

Gender Differences in Health Care, Status, and Use: Spotlight on Men's Health

Findings from the 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey

Figure 1

One in six men report “fair” or “poor” health. Older and poorer men report higher rates of health problems

Self-reported health status is an indicator of overall health and medical needs. Men and women report fair or poor health at similar rates. A smaller share of men than women, however, report that they have a medical condition that requires ongoing care.

Table 1: Health problems reported by women and men, by age and income status

Share of men and women reporting:	Women	Men				
	Total	Total	Age Group		Poverty Level	
			Ages 18–44	Ages 45–64	Lower than 200% FPL	200% FPL or greater
Fair/poor health	15%	17%	13%	24%	25%	14%
Have disability, handicap, or chronic disease that limits activity	14%	11%	6%	18%*	19%*	7%
Have ongoing condition that requires regular monitoring, care, or medication	43%	30%*	15%	52%*	30%	32%

NOTE: Among men and women ages 18–64. The Federal Poverty Level (FPL) was \$19,530 for a family of three in 2013. *Indicates a statistically significant difference from Total Women, Ages 18–44, 200% FPL or greater, p<.05.

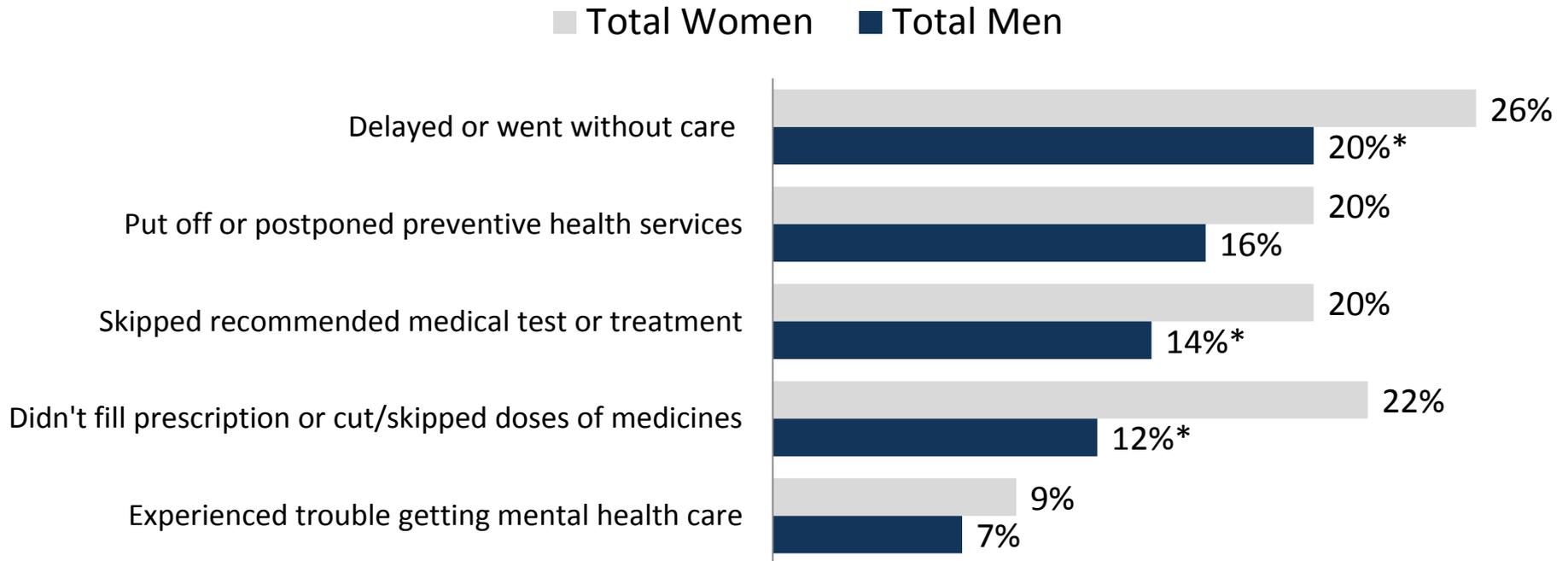
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men’s Health Survey and 2013 Kaiser Women’s Health Survey.

Figure 2

Men are less likely to experience barriers to care due to cost

Insurance deductibles, copays, and services not covered by insurance pose financial barriers to care for many men and women, impeding access to care. One in four women and one in five men reported they delayed or went without care because they couldn't afford it.

Share of women and men reporting that in past 12 months they experienced following due to costs:



NOTE: Among men and women ages 18-64. *Indicates a statistically significant difference from Total Women, $p < .05$.

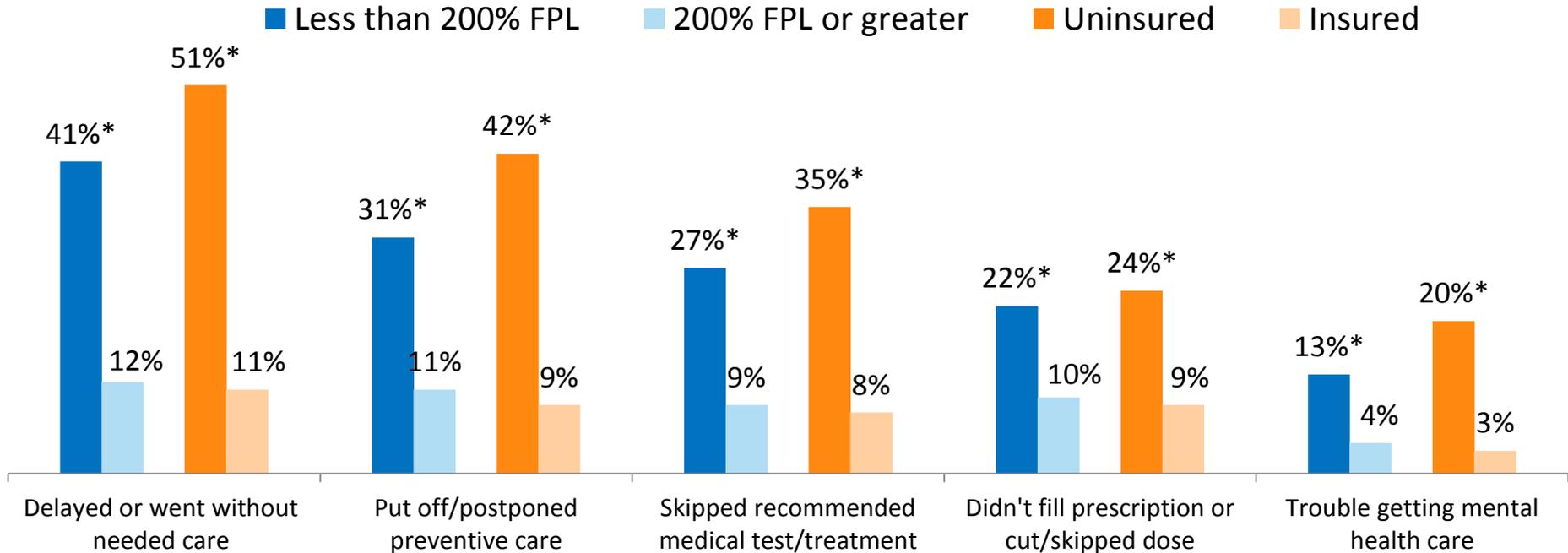
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey.

Figure 2a

Many uninsured and low-income men do face cost-related barriers to care

Poor and uninsured men are much more likely to face cost-related barriers than their higher income, insured counterparts. Half of uninsured men, and four in ten low-income men delayed or went without care because they couldn't afford it, 3-4 times the rate of their higher income and insured men.

Share of men reporting that in past 12 months they experienced following due to costs:



NOTE: Among men ages 18-64. The Federal Poverty Level (FPL) was \$19,530 for a family of three in 2013.

*Indicates a statistically significant difference from 200% FPL or greater, Insured, $p < .05$.

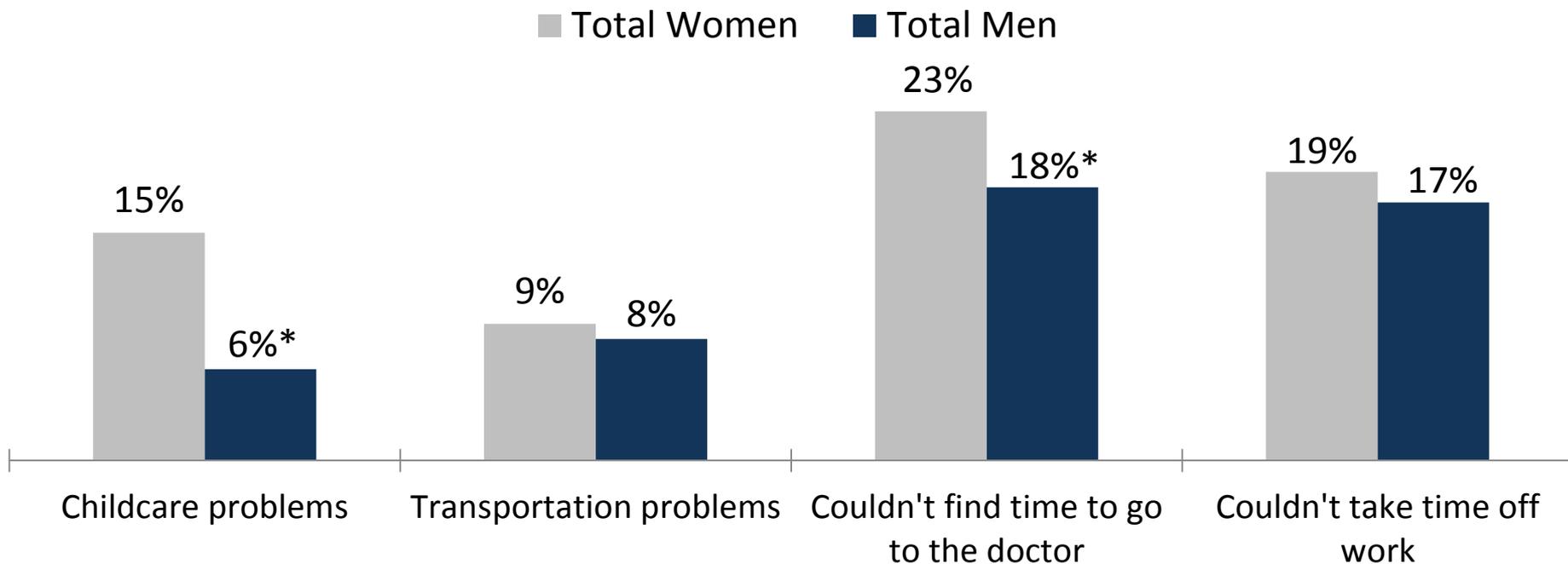
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey.

Figure 3

Men and women forgo or delay care due to a variety of nonfinancial barriers

In addition to cost, transportation, childcare problems, and time impede men and women from receiving care. Nearly one in ten men and women report that transportation caused them to delay or put off care, while issues relating to time – either finding time, or getting time off work – caused a higher share of men and women to forgo care.

Share of women and men reporting they delayed or went without care due to the following reasons:



NOTE: Among men and women ages 18-64. Childcare problems among adults with children.

*Indicates a statistically significant difference from Total Women, $p < .05$.

SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey.

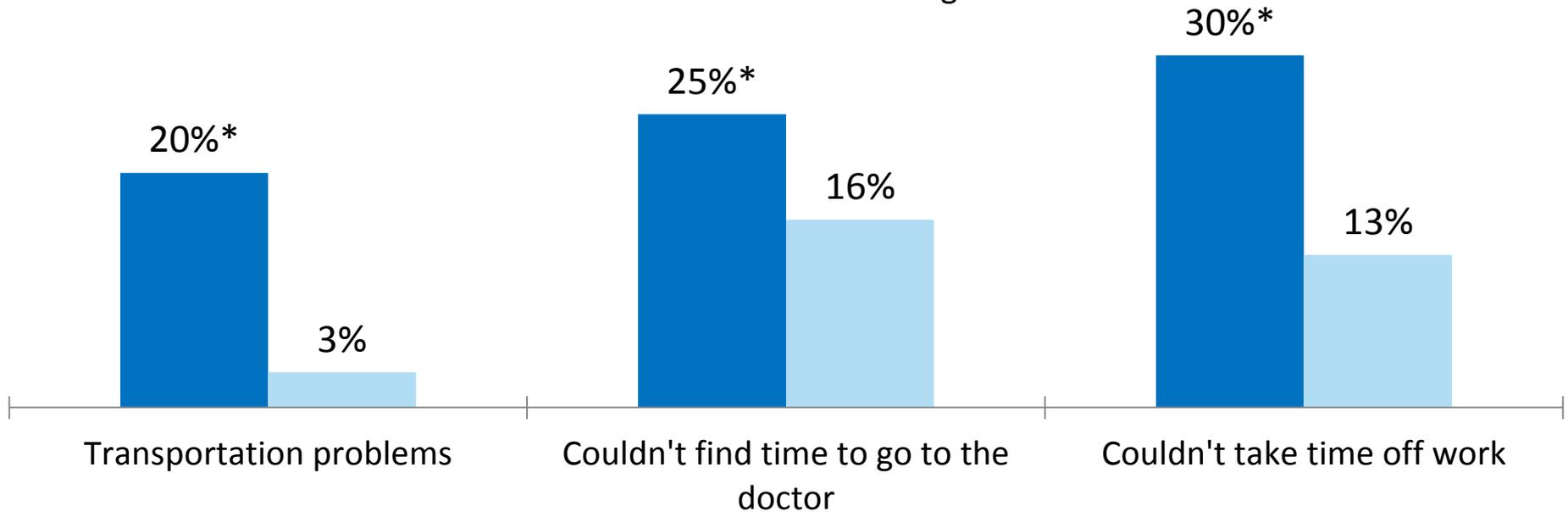
Figure 3a

Nonfinancial barriers to receiving health care are more common among low-income men

Low-income men are over six times more likely to forgo care due to problems in transportation, and twice as likely to do so due to the inability to take time off work compared to higher income men.

Share of men reporting they delayed or went without care due to the following reasons:

■ Less than 200% FPL ■ 200% FPL or greater



NOTE: Among men ages 18-64. The Federal Poverty Level (FPL) was \$19,530 for a family of three in 2013.

*Indicates a statistically significant difference from 200% FPL or greater, $p < .05$.

SOURCE: Kaiser Family Foundation, 2013 *Kaiser Men's Health Survey*.

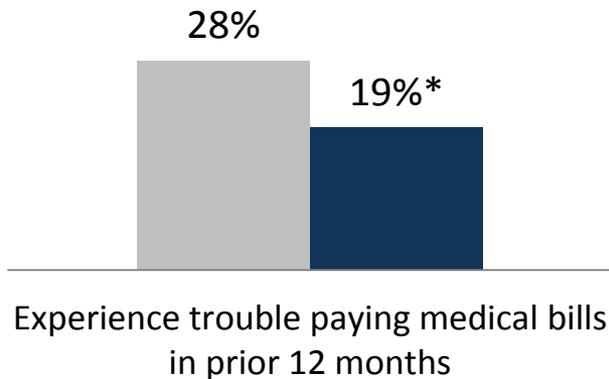
Figure 4

One in five men have difficulty paying for medical bills and for many, bills affect financial stability

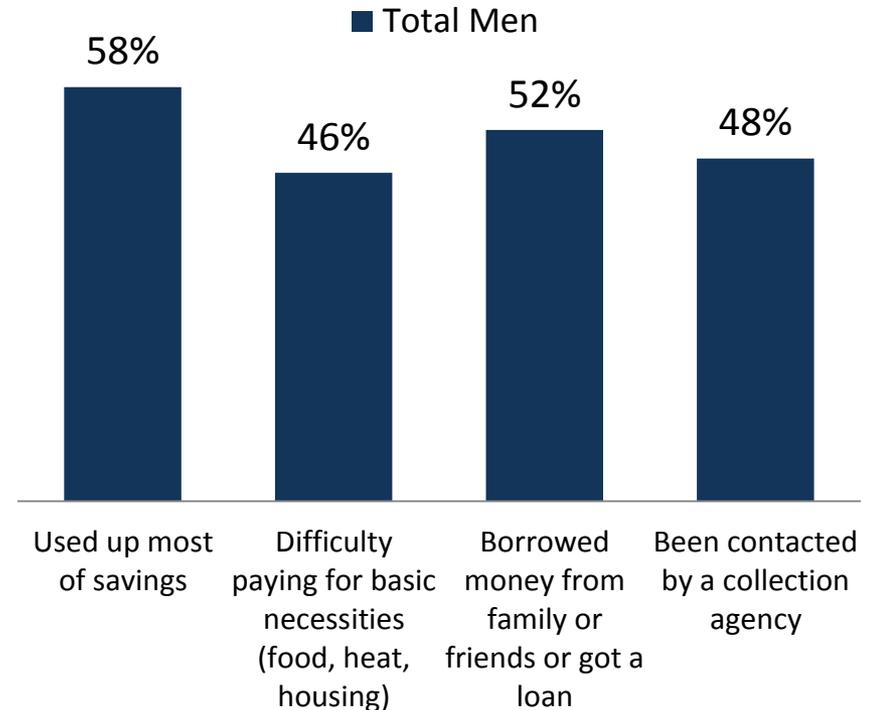
Men and women experience trouble paying medical bills. Medical bills force many men to make trade offs that affect their ability to manage basic necessities, dip into savings or take out loans.

Share of men and women reporting that they or a family member:

■ Total Women ■ Total Men



Among men reporting they had trouble with medical bills, the share reporting they or a family member have experienced the following as a result of those medical bills:



NOTE: Among men and women ages 18-64. The Federal Poverty Level (FPL) was \$19,530 for a family of three in 2013.

*Indicates a statistically significant difference from Total Women, $p < .05$.

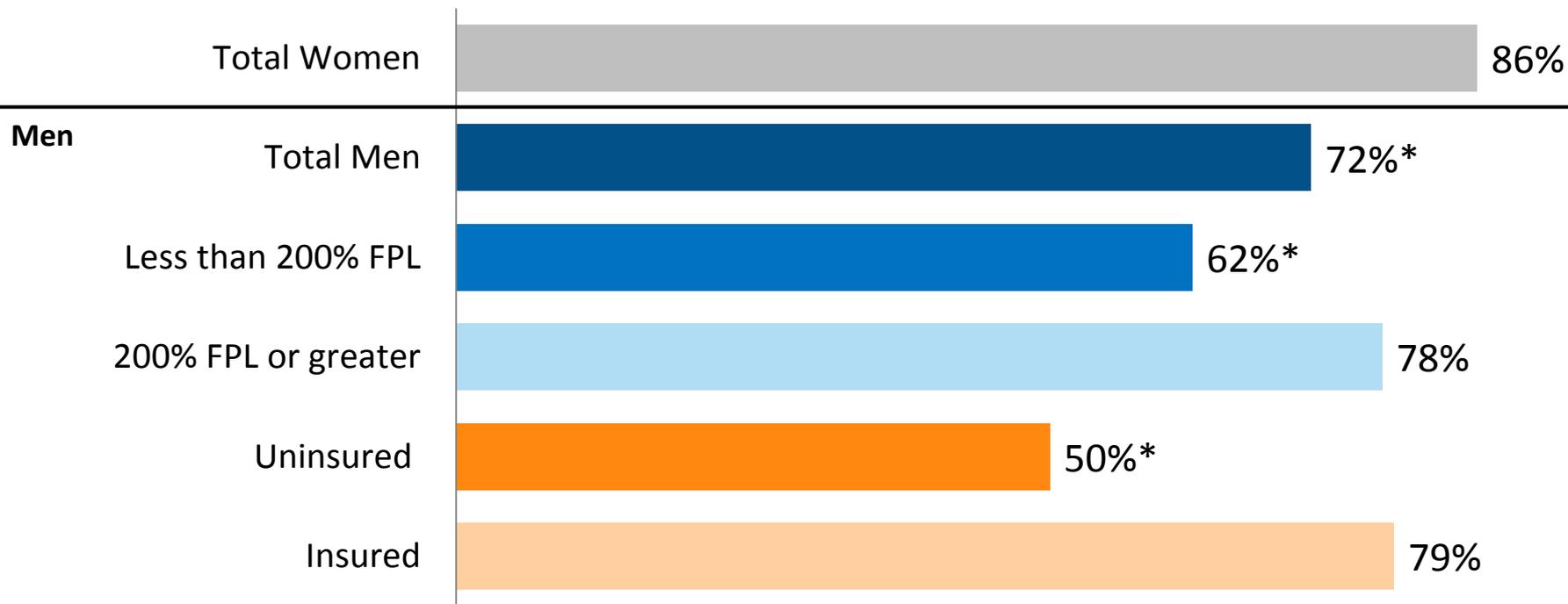
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey.

Figure 5

Fewer men than women have a place they go for care when they are sick or need medical advice

About seven in ten men (72%) report they have a usual source of care, compared to 86% of women. Only half of uninsured men and 62% of low income men report having a regular place they go to for care.

Share of women and men reporting they have a place that they usually go to when they are sick or need advice about health:



NOTE: Among men and women ages 18 to 64. The Federal Poverty Level (FPL) was \$19,530 for a family of three in 2013.

*Indicates a statistically significant difference from Total Women, 200% FPL or greater, Insured, $p < .05$.

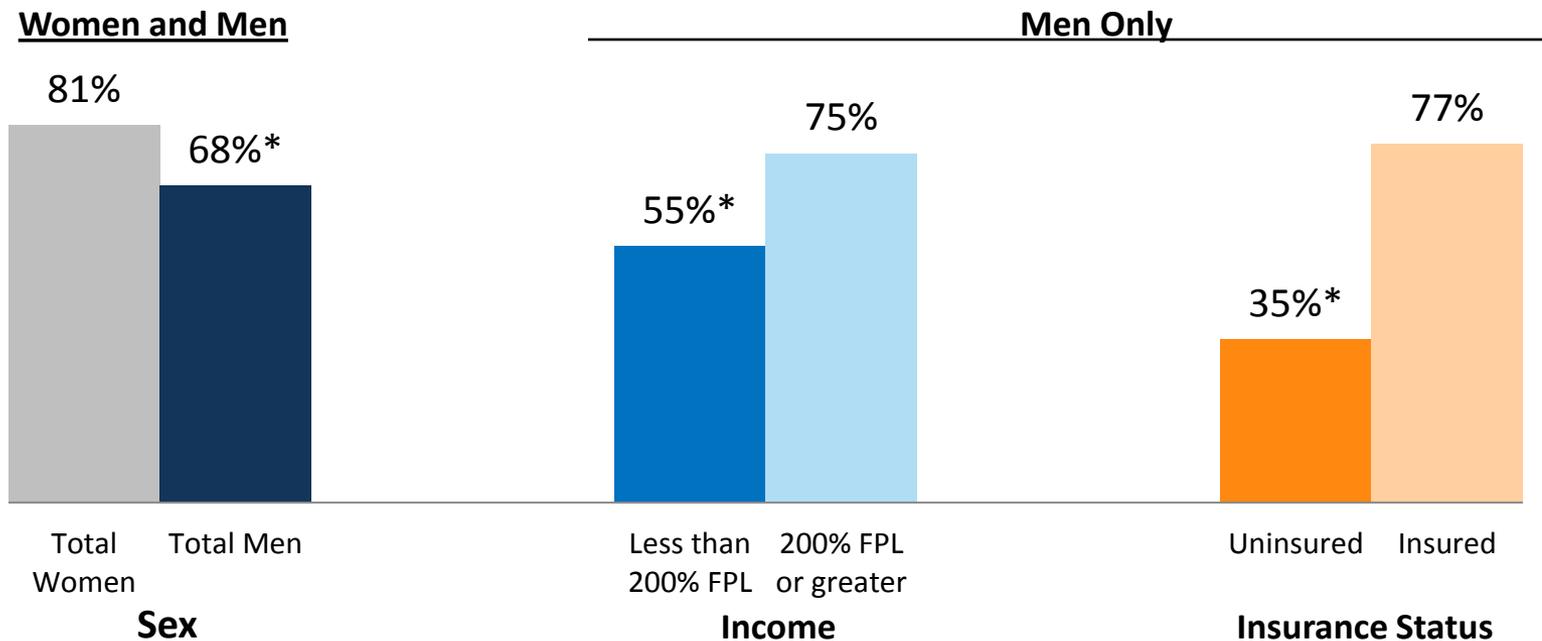
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey.

Figure 6

Men identify a clinician they usually go to for care less often than women

Nearly seven in ten men (68%) report they have a specific clinician they see for routine care, compared to 81% of all women. However, these rates are significantly lower for low income and uninsured men.

Share of women and men reporting they have a regular clinician that they usually go to when sick or need advice about health:



NOTE: Among men and women ages 18 to 64. The Federal Poverty Level (FPL) was \$19,530 for a family of three in 2013.

*Indicates a statistically significant difference from Total Women, 200% FPL or greater, Insured, $p < .05$.

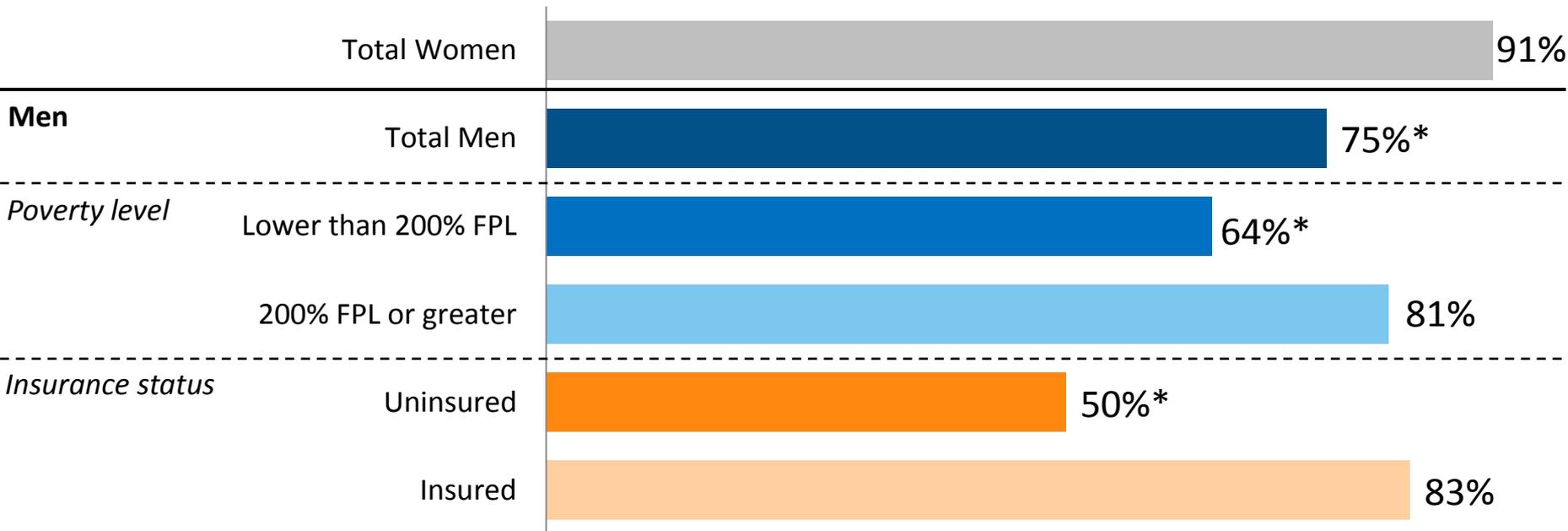
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey.

Figure 7

Men are less likely than women to have seen a provider in the past two years

Three in four men reported having had a medical visit in the past two years. The rates are significantly lower among low-income and uninsured men, however, with just half of uninsured men reporting they have had a visit in the past two years.

Share of women and men reporting they have seen a provider in the past two years:



NOTE: Among men and women ages 18-64. The Federal Poverty Level (FPL) was \$19,530 for a family of three in 2013. *Indicates a statistically significant difference from Total Women, 200% FPL or greater, Insured, $p < .05$.

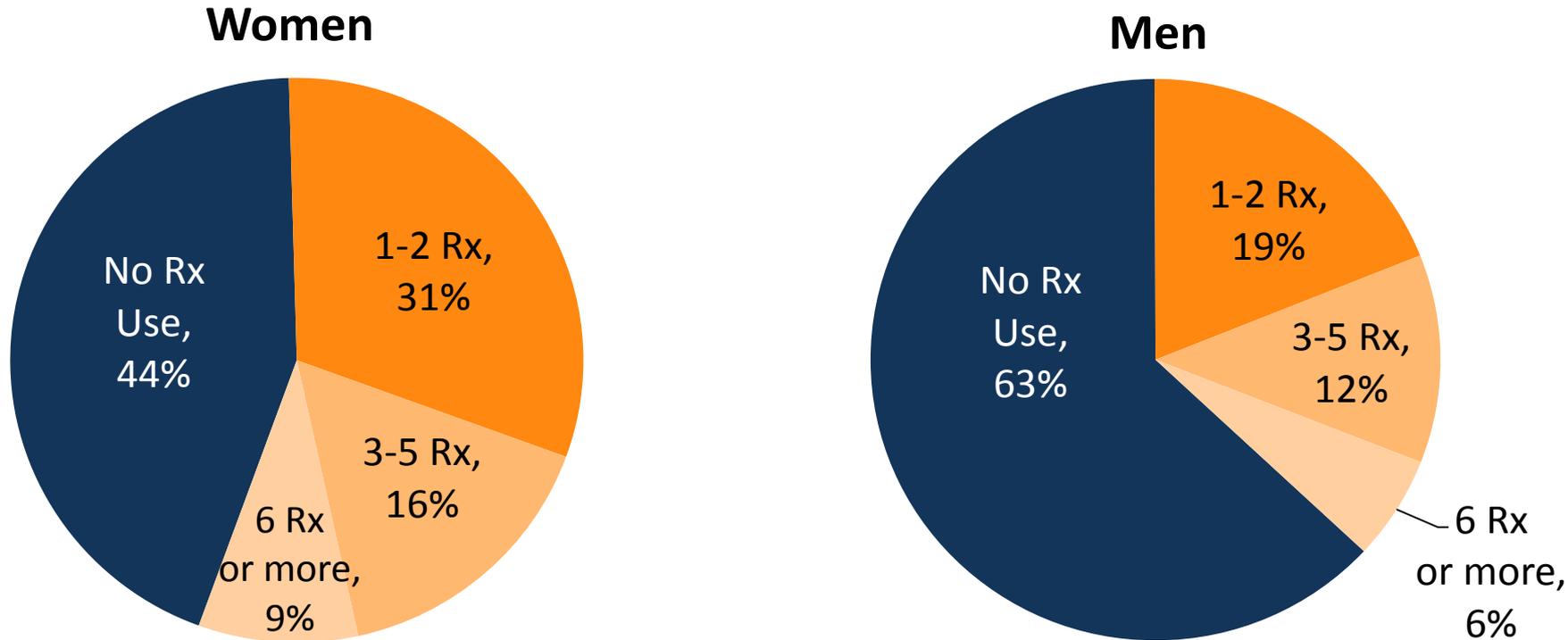
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey.

Figure 8

Adult men report lower routine use of prescription drugs to manage health concerns compared to women

Nearly two thirds of men do not use prescription drugs on a routine basis, a rate that is considerably below women. Nearly one in five, however, takes three or more prescriptions on regular basis.

Share of women and men reporting how many prescription drugs they take:



NOTE: Among men and women ages 18-64.

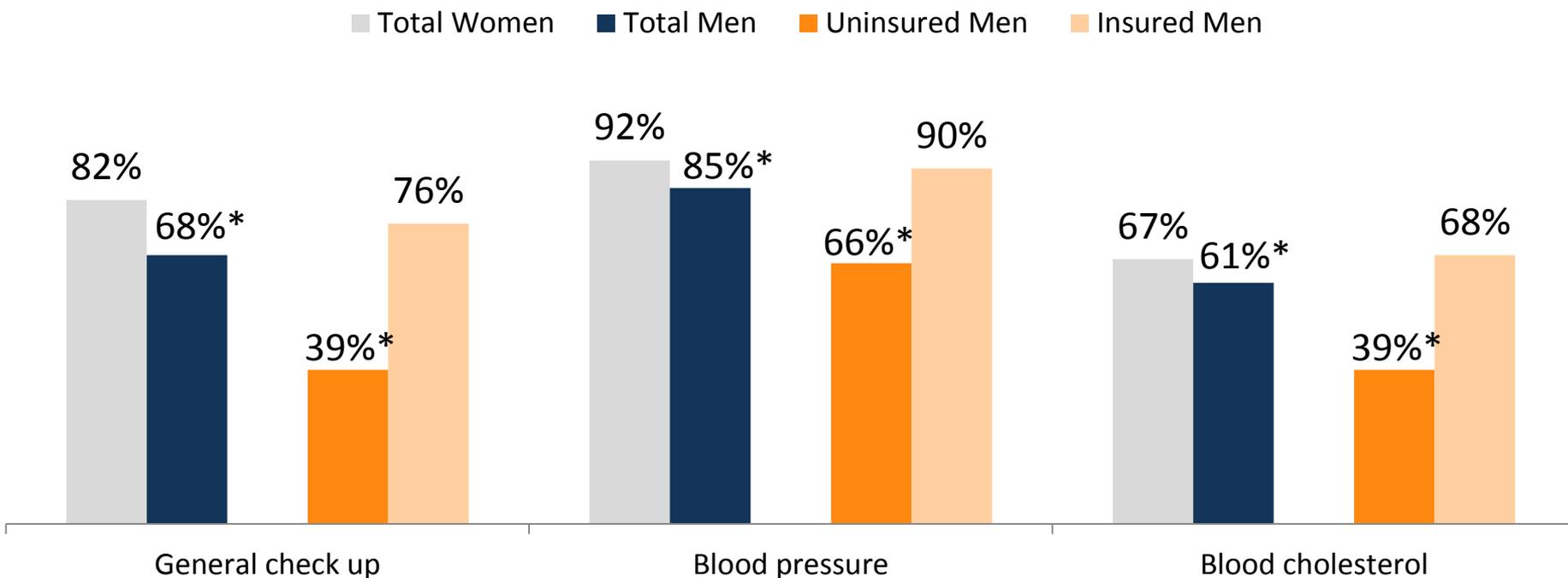
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey.

Figure 9

Men are less likely than women to get recommended screening services

Preventive care can improve health by identifying health problems earlier and preventing illnesses from manifesting into more serious conditions. Most men have had blood pressure and cholesterol tests, but when comparing by insurance status, rates are lower among the uninsured for all screenings.

Share of women and men reporting they have received following screening tests in past two years:



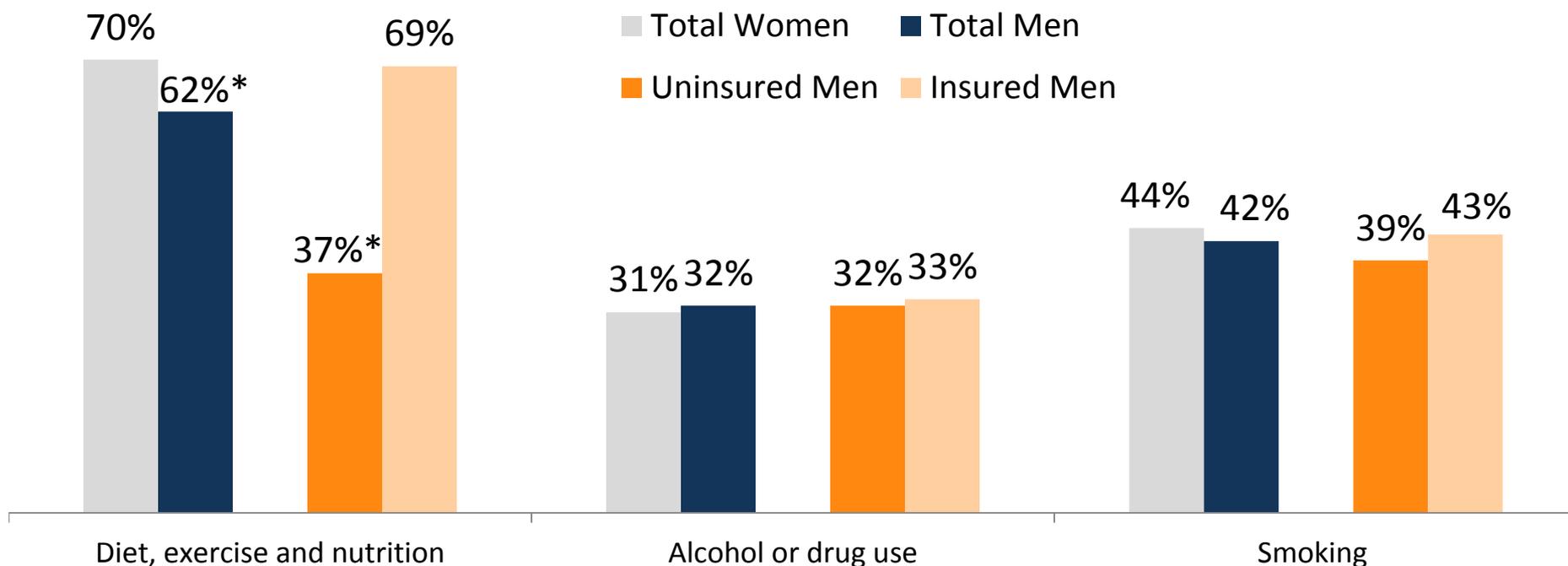
NOTE: Among men and women ages 18-64. *Indicates a statistically significant different from Total Women, Insured Men, p<.05.
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey.

Figure 10

Men are more likely to get counseling on diet, exercise and nutrition than for substance use

Men have higher rates of obesity, cardiovascular problems, and problems with drug or alcohol use than women. Still, less than two thirds of men talk to their doctors about diet and exercise and only one in three men had recent conversations about smoking and alcohol or drug use.

Share of women and men reporting that a doctor has discussed the following topics with them in the past 3 years:



NOTE: Among men ages 18-64. *Indicates a statistically significant difference from Total Women, Insured Men, $p < .05$.

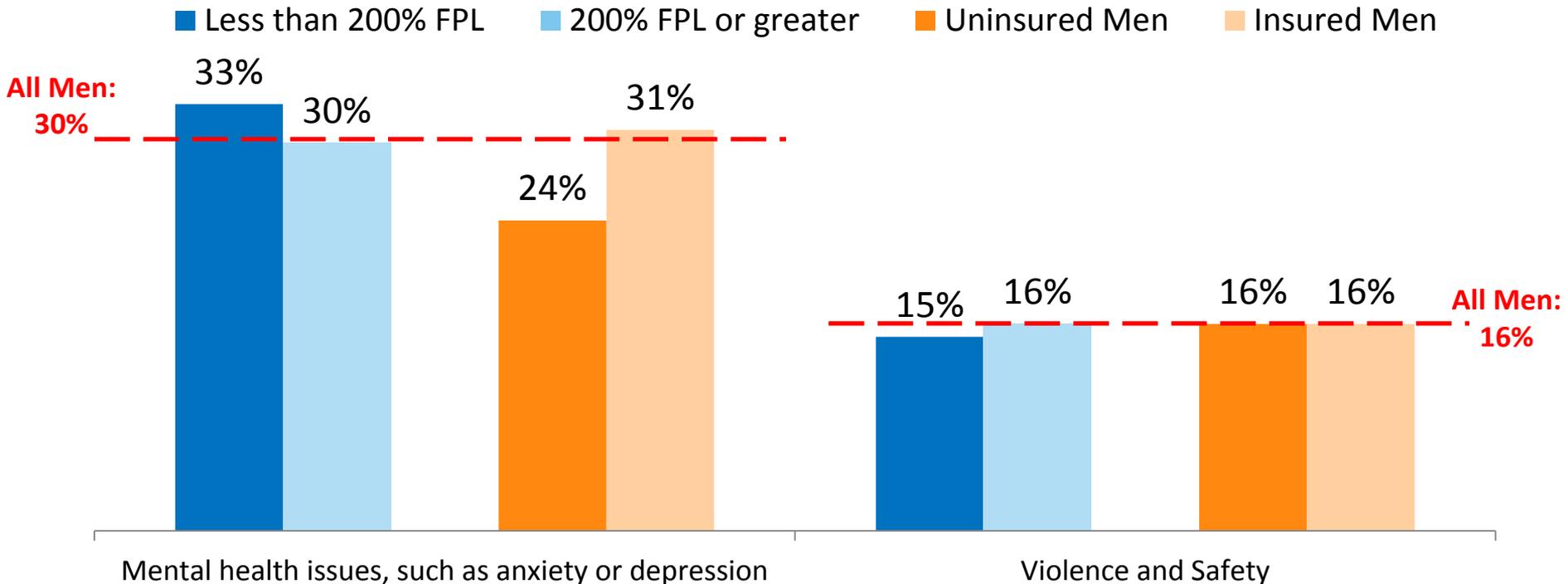
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey.

Figure 11

Few men receive counseling on mental health or violence and safety

Men are less likely than women to receive counseling on mental health from their clinicians (30% vs 41%, respectively). Only 16% of men report receiving counseling on violence and safety from health care providers.

Share of men reporting they received counseling on following topics from a provider in the past 3 years:



NOTE: Among men ages 18-64. *Indicates a statistically significant different from 200% FPL or greater, Insured Men, $p < .05$.

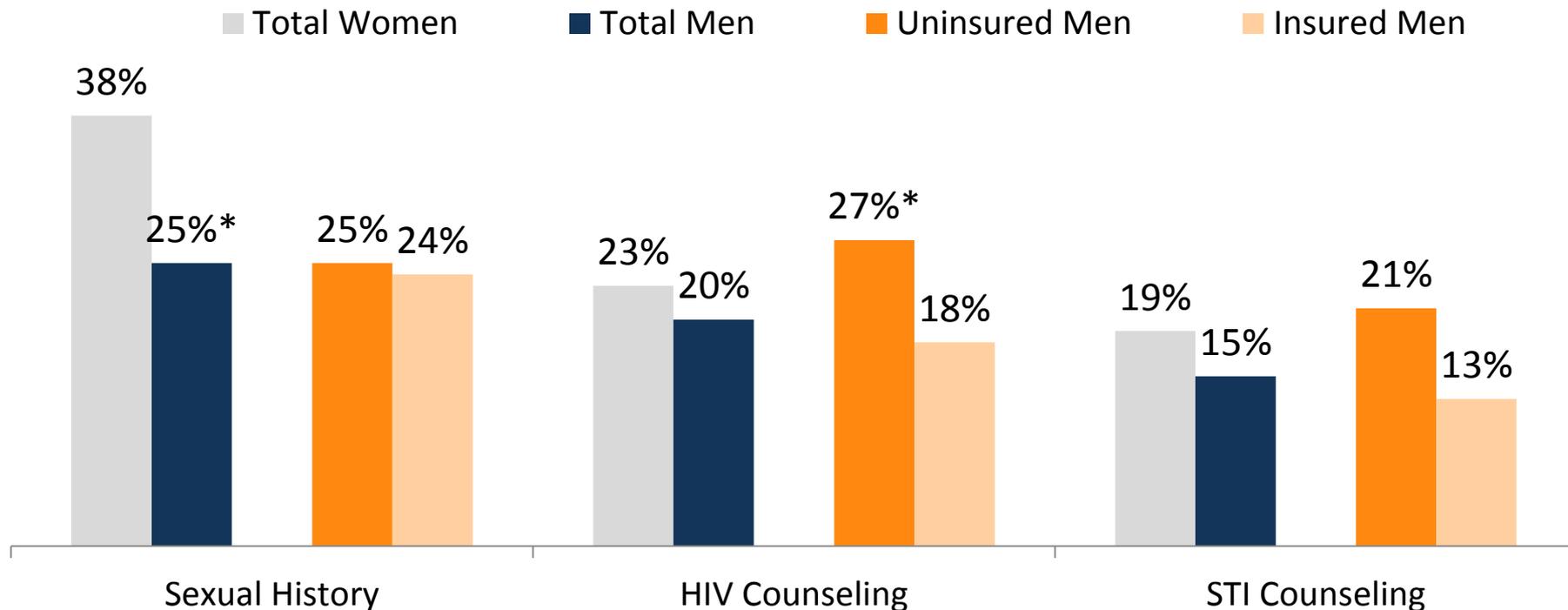
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey.

Figure 12

Few men get counseling about sexual health

Counseling on sexual health care allows clinicians to provide patient education, screen for high-risk behaviors, and identify the need for additional testing services. While it is recommended for men, very few report they have talked with a provider recently about their sexual history, as well as HIV and STI risks.

Share of women and men reporting they have received counseling in the following topics in the past two years:

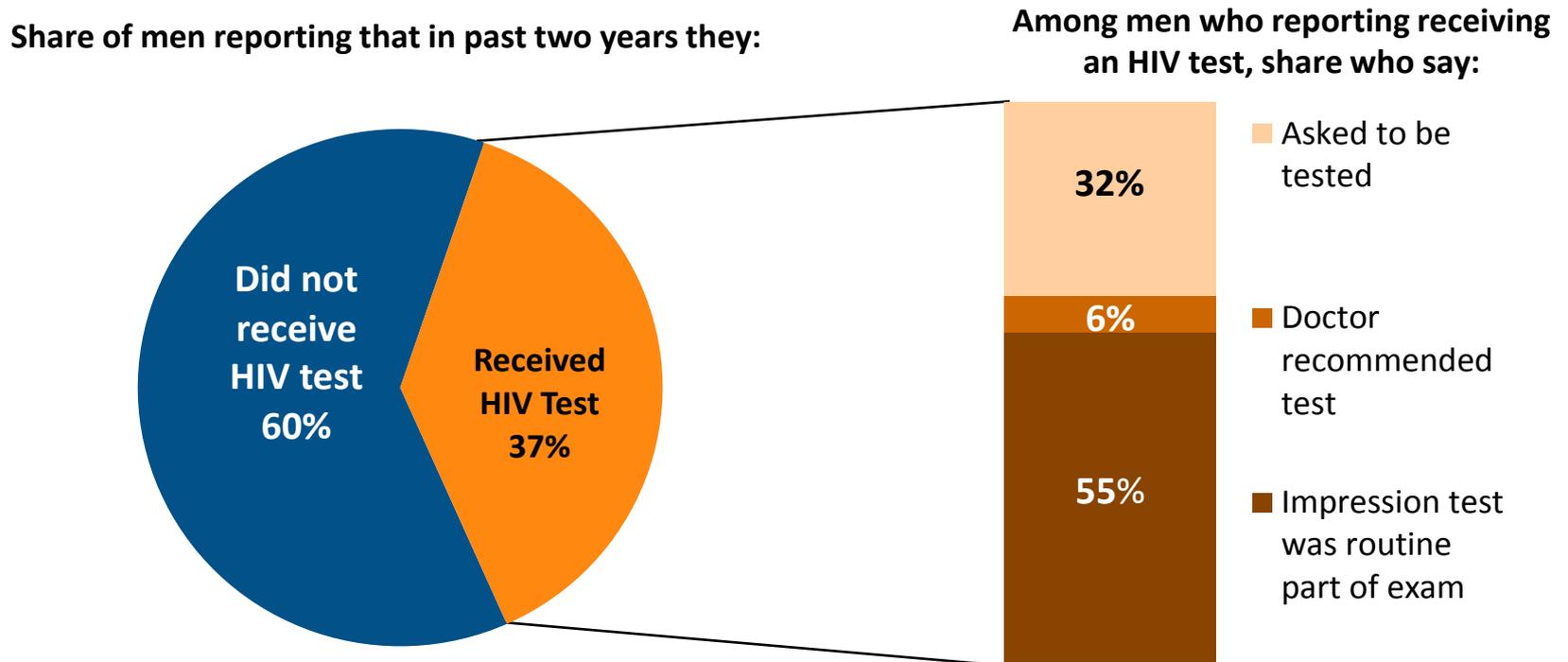


NOTE: Among men and women ages 18-64. *Indicates a statistically significant difference from Total Women, Insured Men, $p < .05$.
SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey and 2013 Kaiser Women's Health Survey.

Figure 13

More than half of adult men who report HIV testing incorrectly assume it is a routine part of an exam

Over one in three men (37%) report that they received an HIV test in the past two years, but more than half of them incorrectly assume that the test is routinely administered, suggesting that the actual screening rate is lower than 37%.



NOTE: Among men ages 18-64. Don't know/refused answers not included.

SOURCE: Kaiser Family Foundation, 2013 Kaiser Men's Health Survey.