

Men's Health

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Executive Summary

The Ohio Medicaid Assessment Survey's Men's Health chartbook describes the health statuses of adult Ohio males, including health care experiences and health care needs in 2023, trended over time. Attention is given to differences that exist depending on age groupings, race/ethnicity, Medicaid and other insurance statuses, and factors such as poverty, where appropriate. Select comparisons between men and women are given but are a secondary focus.

Key Findings: Adult male Ohioans face challenges related to health care access, health care utilization, and chronic conditions such as hypertension and high cholesterol. Ohio males' health situations frequently *differ* by race/ethnicity, Medicaid status, age category, and poverty status. Of particular note are:

1. Ohio males 138% FPL and below and those >138-250% FPL experienced fair/poor self-rated overall health and fair/poor self-rated mental health at a higher rate than Ohio males as a whole. Ohio males 19-64 years of age enrolled in Medicaid have a higher prevalence of unmet health care needs than males as a whole; and one in four Medicaid enrolled Ohio males had an unmet dental health care need. Overall, Ohio males lacked a usual source of care more frequently than adult Ohio females.
2. About one in five Ohio males experienced economic distress related to paying for food, housing, or medical bills in the past 12 months. Ohio males experience loneliness at different rates depending on marital status. The prevalence of loneliness among unmarried men was nearly four times that of married men.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Visit grc.osu.edu/OMAS for additional information about OMAS, including public use files, codebooks, and methods

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Background

The national priorities for men's health, as set by the Healthy People series in the United States (US), have been limited in recent decades.¹ Healthy People 2030 sets just four health objectives for men's health, compared to 30 for women.² This difference in objectives rests in the context of historic data showing that men are expected to die at a younger age than are women in the US.^{3,4,5} Overall, Ohio ranks 38th in the US in life expectancy at birth (75.3 years of age), with men at 72.5 years, and women at 78.1 -- nearly a six year difference.⁶

Calls for urgency around the widening gap between men's and women's health now appear in the literature, driven by research that examines health differences: (1) *between* men and women; and (2) *among* men who have different socioeconomic, demographic, and insurance backgrounds. Greater focus on variation in health among men may reveal health challenges critical to addressing and reducing health differences. For example, Black men have historically had lower life expectancy and higher morbidity rates for several illnesses and diseases than men of other racial groups.^{7,8,9} A focus on variation in health *among* men may address research questions around how social and structural determinants, biology, genetics, social constructs like masculinity, and risk-taking behavior intersect with men's health and care seeking behaviors.^{10,11,12,13,14}

To improve the health and well-being among Ohio males, it is important to not only understand male health overall, but also how different groups of males fare relative to one another across Ohio.

Objectives

The primary goal for this chartbook is to describe the statuses of adult male Ohioans' health, health care experiences, and health needs, using the 2023 Ohio Medicaid Assessment Survey.

A secondary goal is to identify and describe similarities and differences that emerge in men's health, health care experiences, and unmet needs within different age, race/ethnicity, Medicaid eligibility, and other demographic or geographic groups, as appropriate.

A tertiary goal is to identify and describe if and how these patterns in health, health care experiences, and needs have changed over time (and for whom).

Accordingly, the Men's Health chartbook examines health via: (1) chronic condition prevalence; (2) general self-rated overall health status, mental health status, and loneliness; (3) health care experiences via usual sources of care, and telehealth utilization; (4) perceptions of pressing community problems; (5) unmet health care needs and reasons for them; and (6) financial difficulty and socioeconomic distress.

Methods

Data Sources: This chartbook uses data from the 2023 Ohio Medicaid Assessment Survey (OMAS), as well as earlier OMAS surveys from 2012 through 2021.

The 2023 OMAS: The OMAS is a repeated cross-sectional random probability survey of non-institutionalized Ohio adults 19 years of age and older and proxy interviews of children 18 years of age and younger. It provides health status and health system-related information about residential Ohioans at the state, regional, and county levels, with a concentration on Ohio's Medicaid, Medicaid-eligible, and non-Medicaid populations. The 2023 OMAS used a combination of an address-based sampling (ABS) frame and a list frame of Medicaid enrollees and collected surveys by phone, web, and paper. The most recent iteration, the 2023 OMAS, was fielded from September 2023 – January 2024. The survey had an overall sample size of 39,626 and an eligibility-adjusted response rate of 24.0%.

Represented Population: The target population for the 2023 OMAS was all residents of Ohio. To ensure estimates are representative of this population, the 2023 OMAS survey weights were adjusted to account for any potential non-response bias. Additionally, poststratification adjustments were made to ensure that the final weights align with population totals from the 2020 5-year American Communities Survey and 2023 Ohio Medicaid enrollment data. See the 2023 methodology report for full details.

Methods, continued

Demographic Information: To see additional demographic information and estimates for the Ohio population represented by the 2023 OMAS, please see the OMAS Series Dashboard at <https://grcapps.osu.edu/app/omas>. This interactive tool provides fast, real-time result for a data-driven view of Ohio's health and healthcare landscape.

Analysis: Descriptive statistics are reported in the figures and tables in the chartbook. No statistical testing was conducted. Estimates from OMAS are reported in this chartbook only when the data are sufficient for calculating and presenting reliable estimates. We define a reliable estimate as one where the size of the unweighted subpopulation of interest is greater than 30 individuals and the coefficient of variation for the estimate is less than 0.3. Estimates with low precision are either hidden from view or are replaced with N/A.

Interpretation: This chartbook is descriptive in nature, and any differences observed between groups should not be used to draw conclusions about underlying causes. The findings presented do not account for important factors that might influence any observed differences (e.g., income, education level, general health status etc.). Therefore, the findings in this chartbook cannot be used to conclude that group differences are due to group membership as there are many factors that may be driving these findings, and this analysis was not designed to be able to control for them.

For further details about the 2023 OMAS methodology, questionnaire, and access to the dashboard, please visit: grc.osu.edu/OMAS/2023Survey.

Methods, continued

Key Variable Definitions

- *Adults*: 19 years old or older as identified in OMAS
- *Medicaid subpopulation*: Adults/children with Medicaid health insurance coverage
- *Potentially Medicaid-eligible subpopulation*: Adults who are not currently enrolled in Medicaid but who have incomes that meet the Federal Poverty Level (FPL) requirements for enrollment (138% FPL for adults, or 206% FPL for individuals who are pregnant)
- *Not potentially Medicaid-eligible subpopulation*: Adults who are not currently enrolled in Medicaid, and incomes that do not meet the Federal Poverty Level (FPL) requirements for enrollment
- *Loneliness*: Measured by summing the number of times a respondent answers 'sometimes' or 'often' to questions about the frequency of lacking companionship, feeling left out, and feeling isolated from others. The total summed score ranges from a low of 3 to a high of 9 with a higher score indicating greater loneliness. Here, we consider respondents 'lonely' if they scored 6 or higher, and respondents as 'not lonely' if they scored less than 6.
- *Cigarette smoking*: Defined as smoking at least 100 cigarettes in a lifetime and currently smoking some days or every day
- *Binge drinking*: For men, consuming 5 or more drinks in a sitting in the past month
- *Usual source of care*: Adults who say they have one or more places they go if sick or need advice about their health.

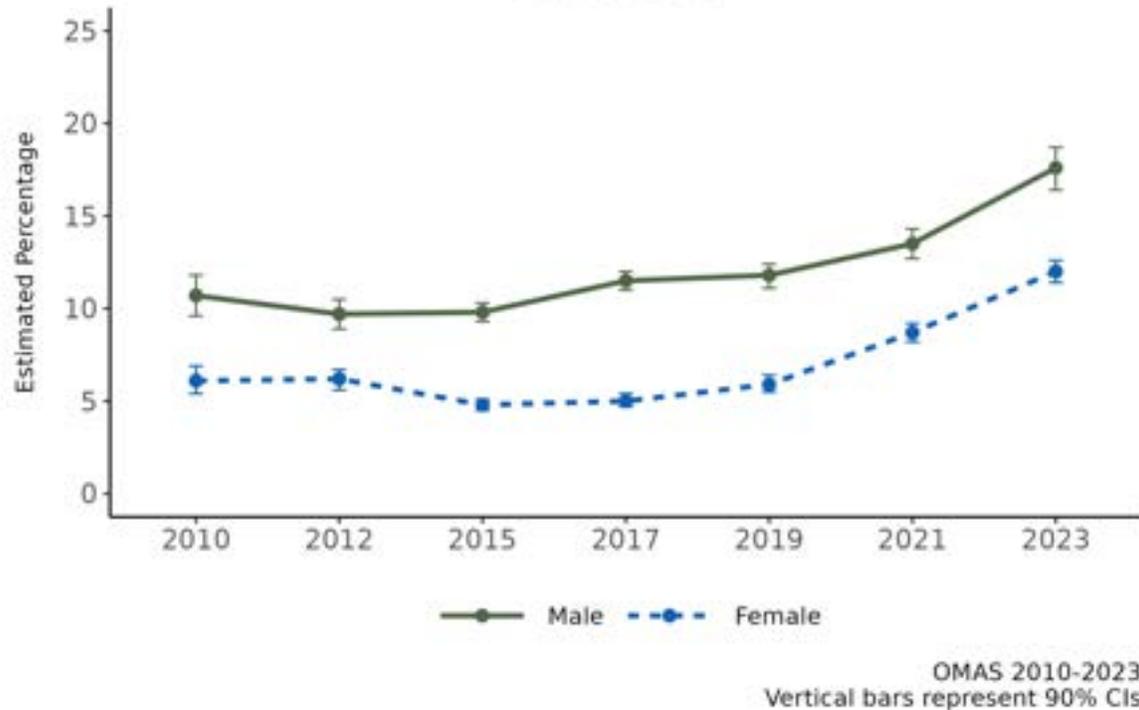
RESULTS: HEALTH CARE ACCESS AND USE

Usual source of care, telehealth utilization, and unmet needs



Prevalence of Ohio males without usual source of health care continues to increase

Prevalence Without a Usual Source of Care by Sex, 2010-2023



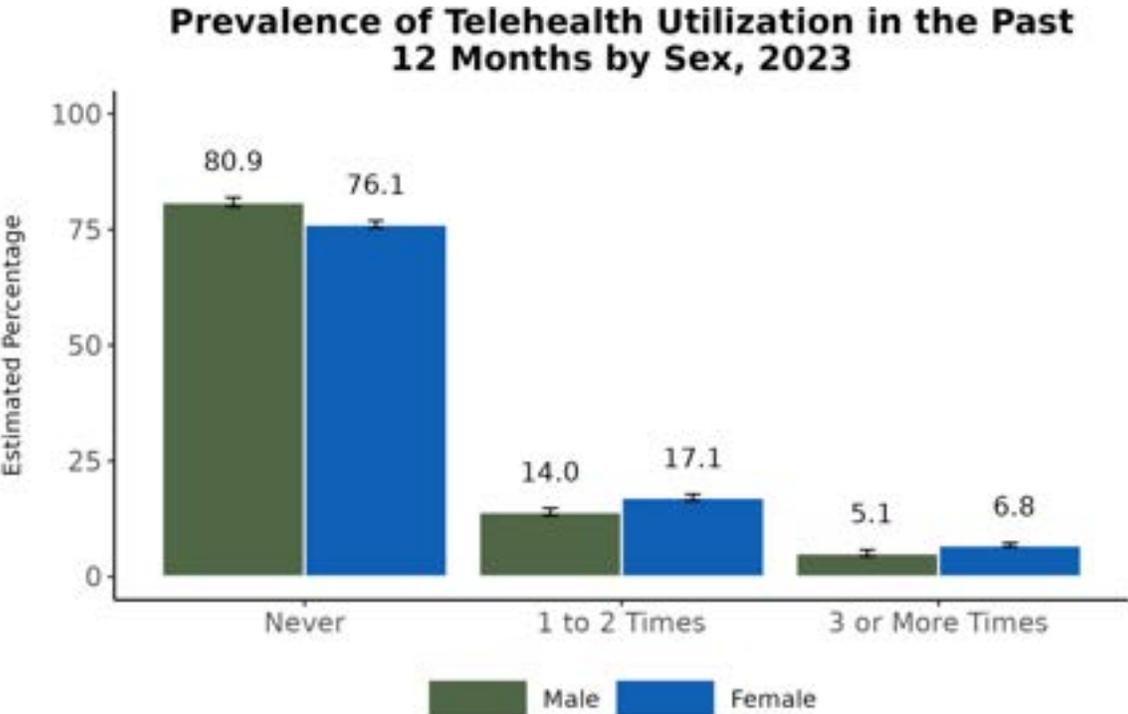
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- Ohio males lacked a usual source of care (17.6%) more frequently than females (12.0%) in 2023. This finding repeats results from prior OMAS iterations.

Additional Insights from 2023 (Results Not Shown)

- Potentially Medicaid-eligible males (age 19-64) lacked a usual source of care at a higher rate than other males. In 2023, more potentially Medicaid eligible males aged 19-64 (40.1%, 90% CI: 33.5%-46.7%) lacked a usual source of care than those enrolled in Medicaid (19.2%, 90% CI: 18.0%-20.4%) and those not potentially Medicaid eligible (17.6%, CI: 16.0%-19.2%).
- Younger males (19-24: 34.9%, 90% CI: 28.5%-41.4%; 25-34: 25.6%, 90% CI: 22.2%-29.0%) lacked a usual source of care more frequently than older males. By contrast, 5.9% (90% CI: 5.1%-6.6%) of males 65 and older did not have a usual source of care.

Prevalence of telehealth utilization is low among Ohio males



OMAS 2023
Vertical bars represent 90% CIs

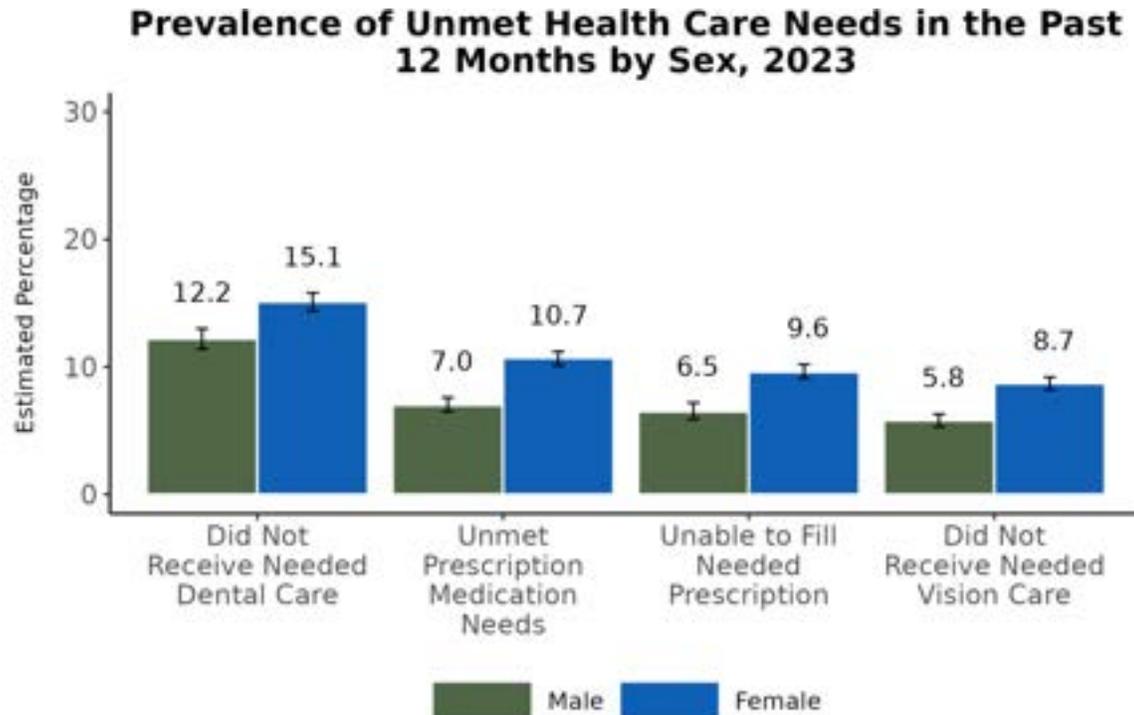
- In 2023, most Ohio males (80.9%) had not used telehealth during the past 12 months. An additional 14.0% used telehealth 1-2 times and 5.1% used telehealth 3 or more times.

Additional Insights from 2023 (Results Not Shown)

- Similar percentages of males aged 19-64 enrolled in Medicaid (79.3%, 90% CI: 78.0%-80.6%), potentially Medicaid eligible (83.0%, 90% CI: 77.6-88.4%), and not potentially eligible for Medicaid (80.2%, 90% CI: 78.7%-81.7%) did not use telehealth during the past 12 months.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Dental health care is the most frequent unmet health care need among Ohio males



OMAS 2023
Vertical bars represent 90% CIs

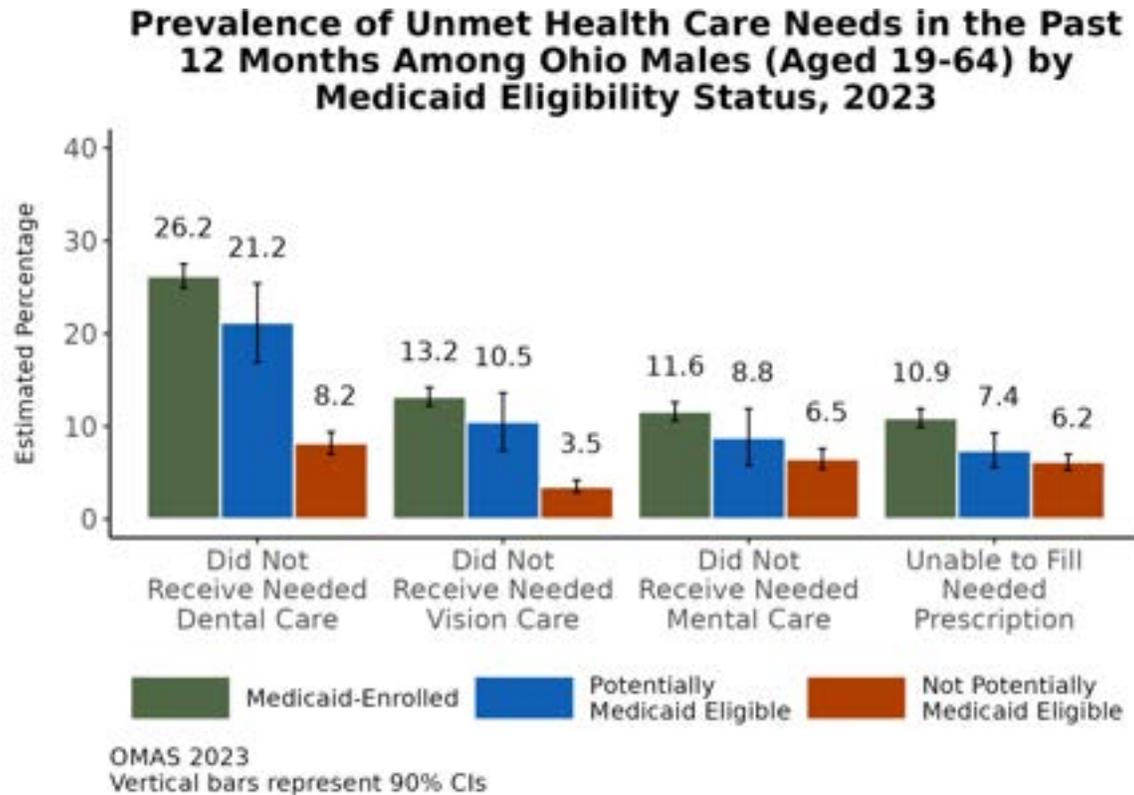
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- Unmet health needs among Ohio males were highest for dental care (12.2%), followed by prescription drugs (7.0%), mental health (6.5%) and vision care (5.8%).

Additional Insights from 2023 (Results Not Shown)

- Ohio males did not have a need for mental health care (82.3%, 90% CI: 81.3%-83.3%), dental care (47.3%, 90% CI: 46.0%-48.6%) and vision care (47.0%, 90% CI: 45.7%-48.3%) in the past 12 months at a higher rate than Ohio females: mental health (72.5%, 90% CI: 71.7%-73.4%); dental (40.9%, 90% CI: 40.0%-41.7%); vision (35.3%, 90% CI: 34.5%-36.2%).

Dental care is the most prevalent unmet health care need among Medicaid-enrolled Ohio males

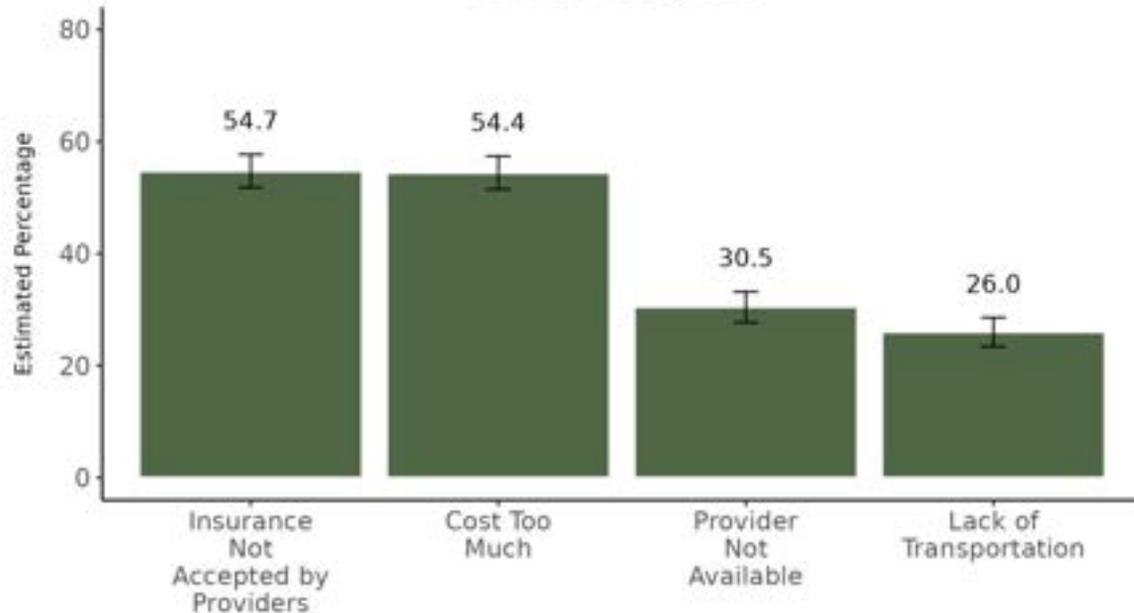


- The prevalence of unmet dental health care needs was higher for Ohio males aged 19-64 enrolled in Medicaid (26.2%) and those potentially eligible for Medicaid (21.2%) than for those not potentially eligible for Medicaid (8.2%).
- 13.2% of Ohio males aged 19-64 enrolled in Medicaid did not receive needed vision care, followed by mental health care (11.6%) and prescription drugs not being filled (10.9%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Insurance acceptance and cost are the main barriers to dental care among Ohio Medicaid-enrolled males

Prevalence of Reasons for Unmet Dental Care Needs Among Ohio Males (Aged 19-64) Enrolled in Medicaid with Unmet Dental Care Needs in the Past 12 Months, 2023



OMAS 2023
Vertical bars represent 90% CIs

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

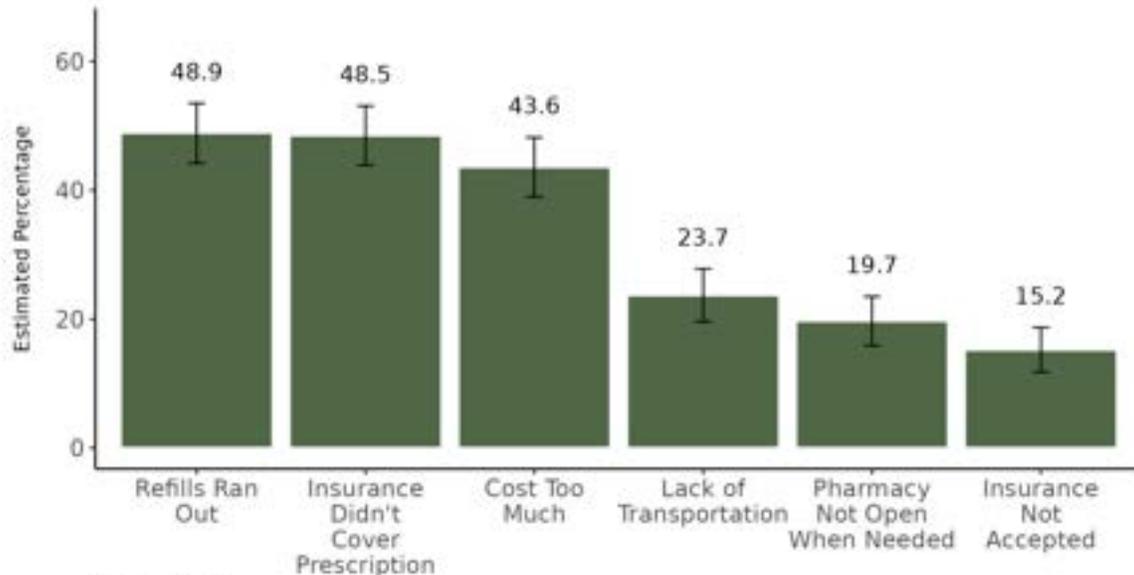
- Among Ohio males 19-64 enrolled in Medicaid who had an unmet need for dental care in the past 12 months, inability to find a provider who would accept Medicaid (54.7%) and costs (54.4%) were the largest barriers to addressing their dental health care needs.

Additional Insights from 2023 (Results Not Shown)

- Similar percentages of White (54.9%, 90% CI: 51.4%-58.4%), Black (53.4%, 90% CI: 46.9%-59.9%) and Hispanic (52.1%, 90% CI: 36.1%-68.0%) Ohio males 19-64 enrolled in Medicaid had an unmet need for dental care due to difficulties finding a provider that would accept Medicaid.
- Cost was also a barrier to dental care for a majority of Hispanic (56%, 90% CI: 40.4%-71.5%), White (55.5%, 90% CI: 51.9%-59.0%) and Black (51.4%, 90% CI: 44.8%-57.9%) male Medicaid enrollees (aged 19-64).

Out of refills, insurance coverage and cost are the biggest barriers to prescription refills for Ohio Medicaid-enrolled males

Prevalence of Reasons for Unfilled Prescriptions Among Ohio Males (Aged 19-64) Enrolled in Medicaid with Unmet Prescription Needs in the Past 12 Months, 2023



OMAS 2023
Vertical bars represent 90% CIs

- In 2023 among Ohio males 19-64 enrolled in Medicaid who were unable to fill a prescription in the past 12 months, 48.9% were unable to do so because they ran out of refills, 48.5% because of insurance coverage issues, and 43.6% because of cost.

Additional Insights from 2023 (Results Not Shown)

- Overall, 7.0% (90% CI: 6.5%-7.6%) of Ohio males had an unmet prescription medication need in the past 12 months.
- The prevalence of unmet prescription medication need among Ohio males 19-64 enrolled in Medicaid was 10.9% (90% CI: 9.9%-11.9%) (see slide 14).

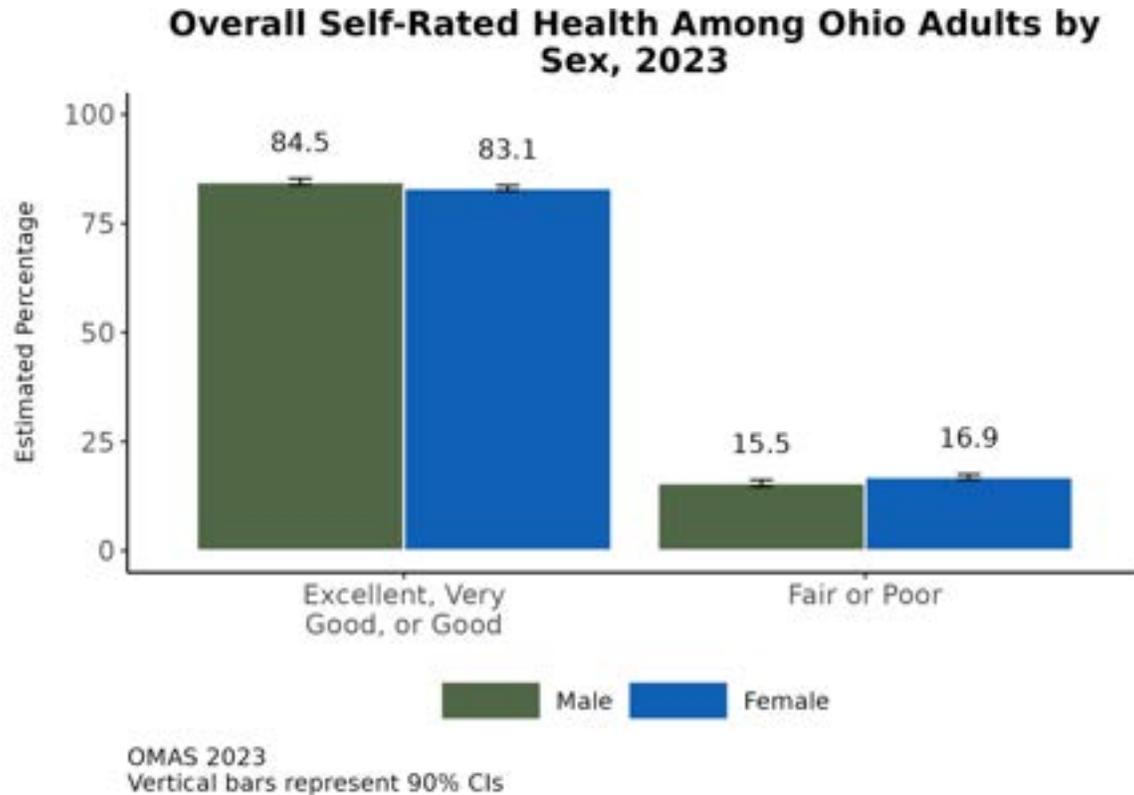
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

RESULTS: HEALTH STATUS AND BEHAVIORS

Self-rated health, chronic conditions, health behaviors



Many males have positive overall self-rated health, Medicaid-enrolled and Black males have higher fair/poor overall self-rated health



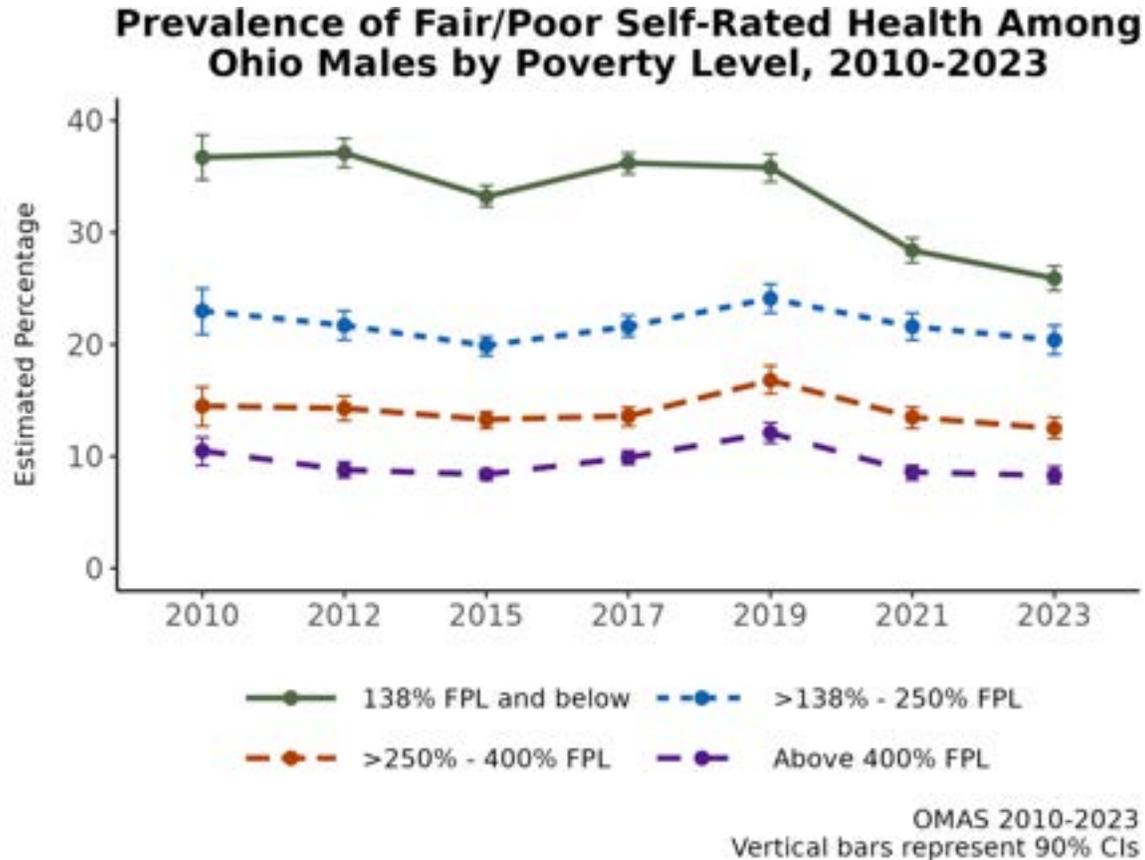
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- Most Ohio males (84.5%) had excellent, very good, or good overall self-rated health in 2023, while 15.5% had fair or poor self-rated health.

Additional Insights for 2023 (Results Not Shown)

- The prevalence of fair or poor self-rated overall health was higher among Black males (22.6%, 90% CI: 20.2%-25.1%) than White males (14.8%, 90% CI: 13.9%-15.6%), Hispanic males (13.3%, 90% CI: 9.0%-17.6%), and Asian males (9.6%, 90% CI: 5.6%-13.7%).
- The prevalence of fair or poor self-rated overall health was higher among males aged 19-64 who were Medicaid-enrolled (28.4%, 90% CI: 27.0%-29.7%) than those potentially Medicaid eligible (15.5%, 90% CI: 12.9%-19.0%) or not potentially eligible for Medicaid (9.4%, 90% CI: 8.3%-10.4%).

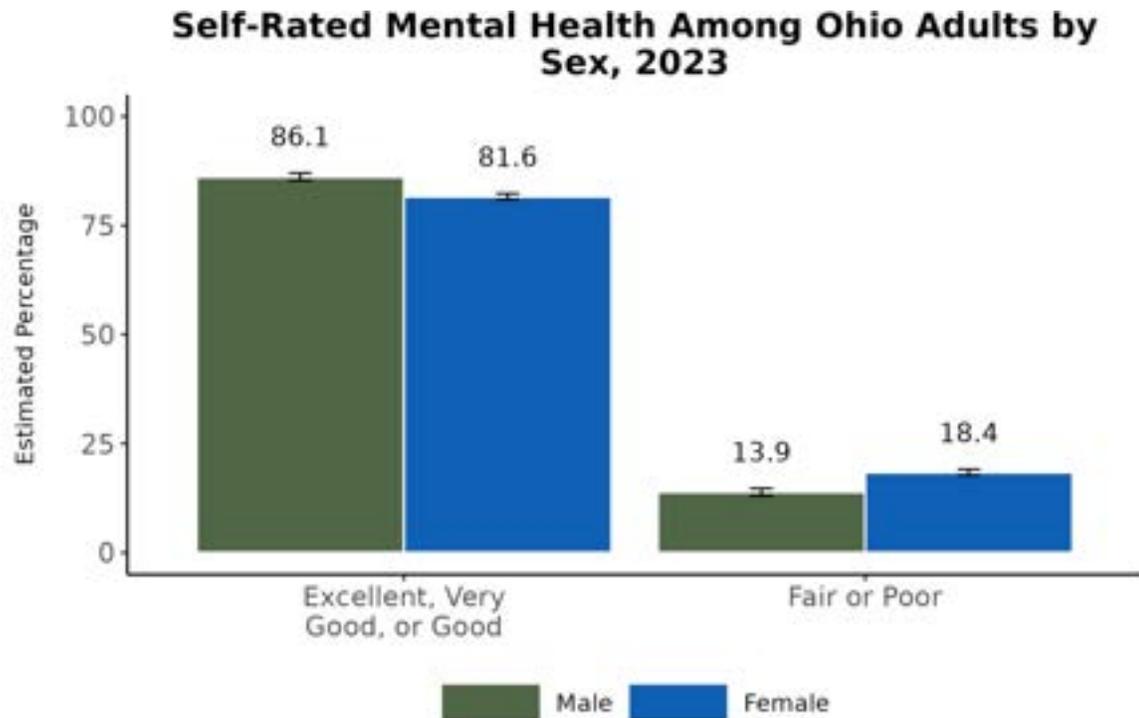
Prevalence of fair/poor self-rated overall health status continues to be highest for males 138% FPL and below



- The prevalence of fair or poor self-rated overall health among Ohio males differs depending on where their annual household income ranks relative to the federal poverty level (FPL). Since 2010, males at either 138% FPL and below or from 138 to 250% FPL had higher rates of fair or poor self-rated overall health, as compared to those at higher income levels.
- In 2023, males at 138% FPL and below (25.1%) and those from 138-250% FPL (20.1%) had a higher prevalence of fair or poor self-rated overall health compared to those from 250-400% FPL (12.1%) and over 400% FPL (9.1%).
- The gap separating the different income levels in relationship to poverty has narrowed over time due to the decrease in fair/poor self-related health among males 138% FPL and below.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Medicaid-enrolled and Black males have higher prevalences of fair/poor self-rated mental health



OMAS 2023
Vertical bars represent 90% CIs

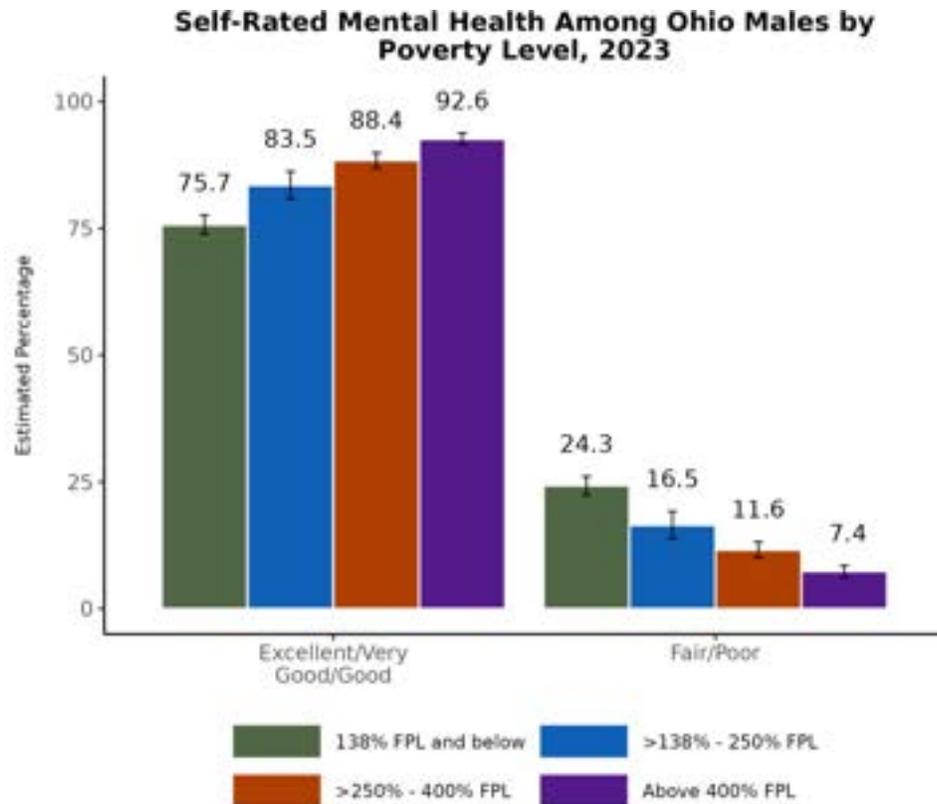
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- Most Ohio males (86.1%) had excellent, very good, or good self-rated mental health in 2023, while 13.9% had fair or poor self-rated mental health.

Additional Insights for 2023 (Results Not Shown)

- The prevalence of fair or poor self-rated mental health was higher among Black males (20.8%, 90% CI: 18.3%-23.3%) compared to White males (13.1%, 90% CI: 12.1%-14.0%), Hispanic males (11.1%, 90% CI: 7.6%-14.6%) and Asian males (11.1%, 90% CI: 6.8%-15.4%).
- The prevalence of fair or poor self-rated mental health among males aged 19-64 was higher among those Medicaid-enrolled (33.7%, 90% CI: 32.2%-35.2%) than those potentially Medicaid eligible (14.9%, 90% CI: 11.5%-18.4%) and not potentially eligible for Medicaid (11.0%, 90% CI: 9.7%-12.3%).

Ohio males with household income at or below 250% FPL have higher prevalence of fair/poor self-rated mental health

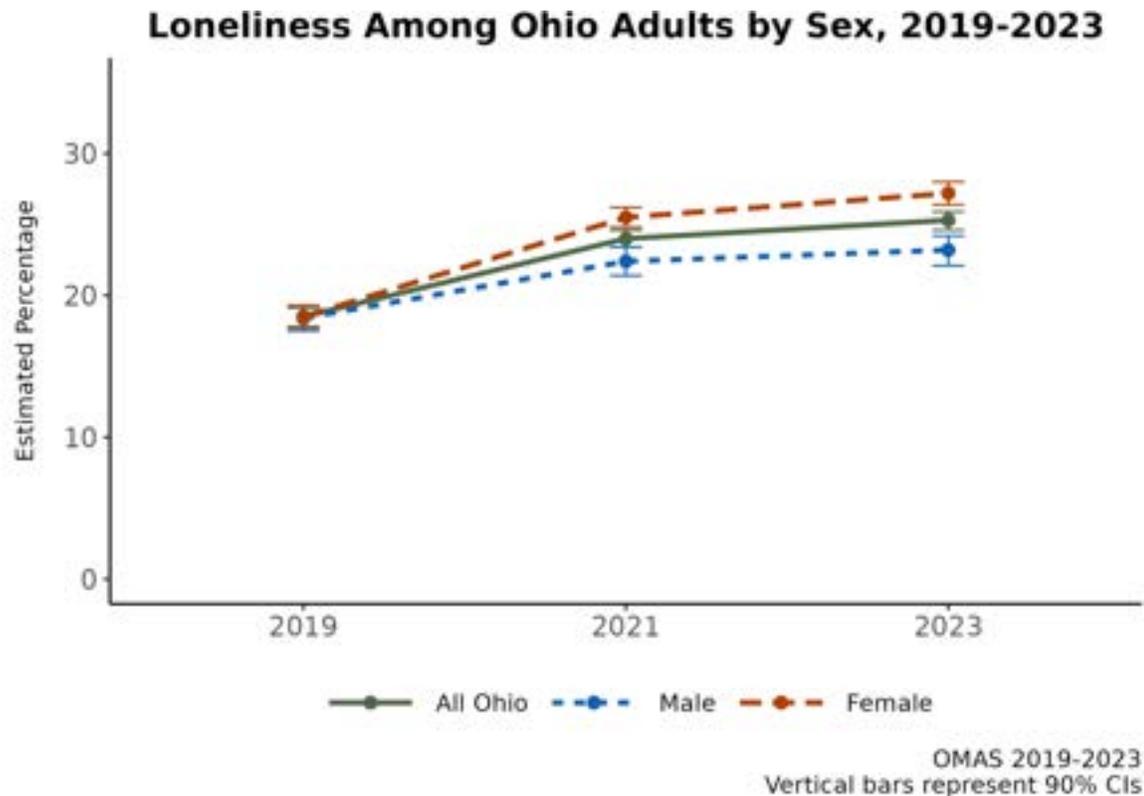


OMAS 2023
Vertical bars represent 90% CIs

- In 2023, the prevalence of fair or poor self-rated mental health among Ohio males was highest among those at 138% of the federal poverty line and below (24.3%) and those between 138 and 250% FPL (16.5%) compared to those between 250 and 400% FPL (11.6%) and above 400% FPL (7.4%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

More than one in five Ohio males experienced loneliness in 2023



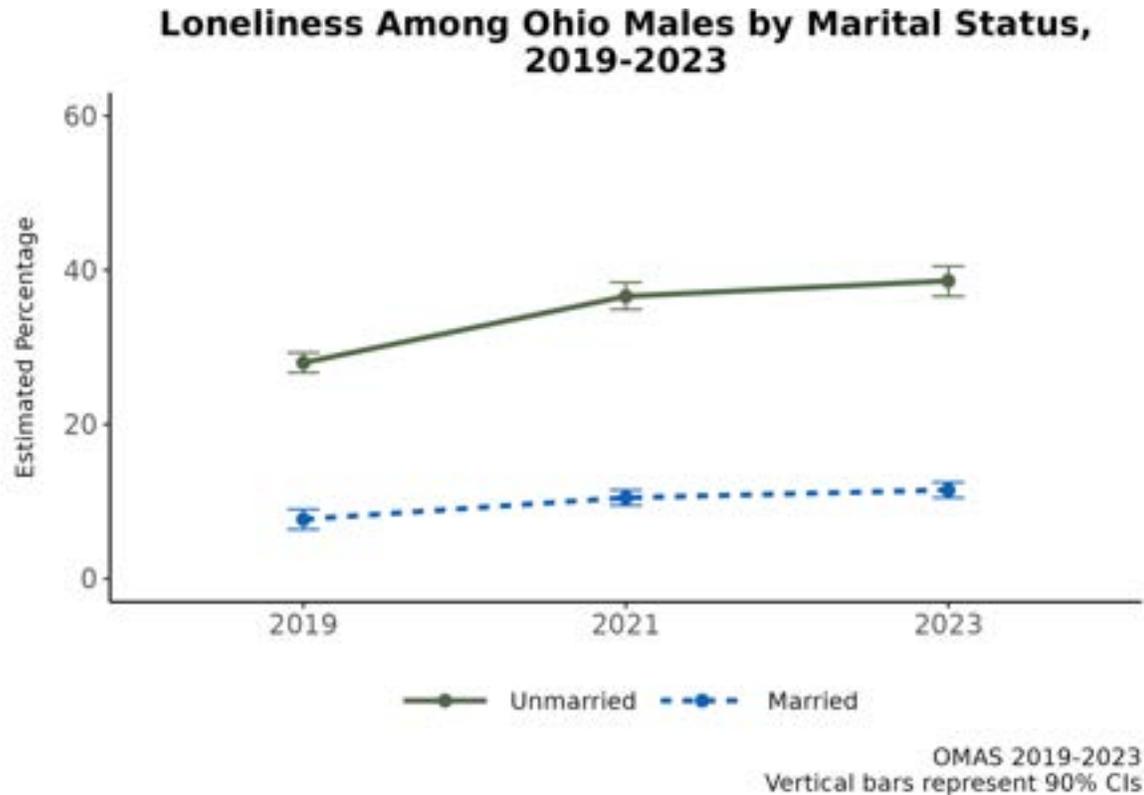
- The prevalence of loneliness among Ohio males in 2023 (23.2%) is similar to the prevalence in 2021 (22.4%). This represents a slight increase from 2019, when 18.4% of males experienced loneliness.

Additional Insights for 2023 (Results Not Shown)

- In 2023, the prevalence of loneliness among Ohio males aged 19-64 was highest among those Medicaid-enrolled (45.2%, 90% CI: 43.7%-46.8%) compared to those potentially Medicaid eligible (29.7%, 90% CI: 24.7%-34.7%) and not potentially Medicaid eligible (19.6%, 90% CI: 18.0%-21.2%).
- The prevalence of loneliness among Ohio Medicaid-enrolled males aged 19-64 has been higher than males not enrolled in Medicaid since 2019.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Unmarried men have a higher prevalence of loneliness than married men



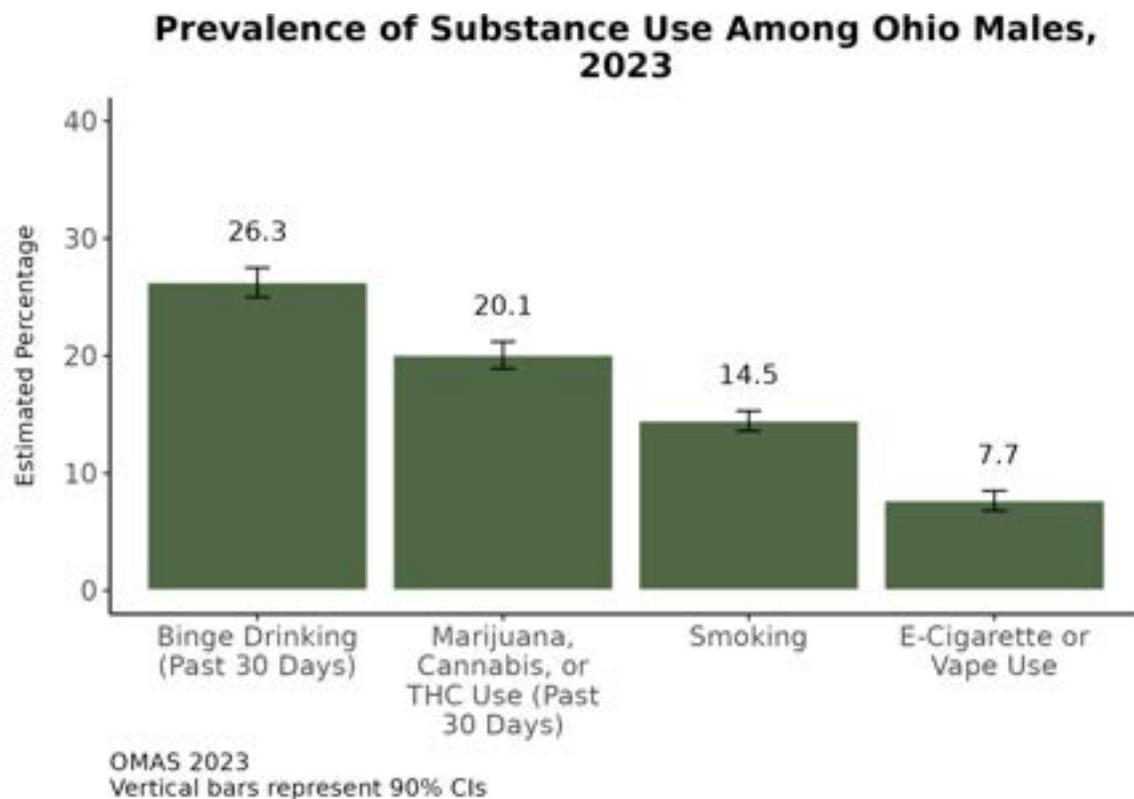
- In 2023, the prevalence of loneliness was much higher among unmarried Ohio males (38.6%) than married Ohio males (11.5%).

Additional Insights for 2023 (Results Not Shown)

- In 2023, the prevalence of loneliness among unmarried Ohio males at all age levels was higher than among married males at similar ages.
- Among unmarried males, loneliness was highest at ages 19-44 (41.2%, 90% CI: 38.2%-44.2%), and 45-64 (38.7%, 90% CI: 36.3%-41.0%). Comparatively, far fewer married males experienced loneliness at ages 19-44 (15.4%, 90% CI: 13.0%-17.8%) and 45-64 (11.3%, 90% CI: 9.9%-12.7%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Substance Use Trends: Binge Drinking, Cigarette Smoking, Marijuana and Vaping Among Ohio Males, 2023



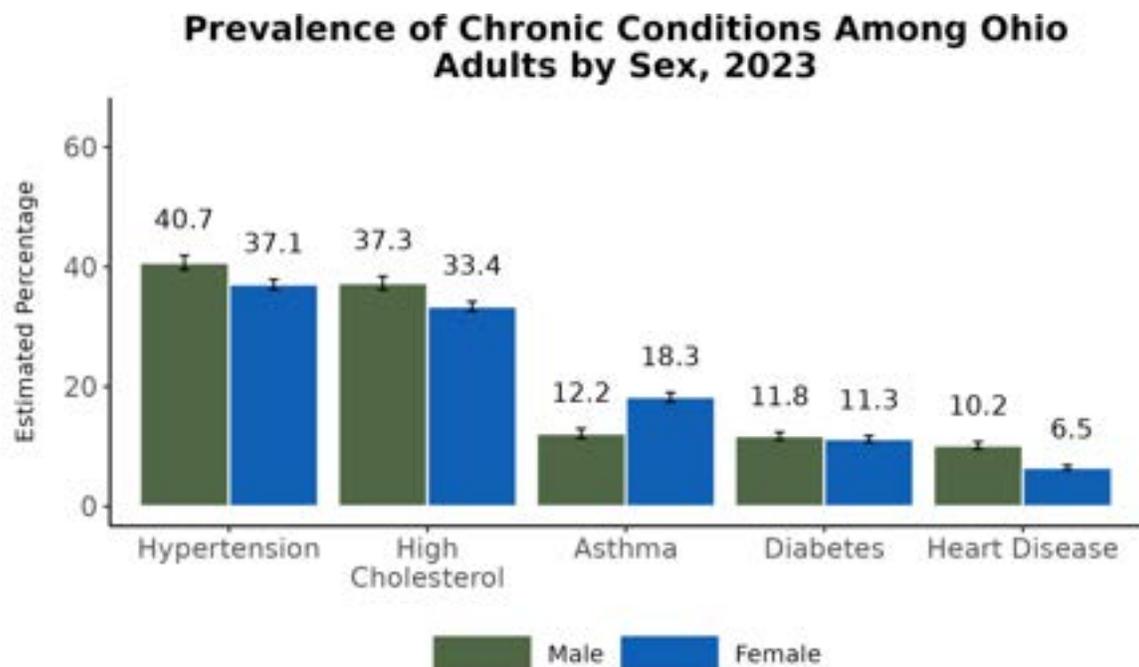
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- The prevalence of binge drinking in the past 30 days among Ohio males was 26.3% in 2023.
- In 2023, 20.1% of Ohio males used marijuana, cannabis, and/or THC in the past 30 days.
- The prevalence for smoking cigarettes every day or somedays among Ohio males was 14.5% in 2023.
- Just under eight percent (7.7%) of Ohio males used electronic cigarettes or vaped every day or somedays in 2023.

Additional Insights for 2023 (Results Not Shown)

- While smoking decreased among Ohio males between 2019 and 2023, prevalences of binge drinking and vaping remained similar.

Hypertension and high cholesterol are the most prevalent chronic conditions among Ohio males



OMAS 2023

Vertical bars represent 90% CIs

Heart disease includes ever being diagnosed with a heart attack, coronary heart disease, or congestive heart failure

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

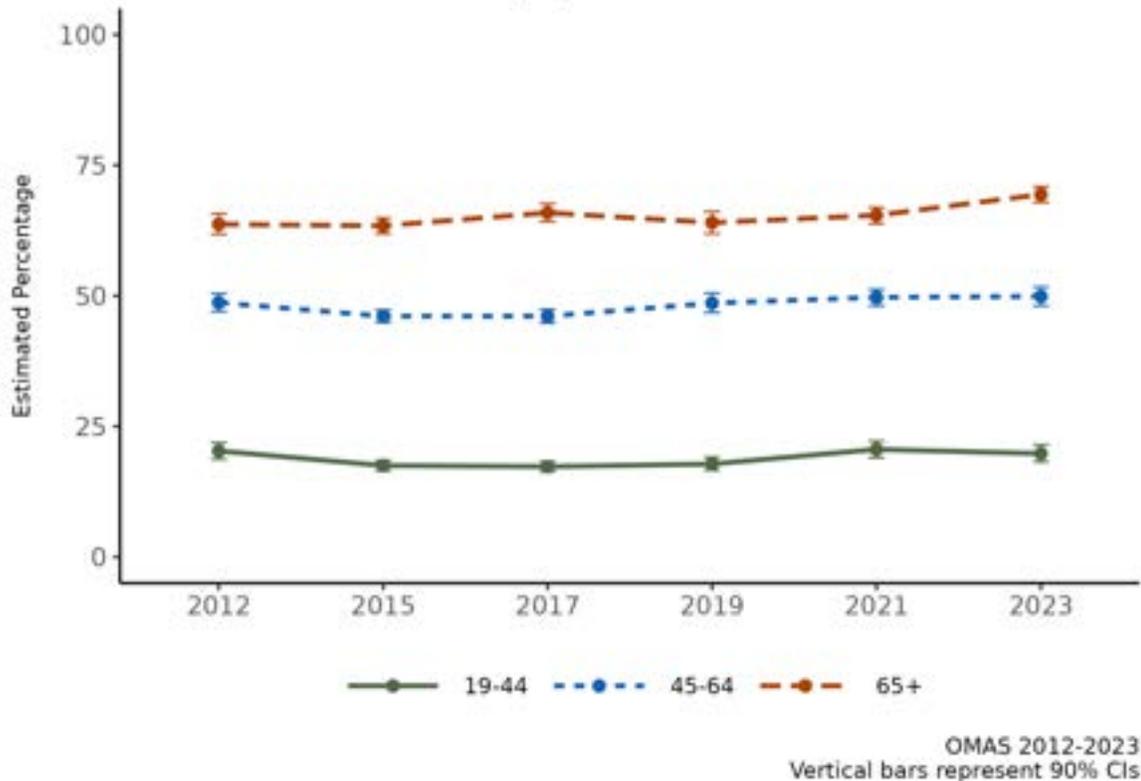
- Hypertension (40.7%) and high cholesterol (37.3%) were chronic conditions with the highest prevalence of ever being diagnosed among Ohio males in 2023. Men have a higher prevalence of these chronic conditions than females.
- About one in ten Ohio males was ever diagnosed with asthma (12.2%), diabetes (11.8%) and/or heart disease (10.2%).

Additional Insights for 2023 (Results Not Shown)

- Fewer Ohio males have ever been diagnosed with cancer (9.7%, 90% CI: 9.1%-10.3%), COPD (4.7%, 90% CI: 4.3%-5.1%) or stroke (3.7%, 90% CI: 3.3%-4.1%) than females.

Prevalence of ever being diagnosed with hypertension higher among older Ohio males

Prevalence of Hypertension Among Ohio Males by Age, 2012-2023



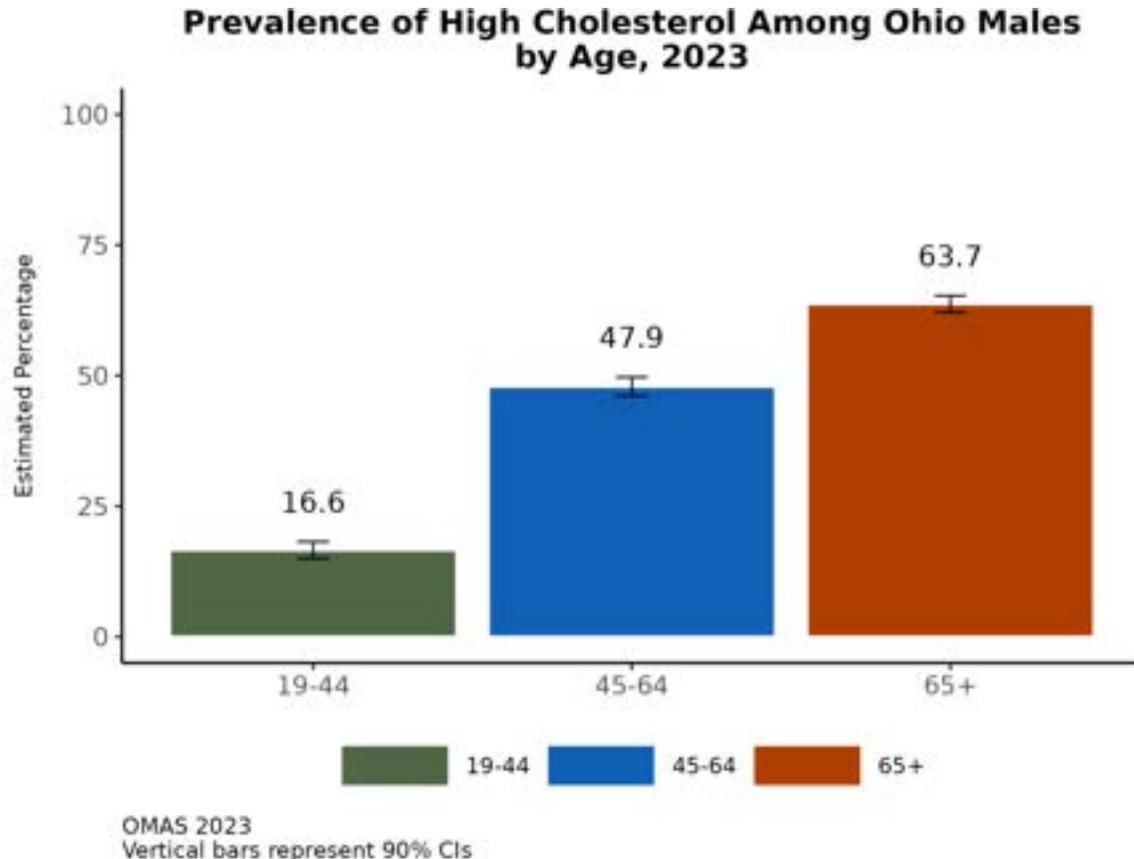
Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

- In 2023, 69.4% of males 65 years of age and older had ever been diagnosed with hypertension, up from 63.7% in 2012. 49.9% of males 45-64 had ever been diagnosed with hypertension, followed by males 19-44.

Additional Insights for 2023 (Results Not Shown)

- In 2023, Black males (45.5%, 90% CI: 42.7%-48.2%) had a higher prevalence of ever being diagnosed with hypertension than White males (42.4%, 90% CI: 41.1%-43.7%), Hispanic males (21.2%, 90% CI: 15.8%-26.6%) or Asian males (17.2%, 90% CI: 12.3%-22.1%).
- In 2023, Ohio males 19-64 who were Medicaid-enrolled had a higher prevalence of ever being diagnosed with hypertension (38.5%, 90% CI: 37.0%-40.0%) than those either potentially Medicaid eligible (25.1%, 20.9%-29.4%) or not potentially Medicaid eligible (32.3%, 90% CI: 30.6%-34.0%).

Prevalence of ever being diagnosed with high cholesterol higher among older Ohio males



- In 2023, more Ohio males 65 years of age and older (63.7%) had ever been diagnosed with high cholesterol than males 45-64 years old (47.9%) and 19-44 years old (16.6%).

Additional Insights for 2023 (Results Not Shown)

- In 2023, White males (39.3%, 90% CI: 38.1%-40.6%) had a higher prevalence of ever being diagnosed high cholesterol than Black males (33.6%, 90% CI: 30.9%-36.3%), Asian males (28.9%, 90% CI: 22.1%-35.8%), and Hispanic males (23.4%, 90% CI: 17.2%-29.6%).
- In 2023, Ohio males 19-64 enrolled in Medicaid (27.9%, 90% CI: 26.5%-29.2%) and not potentially Medicaid eligible (32.6%, 90% CI: 30.9%-34.3%) had higher prevalences of ever being diagnosed with high cholesterol than those potentially Medicaid eligible (19.3%, 90% CI: 15.5%-23.0%).

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

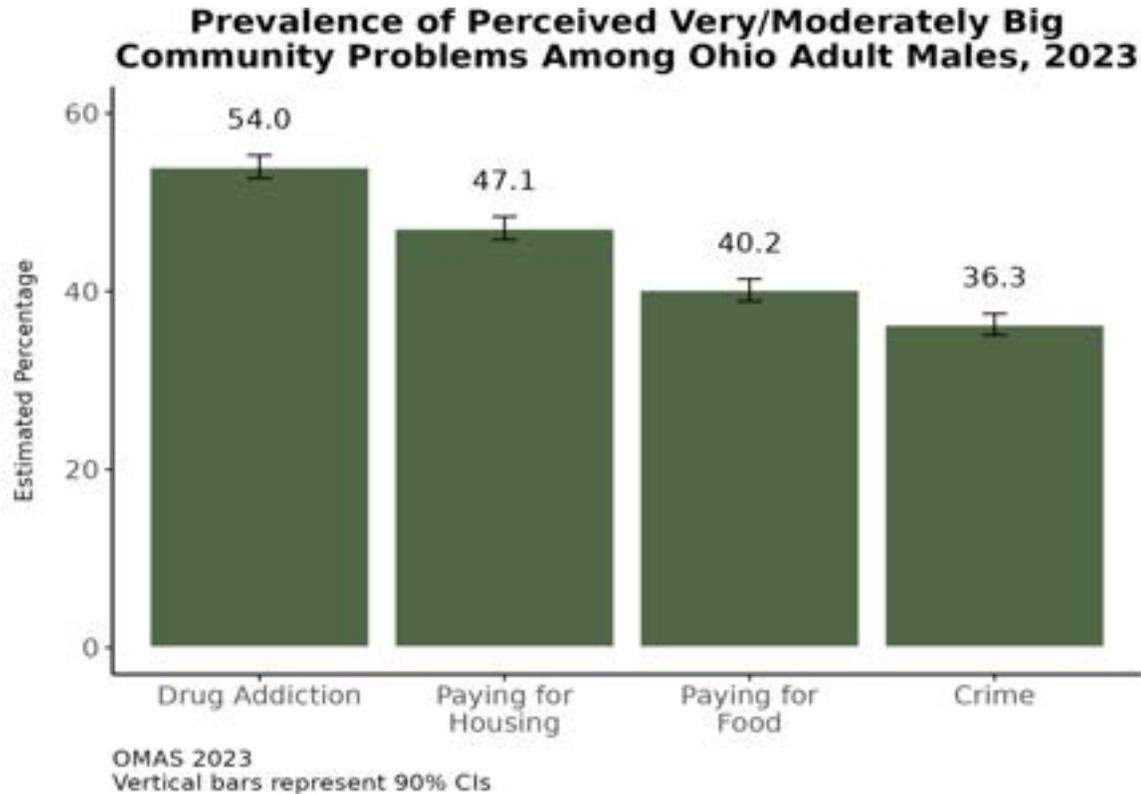
RESULTS: COMMUNITY SUPPORTS AND SERVICES

Financial difficulty, employment, community problems



Drug addiction and housing costs are identified by Ohio males as very/moderately big problems facing their communities

- In 2023, drug addiction (54.0%) was the community problem with highest prevalence of being perceived by Ohio males as a very/moderately big problem in their communities.

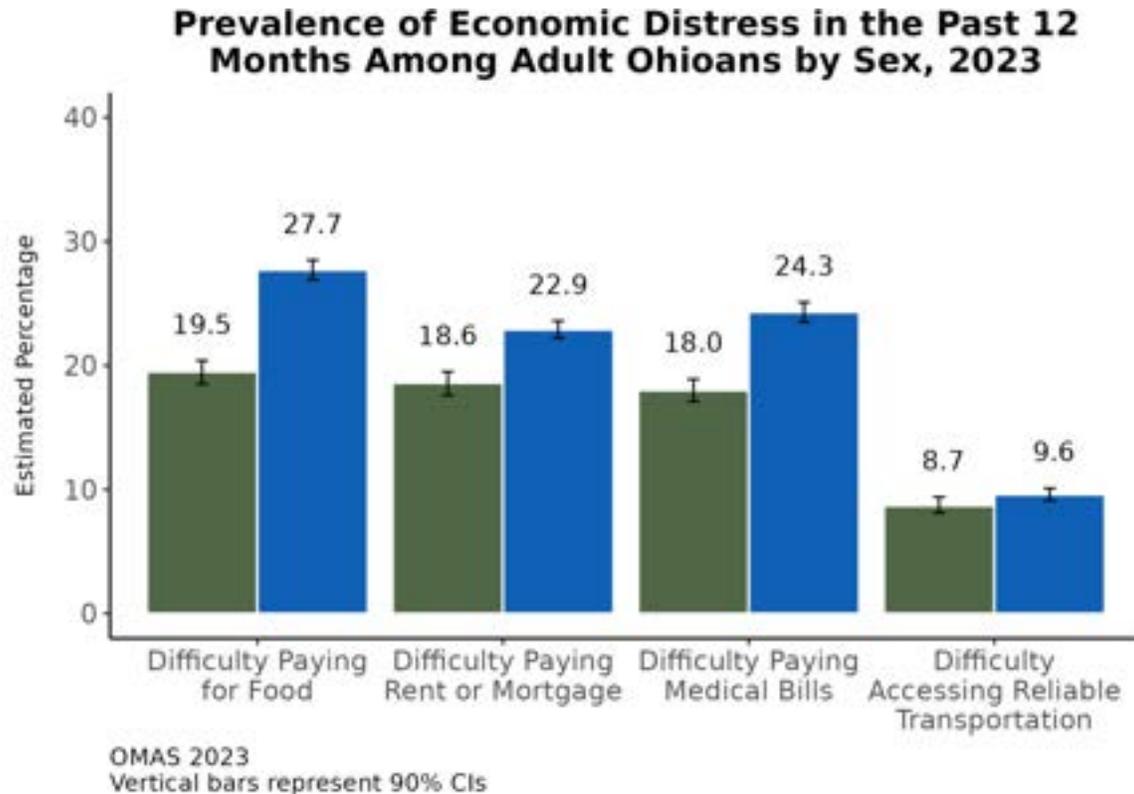


Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Additional Insights for 2023 (Results Not Shown)

- Fewer males lived in communities where they perceived lack of jobs (27.3%, 90% CI: 26.2%-28.4%) or access to transportation (25%, 90% CI: 23.9%-26.2%) as very/moderately big problems.
- Drug addiction and housing costs were the issues with the highest prevalence of being perceived as very/moderately big problems by males from all regions of Ohio.
- Rural Appalachian males had a high prevalence of perceiving drug addiction (62.7%, 90% CI: 59.8%-65.7%), paying for housing (49.9%, 90% CI: 46.8%-52.9%), and paying for food (45.3%, 90% CI: 42.4%-48.2%) as very/moderately big problems facing their community.

Ohio males reported economic distress related to paying for food, housing, and medical bills



- About one in five Ohio males experienced economic distress related to difficulty paying for food (19.5%), rent or a mortgage (18.6%) and medical bills (18.0%) in the past 12 months. Fewer males experienced difficulty accessing reliable transportation (8.7%).

Additional Insights for 2023 (Results Not Shown)

- In 2023, Ohio Medicaid-enrolled males 19-64 experienced, in the past 12 months, difficulty paying for food (46.8%, 90% CI: 45.3%-48.4%), rent or a mortgage (42.0%, 90% CI: 40.4%-43.5%) and accessing reliable transportation (26.8%, CI: 25.4%-28.1%) more frequently than males not enrolled in Medicaid.

Note: Observed group differences should not be used to draw conclusions about underlying causes - see slide 8 for more guidance.

Summary of Results

Usual Source of Care: In 2023, Ohio adult males had a higher prevalence of lacking a usual source of care than adult females. This finding has been repeated in each OMAS iteration since 2010.

Telehealth Utilization: In 2023, most Ohio males had not used telehealth during the prior year. About one of five Ohio males used telehealth one or more times.

Unmet Needs: In 2023, Ohio adult males have lower prevalences of unmet dental, vision, mental health, and prescription needs than adult females. However, Ohio males 19-64 with Medicaid had a higher prevalence of unmet needs than males as a whole; and one in four Ohio males 19-64 with Medicaid had an unmet dental care need. Cost and finding a provider who accepts Medicaid were common reasons for unmet dental, vision, and mental health care needs. It is also important to note that Ohio adult males also had a higher prevalence of *not having a need* for mental health care, dental care and vision care at than adult females.

Health Status: In 2023, most Ohio males had excellent, very good, or good overall self-rated health, with 15.5% having fair or poor self-rated overall health. Black males had a higher prevalence of fair or poor self-rated health than males in other race and ethnic groupings. Medicaid-enrolled males have a higher prevalence of fair or poor self-rated health than males with other insurance statuses. Males living at or below 250% FPL had a higher prevalence of fair or poor self-rated health than males above 250% FPL.

Summary of Results, continued

Mental Health Status: In 2023, most Ohio males had self-rated mental health that was excellent, very good, or good, with about fourteen percent having fair or self-rated mental health. Differences in race/ethnicity, Medicaid and other insurance statuses and poverty status are similar to those observed with overall health. About one in five males experienced loneliness in 2023, with unmarried males having a higher prevalence than married males across all age groups.

Health Behaviors: Compared to 2021, in 2023 the prevalence for currently smoking cigarettes decreased and the prevalence of binge drinking remained the same among adult males in Ohio.

Chronic Conditions: In 2023, hypertension and high cholesterol were the predominate chronic conditions among Ohio males; males had a higher prevalence of ever being diagnosed with these chronic conditions than females. Black males had a higher prevalence of hypertension than males in other racial and ethnic groupings. Ohio Medicaid-enrolled males had a higher prevalence of hypertension than males without Medicaid enrollment. Ohio males 65 years of age and older had a higher prevalence of high cholesterol than younger adult males.

Community Supports and Services: About one in five Ohio males experienced economic distress related to difficulty paying for food, rent or mortgage or medical bills; fewer males experienced difficulty accessing reliable transportation. Ohio Medicaid-enrolled males 19-64 experienced difficulty paying for food or housing and accessing reliable transportation more frequently than those not enrolled in Medicaid.

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Acknowledgments



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