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A National Phone and Direct Mail Survey: State Public Health Departments Access to Care, Health Information, and Education Outreach for Both Men's & Women's Health

Introduction/Objective

State Departments of Health provide this nation's communities with critical access to care, health information and services, as well as educational outreach programming.

This study is an effort to explore available resources for gender based health services including the degree to which women's and men's health is institutionalized, and can serve as a benchmark and discussion point for initial development of Healthy People 2020 objectives.

Population Comparison

A lower number of males per 100 females suggests a higher burden on aging women and their families due to premature male mortality.

State	Age 65-69			Age 70-74		
	Men	Women	Men per 100 females	Men	Women	Men per 100 females
Alabama	76,492	101,963	85.4	68,906	95,291	72.3
Alaska	6,371	6,252	101.9	5,839	5,623	103.7
Arizona	80,270	88,737	91.4	72,488	80,456	90.1
Arkansas	62,282	78,821	79.0	55,831	72,456	77.1
California	456,776	527,723	86.5	408,558	478,226	85.4
Colorado	57,263	63,553	90.1	51,831	57,221	90.6
Connecticut	54,282	62,396	87.0	48,911	56,221	87.0
Delaware	14,081	15,971	88.2	12,831	14,521	88.3
D.C.	8,162	10,363	78.8	7,411	9,211	80.6
Florida	328,444	388,253	84.6	288,111	348,111	82.8
Georgia	107,656	128,868	83.5	97,111	118,111	82.3
Hawaii	10,533	23,344	45.1	9,111	20,111	45.3
Illinois	166,622	182,216	91.4	151,111	167,111	90.4
Indiana	84,444	110,233	76.6	74,111	98,111	75.6
Iowa	89,649	97,732	91.6	81,111	89,111	91.1
Kansas	49,241	68,441	71.9	44,111	61,111	72.3
Kentucky	66,241	78,553	84.3	59,111	71,111	83.1
Louisiana	66,652	81,352	81.9	59,111	71,111	83.1
Maine	29,241	35,353	82.7	26,111	31,111	84.0
Maryland	77,449	90,733	85.3	70,111	83,111	84.4
Massachusetts	58,242	67,211	86.6	52,111	61,111	85.4
Michigan	121,136	137,666	88.0	108,111	124,111	87.1
Minnesota	72,222	84,442	85.5	65,111	77,111	84.6
Mississippi	44,174	54,555	81.0	39,111	49,111	79.6
Missouri	54,282	64,442	84.3	49,111	59,111	83.1

Data retrieved from US Census Bureau, 2009



Method

A national phone and direct mail survey was administered to the Secretary/Director of 51 State Departments of Health (including Washington, DC) as well as the Governor's Office, where appropriate.

Results

12 states have established an Office of Men's Health and/or Coordinator for Men's Health; 42 states and the District of Columbia verified having an Office of Women's Health and/or Coordinator for Women's Health.

Office of Men's Health and/or Coordinator for Men's Health

Office of Women's Health and/or Coordinator for Women's Health



4 states indicated that they have a State Commission on Men or Men's Health, as compared to 33 states, the District of Columbia, and Puerto Rico with a State Commission on Women or Women's Health.

State Commission on Men or Men's Health

State Commission on Women or Women's Health



14 states and the District of Columbia have a website with information related to men's health. 50 states and the District of Columbia maintain a website containing information related to women's health.

State Website on Men's Health

State Website on Women's Health



There were limitations to the study. Responses from some states offered conflicting data or was inconsistent with the state web site; the data was reconciled to the best of our ability.

MH: Office of Men's Health &/or Coordinator for Men's Health
WH: Office of Women's Health &/or Women's Health Coordinator
MC: State Commission on Men's Health
WC: State Commission on Women's Health
M Site: State Website on Men's Health
W Site: State Website on Women's Health

State	MH	WH	MC	WC	M Site	W Site
Alabama	N	Y	N	Y	N	Y
Alaska	N	Y	N	N	N	Y
Arizona	N	N*	N	N	N	Y
Arkansas	Y	Y	N	N	N	Y
California	N*	Y*	N	Y	Y	Y
Colorado	N*	Y*	N	N	N	Y
Connecticut	N	Y	N	Y	N	Y
Delaware	N	Y	N	Y	Y	Y
D.C.	N*	Y*	N	Y	N	Y
Florida	Y*	Y	N	Y	Y	Y
Georgia	Y	Y	Y	Y	Y	Y
Hawaii	N	Y	N	Y	N	Y
Idaho	N	Y	N	Y	N	Y
Illinois	Y*	Y*	N	Y	Y	Y
Indiana	N	Y	N	Y	N	Y
Iowa	N	Y	N	Y	N	Y
Kansas	Y	Y	N	N	N	Y
Kentucky	N	Y	N	Y	Y	Y
Louisiana	N	Y	Y	Y	N	Y
Maine	N*	Y*	N	N	N	Y
Maryland	N	Y	Y	Y	Y	Y
Massachusetts	Y	Y	N	Y	Y	Y
Michigan	Y	Y	N	Y	Y	Y
Minnesota	N	N	N	Y	N	Y
Mississippi	N	Y	N	N	N	Y
Missouri	N	Y	N	Y	N	Y

State	MH	WH	MC	WC	M Site	W Site
Montana	Y	Y	N	N	N	Y
Nevada	Y	Y	N	Y	N	Y
Nevada	Y	Y	N	Y	N	Y
New Hampshire	N	N	Y	Y	N	Y
New Jersey	N	Y	N	Y	Y	Y
New Mexico	N	Y	N	Y	N	Y
New York	Y	Y	N	N	N	Y
North Carolina	N	Y	N	N	N	Y
North Dakota	N	Y	N	Y	N	Y
Ohio	Y	Y	N	N	N	Y
Oklahoma	N	Y	N	Y	N	Y
Oregon	N*	Y*	N	Y	N	Y
Pennsylvania	Y	Y	N	Y	Y	Y
Rhode Island	N	N	N	Y	N	Y
South Carolina	N	Y	N	Y	N	Y
South Dakota	N	Y	N	Y	N	Y
Tennessee	N	Y	N	N	N	Y
Texas	N	Y	N	Y	Y	Y
Utah	N	N	N	Y	N	Y
Vermont	N	Y	N	Y	N	Y
Virginia	N	Y	N	N	N	Y
Washington	N	Y	N	N	N	Y
West Virginia	N*	N*	N	Y	N	Y
Wisconsin	N	N	N	N	N	Y
Wyoming	N	N	N	Y	N	Y

*Denotes no or conflicting response

Conclusions

The survey results highlight the need for concrete plans and policies to address these unmet needs and underserved populations.

Prospects exist to address the gender gap within State Departments of Health relating to education, outreach, services, and access to care.

It is imperative to perform a comprehensive environmental scan of current men's and women's health tools, resources, ad infrastructure by state.