

HIS HEALTH



ALAMEDA COUNTY MALE HEALTH STATUS REPORT 2010

Comments, questions, and requests for additional copies can be directed to:

Community Assessment, Planning, Education, and Evaluation (CAPE) Unit

Alameda County Public Health Department
1000 Broadway, Suite 500
Oakland, CA 94607
(510) 267-8020
www.acphd.org

Sandra Witt, Dr.P.H.
Deputy Director of Planning, Policy, and Health Equity

Muntu Davis, M.D., M.P.H.
Health Officer

Anita Siegel, R.N., M.P.H.
Acting Director, Public Health Department

Alex Briscoe
Director, Health Care Services Agency

Alameda County Public
Health Department

HIS HEALTH
ALAMEDA COUNTY
MALE HEALTH STATUS REPORT
2010



Foreword

Disparities in health outcomes force us to confront some of our society's most difficult truths. Ours is a culture where for no other reason than where you happen to be born, you may experience a shorter life, have fewer opportunities for a quality education, be more likely to be a victim of violence, and breathe air that is harmful to you and your children. We know these social determinants of health exacerbate and even cause many of the more traditional measurements of health outcomes such as poor access to care, low rates of health insurance, and distressingly high rates of the chronic diseases. What makes this kind of truth even more difficult to confront is that the problems facing our communities have been made by human hands, and only human hands wielding our collective will and intelligence can unmake them.

Perhaps the most difficult among these truths is how the current health status of many Alameda County residents is so closely tied to many generations of poverty and racism. This has resulted in an unfair and unequal distribution of resources and opportunities that is often used to imprison communities in the challenges they face, rather than focus on their triumphs and resiliency. This history, and the dynamic exchange between race, class, and gender that has defined it, is foundational to the groundbreaking work of the Alameda County Public Health Department and at the core of *His Health*, a report that is intended to both educate and stimulate advocacy, policy change, and direct services to better meet the health needs of men and boys in Alameda County.

His Health tells us a troubling story, specifically that men die at an earlier age and have significantly higher rates of illness and death than women for almost all major health indicators. As a culture, we have made it shameful to seek the kind of services that can ameliorate disparities in men's health outcomes and it is critical that programs and services recognize and plan for gender based norms that impact health and social service utilization. I invite you to examine the truths behind this report, and work collaboratively with not only us in health care, but the many other stakeholders and constituents that will need to be engaged to move this work forward.

Abundant thanks go to the dedicated employees of our Agency's Public Health Department, the Social Services Agency, as well as the many other partners and organizations who contributed to this comprehensive study. The framework of our health system is strengthened by collaborative efforts such as this, and inroads into the many challenges we face cannot be met alone. We remain committed to improving the health outcomes of the residents of Alameda County and we hope that you find this report useful and enlightening and that you will use it as a catalyst for sustained, positive change in our community.



Alex Briscoe

Director

Alameda County Health Care Services Agency



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

Alex Briscoe, Director
Anita Siegel, RN, MPH, Acting Director

1000 Broadway, 5th Floor
Oakland, CA 94607

(510) 267-8000
(510) 267-3223

To the Alameda County Community,

It is with great enthusiasm that the Alameda County Public Health Department (ACPHD) and its Urban Male Health Initiative (UMHI) present *His Health: Alameda County Male Health Status Report 2010*.

ACPHD has been monitoring health and social inequities for well over a decade. The data consistently show that males experience poorer health outcomes than females on most measures. ACPHD has long recognized the essential role of men and boys in our families and community and formed UMHI to draw attention to male health inequities and to promote policies and systems to improve their health. This focus was critical because males die at an earlier age and have significantly higher rates of illness and death than do females for almost all the indicators examined in this report. A closer look reveals that African Americans, in particular, experience a disproportionate burden of morbidity and mortality. On measures of mortality alone, for instance, African American males have the lowest life expectancy overall and die at the highest rates on ten of thirteen measures—all-cause mortality, coronary heart disease, stroke, diabetes, lung cancer, colorectal cancer, prostate cancer, unintentional injury, motor vehicle crash, and homicide.

Thus, it is with this undue and unjust burden in mind that, for the first time, we explore in a focused manner, male health and its social, economic, and behavioral determinants. The creation was a collaborative effort among community partners and ACPHD staff. *His Health* examines both health and social indicators that impact men, profiles men that live and work in our community, and provides innovative policy recommendations. We are determined that this report will strengthen efforts to combat health inequities, improving health outcomes and overall quality of life for males.

We anticipate that *His Health* will prove useful to all citizens of our county and specifically policy makers, program planners, providers and consumers who want to advocate for positive health outcomes for males. Please let us know how you use this report and how it informs your work. We are looking forward to collectively improving and transforming the health and well-being of Alameda County families and communities.

Sincerely,

Anita Siegel, R.N., M.P.H.
Acting Director

Muntu Davis, M.D., M.P.H.
Health Officer

Acknowledgements

This report was produced by The Alameda County Public Health Department, Office of the Director, Community Assessment, Planning, Education and Evaluation (CAPE) Unit, and the Urban Male Health Initiative (UMHI).

Deputy Director of Planning, Policy, and Health Equity

Sandra Witt

UMHI Director

Michael Shaw

Report Lead

Jessica Luginbuhl

Authors

Elaine Bautista, Matt Beyers, Janet Brown, Arnold Chavez, Sangsook Cho, Alex Desautels,
Jane Martin, Neena Murgai, Lauren Pettis, Brooke Su, Gary Thompson

Reviewers and Contributors

Kathie Barkow, Alfonso Blunt, Addie Brown, Yvette Carrillo, Woody Carter, Elaine DeColigny, Joe Devries,
Ignacio Ferrey, Earl Johnson, David Modersbach, Art Mola, Kelly Nanney, Jean Norris, Laura Perez, Marc Philpart,
Michael Shaw, Abel Tavares, Richard Speiglmán, Sal Tulah, Sherri Willis

This report was also a collaborative effort among:

- Alameda County Health Care Services Agency, Social Services Agency, and Probation Department
- Alameda County Public Health Department's Urban Male Health Forum
- Alameda County Interagency Children's Policy Council

Other community organizations that have provided insight and technical support include
PolicyLink, Ella Baker Center, and La Clinica de La Raza.

Layout

Matt Beyers

Cover

Vanessa Cordova

Contents

Executive Summary	1
Summary of Key Findings	1
Introduction	4
The Need For A Male Health Report	4
Gender and Health	4
Overview of the Report	5
Using the Report	5
Demographics	6
Chronic Disease	8
Chronic Disease: A Legacy	8
Males in Alameda County	8
Communicable Disease	12
Communicable Disease: The People Link	12
Males in Alameda County	12
Mental Health and Substance Abuse	15
Mental Well-Being and Substance Abuse: Links to Health	15
Males in Alameda County	15
Crime and Violence	18
Crime and Violence: Links to Health	18
Males in Alameda County	18
Employment and Income	22
Income and Employment: Links to Health	22
Males in Alameda County	22
Education	25
Educational Attainment: Link to Health	25
Males in Alameda County	25
Homelessness	26
Shelter and Safety: Links to Health	26
Males in Alameda County	26
Policy Recommendations	29
Technical Notes	31
Methods	31
References	33

Executive Summary

The Alameda County Public Health Department has been monitoring health and social inequities for well over a decade. The data consistently show that males experience worse health outcomes than females on most measures. Males die at an earlier age and have significantly higher rates of illness and death than do females for almost all the indicators examined, most notably coronary heart disease, lung and colorectal cancer, childhood asthma and most forms of injury. Health varies by race and ethnicity: males of color have higher rates of illness and death than White men. The purpose of this report is not to compare males to females, but rather to delve into male health in depth, specifically to understand why males of color often have poor health outcomes, how this phenomenon influences family and community health, and what can be done to address it. The influences on male health are complex, involving biological, social, psychological, and economic pressures around gender roles and racial equity.

In recent years, there has been a shift in the understanding of the role of gender in determining health outcomes.¹ Traditional male gender roles inform male behavior, such as the need to “tough it out.”^{2, 3, 4, 5} Males of color and males who do not fit the mold of traditional male gender roles often face more health risks because discrimination can lead to unemployment, social isolation, depression, poor health, and premature death.^{1, 3, 6, 7} David R. Williams of the Harvard School of Public Health notes that “adverse working conditions and gendered coping responses to stress can lead to high levels of substance use, other health-damaging behaviors, and an aversion to health-protective behaviors.”⁵

Despite the strong evidence that men bear a large burden

of poor health there is relatively little focus on the unique issues that affect men’s health and health status. *His Health: Alameda County Male Health Status Report 2010* serves as an evidence-based tool for policy makers, program planners, providers, and consumers wanting to advocate for positive health outcomes for males. The report provides a detailed description of men’s health status by examining a range of health and social indicators among males in Alameda County.

Summary of Key Findings

Demographics

Racial/Ethnic Breakdown: Males of color are 65.0% of the male population.

Male Children in Single-Parent Households: Nearly one-third of all male children live in single-parent households, compared to nearly three-fourths of African American male children.

Health Insurance: Males without health insurance represent 13.5% of the county population, which is significantly lower than in California (19.5%). Latino males are over four times as likely to be uninsured than White males.

Chronic Disease

Smoking Prevalence: In Alameda County, 17.7% of males are smokers. Asian males have twice the smoking prevalence rates of Latinos.

Park Use: White males report the highest rates of park use at 76.0%, significantly higher than that of African Americans (63.2%).

Obesity: Overall, males have a significantly lower obesity

rate than males in California (19.1% versus 23.4% respectively). Almost one in three African American males is obese—the highest obesity rate by far of all race/ethnic groups, followed by Latinos.

High Blood Pressure: About one in four males (26.0%) have high blood pressure, which is about the same rate among California males (25.4%). African Americans are almost twice as likely to have high blood pressure as Latinos.

Leading Causes of Death: The three leading causes of death for males are diseases of the heart, cancer, and unintentional injuries.

Coronary Heart Disease: The death rate among Pacific Islander males is the highest, followed by African American males.

Lung Cancer: The death rate for African American males is 1.6 to 3.2 times the rates of other races/ethnicities.

Diabetes: The death rate among African American males is two to three times the rates of other races/ethnicities.

Prostate Cancer Incidence: New cases of prostate cancer are significantly higher among African American and Latino males than White or Asian males.

Communicable Disease

Gonorrhea: The incidence of gonorrhea infection among African American males is 11 to 24 times higher than that of other racial/ethnic groups.

Syphilis: The rate of primary and secondary syphilis infection is also highest among African American males, three to eight times higher than rates in other racial/ethnic groups.

HIV/AIDS: Over one-third of cumulative male AIDS cases are “late testers,” that is, individuals who progressed from HIV to AIDS within 12 months of their initial HIV diagnosis.

Mental Health and Substance Abuse

Binge Drinking: One in three males report binge drinking

in the past year, slightly less than the percentage in California. Rates are higher among Latino and White males, compared to overall males.

Suicide: The rate for White males is the highest, about two to three times the rates of other race/ethnicities.

Mental Disorders: Emergency department visits are highest among African American males, followed by White males.

Crime and Violence

Violent Crime: The majority of males of color live in areas with greater than 500 violent crimes per 100,000 per year. African American males are most likely to live in high-crime areas—75.8%.

Probation: Nearly one out of every 100 males in Alameda County is on county probation. African American males are far more likely to be on county probation than other groups.

Parole: The male parole rate is 448.1 of 100,000. African American males have the highest parole rate, four to 11 times higher than other racial/ethnic groups.

Assault: Emergency department visits for assault-related injuries are highest among African American males and males 15 to 24 years of age.

Homicide: The homicide death rate among males is 17.5 per 100,000, with the African American male rate more than 20 times the rates of Whites and Asians.

Employment and Income

Unemployment: Overall, 6.2% of males are unemployed. African American males have over twice this rate of unemployment, three times the rate of Whites and four times the rate of Asians.

Poverty: The poverty rate is 9.3% among males. The African American male rate is twice this rate and the highest of all race/ethnic groups at 18.4%.

Neighborhood Poverty: Overall, 16.4% of males live in a high-poverty neighborhood. Only 5.7% of White males

live in such neighborhoods compared to 37.1% of African American males and 27.7% of Latino males.

Occupation: Asian and White males are the predominant racial groups in occupations that have higher median salaries (over \$50,000).

Education

High School Dropouts: The dropout rate among African American males is 39.6%, over five times the dropout rate of Asians.

Educational Attainment: Far more Asians and Whites receive bachelor degrees than males of other races/ethnicities.

Homelessness

Homeless Males: Of the estimated 2,838 homeless males, 44.1% are unsheltered. The majority are African American or White and are 45 to 64 years old.

Table 1: Indicator Summary by Race/Ethnicity Among Males in Alameda County

Measure	Healthy People 2010	California	Alameda County	African American	American Indian	Asian	Pacific Islander	Latino	White
Male Children in Single-Parent HHs*	x	x	32.1	74.1	❖	13.0	❖	37.1	24.7
Health Insurance*	x	19.5	13.5	❖	❖	11.1		30.0	6.8
Smoking Prevalence*	x	18.5	17.7	❖	❖	24.0		11.9	15.1
Park Use*	x	71.0	72.9	63.2	❖	71.6		70.4	76.0
Obesity*	x	23.4	19.1	30.6	❖	❖		25.1	17.8
High Blood Pressure*	x	25.4	26.0	31.9	❖	26.8		17.3	27.4
Coronary Heart Disease Deaths	≤166.0	195.6	156.8	239.9	125.0	101.0	382.8	121.2	165.4
Lung Cancer Deaths	≤44.9	50.9	44.4	81.3	❖	37.3	❖	32.6	42.0
Diabetes Deaths	x	26.2	25.3	49.2	❖	18.4	❖	29.1	20.7
Prostate Cancer	x	x	145.5	180.4	❖	79.2		171.5	141.2
Gonorrhea Infection	x	72.6	143.2	380.1	❖	15.8		33.6	29.0
Syphilis Infection	x	10.9	8.4	22.8	❖	2.9		3.8	8.8
HIV/AIDS	x	34.8	37.5	121.3	❖	9.8		26.1	32.8
Binge Drinking*	x	38.2	31.9	❖	❖	❖		38.3	36.6
Suicide	≤5.0	14.6	11.2	9.3	❖	5.5	❖	6.4	16.5
Mental Disorder ED Visits	x	x	953.2	1,588.6	597.1	199.8	338.2	737.3	1,194.8
Probation (All Ages)	x	x	933.7	3,566.5	❖	128.1	❖	794.9	530.0
Parole	x	x	448.1	2,146.9	494.2	x	x	243.8	198.8
Assault ED Visits	x	x	414.3	1,004.1	244.5	123.5	❖	360.7	346.8
Homicide	≤3.0	11.4	17.5	73.5	❖	3.5	❖	15.7	3.5
Unemployment*	x	7.2	6.2	15.6	❖	3.8	❖	6.1	4.9
Poverty*	x	12.2	9.3	18.4	❖	7.7	❖	12.5	6.1
Neighborhood Poverty*†	x	x	16.4	37.1	18.6	11.5	18.1	27.7	5.7
High School Dropout*‡	x	21.7	19.3	39.6	❖	7.8	21.6	27.6	9.1
Bachelor Degree*	x	30.4	38.7	23.5	❖	50.2	❖	13.6	49.1

* Presented as percentages; all other measures are presented as rates per 100,000 persons. † Multirace: 13.7% ‡ Filipino: 10.0%.
X Data not available or not applicable. ❖ Rate cannot be calculated due to small numbers.

Introduction

The Need for a Male Health Report

The Alameda County Public Health Department (ACPHD) has been monitoring health and social inequities for well over a decade. This research consistently shows that men have worse outcomes than women on a variety of health and social indicators. Men die at an earlier age and have significantly higher rates of illness and death than women for almost all major health indicators, most notably coronary heart disease, lung and colorectal cancer, childhood asthma and most forms of injury. Furthermore, on measures of mortality alone, men of color, especially African American males, have the lowest life expectancy overall and die at the highest rates on ten of thirteen measures—all-cause mortality, coronary heart disease, stroke, diabetes, lung, colorectal and prostate cancer, unintentional injury, motor vehicle crash, and homicide.

Health inequities are “differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.”⁸

Social inequities are “disparities in power and wealth, often accompanied by discrimination, social exclusion, poverty and low wages, lack of affordable housing, exposure to hazards and community social decay.”⁹

The purpose of this report is not to compare males to females, but rather to delve into male health in depth, specifically to understand why males of color often have poor health outcomes, how this phenomenon affects family and community health, and what

can be done to address it. The influences on male health are complex, involving biological, social, psychological, and economic pressures around gender roles and racial equity.

Gender and Health

In recent years, a shift has occurred in the understanding of the role of gender in determining health outcomes.¹ Gender roles influence the health of men and women differently.¹ Traditional male gender roles help to define how men behave and function in our society, which in turn influence their health outcomes.^{2,3,10}

A gender role refers to a set of social and behavioral norms that, within a specific culture, are widely considered to be socially appropriate for individuals of a specific gender.¹¹

Traditional male gender roles inform male behavior, such as the need to “tough it out.”^{2,3,4,5} Research shows that males who fit the traditional male gender role tend to engage in fewer health-promoting behaviors and take more health risks.¹² For example, males experience strong social pressure to behave in ways that show strength, independence, and self-reliance and not take their health seriously.^{2,6} These behaviors can lead to overwork, emotional unresponsiveness, and poor health.⁶

Men of color and men who do not fit the mold of traditional male gender roles often face more health risks because discrimination can lead to unemployment, social isolation, depression, poor health, and premature death.^{1,3,6,7} Furthermore, because of discrimination and other forms of oppression (economic disadvantage or low social power), males of

color who act in accordance with traditional male gender roles are more likely to engage in risky behavior, such as driving dangerously, street fighting, and substance abuse.^{2,5,12}

David R. Williams of the Harvard School of Public Health notes that “adverse working conditions and gendered coping responses to stress can lead to high levels of substance use, other health-damaging behaviors, and an aversion to health-protective behaviors.”⁵ In addition, employment conditions of high stress and low control described by Williams are characteristics of jobs that are more likely to be occupied by low-income men of color. And research has shown that jobs with high stress and low control can be deadly. Exposure to fear due to marginalization and uncertainty triggers a stress response. The human body goes on alert: the heart beats faster, blood pressure rises, glucose floods the blood stream, all so we can fight harder or run faster until the threat passes. However, when threats are constant and unrelenting, physiological systems do not return to normal. This constant high alert state increases our risk of disease.¹³ Thus, the stress of conforming to male gender roles and coping with racism create a particularly harmful environment for men of color.

Overview of the Report

His Health: Alameda County Male Health Status Report 2010 serves as an evidence-based tool for policy makers, program planners, providers, and consumers wanting to advocate for positive health outcomes for males. The report provides a detailed description of men’s health status by examining a range of health and social indicators among males in Alameda County. The indicators selected for this report were those given the highest priority by community-based and institutional partners who participated in a Web-based survey. Indicators cover chronic diseases, communicable diseases, mental health and substance abuse, crime and violence, employment and income, education, and homelessness.

His Health includes profiles of six men who were referred by community partners. These profiles are based on face-to-face interviews with men who reflect the racial/ethnic, sexual, and economic diversity of the Alameda County community. Each tells a personal story depicting his own relationship to health. Also included are policy recommendations that will help address the unique issues males face. These have been gleaned from literature and from multiple discussions with diverse, community-based stakeholders whose ultimate goal is to improve the health status of men and male youth in Alameda County.

Using the Report

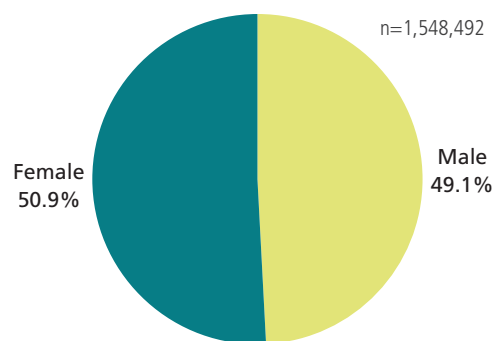
Throughout the report, the term Latino is used to describe people of Hispanic or Latino origin. In the classification of race/ethnicity, Hispanic origin was determined first, regardless of race, and the race categories for remaining non-Hispanics was determined second. Also in this report, the term American Indian is used inclusively to refer to Native Americans and Alaska Natives and the term African American is used to refer to those who are black or African American. Other terms that are used include Pacific Islander and Asian, sometimes combined with Pacific Islanders and shortened to API. In some cases, such as data from the California Department of Education, Filipinos are not included with Asians.

An attempt is made to provide data by race/ethnicity; however, where racial or ethnic groups are absent from graphics, it is due to small numbers that result in rates that are considered statistically unreliable.

Demographics

Alameda County is the seventh most racially and ethnically diverse county in the nation.¹⁴ The male population in the county is diverse—no race/ethnic group is a majority. Characteristics of Alameda County’s male population such as gender, age, and race/ethnicity are presented in this section. Other important factors such as household family structure and health insurance coverage are also examined.

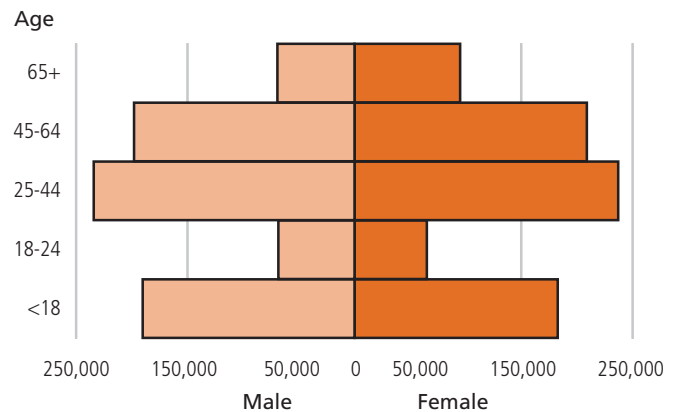
Figure 1: Males and Females, Alameda County



Source: CAPE, with data from California DOF, 2008.

The proportion of males in Alameda County is similar to that of females, 49.1% and 50.9% respectively (Figure 1). However, the gender distribution varies by age group. There are more males than females in younger age groups (Figure 2). For the age group 25 to 44 years, the numbers of males and females are about the same and in the older age groups, females outnumber males.

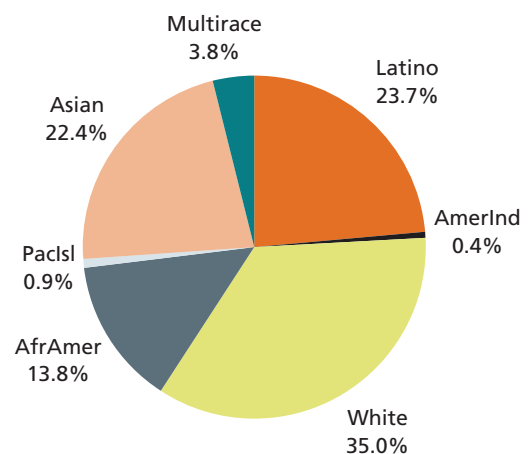
Figure 2: Age of Males and Females, Alameda County



Source: CAPE, with data from California DOF, 2008.

Of particular importance is the race/ethnic breakdown of the county. Whites comprise the largest proportion at 35.0% of the male population (Figure 3), followed by Latinos, Asians, and African Americans. Those of multiracial background, Pacific Islanders, and American Indians each represent small portions of the population.

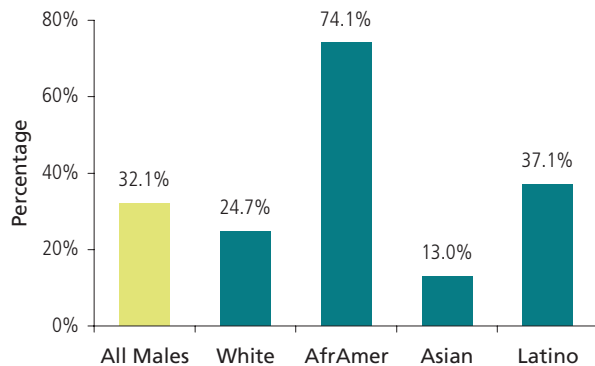
Figure 3: Male Race/Ethnicity, Alameda County



Source: CAPE, with data from California DOF, 2008.

Two-parent households tend to be more economically stable. In Alameda County, nearly one-third of male children live in single-parent households (Figure 4). Among African American male children, the percentage jumps to 74.1%.

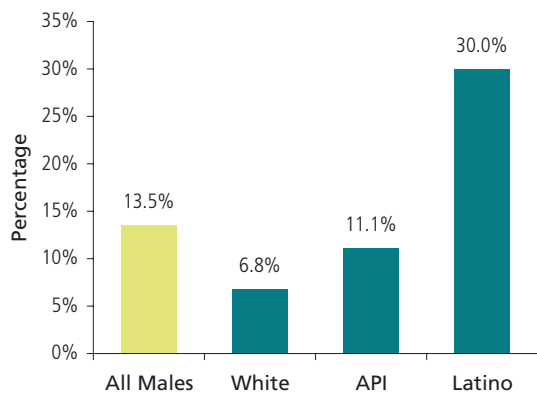
Figure 4: Percentage of Male Children in Single-Parent Households, Alameda County



Source: American Community Survey, 2008.

In Alameda County, 13.5% of men do not have health insurance coverage (Figure 5), which is significantly lower than in California (19.5%). Latinos are over four times more likely to be uninsured than Whites.

Figure 5: Percentage Males 18 to 64 Years Without Health Insurance, Alameda County



Source: California Health Interview Survey, 2005 & 2007.

Did you know?

Nearly three-fourths of African American male children live in single-parent households.

Chronic Disease

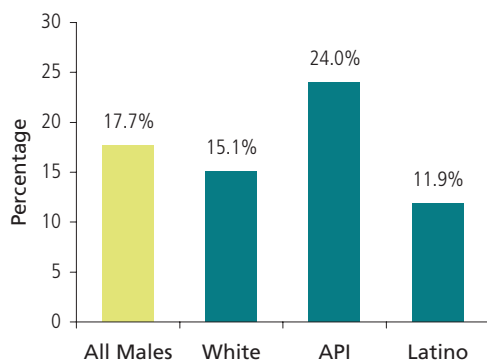
Chronic Disease: A Legacy

A chronic disease or condition is one that lasts for a long time. Most chronic diseases cannot be prevented by vaccines or cured by medication.^{15,16} The National Center for Health Statistics defines chronic diseases as conditions not cured once acquired or conditions that have been present three months or longer. Chronic diseases require long-term treatment and management. To a large degree, the major chronic diseases result from our behaviors and lifestyles. Behaviors that are damaging to health include tobacco use, lack of physical activity, and poor eating habits.^{17,18} Research shows, however, that health behaviors are influenced by the social and physical environments in which we live. These include environments that lack access to places to exercise, healthy food options, or have an over concentration of tobacco, alcohol, and fast food outlets.¹³

Males in Alameda County

Smoking is a risk factor for cancer, heart disease, and stroke. It also has adverse health effects among those with asthma, and among non-smokers exposed to secondhand smoke.

Figure 6: Percentage Smokers, Males 12+ Years, Alameda County

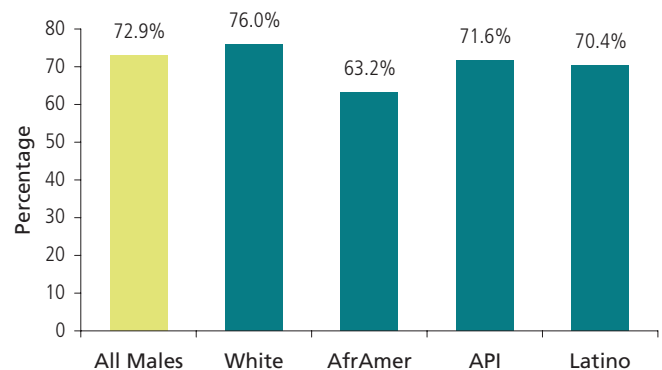


Source: California Health Interview Survey, 2005 & 2007.

In Alameda County, 17.7% males 12 years and older are smokers (Figure 6), similar to the percentage in California (18.5%). API males have twice the smoking prevalence rates of Latinos.

Access to and use of parks and playgrounds is associated with physical activity, which is protective against chronic diseases. Almost three-fourths (72.9%) of Alameda County males age 12 years and older report visiting a park or playground in the past month (Figure 7), similar to the percentage in California (71.0%). White males report the highest rates of park use (76.0%), significantly higher than that for African Americans (63.2%).

Figure 7: Percentage Using Parks, Males 12+ Years, Alameda County



Source: California Health Interview Survey, 2007.

HIS HEALTH

Life in Little Mexico

*"It is not easy to be a man;
it is not easy to be a father.*

*A man is a man when he
accepts his mistakes and
learns from them."*

*"My vision for my neigh-
borhood is to know my
neighbors so that we are
one...and we can help each
other in times of need."*

*"When I was a child, I
would sit in my front yard
and wonder what was on
the other side of the moun-
tain near my house. I always
wanted to explore."*

Joel, a 39-year-old husband and father of four from Pachuca, Mexico, has called Livermore home for the past 16 years. As a day laborer, sometimes unemployed, Joel experiences a multitude of stressors. "If you work, you eat. If you don't work, you don't eat," he says. "I need to work two jobs to make ends meet, and I am sick. I have high blood pressure and I am frustrated because I cannot afford medical insurance."

Three years ago Joel learned that his father and brother had diabetes. Recently Joel found out he also has diabetes. Joel attributes their health problems to stress and growing up poor. He fears being injured on the job, as he does not have employer-paid medical insurance. Joel works hard to eat right and exercise but says that when he is unemployed he has a hard time getting motivated.

Joel also is concerned about his community. He has seen families break up due to stress and children deprived of parental support and supervision because their parents work multiple jobs to make ends meet. Joel feels that the next generation is suffering because of the stress that families in his community face.

Police-community relations weigh on Joel. He and other residents of his neighborhood, called Little Mexico, are subject to random stops. As a result, Joel reports that his neighbors do not trust the police and are unlikely to call for their help even when they need it.

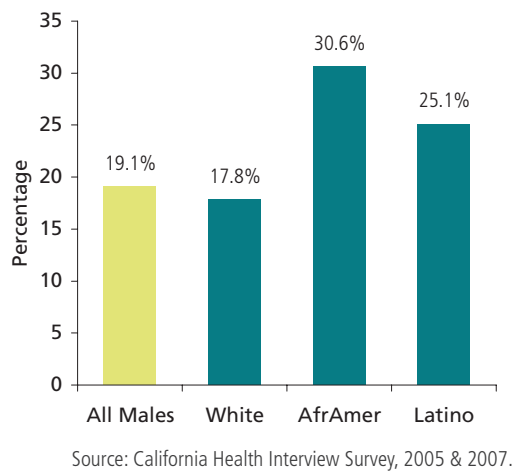
Despite these and other pressures, he loves his life in Little Mexico. "Livermore is my home now—my wife's family and many of my brothers live here."

Joel's sense of optimism is deeply rooted in his beliefs and his commitment to being good to his family. "It is not easy to be a man; it is not easy to be a father. A man is someone who can confront his mistakes, accept them, learn from them, and take responsibility."



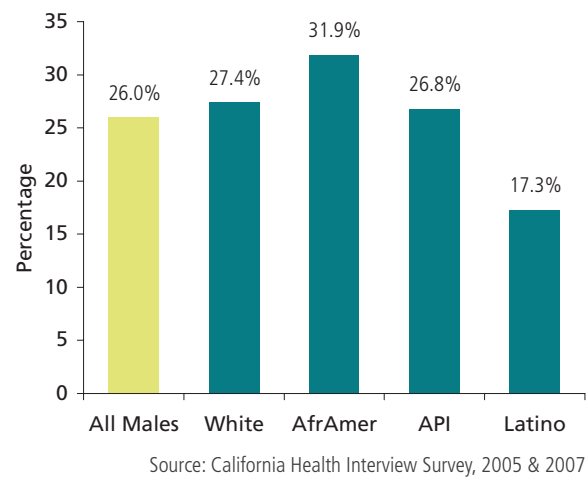
Obesity is a major risk factor for chronic diseases like diabetes, heart disease, and stroke. Obesity is defined as body mass index or BMI of 30 or greater. Males have a significantly lower obesity rate at 19.1% than men in California (23.4%). About one in three African Americans (30.6%) is obese—the highest obesity rate by far of all race/ethnic groups, followed by Latinos and Whites (Figure 8).

Figure 8: Percentage Obese, Males 18+ Years, Alameda County



High blood pressure is a risk factor for heart disease and stroke—chronic diseases that are among the three leading causes of death. About one in four males (26.0%) in Alameda County have high blood pressure (Figure 9), which is about the same as California males (25.4%). African Americans are almost twice as likely to have high blood pressure as Latinos (31.9% versus 17.3%) and have higher rates compared to Asian/Pacific Islanders and Whites. Differences among race/ethnic groups are not significant.

Figure 9: Percentage with High Blood Pressure, Males 18+ Years, Alameda County



The three leading causes of death for Alameda County males are diseases of the heart, cancer, and unintentional injuries (Table 2). In the past, stroke was the third-leading cause of death among males. Stroke deaths have been declining over the past decade, which may explain, in part, why unintentional injury death shifted to the third-leading cause.

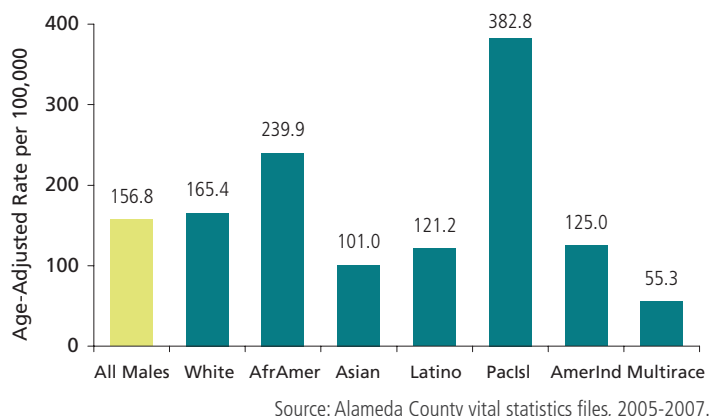
Table 2: Male Leading Causes of Death, Alameda County

Cause	# Deaths	% Deaths
Diseases of the Heart	3,539	25.7%
Cancers	3,181	23.1%
Unintentional Injuries	832	6.0%
Stroke	777	5.6%
Chronic Lower Respiratory Diseases	578	4.2%
Diabetes	451	3.3%
Homicide	398	2.9%
Influenza and Pneumonia	336	2.4%
Chronic Liver Disease and Cirrhosis	281	2.0%
Suicide	245	1.8%
Total	13,796	100.0%

Source: Alameda County vital statistics files, 2005-2007.

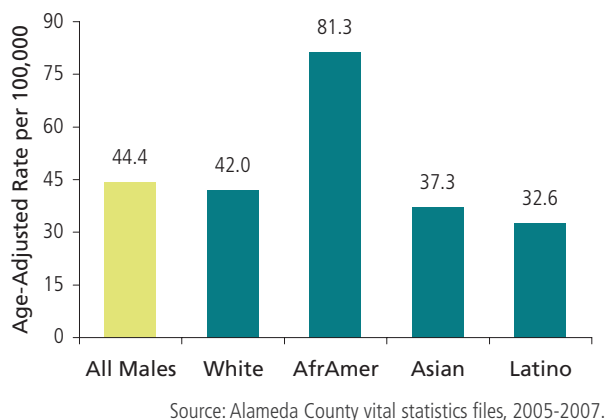
The coronary heart disease death rate among Alameda County males is 156.8 per 100,000, less than the rate for males in California (195.6 in 2005) (Figure 10). The rate among Pacific Islanders males is the highest and 1.6 times the rate of African American males. The Pacific Islander rate may be unstable because it is based on a relatively small number of deaths. However, this pattern has been observed consistently over the past decade.

Figure 10: Male Coronary Heart Disease Death Rate, Alameda County



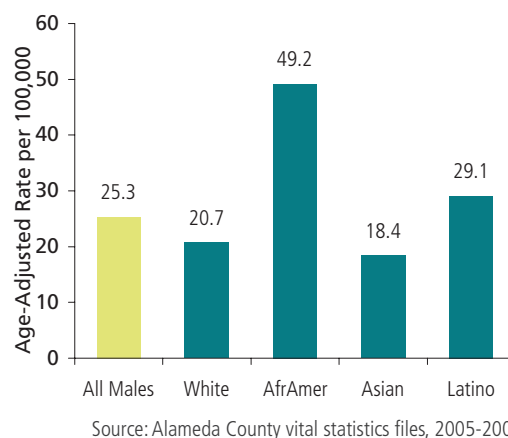
The lung cancer death rate among males in Alameda County is 44.4 per 100,000 (Figure 11), less than the rate for males in California (50.9 in 2005). The rate for African American males is 1.6 to 3.2 times the rate of other races/ethnicities.

Figure 11: Male Lung Cancer Death Rate, Alameda County



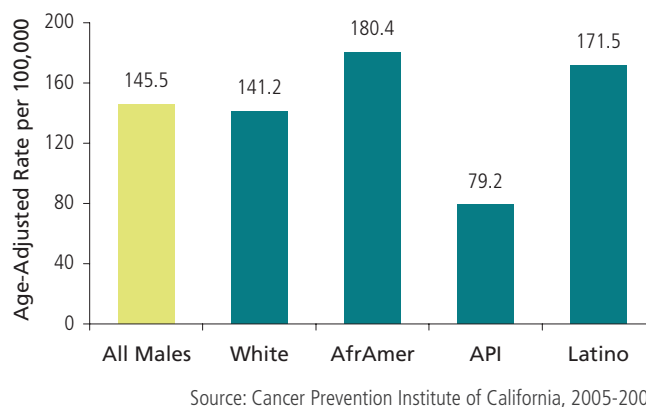
The diabetes death rate among Alameda County males is 25.3 per 100,000 (Figure 12), slightly less than the rate for males in California (26.2 in 2006). The rate among African American males is 49.2 per 100,000, two to three times the rates of other races/ethnicities.

Figure 12: Male Diabetes Death Rate, Alameda County



Utilization of screening, such as the prostate-specific antigen (PSA) test, contributes to early detection of prostate cancer. There are notable differences in prostate cancer incidence among men from different race/ethnic backgrounds. African American and Latino males have significantly higher prostate cancer incidence than White or Asian males (Figure 13). Studies have shown that differences in screening practices may explain race/ethnic differences in incidence of prostate cancer.¹⁹

Figure 13: Male Prostate Cancer Incidence Rate, Alameda County



Communicable Disease

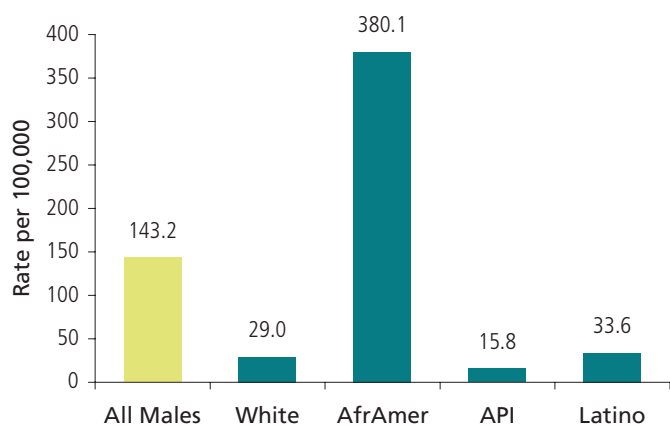
Communicable Disease: The People Link

Communicable diseases are passed on from a sick or infected person or animal to another person or animal.²⁰ Often, diseases are spread through direct contact with substances or surfaces or closeness to a sick person or their bodily fluid. When a person gets sick, the germ has infected their body. Some communicable diseases include the common cold, chicken pox, malaria, whooping cough, STDs, and HIV/AIDS. Until the end of the 1800s, communicable diseases were the leading causes of death worldwide.²¹

Males in Alameda County

The rate of new gonorrhea infection among males in Alameda County is 143.2 per 100,000, compared to a California male rate of 72.6 (2008 data). The rate among African American males is 380.1 per 100,000, many times higher than that of other racial/ethnic groups (Figure 14).

Figure 14: Male Gonorrhea Incidence Rate, Alameda County



Source: ACPHD through CDPH, 2006-2008.

The rate of primary and secondary syphilis infection is 8.4 per 100,000 among Alameda County males; the rate among California males is 10.9 (2008 data). The rate is high-

est among African American males, three to eight times higher than rates in other racial/ethnic groups (Figure 15).

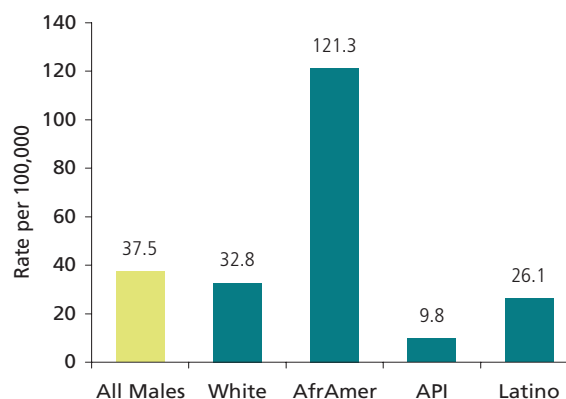
Figure 15: Male Primary and Secondary Syphilis Rate, Alameda County



Source: ACPHD through CDPH, 2006-2008.

The average annual HIV/AIDS case rate for Alameda County males is 37.5 per 100,000, compared to the California rate of 34.8 in 2007. The African American rate (121.3 per 100,000) is almost four times that of Whites, almost five times that of Latinos, and 12 times that of Asian/Pacific Islanders (Figure 16). African Americans make up 45.1% of newly diagnosed male HIV and AIDS cases.

Figure 16: Male HIV/AIDS Incidence Rate, Alameda County



Source: HARS, 2006-2008.

HIS HEALTH

Live Life without Regret

"I think of my father as an awesome man who took care of his family the best he could with what he had. He had a hard work ethic, high morals, and knew how to treat people."

"I love Oakland. I love the diversity and the potential of what Oakland was and what it can be again."

Jesse is a 48-year-old Oakland native, a lover of the written word, and a vocal HIV/AIDS advocate. Jesse has a strong support network, a good relationship with his four siblings, and has always been very close with his mother, who has supported him through life's peaks and valleys. Jesse has been in a relationship for 12 years. He says that he would not have had the success without his partner whom he refers to as "the wind beneath my wings."

Despite many challenges, Jesse remains optimistic, gregarious, and driven to make a difference, both personally and in society. Jesse witnessed his older brother die of AIDS in 1981; he himself was diagnosed with HIV in 1993. Growing up he struggled with being a gay, African-American male and he has fought against being labeled solely as gay.

When asked about manhood he emphasized the importance of character. Being biologically male is only one aspect of manhood. "There is so much more to being a man; it's not about being gay or straight. It's character-dependent. There

is gender-power dysfunction. Respect for women indicates respect for ourselves. Being a good father, taking care of your children, being healthy—that makes you a man."

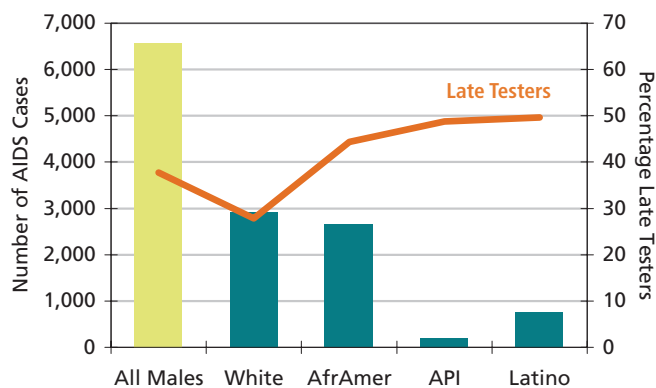
Despite dealing with substance abuse, HIV/AIDS, and diabetes, Jesse rates his health status high, a four out of five. The Twelve Step program has given Jesse the strength to reverse his substance dependency. His HIV/AIDS is well monitored and he is adapting to being diabetic.

Jesse does not have health insurance through his job as a journalist at the Oakland Post, but Medi-Cal provides the medical care he needs. He handles stress around financial insecurity by following his passion for advocacy and writing. He sees a bright future for himself, "one of service to the community." And he has no regrets. "I really love the person I am today."



Over one-third of all male AIDS cases ever reported in Alameda County are late testers—individuals who progressed from HIV to AIDS within 12 months of their initial HIV diagnosis. Over 44% of African American males and half of API and Latino males test late (Figure 17). Late testing suggests missed opportunities for HIV testing and lack of or inadequate HIV care.

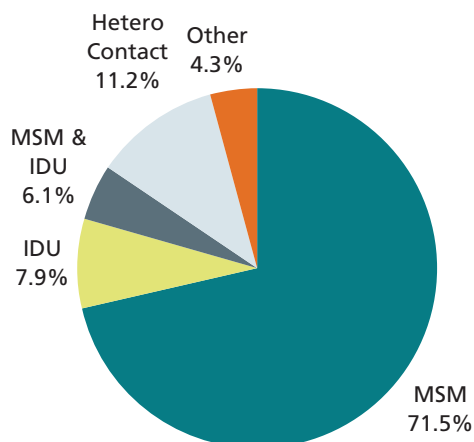
Figure 17: Male AIDS Late Testers, Alameda County



Source: HARS, 2006-2008.

Over 70% of male HIV/AIDS cases are exposed through having sex with other men (MSM) (Figure 18). This group includes homosexual men as well as men who identify as heterosexual but may have engaged in sex with another man. The second highest exposure mode is heterosexual contact, accounting for 11.2% of male cases, followed by injection drug use (IDU) and MSM and IDU combined.

Figure 18: Male HIV/AIDS Cases by Mode of Transmission, Alameda County



Source: HARS, 2006-2008.

Did you know?

Over one-third of all men ever reported with AIDS in Alameda County had developed the disease within a year of being tested positive for HIV.

Mental Health and Substance Abuse

Mental Well-Being and Substance Abuse: Links to Health

Mental health refers to our cognitive, and/or emotional well-being—it is all about how we think, feel, and behave. Mental health is more than simply the absence of mental illness. Even though many people do not suffer from a diagnosable mental disorder, some are mentally healthier than others.^{22,23} The following is a list of characteristics that describe mental health:

- The ability to enjoy life.
- Resilience, or the ability to bounce back from adversity.
- The ability to balance time spent socially with time spent alone.
- Emotional and cognitive flexibility.
- Self-assurance and self-actualization.

What Is Substance Abuse?

According to the Diagnostic and Statistical Manual for Mental Disorders, 4th edition, the term substance abuse refers to an unhealthy pattern of substance (alcohol or drug) use that results in serious problems in one of the following ways:²⁴

- An inability to take care of your responsibilities or fill your role at work, school, or home.
- The frequent use of substances in potentially dangerous situations (for example, driving).
- Repeated legal problems due to substance use (for example, public intoxication).
- The continued use of substances even though the substance use is causing serious problems in your life.

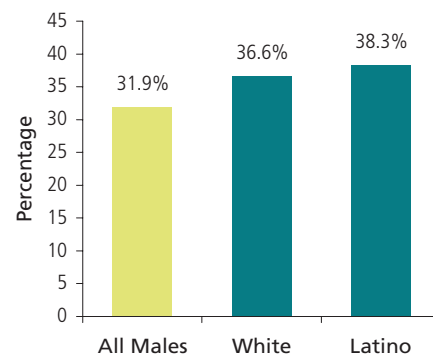
Why Do Mental Illness and Substance Abuse Often Occur Together?

Mental illness and substance abuse commonly co-occur. In 2002 about four million adults met the criteria for both serious mental illness and substance dependence or abuse in the past year.²⁵ In some cases, people suffering from serious mental disorders take drugs to ease their symptoms—also known as self-medicating. In other cases mental disorders are caused by drug abuse.²⁵ They can also exist independently of one another.

Males in Alameda County

Binge drinking (drinking five or more drinks on one occasion) may be associated with alcohol dependence and is a risk factor for unintentional injury or violence. About one in three men in Alameda County (31.9%) report binge drinking (Figure 19), slightly less than the percentage in California (38.2%). Latino and White males have higher rates of binge drinking than males overall.

Figure 19: Percentage Binge Drinking, Males 18+ Years, Alameda County



Source: California Health Interview Survey, 2007.

Growing through Life

HIS HEALTH

Tito is a 24-year-old native of Jalisco, Mexico raised in Newark. The Union City resident loves football, music, and spoken word poetry. One of his favorite things is helping others. He currently works as an intervention prevention specialist, helping at-risk youth involved in gangs learn how to make smart choices. He also teaches boxing to young men in the community, constantly pushing healthy living in conjunction with education.



Tito enjoys working with this special population of men and boys because they often lack positive role models. Many years ago, Tito was one of these young men, lost and filled with anger. It was not until he was incarcerated that he was diagnosed with a mental illness. It took both Tito's strong will and a prison counselor and therapist to help turn him around.

Focused on becoming a probation officer, Tito is seeking a degree in criminal justice. As a father of two five-year-old girls, family and good health are very important to him. He says that taking care yourself is

critical to taking care of others. To that end, he stays active and visits his doctor routinely. His thoughts on healthy living: "Do whatever it takes to better yourself because you're your best investment. If you need help, reach out and get it. It doesn't make you any less of a man."

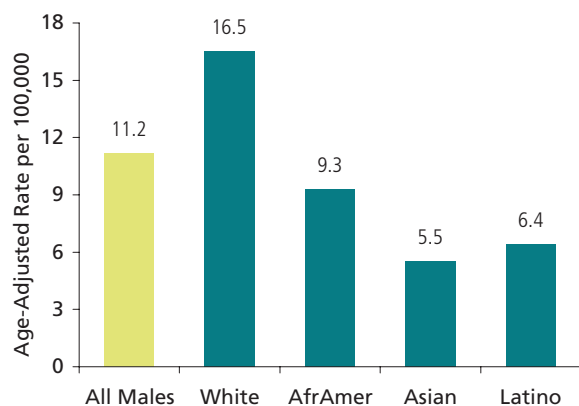
Tito has come a long way from where he started and likes to say, "I didn't go through life, I grew through life."

Mislead by Tito

*See the pain in my eyes
With no tears being shed
A burden I received
For the life that I lead
I kept enemies close
And loved at a distance
I had no trust for anybody
My guard was up at every
instant
People try to befriend me
And failed at this task
I kept the real me from
people
It was as if I wore a mask
This was not a life I chose
But one given to me
If you don't understand it
Then you must live it to see
I'll walk a mile in your shoes
if u take a step in mine
And never judge a book by
its cover
Or match an appearance
with a mind.*

The suicide rate among males in Alameda County is 11.2 per 100,000 (Figure 20), lower than the rate for males in California (14.6 in 2005). The highest rate is found among White males; at 16.5 per 100,000 the rate is two to three times the rates of other racial/ethnic groups.

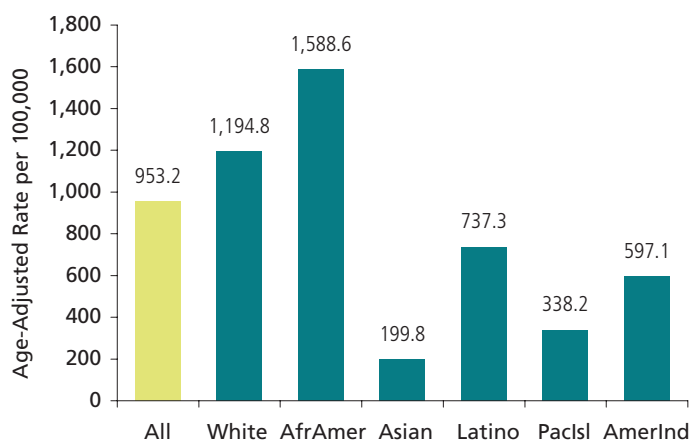
Figure 20: Male Suicide Rate, Alameda County



Source: Alameda County vital statistics files, 2005-2007.

The rate of emergency department (ED) visits for mental disorders in Alameda County is highest among African American males, followed by White males and is lowest among Asian and Pacific Islander men (Figure 21). Eighty to 90 percent of male ED visits are for drug abuse, alcohol dependence and abuse, alcohol and drug psychoses, and non-specified psychotic and neurotic disorders. Many of these are stress induced or situational.

Figure 21: Male Emergency Department Visit Rate for Mental Disorders, Alameda County



Source: OSHPD, 2006-2008.

Did you know?

White males have the highest suicide rate, while African American males have the highest rate of emergency department visits for mental disorders.

Crime and Violence

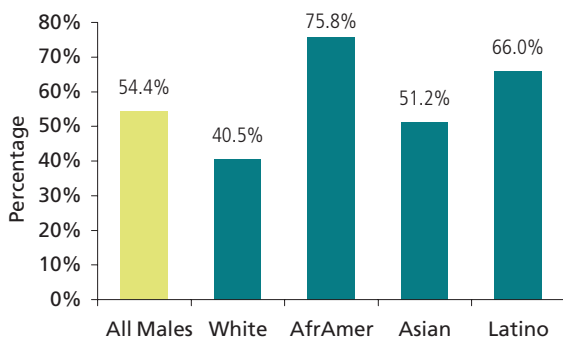
Crime and Violence: Links to Health

Crime and violence can negatively influence health. Actual crime and violence can impact health through physical harm, economic hardship, and emotional trauma. Fear of crime in one's community can affect health by increasing stress, or by creating barriers to interaction. It can also inhibit healthy behaviors such as walking for exercise, or access to essential services.²⁶ While violence and crime are health hazards, especially in poorer communities, the institutions and practices established to prevent and respond to crime play a crucial role in perpetuating unequal patterns of crime across neighborhoods.²⁶

Males in Alameda County

Violent crime is any criminal offense, which involves the use of, or even the threat of, force or violence.²⁷ For California, the overall violent crime rate is about 500 per 100,000 persons. A high violent crime rate is defined as having a rate above that of California. Over half of men of color in Alameda County live in high violent crime areas (Figure 22). For African Americans, 75.8% live in such areas.

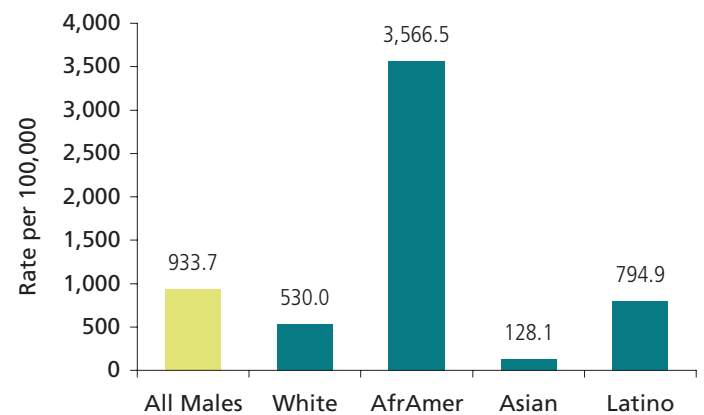
Figure 22: Percentage Males Who Live in an Area with a High Violent Crime Rate, Alameda County



Source: FBI UCR, 2008.

A probationer is an offender whom the court places on community supervision, often instead of incarceration. In Alameda County, African Americans are four to 28 times more likely to be on county probation than other groups (Figure 23), with a rate of 3,566.5 per 100,000.

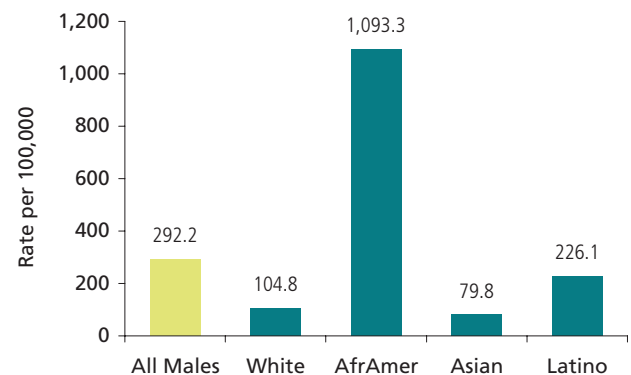
Figure 23: Male County Probation Rate, All Ages, Alameda County



Source: Alameda County Probation Department, 2007.

For those less than 18 years, the county probation rate is highest for African Americans at 1,093.3 per 100,000 (Figure 24), four to 14 times higher than other race/ethnic groups.

Figure 24: Male County Probation Rate, <18 Years, Alameda County



Source: Alameda County Probation Department, 2007.

HIS HEALTH

Finding My Place To Stand

"I've found my place to stand and I'm going to move the world. So, what are you going to do?"

"One needs to support their family."

John was raised in San Francisco and currently lives in Oakland. As a child, John had a bright future and started his early school years in a gifted program. Later, he was moved into special education and labeled a "problem child." Frustrated with this drastic educational shift, John fell into trouble on the streets, went from group home to group home, and later to prison.

John likes to say that he did more things before the age of 18 than most have in their entire lives. Unfortunately, those very activities landed him in a place far away from his loved ones and children. Over the years John has realized that it is important to be there. "One needs to support their family."

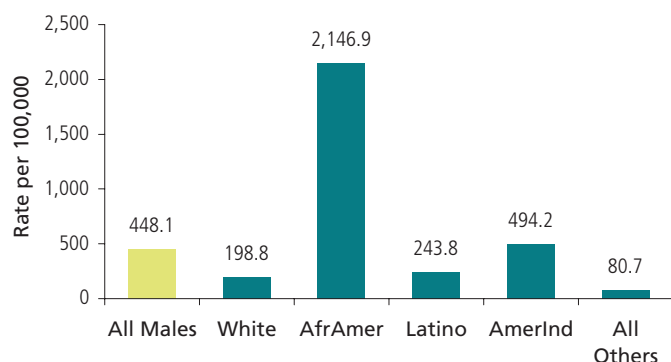


John now has a great relationship with his children and his resiliency has led him to change his life. "I decided I had to give back to society something I had taken away. Why not change society so that it's not so easy to fall back into the place where I was?"

He currently works at Healthy Oakland assisting formerly incarcerated men receive physicals and other needed services. Through John's work with males, he is able to help break down common male stereotypes that often hinder the attainment of good health, such as not going to the doctor even if "something is falling off." John allows others to see what it is to be a positive role model, healthy father, and a healthy man.

Parolees are conditionally released under community supervision after serving a prison term—they are subject to being returned to jail or prison for rule violations or other offenses. African Americans have the highest rate among the 3,404 males in Alameda County on parole, four times higher than American Indians and 11 times higher than Whites (Figure 25).

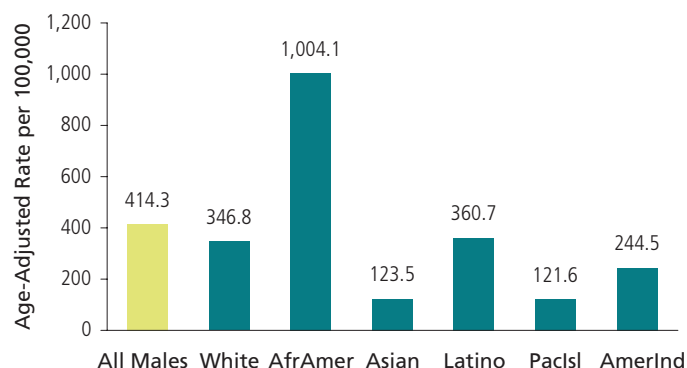
Figure 25: Male Parole Rate, Alameda County



Source: Urban Strategies Council, with data from CDCR, 2009.
Note: All Others means those of any other race/ethnicity, including Asians.

One aspect of violence is assault. To measure assault rates, we use visits to hospital emergency departments for assault-related injuries. Among males in Alameda County, African Americans have the highest rate of assault-related ED visits, 1,004.1 per 100,000 (Figure 26), three to eight times the rate of other race/ethnic groups.

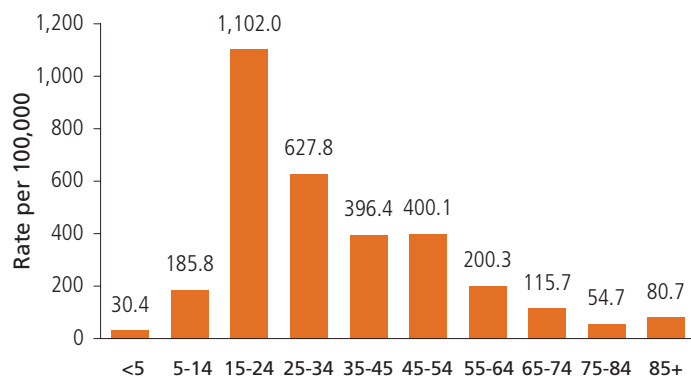
Figure 26: Male Assault Emergency Department Visit Rate, Alameda County



Source: OSHPD, 2006-2008.

Assaults are particularly striking by age. Males aged 15 to 24 years have the highest assault emergency department visit rate of all age groups at 1,102.0 per 100,000 (Figure 27), three to eight times higher than other groups.

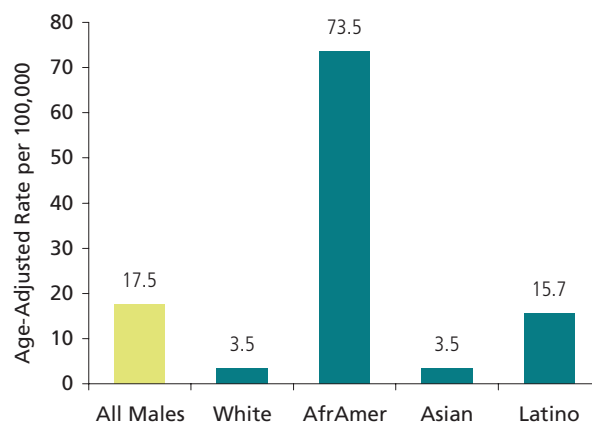
Figure 27: Male Assault Emergency Department Visit Rate by Age, Alameda County



Source: OSHPD, 2006-2008.

The homicide rate among males in Alameda County is 17.5 per 100,000 (Figure 28), much higher than the rate for males in California (11.4 in 2005). The homicide rate among African American males is 73.5 per 100,000, a rate over 20 times those of Whites and Asians.

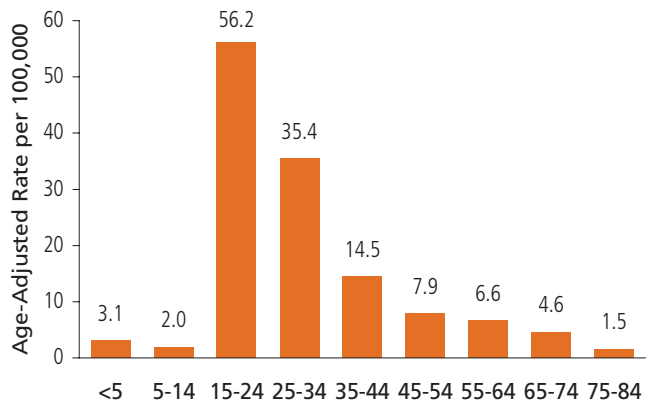
Figure 28: Male Homicide Rate, Alameda County



Source: Alameda County vital statistics files, 2005-2007.

The male homicide rate varies considerably by age. It is highest among those aged 15 to 24 years and declines sharply with age (Figure 29).

Figure 29: Male Homicide Rate by Age, Alameda County



Source: Alameda County vital statistics files, 2005-2007.

Did you know?

Males aged 15 to 24 years have the highest rate of visits to emergency departments for assault.

Employment and Income

Income and Employment: Links to Health

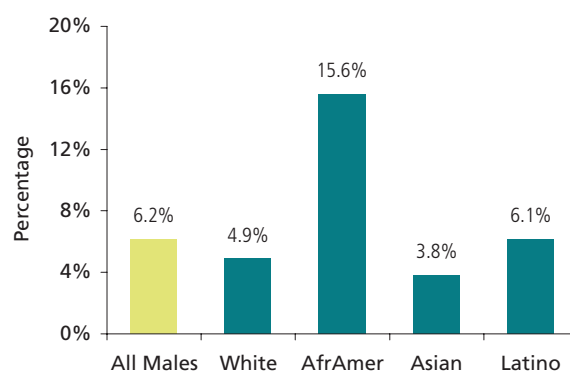
Being poor and living in a poor neighborhood are linked to bad health.^{28, 29} Poverty limits access to healthy resources, such as good food and medical care, stable health insurance, and safe housing. Crime, pollution, poor housing and schools, as well as a lack of access to jobs, healthy foods, and parks, are some of conditions that have a negative impact on health.^{30, 31, 32}

Unemployment is also linked to poor health and higher death rates.^{33, 34} The stress of unemployment can lead to poor mental health and substance abuse. Unemployment can also influence community life and well-being. As more people lose jobs, social networks that lead to solving neighborhood problems are weakened.³⁵ When people (mainly youth) cannot find work, they are more likely to turn to crime and the street economy (for example, drug dealing or sex work) to make money.³⁶ For those who have jobs, poor work conditions can also pose physical and psychosocial risks, especially for those working in low-wage jobs.

Males in Alameda County

The unemployment rate includes only those looking for work. Males in Alameda County have an unemployment rate of 6.2% (Figure 30), compared to a rate of 7.2% for all males in California. African American males in Alameda County, however, have a much higher unemployment rate at 15.6%, three times the rate of Whites and four times the rate of Asians.

Figure 30: Male Unemployment Rate, Alameda County



Source: American Community Survey, 2008.

The poverty rate measures those individuals who live in households with income below the poverty line. For example, the poverty threshold for a family of four in 2008 was \$22,025. In Alameda County, 9.3% of males are living in poverty (Figure 31), compared to 12.2% of males in California. African American males have the highest poverty rate of all race/ethnic groups at 18.4%, twice the rate of all males in the county.

Figure 31: Male Poverty Rate, Alameda County



Source: American Community Survey, 2008.

HIS HEALTH

Strength Through Giving Back

"I get regular flu shots because in the winter months I am in contact with a lot of people, teaching skiing."

"The key is to stay active. It's how you approach it. I've got a good life."

Calvin, "Cal," a Japanese-American born in Hawaii, lives in Fremont with his wife of 38 years. Family is an integral part of Cal's life. Cal is proud of his sons, who are from his wife's previous marriage, whom he calls his own. The family is close: Cal and his wife see their sons and grandchildren at least once a week. Despite his good-natured griping on the downsides of aging, Cal at 70 is energetic, healthy, and content due to his close family and community ties, a lifetime of good habits, and his involvement in helping disabled veterans.

Cal, a former Air Force mechanic, was introduced to the school Disabled Sports USA program founded by Vietnam veterans in north Lake Tahoe through his career as a United Airlines inspector and mechanic. Since skiing is one of Cal's hobbies, he took an interest in the school and became a certified ski instructor. He has been teaching there for 23 years.

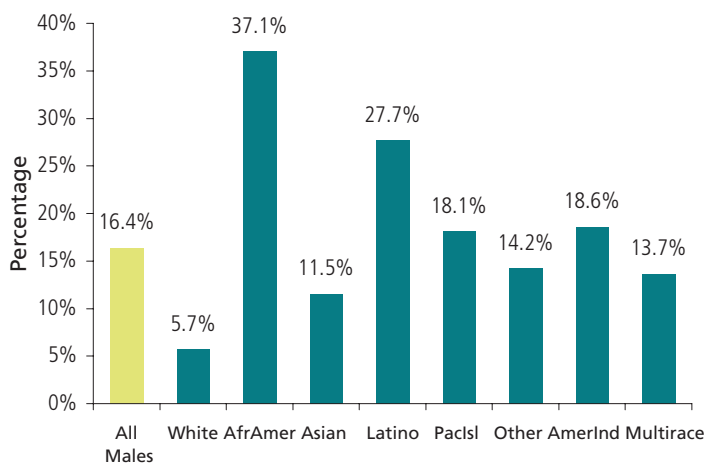
Cal currently volunteers with veterans from the Iraq and Afghanistan Wars. He finds it very rewarding and central to his feeling of well-being as he ages. Furthermore, Cal maintains his physical health by staying active and getting yearly physical exams and vaccinations. He has always had good health care. Although he finds himself limited by a chronic condition, he does not allow it to prevent him from enjoying life. Cal's active lifestyle, focus on family, and giving back to the community are an inspiration to us all.



Recent studies have shown that the quality of neighborhood environments is an important determinant of the opportunities and choices available to people that live there. In Alameda County, 16.4% of all males live in high-poverty neighborhoods (more than 20% of the individuals living in poverty) (Figure 32). While only 5.7% of Whites live in such neighborhoods, 37.1% of African Americans, and 27.7% of Latinos do.

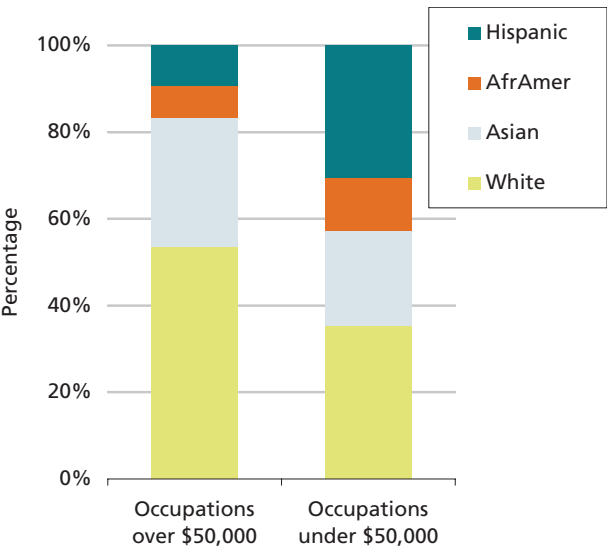
Asians and Whites are most likely to be in occupations that have the highest median salary, over \$50,000, while African Americans and Latinos tend to be in occupations that make less than \$50,000 (Figure 33). The high-paying occupations include management, business, financial, and professional occupations. Examples of low-paying occupations are sales, office and administrative support, and installation, maintenance, and repair occupations.

Figure 32: Percentage Males Living in Neighborhoods with a High Poverty Rate, Alameda County



Source: California DOF, Claritas 2008; poverty data from Census 2000.

Figure 33: Percentage Males by Occupation Wage, Alameda County



Source: California EDD.

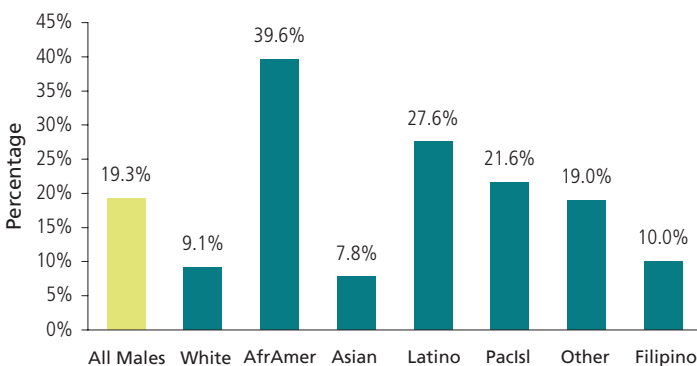
Educational Attainment: Link to Health

A strong link exists between income and health; educational attainment is one of the strongest predictors of income. Although a high school degree is not a guarantee of a high-paying job, people who finish high school earn much higher wages and are twice as likely to have jobs as people who have not finished high school.³⁷ The longer people stay in school, the healthier they tend to be.

Males in Alameda County

In Alameda County, 19.3% of males who enter high school drop out (Figure 34), a lower percentage compared to males in California (21.7%). For African American males, the dropout rate is 39.6%, over five times the dropout rate of Asians.

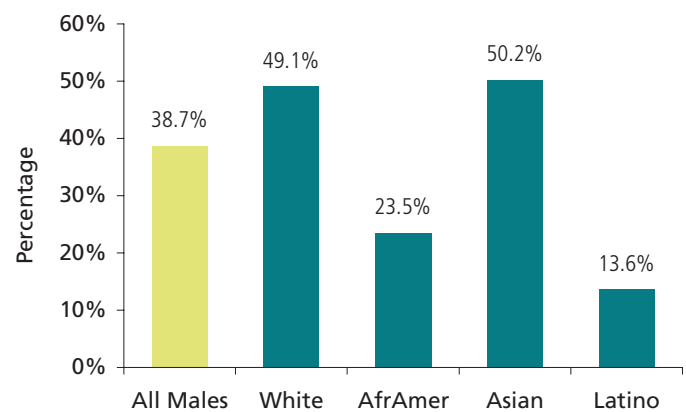
Figure 34: Percentage Males Dropping Out of High School, Alameda County



Source: California Department of Education, 2007-2008.
Note: Four-year adjusted derived dropout rate shown.

Educational attainment can be also measured by the percentage completing a bachelor degree. In Alameda County, 38.7% of males age 25 years or older have completed a bachelor degree (Figure 35), as compared to 30.4% of males in California. The highest rates are among Asians and Whites, at 50.2% and 49.1% respectively.

Figure 35: Percentage Males who Received a Bachelor Degree, 25+ Years, Alameda County



Source: American Community Survey, 2008.

Homelessness

Shelter and Safety: Links to Health

Living on the streets and in shelters often leads to poor physical and mental health. The homeless have higher levels of stress, exposure to weather, unclean living conditions and often do not have access to healthy food, medical care and support services. This is why homeless adults suffer illness and death rates nearly four times that of the general population.³⁸

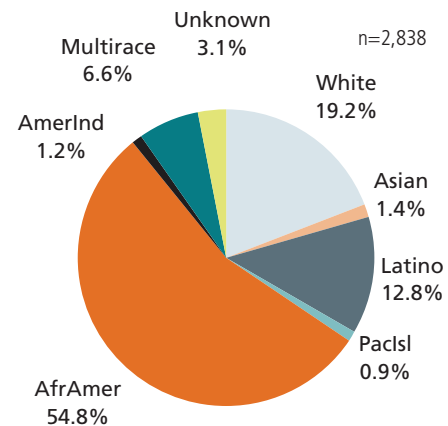
At any given time, homeless adults may have up to eight or nine illnesses.³⁹ Homeless people often suffer from a range of skin conditions, respiratory infections, tooth decay, foot problems, eye problems, injuries, and trauma. Depression, substance abuse, and mental illness are very common. Homeless people are much more likely to suffer from chronic diseases, such as high blood pressure, diabetes, and asthma. Homeless people often do not get preventive care. When they do get medical care, it is for acute care needs that require immediate service.

Males in Alameda County

Of the estimated 2,838 homeless males in Alameda County, over half are African American (54.8%), followed by Whites and Latinos (Figure 36).

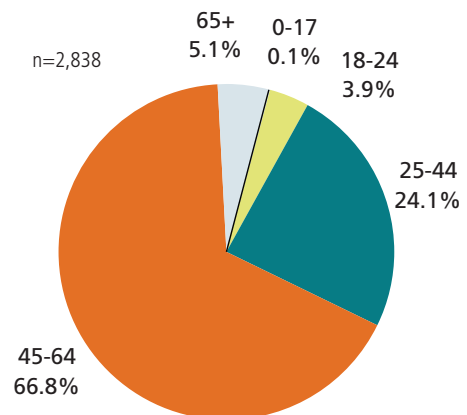
Two-thirds of homeless males are 45 to 64 years of age (Figure 37). Men 25 to 44 years of age make up another quarter of the homeless.

Figure 36: Race/Ethnicity of Homeless Males, Alameda County



Source: EveryOne Home, Alameda County Homeless Count Survey, 2010.

Figure 37: Age of Homeless Males, Alameda County



Source: EveryOne Home, Alameda County Homeless Count Survey, 2010.

HIS HEALTH

Homelessness to Resilience

"Being a man is what you do and not what you say. It's a state of mind and it takes work."

"My father is my role model and is still working at being a man."

Michael, age 58, works as a program director at the East Oakland Recovery Center (EORC) in Oakland, serving high-risk adults. Originally from New York, Michael moved to the West Coast in the late 1960s and successfully completed two military tours of duty. That experience enabled him to start a health care career in the Oakland and buy a home.

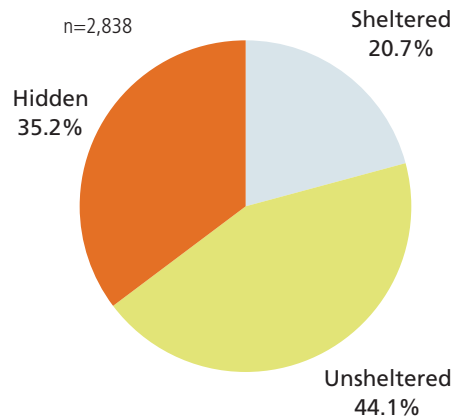
Despite this early success, Michael struggled with substance abuse, a carry-over from his youth, which escalated to homelessness from 1988 to 1991. Michael's pathway to his current position started by moving beyond his homeless experience. He was resourceful and used a range of services in Oakland and Berkeley. Michael's willingness to seek support led him to the EORC where he made a personal connection with staff, found a place to live, and began his transformation by becoming an outreach worker.

Working tirelessly for over 40 hours a week, Michael affirms that helping others has helped him in his journey. He finds balance by spending time with his wife and extended family and actively participating in a local mosque and a 12-step program. Clean and sober for 18 years, he is healthy and sees a doctor regularly. Michael models the compassion and non-judgmental approach needed to transform the lives of the homeless.



Of homeless males, 44.1% are unsheltered. The sheltered represent 20.7% and 35.2% were hidden, or living in a transient or precarious situation.

Figure 38: Shelter Status of Homeless Males, Alameda County



Source: EveryOne Home, Alameda County Homeless Count Survey, 2010.

Did you know?

Over half of the homeless males in Alameda County are African American.

Policy Recommendations

The policy recommendations that follow were informed by data analysis, profile interviews, a thorough review of the literature, and talks with community members. These recommendations are listed by topic and are not prioritized.

Education

1. Create and sustain school-based wellness centers that offer joint-use and wraparound services to promote life-skill development for adolescents, young men, and their families.
2. Support early childhood education and after-school programs that work with children, youth, and their families to build skills for healthy social and academic development.
3. Reduce school-based arrests and referrals, including ending the use of zero-tolerance strategies in K-12 public education. Adopt early and intensive intervention plans to reverse the high rates of suspension and expulsion in boys of color, such as diversion programs.
4. Create and put into practice male involvement programs in all local middle and high schools.

Workforce Training and Economic Development

1. Start career training.
 - Create a youth-first program that supports work-study employment, training, and paid internships for middle school, high school and college age students.
 - Invest in up-and-coming industries, small businesses, and community services that stress greening, technology, health, and civil service and that build the power and knowledge of the communities.
 - Support grant and scholarship funding for boys (of color) at elementary and secondary level schools to pursue health-related jobs.

2. Set up living wage ordinances and incentives, such as tax credits, for employers to promote hiring of low-income and underemployed populations.

3. Encourage employers to apply sets of rules and practices that support men in having a more active and caring role in their children's lives, such as paternity leave and flextime.

4. Create plans in local, private, and public systems that promote race and gender equity in wages, benefits, and career advancement.

Criminal Justice

1. Enhance pre-release planning to ensure a smooth transition from incarceration to re-entry by creating and strengthening community partnerships. Expand existing interagency steering committees at the local and state levels to manage the shift of services.

2. Reduce barriers to accessing jobs and public benefits by sealing or expunging arrest and conviction records after a given time period.

3. Reduce detention by expanding community-based options, such as youth courts and evidence-based programs that use intensive cognitive behavioral therapy and restorative justice methods.

4. Move resources from incarceration to fund developmentally appropriate and cost-effective treatment services for youth that focus on life-skill development, including anger management and conflict resolution.

Health and Wellness

1. Create education and career pathways for culturally competent male and female outreach workers to educate males about health issues while helping them navigate the public and private health care systems.
2. Expand medical and public assistance coverage to non-custodial fathers, ex-offenders, and other vulnerable men including the unemployed.
3. Promote transformative interventions that allow thorough examination of norms of masculinity and femininity and how these affect the health of both men and women, inclusive of the LGBTQI community.
4. Provide more gender-specific behavioral health services in community-based settings such as clinics and faith-based organizations.

Methods

Race and Ethnicity

This report restricts descriptions of race and ethnicity to short words and phrases. It is recognized that individual preference varies and that classification is not trivial. Considering the report's many text references, tables, and figures that make comparisons between races, readability and space require consistent and abbreviated usage. Thus, the report refers to African American, rather than Black or African. In tables and figures, African American is usually abbreviated as AfrAmer. Other standard terms are White; American Indian (sometimes shortened to AmerInd); Pacific Islander (sometimes shortened to PacIsl; and Asian (sometimes combined with Pacific Islanders and shortened to API). Latino includes all those of Spanish- and Portuguese-speaking descent in the Americas, including people from Spain. Hispanic or Latino is considered by most data collectors such as the Census Bureau to be an ethnicity rather than a race. Thus, a Latino may be White or Asian or Black, but here all those persons are reported as Latino. Some data systems allow people to choose multiple races or simply a Multirace or Other category, so the report uses those designations when appropriate. Finally, race is often unreported, mis-reported, or unclassifiable in many data systems; the report often includes these for completeness, labeled as appropriate for the circumstance.

Rate Calculations

Age adjustment All age-adjusted rates in this report are adjusted by the direct method to the 2000 U.S. Standard Population. In general, the number of deaths or disease for specific causes of mortality or morbidity in a community is

affected by the size and age composition of the population. Because the risk of death or disease is primarily a function of age, simply calculating a crude rate (the number of events/population) can lead to misleading conclusions when comparing different subpopulations. This is because populations with a large component of elderly people tend to have a higher death and disease rate simply because the risk is determined mostly by age. To nullify the effect of differences in the age composition of populations, death and disease rates are age-adjusted. Age-adjusted death and disease rates form a better basis for making comparisons across populations.

Variability of rates All vital statistics, including death and disease rates, are subject to random variation. The smaller the number of events, the greater the degree of random variation. In order to protect against providing misleading information based on statistically unreliable rates, the National Center for Health Statistics (NCHS) recommends presenting only rates based on 20 or more events.¹ For this report, this standard has been relaxed to a requisite ten or more events for most rates, a standard recently adopted by the Family Health Outcomes Project of the University of California, San Francisco.²

Data Sources

Demographic and socioeconomic U.S. Bureau of the Census, 2000 Census and 2006-2008 American Community Survey; California Department of Education, Dataquest and Ed-Data; California Department of Finance; California Health Interview Survey; California Employment Development Department; California Department of Justice.

Population estimates The population estimate for Alameda County is from Census 2000, California Department of Finance (DOF) estimates, and Claritas estimates. Since most data are for 2006 to 2008, they have a midpoint of July 1, 2007. Age, sex, and race distributions are from Claritas, but the total population is adjusted using the DOF benchmarks.

Deaths Alameda County Public Health Department Vital Statistics Files obtained from the Alameda County Department of Public Health Automated Vital Statistics System (AVSS) and the State of California Statistical Master Death file.

Emergency department visits Hospital Emergency Department data collected by the California Office of Statewide Health Planning and Development (OSHPD).

California Health Interview Survey (CHIS) is a biennial statewide survey conducted by the UCLA Center for Health Policy Research in collaboration with the California Department of Public Health, the California Department of Health Care Services, and the Public Health Institute. It is a key source of information on chronic disease prevalence, health-related behaviors, preventive health services, access to health care (including health insurance coverage).

Cancer incidence California Cancer Registry (CCR) data provided by the Cancer Prevention Institute of California

(CPIC) is the source of data on new cases of cancer. This data source has reports of cases diagnosed by site, as well as a range of clinical characteristics such as extent of disease and stage.

HIV/AIDS Alameda County Department of Public Health HIV/AIDS Reporting System (HARS).

Sexually Transmitted Diseases (STDs) Gonorrhea and syphilis data from Alameda County STD surveillance system through STD Control Branch, California Department of Public Health.

Homeless Homelessness data from EveryOne Home's 2010 Alameda County Homeless County Survey.

References

1. National Center for Health Statistics. Technical Appendix from Vital Statistics of United States, 1995. *Mortality*. Hyattsville, MD. April 1999.
2. McCandless RR, Oliva G. *Guidelines for Statistical Analysis of Public Health Data with Attention to Small Numbers: A Collaborative Effort of the Family Health Outcomes Project Technical Advisory Group*. San Francisco, Calif. March 2002.

References

1. Dworkin S, Fullilove R, Peacock MA. Are HIV/AIDS Prevention Interventions for Heterosexually Active Men in the United States Gender-Specific? *American Journal of Public Health*. 2009, 99(6): 981-984.
2. Courtenay WH. Constructions of masculinity and their Influence on men's well-being: a theory of gender and health. *Social Science and Medicine*. 2000, 50: 1385-1401.
3. Barker G, Greene M, Siegel EG, et. al. *What Men Have to Do with It: Public Policies to Promote Gender Equality*. Available at: <http://www.icrw.org/docs/2010/What-Men-Have-to-Do-With-It.pdf>. Accessed March 19, 2010.
4. Rich JA, Ro M. (2002) *A Poor Man's Plight: Uncovering the Disparity in Men's Health*. W.K. Kellogg Foundation.
5. Williams DR. The Health of Men: Structured Inequalities and Opportunities. *American Journal of Public Health*. 2003, 93(5): 724-731.
6. The Coalition on Men and Boys.(2009). *Man Made: Men, Masculinities and Equality in Public Policy*. London, England: The Coalition on Men and Boys.
7. Davis L., Kilburn RM, Schultz D. (2009). *Reparable Harm: Assessing and Addressing Disparities Faced by Boys and Men of Color in California*. Santa Monica, C.A. : Rand Corporation.
8. Whitehead M. The Concepts and Principles of Equity in Health. *International Journal of Health Service*. 1992, 22: 429-45.
9. Beyers, M, Brown J, Cho, S et. al. (2008) "Social Relationships and Community Capacity" in *Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County*. Oakland, CA. The Alameda County Public Health Department.
10. Sabo D, Gordon D. Rethinking men's health and illness. In: Sabo D, Gordon F, eds. *Men's Health and Illness: Gender, Power, and the Body*. Thousand Oaks, CA: Sage; 1995:1-21.
11. Wikipedia. *Gender Roles*. 2010. Available at: http://en.wikipedia.org/wiki/Gender_role. Accessed: April 29, 2010.
12. Wade J. *Traditional Masculinity and African American Men's Health-Related Attitudes and Behaviors*. *American Journal of Men's Health*. 2009,3: 165-172.
13. Beyers M, Brown J, Cho S, et. al. (2008) "Introduction" in *Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County*. Oakland, CA. The Alameda County Public Health Department.
14. Bureau of Census, Mapping Census 2000: The Geography of U.S. Diversity. Available at: <http://www.census.gov/population/www/cen2000/atlas/data.html>. Accessed March 2009.
15. Last JM. *A Dictionary of Epidemiology*. New York: Oxford University Press, 1995
16. Definiton of Chronic Disease, *Medical Terms Dictionary*. Available at: <http://www.medterms.com/script/main/art.asp?articlekey=33490>. Accessed March 2010.
17. CDC/DHHS. *The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives*. 2002.
18. U.S. Department of Health and Human Services. *Promising Practices in Chronic Disease Prevention and Control: A Public Health Framework for Action*. 2003.
19. American Cancer Society. *Cancer Facts & Figures 2007*. Atlanta, Georgia: American Cancer Society; 2007.
20. WikiAnswers. *Communicable Diseases*. Available at: http://wiki.answers.com/Q/What_are_communicable_diseases. Accessed: April 25, 2010.
21. Hillendale Health. *Communicable Disease*. Available at: <http://hes.ucfsd.org/gclaypo/commmdise/commmdise.html>. accessed: April 25, 2010.
22. About.com. *What is Mental Health? 2010*. Available at: <http://mentalhealth.about.com/cs/stressmanagement/a/whatismental.htm>. Accessed: March 25, 2010.
23. American Psychiatric Association. 1994. *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*. Washington D.C.: American Psychiatric Association. (pp. 181-183))
24. About.com. 2008. *Substance Abuse*. Available at: <http://ptsd.about.com/od/glossary/g/substancedep.htm>. Accessed: March 25, 2010.

25. National Drug Intelligence Center. 2004. *Drug Abuse and Mental Illness: Fast Facts*. Available at: <http://www.justice.gov/ndic/pubs7/7343/index.htm#prevalent>. Accessed: March 25, 2010.
26. Beyers M, Brown J, Cho S, et. al. (2008) "Criminal Justice" in *Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County*. Oakland, CA. The Alameda County Public Health Department.
27. Department of Justice Federal Bureau of Investigation. *Violent Crime*. Available at: http://www.fbi.gov/ucr/cius_04/offenses_reported/violent_crime/index.html. Accessed: April 29, 2010.
28. Anderson RT, Sorlie P, Backlund E, Johnson N, Kaplan GA. Mortality effects of community socioeconomic status. *Epidemiology*. 1997; 8: 42-47.
29. Haan M, Kaplan GA, Camacho T. Poverty and health: prospective evidence from the Alameda County study. *American Journal of Epidemiology*. 1987; 125: 989-998.
30. Bourdon KH, Rae DS, Narrow WE, Manderschild RW, Regier DA. National Prevalence and Treatment of Mental and Addictive Disorders. In Manderschild R and Sonnen-schein A, ed. *Mental Health: United States*. Washington, DC: Center for Mental Health Services; 1994: 22-51.
31. Levanthal T and Brooks-Gunn, J. Moving to Opportunity: an Experimental Study of Neighborhood Effects on Mental Health. *American Journal of Public Health*. 2003; 93(9): 1576-1582.
32. Cunningham P, McKenzie K, Taylor EF. The struggle to provide community-based care to low-income people with serious mental illnesses. *Health Affairs*. 2006; 25(3): 694-705.
33. Dooley D, Fielding J, Levi L. Health and unemployment. *Annual Review of Public Health*. 1996; 17: 449-465.
34. Blakely T, Collings S, Atkinson J. Unemployment and suicide: evidence for a causal association? *Journal of Epidemiology and Community Health*. 2003; 57: 594-600.
35. Wilson WJ. *When Work Disappears: The World of the New Urban Poor*. New York, NY: Random House; 1997.
36. Mydans S. The Young Face of Inner City Unemployment. *The New York Times*. March 22, 1992.
37. Beyers M, Brown J, Cho S, et. al. (2008) "Education" in *Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County*. Oakland, CA. The Alameda County Public Health Department.
38. Hibbs JR, Benner L, Klugman L, et. al. Mortality in a cohort of homeless adults in Philadelphia. *New England Journal of Medicine*. 1994;331:304-309. Abstract
39. Breaky WR, Fischer PJ, Kramer M, et. al. Health and mental health problems of homeless men and women in Baltimore. *JAMA*. 1989;262:1352-1357.



Alameda County Public Health Department
1000 Broadway, Suite 500
Oakland, California
(510) 267-8020
www.acphd.org