

The State of Men's Health™ Maryland

National Men's Health Week provides an opportunity to call attention to the importance of a healthy lifestyle and the benefits of seeking early detection and treatment of diseases. Heart disease and cancers of the prostate, colon, and testicle remain a serious concern for men. Fortunately, the long-term outlook is often favorable if these afflictions are diagnosed early.

I encourage all Americans to observe National Men's Health Week and increase their awareness of men's health issues. By taking active steps to protect their physical well-being, men can look forward to longer lives.

President George W. Bush
Message from the White House

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Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue.

Representative Bill Richardson (NM)
Congressional Record, May 24, 1994
Passage of National Men's Health Week

Maryland: Life expectancy at Birth: 2005

Simply put, there is a silent crisis in America and in Maryland, a crisis of epic proportions: On average, American men live shorter and less-healthy lives than American women. As shown below, this is also true for Maryland.

This higher mortality of men leads to striking disparities in life expectancy as reflected in the statistics. The disparity is further illustrated by a study of 1990 data which found a life expectancy of 56.5 years for men living on two South Dakota reservations, and 97 for Asian women living in one New Jersey county.¹

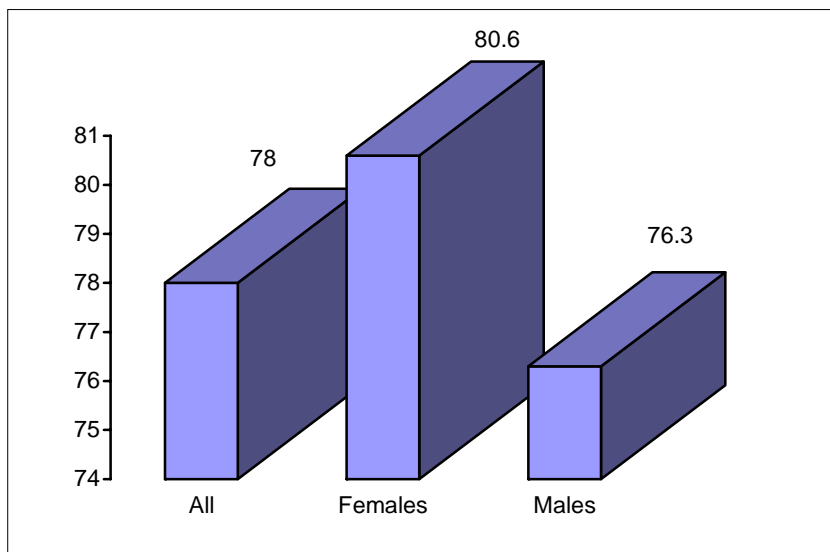
Silent Health Crisis

There is a silent health crisis in America...it's that fact that, on average, American men live sicker and die younger than American women."

Dr. David Gremillion
Men's Health Network

What does this mean for spouses and families? In Maryland, among women *married to men approximately the same age as themselves*, almost 15% could be widows as they enter retirement (see page 8 of this report).

Maryland, Life Expectancy at Birth, 2005²



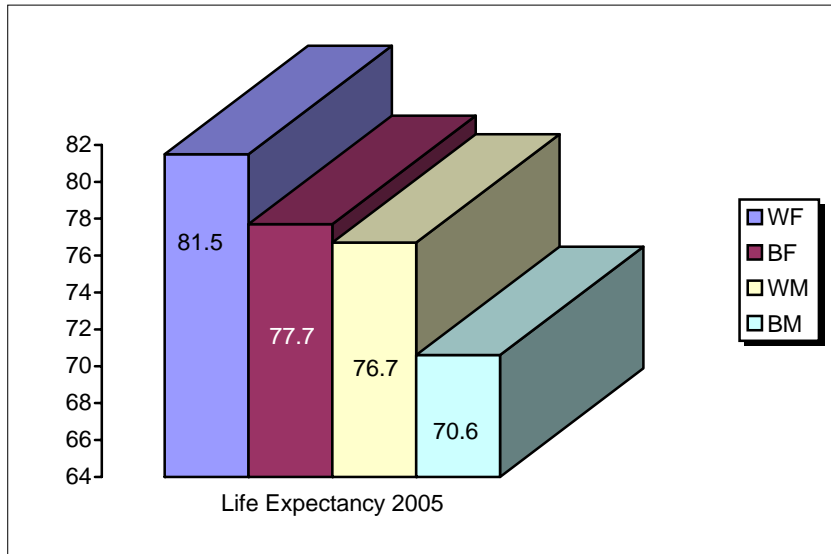
More than one-half the elderly widows now living in poverty were not poor before the death of their husbands.

Meeting the Needs of Older Women: A Diverse and Growing Population,
The Many Faces of Aging, U.S. Administration on Aging

¹ (1998). Lifelines—Long and Short. *Harvard Magazine*. <http://www.harvard-magazine.com/issues/mj98/right.lifelines.html> (3 June 2003).

² (2004). Maryland Vital Statistics Annual Report 2005. Life Expectancy: Average Length of Life by Race and Sex, Maryland 2005. <http://www.vsa.state.md.us/doc/05annual.pdf> (1 June 2007).

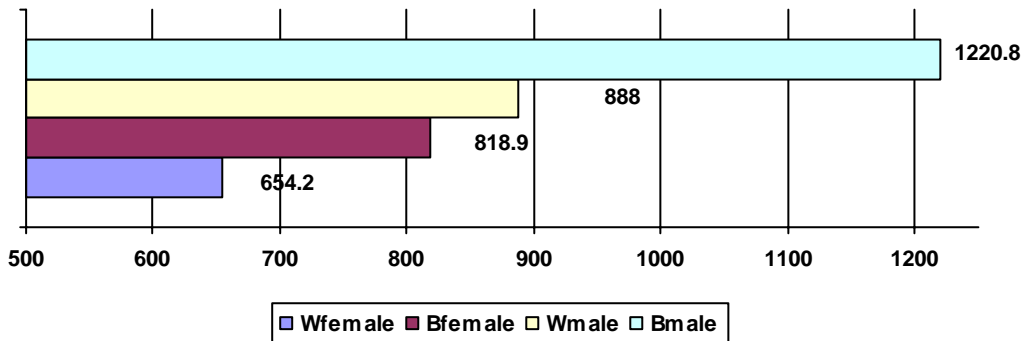
Maryland, Life Expectancy at Birth by Race and Sex, 2005³



Sex/Race	Total
White Female	81.5
Black Female	77.7
White Male	76.7
Black Male	70.6

Age adjusted Death Rates for All Causes of Death, 2004⁴

Death rates are age-adjusted to the 2000 projected U.S. population.



Almost 15% of Maryland women *married to men approximately the same age as themselves* will be widows as they enter retirement (see page 8 of this report).

³ (2005). Maryland Vital Statistics Annual Report 2005, page 10. Life Expectancy: Average Length of Life by Race and Sex, Maryland 2005. <http://www.vsa.state.md.us/doc/05annual.pdf> (1 June 2007).

⁴ (2004). Maryland Vital Statistics Annual Report 2004, page 20, Age-adjusted Death Rates for All Causes of death by Race and Sex, rate per 100,000 Population Maryland 2004. <http://mdpublichealth.org/vsa/doc/04annual.pdf> (10 August 2006).

Age Adjusted Death Rates for the Top Causes of Death, by Sex: Maryland⁵

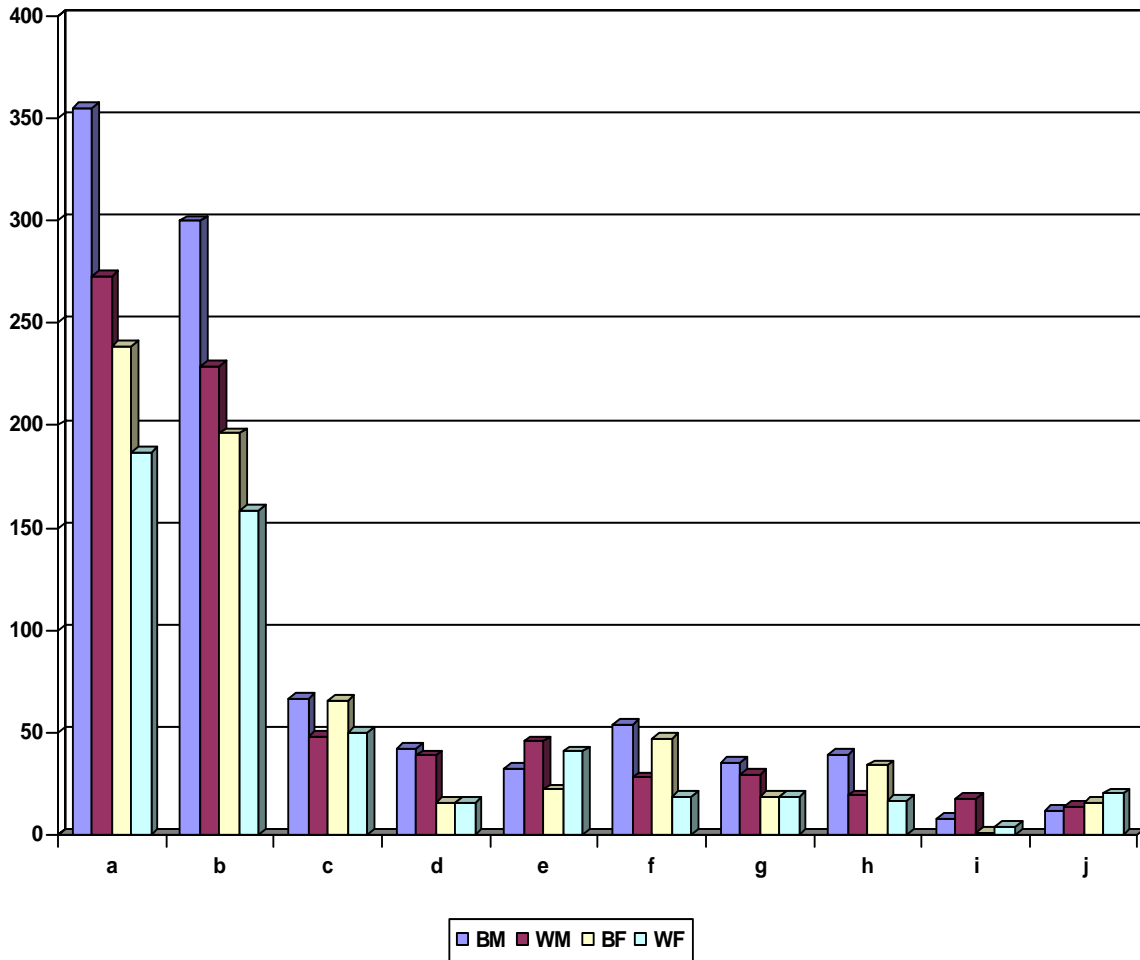


Chart Items (rates per 100,000; age adjusted using 2000 Standard Population):

Legend	Disease or Condition	BMale	WMale	BFemale	WFemale
a	Diseases of the Heart	355.1	272.8	238.5	186.5
b	Malignant Neoplasms	299.6	228.5	196.2	158.6
c	Cerebrovascular Diseases	66.3	48.1	65.7	50.1
d	Accidents	42.3	38.7	15.6	15.6
e	Chronic Lower Respiratory Diseases	32.2	45.6	22.0	40.8
f	Diabetes Mellitus	54.2	28.0	46.8	18.6
g	Influenza and Pneumonia	35.6	29.3	18.8	19.0
h	Septicemia	39.3	19.1	33.9	16.7
i	Suicide	8.2	17.5	1.1	4.3
i	Alzheimer's Disease	12.1	13.6	16.1	20.1

⁵ (2004). Maryland Vital Statistics Annual Report 2003. Table 38, Age-adjusted Death Rates per 100,000 Population for Selected Causes of Death by Race and Sex, Maryland 2003. <http://mdpublichealth.org/vsa/doc/03annual.pdf> (18 March 2005).

Others (selected):

Disease or Condition	BMale	WMale	BFemale	WFemale
Nephritis, Nephrotic Syndrome & Nephrosis	20.6	12.1	21.6	6.9
Chronic Liver Disease and Cirrhosis	11.1	10.8	4.4	6.0
HIV	53.4	3.7	18.4	1.4

Prostate Cancer Mortality, 1997-2001

Data found at the Cancer Burden Fact Sheet from the Centers for Disease Control and Prevention indicate that compared to the national average, males in Maryland are at substantially higher risk for death from prostate cancer.⁶

In 2004 (latest race specific data), the American Cancer Society estimated:⁷

- 4,080 new cases of prostate cancer would be diagnosed among men in Maryland.
- 530 men would die of prostate cancer in Maryland.

The CDC National Center for Health Statistics provides the following death rates:

	Maryland	National
Overall	34.6	31.5
White	28.1	28.8
Black	71.7	70.4
Hispanic	-	23.6
Asian/Pacific Islander	-	13.0
American Indian/Alaska Native	-	20.2

⁶ (2004). Cancer Burden Fact Sheets 2003. *Center for Disease Control and Prevention*. www.cdc.gov/cancer/cancerburden/md.htm (7 September 2004).

⁷ (2004) Source: American Cancer Society Facts and Figures, 2003. Estimates exclude more than a million cases of basal and squamous cell skin cancers and in situ cancers, except urinary bladder, that will be diagnosed in 2003. Lung cancer rates include bronchus cancer. State death totals were rounded to nearest 100. (8 September 2004)

Aging in America: Effect on the Male-Female Ratio

Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue.

Representative Bill Richardson (NM)
Congressional Record, May 24, 1994
Passage of National Men's Health Week

The poor health habits of men take a toll at early ages but the trend is accelerated as men age toward retirement, causing them to rely on the public health care system (Medicare) sooner than women. The effect of poor health habits is reflected in higher mortality among aging men and the male-female ratio in later years. This leaves women more likely to live in poverty and more likely to rely on public care in their later years.

The U.S. Administration on Aging has found that more than one-half the elderly widows now living in poverty were not poor before the death of their husbands. Other data reflect on the poor health of aging men and the effect it has on spouses and loved ones:

- 115 males are conceived for every 100 females
 - Male births outnumber female births, 105 to 100
 - More newborn males die than females, 5 to 4
 - Teenage boys die at 2x the rate of girls
 - By age 36, women outnumber men
 - By age 100, women outnumber men 8 to 1
- The Weaker Sex, New York Times Magazine, March 16, 2003

- Compared with men, older women are three times more likely to be living alone...are nearly twice as likely to reside in a nursing home, and are more than twice as likely to live in poverty. (U.S. Administration on Aging)
- Of the more than 9 million older persons living alone, 80% are women (Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging (U.S. Administration on Aging)
- Since women live longer, and tend to marry men older than themselves, 7 out of 10 "baby boom" women will outlive their husbands – many can expect to be widows for 15 to 20 years. (Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging, U.S. Administration on Aging)

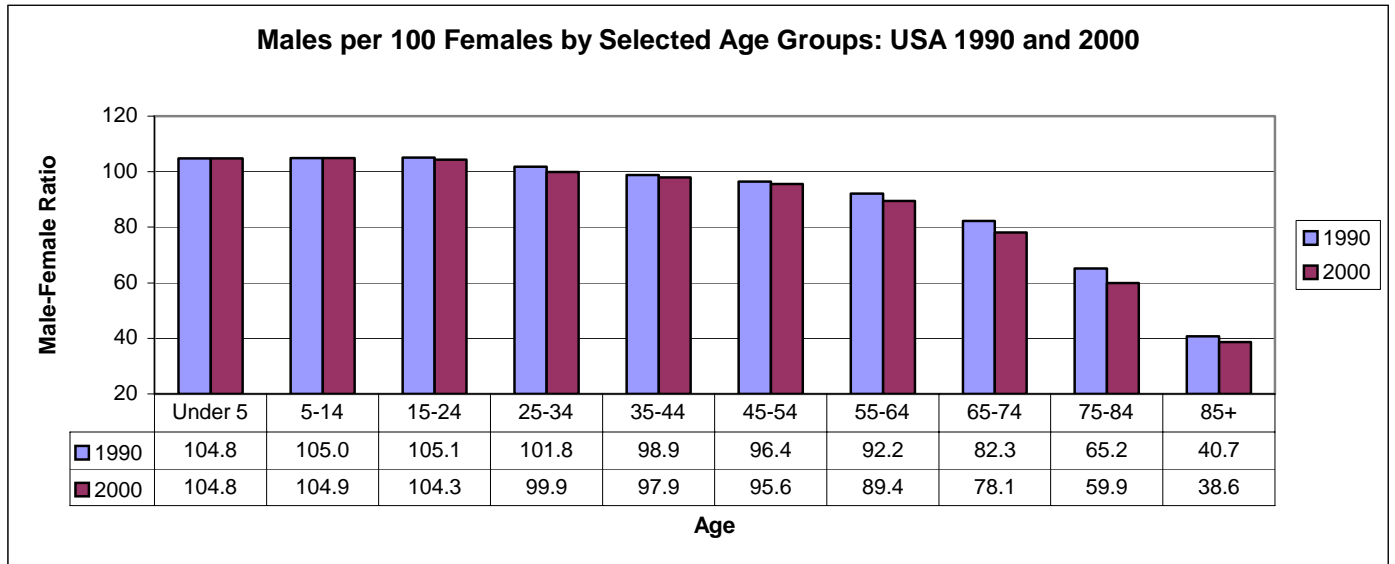
Aging in Maryland:

In Maryland, the male-female ratio converges in the early 20s and then drops rapidly as shown in this chart developed from year 2000 Census data.

Maryland Resident Population: 2000 Census by Age and Sex⁸

Age	Number			Males per 100 females
	Both sexes	Male	Female	
Total population	5,296,486	2,557,794	2,738,692	93.4
Under 5 years	353,393	180,314	173,079	104.2
5 to 9 years	391,318	200,138	191,180	104.7
10 to 14 years	392,135	200,821	191,314	105.0
15 to 19 years	356,119	181,754	174,365	104.2
20 to 24 years	314,129	156,486	157,643	99.3
25 to 29 years	342,870	166,474	176,396	94.4
30 to 34 years	405,651	196,317	209,334	93.8
35 to 39 years	464,788	225,189	239,599	94.0
40 to 44 years	451,368	218,565	232,803	93.9
45 to 49 years	399,390	191,095	208,295	91.7
50 to 54 years	355,642	170,998	184,644	92.6
55 to 59 years	268,647	128,851	139,796	92.2
60 to 64 years	201,729	96,399	105,330	91.5
65 to 69 years	168,242	77,449	90,793	85.3
70 to 74 years	153,043	66,542	86,501	76.9
75 to 79 years	128,491	51,439	77,052	66.8
80 to 84 years	82,629	30,253	52,376	57.8
85 to 89 years	44,215	13,515	30,700	44.0
90 years and over	22,687	5,195	17,492	29.7

Male – Female Ratio by Age Groups: USA⁹

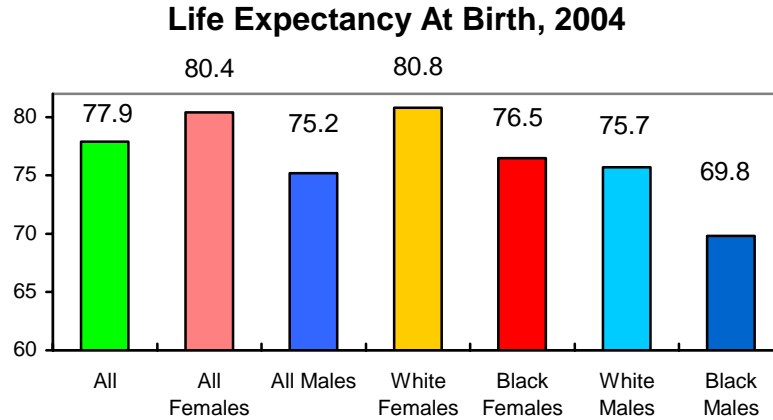


⁸ Age Groups and Sex: 2000. American FactFinder, U.S. Census Bureau Found at: http://factfinder.census.gov/servlet/QTTable?_ts=76604423570

⁹ Gender: 2000. U.S. Census Bureau. C2KBR/01-9. September 2001, page 2

Mortality by Sex and Race: USA

Based on data released by CDC in April of 2006, the life expectancy of a newborn child in 2004 is defined by sex and race with white females setting the standard. Black females are expected to live longer than white males. White females are projected to live 11 years longer than black males.



Life Expectancy At Birth, 2004 ^a		1970 ^b	1950 ^b	1920 ^b
Classification	Life Expectancy			
Population	77.9	70.8	68.2	54.1
All females	80.4	74.7	71.1	54.6
All males	75.2	67.1	65.6	53.6
White females	80.8	75.6	72.2	55.6
Black females	76.5	68.3	62.9 ^c	45.2 ^c
White males	75.7	68.0	66.5	54.4
Black males	69.8	60.0	59.1 ^c	45.5 ^c

a) Deaths: Preliminary Data for 2004 : Miniño AM, Heron M, Smith BL. Deaths: Preliminary data for 2004. Health E-Stats. Released April 19, 2006. Retrieved April 19, 2006 from www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimdeaths04/preliminarydeaths04.htm#fig2

b) *National Vital Statistics Report*. Vol. 48, No. 18, February 7, 2001, pages 33-34. Retrieved June 2, 2002, from http://www.cdc.gov/nchs/fastats/pdf/nvsr48_18tb12.pdf

c) Prior to 1970, data for the black population are not available. Data shown prior to 1970 are for the nonwhite population.

Life expectancy by race, 2001 projections¹⁰

	White non-Hispanic	Black non-Hispanic	Hispanic
Male	75	69	77
Female	80	76	84

Expected number of years in retirement for an individual, age 20 in 2001¹¹

	White non-Hispanic	Black non-Hispanic	Hispanic
Male	16	12	19
Female	20	17	23

Life expectancy rate at age 65, by sex and race/ethnicity¹²

Sex	Total	White	Black	Asian	Hispanic
Both sexes	17.4	17.6	15.6	21.2	21.2
Male	15.6	15.7	13.6	18.8	18.5
Female	18.9	19.1	17.1	22.9	21.8

¹⁰ Social Security and Minorities. GAO-03-387. April 2003. Page 15

¹¹ *ibid.*

¹² Social Security Bulletin. Vol. 62, No 2. 1999, page 63

Why the Gender Mortality Gap?

Simply put, there is a silent crisis in America, a crisis of epic proportions: on average, American men live shorter and less-healthy lives than American women. A recent Centers for Disease Control and Prevention (CDC) study of ambulatory care by women illustrates just how wide the health care gulf between the two sexes is. Among other things, the study found that¹³:

- Excluding pregnancy-related office visits, women make twice as many preventative care visits as men.
- As would be expected, there are more drug mentions per population among women than there are men, since there are more visits per population.

The study's authors offered several possible explanations for this disparity: Women's self-reported health is, on average, worse than men's, which may either reflect more illness or differences in the way health is viewed or discussed by women. Women generally are responsible for their family's health and so may think about health care needs more than men. They are more likely to have a usual source of care, which is a strong predictor of health care utilization. They also tend to use medical care for screening and health education more often than men. Women have been said to also be more likely to report and act on illness, although research has not always borne this out.

“Excluding pregnancy-related office visits, women make twice as many preventative care visits as men.”

Utilization of Ambulatory Medical Care by
Women: United States, 1997-98, CDC

Men's devotion to the workplace is also partly to blame. Various studies have shown that men are less likely than women to take time off from work for health related issues. Men's reluctance to make timely health care visits, however, is not only a function of work and time, but also of the way our culture socializes boys from the earliest age: “big boys don't cry.” That attitude extends to the workplace where men feel compelled to ignore their own physical (and mental) health needs and put in a “full 40 hours” ... or more ... knowing in their hearts that if they take time off for anything less than a true health emergency, they will lose status in the workplace, and, in the case of hourly workers, most probably their job.

“The huge disparity between men and women results partly from a lack of awareness, poor health education, and a paucity of male-specific health programs,” explains Dr. Gremillion. “The costs, including the cost of caring for dependents left behind, is enormous.”

In 2000, the Commonwealth Fund released data on men from a study of women's health. The findings from “Out of Touch: American Men and the Health Care System”

¹³ Utilization of Ambulatory Medical Care by Women: United States, 1997-98, Centers for Disease Control and Prevention (CDC) National Center for Health Statistics Vital and Health Statistics, Series 13, # 149 : July 2001 : pages 12 & 15

were featured in virtually every media outlet and in foreign language newspapers and magazines. Those findings help identify the gaps in health care for men:

- 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.
- 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.
- 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.

The study also explored men’s lack of contact with physicians:

No Regular Physician by Age		
Age	Men	Women
All	33%	19%
18-29	53%	33%
30-44	38%	22%
45-64	24%	13%
65+	10%	6%

No Physician Visit / Past Year by Age		
Age	Men	Women
All	24%	8%
18-29	33%	7%
30-44	30%	10%
45-64	18%	7%
65+	5%	7%

What can be done to counter this pattern? In a recent article written for *The News and Observer*,” Dr. Gremillion offers some advice¹⁴:

Research has shown that women strongly affect the health decisions within families, and this includes emphasis on the health of their spouses and the younger males who are forming attitudes about healthy lifestyles. Women, spouses and others with a male in their life can help them understand the importance of healthy lifestyles and health-seeking behavior. By expressing concern, women give men “permission” to be momentarily weak and honestly express their vulnerabilities and feel more comfortable in the health care setting.

Another recent study suggests that computers and the Internet offer men an anonymous, private manner of seeking health information in a venue that they feel comfortable with.

Clearly government has a role, one that combines prevention and education with solid health care policies. Government policies that focus on prevention, encourage healthy lifestyles, lower disability rates, and curb premature mortality are both cost effective and fiscally sound. Disability and premature mortality have striking social and fiscal implications, and premature mortality among men has disturbing implications for women. Older widows too often live alone and in poverty, relying on food stamps, nursing homes, and government programs to replace the income and assistance that was previously provided by their spouses.

Workplace health programs are also important. With the pressure of the modern workplace, most workers do not have time to schedule regular physician visits. Establishing comprehensive workplace health programs keeps employees healthier and maximizes their productivity.

¹⁴ Men’s health needs a heartfelt change, June 17, 2001, *The News and Observer*, Raleigh, NC

The New York Times Magazine

The Weaker Sex¹⁵ (excerpts)

Men start out ahead: 115 males are conceived for every 100 females. But it's downhill from there.

- The male fetus is at greater risk of miscarriage and stillbirth.
- Male births slightly outnumber female births (about 105 to 100), but boys have a higher death rate if born premature: 22 percent compared with 15 percent for girls.
- Overall, more newborn males die than females (5 to 4).
- SIDS is one and a half times as common in boys as in girls.
- Boys are three to four times as likely to be autistic.
- Boys are three times as likely to have Tourette's syndrome.
- Mental retardation afflicts one and a half times as many boys as girls.
- Dyslexia is diagnosed two to three times as often in boys as girls.

(As teenagers, boys die at twice the rate of girls.)

- Men are 16 times as likely as women to be colorblind.
- Men suffer hearing loss at twice the rate of women.

(Men are 4 times as likely to commit suicide)

- The male hormone testosterone is linked to elevations of LDL, the bad cholesterol, as well as declines in HDL, the good cholesterol.
- Men have fewer infection-fighting T-cells and are thought to have weaker immune systems than women.

(Men die at higher rates from the top 10 causes of death.)

- Men have a higher death rate from pneumonia and influenza than women.
- By the age of 36, women outnumber men.

¹⁵ The New York Times Magazine, March 16, 2003. Maggie Jones found at www.nytimes.com/2003/03/16/magazine/16MALE.html

(Men account for 92% of workplace deaths)

- In the United States, men are twice as likely to die from parasite-related diseases (in part, some speculate, because their greater average size may offer parasites a bigger target).
- Among people 65 and older, men account for 84 percent of suicides.
- American men typically die almost six years before women do.
- By the age of 100, women outnumber men eight to one.

Men's Health Week Proclamation

Recognizing the need for men to become more engaged with the health care system, the Governor of Maryland issues a Men's Health Week proclamation to correspond with National Men's Health Week.



The State of Maryland

Proclamation

From the Governor of the State of Maryland

MEN'S HEALTH WEEK

JUNE 13 - 19, 2005

- WHEREAS,** *Educating the public and health care providers about the importance of a healthy lifestyle and early detection of male health problems will result in reducing rates of mortality for disease. Heightening the awareness of preventable health problems and increasing early detection and treatment of disease would significantly improve our Nation's health, as well as save limited health care dollars; and*
- WHEREAS,** *Men who are educated about the value of preventable health problems will be more likely to participate in health screening. Recognizing and preventing men's health problems is not just a man's issue. Due to its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue; and*
- WHEREAS,** *The Men's Health Network should be commended for its special campaign to help educate men and their families about the importance of positive health attitudes and preventative health practices; and*
- WHEREAS,** *Maryland joins in encouraging all residents to increase awareness of the importance of a healthy lifestyle, regular exercise and medical check-ups.*

NOW, THEREFORE, I, ROBERT L. EHRLICH, JR., GOVERNOR OF THE STATE OF MARYLAND, do hereby proclaim June 13 - 19, 2005 as MEN'S HEALTH WEEK in Maryland, and do commend this observance to all of our citizens.



*Given Under My Hand and the Great Seal of the State of Maryland,
the 13th day of June
Two thousand and five*

Robert L. Ehrlich, Jr.
Governor

Michael S. Steele
Lt. Governor

R. Karl Ferguson
Secretary of State