



A Demographic and Health Profile of Adult Males (Ages 19 to 64 years) in the United States by Race and Ethnicity

June 2015

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Overview

The U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) is committed to improving the health of racial and ethnic minorities and eliminating disparities in health and health care. This year marks both the 30th anniversary of the *Report of the Secretary's Task Force on Black and Minority Health* (also known as the *Heckler Report*) and the 5th anniversary of the Affordable Care Act. The *Heckler Report* was the federal government's first comprehensive study of the health status of minorities and led to the creation of the HHS Office of Minority Health. And with approximately 16.4 million uninsured Americans gaining health insurance coverage since the Affordable Care Act was enacted, the Affordable Care Act is one of the most significant pieces of legislation since the passage of Medicare and Medicaid that will help reduce health disparities and advance health equity.

Since the first open enrollment period for the Health Insurance Marketplace in October 2013, the uninsured rate among males fell by 30 percent (6.6 percentage points) with 6.5 million men gaining coverage. Some of the largest improvements in reducing the ranks of the uninsured occurred among racial and ethnic minorities, with a drop of 9.2 percentage points among African Americans and 12.3 percentage points among Latinos. Under the Affordable Care Act, most health insurance plans are required to provide coverage for recommended preventive health care services without cost sharing. Today, 17 million Latinos, 15 million Blacks, 8 million Asian Americans, and 1 million American Indians have access to preventive services such as blood pressure and obesity screenings and immunizations without cost sharing.

In June 2014, in observance of Men's Health Month, OMH released a data brief that examined characteristics of uninsured adult males (ages 19 to 64 years) by race and ethnicity, using data from the 2012 American Community Survey (U.S. Census Bureau). The analytic sample only included non-elderly Asian, Black, Latino, and White males.

This year, in commemoration of Men's Health Month 2015, OMH presents the findings of three years of data from the 2011-2013 American Community Survey that examines demographic and health measures among racial and ethnic minority males (ages 19 to 64 years). The analytic sample builds upon the previous brief by including data collected prior to the first open enrollment period of the Affordable Care Act on American Indian/Alaska Native and Native Hawaiian/Pacific Islander males. Findings described herein will assist health care, public health and policy professionals develop sex specific interventions to improve health care access and health outcomes as well as reduce racial and ethnic health disparities among adult males.



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Background

Over the past several decades, our nation has made vast improvements in scientific knowledge, public health, and health care. However, the health status of racial and ethnic minority males still lags behind the general population. Nationally, obesity rates are higher in males, age 20 and older, across all racial and ethnic groups except Asians [1]. Rates of cardiovascular disease are nearly one-third higher for non-elderly racial and ethnic minority males as compared to White males [2]. In particular, Black males tend to have poorer health outcomes across most health measures [1]. To gain a better understanding of the underlying causes of these health disparities in males, it is important to conduct studies focusing on single sex groups. The paucity of reports examining demographic and health measures among diverse groups of males underscores the timeliness of this report.

This report examines demographic, socioeconomic, and health characteristics by race and ethnicity among adult males (ages 19 to 64 years). This data brief presents data from the most recent national three-year estimates of the 2011-2013 American Community Survey Public Use Microdata Sample (ACS PUMS) [3] and provides additional information on the patterns of health and well-being among non-elderly males prior to the establishment of the Health Insurance Marketplace and the expansion of Medicaid eligibility under the Affordable Care Act. For the purposes of this brief, males described herein are considered as non-elderly persons who lawfully reside in the United States. The total sample includes 89,242,898 of non-elderly males: Whites (68 percent), Latinos (14 percent), Blacks (13 percent), Asians (5 percent), American Indians/Alaska Natives (1 percent), and Native Hawaiian or Pacific Islanders (less than 1 percent).

Keywords

American Community Survey (ACS), race, ethnicity, men's health, minority, men's health disparities

Highlights

Among non-elderly males between the ages of 19 to 25 years, 79% of Whites, 77% of Asians, 70% Native Hawaiians/Pacific Islanders, 62% of Blacks, 57% of Latinos, and 49% of American Indians/Alaska Natives had health insurance coverage.

Non-elderly American Indian/Alaska Native (19%) and Black (15%) males had the highest percentage of disability.

Among non-elderly males, 20% of Asians and 17% of Latinos reside in limited English proficient households.

Among non-elderly males, more than 70% of Native Hawaiians/Pacific Islanders and American Indians/Alaska Natives had a high school diploma as their highest level of educational attainment.

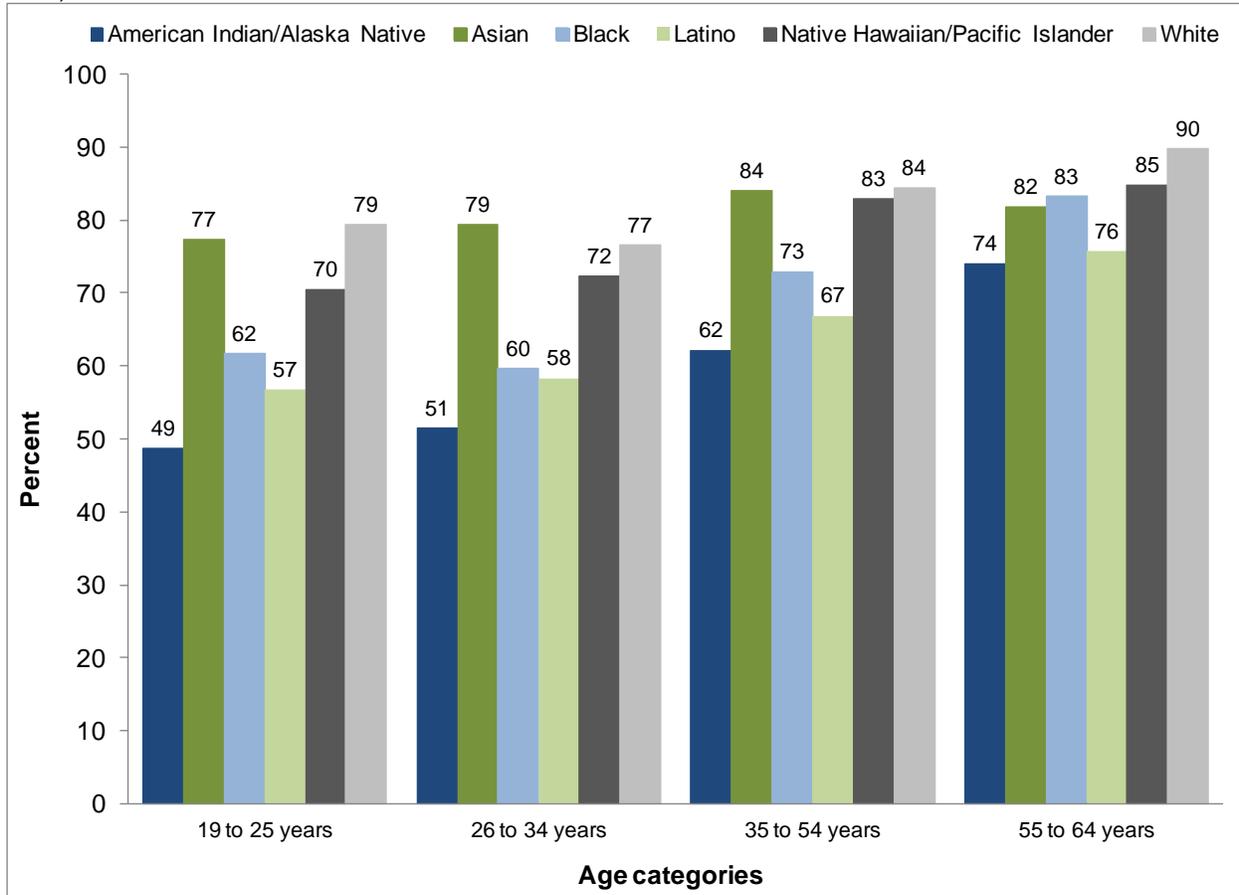
Among non-elderly males, 47% of American Indians/Alaska Natives and 45% of Blacks report family income at or below 138% of the federal poverty level (highest among six racial and ethnic groups).

Over 80% of non-elderly Asian, White, Native Hawaiian/Pacific Islander, and Latino males had a full-time worker in the household.

Data from the 2011-2013 American Community Survey Public Use Microdata Sample

What percentage of adult males (ages 19 to 64 years) have health insurance coverage?

Figure 1. Health insurance coverage for adult males, by age category and race or ethnicity (2011-2013 ACS)



NOTE: Data are shown for non-elderly males who had a private or public health insurance plan. A private plan is provided through an employer or union; a plan purchased by an individual from an insurance company; or TRICARE or other military health coverage. Public coverage includes the federal programs Medicare, Medicaid and other medical assistance programs, VA Health Care; the Children's Health Insurance Program (CHIP); and individual state health plans. Since the Indian Health Service (IHS) is not considered comprehensive health coverage, non-elderly males who only have health coverage through IHS are classified as uninsured.

19 to 25 years:

Among males between the ages of 19 to 25 years, 79 percent of Whites, 77 percent of Asians, 70 percent Native Hawaiians/Pacific Islanders, 62 percent of Blacks, 57 percent of Latinos, and 49 percent of American Indians/Alaska Natives had health insurance coverage.

26 to 34 years:

Among males between the ages of 26 to 34 years, 79 percent of Asians, 77 percent of Whites, 72 percent Native Hawaiians/Pacific Islanders, 60 percent of Blacks, 58 percent of Latinos, and 51 percent of American Indians/Alaska Natives had health insurance coverage.

35 to 54 years:

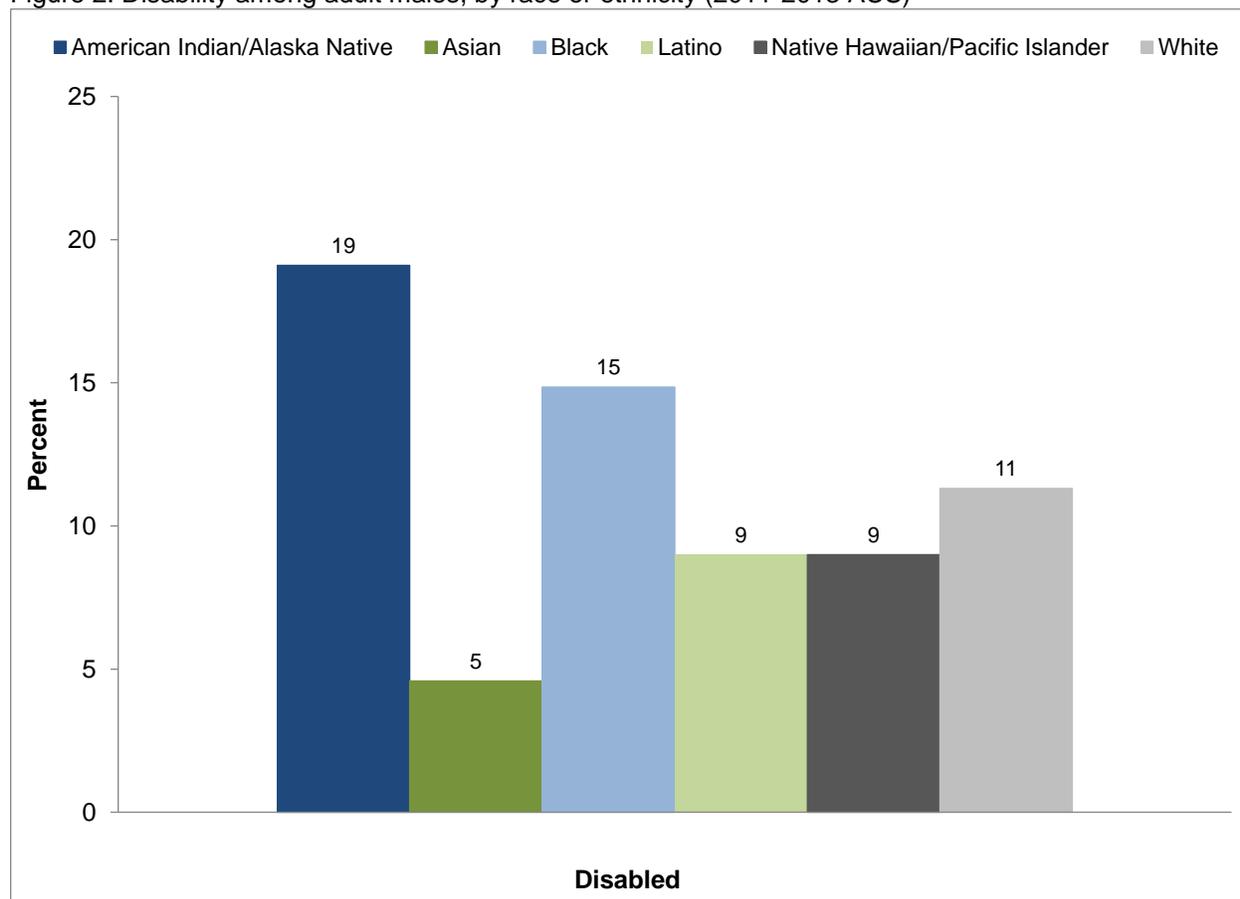
Among males between the ages of 35 to 54 years, 84 percent of Whites, 84 percent of Asians, 83 percent Native Hawaiians/Pacific Islanders, 73 percent of Blacks, 67 percent of Latinos, and 62 percent of American Indians/Alaska Natives had health insurance coverage.

55 to 64 years:

Among males between the ages of 55 to 64 years, 90 percent of Whites, 85 percent Native Hawaiians/Pacific Islanders, 83 percent of Blacks, 82 percent of Asians, 76 percent of Latinos, and 74 percent of American Indians/Alaska Natives had health insurance coverage.

What percentage of adult males (ages 19 to 64 years) have disabilities?

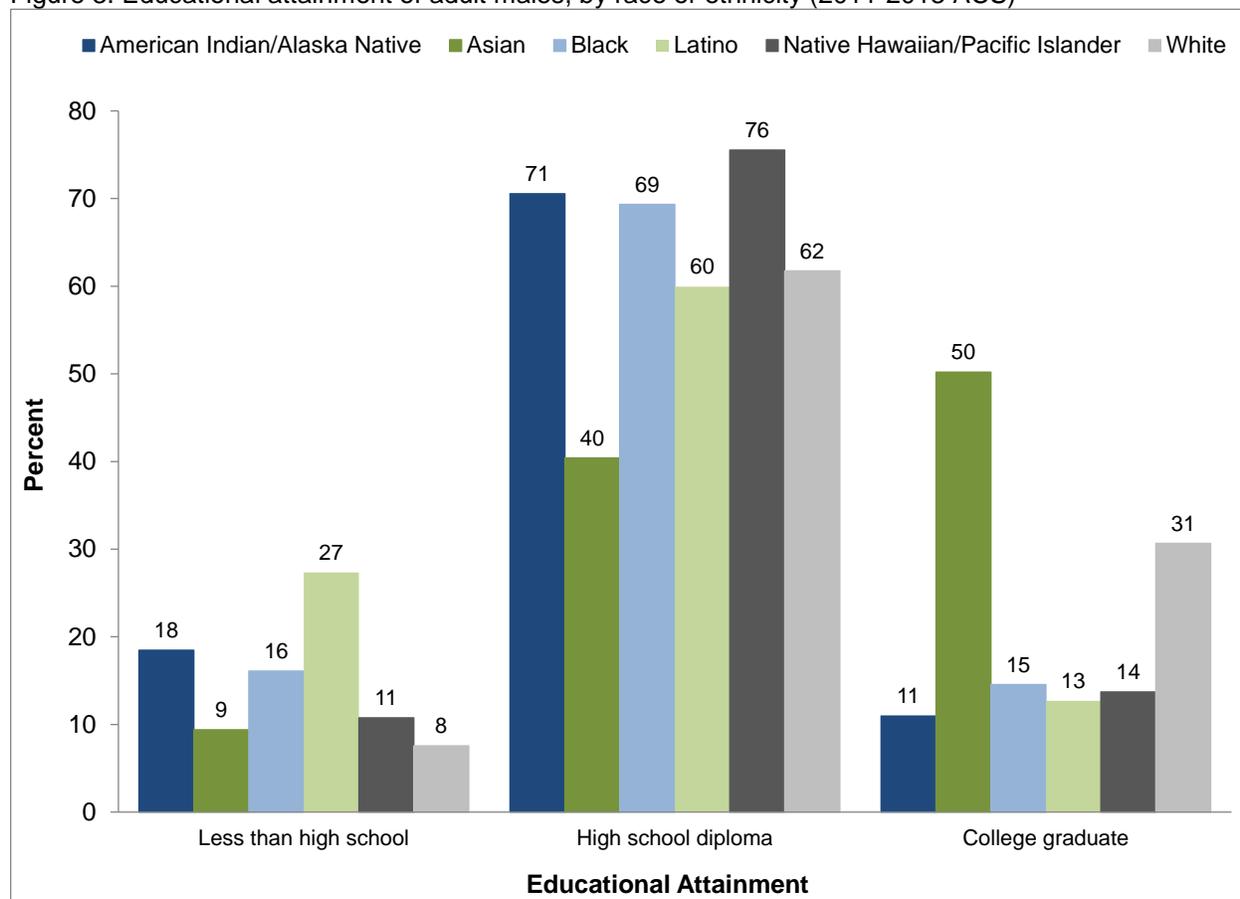
Figure 2. Disability among adult males, by race or ethnicity (2011-2013 ACS)



Among non-elderly adult males, American Indians/Alaska Natives (19 percent), and Blacks (15 percent) had the highest percentages of disability. Non-elderly White (11 percent), Latino (9 percent), and Native Hawaiian/Pacific Islander (9 percent) males reported lower percentages of disability. Non-elderly Asian males (5 percent) had the lowest percentage of disability.

What is the highest level of educational attainment for adult males (ages 19 to 64 years)?

Figure 3. Educational attainment of adult males, by race or ethnicity (2011-2013 ACS)



Less than High School:

Across all racial or ethnic groups of non-elderly males, a higher percentage of Latinos (27 percent) completed less than a high school level of education, whereas less than 20 percent of non-elderly American Indian/Alaska Native (18 percent), Black (16 percent), Native Hawaiian/Pacific Islander (11 percent), Asian (9 percent), and White (8 percent) males completed less than high school.

High School Diploma:

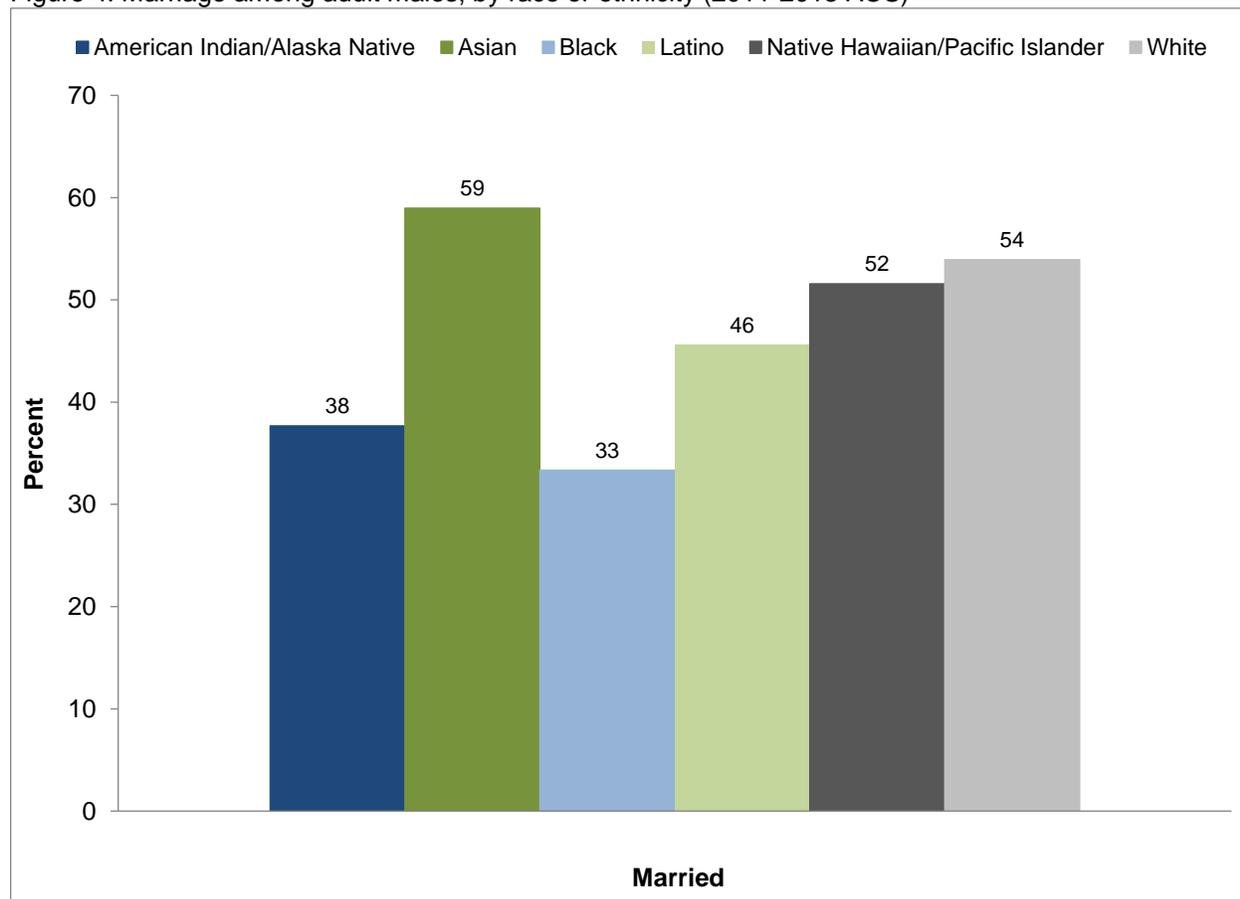
Except for Asians (40 percent), the majority of non-elderly males reported a high school diploma as their highest level of educational attainment. The percentage of non-elderly Native Hawaiian/Pacific Islander males (76 percent) who earned a high school diploma was greater than the percentages for non-elderly American Indian/Alaska Native (71 percent), Black (69 percent), White (62 percent), and Latino (60 percent) males.

College Graduate:

Across all racial or ethnic groups of non-elderly males, a higher percentage of Asians (50 percent) graduated from college. Lower percentages of non-elderly White (31 percent), Black (15 percent), Native Hawaiian/Pacific Islander (14 percent), Latino (13 percent), and American Indian/Alaska Native (11 percent) males graduated from college.

What percentage of adult males (ages 19 to 64 years) are married?

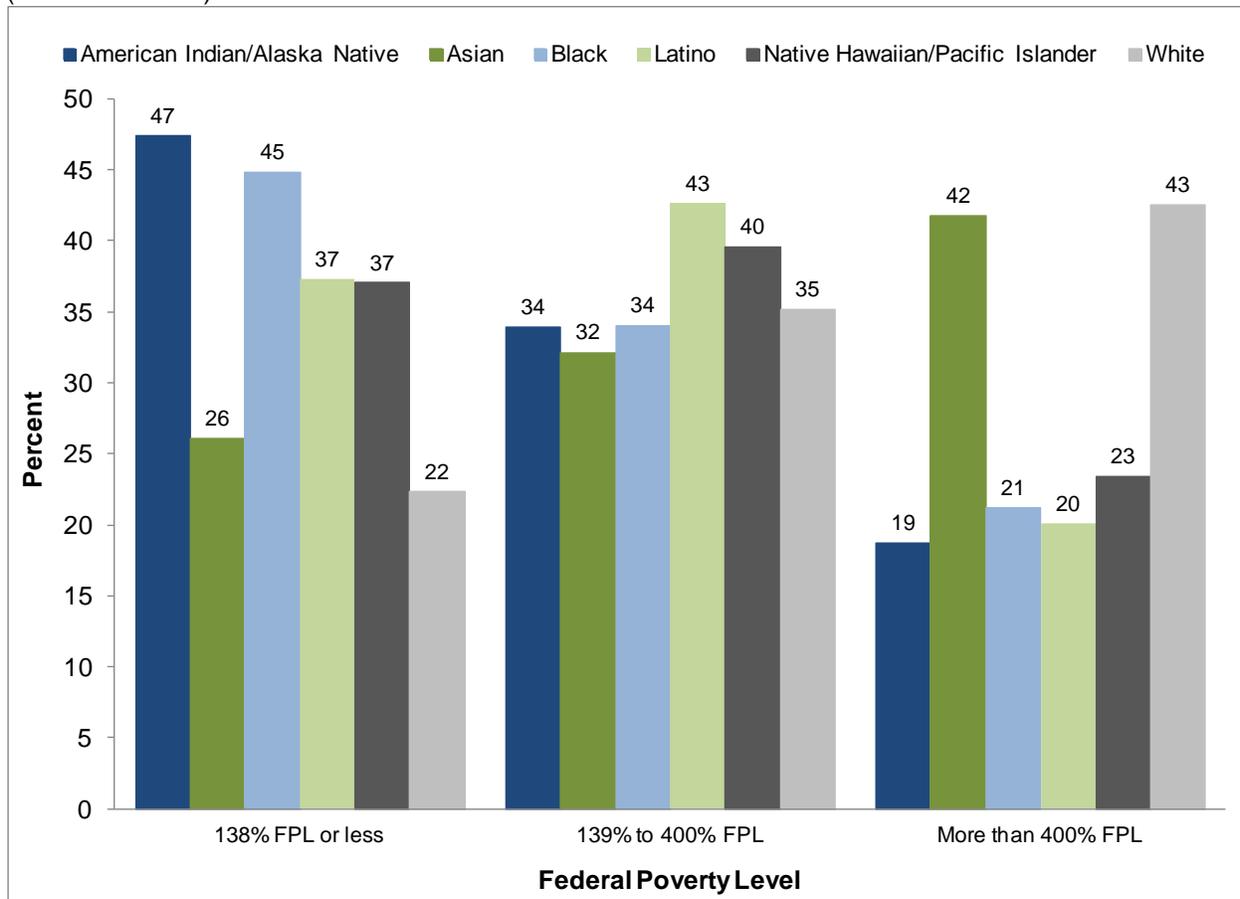
Figure 4. Marriage among adult males, by race or ethnicity (2011-2013 ACS)



Marriage appears to vary by racial or ethnic group. Among non-elderly males, 59 percent of Asians, 54 percent of Whites, 52 percent of Native Hawaiians/Pacific Islanders, and 46 percent of Latinos were married. Lower percentages of non-elderly American Indian/Alaska Native (38 percent) and Black (33 percent) males were married.

What is the family income, as percent of federal poverty level, among adult males (ages 19 to 64 years)?

Figure 5. Family income, as percent of the federal poverty level, for adult males, by race or ethnicity (2011-2013 ACS)



NOTE: The federal poverty guidelines commonly referred to as the “federal poverty level” are a version of the federal poverty measure. They are issued each year by the Department of Health and Human Services for administrative purposes—for instance, determining financial eligibility for certain federal programs.

138 percent Federal Poverty Level or Less:

Across all racial or ethnic groups of non-elderly males, American Indians/Alaska Natives (47 percent) had the highest percentages of family income at or below 138 percent federal poverty level followed by Blacks (45 percent). A lower percentage of non-elderly Latino (37 percent) and Native Hawaiian/Pacific Islander (37 percent) males had family incomes at or below 138 percent federal poverty level. Asians (26 percent) and Whites (22 percent) had the lowest percentages family income at or below 138 percent federal poverty level.

139 percent to 400 Percent Federal Poverty Level:

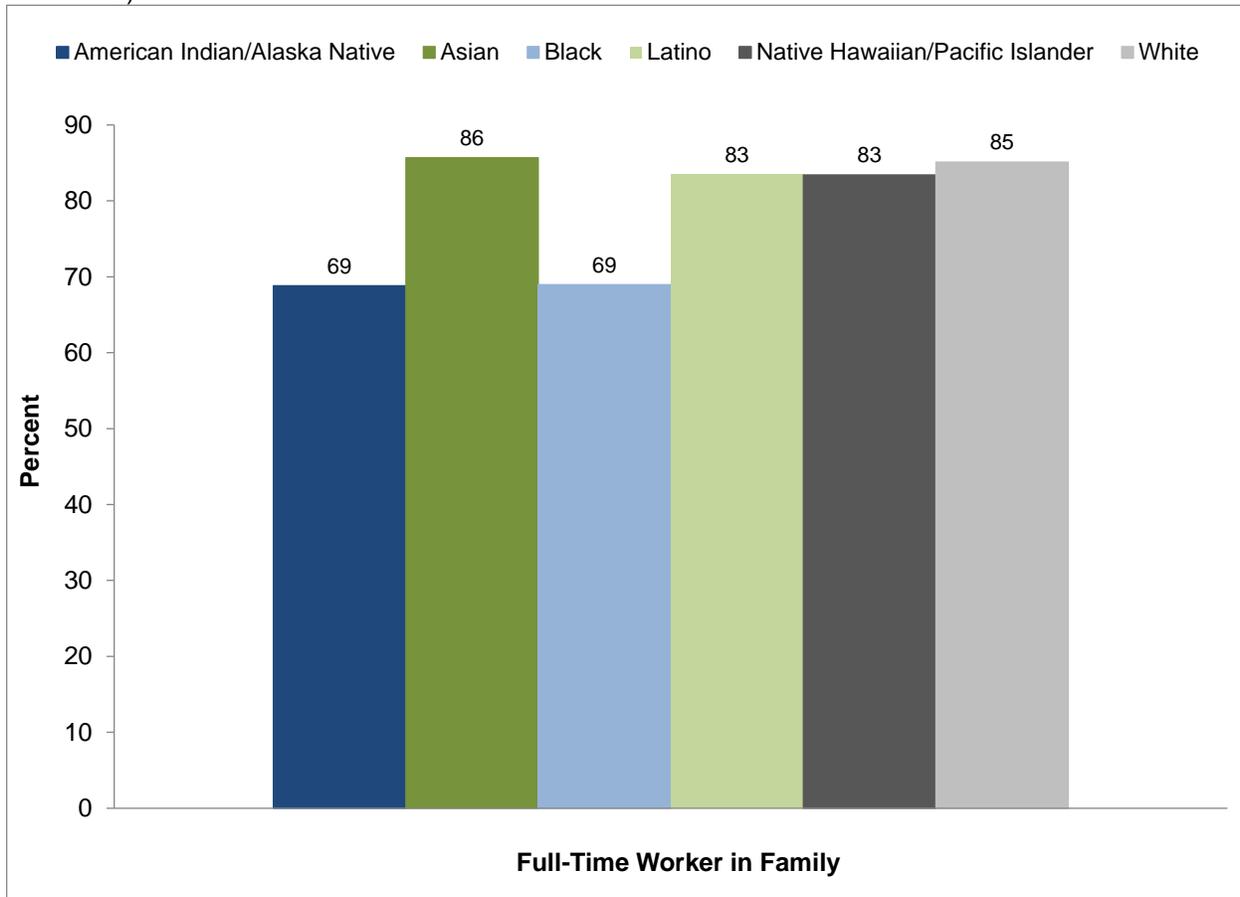
Across all racial or ethnic groups of non-elderly males, Latinos (43 percent) had the highest percentage of family income between 139 percent to 400 percent federal poverty level, followed by Native Hawaiians/Pacific Islanders (40 percent). Lower percentages of non-elderly White (35 percent), American Indian/Alaska Native (34 percent), Black (34 percent), and Asian (32 percent) males report family income between 139 percent to 400 percent federal poverty level.

More than 400 percent Federal Poverty Level:

Across all racial or ethnic groups of non-elderly males, Whites (43 percent) and Asians (42 percent) had the highest percentage of family income of more than 400 percent federal poverty level. In contrast, lower percentages of non-elderly Native Hawaiian/Pacific Islander (23 percent), Black (21 percent), Latino (20 percent), and American Indian/Alaska Native (19 percent) males reported family incomes of more than 400 percent federal poverty level.

What percentage of adult males report having a full-time worker in their household (ages 19 to 64 years)?

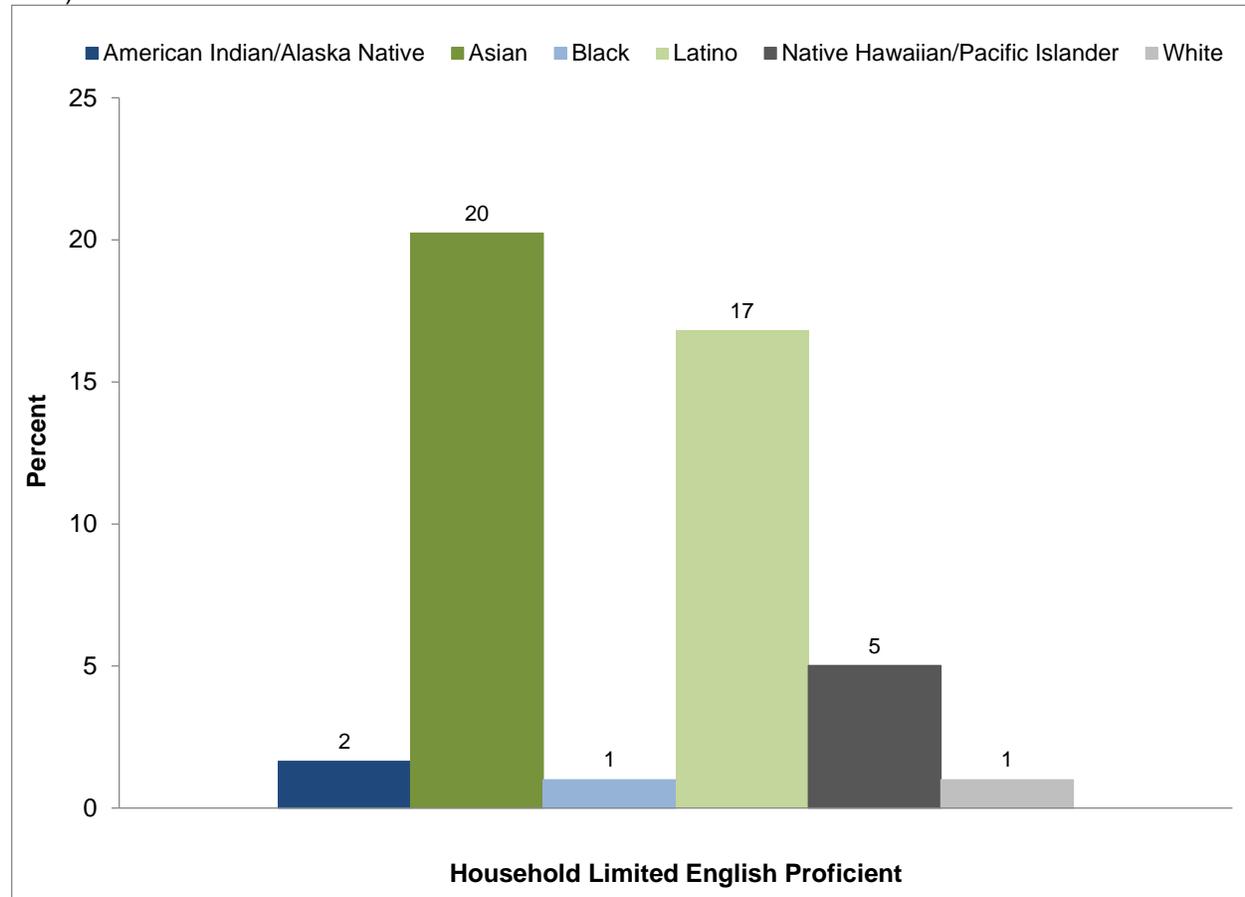
Figure 6. Percentage of adult males with full-time workers in their household, by race or ethnicity (2011-2013 ACS)



The majority of non-elderly males had a full-time worker in their household. Among non-elderly males, Asians (86 percent) had the highest percentage of households with a full-time worker, followed by Whites (85 percent), Latinos (83 percent), and Native Hawaiians/Pacific Islanders (83 percent). Lower percentages of non-elderly American Indian/Alaska Native (69 percent) and Black (69 percent) males had a full-time worker in their household.

What is the household level of limited English proficiency among adult males (ages 19 to 64 years)?

Figure 7. Household level of limited English proficiency for adult males, by race or ethnicity (2011-2013 ACS)



NOTE: Household Limited English Proficiency (LEP) is classified as non-elderly male living in a household (defined by Census household) that does not contain any adults who speak English as a first language or 'very well' as a second language.

Among non-elderly males, 20 percent of Asians and 17 percent of Latinos reported that no adult members of their household spoke English well. In contrast, only 5 percent of non-elderly Native Hawaiian/Pacific Islander males and even lower proportions of non-elderly American Indian/Alaska Native (2 percent), Black (1 percent), and White (1 percent) males reported that no adult members of their household spoke English well.

The Office of Minority Health at the U.S. Department of Health and Human Services is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

Summary

This data brief provides a profile of the social, economic, and health characteristics reported by non-elderly American Indian/Alaska Native, Asian, Black, Latino, Native Hawaiian/Pacific Islander, and White males. Nearly 80 percent of White and Asian males between the ages of 19 to 25 years had health insurance coverage. Less than 20 percent of males reported having a disability. With the exception of non-elderly Asian males (40 percent), 60 percent or greater of non-elderly American Indian/Alaska Native, Black, Latino, Native Hawaiian/Pacific Islander, and White males reported a high school diploma as their highest level of educational attainment. With the exception of non-elderly American Indian/Alaska Native (38 percent) and Black (33 percent) males, nearly 50 percent of non-elderly males were married. Across all racial and ethnic groups of non-elderly males, one out of three males had a family income between 139 percent to 400 percent federal poverty level. Asian and Latino males had the highest percentage of household limited English proficiency.

Conclusion

While progress in reducing the uninsurance rate through the implementation of the Affordable Care Act has been seen, the findings in this report demonstrate the challenges the nation faces in addressing health disparities and the underlying social determinants of health among racial and ethnic minority males in the United States. This brief provides aggregate data on six racial and ethnic groups of men. In the United States, there is great diversity within racial and ethnic groups, and intra- and inter- group disparities exist. Future work that includes examining social determinants and health behaviors by granular or detailed sub-group could provide even more information to describe the characteristics of males in the United States.

As leaders and organizations at national, state, tribal, territorial, and local levels continue to develop strategies and plan innovative efforts to advance health equity, these findings can inform their approaches for closing the gap of health and health care disparities among racial and ethnic minority males. Most reports on racial and ethnic males only provide data on Blacks, Latinos, and Asians, largely due to issues with sample size. With the inclusion of American Indians/Alaska Natives and Native Hawaiians/Pacific Islanders, this report provides crucial information on additional racial and ethnic groups of males who have historically experienced disparities in health and health care but are often missing from the literature.

Definitions¹

Adults Males

Non-elderly males (less than 65 years old) who are lawfully residing in the United States.

Disability

If a non-elderly male responded “yes” to any of the following statements in the American Community Survey, then they were considered to have a disability:

- Person is deaf or does he/she have a serious difficulty hearing.
- Person is blind or does he/she have serious difficulty seeing even when wearing glasses.
- Because of a physical, mental, or emotional condition, person has serious difficulty concentrating, remembering, or making decisions.
- Person has serious difficulty walking or climbing stairs.
- Person has difficulty dressing or bathing.
- Because of a physical, mental, or emotional condition, person has difficulty doing errands alone such as visiting a doctor’s office or shopping.

Educational Attainment

- Less than high school: Non-elderly male with less than a high school degree.
- High school diploma: Non-elderly male with a high school degree but no college degree.
- College graduate: Non-elderly male with a four-year college degree.

Federal poverty level [4]

The federal poverty guidelines commonly referred to as the “federal poverty level” (federal poverty level) are a version of the federal poverty measure. They are issued each year by the U.S. Department of Health and Human Services (HHS) for administrative purposes— for instance, determining financial eligibility for certain federal programs.

Health insurance coverage [3]

Non-elderly males who had a private or public health insurance were classified as insured. A private plan is provided through an employer or union; a plan purchased by an individual from an insurance company; or TRICARE or other military health coverage. Public coverage includes the federal programs Medicare, Medicaid and other medical assistance programs, VA Health Care; the Children’s Health Insurance Program (CHIP); and individual state health plans. Since the Indian Health Service (IHS) is not considered comprehensive health coverage, non-elderly males who only have health coverage through IHS are classified as uninsured.

Household Limited English Proficiency (LEP)

Non-elderly male living in a household (defined by Census household) that does not contain any adults who speak English as a first language or ‘very well’ as a second language.

Racial and Ethnic Groups

- American Indian/Alaska Native represents non-elderly males reporting ‘American Indian alone,’ ‘Alaska Native alone,’ or ‘American Indian and Alaska Native tribes specified’ as their race, and who are not of Latino ethnicity.
- Asian represents non-elderly males reporting ‘Asian alone’ as their race, and who are not of Latino ethnicity.

¹ Unless otherwise noted, variables were defined according to the Centers for Medicaid and Medicare Services, Health Insurance Marketplace, available from: <https://marketplace.cms.gov/outreach-and-education/census-data.html>

- Black represents non-elderly males reporting ‘Black or African American alone’ as their race, and who are not of Latino ethnicity.
- Latino represents non-elderly males reporting Latino or Hispanic ethnicity, regardless of race.
- Native Hawaiian/Pacific Islander represents non-elderly males reporting ‘Native Hawaiian and Other Pacific Islander alone’ as their race, and who are not of Latino ethnicity.
- White represents non-elderly males reporting ‘White alone’ as their race, and who are not of Latino ethnicity.

Data Sources and Methods

Unless otherwise noted, all numbers in this brief are ASPE tabulations from the calendar year 2011-2013 American Community Survey Public Use Microdata Sample (ACS PUMS), adjusted to exclude estimated undocumented persons based on ASPE’s TRIM3 simulation model. Non-elderly males described in this data brief exclude the undocumented and the elderly.

All estimates were survey-weighted and represent the total non-elderly male population (ages 19 to 64 years). This data brief presents crude estimates that are not age-adjusted to a population standard. Measures included in this analysis were defined using the ACS definitions as shown on the CMS.gov Health Insurance Marketplace website [5].

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