concerns and risks and their attitudes toward health care.

Greater attention to men's health is called for, given their greater risk for mortality. Life expectancy at birth for men is six years less than that for women.¹ Men die from heart disease and chronic liver disease at twice the rate for women.² Suicide and violence-related deaths are four times as likely among men.³ Past studies indicate that male attitudes and behaviors concerning health are major contributors to this mortality gap.

This report provides a current picture of men's health care access and experiences, health-related behaviors, and other often-neglected issues related to men's health. The data presented here are based on a telephone survey commissioned by The Commonwealth Fund and conducted by Louis Harris and Associates, Inc., from May to November 1998. The survey included a sample of 1,500 men and 2,850 women.

KEY SURVEY FINDINGS

Many men are out of touch with the health care system and face barriers to care. One of four (24%) men did not see a physician in the year prior to the survey—three times the rate found for women (8%). Furthermore, 33 percent of men did not have a regular doctor to go to when they were sick or needed medical advice, compared with only 19 percent of women. Women's needs for obstetrical or gynecological care only partially accounts for the difference. Although the gap between men and women narrows somewhat from ages 45 to 64, it still persists at a time of life when men and women are both at a heightened risk for chronic disease and other serious threats to health.

¹ National Center for Health Statistics, *National Vital Statistics Reports*, Vol. 47, June 30, 1999.

² National Center for Health Statistics, *National Vital Statistics Reports*, Vol. 47, November 10, 1998.

³ Ibid.

Men's irregular contact with doctors means they often do not receive any preventive care for potentially life-threatening conditions. More than half of all men did not have a physical exam or a blood cholesterol test in the past year. Six of 10 men age 50 or older were not screened for colon cancer, while four of 10 were not screened for prostate cancer in the past year. Roughly a third of these men had not been screened for either disease in the past five years.

Men's behaviors and reluctance to seek care place their health at risk. The survey finds that men tend to avoid seeking medical attention or delay getting care despite warning signs. When asked what they would do if they were in pain or feeling sick, one of four (24%) men said he would wait as long as possible before seeing a doctor and another 17 percent would wait at least a week. Moreover, men often put their own health at risk when they smoke or fail to get regular exercise. One of four working-age men said he smokes, while one of two does not exercise at least three times per week, as recommended by physicians. One of five men said he never exercises.

Physicians often fail to counsel their male patients during office visits. Men and their doctors often miss opportunities to discuss health concerns. Among men who recently visited a physician, few reported that they received counseling on ways to improve their health or to prevent illness or injury. Counseling rates were low even among men known to be poor health risks. For example, only two-thirds of smokers said that their doctor had discussed smoking with them. Counseling rates for sensitive topics such as sexual health and emotional well-being were especially low. Nevertheless, men rated their physicians highly overall and said they trusted their doctors to care about them and their health. Given this strong level of trust, physicians could be taking better advantage of time spent with male patients to educate them about important health matters.

Lack of insurance has serious repercussions for men's access to health care. Compared with men who are insured all year, uninsured men are at more than three times the risk for not getting needed health services and basic primary care. Seventeen percent of uninsured men reported a time when they did not get necessary care, compared with 5 percent of men insured year-round.

Low-income and less-educated men, as well as men who live alone, are also more likely to face barriers to medical care or to lack a regular physician. Married men may benefit from having a concerned spouse and from women's greater propensity to seek health care for themselves, to take primary responsibility for the children's health care, and generally to make health care decisions for their family.

Working-age men experience significant gaps in health coverage. Men, like women, depend mainly on employer-sponsored health plans for their health insurance. However, for low-income working-age men (ages 18–64), having a job is no guarantee of access to affordable health coverage: three of five (60%) men living on incomes of \$16,000 or less were uninsured at some point during 1998. Men in this income group have little access to public insurance programs like Medicaid. Hispanic men, regardless of income, were also at notably high risk—nearly half (45%) had been uninsured in 1998. Overall, nearly three of 10 (28%) working-age men reported they were uninsured during 1998, either at the time of the survey or at some other point during the year.

CONCLUSION

The survey findings dramatize the need for substantial improvements in men's health—improvements that will require the combined efforts of physicians, health plans, policymakers, and, of course, men themselves. Targeted educational programs, for example, could help promote preventive care and healthy behaviors. Removing financial barriers is also vital. Without expanded access to affordable health coverage, many low-income men will not have the resources they need to take charge of their health.

ACCESS TO AND UTILIZATION OF CARE

ACCESS TO AND UTILIZATION OF CARE

A high proportion of men lack stable and ongoing connections to the health care system.

- One of three (33%) men has no regular doctor to go to when he is sick or wants medical advice, compared with one of five women (19%).
- One of four (24%) men did not see a physician in the year prior to the survey. Among women the proportion is one of 12 (8%).

Women's need for obstetrical/gynecological care only partially explains why they are more likely than men to be in regular contact with a physician.

- By age 45—when most women have left their child-bearing years and both women and men have become increasingly susceptible to chronic illness—the gap in physician visitation has narrowed but persists nonetheless. Among men ages 18 to 29, half (53%) have no regular doctor, compared with one-third (33%) of women in this age range. Within the 30-to-44 age group, the proportion without a regular doctor is two of five (38%) for men and one of five (22%) for women. Among adults ages 45 to 64, one of four (24%) men still lacks a regular physician, while the same is true for only one of eight (13%) women.
- One of three (33%) men ages 18 to 29 made no visits to the doctor in the year prior to the survey, compared with only 7 percent of women in this age group. Among 30- to 44-year-olds, men were three times more likely than women not to have visited a physician in the previous year (30% of men vs. 10% of women). Eighteen percent of men and 7 percent of women ages 45 to 64 made no physician visits.
- Though men make more trips to the doctor as they grow older, they continue to lag behind women. In the year prior to the survey, men ages 18 to 29 made an average of 2.5 office visits per year, compared with 6.8 visits for women the same age. Among 30- to 44-year-olds, men averaged 3.0 visits and women averaged 5.2 visits. Among 45- to 64-year-olds, men saw a physician 4.4 times, while women saw one 5.5 times.
- Only once men and women reach age 65 and become eligible for Medicare are they similarly likely to have a doctor whom they see on a regular basis. In fact, most elderly men and women have a regular doctor (90% of men and 94% of women) and saw a physician in the year prior to the survey (95% of men and 93% of women).

Men often ignore their symptoms, are reluctant to obtain professional help, or delay seeking care until there is a medical crisis—behaviors that can result in worse prognoses and more costly treatment.

- One of four (24%) men said he would wait as long as possible before consulting a physician if he felt sick or experienced pain, or if he was concerned about his health. Seventeen percent said they would wait at least a week to see if they got better and another 39 percent said they would wait a few days. Only one of five (18%) men said he would seek care or medical advice as soon as possible.

Uninsured men, younger men, and less-educated men are especially likely to delay seeking care.

- More than two of five (43%) uninsured men ages 18 to 64 said they would wait as long as possible to seek care when sick or in pain, compared with 21 percent of men who were continuously insured during the year prior to the survey. Forty-four percent of uninsured men would wait at least a few days or more before seeking care. Only one of nine (11%) said he would seek care as soon as possible.
- Younger men (ages 18–44) were more than three times as likely as elderly men age 65 and older to report that they would put off care for as long as possible (28% vs. 8%). However, even among elderly men, only one of three (34%) said he would seek care as soon as possible when sick or in pain.
- Three of 10 (30%) men with less than a high school education, versus 18 percent of men with a college education, said they would wait as long as possible to seek care when warning signs appeared.

Overall, one-half of all men do not receive preventive health care services in a given year, largely owing to their lack of a connection to the health system.

- In the previous year, 53 percent of men surveyed had not received a complete physical examination and 52 percent had not been tested for blood cholesterol levels. Among men age 50 and older, 60 percent had not been screened for colon cancer, while 41 percent had not had a blood test for prostate cancer.
- Within the past three years, one-quarter (27%) of men had not received a complete physical examination.

- Within the past five years, one-third (31%) of men had not received a cholesterol test, and 36 percent of those age 50 and older had not been screened for colon cancer.

Even when men do visit their physicians, many do not receive preventive health care services.

- Only 58 percent of adult men who saw their doctor at least once in the past year had a complete physical exam. Just 57 percent of men who made one or more visits to the physician received a blood cholesterol screening.
- Among men age 50 and older who saw their physician at least once in the past year, 61 percent had a prostate cancer screening and 42 percent had a colon cancer screening.

Lack of health insurance severely limits men's access to care: uninsured men were at least three times more likely than insured men to experience barriers to obtaining care.

- Seven of 10 (70%) working-age men who were uninsured at the time of the survey had no regular doctor. By contrast, only one of four (27%) men who were insured throughout the year did not have one. Half (48%) of uninsured men made no visits to a doctor in the prior year, compared with one-fifth (21%) of continuously insured men.
- Uninsured men were three times more likely than men insured all year to report a time when they did not get needed medical care during the year. Uninsured men were more likely than continuously insured men to have gone without needed care (17% vs. 5%); not to have had a prescription filled because of the cost (16% vs. 5%); and not to have seen a specialist when needed (14% vs. 4%). Taken together, nearly three of 10 (28%) uninsured men reported at least one circumstance in which they did not get care.
- Two of five (40%) working-age uninsured men reported that it is "extremely," "very," or "somewhat" difficult for them to get medical attention when needed. The same was true for only 6 percent of continuously insured men.

Income is directly related to men's ability to gain access to health care.

- A majority (59%) of working-age men with an annual income of less than \$16,000 did not have a regular doctor, compared with 41 percent of those earning from \$16,001 to \$35,000, 36 percent earning from \$35,001 to \$50,000, and 22 percent earning more than \$50,000.
- More than one-third (36%) of working-age men in the lowest income category reported that it was extremely, very, or somewhat difficult for them to get care when needed. Only 4 percent of men with incomes exceeding \$50,000 reported the same.

Hispanic men have the hardest time gaining access to care.

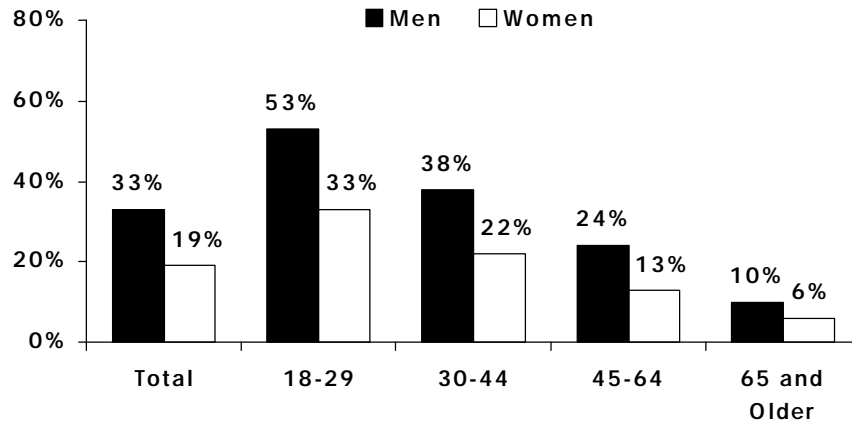
- Working-age Hispanic men were twice as likely as white or black men not to have seen a physician in the past year: 45 percent of Hispanics did not go to a doctor, compared with 22 percent of black men and 25 percent of white men.
- More than half (55%) of Hispanic men ages 18 to 64 did not have a regular doctor, compared with 45 percent of black men and 33 percent of white men.

Men who live alone are less likely than those living with spouses or partners to see a physician, receive preventive care, or come into contact with the health care system.

- Three of 10 (28%) men who were living alone made no physician visits in the year prior to the survey, compared with one of five (21%) men who were married or living with someone.⁴ Nearly half (44%) of men who lived alone received no preventive care during this time, as opposed to 38 percent of men with spouses or partners. Similarly, two of five (42%) men who were living alone lacked a regular doctor, compared with one of four (27%) married or partnered men.
- These patterns persist even among men age 40 and older—the age at which the onset of chronic health problems typically begins. Among men this age, those living alone were more likely than married or partnered men not to have seen a physician (21% vs. 16%), not to have received any preventive services (36% vs. 28%), and not to have a regular doctor (30% vs. 19%).

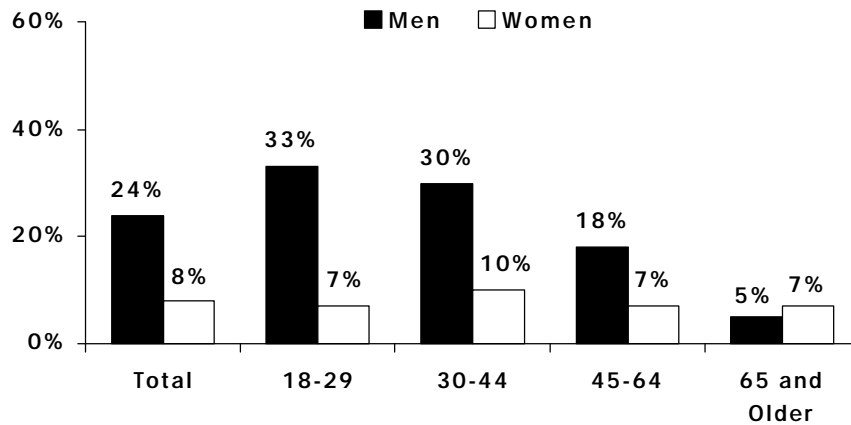
⁴ "Men who live alone" includes single men who were never married and men who were widowed, divorced, or separated.

No Regular Doctor by Gender and Age



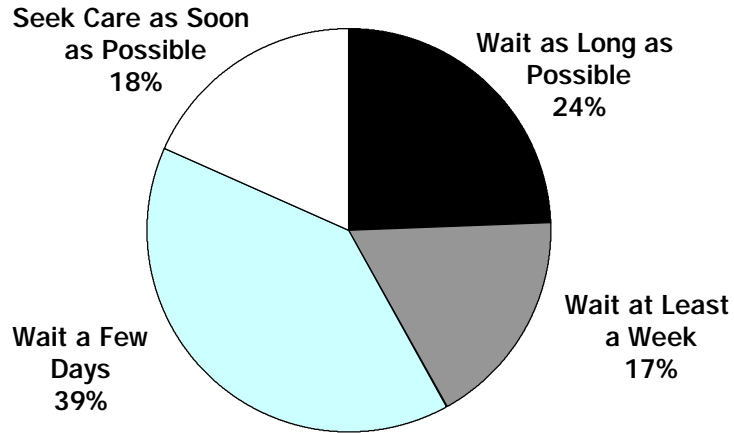
Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

No Physician Visit in Past Year by Gender and Age



Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

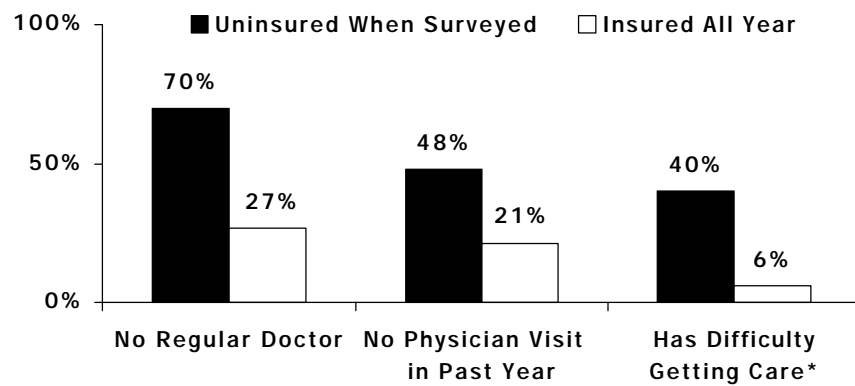
Care-Seeking Behavior When Sick or in Pain Men Age 18 and Older



Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

Access to Health Care by Insurance Status Men Ages 18-64

Percent of men who have access problems

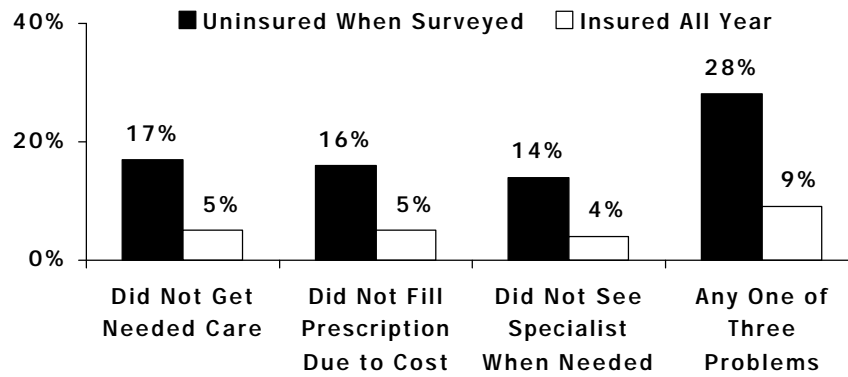


* Extremely, very, or somewhat difficult to get care when needed.

Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

Access Problems by Insurance Status, 1998 Men Ages 18-64

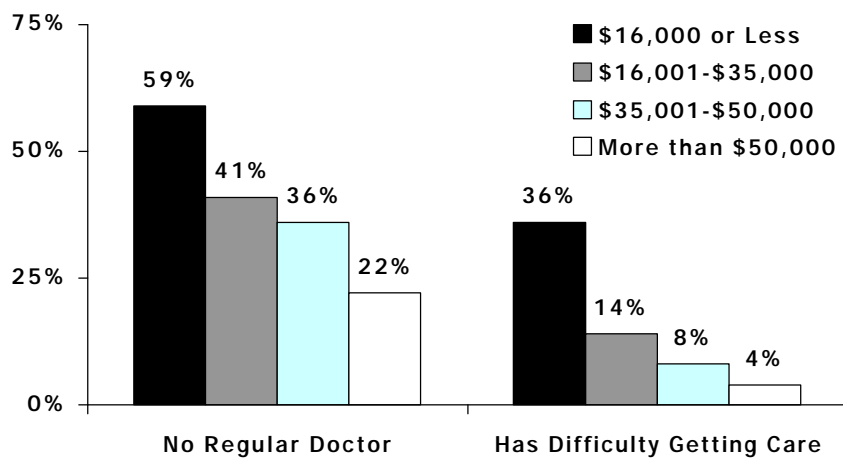
Percent of men who have gone without needed care in the past year



Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

Access to Care by Income Men Ages 18-64

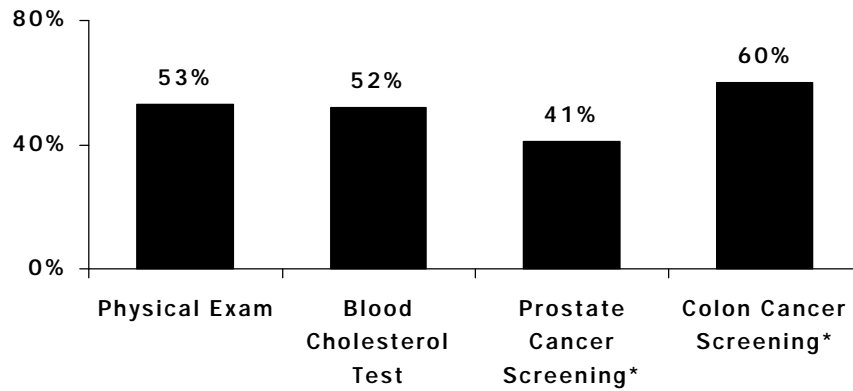
Percent of men who have access problems



Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

Lack of Preventive Care Services Men Age 18 and Older

Percent of men who did not receive service in past year

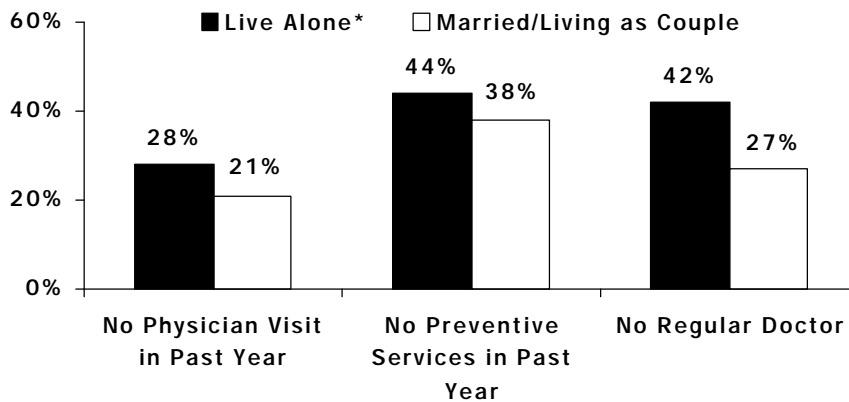


* Men age 50 and older.

Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

Access to Care by Marital Status Men Ages 18-64

Percent of men who had no connection to the health system in the past year



* Includes men who are single (never married), widowed, divorced, or separated.

Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

RISKY BEHAVIORS, PHYSICIAN COUNSELING,
AND DOCTOR-PATIENT COMMUNICATION

RISKY BEHAVIORS, PHYSICIAN COUNSELING, AND DOCTOR–PATIENT COMMUNICATION

Smoking and lack of exercise put men’s health at risk.

- More than one-quarter (26%) of all men surveyed smoked cigarettes. Smoking rates were higher among less-educated men: four of 10 (39%) with less than a high school education smoked cigarettes, versus 14 percent of men with a college degree.
- Smoking rates were higher among men in the bottom half of the income range. Three of 10 (30%) men with incomes of \$16,000 or less or from \$16,001 to \$35,000 (29%) said they smoked. These rates are nearly 50 percent higher than those for men earning \$35,001 to \$50,000 (23%) or more than \$50,000 (22%).
- Only half (51%) of all men exercised three or more times per week. Rates were similar across income groups. African-American men (44%) were less likely to exercise regularly than Hispanic (51%) or white (52%) men. Among men without a high school diploma, well under half (40%) exercised three or more times per week.

Few men are counseled on health behaviors when they visit their doctor.

- Providing information on risky health behaviors and health-promoting activities is a crucial component of good medical care and prevention efforts. Nevertheless, among adult men (age 18 and older) who saw their physician at least once in the past year, only 30 percent were counseled about smoking, 22 percent about use of alcohol and drugs, 44 percent about diet and weight, and 46 percent about exercise.

Even for male patients known to be at risk for coronary heart disease—the number-one killer of American men—physician counseling on ways to reduce risk and promote health is infrequent.

- Among men who smoked and who had at least one visit to the doctor in the past year, 63 percent said they discussed smoking with their physician. Even fewer of these men received counseling about exercise (43%) or diet and weight (37%).

Physicians are especially unlikely to discuss sexual health with their male patients.

- Only 14 percent of adult men who saw their physician in the past year received counseling on sexually transmitted diseases.

- Although men with a family history of prostate cancer are at heightened risk for contracting the disease, only one of three (31%) men age 40 and older reported that their doctor had ever asked them about their family's medical history. Low-income men were much less likely than men with incomes above \$50,000 to have discussed this issue (26% vs. 40%).
- Among men age 40 and older who saw their physician in the past year, just 10 percent discussed concerns with sexual dysfunction or impotence and 25 percent discussed difficulty with urination.

Men generally like and trust their doctors, and some men wish their physicians would spend more time with them.

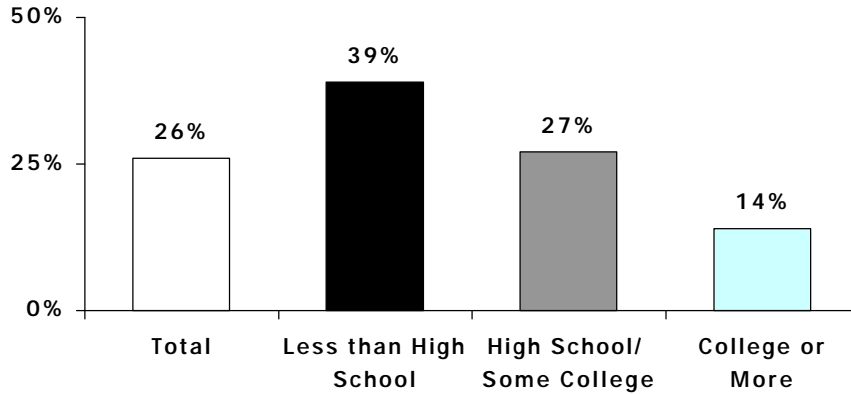
- Nine of 10 (91%) adult men who had a regular doctor rated their physician as "excellent" or "good" in providing overall health care. Similarly, nine of 10 men rated their doctor as excellent or good with regard to really caring about them and their health (92%), answering their questions (91%), and making sure they understand what they have been told about their medical problem or medication (90%).
- The majority of men interviewed said they could communicate with their physicians. Three-quarters (76%) of adult men with a regular doctor said that their physician listens to them "very well." Two-thirds (68%) reported that it is "not at all difficult" for them to talk to their physician.
- One of five (18%) men, however, rated their regular physician as "fair" or "poor" regarding spending enough time with them. Men were less likely than women to rate their physician as excellent regarding the amount of time spent with them (41% vs. 49%).

Physicians may need to initiate and promote communication because some men are embarrassed or uncomfortable discussing their health concerns, personal issues, or feelings.

- One of five (20%) adult men said that they were "not at all" or "not very" comfortable discussing their feelings with a doctor.
- Even among men with a regular doctor, 10 percent reported that talking to their doctor is "very" or "somewhat" difficult.

Cigarette Smoking by Education Men Age 18 and Older

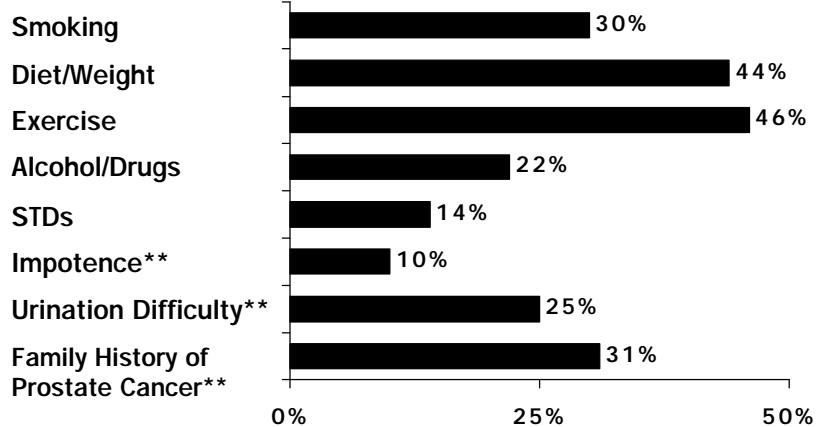
Percent of men who smoke cigarettes



Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

Physician Counseling on Health Men Age 18 and Older

Percent of men* whose doctor discussed a health issue in past year



* Had at least one physician visit in past year.

** Men age 40 and older.

Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

HEALTH INSURANCE COVERAGE

HEALTH INSURANCE COVERAGE

Working-age men (18–64) are at high risk for lacking health coverage.

- One of five (20%) working-age men was uninsured at the time of the survey. Men ages 18 to 64 rely mainly on their jobs for health insurance: two-thirds (66%) of men in this age range had employer-based coverage, 6 percent had Medicaid, 2 percent had Medicare, and 6 percent had privately purchased or other coverage.

Lower-income, working-age men have limited access to health insurance if they are not covered through their jobs.

- Half (50%) of working-age men in the lowest income category (less than \$16,000 annual household income) had no insurance. One-quarter (24%) of working-age men with household incomes from \$16,001 to \$35,000 were uninsured. The percentage of working-age men without coverage falls as incomes rise: 10 percent with incomes from \$35,001 to \$50,000 lacked health insurance, but only 4 percent of men with incomes greater than \$50,000 lacked any.
- Only 15 percent of working-age men with incomes in the lowest category had Medicaid coverage. Working-age women with the same level of income were nearly twice as likely (27%) to have Medicaid—largely because they are more likely than men to be the sole source of support for their children.

Insurance coverage can be unstable for men: nearly three of 10 working-age men were uninsured for a period during the past year.

- In addition to the 20 percent of men who were uninsured when surveyed, another 8 percent said they were uninsured for a time in the prior year, although they had coverage at the time of the survey.
- Periods without health coverage were often lengthy. Of those who had insurance when they were surveyed but experienced a gap in coverage, half (51%) had a gap of five months or longer. One of five (20%) had a gap in coverage that lasted for at least one year.

Nearly three-quarters of uninsured men are working.

- Just over half (52%) of uninsured men ages 18 to 64 were working full-time when they were surveyed. Another 20 percent were working part-time or were self-employed.

Hispanic men are at notably high risk of being uninsured: almost half had a period in the past year when they had no coverage.

- Thirty-seven percent of Hispanic men ages 18 to 64 were uninsured when surveyed, a rate more than double that for white men (15%) and a third higher than that for black men (28%). Including those who had any time when they were uninsured during the year, more than four of 10 Hispanics (45%) had been uninsured during the past year.
- Lack of coverage through employer-sponsored plans contributed to the difference in insurance rates between Hispanic and black men and white, non-Hispanic men. White men (72%) were much more likely to be in an employer-based health plan than either Hispanic (50%) or black (53%) men.

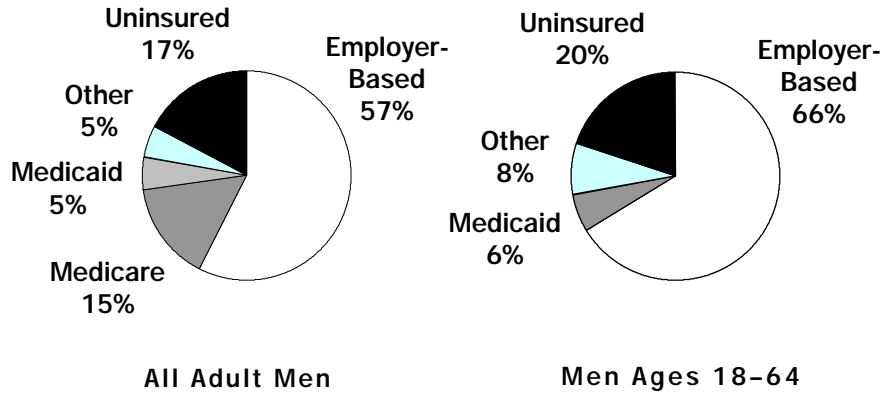
Less-educated men and young men just starting their working careers are uninsured at a high rate.

- Nearly two of five (38%) men with less than a high school education were uninsured. Nineteen percent of men who graduated from high school and 8 percent of men who were college graduates were uninsured.
- One-quarter (27%) of men ages 18 to 29 lacked health coverage, compared with 19 percent of men ages 30 to 44 and 13 percent of men ages 45 to 64.

Because of their increased chances of getting health coverage through more than one employer, men who are married or live with a partner are less likely to be uninsured than single men or men who live alone.

- Among men ages 18 to 64, 14 percent who were married or living with a partner when surveyed were uninsured, compared with 22 percent of divorced, separated, or widowed men and 27 percent of single (never-married) men.
- The likelihood of having employer-sponsored coverage was much higher for men who were married or living with a partner: 73 percent of these men had employer-sponsored coverage, as opposed to 61 percent of men who were divorced, separated, or widowed and 57 percent who had never been married.

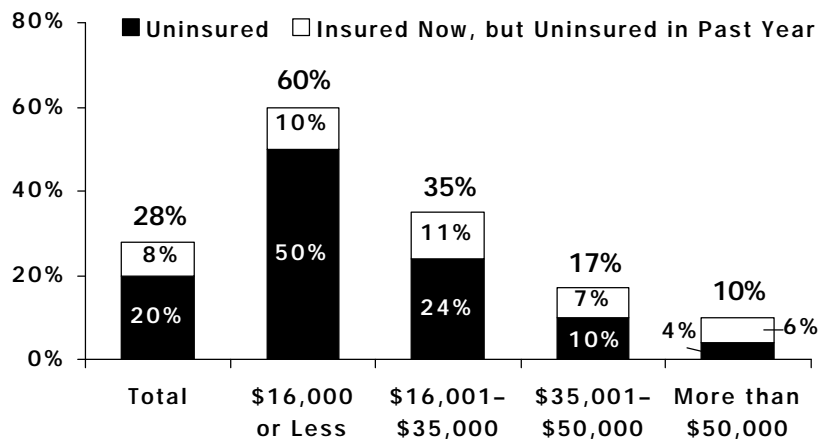
Sources of Health Insurance for Men, 1998



Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

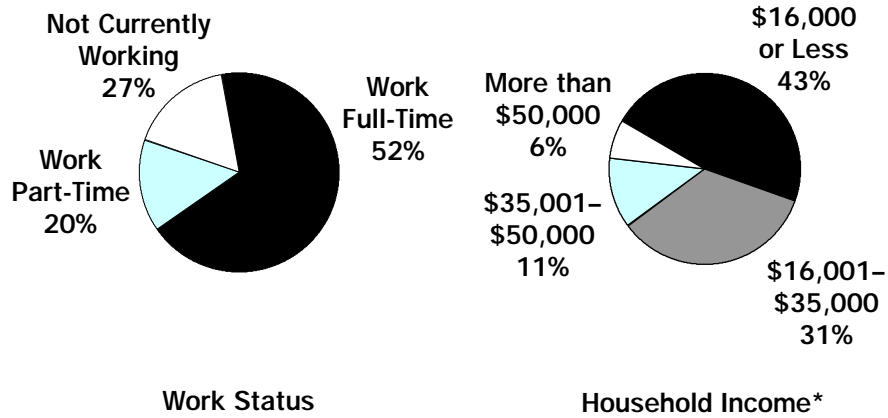
Uninsured Men by Income, 1998 Ages 18-64

Percent of men who are uninsured



Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

Uninsured: Work Status and Income, 1998 Men Ages 18-64

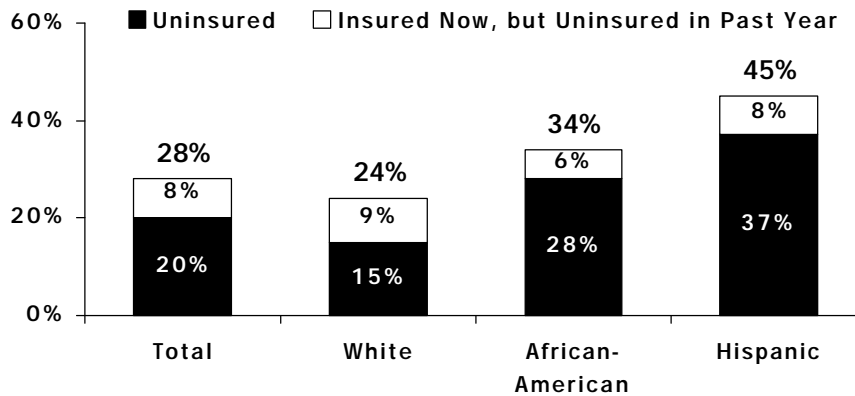


* Percentages do not add to 100% because 9% of men did not report income.

Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

Uninsured Men by Race/Ethnicity, 1998 Ages 18-64

Percent of men who are uninsured



Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

MENTAL HEALTH

MENTAL HEALTH

Significant numbers of men report symptoms of depression and anxiety.

- One-quarter (26%) of adult men reported a high level of depressive symptoms, based on six measures.⁵ Another third (34%) reported a moderate level of depressive symptoms. Nearly one of 10 (8%) adult men has been diagnosed with anxiety or depression by a physician in the past five years.

Physical well-being and mental health are strongly associated.

- Men who reported that they were in fair or poor health were three times more likely to experience a high level of depressive symptoms than men who rated their health as excellent (48% vs. 16%).

Men with incomes in the bottom half of the income range are more likely to experience depressive symptoms than men in the top half of the range.

- Thirty-three percent of men with an annual household income of less than \$16,000 and 34 percent with an income of \$16,001 to \$35,000 reported a high level of depressive symptoms. By comparison, only 19 percent of men earning more than \$35,000 reported a high level of depressive symptoms.

Less-educated men are more likely to report a high level of depressive symptoms.

- One of three (35%) men with less than a high school education reported a high level of depressive symptoms, while the same was true for one of four (25%) men who had a high school diploma or some time in college, and 22 percent of men with at least a college degree.

⁵ The depressive symptom scale was based on a series of questions concerning how frequently the respondent felt a certain way in the previous week. Responses to statements such as "I felt depressed," "My sleep was disturbed," "I had crying spells," "I enjoyed life," "I felt sad," or "I felt that people disliked me" were used for a final depressive symptom "score." Three categories based on the distribution of scores for all respondents were created: low (0–2), moderate (3–5), and high (6–18).

Working men are less likely to report strong feelings of depressive symptoms.

- Four of 10 (39%) men ages 18 to 64 who were unemployed reported experiencing a high level of depressive symptoms in the previous week, compared with 25 percent of men employed full-time.

Men who live alone are more likely to have depressive symptoms than men who are married or living with someone.

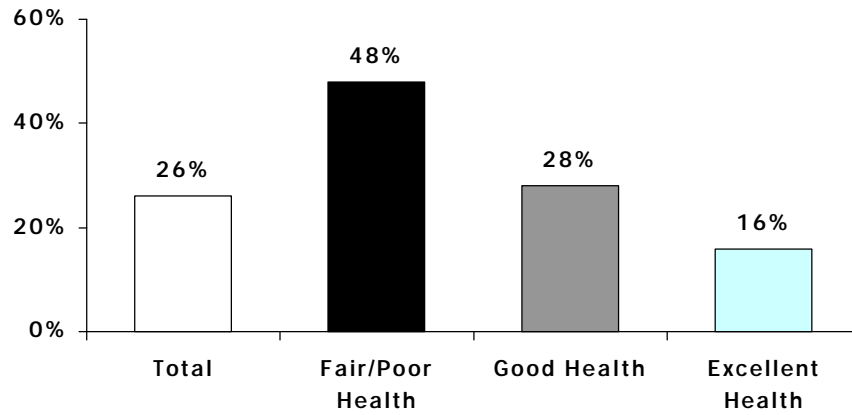
- Thirty-eight percent of men who were widowed, divorced, or separated reported a high level of depressive symptoms, compared with 21 percent of men who were married or living with someone. Twenty-nine percent of single men who were never married reported a high level of depressive symptoms.

Some men do not receive mental health services or support when they think they need them.

- One of eight (12%) men said he did not have a person to whom he could turn for support when feeling stressed, overwhelmed, or depressed. Men who lacked this type of support were twice as likely as men who had it to report a high level of depressive symptoms (46% vs. 23%).
- One of 10 (9%) adult men thought he needed to consult with a health professional in the past year because he felt depressed or anxious. Only half (51%) of these men, however, actually saw a health professional.

Depressive Symptoms by Health Status Men Age 18 and Older

Percent with high levels of depressive symptoms



Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

HEALTH STATUS AND ECONOMIC SECURITY

HEALTH STATUS AND ECONOMIC SECURITY

There is a strongly negative association between men's health status and their financial resources: the lower a man's income, the greater his risk for physical and mental health problems.

- Among the working-age men surveyed, those in the lowest income category were six times more likely than high-income men to rate their health as fair or poor. Twenty-four percent of men with incomes of \$16,000 or less rated their health this way, compared with 4 percent of men with incomes above \$50,000. Fifteen percent of men with incomes from \$16,001 to \$35,000 rated their health as fair or poor, as did 11 percent of men with incomes from \$35,001 to \$50,000.
- Among men ages 18 to 64, men in the bottom half of the income scale were twice as likely as men in the upper half to report a high level of depressive symptoms. Thirty-seven percent of men with incomes of \$35,000 or less, but only 19 percent of men with incomes above \$35,000, experienced a high level of depressive symptoms.

Low-income men are at high risk for having a disability that limits their participation in routine activities.

- Among men ages 18 to 64, almost one-quarter (22%) with incomes of \$16,000 or less had a disability that prevented them from participating fully in school, work, or other activities. In contrast, 12 percent of all men and 7 percent of men with incomes above \$50,000 had such a disability.

Men of all income levels are equally susceptible to chronic health problems.

- One of four (27%) working-age men had been diagnosed by a physician with at least one of five chronic health conditions: hypertension, heart disease, diabetes, arthritis, or cancer. These rates varied little by income. Twenty-seven percent of men with incomes of \$16,000 or less and 28 percent of men with incomes above \$50,000 reported having been diagnosed with at least one of these conditions.

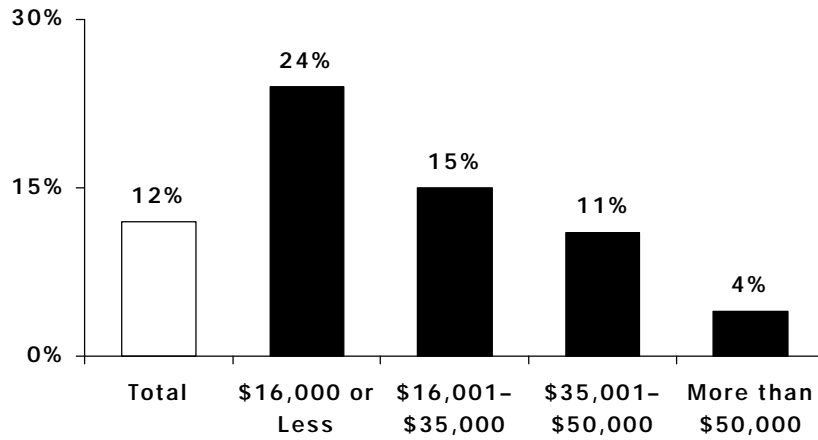
Black men are generally at higher risk for physical and mental health problems than white men.

- Among men ages 18 to 64, one of three (33%) blacks had been diagnosed by a physician with at least one of the five chronic conditions listed above, compared with one of four (27%) white men and one of five (21%) Hispanic men.

- Thirty-seven percent of working-age black men reported a high level of depressive symptoms, compared with 25 percent of white men and 24 percent of Hispanic men.
- Sixteen percent of working-age black men and 20 percent of Hispanic men rated their own health as fair or poor, versus 11 percent of white men.
- Disability rates were similar for all races: 11 percent for black men, 12 percent for white men, and 10 percent for Hispanic men.

Self-Rated Health Status by Income Men Ages 18-64

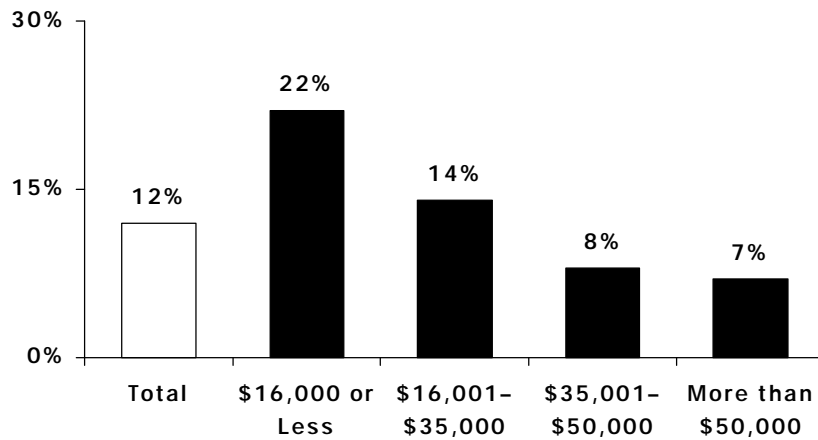
Percent of men who rate their health as fair or poor



Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

Disability by Income Men Ages 18-64

Percent of men with a disability limiting work or daily activities



Source: *The Commonwealth Fund 1998 Survey of Men's and Women's Health.*

TABLES

Table 1
Access to Health Care by Gender and Age, 18 Years and Older

	MEN					WOMEN				
	Total	AGE				Total	AGE			
		18-29	30-44	45-64	65+		18-29	30-44	45-64	65+
Access										
In the past year:										
Did not get care when needed	7%	8%	9%	6%	1%	9%	9%	12%	9%	2%
Did not see a specialist when needed	6	5	7	8	1	11	13	13	11	4
Did not fill a prescription due to cost	7	7	9	7	5	14	14	18	13	10
At least one of the three problems	13	14	16	13	6	22	23	27	21	13
Difficult to get care when needed	12	15	14	12	4	17	23	19	16	6
No regular doctor	33	53	38	24	10	19	33	22	13	6
No visit to physician in the past year	24	33	30	18	5	8	7	10	7	7
PREVENTIVE CARE										
Received in the past year:										
Physical exam	46	42	39	47	71	61	61	55	64	66
Blood cholesterol test	47	28	36	58	79	55	37	45	68	71
Prostate cancer screening age 50+	56			48 ^a	67					
Colon cancer screening age 50+	38			36 ^a	41	25			24 ^b	26
No preventive services in past year	41	51	51	35	10	16	16	18	14	14
How quickly seek care when sick:										
Wait as long as possible	24	30	26	24	8	21	20	22	22	15
Wait at least a week	17	20	17	16	16	19	26	21	15	14
Wait a few days	39	38	41	37	36	41	40	43	40	37
Seek care as soon as possible	18	10	14	20	34	18	13	12	21	32

^a Percent of men ages 50-64.

^b Percent of women ages 50-64.

Table 2
Access to Health Care by Insurance Status, Men Ages 18–64

	Total Men	INSURANCE STATUS		
		Continuously Insured	Insured Now, but Time Uninsured	Currently Uninsured
Access				
In the past year:				
Did not get care when needed	8%	5%	13%	17%
Did not see a specialist when needed	7	4	14	14
Did not fill a prescription due to cost	8	5	16	16
At least one of the three problems	14	9	27	28
Difficult to get care when needed	13	6	13	40
No regular doctor	37	27	46	70
No visit to physician in the past year	27	21	26	48
PREVENTIVE CARE				
Received in the past year:				
Physical exam	42	47	44	25
Blood cholesterol test	41	48	34	18
Prostate cancer screening age 50+	48	55	17	16
Colon cancer screening age 50+	38	41	14	16
No preventive services in past year	46	39	50	67
How quickly seek care when sick:				
Wait as long as possible	26	21	34	43
Wait at least a week	17	16	21	21
Wait a few days	39	44	36	23
Seek care as soon as possible	15	17	9	11

Table 3
Access to Health Care by Income and Race/Ethnicity, Men Ages 18–64

	Total Men	INCOME				RACE/ETHNICITY		
		\$16,000 or Less	\$16,001–\$35,000	\$35,001–\$50,000	More than \$50,000	White	African American	Hispanic
Access								
In the past year:								
Did not get care when needed	8%	24%	7%	4%	3%	7%	11%	12%
Did not see a specialist when needed	7	21	5	5	3	7	10	6
Did not fill a prescription due to cost	8	21	7	4	4	8	10	7
At least one of the three problems	14	36	13	9	8	14	18	17
Difficult to get care when needed	13	36	14	8	4	10	17	27
No regular doctor	37	59	41	36	22	33	45	55
No visit to physician in the past year	27	31	29	31	19	25	22	45
PREVENTIVE CARE								
Received in the past year:								
Physical exam	42	37	42	35	51	42	53	34
Blood cholesterol test	41	30	38	33	55	42	43	29
Prostate cancer screening age 50+	48	33	37	37	70	49	51	44
Colon cancer screening age 50+	36	18	33	26	49	35	39	—
No preventive services in past year	46	50	46	54	36	46	36	57
How quickly seek care when sick:								
Wait as long as possible	26	37	29	24	19	28	18	22
Wait at least a week	17	24	16	17	16	18	17	20
Wait a few days	39	27	38	43	45	40	40	21
Seek care as soon as possible	15	11	16	15	16	13	24	23

— Sample size too small for a reliable estimate.

Table 4
Access by Education and Work Status, Men Ages 18–64

	Total Men	EDUCATION			WORK STATUS		
		Less than High School	High School/Some College	College or More	Not Working	Works Full Time	Works Part Time
Access							
In the past year:							
Did not get care when needed	8%	15%	7%	4%	16%	6%	9%
Did not see a specialist when needed	7	10	7	5	14	5	11
Did not fill a prescription due to cost	8	14	8	4	14	5	15
At least one of the three problems	14	25	14	9	25	11	19
Difficult to get care when needed	13	19	14	7	22	10	23
No regular doctor	37	52	39	25	41	35	53
No visit to physician in the past year	27	35	26	23	18	28	32
PREVENTIVE CARE							
Received in the past year:							
Physical exam	42	28	45	44	48	42	37
Blood cholesterol test	41	33	39	50	48	41	28
Prostate cancer screening age 50+	48	40	48	54	44	55	—
Colon cancer screening age 50+	36	35	34	41	31	42	—
No preventive services in past year	46	53	45	43	39	46	53
How quickly seek care when sick:							
Wait as long as possible	26	37	27	19	32	24	32
Wait at least a week	17	19	17	17	22	16	19
Wait a few days	39	25	40	47	29	43	30
Seek care as soon as possible	15	15	15	15	17	14	17

— Sample size too small for a reliable estimate.

Table 5
Health Behaviors and Physician Counseling by Gender and Age, 18 Years and Older

	MEN					WOMEN				
	Total	AGE				Total	AGE			
		18-29	30-44	45-64	65+		18-29	30-44	45-64	65+
Health Behaviors										
Smokes cigarettes	26%	26%	32%	27%	10%	23%	28%	25%	23%	12%
Exercise										
Never	20	9	21	26	27	30	23	25	34	42
Two or fewer days/week	28	28	30	28	24	30	33	35	28	21
Three or more days/week	51	53	48	45	47	39	43	40	37	36
Physician Counseling										
In the past year ^a physician discussed:										
Smoking	30	27	34	33	21	31	42	33	29	19
Diet and weight	44	30	42	49	55	49	42	47	54	53
Exercise	46	31	46	52	52	52	42	48	61	58
Use of alcohol and drugs	22	21	23	24	20	24	34	26	22	14
Concerns about safety and violence at home	6	4	7	5	8	9	12	9	7	7
Sexually transmitted diseases (STDs)	14	23	13	11	10	17	35	17	10	6
Concerns about sexual impotence age 40+	10		8 ^b	8	14					
Concerns about difficulties w/urination age 40+	25		16 ^b	19	41					
Ever discussed family history of prostate cancer age 40+	31		30 ^b	28	39					

^a Had at least one physician visit in the past year.

^b Percent of men ages 40-44.

Table 6
Health Behaviors and Physician Counseling by Insurance Status, Men Ages 18–64

	Total Men	INSURANCE STATUS		
		Continuously Insured	Insured Now, but Time Uninsured	Currently Uninsured
Health Behaviors				
Smokes cigarettes	29%	27%	35%	35%
Exercise				
Never	19	15	18	25
Two or fewer days/week	29	31	23	25
Three or more days/week	51	51	59	50
Physician Counseling				
In the past year ^a physician discussed:				
Smoking	32	34	26	27
Diet and weight	41	43	37	35
Exercise	45	49	33	29
Use of alcohol and drugs	23	23	19	21
Concerns about safety and violence at home	5	5	3	9
Sexually transmitted diseases (STDs)	15	15	12	17
Concerns about sexual impotence age 40+	8	9	—	—
Concerns about difficulties w/urination age 40+	19	18	24	22
Ever discussed family history of prostate cancer age 40+	28	31	—	19

^a Had at least one physician visit in the past year.
— Sample size too small for a reliable estimate.

Table 7
Health Behaviors and Physician Counseling by Income and Race/Ethnicity, Men Age 18 and Older

	Total Men	INCOME				RACE/ETHNICITY		
		\$16,000 or Less	\$16,001–\$35,000	\$35,001–\$50,000	More than \$50,000	White	African American	Hispanic
Health Behaviors								
Smokes cigarettes	26%	30%	29%	23%	22%	27%	30%	25%
Exercise								
Never	20	25	25	14	16	18	28	25
Two or fewer days/week	28	24	27	27	33	28	28	23
Three or more days/week	51	50	48	58	50	52	44	51
Physician Counseling								
In the past year ^a physician discussed:								
Smoking	30	31	30	33	27	30	39	28
Diet and weight	44	40	46	40	49	42	53	48
Exercise	46	35	42	45	57	46	51	46
Use of alcohol and drugs	22	23	21	18	27	22	31	25
Concerns about safety and violence at home	6	9	5	5	6	4	14	10
Sexually transmitted diseases (STDs)	14	18	17	11	11	12	23	23
Concerns about sexual impotence age 40+	10	7	12	10	10	9	15	14
Concerns about difficulties w/urination age 40+	25	28	33	20	21	26	24	19
Ever discussed family history of prostate cancer age 40+	31	26	23	29	40	30	38	30

^a Had at least one physician visit in the past year.

Table 8
Health Behaviors and Physician Counseling by Income and Race/Ethnicity, Men Ages 18–64

	Total Men	INCOME				RACE/ETHNICITY		
		\$16,000 or Less	\$16,001–\$35,000	\$35,001–\$50,000	More than \$50,000	White	African American	Hispanic
Health Behaviors								
Smokes cigarettes	29%	35%	34%	24%	23%	30%	30%	25%
Exercise								
Never	19	26	25	14	15	17	28	27
Two or fewer days/week	29	25	27	26	34	29	29	22
Three or more days/week	51	48	47	50	50	54	43	51
Physician Counseling								
In the past year ^a physician discussed:								
Smoking	32	33	34	33	29	33	38	29
Diet and weight	41	33	45	38	48	40	51	46
Exercise	45	33	41	42	55	44	48	44
Use of alcohol and drugs	23	24	22	17	27	22	30	25
Concerns about safety and violence at home	5	9	4	4	6	4	12	9
Sexually transmitted diseases (STDs)	15	22	20	10	11	14	22	22
Concerns about sexual impotence age 40+	8	9	10	6	8	7	12	9
Concerns about difficulties w/urination age 40+	19	24	21	15	18	18	21	14
Ever discussed family history of prostate cancer age 40+	28	22	21	23	38	27	36	22

^a Had at least one physician visit in the past year.
— Sample size too small for a reliable estimate.

Table 9
Health Behaviors and Physician Counseling by Education and Work Status, Men Ages 18–64

	Total Men	EDUCATION			WORK STATUS		
		Less than High School	High School/Some College	College or More	Not Working	Works Full Time	Works Part Time
Health Behaviors							
Smokes cigarettes	29%	46%	30%	14%	33%	28%	31%
Exercise							
Never	19	35	17	15	33	17	16
Two or fewer days/week	29	25	28	33	27	30	21
Three or more days/week	51	39	55	52	40	52	63
Physician Counseling							
In the past year ^a physician discussed:							
Smoking	32	46	32	24	37	32	22
Diet and weight	41	37	39	49	45	43	27
Exercise	45	35	43	53	46	46	30
Use of alcohol and drugs	23	26	22	22	27	22	19
Concerns about safety and violence at home	5	9	5	4	9	4	6
Sexually transmitted diseases (STDs)	15	26	14	11	25	13	12
Concerns about sexual impotence age 40+	8	7	8	9	10	8	6
Concerns about difficulties w/urination age 40+	19	21	20	15	22	18	12
Ever discussed family history of prostate cancer age 40+	28	17	26	38	22	31	25

^a Had at least one physician visit in the past year.

Table 10
Health Behaviors and Physician Counseling by Education, Men Age 18 and Older

	Total Men	EDUCATION		
		Less than High School	High School/Some College	College or More
Health Behaviors				
Smokes cigarettes	26%	39%	27%	14%
Exercise				
Never	20	31	18	17
Two or fewer days/week	28	27	27	32
Three or more days/week	51	40	54	52
Physician Counseling				
In the past year ^a physician discussed:				
Smoking	30	41	30	22
Diet and weight	44	44	41	50
Exercise	46	38	45	54
Use of alcohol and drugs	22	26	22	21
Concerns about safety and violence at home	6	12	5	4
Sexually transmitted diseases (STDs)	14	24	13	10
Concerns about sexual impotence age 40+	10	11	9	11
Concerns about difficulties w/urination age 40+	25	30	27	20
Ever discussed family history of prostate cancer age 40+	31	25	29	38

^a Had at least one physician visit in the past year.

Table 11
Physician Ratings by Gender and Age, 18 Years and Older

	MEN					WOMEN				
	Total	AGE				Total	AGE			
		18-29	30-44	45-64	65+		18-29	30-44	45-64	65+
Rated Physician Excellent on:*										
Provides good health care overall	50%	46%	48%	52%	56%	54%	52%	52%	57%	57%
Cares about your health	51	48	49	53	55	57	57	53	57	61
Spends enough time with you	41	33	38	47	45	49	45	47	53	52
Answers all your questions	50	47	47	52	53	55	52	56	58	51
Makes sure you understand what you've been told	50	41	48	50	59	53	55	54	54	51
Treats you with dignity and respect	62	56	61	66	64	68	69	66	69	68
Rated Physician Fair/Poor on:*										
Provides good health care overall	8	10	8	8	10	7	7	8	8	5
Cares about your health	8	10	9	7	5	8	8	10	7	5
Spends enough time with you	18	27	20	16	11	15	18	18	14	11
Answers all your questions	9	11	8	9	9	9	12	11	7	7
Makes sure you understand what you've been told	9	13	10	8	7	8	11	11	9	5
Treats you with dignity and respect	5	5	6	4	4	4	5	4	3	4

* Has regular physician.

Table 12
Physician Ratings by Insurance Status, Men Ages 18–64

	Total Men	INSURANCE STATUS		
		Continuously Insured	Insured Now, but Time Uninsured	Currently Uninsured
Rated Physician Excellent on:*				
Provides good health care overall	49%	48%	41%	61%
Cares about your health	51	51	45	49
Spends enough time with you	40	40	42	38
Answers all your questions	49	50	50	43
Makes sure you understand what you've been told	48	49	35	49
Treats you with dignity and respect	62	63	55	56
Rated Physician Fair/Poor on:*				
Provides good health care overall	8	8	13	7
Cares about your health	8	9	11	4
Spends enough time with you	19	20	27	16
Answers all your questions	9	8	12	12
Makes sure you understand what you've been told	10	10	11	8
Treats you with dignity and respect	5	5	—	—

* Has regular physician.

— Sample size too small for a reliable estimate.

Table 13
Physician Ratings by Income and Race/Ethnicity, Men Age 18 and Older

	Total Men	INCOME				RACE/ETHNICITY		
		\$16,000 or Less	\$16,001–\$35,000	\$35,001–\$50,000	More than \$50,000	White	African American	Hispanic
Rated Physician Excellent on:*								
Provides good health care overall	50%	48%	47%	54%	49%	51%	52%	48%
Cares about your health	51	44	53	51	53	52	53	46
Spends enough time with you	41	39	44	40	42	42	42	36
Answers all your questions	50	41	51	52	52	50	47	47
Makes sure you understand what you've been told	50	48	50	53	50	50	55	45
Treats you with dignity and respect	62	51	60	62	69	64	58	63
Rated Physician Fair/Poor on:*								
Provides good health care overall	8	16	12	4	7	8	9	11
Cares about your health	8	11	10	8	5	7	7	18
Spends enough time with you	18	23	19	20	15	17	18	24
Answers all your questions	9	18	10	7	6	7	9	19
Makes sure you understand what you've been told	9	15	11	10	6	10	8	11
Treats you with dignity and respect	5	7	6	4	3	4	5	7

* Has regular physician.

Table 14
Physician Ratings by Income and Race/Ethnicity, Men Ages 18–64

	Total Men	INCOME				RACE/ETHNICITY		
		\$16,000 or Less	\$16,001–\$35,000	\$35,001–\$50,000	More than \$50,000	White	African American	Hispanic
Rated Physician Excellent on:*								
Provides good health care overall	49%	52%	42%	52%	48%	49%	51%	46%
Cares about your health	51	44	49	48	54	52	52	45
Spends enough time with you	40	41	42	39	41	42	41	35
Answers all your questions	49	37	48	50	52	50	44	45
Makes sure you understand what you've been told	48	45	45	50	49	47	53	44
Treats you with dignity and respect	62	53	58	60	69	64	57	62
Rated Physician Fair/Poor on:*								
Provides good health care overall	8	13	12	4	7	7	8	11
Cares about your health	8	10	12	9	6	7	7	20
Spends enough time with you	19	29	23	21	14	18	19	25
Answers all your questions	9	19	12	8	5	7	9	19
Makes sure you understand what you've been told	10	18	12	12	5	10	9	10
Treats you with dignity and respect	5	8	7	5	3	4	5	8

* Has regular physician.

Table 15
Physician Ratings by Education and Work Status, Men Ages 18–64

	EDUCATION			WORK STATUS			
	Total Men	Less than High School	High School/Some College	College or More	Not Working	Works Full Time	Works Part Time
Rated Physician Excellent on:*							
Provides good health care overall	49%	43%	51%	47%	59%	46%	54%
Cares about your health	51	38	53	50	54	49	61
Spends enough time with you	40	32	42	41	47	39	45
Answers all your questions	49	34	50	52	44	49	56
Makes sure you understand what you've been told	48	38	49	50	51	47	49
Treats you with dignity and respect	62	47	63	68	56	63	71
Rated Physician Fair/Poor on:*							
Provides good health care overall	8	18	6	7	9	7	11
Cares about your health	8	14	7	9	10	8	7
Spends enough time with you	19	25	19	20	18	20	22
Answers all your questions	9	17	8	7	11	8	17
Makes sure you understand what you've been told	10	13	10	8	11	9	20
Treats you with dignity and respect	5	15	4	2	6	5	4

* Has regular physician.

Table 16
Physician Ratings by Education, Men Age 18 and Older

	Total Men	EDUCATION		
		Less than High School	High School/Some College	College or More
Rated Physician Excellent on:*				
Provides good health care overall	50%	43%	53%	48%
Cares about your health	51	42	55	50
Spends enough time with you	41	35	43	41
Answers all your questions	50	36	52	53
Makes sure you understand what you've been told	50	45	51	51
Treats you with dignity and respect	62	47	64	68
Rated Physician Fair/Poor on:*				
Provides good health care overall	8	18	6	8
Cares about your health	8	12	6	8
Spends enough time with you	18	21	17	19
Answers all your questions	9	16	8	7
Makes sure you understand what you've been told	9	12	9	7
Treats you with dignity and respect	5	11	4	3

* Has regular physician.

Table 17
Health Insurance Status by Gender and Age, 18 Years and Older

	MEN					WOMEN				
	Total	AGE				Total	AGE			
		18-29	30-44	45-64	65+		18-29	30-44	45-64	65+
Current Insurance Status										
Employer-based	57%	59%	67%	71%	5%	53%	52%	68%	69%	3%
Own employer only	44	38	54	55	3	28	23	37	39	—
Own and spouse's employer	6	5	7	7	—	7	6	9	10	—
Spouse's employer only	8	15	6	8	—	17	22	22	19	—
Medicare	15	0	2	4	91	18	1	*	3	93
Medicaid	5	7	6	6	1	8	14	7	8	*
Other	5	7	5	6	2	6	8	6	9	3
Uninsured	17	27	20	13	1	15	25	18	12	*
Insurance During Past Year										
Continuously insured	76	58	73	82	98	78	64	73	83	98
Insured now but time uninsured in past year	7	14	8	4	1	7	11	10	4	1
Currently uninsured	17	27	20	13	1	15	25	18	12	*

— Sample size too small for a reliable estimate.

* Less than 1 percent.

Table 18
Health Insurance Status by Income and Race/Ethnicity, Men Ages 18–64

	Total Men	INCOME				RACE/ETHNICITY		
		\$16,000 or Less	\$16,001–\$35,000	\$35,001–\$50,000	More than \$50,000	White	African American	Hispanic
Current Insurance Status								
Employer-based	66%	26%	60%	78%	88%	72%	53%	50%
Own employer only	50	15	51	60	66	55	35	40
Own and spouse's employer	7	3	4	8	9	6	9	5
Spouse's employer only	9	7	5	11	12	11	8	5
Medicaid	6	15	7	4	3	5	12	7
Other private/Medicare	8	10	9	8	6	8	7	5
Uninsured	20	50	24	10	4	15	28	37
Insurance During Past Year								
Continuously insured	72	40	65	83	91	76	65	54
Insured now but time uninsured in past year	8	10	11	7	6	9	6	8
Currently uninsured	20	50	24	10	4	15	28	37

Table 19
Health Insurance Status by Education and Work Status, Men Ages 18–64

	Total Men	EDUCATION			WORK STATUS		
		Less than High School	High School/Some College	College or More	Not Working	Works Full Time	Works Part Time
Current Insurance Status							
Employer-based	66%	46%	65%	80%	33%	77%	35%
Own employer only	50	35	48	67	20	62	9
Own and spouse's employer	7	4	7	6	3	8	4
Spouse's employer only	9	7	11	7	11	7	22
Medicaid	6	10	7	1	17	4	6
Other	6	1	6	9	4	5	17
Uninsured	20	38	19	8	32	14	42
Insurance During Past Year							
Continuously insured	72	53	72	84	63	77	51
Insured now but time uninsured in past year	8	8	9	8	5	9	7
Currently uninsured	20	38	19	8	32	14	42

Table 20
Physical and Mental Health Status by Gender and Age, 18 Years and Older

Health Status	MEN					WOMEN				
	Total	AGE				Total	AGE			
		18-29	30-44	45-64	65+		18-29	30-44	45-64	65+
Self-rated health status is fair or poor	14%	9%	12%	15%	21%	17%	13%	12%	22%	25%
Doctor diagnosis in the past five years:										
Hypertension	18	4	12	27	39	24	8	11	32	51
Heart disease	8	2	3	11	24	7	3	2	7	21
Diabetes	6	2	2	9	13	7	4	3	10	13
Arthritis	17	2	10	25	43	24	3	11	35	58
Cancer, other than skin cancer	2	*	*	2	8	3	2	2	4	6
At least one of five chronic conditions ^a	33	8	23	47	70	42	16	25	57	80
Disability or illness limits work or daily activities	14	4	11	21	28	17	7	11	23	31
Mental Health										
Rates of depressive symptoms										
Low	40	41	38	42	41	28	24	27	32	30
Moderate	34	36	32	31	40	32	28	31	34	37
High	26	24	30	27	19	39	48	42	34	33
Physician diagnosis of depression or anxiety in past five years	8	5	10	10	8	17	14	17	20	17

* Less than 1 percent.

^a Based on physician diagnosis of hypertension, arthritis, heart disease, diabetes, or cancer in the last five years.

Table 21
Physical and Mental Health Status by Insurance Status, Men Ages 18–64

	Total Men	INSURANCE STATUS		
		Continuously Insured	Insured Now, but Time Uninsured	Currently Uninsured
Health Status				
Self-rated health status is fair or poor	12%	11%	16%	17%
Doctor diagnosis in the past five years:				
Hypertension	15	17	14	8
Heart disease	5	6	6	2
Diabetes	4	5	5	3
Arthritis	13	14	6	10
Cancer, other than skin cancer	1	1	*	*
At least one of five chronic conditions ^a	27	30	20	18
Disability or illness limits work or daily activities	12	12	10	12
Mental Health				
Rates of depressive symptoms				
Low	40	43	40	31
Moderate	33	32	30	37
High	27	25	30	32
Physician diagnosis of depression or anxiety in past five years	8	8	14	7

* Less than 1 percent.

^a Based on physician diagnosis of hypertension, arthritis, heart disease, diabetes, or cancer in the last five years.

Table 22
Physical and Mental Health Status by Income and Race/Ethnicity, Men Ages 18–64

	Total Men	INCOME				RACE/ETHNICITY		
		\$16,000 or Less	\$16,001–\$35,000	\$35,001–\$50,000	More than \$50,000	White	African American	Hispanic
Health Status								
Self-rated health status is fair or poor	12%	24%	15%	11%	4%	11%	16%	20%
Doctor diagnosis in the past five years:								
Hypertension	15	14	15	14	16	14	21	14
Heart disease	5	6	5	4	5	5	4	6
Diabetes	4	4	5	5	3	3	7	4
Arthritis	13	17	15	11	11	14	13	6
Cancer, other than skin cancer	1	3	*	*	1	*	1	2
At least one of five chronic conditions ^a	27	27	27	25	28	27	33	21
Disability or illness limits work or daily activities	12	22	14	8	7	12	11	10
Mental Health								
Rates of depressive symptoms								
Low	40	31	32	40	49	41	34	43
Moderate	33	31	31	41	31	33	29	33
High	27	38	37	19	19	25	37	24
Physician diagnosis of depression or anxiety in past five years	8	14	9	5	8	9	4	7

* Less than 1 percent.

^a Based on physician diagnosis of hypertension, arthritis, heart disease, diabetes, or cancer in the last five years.

Table 23
Physical and Mental Health Status by Education and Work Status, Men Ages 18–64

	Total Men	EDUCATION			WORK STATUS		
		Less than High School	High School/Some College	College or More	Not Working	Works Full Time	Works Part Time
Health Status							
Self-rated health status is fair or poor	12%	25%	11%	6%	31%	8%	15%
Doctor diagnosis in the past five years:							
Hypertension	15	18	14	14	27	13	12
Heart disease	5	7	5	4	13	3	5
Diabetes	4	3	5	4	12	3	3
Arthritis	13	16	13	10	31	9	7
Cancer, other than skin cancer	1	2	*	*	3	2	*
At least one of five chronic conditions ^a	27	28	27	25	23	19	50
Disability or illness limits work or daily activities	12	17	13	7	38	7	10
Mental Health							
Rates of depressive symptoms							
Low	40	32	43	40	25	44	41
Moderate	33	32	31	37	36	32	32
High	27	36	26	23	39	24	27
Physician diagnosis of depression or anxiety in past five years	8	8	8	10	17	6	9

* Less than 1 percent.

^a Based on physician diagnosis of hypertension, arthritis, heart disease, diabetes, or cancer in the last five years.

Table 24
 Depressive Symptoms by Health Status, Men Ages 18–64

Rates of Depressive Symptoms*	Total	HEALTH STATUS	
		Fair/Poor	Excellent/Very Good/Good
Low	40%	18%	43%
Moderate	33	28	33
High	27	55	23

* The depressive symptoms scale was created based on a series of questions on how frequently the respondent felt a certain way in the previous week. Each respondents answers to statements such as “I felt depressed,” “My sleep was restless,” “I had crying spells,” “I felt sad,” or “I felt that people disliked me,” were summed up for a total score of depressive symptoms. Categories of depression were created based on the distribution of scores for all the respondents, “Low” (0–2), “Moderate” (3–5), and “High” (6–18).

METHODOLOGY

The Commonwealth Fund 1998 Survey of Men's and Women's Health was conducted by Louis Harris and Associates, Inc., from May 7, 1998, to November 10, 1998. Telephone interviews were conducted in English and Spanish for men and women. Interviews with women were also conducted in Cantonese, Korean, Mandarin, and Vietnamese.

The survey sample included a national cross-section of 1,084 men age 18 and older. In addition, there was an oversample of African-American men (n=205) and Hispanic men (n=211) for a total of 305 African-American and 309 Hispanic men. The study also included a national cross-section of 2,011 women age 18 and older. An additional oversample of African-American (n=242), Hispanic (n=229), and Asian-American (n=368) women yielded a total of 429 African-American, 404 Hispanic, and 400 Asian-American women. The total unweighted sample comprised 1,500 men and 2,850 women. The margin of error for the overall sample of men is 4 percent and for the overall sample of women, 3 percent.

The survey data were weighted by age, sex, race/ethnicity, education, insurance status, and geographic region using the U.S. Census Bureau's 1997 *Current Population Survey*, which produced representative results for the 97 million men and 104 million women age 18 and older in the United States.

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