Frequent exposure to violence. Drug use. Three times the poverty rate as that of Maryland as a whole. Significant mental health and sexual health issues. Obesity and lack of opportunities for physical activity. Limited or no access to regular medical care.

Health-wise, youth is traditionally considered the prime of life, but often that is not the case for the men of Baltimore City. Disparities in health carry physical and psychological consequences for young men, and also influence the health of their families and sexual partners.

This issue brief examines the harsh world in which these young men live every day, identifies reasons why their health needs are not being met, and offers recommendations on how to reach this vulnerable population and give them the medical and reproductive health care they so urgently require.

**BALTIMORE’S YOUNG MEN: IN THEIR PRIME?**

**Violence & Young Males (2007): Crime’s a punishing way of life**

69% of deaths are caused by assault/homicide among 15-24 yr-old Baltimore males.

Rate of violent deaths per 100,000 juveniles

- Baltimore City: 55%
- Maryland: 46.4%
- United States: 44.4%

Male students in a physical fight

- Baltimore City: 28%
- Maryland: 27.7%
- United States: 28.5%

Male students who carried a weapon

- Baltimore City: 31.2%
- Maryland: 7.3%
- United States: 9%

Male students carrying weapons on school property

- Baltimore City: 13.2%
- Maryland: 9.2%
- United States: 6.7%

Male students who did not go to school because they felt unsafe

- Baltimore City: 69%
- Maryland: 44.4%
- United States: 69%

**SOURCES:**


**ACKNOWLEDGEMENTS**

The Center for Adolescent Health is a member of the Prevention Research Centers Program, supported by the Centers for Disease Control and Prevention cooperative agreement number 1-U48-DP-000040. Authors: David Popiel, MD, MPH; Arik V. Marcell, MD, MPH; Jayne Blanchard.
Substance Abuse & Mental Health (2007): High rates of alcohol, suicide among male high school students

Currently drink alcohol: 48.3% of Baltimore City, 44.7% of Maryland, 40.3% of United States.

Use marijuana regularly: 26.7% of Baltimore City, 23% of Maryland, 22.4% of United States.

Currently smoke cigarettes: 10.3% of Baltimore City, 17.4% of Maryland, 21.3% of United States.

Attempted suicide: 10.4% of Baltimore City, 6.5% of Maryland, 4.6% of United States.

19.5% of young male students in Baltimore report feeling sad and hopeless.

Sexual Activity (2007): Male students more likely to be sexually active

75.8% of male high school students in Baltimore who have ever had sexual intercourse.

- 81.5% of Baltimore City, 68.5% of United States.
- 57.3% of Baltimore City, 45.1% of United States.
- 34.3% of Baltimore City, 17.8% of United States.
- 31.5% of Baltimore City, 16.1% of United States.

What’s keeping young men from seeking regular medical health care? Lack of insurance is a primary reason, but other factors figure in as well.

**Insurance** Young adults (18- to 24-year-olds) in the United States are the least likely of any age group to have health insurance—28.1 percent were not covered in 2007. African American, Latinos, high school absentees, poor and near-poor **young males** are at the highest risk for being uninsured. These men may delay medical care or not fill a prescription because of cost.

**Inadequate access** Uninsured or underinsured young men across America also report having no regular source of health care or contact with a medical professional—unless it is the emergency room. In Baltimore, the use of emergency rooms is even more striking when you consider it is a city of distinct neighborhoods where people tend not to venture beyond their own communities, especially for health care.

**Male stereotypes** Unlike women, who are socialized to use facilities related to women’s health needs, males do not have similar incentives. The culture of masculinity often falsely exaggerates young men as tough, independent, competitive beings who do not talk about their problems or ask for help. Young men also generally feel healthy and may not consider themselves at-risk for health problems.

**Stigma** Young men worry about image and some may perceive that clinics are either only for girls with reproductive health needs or persons with STDs. Free or low-cost clinics widely known to provide care to HIV patients and those with STD-related conditions may also be avoided by young men because they are embarrassed or do not want to be identified.

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**STI and HIV/AIDS Rates (2007): Young Men at Risk for Disease**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Baltimore City</th>
<th>Maryland</th>
<th>United States</th>
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<tbody>
<tr>
<td>Gonorrhea in men ages 15-19 years</td>
<td>1,278.5/100,000 (2007)</td>
<td>330.1/100,000 (2007)</td>
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<tr>
<td>Chlamydia in men ages 15-19 years</td>
<td>2409.3/100,000 (2007)</td>
<td>775.1/100,000 (2007)</td>
<td>545.1/100,000 (2007)</td>
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</tbody>
</table>

**BARRIERS TO CARE**

- The number of **questions a man asks** during a 10-minute doctor’s consult.
- The number of **questions a woman asks**.

Make facilities male friendly

Health care facilities can make their facilities more male-friendly by using neutral color schemes, artwork depicting males in positive roles, brochures and publications specifically discussing male health issues, recreational games and magazines in the waiting area of interest to men, and having male health care providers and volunteers present at the clinic or office and a clinic name that is inclusive of men.14

Expand health care options

Making school-based health services more friendly and accessible to adolescent males directly addresses Baltimore’s geographical distinction as a city of self-contained neighborhoods. Clinics in the community could also consider more flexible or extended hours to keep more men from using emergency rooms exclusively for health care and meet the needs of men who are balancing work schedules.

Respect privacy

Concerns about privacy are important to many men.15 Privacy can be respected by choosing written communication over verbal in public areas where conversations may be easily overhead, having private corridors separating the exam rooms from waiting areas, and using pass-through services directly from the bathroom to laboratories so men do not have to carry urine samples to a drop-off location.16

Reach out

Outreach efforts need to target young men and inform them about their options for health insurance as well as available clinical settings. Consider venturing outside of the clinic setting and go where the boys are—sports teams, gyms, malls, school events—to engage them in health and familiarize them with clinics in the community. Such outreach can inform them about services and highlight how confidentiality and privacy are maintained.17 Consider using new technologies favored by youth, such as text messaging or Web-based applications (e.g. Facebook) to facilitate connection and care use.18

YOUNG MALE HEALTH RESOURCES

HEALTH INSURANCE

Primary Adult Care (PAC) for Low Income Adults Age 19 and Older

www.dhmh.state.md.us/mma

Clinical Settings

Harriet Lane Center Teen Clinic
200 N. Wolfe St.
410-955-5710

Healthy Teens & Young Adults
1374 W. North Ave.
410-396-0353

Druid Family Health Center
1515 W. North Ave.
410-396-0186

Druid STD Clinic
1515 W. North Ave.
410-396-0176

Eastern STD Clinic
620 N. Caroline St.
410-396-9410

Men’s Health Center
1515 W. North Ave.
410-396-6367

Population Served

<table>
<thead>
<tr>
<th>Teens</th>
<th>Adults</th>
<th>Primary Care</th>
<th>STD Care</th>
<th>Low-Cost Care</th>
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</tr>
</tbody>
</table>

Baltimore Health Care Access

www.bhca.org

References

4 Ibid.
5 Ibid.
10 Ibid.
15 Garey Wakefield. Lake Clifton, Patterson, and Dunbar High Schools’ School-Based Health Centers. Personal interview, 2007.
17 Ibid.

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