Bill as Introduced

HB 553-FN-A – AS INTRODUCED

1999 SESSION

99-0571
05/02

HOUSE BILL ***553-FN-A***

AN ACT establishing a commission on the status of men, and making an appropriation therefor.

SPONSORS: Rep. Bickford, Straf 1; Rep. Jacobson, Merr 2; Rep. Dickinson, Carr 2

COMMITTEE: Executive Departments and Administration

ANALYSIS

This bill establishes a commission on the status of men to address issues of cultural bias and stereotyping, health problems unique to men, and methods for encouraging personal growth.

An appropriation for the purposes of the commission in the amount of $45,000 for each of the next 2 fiscal years is appropriated from the general fund.

The commission is terminated on September 1, 2005.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

99-0571
05/02

STATE OF NEW HAMPSHIRE

In the Year of Our Lord One Thousand Nine Hundred and Ninety-Nine

AN ACT establishing a commission on the status of men, and making an appropriation therefor.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Purpose. The general court recognizes men as an important resource for their families and children and wishes to explore the causes and consequences of a variety of social, economic and health problems currently facing men, and make recommendations for relief. Specifically, the general court recognizes that fatherlessness is a severe social problem and New Hampshire children who have a poor or non-existent relationship with their father are the largest users of state funded juvenile services. In addition, the health of men whose average life expectancy was formerly on a par with that of women are now dying 7 years sooner with much higher rates of suicide and mortality rates from the 15 leading causes of disease and accidents. And educationally, the general court recognizes the need to address the poor performance of boys in the areas of reading and language skills and increase the grade passage rate for boys while encouraging the pursuit of post-secondary degrees. Therefore, the general court recommends the establishment of a commission on the status of men.

2 New Chapter; State Commission on the Status of Men. Amend RSA by inserting after chapter 19-H the following new chapter:

CHAPTER 19-I

STATE COMMISSION ON THE STATUS OF MEN

19-I:1 Commission Established; Members; Appointment and Vacancy.

I. There is hereby created a state commission on the status of men, hereinafter called the commission, consisting of 9 members.

II. All members of the commission shall be appointed by the governor and council for terms of 3 years each, provided that the initial appointees to the commission shall serve the following terms:

(a) The first 3 persons appointed shall serve one-year terms.

(b) The second 3 persons appointed shall serve 2-year terms.

(c) The last 3 persons appointed shall serve 3-year terms.

III. At least one member shall be from the university system of New Hampshire and 4 shall represent the general public.

IV. If a vacancy occurs on the commission, the governor and council shall appoint a new member to fill the vacancy for the remainder of the term.

19-I:2 Compensation. The members of the commission shall receive no compensation and shall not be entitled to reimbursement for expenses but shall be entitled to reimbursement for mileage at the same rate provided for state employees.

19-I:3 Officers. The governor and council shall designate the chairperson, vice-chairperson, secretary, and treasurer of the commission.

19-I:4 Duties. The duties of the commission shall include, but not be limited to:

I. Examining issues and effects of cultural biases and stereotyping beginning with childhood experiences and progress in public schools, and extending to include a study of male suicide and adult concerns such as family relations, identifying policies which unnecessarily separate fathers from children.

II. Studying health problems unique to men or which predominantly affect men, and making appropriate recommendations.

III. Promoting initiatives and programs that will enable men to develop career skills and continue their education so that they become productive and responsible citizens.

19-I:5 Cooperation. The commission shall cooperate with any state or federal agency or any private organization in conducting investigations and studies in the area of the status of men. All state agencies shall assist the commission in carrying out its duties.

19-I:6 Report. The commission shall submit an annual report of its activities on or before November 1 to the governor and council, the commissioner of administrative services, the president of the senate, and the speaker of the house. The report may include any recommendations the commission has for legislation.

19-I:7 Authority to Accept Gifts. The commission may accept any gifts, donations, or grants from any source whatsoever provided the gifts, donations, or grants so received shall be used exclusively in the furtherance of the duties of the commission.

19-I:8 Records. The commission shall file and keep its records in space and facilities made available for such purposes in the offices of the secretary of state by the secretary of state.

19-I:9 Administratively Attached. The commission shall be administratively attached to the department of administrative services.

3 Prospective Repeal of Chapter. RSA 19-I, relative to the state commission on the status of men, is repealed.

4 Appropriation. The sum of $45,000 is hereby appropriated to the department of administrative services for each of the fiscal years ending June 30, 2000 and June 30, 2001 for the purposes of this act. The governor is authorized to draw a warrant for said sums out of any money in the treasury not otherwise appropriated.

5 Effective Date.

I. Section 3 of this act shall take effect September 1, 2005.

II. The remainder of this act shall take effect 60 days after its passage.

LBAO
99-0571
1/29/99

HB 553-FN-A - FISCAL NOTE

AN ACT establishing a commission on the status of men, and making an appropriation therefor.

FISCAL IMPACT:

The Department of Administrative Services indicates this bill will increase state general fund expenditures by $45,000 in FY 2000 and by $45,000 in FY 2001. State restricted revenue may increase by an indeterminable amount in FY 1999 and each year thereafter. There is no fiscal impact on county and local revenue or expenditures.

This bill appropriates from the general fund, $45,000 in each of the fiscal years 2000 and 2001 to the Department of Administrative Services to examine issues, study health problems and promote initiatives and programs for men.

METHODOLOGY:

The Department assumes that the amounts appropriated will be fully expended in the year made available. It is unknown at this time what these expenditures will amount to.

The Commission established by this bill may also accept gifts, donations and grants to be used specifically for the duties of the Commission.

Hearing Minutes

HOUSE COMMITTEE ON EXECUTIVE DEPARTMENTS AND ADMINISTRATION

PUBLIC HEARING ON HB 553-FN-A

BILL TITLE: establishing a commission on the status of men, and making an appropriation therefor.

DATE: March 2, 1999

LOB ROOM: 202 **Time Public Hearing Called to Order:** 11:20 AM

Time Adjourned: 12:35 PM

(please circle if present)

Committee Members: Reps. Mercer, Goulet, Dyer, Langer, Holley, B. Moore, Dickinson, Stickney, Sapareto, Hamel, Millham, O'Neil, Poulin, Zolla, Murphy, Reidy, Virtue, Batchelder, Burkush, Courchesne, Landers and Lent.

Bill Sponsors: Rep. Bickford, Straf l; Rep. Jacobson, Merr 2; Rep. Dickinson, Carr 2

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

*Rep. Bickford, see documents. Bill is essentially the same as was approved by the committee sub-committee last year. See the yellowed highlights on the exhibits.
Rep. Dickinson requesting committee support for this bill. Last year we stumbled on finance but there is some need for the funds requested. Term is shown as 3 years and was asked if the terms were unlimited. Because of his opposition to term limits, he was not receptive to the change.
*James McNamee, 53 Chester St., Nashua, 886-2704. Representing himself. Supports bill.
M. Geanoulis, PO Box 45, New Castle, 436-8810. Representing National Congress for Fathers & Children. Supports bill. Have publications that should be of value to the subcommittee. Read a number of statistics from these publications.
Patricia Bennett, 694 Portsmouth Ave., Greenland, 436-7069. Represents NHNCFC. Supports bill.
Paul Clemente, 15 Backer Ave., Greenville, 878-3279. Representing NH, NCFC. Supports this bill with all his heart because of all his experiences. A repetitive presentation of the talk given by the previous speakers but using different examples.
Wayne C. Wood, 428 Newington Rd., Newington, 427-2420. Representing himself. Supports the bill. Feels that is the best interest of the state to have a Commission on the Status of Men.

Respectfully submitted,

Rep. Ray F. Langer, Clerk

Sub-Committee Actions

HOUSE COMMITTEE ON EXECUTIVE DEPARTMENTS AND ADMINISTRATION

SUBCOMMITTEE WORK SESSION ON (

BILL TITLE: 553-FN-A

DATE: 4/6/99

Subcommittee Members: Reps. Sapareo (chair), Zolla, Virtue

Comments and Recommendations:

2 to 1 Ought to pass as proposed

Amendments: None

Sponsor: Rep. _____ OLS Document #: _____ Adopted/Failed

Sponsor: Rep. _____ OLS Document #: _____ Adopted/Failed

Sponsor: Rep. _____ OLS Document #: _____ Adopted/Failed

Motions: (OTP) OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Zolla

Seconded by Rep. Sapareo

Vote: 2-1

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. _____

Seconded by Rep. _____

Vote: _____

Respectfully submitted,

Rep. _____

Subcommittee Chairman/Clerk

Testimony

STATE OF NEW HAMPSHIRE
COMMISSION ON THE STATUS OF WOMEN

February 26, 1999

Representative Howard Dickinson
Executive Departments and Administration Committee
House of Representatives
LOB, Room 202
Concord NH

fill

Dear Representative Howard Dickinson;

On behalf of the New Hampshire Commission on the Status of Women, I would like to take this opportunity to provide you with information on the Commission. The Executive Departments and Administration committee will be hearing testimony on establishing a Commission on the Status of Men (HB 553). Last year when this bill to was brought to the committee, there were some general questions regarding the Commission on the Status of Women. I am enclosing a summary sheet and a brochure on the Commission, in order to provide you with the information to answer any questions you may have about the agency.

The Commission on the Status of Women has not taken a position on HB 553, nor did it when it was introduced last legislative session. However, the Commission wanted to be sure to provide the committee with the appropriate materials on our organization. If you any questions on the Commission on the Status of Women or you need additional information, please contact me at 271-2660. Thank you for your attention to the above.

Sincerely,
Kathryn Frey
Kathryn Frey
Executive Director

Room 334, State House Annex, Concord, N.H. 03301
(603) 271-2660 www.state.nh.us/csw TDD Access: Relay NH 1-800-735-2964

NEW HAMPSHIRE COMMISSION ON THE STATUS OF WOMEN
Summary Sheet

The History

The New Hampshire Commission on the Status of Women is the only state agency whose sole purpose is to work on behalf of women in the state. In 1969, the state legislature created the Commission on the Status of Women with the following mandated duties: (per RSA 19-B)

I. **Stimulate and encourage throughout the state study and revision of the statutes relative to women in this state.**
II. **Recommend methods of overcoming discrimination against women in public and private employment and civil and political rights.**
III. **Promote more effective methods for enabling women to develop their skills, and continue their education.**
IV. **Secure, so far as possible, appropriate recognition of women's accomplishments and contributions to the state.**

The creation of the New Hampshire Commission reflected a national movement, as states began to create women's commissions based on a recommendation made by the President's Commission on the Status of Women, chaired by Eleanor Roosevelt. These bodies were designed to study the status of women in all areas of their lives and recommend changes to help women achieve their basic rights. (There are approximately 41 state commissions in the country. The New Hampshire Commission on the Status of Women is a member of the National Association's of Women's Commissions).

The Commission is comprised of 15 members who are appointed by the Governor and Executive Council, to ensure representation from women across the state with diverse backgrounds. One full time staff person, the Executive Director, manages the Commission office and all ongoing projects.

The Mission and Work

The New Hampshire Commission on the Status of Women's mission is to serve as a strong voice for women by monitoring legislation, overcoming discrimination, promoting skills and education, and recognizing women's accomplishments.

By carrying out its missions, the Commission strives to enhance opportunities and promote positive changes for women in New Hampshire.

- ***The Commission on the Status of Women provides a central office in the state that offers resources, referrals, and information to individuals on a myriad of issues.*** The Commission receives over 1500 calls and requests a year regarding topics such as; *employment, education, financial aid opportunities, child care, economic issues, discrimination, sexual harassment, family law issues, information on women owned-business, networking and many other topics.* Through its collection of videos, books, manuals, pamphlets, resource guides etc, the Commission provides a "clearing house" of information on women's issues that is available to individuals and organizations.
- ***The Commission on the Status of Women provides a voice for women in the state's legislative and policymaking process.*** By testifying, reviewing, and

monitoring legislation, the Commission closely follows any legislation that may affect women, children and families. Representatives from the Commission on the Status of Women serve on several task forces, commissions, legislative committees, and special projects that focus on issues with impact for women.

- ***The Commission on the Status of Women recognizes the many contributions women have made to today's society and to history.*** By sponsoring and promoting events such as the *High School Women's Athletic/Academic Award Program, Women's History Month, Women's Equality Day* and awarding the *Commission Annual Women's Recognition Award,* the Commission honors the achievements made by New Hampshire women and young women.
- ***The Commission on the Status of Women sponsors, promotes, and participates in initiatives that are designed to educate, empower, and inform women.*** The Commission has sponsored programs and projects that focus on topics of concern to women such as; *personal safety and self defense, economic issues, child care, encouraging greater participation for women and girls in sports, sexual harassment in the schools,* and *domestic violence.*
- ***The Commission on the Status of Women publishes materials to provide women with knowledge and information.*** The Commission has printed resources such as; A Legal Handbook for Women in New Hampshire, A Financial Aid Directory for Women and the Directory for Women in Non-Traditional Occupations.



Future Goals

Although the New Hampshire Commission on the Status of Women has made many accomplishments in the last 30 years, there is still much work to be done in the area of true equality for women. Last summer, the Commission held its Strategic Planning Session to prepare for the years to come. The following issues were determined as priorities

- **Economic Issues** - The Commission is concerned with economic equity for women. Statistics show at the national and state level that women's employment earnings are less than men's earnings
- **Child Care**- The number of quality licensed day care providers in New Hampshire is limited which is an issue as more women enter the workplace.
- **Education and Training**-The majority of recipients on TANF are single mothers and their children. Proper training and education are key to attaining employment that will maintain self-sufficiency.
- **Violence Against Women**-The great majority of victims of domestic and sexual violence are women.

HOUSE COMMITTEE RESEARCH OFFICE
New Hampshire House of Representatives
4th Floor, Legislative Office Building
Concord, New Hampshire 03301
TDD Access: Relay NH
1-800-735-2964

603-271-3600

HB 553 (99)

To: Rep. Robert S. Mercer, Chairman, House Executive Departments and Administration Committee

From: Pam Smarling, Committee Researcher
House Committee Research

Date: March 3, 1999

RE: 1998 Bill Establishing a Commission on the Status of Men

You asked:

What was the disposition of the 1998 bill establishing a Commission on the Status of Men?

HB 1377, 1998

In the 1998 legislative session, HB 1377, establishing a commission on the status of men, was introduced in January referred to the House Executive Departments and Administration Committee. The committee offered an amendment to the bill that was subsequently adopted by the House.

Differences between HB 1377, as amended and HB 553

There are some differences between HB 1377 as amended by the House in 1998 and HB 553 as introduced in 1999. These differences are:

a. the statement of purpose (HB 1377 had no statement of purpose)
b. the wording of some of the duties of the commission; in HB 1377 the commission was charged with "examining issues and effects of cultural discrimination", in HB 553 this language was changed to "examining issues and effects of cultural biases and stereotyping
c. in HB 553 the phrase "identifying policies which unnecessarily separate fathers from children" was added to the duties of the commission
d. a $45,000 appropriation was included in HB 553; no appropriation was included in HB 1377 as introduced or as amended by the House, an appropriation of $1 was included in a floor amendment drafted by Reps. Jacobson and Bickford

Disposition of HB 1377

HB 1377-FN, establishing a state commission on the status of men

Sponsors: Rep. Bickford, Rep. McCarthy, Rep. Jacobson and Sen. David Wheeler

ED&A Committee Report: February 18, 1998

OUGHT TO PASS WITH AMENDMENT

Rep. Howard C. Dickinson for Executive Departments and Administration:
The commission on the status of women has existed for the past 30 years. It has served New Hampshire women well at very little cost. This bill was introduced to establish a commission on the status of men along similar lines. In view of the provisions which sunset this commission on September 1, 2003, and requires annual reports each November, the committee believes that a commission to serve the needs of men, as we have served the needs of women, is most appropriate at this time. Vote 14-4.

Floor Action:

Adopted with the Committee amendment and referred to the House Finance Committee (HB 1377 as amended by the House is attached).

House Finance Report: March 19, 1998

INEXPEDIENT TO LEGISLATE

Rep. Mary Jane Wallner for Finance:
As the bill came to the Finance Committee the Commission on the Status of Men would be attached to the Department of Administrative Services, but there was no funding for the new commission. The Department of Administrative Services does not have the needed funds in its present budget to accomplish the goals of the bill. Administrative Services estimated the cost might be up to $20,000 for the first year and $10,000 to $11,000 in future years; the cost of the Commission on the Status of Women is about $45,000 annually. The Finance Committee did not feel this new commission would be a priority for funding at this time. Vote 14-3.

Floor Action: Inexpedient to Legislate report adopted

Floor Amendment:

Reps. Jacobson and Bickford had a floor amendment drafted. Since the Finance Committee report was adopted, this floor amendment was not voted on by the House, though it was discussed in floor debate.

1998-1074h

Floor Amendment to HB 1377-FN
Proposed by Reps. Jacobson and Bickford (Finance - C)

Amend the title of the bill by replacing it with the following:

AN ACT establishing a state commission on the status of men and making an appropriation therefor.

Amend the bill by inserting after section 1 the following and renumbering the original sections 2-3 to read as sections 3-4, respectively:

2 Supplemental Appropriation. The sum of $1 is hereby appropriated to the department of administrative services for the fiscal year ending June 30, 1999, for the purposes of this act. This sum is in addition to any other sums appropriated to the department. The governor is authorized to draw a warrant for said sum out of any money in the treasury not otherwise appropriated.

Amend the bill by replacing section 4 with the following:

4 Effective Date.

I. Section 3 of this act shall take effect September 1, 2003.

II. The remainder of this act shall take effect 60 days after its passage.

Must Be A Guy Thing

Sermon by Stephen D. Edington, November 16, 1997

This is an absolutely true story. It took place on a check-out line at Shop and Save on a Saturday afternoon nearly one year ago in late December or early January. This was during that stretch of time when the New England Patriots were working their way through the National Football League playoffs for what turned out to be a trip to the Super Bowl. (Sure seems like a long time ago now.) In front of me in the check-out line was a gentleman dressed in full Patriots regalia--T-shirt, jacket, hat, the whole bit. He was loading from his shopping onto the counter very large quantities of soda, beer, chips, dip, cheese, crackers, and the like. He was getting well stocked up for a watch-the-game party. We were complete strangers to one another, which did not prevent us from getting into the kind of "jock talk" conversations that were going on all over New England back then:

> "Hey, think they're going to pull it off tomorrow?"
>
> "Well, Bledsoe's really going to have to step up and do the job."
>
> "Course if they punch out the Steelers, they're probably still going to have to deal with Denver."
>
> "Yeah, gonna be a lot of banging around out there tomorrow afternoon, though, and I really think the Pats are going to get the job done."

. . . and on and on like that to the point that we looked and sounded like a Tim Allen routine.

The person I failed to notice in all this was the guy's wife who was standing just off to the side. (My wife had gone back to get a few items we'd forgotten, so she--to her good fortune, I'm sure-- missed the whole repartee). I didn't see the man's wife, that is, until in a rather loud and somewhat irritated voice, she spoke the following words: "Would you two like me to walk down one of these aisles for awhile so you can get on with your male bonding?!" [I was so taken aback I'm going, "No, no, no, that's OK; you two talk all you want, and I'll just check over my groceries here.."] It seemed to me that they probably did need to be talking to each other about something, but I also decided to let this sterling opportunity for pastoral intervention to just kind of pass on by--and that was that.

The thing I'm still struck by from that little episode was the reference to "male bonding." Not all that long ago such an encounter would have been called for what it was; namely a couple of guys who don't even know each other filling up a few minutes in a grocery store line with some trash-talk about a football game. But in the America of the late 1990's a completely inane conversation like that one, and one between two strangers to boot, gets labeled as "male bonding." Granted, in this particular instance the term was being invoked with more that a little sarcasm. But it did leave me wondering--because I actually do wonder about such things--as to how a phrase and a phenomenon called "male bonding" has come to be such a recognized part of our cultural lexicon and mind set.

The term is far from being a new one, but it has re-emerged over the past decade out of a cultural phenomenon of men trying to figure out why they are men, or how they are supposed to be men, or what "manhood" indeed is. A *Boston Globe* writer recently put it this way:

> "These days its not so easy being a man. Bears don't need killing, woods don't need clearing, rocks don't need hauling. The 1950s breadwinner model, perfected for men by their fathers, has been co-opted by their wage earning (spouses). Television and movies portray men as insensitive and inept, at best; at worst, they are irresponsible, absent, or abusive..."

At Belmont's MacLean Hospital there is now a Center for Men. Since MacLean's is a psychiatric hospital, I have to wonder if being a man is now regarded as a psychaitric disorder. The Center's Director, Dr. William Pollack notes,

> "Men are very confused, angry, and frustrated as they try to figure out what it means today to be a man (and) there aren't a whole lot structures in society that help men get ahold of it."

These observations are accurate. But I do feel the need for a brief personal interjection with respect to them. There are any number of things that can and do get me very confused, angry and frustrated, but I don't sense them as being all that directly tied to my gender. I can read and appreciate Robert Bly's *Iron John* or Sam Keen's *Fire in the Belly*, both excellent books, and still not feel the need to recount or retrieve ancient myths that unlock the secrets and mysteries of being a man; or to go into the woods and chant and beat on a drum. I have no problem with any of that, but for me it would be too much out of character. Maybe I'm not looking hard enough or honestly enough at myself, but I've generally seen my being male as one of several cards in the hand I was dealt along with the cards of my race, nationality, sexual orientation, and the family and the period of history into which I was born and raised. I also know, however, that we each and all have to play as best we can the hands we have been dealt; and it would be foolish, if not dangerous, to deny or diminish the role of one's gender and one's sexual identity as male or female when it come to playing out that hand. So given all that, here's where I hope to go on the subject of "guys"

First I want to offer some thoughts as to where I believe this male confusion and frustration, to which Dr. Pollack speaks, comes from. It has largely to do, I feel, with men being caught in a paradox between power and powerlessness; and from being caught between some terribly mixed cultural messages that are being dispensed right now. I then want to take a look at the "Promise Keepers" movement, in that it is one attempt to address this confusion and frustration. By touting a fundamentalist Christian based brand of "benign and benevolent male supremacy" the Promise Keeper movement has been packing men into stadiums (stadia?) all over America--and managed to pull about half a million of `em to a "guy rally and revival" gathering in Washington D.C. last month. As disturbing as I find much of their message to be, the Promise Keepers have uncovered a spiritual vacuum in the lives of many American males which in their own way they are addressing. And then finally, I'll move from one end of the spectrum to the other with some personal thoughts on what I see a liberal religious faith and community as being able to offer when it comes to dealing with the meaning of gender.

Let's start with that powerful/powerless paradox. There is little argument, as I can see, that at the macro-level the economic and political levers of power in this society are still largely in the hands of males--white males to be more to the point. Some women and some African-Americans have made some in-roads in these areas, but ours is still largely a white, male establishment. But while men remain largely in charge in the corporate board rooms and in the halls of governance--and I don't minimize the impact of that reality--on the societal and cultural level where men and women actually live and

interact with one another and amongst themselves its a different scene. Its one thing to be a member of the gender that is largely "in charge" overall; its quite another to have a sense of one's own personal empowerment. From Sam Keen's *Fire in the Belly*:

> "Many men feel as if they are involved in a night battle in a jungle against an unseen foe. Voices from the surrounding darkness shout challenges: `Men are too aggressive. Too soft. Too insensitive. Too macho. Too power mad. Too wimpy. Too violent. Too much like little boys. To obsessed with sex. Too detached to care.' Exactly what we are supposed to become is not clear."

Dr. Keen may be overreaching just a bit, but he's still not all that far off the mark, and the sentiments he's reflecting certainly do not sound as if they're coming from people with a sense of personal empowerment.

Empowerment, to stay with this term for a moment, is what women have been working on for the past 30 years, with respect to the feminist movement which had its beginnings in the mid-1960s. I hope its not too patronizing of me to say that the feminism of the late 20th century is high on the list of the most positive and necessary occurrences of this century--along with the struggle for racial justice and empowerment.

The mistake some men make is seeing empowerment as some sort of a zero-sum game. If one group--like women--is claiming more power over their lives then it has to be subtracted from the power that another group--like men--has. That is not the way it works at all. The men's movement of the past decade or so is not really an attempt to "even the score" as it were; instead its an attempt to move beyond such zero-sum thinking with men saying to other men that we need to be doing some of the same kind of work for ourselves as a lot of women have been doing over the past several decades.

The paradoxes and confusions of being male in the America of the 1990s are many and varied. Like, I am sure, the great majority of men in this society I am stunned and outraged at the acts of battering, abuse, and violence that some men inflict upon women; acts which usually arise from a perverted sense of impotence and powerlessness. And then I also get disgusted when from the, admittedly, far end of the feminist spectrum comes the assertion that such behavior is really endemic to and definitive of males. When Marilyn French in her book *The Women's Room* declares that "all men are rapists", she hastens to add that she means this metaphorically in the sense that men exercise their power over women in a variety of ways. But to use the term "rape" even as a metaphor for male power both trivializes the horrible reality of rape and assault, and demeans those many, many men who are trying to understand and come to terms with the power they do indeed have and are actually trying to put to use in loving and caring ways.

So, what is a confused guy supposed to do? Where is a confused guy supposed to go to get some answers? One place that they've been flocking to by the thousands over the past 3-4 years is an organization and movement called The Promise Keepers. Its hard to say if the Promise Keepers peaked with their 500,000 man rally in Washington last month, or if that gathering was a harbinger of even bigger things to come. Time alone will tell. PK (its already become an acronym) was the brainchild of Bill McCartney, the one-time head football coach at the University of Colorado. An apparent born-again Christian experience led him to restore the brokenness and pain he admitted he'd caused in his own family, and from there he felt called to carry this good news out into the larger world. So he assembled himself a staff, created an organization, began generating books and pamphlets, started holding rallies, and the momentum kept building. In 1995 alone there were 13

stadium rallies across the country which attracted a total of 720,000 men. PK's message to men has its similarities to Louis Farrakhan's Million Man March of a couple of years ago; with a near-fundamentalist Christianity being used as the PK ideological base, much in the way that Farrakhan uses his own home-grown version of Islam to undergird his movement.

The basic take of the Promise Keepers is that men have relinquished their God-given authority in family matters to women in ways that have created pain and confusion for both husbands and wives, and its time for husbands to take back what is rightfully theirs. In one of PK's basic texts called Seven Promises of a Promise Keeper the author, Tony Evans, puts it this way: "The first thing you have to do is sit down with your wife and say something like this, `Honey, I've made a terrible mistake. I've given you my role...and I've forced you to take my place. Now I must reclaim that role.' [Evans goes on] I'm not suggesting you ask for your role back, I'm urging you to take it back...Be sensitive. Treat the lady gently but lovingly. But lead!" Its a benevolent patriarchy, in other words. And while PK its a largely white organization and phenomenon, it does tout a strong anti-racist message and makes what are by all appearances attempts to be truly multi-racial.

PK rallies themselves are combinations of male sensitivity sessions on a macro level, and old fashion revivalism--a lot of men hugging and crying and "sharing feelings" interspersed with rousing hymn singing, chants for Jesus, and sermons about being "Godly men." The manly urgings to "take charge" are always followed with equally urgent exhortations to be loving, gentle, caring, and compassionate towards women. OK, so what's not to like? The men go home with more of a secure male identity, with resolve to be better husbands and more respectful of women in general, and more sensitive and open to their own emotions and to the feelings of the other men and women in their lives. And if its a conservative brand of Christianity that brings them to all that, then where is the harm?

Well, there are a few "not to like" things I've come across in exploring this movement. While this theme has been muted at its rallies, Promise Keepers has a decidedly anti-gay and lesbian tenor to it. The emphasis upon "husbands and wives" carries with it the message that this is the only "God approved" form of sexual expression. More to the point, Coach McCarthy was one of the leading spokespersons supporting Colorado's "no gay rights" initiative of a few years ago, and he openly declared homosexuality to be "an abomination in the sight of God" at political rallies on behalf of that initiative.

Promise Keepers strongly, if not vehemently, asserts that it has no political agenda. I believe this is true for the great majority of men who attend their rallies, which are generally free of any overt political content. At the same time, however, the backers and supporters of this organization make up a virtual "who's who" of the religious right. An early backer was James Dobson of "Focus on the Family". Pat Robertson has given PK some very prominent exposure on his Christian Broadcasting Network; PK's national spokesman is a man named Mark DeMoss who for a time served on Jerry Falwell's staff. Prior to his taking the leadership of the Promise Keepers, Coach McCarthy had been a featured speaker at Operation Rescue rallies held outside abortion clinics in Colorado. How successful these folk might be in using Promise Keepers as a religious right political base at some point in the future remains to be seen--but there is very little question about *their own* political agenda.

Personally, I question whether Promise Keepers will make any significant political waves. Most of the guys at these rallies still have to go back to their real world lives, and their real world families, and their real world jobs and have little desire, I imagine, to be a part of a political movement. I came across an interesting article in *Progressive Magazine* by a woman named Suzanne Pharr who writes about how she found herself seated next to a man on an airplane who was returning from a PK rally in

Atlanta, Georgia. In the course of their conversation Ms. Pharr, who heads up a social justice organization in Arkansas, identified herself to the man as a lesbian. To her surprise she found they were able to have an open and respectful discussion of their differences of opinion about homosexuality. She left him her phone number in case he ever wanted to talk further, and to her surprise, he called a few weeks later:

> "He (said) he was just calling to keep in touch and to say what a profound effect our conversation had had on him. `It eliminated whole areas of ignorance for me,' he said. `Me too,' I replied. [Ms. Pharr then goes onto ask] How do we point out the differences between the generals in this army and their recruits?...How do we hold different beliefs and live in harmony? How do we get closer to people's real needs and values..?"

I take whatever grains of hope I can get from wherever I can get them these days, and Ms. Pharr's story gave me my "hope fix" as I pulled these thoughts together. Her last question, "How do we get closer to people's real needs and values?" is the crucial one. Its the question that men need to asking among themselves in the way that women have been doing: "How do we get closer to our real needs and values?" Even if one sets aside any political agenda it might have, a Promise Keeper approach to "guy things" is still a dead end because of the way its answers Ms. Pharr's question. The PKs assume that men's "real needs and values" have to do with asserting and reclaiming some kind of God-given superiority over women; a kinder, gentler, benevolent type of superiority to be sure, but that's what it is. It makes the assumption, as cited earlier, that gaining power within and over one's life is a zero-sum game--in order to gain power you have to take it away, or back from, someone else.

Whatever personal, or cultural, or spiritual wildernesses men--we men-- may find ourselves in these days, the way out is not by going back to some sort of benevolent patriarchy, but forward to a renewed understanding and appreciation of our humanity in its fullness. It is a humanity consisting of many complexities; complexities of strength and vulnerability; of power and weakness; of self-confidence and self-questioning; of personal victories and personal defeats. I think men's needs and values have to do with making peace with all these complexities and more. Our needs and values include finding within ourselves a way of saying "yes" to all of these complexities. Our real need is not for power over others--women or men--but for power with, and for companionship with, and for community with, one another.

Tom Owen-Towle is the co-minister, with his wife and partner Carolyn, of the Unitarian Universalist Church of San Diego. A few years ago he wrote a book of "guy thing" meditations called *New Men, Deeper Hungers*. Each selection or meditation begins with the words "We want.." I move to a close by reading a portion of the piece entitled *We Want to Create Brother-Spirit*:

> "Men remain in a quandary. We can't accept the stifling, demeaning, sexist imagery and substance of patriarchal religion that has been both oppressive to women and undermining of authentic maleness. The new male is interested neither in subjugating himself to a supernatural being nor in dominating women on earth. (But we) can't merely react to or build upon feminist thought. It doesn't speak directly to our experience. Our male identity will be uncertain until we establish of version of spirituality that grows out of the soil of male pride, pain, and possibility. In our ongoing odyssey we take serious stock of our lives by asking tough, stretching questions like: [Who and] Whose am I? To Whom do I belong? What is my special task or calling on this earth? Who will be my spiritual fellow-travelers for the journey?" Tom goes on to say that these questions are not completely and fully answerable, but then adds, "we can dance with them, [and in so doing] our

hearts are stirred, our minds pushed, our spirits fed."

Ours is a community of hope and meaning wherein we each and all do "dance" (to use Tom's word) with questions that are not fully answerable, but still believing that the meaning is found in the dance itself. We are here to celebrate the "Brother Spirit" and the "Sister Spirit" along with the larger Human Spirit and Life Spirit that enfolds and encompasses us all and that is present in each one of us. May ours be a dance and a journey that continues to lead us to new levels of awareness and understanding of who we are and who we may yet become.

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THE UNION LEADER, Manchester, N.H. — Thursday, February 26, 1998

GOP Plan Would Fund Fatherhood Programs

WASHINGTON (AP) — Arguing that children need more than financial support from their fathers, a Republican welfare reform leader is proposing a new spending program to encourage marriage and better parenting.

Rep. Clay Shaw, R-Fla., plans today to propose legislation creating a new $2 billion, five-year block grant program that would fund community fatherhood projects.

"We must begin this fight where it will eventually be won — in the neighborhoods where young boys grow up to be fathers but not husbands," said Shaw, chairman of the House Ways and Means human resources subcommittee.

Shaw, a primary author of the 1996 welfare reform law, argued that the law has encouraged many mothers to move toward self-sufficiency, but fathers of children on welfare "still face a host of unsolved and largely unaddressed problems."

Among them: lack of positive role models, poor education, drug and alcohol addiction and poor work opportunities.

The number of children living apart from their fathers steadily climbed from 5.1 million in 1960 to 11.4 million in 1980 and 19.5 million in 1995.

Already, some small community-based organizations have created programs to work with fathers, Shaw said in a statement. He argued that the federal government should give them money and run evaluations to see which are successful.

So far, he said, programs have succeeded in increasing fathers' involvement with their children and persuading them to pay more child support. But they've had only modest success in increasing income or marriage rates, he said.

Still, the programs are new and improvements are expected as more and better approaches are developed, he said.

"More to the point," he added, "does anybody have a better idea?"

A spokesman for the Department of Health and Human Services said yesterday that the Clinton administration shares Shaw's views about the importance of fathers and has supported its own programs to encourage marriage and better parenting.

THE UNION LEADER, Manchester, N.H. — Tuesday, June 16, 1998

U.S. Family Research Will Devote More Attention to Fathers

By JAMES W. BROSNAN
Scripps Howard News Service

WASHINGTON — For the first time, the government will make a concerted effort to ask fathers why they do or don't spend time with their kids.

Vice President Al Gore said yesterday that beginning in 1999 the government will issue regular reports on fatherhood and include more questions about father-child relationships in national surveys. Agencies also will attempt to survey more low-income men, including those in the military and in prisons, because most of the government's usual household surveys are filled out by women.

"Until now, most of our family research has been a close-up of the mother-child bond, with the father cropped out of the family photograph," said Gore.

A federal interagency task force on child and family statistics is working with the Office of Management and Budget and the National Institute of Child and Human Development on the survey questions.

Government officials already know from Census data that nearly one in three babies is born out of wedlock, that about half of children born to married couples see their parents separate or divorce, and that almost half the fathers who do not live with their children visit less than once a year.

They also know from studies that children growing up without a father are at greater risk of doing poorly in school, becoming a teenage parent or getting into trouble with the law. They also know that, statistically, married men with children are healthier and wealthier than other men.

But Gore said he was astonished to find out how many more studies focused on the relationship of mothers to children than on fathers. Gore cited one five-year study on the effect of Head Start on children that never asked which of the kids had fathers at home.

Gore said future surveys will add fatherhood questions and that special efforts will be made to reach absent fathers.

He said the recent school shootings are "a fresh reminder that we have a lot of work ahead of us. And rebuilding the strength of the American family is perhaps the most important single job we can do. And focusing on the problem of father absence — physically, financially, emotionally and spiritually — is the place to start, in my opinion."

Gore spoke at the annual meeting of the National Fatherhood Initiative, a bipartisan, non-profit group formed four years ago to encourage responsible fatherhood. Next yesterday, Gore and his wife Tipper will convene their seventh annual conference on family issues in Nashville, Tenn.

Award of Physical Custody of Minor Children in Uncontested, Defaulted, and Contested Cases
New Hampshire Divorce Occurrences 1993-1997

PHYSICAL CUSTODY AWARD IN UNCONTESTED CASES

	1993		1994		1995		1996		1997	
	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
MOTHER	1,752	77.1	1,856	76.8	1,693	74.7	1,794	71.4	1,999	71.4
FATHER	253	11.1	265	11.0	243	10.7	281	11.2	326	11.6
JOINT (MOTHER & FATHER)[a]	254	11.2	286	11.8	320	14.1	420	16.7	467	16.7
JOINT (OTHER)	0	0.0	0	0.0	1	0.0	3	0.1	1	0.0
WELFARE	1	0.0	1	0.0	2	0.1	0	0.0	0	0.0
PROBATION DEPARTMENT	1	0.0	1	0.0	0	0.0	1	0.0	0	0.0
OTHER	12	0.5	7	0.3	7	0.3	13	0.5	8	0.3
TOTAL	2,273	100.0	2,416	100.0	2,266	100.0	2,512	100.0	2,801	100.0

PHYSICAL CUSTODY AWARD IN DEFAULTED CASES

	1993		1994		1995		1996		1997	
	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
MOTHER	263	88.0	234	88.0	174	82.1	193	83.2	178	81.7
FATHER	27	9.0	21	7.9	27	12.7	26	11.2	30	13.8
JOINT (MOTHER & FATHER)	5	1.7	4	1.5	7	3.3	9	3.9	8	3.7
JOINT (OTHER)	0	0.0	1	0.4	0	0.0	0	0.0	0	0.0
WELFARE	1	0.3	2	0.8	0	0.0	0	0.0	0	0.0
PROBATION DEPARTMENT	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
OTHER	3	1.0	4	1.5	4	1.9	4	1.7	2	0.9
TOTAL	299	100.0	266	100.0	212	100.0	232	100.0	218	100.0

PHYSICAL CUSTODY AWARD IN CONTESTED CASES

	1993		1994		1995		1996		1997	
	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
MOTHER	163	74.4	157	76.6	158	72.5	156	71.9	157	69.5
FATHER	28	12.8	29	14.1	35	16.1	35	16.1	41	18.1
JOINT (MOTHER & FATHER)	25	11.4	16	7.8	25	11.5	22	10.1	25	11.1
JOINT (OTHER)	0	0.0	0	0.0	0	0.0	1	0.5	0	0.0
WELFARE	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
PROBATION DEPARTMENT	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
OTHER	3	1.4	3	1.5	0	0.0	3	1.4	3	1.3
TOTAL	219	100.0	205	100.0	218	100.0	217	100.0	226	100.0

[a] Includes "split custody" which is defined as the custody of each child awarded on a separate basis, with custody of one child or more given to mother and custody of one child or more to the father.

TOTAL MOTHER	2178	2247	2025	2143	2334
TOTAL FATHER	308	315	305	342	394
TOTAL CASES	2791	2887	2696	2961	3055

PRIMARY CARE ACCESS DATA

ASSESSING NEW HAMPSHIRE'S COMMUNITIES

THIRD EDITION, 1990-1994

VOLUME ONE

STATEWIDE ANALYSIS

Prepared By:

New Hampshire Department of Health and Human Services
Office of Health Management
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November 1997

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STATEWIDE ASSESSMENT ANALYSIS

PRIMARY CARE ACCESS DATA

1990-1994

Age Group / MEASURES	State Rate	Sex: Male	Sex: Female		Socioeconomic Risk: Low	Socioeconomic Risk: Med	Socioeconomic Risk: High	Year: 1990	1991	1992	1993	19
III. Children (Age 1-14)												
A. Health Status												
1. Mortality Rate per 100,000	17.5	22.6	12.2		12.0	18.8	20.5	23.7	19.2	11.3	12.4	20.5
a. Internal Causes	9.8	11.8	7.8		8.1	10.2	10.9	11.4	8.7	9.0	8.4	11.3
b. Injury Causes	7.4	10.4	4.2		3.9	8.1	9.6	11.9	10.5	2.3	4.0	8.3
i. Motor Vehicle Accident	2.8	3.7	1.8		2.7	2.7	3.2	4.1	3.7	0.9	0.9	4.4
ii. Other Unintentional	3.3	4.9	1.5		0.8	3.8	4.6	5.5	4.1	1.4	2.2	3.0
B. Parental Health Behaviors		Father	Mother		Parental responses (BRFS responses with children in K-8)							
1. % Smokers	27.1	28.0	26.4	*	17.8	38.6	52.1	24.2	28.0	28.7	NA	27.6
2A. % Acute Drinkers	19.1	28.9	9.8	*	16.3	23.4	24.1	18.0	19.8	19.5	NA	NA
2B. % Chronic Drinkers	4.0	7.5	0.7	*	2.9	6.0	4.7	3.8	3.2	4.9	NA	NA
3. % DWI	2.5	3.8	1.3	*	2.3	3.2	1.2	1.5	2.4	3.6	NA	NA
4. % Seat Belt Nonusers	21.9	29.0	15.0	*	14.0	30.3	52.3	22.5	22.5	20.7	NA	NA
5. % High Fat Diet	27.0	34.3	20.6	*	20.6	38.3	32.0	24.9	29.2	NA	NA	NA
6. % Sedentary Lifestyle	48.4	49.5	47.5	*	44.0	53.4	61.9	48.0	44.1	48.4	NA	53.9
7. % ER Primary Care	26.4	31.5	22.6	*	23.0	30.0	36.2	NA	31.2	NA	NA	21.0
8. % No Routine Checkup	23.0	32.6	14.7	*	21.9	24.6	25.6	22.8	23.3	25.4	NA	20.1
C. Utilization												
1. Hospitalization Rate per 100,000	2,445.2	2,671.2	2,208.7		1,802.4	2,551.7	2,898.3	3,070.3	2,839.4	2,426.6	2,019.5	1,819.3
a. ACS Admissions	718.6	762.0	673.2		489.2	762.2	864.8	839.2	808.0	749.1	613.3	565.8
b. Marker Condition Admissions	134.3	147.3	120.6		106.2	133.2	170.5	141.9	133.8	131.5	136.3	123.2
c. Injury Admissions	385.3	468.9	297.8		302.7	393.6	458.6	520.2	472.9	384.5	287.2	255.9
2. Hospitalization per Capita Charg	$131	$146	$116		$104	$133	$160	$118	$139	$133	$134	$127
a. ACS Admissions	$23	$26	$21		$17	$24	$28	$22	$23	$24	$24	$24
b. Marker Condition Admissions	$7	$8	$7		$6	$7	$9	$7	$7	$7	$8	$8
c. Injury Admissions	$21	$26	$15		$17	$20	$26	$19	$22	$23	$19	$19
D. Barriers to Health Care		Father	Mother		Parental responses (BRFS responses with children in K-8)							
1. % w/o Health Insurance	12.2	11.2	13.2	*	10.0	12.7	27.5	NA	10.9	11.5	NA	14.8
2. % >15 miles from Care	16.7	15.4	17.7	*	16.5	18.1	12.3	NA	18.6	NA	NA	14.4
3. % Couldn't Pay MD	17.1	11.9	21.5	*	14.9	20.7	18.7	NA	16.9	16.1	NA	18
4. % No Family MD	24.7	32.7	18.1	*	22.9	26.2	34.8	NA	24.7	NA	NA	
IV. Adolescents (Age 15-17)												
A. Health Status												
1. Mortality Rate per 100,000	52.5	68.7	35.3		31.0	46.9	81.9	57.4	56.5	49.1	52.9	40.9
a. Internal Causes	15.3	16.7	13.7		3.9	10.8	35.4	12.0	16.5	18.7	16.1	11.4
b. Injury Causes	37.2	52.0	21.6		27.1	36.1	46.5	45.4	40.0	30.4	36.8	29.5
i. Motor Vehicle Accident	19.6	22.3	16.7		19.4	18.0	24.3	26.3	18.8	14.0	20.7	15.9
ii. Other Unintentional	3.3	5.6	1.0		0.0	4.3	2.2	2.4	4.7	4.7	0.0	4.5
iii. Suicide 5.5X	12.9	21.4	3.9		7.8	12.3	17.7	14.3	16.5	11.7	13.8	6.8
iv. Homicide	1.4	2.8	0.0		0.0	1.4	2.2	2.4	0.0	0.0	2.3	2.3
v. Firearm	10.5	19.5	1.0		7.8	8.7	17.7	16.7	4.7	9.3	16.1	4.5
B. Health Care Utilization												
1. Hospitalization Rate per 100,000	4,548.5	3,164.1	6,010.7		3,012.6	4,472.0	5,661.8	5,790.9	4,639.1	4,344.9	3,785.8	3,726.9
a. ACS Admissions	560.3	432.7	695.2		298.5	573.2	670.4	695.8	541.6	523.3	494.8	488.3
b. Marker Condition Admissions	231.8	247.0	215.7		193.9	218.5	294.3	212.8	223.7	278.0	232.4	186.2
c. Injury Admissions	937.1	1,004.6	865.8		783.2	933.8	1,035.4	1,243.3	963.1	915.7	764.1	708.6
d. Obstetric Admissions (Female)			1,548.3		432.9	1,327.6	2,852.6	1,696.1	1,631.7	1,412.1	1,405.4	1,428.9
2. Hospitalization per Capita Charg	$245	$212	$279		$168	$244	$291	$247	$233	$244	$224	$246
a. ACS Admissions	$25	$21	$30		$10	$26	$32	$23	$23	$21	$27	$29
b. Marker Condition Admissions	$13	$13	$12		$9	$12	$17	$10	$12	$16	$13	$12
c. Injury Admissions	$59	$70	$49		$51	$59	$65	$63	$58	$60	$52	$57
d. Obstetric Admissions (Female)			$43		$13	$38	$77	$42	$43	$40	$42	$44
C. Birth-related Rates												
1. Birth Rate per 1,000 females			15.5		4.2	13.5	28.1	17.0	16.2	14.1	14.3	14.5
2. % Low Birthweight	7.4				11.5	7.0	7.6	6.7	5.4	7.8	7.9	9.4
3. % Maternal Smoking	35.4				30.8	33.7	38.3	36.9	35.8	37.5	30.1	36.5
4. % Late Prenatal Care Initiation	8.0				10.2	7.5	8.6	7.9	8.2	9.4	7.3	7.4
5. % Mother's Education <12 Years	93.8				92.0	93.4	94.6	94.2	92.4	94.5	94.3	93.8
6. % Mother Unmarried	90.2				86.5	89.8	90.9	87.0	87.8	92.2	92.4	92
7. % Medicaid Payment	50.0				27.0	46.0	58.3	NA	42.9	49.3	55.4	5

KEY: Shading = Mortality or Cancer Incidence Rate based on fewer than 10 cases; or Behavioral Risk Factor Survey Sample Estimate based on fewer than 50 responses.

* = Socioeconomic risk for behavioral risk factor data = education level; All else = community risk.

STATEWIDE ASSESSMENT ANALYSIS

PRIMARY CARE ACCESS DATA

1990-1994

Group / ASURES	State Rate	Sex Male	Sex Female		Socioeconomic Risk Low	Socioeconomic Risk Med	Socioeconomic Risk High	Year 1990	1991	1992	1993	199
Young Adult (Age 18-24)												
A. Health Status												
1. Mortality Rate per 100,000	60.9	93.5	28.7		26.8	67.4	71.6	67.2	82.0	57.3	41.6	65.8
a. Internal Causes	12.4	16.0	8.8		7.1	11.9	17.7	7.7	16.6	18.5	6.2	15.3
b. Injury Causes	47.2	75.8	18.9		18.7	53.8	53.1	57.0	62.8	38.8	34.5	49.8
i. Motor Vehicle Accident	23.2	35.8	10.8		8.0	25.8	29.0	28.1	34.9	15.9	16.8	24.0
ii. Other Unintentional	5.3	8.5	2.0		5.4	5.7	4.0	11.1	3.5	1.8	4.4	6.2
iii. Suicide (10 X)	14.4	26.3	2.7		3.6	17.6	15.3	12.8	18.3	15.9	9.7	17.8
iv. Homicide	3.1	3.4	2.7		1.8	3.4	3.2	3.4	5.2	3.5	2.7	0.9
v. Firearm	10.9	20.1	1.7		0.9	13.3	12.9	11.1	12.2	15.0	7.1	10.7
2. Medical Risk Factors												
a. % Hypertention	6.4%	6.2%	6.6%	*	6.9%	6.4%	5.1%	6.9%	4.6%	4.0%	9.8%	N
b. % High Cholesterol	13.8%	12.6%	14.5%	*	14.3%	12.9%	14.3%	20.8%	16.9%	11.1%	6.7%	N
c. % Obese	16.4%	19.3%	13.9%	*	15.9%	18.5%	12.6%	15.5%	14.7%	19.6%	17.9%	15.0%
B. Health Behaviors												
1. % Smokers	25.0%	25.1%	25.0%	*	15.2%	33.5%	33.3%	23.7%	22.3%	23.2%	29.8%	26.0%
2A. % Acute Drinkers	36.8%	50.0%	25.3%	*	44.9%	31.9%	26.9%	28.2%	38.6%	38.4%	42.7%	N
2B. % Chronic Drinkers	7.3%	13.0%	2.3%	*	7.5%	6.4%	9.0%	6.2%	10.8%	3.1%	8.2%	N
3. % DWI	6.4%	8.9%	4.2%	*	8.8%	3.7%	6.4%	1.5%	6.2%	8.0%	10.6%	N
4. % Seat Belt Nonusers	28.9%	32.7%	25.5%	*	19.4%	36.0%	38.0%	27.5%	26.9%	32.0%	29.8%	N
5. % High Fat Diet	40.7%	58.0%	24.8%	*	35.1%	43.0%	51.2%	39.8%	41.7%	NA	NA	N
6. % Sedentary Lifestyle	39.8%	38.7%	40.6%	*	34.3%	48.6%	35.0%	42.0%	35.4%	36.0%	NA	44.7%
C. Utilization												
1. Hospitalization Rate per 100,000	7,441.8	3,137.4	11,693.5		2,401.8	7,784.3	11,018.3	9,300.0	8,355.9	7,529.3	6,700.2	6,424.
a. ACS Admissions	547.9	328.0	765.0		204.2	590.1	738.0	693.0	593.9	580.5	481.8	471.
b. Marker Condition Admissions	160.1	181.9	138.6		89.2	174.7	182.7	201.5	168.3	186.8	130.8	136.
c. Injury Admissions	745.5	994.7	499.4		368.3	794.3	947.3	1,040.8	862.5	750.6	605.6	573.
d. Obstetric Admissions (Female)			6,797.7		1,400.3	7,045.9	10,891.0	7,665.2	7,377.3	6,846.6	6,640.6	6,503.
2. Hospitalization per Capita Charg	$326	$221	$430		$124	$344	$459	$345	$344	$344	$322	$327
a. ACS Admissions	$24	$17	$30		$9	$26	$31	$22	$23	$24	$27	$25
b. Marker Condition Admissions	$9	$11	$8		$5	$10	$11	$10	$10	$11	$8	$9
c. Injury Admissions	$59	$84	$34		$27	$63	$74	$65	$67	$53	$56	$61
d. Obstetric Admissions (Female)			$195		$38	$204	$307	$197	$203	$200	$203	$201
3. Screening Noncompliance												
a. % No Pap Test			16.6%	*	16.8%	14.1%	22.4%	12.3%	13.6%	23.5%	20.3%	14.8%
b. % No Cholesterol Check	51.9%	57.6%	47.0%	*	45.9%	52.7%	66.7%	61.3%	48.4%	50.5%	46.6%	N
c. % No Routine Checkup	17.1%	27.5%	8.7%	*	17.3%	17.0%	17.0%	25.0%	13.3%	16.5%	13.0%	17.3%
4. % ER Primary Care	40.3%	47.6%	34.7%	*	37.7%	41.1%	47.2%	NA	43.1%	NA	45.5%	32.8%
D. Barriers to Health Care												
1. % w/o Health Insurance	23.6%	27.8%	20.4%	*	15.8%	31.7%	27.5%	NA	24.4%	24.2%	22.3%	23.7%
2. % >15 miles from Care	23.2%	25.6%	21.4%	*	21.0%	24.8%	26.5%	NA	22.4%	NA	28.2%	19.4%
3. % Couldn't Pay MD	12.2%	9.0%	14.8%	*	10.9%	14.4%	11.1%	NA	10.1%	12.0%	15.4%	11.5%
4. % No Family MD	35.1%	49.1%	22.0%	*	36.2%	35.7%	28.6%	NA	35.1%	NA	NA	N
E. Birth-realted Rates												
1. Birth Rate per 1,000 females			69.4		16.2	72.4	108.2	79.0	74.8	70.1	67.3	66.
2. % Low Birthweight	5.3				5.1	5.4	5.3	5.1	5.0	5.8	5.3	5.
3. % Maternal Smoking	31.4				24.3	30.0	35.0	31.7	31.9	31.7	30.7	31.
4. % Late Prenatal Care Initiation	3.8				4.4	3.4	4.3	4.2	4.6	3.6	2.9	3.
5. % Mother's Education <12 Years	25.7				17.8	23.1	31.7	27.1	26.4	26.3	24.2	24.
6. % Mother Unmarried	42.8				36.6	40.4	48.3	35.3	40.2	43.0	47.2	50.
7. % Medicaid Payment	42.4				29.1	38.3	51.6	NA	34.9	41.3	44.2	49.

KEY: Shading = Mortality or Cancer Incidence Rate based on fewer than 10 cases; or Behavioral Risk Factor Survey Sample Estimate based on fewer than 50 responses.

* = Socioeconomic risk = education level; Socioeconomic risk for Hospitalization and Cancer Incidence data = community risk.

STATEWIDE ASSESSMENT ANALYSIS

PRIMARY CARE ACCESS DATA

1990-1994

Age Group / MEASURES	State Rate	Sex Male	Sex Female		Socioeconomic Risk Low	Socioeconomic Risk Med	Socioeconomic Risk High	Year 1990	1991	1992	1993	1994
VI. Adult (Age 25-44)												
A. Health Status												
1. Mortality Rate per 100,000	107.9	148.6	67.5		87.0	106.6	129.0	107.6	107.6	107.6	107.5	107.5
a. Internal Causes	67.0	84.4	49.7		56.1	64.7	82.2	69.1	69.6	70.0	70.5	70.9
i. Cancer	24.0	22.0	26.0		20.9	23.5	28.1	25.5	25.9	26.2	26.6	26.9
- Breast (Female)			7.8		6.9	8.6	7.0	5.1	11.5	5.8	11.7	6.4
- Cervix (Female)			1.7		1.6	1.2	3.2	0.5	2.6	2.1	2.7	1.1
- Colon	1.0	1.4	0.5		0.3	1.1	1.2	0.9	0.9	0.9	0.8	0.8
- Lung	2.7	3.1	2.3		1.1	3.2	2.6	2.3	2.3	2.2	2.2	2.1
ii. Heart Disease	14.3	23.5	5.1		11.4	14.1	17.2	17.0	11.0	14.9	12.8	17.4
b. Diabetes Related Mortality	4.6	5.8	3.4		1.9	5.0	5.8	5.2	3.7	5.6	4.5	4.5
c. Injury Causes	39.4	62.3	16.6		28.7	40.4	45.7	42.3	42.1	37.7	42.6	36.9
i. Motor Vehicle Accident	11.0	16.3	5.7		6.8	11.9	12.1	13.4	12.6	11.4	9.3	9.4
ii. Other Unintentional	8.3	13.4	3.2		9.5	7.8	8.6	9.8	7.9	5.8	10.6	8.3
iii. Suicide	14.4	24.1	4.8		9.2	15.5	16.0	15.2	14.7	13.5	15.2	15.2
iv. Homicide	2.8	3.6	2.1		0.8	2.5	5.3	2.1	3.7	2.7	3.7	2.4
v. Firearm	9.2	15.2	3.2		6.5	9.7	10.0	9.8	9.7	8.0	9.6	9.9
2. Cancer Incidence												
a. Breast (Female)			48.5		58.4	47.1	43.6	48.9	47.2	47.1	54.1	51.1
b. Cervix (Female)			11.8		8.5	11.1	16.7	9.8	18.3	10.0	12.2	10.1
c. Colon	2.7	3.6	1.8		2.4	2.3	4.2	3.1	3.9	1.9	2.7	2.4
d. Lung	4.4	5.2	3.7		2.4	4.5	6.0	4.4	3.7	6.9	4.8	2.9
3. Medical Risk Factors												
a. % Hypertension	11.7%	14.5%	9.2%	*	11.3%	12.8%	10.2%	9.6%	11.1%	12.6%	13.7%	NA
b. % High Cholesterol	25.7%	28.7%	23.4%	*	25.0%	26.7%	31.8%	27.6%	28.2%	28.9%	17.8%	NA
c. % Obese	25.1%	29.6%	21.0%	*	23.1%	28.4%	29.1%	20.9%	23.6%	26.3%	27.2%	27.9%
d. % Diabetes	2.2%	1.6%	2.7%	*	2.2%	2.3%	2.3%	2.2%	2.1%	2.6%	1.3%	2.8%
B. Health Behaviors												
1. % Smokers	26.2%	28.0%	24.7%	*	18.6%	36.4%	54.6%	25.2%	28.2%	25.1%	24.9%	27.9%
2A. % Acute Drinkers	22.7%	34.6%	12.3%	*	21.2%	24.9%	27.6%	19.9%	23.4%	22.8%	24.7%	NA
2B. % Chronic Drinkers	4.7%	9.0%	1.0%	*	3.7%	6.6%	6.7%	3.8%	5.3%	4.6%	5.2%	NA
3. % DWI	4.4%	7.3%	1.9%	*	4.0%	5.2%	4.0%	3.0%	3.9%	4.9%	6.0%	NA
4. % Seat Belt Nonusers	21.8%	28.6%	15.7%	*	14.7%	32.5%	46.0%	21.0%	24.2%	19.7%	22.1%	NA
5. % High Fat Diet	27.3%	36.4%	20.1%	*	21.4%	37.5%	41.0%	25.4%	29.4%	NA	NA	NA
6. % Sedentary Lifestyle	47.6%	48.5%	46.8%	*	42.8%	54.2%	62.2%	44.3%	46.4%	47.9%	NA	51.9%
C. Utilization												
1. Hospitalization Rate per 100,000	8,459.4	4,862.5	12,033.5		6,800.9	8,385.0	10,077.0	9,571.7	9,067.2	8,775.4	8,078.1	7,778.3
a. ACS Admissions	586.4	477.1	694.9		381.6	580.1	778.4	657.4	636.2	600.7	550.9	554.4
b. Marker Condition Admissions	153.5	187.9	119.3		117.6	153.4	184.5	165.7	164.3	157.3	149.2	148.8
c. Injury Admissions	689.1	842.6	536.6		498.1	679.0	879.4	817.4	770.8	703.9	638.6	592.3
d. Obstetric Admissions (Female)			5,773.3		5,517.9	5,910.8	5,635.2	6,163.3	5,936.3	5,958.4	5,820.4	5,668.5
2. Hospitalization per Capita Charge	$453	$346	$559		$356	$443	$562	$429	$445	$481	$483	$482
a. ACS Admissions	$34	$29	$38		$23	$33	$44	$29	$33	$33	$38	$40
b. Marker Condition Admissions	$14	$18	$9		$11	$14	$16	$13	$13	$14	$15	$15
c. Injury Admissions	$54	$71	$37		$42	$52	$69	$54	$53	$53	$57	$59
d. Obstetric Admissions (Female)			$176		$168	$181	$167	$166	$174	$185	$190	$185
3. Screening Noncompliance												
a. % No Pap Test			13.4%	*	11.2%	15.5%	26.5%	13.8%	12.5%	14.3%	15.1%	11.4%
b. % No Cholesterol Check	31.5%	35.9%	27.7%	*	26.5%	38.7%	52.8%	34.7%	31.5%	28.7%	31.0%	NA
c. % No Routine Checkup	22.3%	32.6%	13.4%	*	21.2%	24.0%	24.4%	23.5%	23.3%	23.8%	21.3%	19.4%
d. % No Mammography			29.9%	*	27.8%	34.0%	30.0%	30.7%	28.3%	32.9%	26.0%	32.0%
4. % ER Primary Care	28.3%	33.5%	24.0%	*	25.8%	31.3%	37.7%	NA	32.4%	NA	29.7%	22.8%
D. Barriers to Health Care												
1. % w/o Health Insurance	13.3%	15.5%	11.3%	*	10.5%	15.3%	31.1%	NA	11.4%	12.7%	13.5%	15.7%
2. % >15 miles from Care	21.6%	19.2%	23.8%	*	21.5%	22.0%	21.4%	NA	22.6%	NA	22.0%	20.3%
3. % Couldn't Pay MD	14.6%	11.5%	17.4%	*	12.8%	16.8%	22.2%	NA	13.8%	13.9%	14.4%	16.4%
4. % No Family MD	28.9%	38.4%	20.9%	*	28.8%	26.4%	42.9%	NA	28.9%	NA	NA	NA
E. Birth-related Rates												
1. Birth Rate per 1,000 females			59.7		62.7	60.9	53.9	64.2	61.1	61.8	59.8	58.6
2. % Low Birthweight	4.8				4.5	4.8	5.4	4.8	4.7	5.0	4.8	4.9
3. % Maternal Smoking	15.0				9.0	15.0	20.9	16.3	16.0	15.0	14.0	13.4
4. % Late Prenatal Care Initiation	1.3				0.8	1.1	2.5	1.5	1.4	1.3	1.0	1.2
5. % Mother's Education <12 Years	4.4				1.7	4.1	8.3	4.6	4.5	4.5	4.2	4.2
6. % Mother Unmarried	9.0				3.9	8.3	16.1	8.0	8.2	9.1	9.6	10.3
7. % Medicaid Payment	9.5				3.0	8.8	18.5	NA	7.7	9.2	10.0	11.0

KEY: Shading = Mortality or Cancer Incidence Rate based on fewer than 10 cases; or Behavioral Risk Factor Survey Sample Estimate based on fewer than 50 responses.

* = Socioeconomic risk = education level; Socioeconomic risk for Hospitalization and Cancer Incidence data = community risk.

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Age Group / ASURES	State Rate	Sex Male	Sex Female		Socioeconomic Risk Low	Socioeconomic Risk Med	Socioeconomic Risk High	Year 1990	1991	1992	1993	199
Middle Age (Age 45-64)												
A. Health Status												
1. Mortality Rate per 100,000	695.2	850.4	542.0		501.3	709.6	856.7	679.1	704.6	646.7	644.9	60
a. Internal Causes	654.1	794.3	515.9		467.3	667.3	812.1	640.2	662.6	614.1	601.7	57
i. Cancer	290.6	298.9	282.4		234.6	293.3	341.4	267.5	303.3	268.3	281.1	25
- Breast (Female)			65.3		56.6	67.3	68.5	74.3	60.0	57.2	67.8	4
- Cervix (Female)			8.5		2.8	8.9	13.0	5.0	8.7	9.4	9.0	
- Colon	18.2	21.5	15.0		15.6	19.0	18.9	16.0	18.0	18.9	16.8	1
- Lung	96.5	116.2	77.2		64.7	96.5	129.3	87.8	112.1	80.3	96.0	7
ii. Heart Disease	191.1	287.7	95.8		121.2	197.1	246.5	208.1	196.5	178.1	166.0	15
iv. COPD	25.4	28.1	22.8		13.3	26.4	35.4	19.5	24.9	30.2	18.6	2
b. Diabetes Related Mortality	61.2	71.2	51.3		35.8	65.8	75.1	59.9	64.4	55.3	54.1	5
c. Injury Causes	39.2	53.6	24.9		32.6	39.9	43.6	36.9	41.4	32.1	40.9	3
i. Motor Vehicle Accident	9.1	11.8	6.3		6.4	9.8	9.7	11.5	11.2	5.2	9.1	
ii. Other Unintentional	10.6	15.2	5.9		10.6	10.0	11.6	6.0	11.7	7.6	12.3	1
iii. Suicide 2 X	15.9	21.5	10.5		13.3	16.6	17.0	17.5	15.6	13.7	17.3	1
iv. Homicide	2.6	3.8	1.4		2.3	2.8	2.4	1.0	2.4	3.3	1.8	
v. Firearm	10.4	16.5	4.4		9.2	10.9	10.2	8.5	8.3	9.9	12.3	9
2. Cancer Incidence												
a. Breast (Female)			258.2		253.7	264.4	246.1	257.7	220.8	267.4	248.4	224.
b. Cervix (Female)			18.8		9.4	18.5	28.7	16.8	19.4	18.8	23.5	10.
c. Colon	46.0	50.6	41.6		37.6	45.9	55.2	49.4	41.0	44.9	38.2	43.
d. Lung	117.2	137.4	97.2		74.4	117.5	161.3	123.2	131.2	109.1	102.8	89.
3. Medical Risk Factors												
i. % Hypertension	28.6%	30.0%	27.4%	*	25.0%	31.8%	36.0%	31.2%	24.7%	29.0%	29.6%	
ii. % High Cholesterol	45.1%	43.3%	46.4%	*	42.8%	49.2%	43.7%	47.6%	46.2%	48.5%	38.0%	
iii. % Obese	35.2%	37.4%	33.3%	*	32.1%	36.8%	45.1%	34.0%	30.6%	37.7%	36.3%	37.2
iv. % Diabetes	6.8%	6.7%	6.9%	*	4.3%	7.5%	16.9%	7.9%	7.1%	6.5%	6.8%	5.9
B. Health Behaviors												
1. % Smokers	21.4%	24.2%	19.2%	*	17.5%	24.9%	29.7%	22.0%	23.5%	22.7%	18.0%	20.9
2A. % Acute Drinkers	8.9%	16.3%	2.9%	*	8.4%	10.3%	7.1%	9.6%	8.1%	8.4%	9.7%	
2B. % Chronic Drinkers	3.4%	6.8%	0.6%	*	3.5%	3.3%	3.6%	4.4%	3.4%	2.6%	3.4%	
3. % DWI	1.0%	1.7%	0.4%	*	0.8%	0.9%	1.7%	1.9%	0.5%	1.0%	0.5%	
4. % Seat Belt Nonusers	25.9%	28.2%	24.0%	*	16.4%	33.7%	47.4%	29.3%	30.8%	23.6%	20.3%	
5. % High Fat Diet	18.4%	26.0%	12.6%	*	13.3%	22.5%	28.0%	21.3%	15.3%	NA	NA	
6. % Sedentary Lifestyle	53.5%	55.2%	52.1%	*	47.7%	56.3%	71.6%	47.6%	53.2%	55.6%	NA	57.0
C. Utilization												
1. Hospitalization Rate per 100,000	12,011.5	12,899.9	11,135.3		9,122.4	11,947.8	15,234.7	12,484.8	11,938.4	11,506.5	10,719.4	10,154
a. ACS Admissions	1,856.3	1,926.0	1,787.7		1,221.1	1,840.7	2,570.6	1,895.1	1,776.8	1,789.8	1,679.5	1,628
b. Marker Condition Admissions	580.6	774.2	389.6		434.3	598.6	684.3	580.8	554.9	538.5	560.3	506
c. Injury Admissions	942.6	1,042.8	843.8		762.5	913.1	1,215.6	953.5	891.3	949.9	845.5	813
2. Hospitalization per Capita Charg	$1,087	$1,194	$983		$831	$1,091	$1,348	$903	$995	$1,070	$1,069	$1,07
a. ACS Admissions	$134	$135	$133		$91	$133	$182	$110	$115	$130	$138	$13
b. Marker Condition Admissions	$81	$111	$52		$64	$83	$94	$64	$77	$79	$80	$8
c. Injury Admissions	$92	$107	$78		$72	$90	$120	$75	$80	$97	$90	$9
3. Screening Noncompliance												
a. % No Pap Test			25.2%	*	20.6%	28.9%	33.6%	25.9%	22.1%	29.7%	25.4%	23.5
b. % No Cholesterol Check	14.5%	16.5%	12.9%	*	11.9%	16.6%	20.9%	14.7%	15.1%	13.8%	14.7%	
c. % No Routine Checkup	15.7%	21.5%	10.9%	*	15.3%	16.8%	14.1%	16.3%	16.2%	13.8%	18.6%	13.6
d. % No Mammography			30.4%	*	24.6%	34.5%	42.5%	33.8%	29.9%	29.8%	32.9%	26.4
e. % No Digital Exam	20.2%	19.1%	21.0%	*	18.4%	24.4%	15.5%	14.5%	16.9%	NA	27.7%	
4. % ER Primary Care	30.2%	37.7%	24.5%	*	26.4%	36.1%	33.3%	NA	38.6%	NA	27.6%	24.6
D. Barriers to Health Care												
1. % w/o Health Insurance	9.1%	10.5%	7.9%	*	7.1%	8.8%	20.2%	NA	7.4%	8.5%	7.1%	13.2
2. % >15 miles from Care	13.6%	12.9%	14.3%	*	13.1%	14.4%	13.7%	NA	14.6%	NA	13.8%	12.6
3. % Couldn't Pay MD	10.4%	9.9%	10.8%	*	9.1%	10.6%	16.9%	NA	8.7%	11.5%	10.6%	10.8
4. % No Family MD	18.8%	25.5%	13.9%	*	18.5%	15.4%	30.8%	NA	18.8%	NA	NA	

KEY: Shading = Mortality or Cancer Incidence Rate based on fewer than 10 cases; or Behavioral Risk Factor Survey Sample Estimate based on fewer than 50 responses.

* = Socioeconomic risk = education level; Socioeconomic risk for Hospitalization and Cancer Incidence data = community risk.

STATEWIDE ASSESSMENT ANALYSIS

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1990-1994

Age Group / MEASURES	State Rate	Sex Male	Sex Female		Socioeconomic Risk Low	Socioeconomic Risk Med	Socioeconomic Risk High	Year 1990	1991	1992	1993	19
VIII. Young Old (Age 65-74)												
A. Health Status												
1. Mortality Rate per 100,000	2,602.9	3,419.5	1,948.1		2,314.2	2,644.9	2,811.4	2,672.4	2,548.1	2,610.8	2,567.7	2,480.7
a. Internal Causes	2,540.0	3,321.4	1,913.3		2,253.2	2,584.3	2,744.8	2,617.8	2,492.0	2,532.8	2,494.9	2,430.5
i. Cancer	934.7	1,176.5	740.8		860.7	930.7	1,003.5	931.8	882.1	948.2	985.9	876.2
- Breast (Female)			133.1		128.5	123.2	149.6	156.3	113.7	122.9	143.5	124.6
- Cervix (Female)			14.1		12.2	16.2	13.5	22.7	15.2	10.0	12.4	9.8
- Colon	79.5	90.5	70.6		79.4	82.0	75.9	85.3	81.3	80.8	70.0	76.0
- Lung	293.8	415.6	196.2		254.9	296.7	326.3	264.4	265.0	330.0	318.6	275.3
ii. Heart Disease	792.0	1,132.5	518.9		688.0	801.1	873.6	882.9	814.8	744.9	753.8	724.3
iv. COPD	169.3	213.8	133.6		149.6	166.4	189.7	165.1	172.5	162.9	155.2	181.7
v. Cerebrovascular Disease	127.3	148.4	110.4		113.6	127.3	140.0	138.5	131.8	122.5	126.3	111.2
b. Diabetes Related Mortality	288.0	342.1	244.6		223.5	319.7	312.0	285.4	273.5	293.8	292.5	279.4
c. Injury Causes	60.7	95.6	32.8		58.2	59.0	64.1	51.8	54.7	76.6	70.0	47.5
i. Motor Vehicle Accident	14.3	19.5	10.1		17.5	14.6	11.0	11.2	12.6	19.5	17.9	9.5
ii. Other Unintentional	24.3	38.4	13.1		20.3	20.7	31.2	25.2	21.0	25.1	27.5	21.7
- Falls	9.5	16.3	4.0		10.2	10.7	7.6	8.4	8.4	7.0	9.6	13.6
iii. Suicide	19.3	34.6	7.1		20.3	20.7	16.9	14.0	12.6	30.6	22.0	16.3
iv. Homicide	1.7	1.9	1.5		0.0	2.3	2.5	0.0	4.2	1.4	2.7	0.0
v. Firearm	13.7	28.9	1.5		16.6	13.8	11.0	7.0	9.8	23.7	13.7	13.6
2. Cancer Incidence												
a. Breast (Female)			422.6		401.1	407.5	457.7	446.3	384.1	479.2	371.1	410.6
b. Cervix (Female)			15.6		6.9	14.9	23.9	20.2	12.6	17.6	17.3	9.8
c. Colon	183.0	210.7	160.9		157.9	178.6	210.8	194.5	182.3	192.2	163.4	173.6
d. Lung	359.1	496.1	249.1		319.5	335.0	421.6	335.8	363.2	402.4	335.0	340.4
3. Medical Risk Factors												
a. % Hypertension	44.1%	41.0%	46.2%	*	43.0%	48.6%	40.0%	43.8%	43.4%	45.6%	43.4%	NA
b. % High Cholesterol	51.7%	46.0%	55.5%	*	52.9%	52.7%	48.4%	50.8%	50.8%	54.3%	51.0%	NA
c. % Obese	36.0%	34.9%	36.8%	*	25.5%	42.0%	45.6%	37.1%	31.9%	31.8%	37.7%	41.8%
d. % Diabetes	11.5%	12.8%	10.7%	*	8.7%	12.0%	15.6%	8.9%	12.0%	11.9%	13.2%	11.
B. Health Behaviors												
1. % Smokers	15.7%	16.4%	15.3%	*	13.5%	15.0%	20.5%	18.5%	14.7%	15.6%	15.1%	15.(
2A. % Acute Drinkers	3.8%	7.0%	1.6%	*	3.9%	2.5%	5.4%	2.8%	3.5%	5.7%	3.0%	NA
2B. % Chronic Drinkers	2.3%	5.3%	0.3%	*	2.4%	1.5%	3.5%	2.1%	1.4%	2.5%	3.0%	NA
3. % Seat Belt Nonusers	25.4%	30.5%	21.9%	*	13.6%	32.2%	36.2%	29.5%	26.1%	29.4%	17.4%	NA
4. % High Fat Diet	18.1%	25.6%	13.6%	*	12.1%	14.6%	33.3%	20.8%	15.0%	NA	NA	NA
5. % Sedentary Lifestyle	52.3%	49.8%	54.0%	*	43.2%	54.3%	63.6%	51.4%	54.5%	45.0%	NA	59.2%
C. Utilization												
1. Hospitalization Rate per 100,000	25,122.6	29,181.5	21,867.5		21,643.1	25,843.3	27,502.6	25,999.4	25,008.0	25,573.1	24,140.4	23,610.8
a. ACS Admissions	5,404.3	5,985.7	4,938.0		4,288.5	5,755.1	6,036.0	5,370.0	5,278.4	5,291.2	5,492.4	5,301.9
b. Marker Condition Admissions	1,430.6	1,688.4	1,223.9		1,233.7	1,498.8	1,535.6	1,432.7	1,385.5	1,498.2	1,423.9	1,338.7
c. Injury Admissions	1,769.5	1,804.7	1,741.3		1,530.2	1,774.0	1,982.5	1,869.3	1,726.3	1,783.7	1,723.2	1,654.7
2. Hospitalization per Capita Charg	$2,600	$2,979	$2,296		$2,259	$2,673	$2,832	$2,228	$2,399	$2,716	$2,694	$2,817
a. ACS Admissions	$422	$439	$408		$327	$464	$462	$353	$381	$419	$472	$461
b. Marker Condition Admissions	$215	$253	$186		$184	$216	$244	$177	$204	$220	$228	$236
c. Injury Admissions	$200	$206	$196		$168	$208	$221	$172	$168	$198	$226	$225
3. Screening Noncompliance												
a. % No Pap Test			42.9%	*	41.9%	39.3%	51.1%	38.6%	45.2%	49.4%	41.3%	39.8%
b. % No Cholesterol Check	9.6%	10.3%	9.1%	*	4.8%	11.6%	15.1%	12.5%	9.9%	11.9%	4.3%	NA
c. % No Routine Checkup	12.4%	14.4%	11.0%	*	11.7%	10.6%	16.3%	16.7%	8.4%	12.6%	11.4%	12.9%
d. % No Mammography			46.3%	*	41.0%	49.7%	50.0%	46.0%	50.0%	44.8%	46.9%	44.0%
e. % No Digital Exam	15.3%	13.2%	16.6%	*	9.8%	14.7%	28.4%	16.0%	8.6%	NA	19.1%	NA
4. % ER Primary Care	39.1%	41.3%	37.8%	*	33.9%	43.0%	43.0%	NA	43.4%	NA	36.3%	38.4%
D. Barriers to Health Care												
1. % w/o Health Insurance	3.4%	4.0%	3.0%	*	1.6%	2.9%	7.1%	NA	3.5%	2.5%	5.4%	2.0%
2. % >15 miles from Care	14.7%	15.3%	14.4%	*	12.2%	16.1%	17.3%	NA	14.1%	NA	17.9%	11.9%
3. % Couldn't Pay MD	4.1%	6.1%	2.7%	*	2.4%	4.4%	6.5%	NA	4.2%	3.1%	3.6%	5.5%
4. % No Family MD	11.4%	11.6%	11.3%	*	10.9%	7.5%	17.9%	NA	11.4%	NA	NA	NA

KEY: Shading = Mortality or Cancer Incidence Rate based on fewer than 10 cases; or Behavioral Risk Factor Survey Sample Estimate based on fewer than 50 responses.

* = Socioeconomic risk = education level; Socioeconomic risk for Hospitalization and Cancer Incidence data = community risk.

STATEWIDE ASSESSMENT ANALYSIS

PRIMARY CARE ACCESS DATA

1990-1994

Group / ASURES	State Rate	Sex Male	Sex Female		Socioeconomic Risk Low	Socioeconomic Risk Med	Socioeconomic Risk High	Year 1990	1991	1992	1993	1994
Old Old (Age 75+)												
A. Health Status												
1. Mortality Rate per 100,000	8,809.6	10,376.8	8,006.8		8,484.0	8,675.4	9,223.3	8,357.3	8,189.4	8,318.1	8,543.2	8,464.
a. Internal Causes	8,636.9	10,114.2	7,880.1		8,278.1	8,526.6	9,051.2	8,151.9	8,051.7	8,121.4	8,406.4	8,316.
i. Cancer	1,662.6	2,365.8	1,302.4		1,623.5	1,650.5	1,706.4	1,521.7	1,611.4	1,627.1	1,561.2	1,583.
- Breast (Female)			209.2		210.6	227.7	187.7	200.5	208.2	202.8	191.1	193.
- Cervix (Female)			10.7		10.6	10.3	11.3	14.1	5.6	8.1	13.1	10.
- Colon	192.9	231.7	173.0		169.8	201.0	202.7	201.7	181.7	194.9	183.5	157.
- Lung	357.3	644.4	210.3		339.7	387.3	338.6	289.4	346.9	327.2	370.4	360.
ii. Heart Disease	3,272.6	3,706.5	3,050.3		3,134.7	3,156.2	3,513.5	3,108.8	3,077.9	3,043.3	3,226.2	3,100.
iv. COPD	451.2	690.8	328.4		414.6	451.3	481.1	403.3	416.6	398.7	446.5	475.
v. Cerebrovascular Disease	799.6	679.7	860.9		711.5	808.0	862.5	750.6	745.2	722.4	836.0	745.
b. Diabetes Related Mortality	758.8	915.9	678.3		683.4	784.4	792.4	657.2	679.1	743.8	740.8	779.
c. Injury Causes	169.7	260.4	123.2		200.6	147.8	168.8	203.5	134.0	196.7	129.8	146.
i. Motor Vehicle Accident	33.3	47.4	26.0		40.1	21.7	40.5	48.5	25.7	39.3	17.3	28.
ii. Other Unintentional	114.8	157.8	92.7		135.1	110.4	103.0	119.5	100.9	134.1	91.7	100.
- Falls	66.9	90.5	54.8		65.5	66.0	69.0	82.2	62.4	62.6	48.5	63.
iii. Suicide // X	20.6	51.9	4.5		24.1	15.8	23.0	33.6	7.3	21.5	20.8	15.
iv. Homicide	0.4	1.1	0.0		0.0	0.0	1.1	0.0	0.0	0.0	0.0	1.
v. Firearm	13.8	40.8	0.0		14.7	8.9	18.6	22.4	7.3	10.7	12.1	13.
2. Cancer Incidence												
a. Breast (Female)			481.6		482.9	462.6	501.6	499.8	485.7	462.4	431.9	416.4
b. Cervix (Female)			16.4		14.9	10.3	24.3	19.8	19.4	18.9	13.1	7.6
c. Colon	355.9	408.3	329.0		312.9	370.5	374.8	317.4	359.7	343.3	337.5	334.1
d. Lung	338.3	584.8	212.0		306.2	353.8	347.4	330.5	306.5	352.2	334.0	287.1
3. Medical Risk Factors												
a. % Hypertension	46.2%	42.3%	48.0%	*	42.5%	50.0%	48.4%	52.5%	48.5%	38.6%	46.1%	N
b. % High Cholesterol	39.9%	28.0%	45.2%	*	39.2%	38.5%	42.6%	40.3%	42.1%	33.9%	43.5%	N
c. % Obese	27.3%	19.8%	31.0%	*	17.5%	29.2%	38.5%	24.7%	33.8%	25.9%	22.4%	30.89
d. % Diabetes	11.9%	9.8%	12.9%	*	10.4%	8.3%	16.9%	11.3%	13.6%	7.3%	14.6%	12.89
Health Behaviors												
1. % Smokers	7.1%	6.9%	7.2%	*	6.7%	5.1%	9.8%	10.0%	7.6%	6.1%	2.3%	9.79
2A. % Acute Drinkers	1.0%	3.2%	0.0%	*	1.7%	1.0%	0.0%	2.5%	0.0%	1.2%	0.0%	N
2B. % Chronic Drinkers	0.6%	2.2%	0.0%	*	0.9%	1.0%	0.0%	1.3%	0.0%	1.2%	0.0%	N
3. % Seat Belt Nonusers	30.1%	30.9%	29.7%	*	19.2%	29.7%	43.5%	29.1%	34.8%	28.9%	28.4%	N
4. % High Fat Diet	17.3%	32.1%	11.8%	*	23.5%	17.9%	9.7%	21.7%	11.4%	NA	NA	N.
5. % Sedentary Lifestyle	71.1%	63.7%	74.5%	*	62.3%	71.1%	82.8%	69.6%	68.2%	71.1%	NA	74.59
C. Utilization												
1. Hospitalization Rate per 100,000	40,364.8	47,113.9	36,907.2		37,449.2	40,385.4	42,732.3	39,790.5	39,366.7	39,045.9	37,125.3	36,831.
a. ACS Admissions	11,667.3	13,494.1	10,731.5		10,674.5	11,936.1	12,183.4	11,113.2	10,885.5	11,250.5	11,153.2	11,070.
b. Marker Condition Admissions	3,597.4	3,381.0	3,708.3		3,411.5	3,662.7	3,677.9	3,443.0	3,558.8	3,381.2	3,494.5	3,241.
c. Injury Admissions	4,083.0	3,376.5	4,444.9		3,955.8	4,038.1	4,237.9	3,809.0	3,929.5	4,053.5	3,885.6	3,743.
2. Hospitalization per Capita Charg	$4,009	$4,744	$3,632		$3,670	$4,073	$4,215	$3,353	$3,734	$3,994	$3,954	$3,991
a. ACS Admissions	$933	$1,099	$847		$853	$983	$943	$750	$821	$949	$950	$952
b. Marker Condition Admissions	$481	$467	$489		$450	$496	$491	$393	$460	$475	$488	$469
c. Injury Admissions	$493	$431	$524		$469	$497	$508	$395	$448	$499	$517	$479
3. Screening Noncompliance												
a. % No Pap Test			54.1%	*	50.5%	51.9%	60.8%	53.1%	54.3%	54.2%	55.1%	53.79
b. % No Cholesterol Check	16.6%	13.6%	17.8%	*	10.6%	18.8%	20.0%	19.5%	9.4%	13.0%	22.9%	N
c. % No Routine Checkup	8.1%	6.8%	8.7%	*	4.3%	12.6%	8.9%	8.9%	7.6%	3.7%	12.6%	7.49
d. % No Mammography			59.7%	*	50.0%	56.1%	73.5%	68.5%	61.2%	60.0%	45.3%	63.29
e. % No Digital Exam	20.4%	13.8%	23.6%	*	12.3%	20.8%	31.8%	13.0%	19.1%	NA	26.3%	N
4. % ER Primary Care	36.3%	35.9%	36.5%	*	30.1%	37.0%	44.1%	NA	47.5%	NA	33.3%	31.59
D. Barriers to Health Care												
1. % w/o Health Insurance	3.3%	5.6%	2.3%	*	1.5%	2.2%	7.1%	NA	3.0%	7.4%	0.0%	3.29
2. % >15 miles from Care	12.7%	13.0%	12.5%	*	12.1%	17.6%	8.1%	NA	10.0%	NA	13.5%	13.89
3. % Couldn't Pay MD	3.6%	3.7%	3.6%	*	3.7%	4.3%	3.0%	NA	3.1%	2.4%	6.7%	2.19
4. % No Family MD	8.9%	6.7%	9.8%	*	11.8%	8.3%	6.7%	NA	8.9%	NA	NA	N

Shading = Mortality or Cancer Incidence Rate based on fewer than 10 cases; or
Behavioral Risk Factor Survey Sample Estimate based on fewer than 50 responses.

* = Socioeconomic risk = education level; Socioeconomic risk for Hospitalization and Cancer Incidence data = community risk.

Group Recommends Ways To Prevent Child Deaths

CONCORD (AP) — A committee that reviews child deaths in New Hampshire is recommending 31 ways to help prevent them.

The Child Fatality Review Committee reviewed the circumstances and causes of 35 unresolved or preventable deaths since 1994, most of them due to Sudden Infant Death Syndrome, suicide and auto crashes.

The committee is a volunteer group of professionals representing the areas of child protection and advocacy, medicine and mental health, police work and the judiciary, victim's rights, and criminal and civil law.

Its goal is to prevent child fatalities and to improve investigation and prosecution practices.

Its report included a statistical summary of all child deaths in 1994, the last year for which complete data are available.

Of 181 child fatalities that year, 144 were from natural causes, including SIDS. Thirty-seven died of injury, including eight occupants of vehicles, six pedestrians, four who suffocated and four who were shot. Three died in falls and three others drowned.

One hundred seven of the deaths, 59 percent, involved infants younger than 1, all but six of them of natural causes.

Fifty-three, 29 percent, involved children ages 1 to 14; and 21, 12 percent, involved youngsters 15 and older.

Several recommendations pointed to the need to train medical, legal and social services professionals to differentiate SIDS from abuse cases. Twelve child deaths in 1994 were attributed to SIDS.

The report also suggested expanding the state's mandatory child maltreatment reporting law to include specific injuries that indicate abuse.

Recommendations also targeted the top two killers of New Hampshire teenagers: vehicle crashes and suicide.

Because many fatal crashes are the result of a combination of inexperience and other factors related to youth, the group recommended legislation to strengthen "graduated licensing" and seat belt use. It also urged increased parent education.

Because most teenage suicides involve guns, the committee advocated safe-storage legislation and parent education on the importance of keeping guns away from children.

The report also suggested law changes for families involved with the state's Division for Children, Youth and Families. The report suggests allowing child protection reports to be retained longer to better protect children.

"We kept running into situations where there was a past history and that history had been purged," Sylvia Gale, the DCYF representative on the committee, told the Concord Monitor.

It also recommended that reports of suspected abuse or neglect of a child at home made by law or medical professionals get priority. And it suggested a different worker be assigned after three unfounded reports on a child or family and that cases be reviewed by a multidisciplinary panel after five unfounded reports.

The committee found more training is needed for reporters of suspected abuse or neglect, such as school and medical professionals, and recommended that a standardized form be developed.

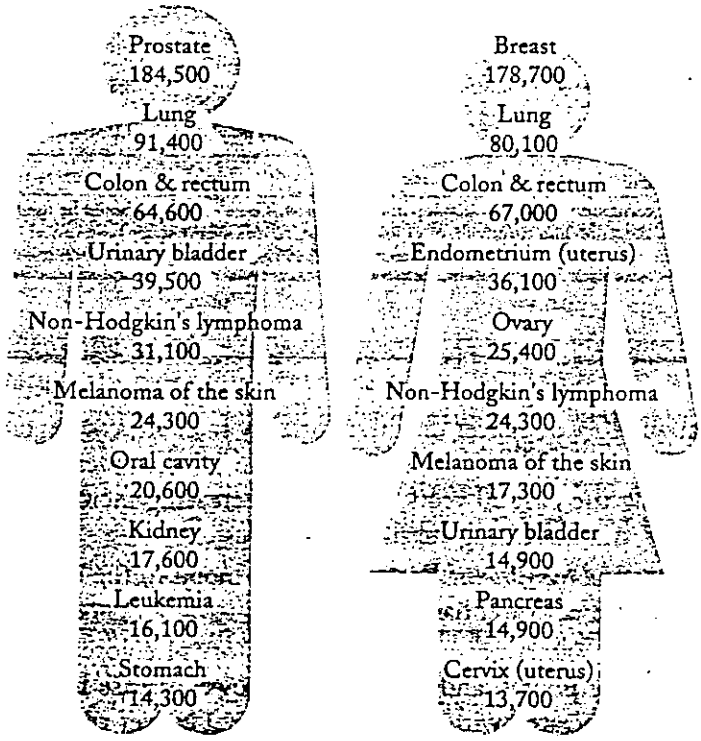
DCYF staff also need more training on alcohol and drug abuse and their effect on families, the report said.

Other recommendations included:

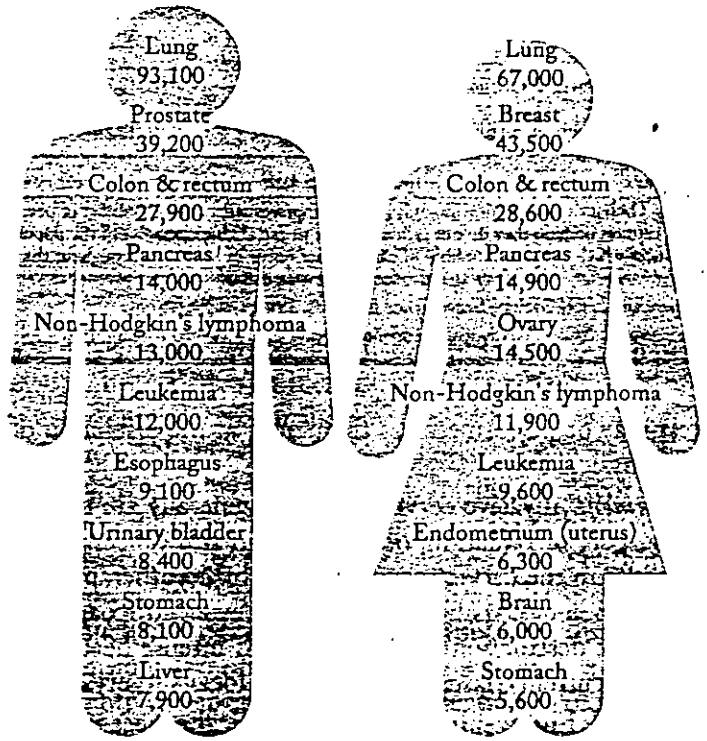
- Continuing the AmeriCorps Victim Assistance Program, which supports battered women and their children.
- Having judges in domestic violence cases determine whether children were present during the incident, determine whether firearms were used to threaten or intimidate and order suspects to turn over all deadly weapons.
- Issuing protective custody orders for surviving siblings and continuing services for the family when a child has died from abuse or neglect.

Leading Sites of New Cancer Cases and Deaths—1998 Estimates*

Cancer Cases by Site and Sex



Cancer Deaths by Site and Sex



*Excluding basal and squamous cell skin cancer and in situ carcinomas except urinary bladder.

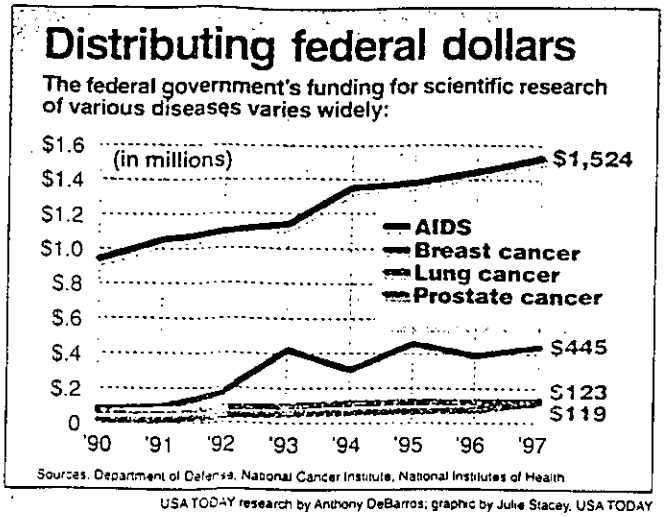
American Cancer Society, Surveillance Research, 1998.

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COVER STORY

Resources lag in fight against deadly disease

By Tim Friend
USA TODAY



USA TODAY research by Anthony DeBarros; graphic by Julie Stacey, USA TODAY

Medicare for the first time will pay the doctor and hospital bills for men who volunteer for a major study of prostate cancer treatment, officials said Monday.

The national multicenter study, which has not been officially announced, seeks 2,000 men with prostate cancer that has not spread. They will receive either standard radiation therapy or a new approach called cryotherapy, says Michael Manyak, co-leader of the study and director of urology at George Washington University, Washington, D.C.

The decision to pay Medicare costs sharply contrasts with a long-standing federal policy to deny payment to patients and doctors involved in clinical studies.

"This has been a critical problem. Our belief is that this provides some encouragement for physicians and patients to participate," says Steven Sheingold, director of program analysis and performance measurement at the Health Care Financing Administration, Baltimore.

Experts say the decision to cover costs for the patients in the new trial is progress. But, overall, prostate cancer research still faces many significant obstacles, says Otis Brawling, assistant director of the National Cancer Institute.

Prostate cancer funding lags far behind that of other diseases, and even if the money were there, Brawling says, scientists would find it difficult to get physicians and their patients to participate in the wide range of studies that are needed to answer key questions about the leading cancer killer of men.

The American Cancer Society estimates that of the 1.4 million new cancer cases diagnosed in 1997, 226,000 will be of the prostate. Of the 266,000 cancer deaths, 42,000 will be of men with prostate cancer. Breast cancer affects a similar number of women: 186,000 will be diagnosed this year; 44,000 will die.

But for reasons that are baffling to many experts, the federal government will spend $445 million in 1997 on breast cancer research while $119 million will go for prostate cancer. AIDS, which logged 57,200 new cases and 39,200 deaths last year, will receive $1.5 billion.

The differences in funding are usually attributed to women and gay men being more vocal to Congress about their diseases than are men who have prostate cancer.

"AIDS and breast cancer advocacy groups have done an extremely good job of being able to mobilize support," says Andrew von Eschenbach, director of urological oncology at the M.D. Anderson Cancer Center, Houston. "Men with prostate cancer don't have the maturity that the other groups have. They tend to want to deny the disease and go back to the golf course."

That was certainly the case in 1990, when the National Cancer Institute provided $13 million for prostate cancer while funding breast cancer at $81 million and AIDS research at $149 million. At the time, the idea of joining a support group for prostate cancer was dismissed by many.

Changing attitudes

But since then, men with prostate cancer, including former Sen. Robert Dole, retired Gen. Norman Schwarzkopf, golfer Arnold Palmer and financier Michael Milken, have become vocal. Support groups such as USTOO and the American Cancer Society's Man to Man are active and lobbying Congress for more money. Milken has formed a foundation, CaPCURE, that supplies more than $20 million a year for prostate cancer research.

So why are there still such large discrepancies in funding?

"It is essentially affirmative action for grants," says Brawling, assistant director of the National Cancer Institute. "Research funding has become politicized in the last six or seven years."

For better or worse, scientists, policy-makers and society have placed a greater emphasis on other diseases.

"We don't want to take money from breast cancer to pay for prostate cancer, but we have to realize they are both major cancers, and we ought to be making an investment in each one of them," von Eschenbach says.

Such a disparity in funding has had a domino effect on prostate cancer research and treatment that leads from the basic scientist in the lab who is studying the nature of the disease, to the academic physician who is trying to study new therapies, to the man sitting in his doctor's office wondering what he will do about the cancer cells found in his prostate.

The result is that progress in prostate cancer research lags at least 10 years behind breast cancer research.

"What we need in prostate cancer is what they have in breast cancer," says Carl Olssen, professor and chairman of the department of urology at the College of Physicians and Surgeons, Columbia University, New York. "We need more research dollars and sound investigators in the field. But if you are a young, capable and brilliant Ph.D. who is just getting into his or her postdoctoral career, where would you go? You go where the money is."

Following the money

Olssen says the relative paucity of funds creates a chicken-and-egg phenomenon that has existed since prostate cancer first appeared on federal funders' radar screen in 1990. "When you have a smaller cadre of investigators, you have fewer applications for grants and a smaller pot of money," Olssen says. "If you have less money, you have a smaller cadre of investigators."

Less money also affects the ability to conduct the trials for which dollars have been provided. The NCI's Brawling says at least eight major prostate cancer studies have been shut down prematurely since the 1970s for lack of participation, and that lack is linked to money.

One of the most important of the failed studies was designed to compare surgery with radiation for treating prostate cancer. The two approaches, which have been standard for 30 years, have never been tested against each other to learn which, if either, is better. The study, launched in the early 1980s, folded because doctors did not advise patients to participate.

On the surface, the urologists and radiation oncologists who treat men with prostate cancer appear to be to blame. One view is that urologists, whose income depends on performing surgery, and radiation oncologists, whose livelihood depends on delivering radiation, refused to enroll patients because they would lose money.

- OVER -

Men with prostate cancer are only now mobilizing research support

Continued

Paying the bills

However, the patients who volunteered for the study would have had to pay the hospital and doctor bills out of their pockets. Men and their physicians are more likely to participate if the normal hospital and procedure costs are covered.

"One of the major issues is whether their insurance will cover it. That not only stands for HMOs and third-party payers, but also for our own federal health care coverage under Medicare and Medicaid," says Dr. George Wilding, director of medical oncology at the University of Wisconsin-Madison Medical School.

Despite the participation of Medicare in the new study, the federal insurance program and most private insurers do not pay hospital and doctor bills associated with most studies.

Pressure to reduce health care costs, which resulted in the rapid growth of health maintenance organizations and cuts in Medicare payments to specialists such as urologists, further complicated enrolling patients in studies.

Medicare payments to urologists for radical prostatectomies, for example, decreased 11% from 1990 to 1996 even though urologists performed more surgeries. Meanwhile, largely because of the introduction of the diagnostic prostatic antigen (PSA) test in the early 1990s, the incidence of prostate cancer has risen more than 50%.

Urologists' total income, including that from private insurance and self-paying patients, has risen only 3.5% since 1992.

"That creates even more of an economic incentive against trials these days," Manyak says. "With Medicare cuts and a managed care environment, we have to see large volumes of patients to generate the kind of income needed to keep the practice afloat."

Money also makes a difference in survival. The latest 20-year mortality trends from the American Cancer Society show that death rates for breast cancer dropped 1% from 1973 to 1993, while age-adjusted prostate cancer deaths appeared to increase.

Finding answers

The new comparison of cryosurgery and radiation for prostate cancer will answer at least one question, but many other studies are needed that focus on later stages of the disease. In particular, Winding says, are studies of advanced stages in men who fail hormonal therapy, which has been the only treatment available at those stages for 50 years. Survival rates for advanced prostate cancer have improved little, if any, during that period.

Currently, the NCI is sponsoring 57 clinical trials. Some of those address new types of drugs for late-stage diseases. Another badly needed study is one to address a dilemma caused by the widespread use of the PSA test. That study, called PIVOT, began this year, but it is progressing slowly.

Michael K. Brawer of the University of Washington, Seattle, co-heads the study. The study is necessary, he says, because most men develop microscopic evidence of prostate cancer cells as they age. But in the majority of cases, the cancer does not progress for years or decades. Most men die of other causes, such as heart attacks, before they develop symptoms of prostate cancer. But with PSA, tens of thousands of more men are being diagnosed with this early form of cancer.

The problem is that doctors don't know which men are the lucky ones who have slow-growing tumors and which ones will develop an aggressive and lethal form. To answer the question, PIVOT will randomly assign men either to watchful waiting, which means no treatment except for periodic checkups, or to radical prostatectomy.

"It's a bizarre and perplexing and frustrating disease to deal with," Manyak says.

Ian Thompson, chairman of surgery and director of urological oncology at Brooke Army Medical Center, says about 10 men are entering the study per month. About 1,200 men are needed for the study, but only 200 are enrolled. Unless men are enrolled more quickly into PIVOT, which is not covered by Medicare, answers won't come for more than decade.

If progress is to be made more quickly, much more money will be needed, and the type of cooperation Medicare is providing in the new study will have to be extended to others, Manyak says.

Olsson agrees. "We still know so little about prostate cancer. But clearly, if there was more money, we could attract more senior investigators and more young blood into the field.

"If I were a lord of research, I would contact every experienced researcher in the USA and say, 'Here are the dollars. In return, we want the best ideas, the best people, and to do things you already are doing for the other cancers.' "

Contributing: Anthony DeBarros

Figure 4

Trends in Differences in Average Scale Scores
Male vs. Female Students

THE NATION'S REPORT CARD

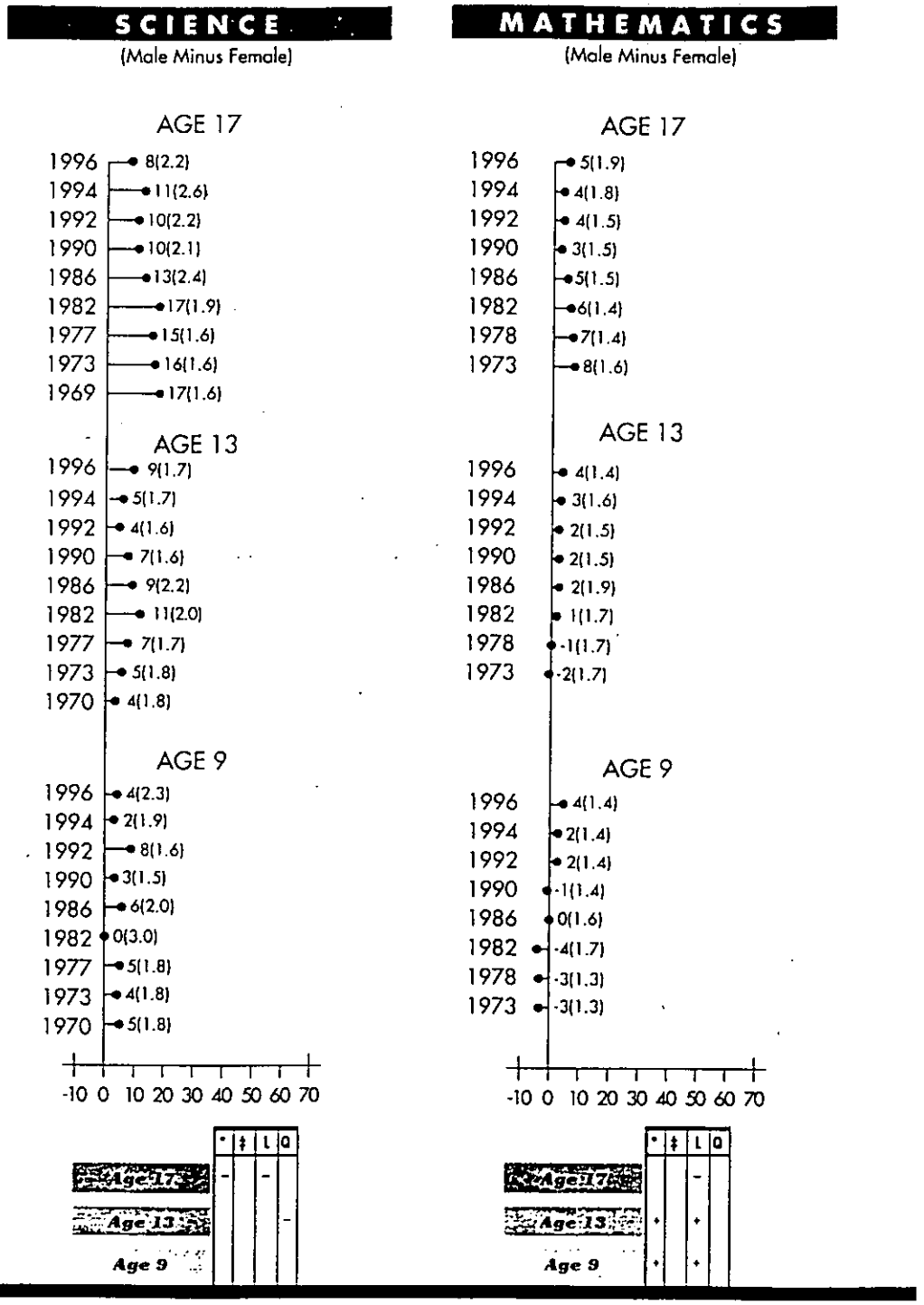
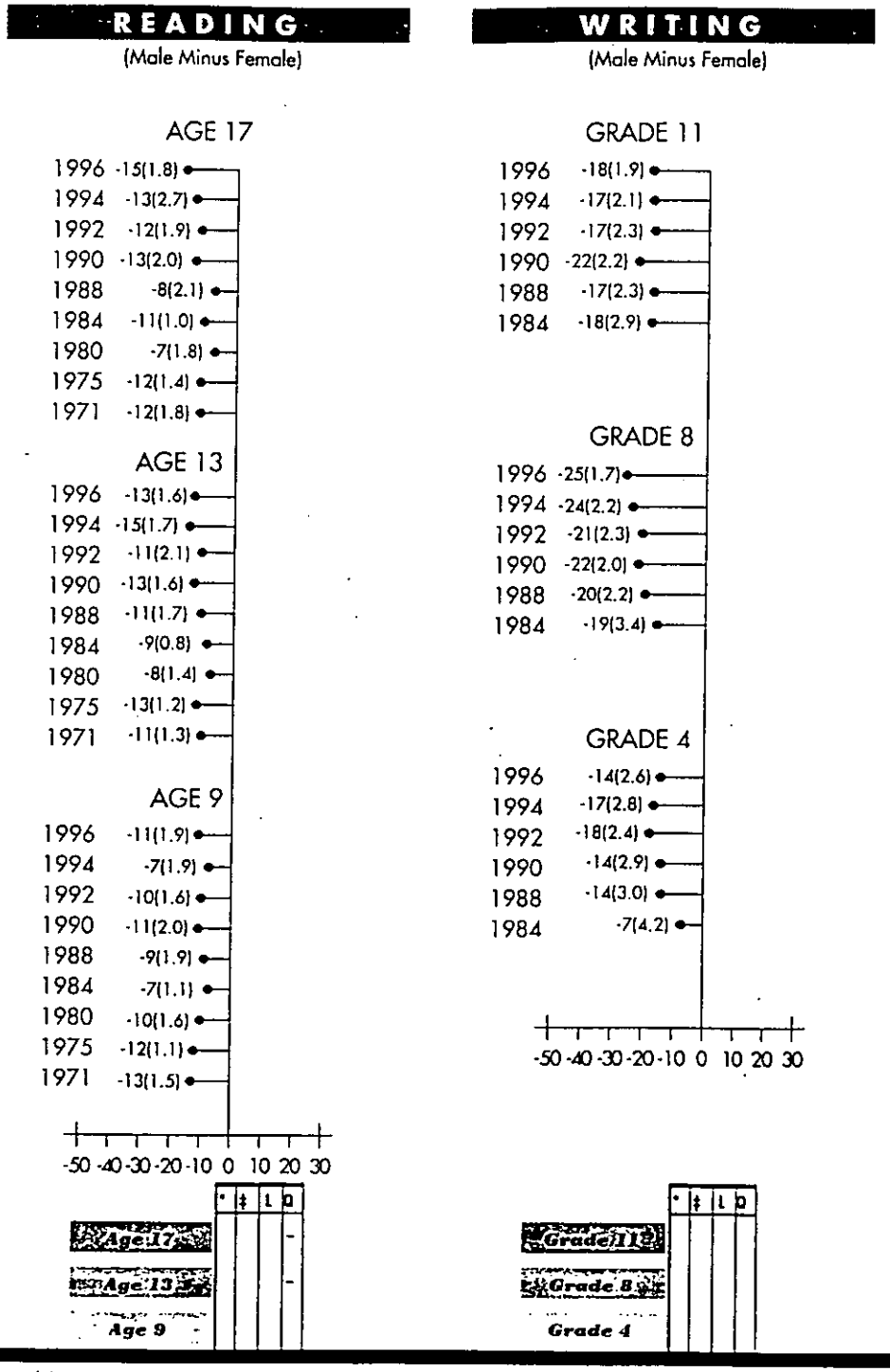


Figure 4 (continued)

Trends in Differences in Average Scale Scores
Male vs. Female Students

THE NATION'S REPORT CARD naep



Standard errors of the estimated scale score differences appear in parentheses.

* Indicates that the average scale score in 1996 is significantly larger (+) or smaller (–) than that in the first assessment year.

‡ Indicates that the average scale score difference in 1996 is significantly larger (+) or smaller (–) than that in 1994.

L Indicates that the positive (+) or negative (–) linear trend is significant.

Q Indicates that the positive (+) or negative (–) quadratic trend is significant.

SOURCE: National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 1996 Long-Term Trend Assessment.

To: Mary Gile
From: Tim Kurtz
Date: Jan 28, 1998
Time: 2:00 PM

I have collected some of the information you requested. I hope it addresses the needs of the committee.

1997 NHELAP Assessement Data:

			% of students	% Basic or above	% Proficient or above
Grade 3	ELA	Male	50	69	26
		Female	49	80	36
	Math	Male	50	83	41
		Female	49	82	39
Grade 6	ELA	Male	51	51	13
		Female	49	66	23
	Math	Male	51	43	11
		Female	49	46	11
Grade 10	ELA	Male	50	67	7
		Female	50	81	12
	Math	Male	50	55	27
		Female	50	52	22

Coded Special Ed Students in NH (as of 9/10/97)

- Male 20152 (68%), Female 9651 (32%)

1997 SAT data

- 64% of New Hampshire Department of Education Graduates took SAT I (55% female, 45% male)
- Average SAT I scores for above students: Verbal: M515, F513 Math: M529, F495

State of New Hampshire

HOUSE OF REPRESENTATIVES

CONCORD

FINAL REPORT
October 27, 1998

STRATEGIES FOR INCREASING PARENTAL INVOLVEMENT IN PUBLIC EDUCATION STUDY COMMITTEE

HB 1159, Chapter Law 0031:1, Laws of 1998
establishing a committee to study strategies for increasing parental involvement in public education.

Members of the Committee

Representative Iris W. Estabrook, Chair
Representative Bruce L. Dearborn, Clerk
Representative Charles B. Yeaton
Rep. Richard L. Hill
Senator Carl R. Johnson
Senator Caroline McCarley
Senator Sylvia B. Larsen
Ann FitzGerald, Committee Researcher

INTRODUCTION TO THE ISSUES

HB 1159, Chapter Law 0031:1, Laws of 1998, Increasing Parental Involvement in Public Education Strategies Study Committee was proposed, and enacted, in response to ***Goal 8 of the National Education Goals***:

> ***"Every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional and academic growth of children."***

The committee finds a large body of research which supports the critical importance of family involvement in children's education. To quote from the introduction to the ***National Standards for Parent/Family Involvement Programs***, (summary of the research is included in Appendix A):

> ***"Over 30 years' research has proven beyond dispute the positive connection between parent involvement and student success. Effectively engaging parents and families in the education of their children has the potential to be far more transformational than any other type of education reform." (p.5)***

A portion of the research speaks specifically to involvement of fathers. The committee acknowledges the importance of fathers in all aspects of family involvement in education.

Portland Press Herald, Wednesday, April 1, 1998

So, girls have problems in school? Boys have much bigger ones than that

● Why does nobody care about males' issues?



Kathleen Parker

Story after story the past two weeks has alerted us to the news: Girls don't learn any better in single-sex classrooms than they do with boys around.

Such was the reported finding of an American Association of University Women study that reviewed single-sex classrooms created to test the theory that boys interfere with girls' academic performance. The study found, alas, that such classrooms did help some girls improve, though not all.

In other words, different strokes for different folks – a revolutionary concept during a time when sexes, like races, are lumped together for sweeping generalizations.

Critics of the new findings have pointed to problems with the study's methodology and say that single-sex classes still should be an option. The fact that all girls didn't improve their test scores, they say, doesn't mean that single-sex classes aren't a good idea for some. Maybe even for boys.

What? Did somebody say boys?

MISSING entirely is whether single-sex classes might help boys. Why? Nobody cares. It's easier to find Waldo's red-striped shirt in an American flag factory than it is to find concern for boys in news stories about the AAUW study.

"Removing boys from the classroom fails to improve girls' performance in school even though it leaves them more confident," reported the Associated Press.

"Girls don't learn any better in all-girl classrooms than they do in school with boys," says USA Today.

You'd think boys were some sort of toxin, the elimination of which would enhance girls' brain function. Toxic is the mistaken assumption that boys are privileged oppressors of girls; pollution is what we're doing to the hearts and minds of a generation of boys and girls who are being trained to consider one another the enemy.

THE NOTION that boys cause girls problems in school evolved from research in 1992 that found teachers call on boys more often than girls in math and science classes. An entire hand-wringing feminist cult has been built around this hand-raising controversy. If girls didn't raise their hands, teachers must be discriminating against girls. Or boys must be so aggressive and intimidating that the weaker sex feared to speak.

Alas, separating boys and girls didn't make the expected difference. It might have made a difference for the boys – maybe they stopped showing off so much – but the study didn't ask that question.

Any suggestion that boys might need examining these days is summarily dismissed by feminists who believe attention to males diminishes the strides of females. Girls, after all, have had only "a nanosecond in the history of educational reform," writes Gabrielle Lange in the AAUW magazine, Outlook.

My son, for what it's worth, has occupied only a nanosecond of his own life. Must he be punished?

Is it really fair, as is the case, that one of his feminist teachers refuses even to use male pronouns? I squirmed through a parent-teacher meeting last fall while this teacher referred to all students as "shes" and all work as "hers." I thought, this is going to be a tough year for the boys. It has been.

Meanwhile, as we've been obsessing over why girls don't score as well as boys on standardized math exams, we've ignored that boys have a suicide rate five times higher than girls. Find a boy and ask him to explain that math.

> *It's easier to find Waldo's red-striped shirt in an American flag factory than it is to find concern for boys in news stories about the AAUW study.*

And, though boys score better on standardized tests, girls make better grades and account for well over half of all college graduates. Boys also are diagnosed with learning disabilities at a rate six times higher than girls.

So, should we study the boys? Nah. But if girls were committing suicide and suffering learning disabilities at the rate boys are, we'd be throwing money at research like rice on newlyweds.

As for single-sex ed? I'd wager boys would do better alone.

– Kathleen Parker (e-mail: kparker@kparker.com) is a columnist for the Orlando Sentinel.

Female Participation in Higher Education: A National and USNH Perspective

Those responsible for the planning, stewardship, and leadership of higher education routinely monitor demographic shifts over time. Changes in enrollment patterns, shifts in participation by gender, ethnic and age categories are reliable indicators of the future cultural, social, political, and economic challenges that will impact our institutions. While investigating the gender participation changes in higher education since the mid 1980's we were able to compare the college-going trends for NH high school students with national data. Enrollment trends for USNH were also reported and compared to national enrollment trends.

Enrollments have increased at all levels of the postsecondary education spectrum, including both undergraduate and graduate. This is true at the national level and for USNH. The data also show that women are significantly increasing their participation in all levels of higher education in comparison to men. If the discrepancy between male and female enrollment patterns continue, and there is no evidence to suggest they will not, the face of higher education will be forever changed. The demographics shift will command fundamental changes in campus social life and the distribution of campus athletic opportunities as mandated by Title IX.

The SAT® Program Summary Reporting Service of the college Board, a standardized national testing organization, collects information about high school students who take the scholastic aptitude tests. It is assumed if a student took the test, he or she was doing so because they intended to pursue a college education directly out of high school. Figure 1 shows the number of NH college bound seniors from 1987 to 1998. Chart 1 shows the increase in the national and NH college bound population by gender since 1987.

— *please turn to Perspective, page 8*

Figure 1: New Hampshire College Bound Seniors by Gender: 1987 to 1998

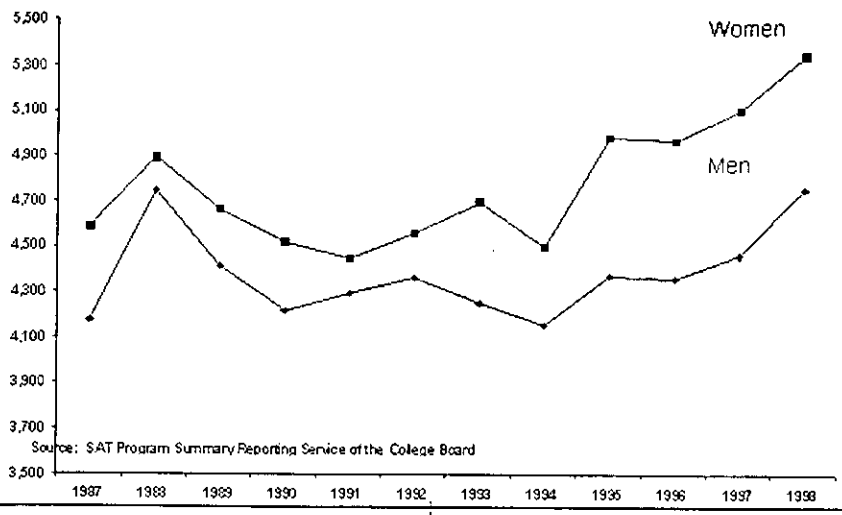


Chart 1: Summary of College-Bound High School Seniors

	1987		1998		Percent Change Since 1987	
	Men	Women	Men	Women	Men	Women
National	560,196	603,762	579,235	674,415	3.4%	11.7%
New Hampshire	4,176	4,584	4,746	5,337	13.6%	16.4%

Source: SAT Program Summary Reporting Service of the College Board

CN CHANCELLOR'S NEWSLETTER 2
UNIVERSITY SYSTEM OF NEW HAMPSHIRE
Volume: 9 October 1998

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Perspective —

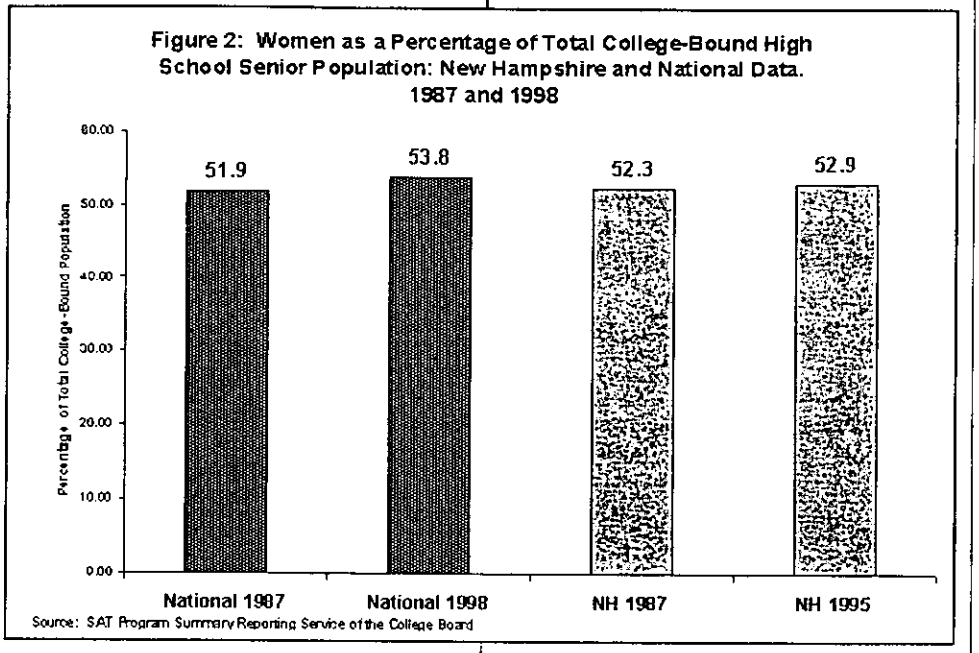
continued from page 5

As it stands in 1998, nearly 53 percent of all NH college-bound seniors are women. This finding is consistent with the national trend which shows that 54 percent of all college-bound seniors are women. *(see figure 2)*

The data also shows the increase in participation by male college-bound seniors in NH was substantially above the national average for men (13.6% compared to 3.4%).

In relative terms, it appears NH women made smaller gains (+.6%) than the national average, but keep in mind participation by male NH seniors grew dramatically over the same period.

Figure 2: Women as a Percentage of Total College-Bound High School Senior Population: New Hampshire and National Data. 1987 and 1998



Source: SAT Program Summary Reporting Service of the College Board

According to the National Center for Education Statistics, higher education undergraduate enrollments across the nation increased by 11 percent between 1987 and 1995. Much of this growth was due to higher female enrollments. Undergraduate enrollments in USNH increased by 9 percent over the same time period with women undergraduate enrollments surpassing those of men.

Enrollment trends differ significantly between the undergraduate and graduate levels, with the most dramatic increase in women participation occurring at the graduate level. Women graduate students account for over 60 percent of all graduate students at USNH. Nationally, women account for close to 56 percent of the total graduate student population.

Women in NH now continue their education after high school at greater rates than men. More women than men are enrolled at the undergraduate and graduate level within USNH and a larger proportion of women are enrolling every year. The same findings hold for the national trends, however women make up a larger proportion of the USNH higher education participants than the national average.

The date implies a future where men will not greatly increase their educational aspirations, participation or attainment, while women will continue right along in their own pursuit of higher education.

? *Did you know that.....*

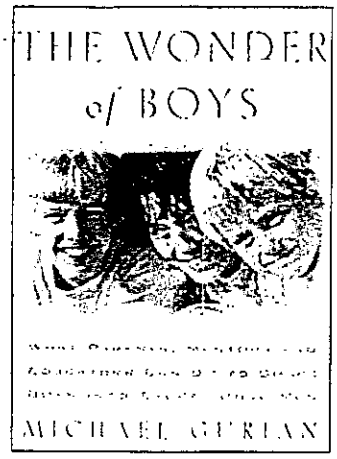
NH's state appropriations for higher education would have to rise by 28 percent to reach 49th (Vermont) in the country in terms of per-capita funding, or by 54 percent in terms of appropriations per $1,000 personal income. NH has consistently ranked last (50th) in the country in both.

Sources:
Population as reported by the Bureau of Census, July 1998
Appropriations for FY98 as reported by Grapefive (9/98) and Postsecondary Opportunity, November 1997
Personal income for 1997 as reported by the Bureau of Economic Analysis, September 1998.

COVER STORY

Have they been trampled in rush to bolster girls?

By Karen S. Peterson
USA TODAY



In its zeal to nurture the psyches of little girls, this nation is shortchanging its little boys, says Michael Gurian, a Spokane family therapist who is trying to turn the tide he says is engulfing young men.

Society has begun to see little boys as somehow defective, members of a flawed sex that needs fixing, says Gurian, who runs child development seminars in the USA and Canada.

He gives voice to a claim that many agree with: From elementary schools, college campuses and workplaces, from politicians and even parents, the message that eventually filters down to boys is the same — "Males are the villains, and women are the victims."

Experts say the belief that even little boys are suspect is seen in the charge of sexual harassment against a North Carolina 6-year-old who kissed his classmate. "A little boy's stealing a kiss is seen as his first step toward more serious oppression of women," says Christina Hoff Sommers, author of *Who Stole Feminism?* (Simon & Schuster, $23).

"A majority of mothers don't feel that way about their children. But mothers are not organized" as are advocacy groups for women, says Sommers, who teaches contemporary moral theory at Clark University, Worcester, Mass.

Gurian and Sommers are only part of the backlash.

"The conventional wisdom of our entire generation is that men are basically destructive and women, constructive," says David Blankenhorn, author of *Fatherless America* (HarperPerennial, $14). "Can you imagine what would happen if women were labeled basically destructive? It would be

Please see COVER STORY next page ▶

The drawbacks of being born male

Boyhood facts from *The Wonder of Boys:*

▶ Male infants suffer a 25% higher death rate than female infants and have more birth defects.

▶ Boys are twice as likely to suffer from autism. Emotionally disturbed boys outnumber girls 4 to 1; learning-disabled boys outnumber girls 2 to 1.

▶ Boys are twice as likely as girls to be victims of physical abuse; twice as many die from their injuries; boys are three times as likely to be victims of violence.

▶ Boys often have more trouble learning to read.

▶ Eighth-grade boys are 50% more likely than girls to be held back a grade.

▶ Boys are more likely to drop out of high school.

▶ Women outnumber men in both college and graduate school.

Foster's Daily Democrat, Dover, N.H
Saturday Morning, November 7, 1998

Noted author lectures at Portsmouth Sheraton

Dr. William Pollack discusses book, 'Real Boys, Rescuing Our Sons From the Myths of Boyhood'

By GREG HEILSHORN
Democrat Staff Writer

PORTSMOUTH — Not quite 5 years old, Johnny's first days of kindergarten were brutal.

While other boys seemed fine with the idea of their mothers leaving, Johnny would get violently ill. He'd throw up soon after his mother left.

School officials said Johnny was too attached to his mother and that if his behavior continued, he would need counseling. If that didn't work, he would require medication, they said.

Johnny's reaction may seem extreme, but a Harvard psychologist says the reaction of the school officials was worse.

Dr. William Pollack, author of the book, "Real Boys, Rescuing Our Sons From the Myths of Boyhood," told an audience of more than 145 people Thursday night at the Sheraton Hotel Ballroom that boys like Johnny are, more than ever, suffering from society's demand that they be stoic, strong and unfeeling.

Sponsored by The Foundation for Seacoast Health and Seacoast Mental Health Center, Pollack gave three lectures throughout the day, including one for local social and mental health care workers, one for teachers and school officials, and the evening discussion for parents.

A total of nearly 500 people attended the lectures, and their donations will go toward the Mental Health Center's New Height's operation to develop special programs for boys.

"We socialize the empathy right out of them," said Pollack, who based his book on findings of a study he conducted on 200 adolescent males, ages 12 to 18 years old, in a school district in a middle-class suburb in Massachusetts.

In his book — which has been featured on 20/20 and Good Morning America — Pollack argues that as boys age, the pressure to conform to traditional male stereotypes increases. That, in turn, forces them to mask their feelings leading to low self-esteem, a starter for depression or violence, he said.

The results are shocking, Pollack said. Thirteen children a day under the age of 20 are murdered in this country; more than 10 percent of students said they had carried a gun or knife to school; 280 children a day are arrested; boys are held back a grade 50 percent more than girls; and by the time they get to high school, boys are 13 points behind girls in reading, and 20 points behind in writing, according to Pollack

From the ages of 8 and 9 years old, boys are four times more likely to commit suicide than girls, he said.

"It's a silent crisis," Pollack said, stressing it is not just the boys who have been killing, but the boys who live next door.

Within his 1½-hour lecture, Pollack explained three myths about boys that society nurtures: boys will be boys; boys should be boys; and boys are toxic.

The idea that boys are naturally aggressive, which leads to violence, is false, Pollack said. The boy who points a stick or fire engine to imitate a gun does not predicate violence, Pollack said.

"The boys who pick up an AK-47 have not been loved," Pollack said. "It has nothing to do with seratonin or testosterone.

The violent rampages by boys reported across the country and the suicides of six boys in South Boston last year could have been prevented if warning signs were heeded, Pollack said.

"Of the eight boys who killed this year, all of them told a friend in some way that, 'I feel so bad, I'm going to kill someone,'" Pollack said. "One principal said, 'If I had to talk to every boy who said that, I'd have to talk to 20 a week.' My answer is, 'Yes, — you should do that.'"

Those who attended Pollack's lecture were deeply impressed.

"He really pin-pointed those little boys," said Sue Tabor, a member of the Portsmouth School Board. "A lot of things he's saying about boys are true. They can't cry, they have to be independent and stoic."

Portsmouth Superintendent Suzanne Schrader said, "We have been concerned about fairness issues of girls and certainly we can do no less for our boys. I felt appalled about how prevalent the adult talk is about being a big man and not crying, and not being a sissy, and not allowing the more emotional and tender side to come out. A five-year-old is a bit young to be a 'little man.'"

Mrs. Schrader said that "without a doubt," the School District, which has dealt with its share of recent behavior problems, would make an effort to invite Dr. Pollack to work with staff.

"The cost in human terms is too great to ignore," Mrs. Schrader said.

Johnny's situation could attest to that. Dr. Pollack had been observing his kindergarten class, and decided against his vow to intervene.

He convinced administrators to allow the mother to come back until Johnny got used to his new surroundings. Within two weeks, Johnny was fine.

HB 1377-FN - AS AMENDED BY THE HOUSE

HB553 (99)

18feb98.....0644h

1998 SESSION

98-2297
05/09

HOUSE BILL *1377-FN*

AN ACT establishing a state commission on the status of men.

SPONSORS: Rep. Bickford, Straf 1; Rep. J. McCarthy, Rock 24; Rep. Jacobson, Merr 2; Sen. D. Wheeler, Dist 11

COMMITTEE: Executive Departments and Administration

AMENDED ANALYSIS

This bill establishes a state commission on the status of men, and prospectively repeals the provisions of the bill effective September 1, 2003.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord One Thousand Nine Hundred and Ninety-Eight

AN ACT establishing a state commission on the status of men

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Chapter; State Commission on the Status of Men. Amend RSA by inserting after chapter 19-G the following new chapter:

CHAPTER 19-H

STATE COMMISSION ON THE STATUS OF MEN

19-H:1 Commission Established; Members; Appointment and Vacancy.

I. There is hereby created a state commission on the status of men, hereinafter called the commission, consisting of 9 members.

II. All members of the commission shall be appointed by the governor and council for terms of 3 years each, provided that the initial appointees to the commission shall serve the following terms:

(a) The first 3 persons appointed shall serve one year terms.

(b) The second 3 persons appointed shall serve 2 year terms.

(c) The last 3 persons appointed shall serve 3 year terms.

III. At least one member shall be from the university system of New Hampshire and 4 shall represent the general public.

IV. If a vacancy occurs on the commission, the governor and council shall appoint a new member to fill the vacancy for the remainder of the term.

19-H:2 Compensation. The members of the commission shall receive no compensation and shall not be entitled to reimbursement for expenses but shall be entitled to reimbursement for mileage at the same rate provided for state employees.

19-H:3 Officers. The governor and council shall designate the chairman, vice-chairman, secretary and treasurer of the commission.

19-H:4 Duties. The duties of the commission shall include, but not be limited to:

I. Examining issues and effects of cultural discrimination beginning with childhood experiences and progress in public schools, and extending to include a study of male suicide and adult concerns such as family relations.

II. Studying health problems unique to men or which predominantly affect men, and making appropriate recommendations.

III. Promoting initiatives and programs that will enable men to develop career skills and continue their education so that they become productive and responsible citizens.

19-H:5 Cooperation. The commission shall cooperate with any state or federal agency or any private organization in conducting investigations and studies in the area of the status of men. All state agencies shall assist the commission in carrying out its duties.

19-H:6 Report. The commission shall submit an annual report of its activities on or before November 1 to the governor and council, the commissioner of administrative services, the president of the senate, and the speaker of the house. The report may include any recommendations the commission has for legislation.

19-H:7 Authority to Accept Gifts. The commission may accept any gifts, donations or grants from any source whatsoever provided the gifts, donations or grants so received shall be used exclusively in the furtherance of the duties of the commission.

19-H:8 Records. The commission shall file and keep its records in space and facilities made available for such purposes in the offices of the secretary of state by the secretary of state.

19-H:9 Administratively Attached. The commission shall be administratively attached to the department of administrative services.

2 Prospective Repeal of Chapter. RSA 19-H, relative to the state commission on the status of men, is repealed.

3 Effective Date.

I. Section 2 of this act shall take effect September 1, 2003.

II. The remainder of this act shall take effect 60 days after its passage..

LBAO
98-2297
11/18/97

HB 1377-FN - FISCAL NOTE

AN ACT establishing a state commission on the status of men.

FISCAL IMPACT:

The Legislative Budget Assistant has determined that this legislation has a total fiscal impact of less than $10,000 in each of the fiscal years 1998 through 2002.

State of New Hampshire

HOUSE OF REPRESENTATIVES

CONCORD

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MEMORANDUM

TO: **Honorable C. Jeanne Shaheen, Governor**
Honorable Gene Chandler, Speaker of the House
Honorable Arthur P. Klemm, Jr., President of the Senate
Karen O. Wadsworth, House Clerk
Gloria M. Randlett, Senate Clerk
Michael York, State Librarian

FROM: **Rep. David A. Bickford, Chair**

DATE: **February 14, 2001**

RE: **Final Report on HB 553**
Status of Men Study Committee
HB 0553, Chapter 272, Laws of 2000

Pursuant to Chapter 272, Laws of 2000, enclosed please find the report of the committee charged with studying the status of men. Please feel free to contact me with any questions or comments.

DAB/jal
Cc: Study Committee Members
Joel Anderson, Committee Researcher

THE STATUS OF MEN IN NEW HAMPSHIRE

FINAL REPORT
OF THE NEW HAMPSHIRE
LEGISLATIVE COMMITTEE TO STUDY
THE STATUS OF MEN

FEBRUARY 15, 2001

THE NEW HAMPSHIRE LEGISLATIVE COMMITTEE TO STUDY THE STATUS OF MEN was created by the legislature this past summer in response to a variety of concerns over the rapidly deteriorating status of men and boys in New Hampshire.

The Committee was enabled by passage of HB 553 (Chapter 272, Laws of 2000), effective June 12, 2000.

Membership consisted of three members from the House of Representatives and two members of the public appointed by the Speaker of the House:

Representative David A. Bickford, Chair
Representative William R. Zolla
Representative Gary R. Gilmore
George V. Alexander
Michael J. Geanoulis, Sr.

DUTIES of the Committee:

1. Examine issues and effects of cultural biases and stereotyping beginning with childhood experiences and progress in public schools, and extending to include a study of male suicide and adult concerns such as family relations, promoting education and policies which bring fathers and children closer together.

2. Study health problems unique to men or which predominately affect men, and make appropriate recommendations.

3. Promote initiatives and programs that will enable men to develop career skills and continue their education so that they become productive and responsible citizens.

The Committee, with this report, meets the legislative requirement to report its findings and recommendations for proposed legislation to the Speaker of the House of Representatives, the Senate President, the House Clerk, the Senate Clerk, the Governor, and the state library on or before February 15, 2001.

ACKNOWLEDGEMENTS

THE NEW HAMPSHIRE LEGISLATIVE COMMITTEE TO STUDY THE STATUS OF MEN wishes to recognize the cooperation and expertise of the many specialists and state agencies that contributed to the substance of this report. Without their cooperation and assistance, this report would not have been possible.

Joel J. Anderson and Ann V. FitzGerald, Legislative Researchers
Chuck Rhoades, author of "A Study of Men and Their Health"
Dr. Murray A. Straus, PhD, Director, Family Research Lab, UNH
Philip F. Nadeau, Director, Youth Development Center
Gary Fowler, Administrative Office of the Courts
Mary W. Temke, PhD, UNH Cooperative Extension, Family Connections Project
The Department of Health and Human Services, Bureau of Health Statistics and Data Management
The Department of Education
The Department of Corrections

The National Fatherhood Initiative (NFI) provided special value with its booklet, "Father Facts," third edition. No serious study of the fatherless problem would be complete without the publications and resources of NFI, a 501c3 organization:

The National Fatherhood Initiative
One Bank Street, Suite 160
Gaithersburg, MD 20878
301-948-0599 (phone)
301-948-4325 (fax)
http://www.fatherhood.org
nfi1995@aol.com

The Family in America Studies of the Howard Center deserves recognition for its vast concentration of family research, as well. Their Digital Archive was especially valuable in providing for a deeper understanding of contemporary social dynamics:

The Howard Center
934 North Main Street
Rockford Illinois 61103
1-815-964-5819
http://www.profam.org
allan@profam.org

Special thanks, also, go to the members of the public who took valuable time away from their place of employment in order to bring us a higher sense of urgency for those problems described herewith.

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OVERVIEW

Over the past several decades, men and their families have experienced significant changes due to the restructuring of family roles, increasing health problems, educational deficiencies, and new economic and social pressures. This report provides a snapshot of the lives of men and boys in New Hampshire, details the following problem areas, and recommends the creation of a permanent commission on the status of men.

- Boys have inferior reading scores, lower graduation rates, and are in need of special educational services at unprecedented rates. Men are increasingly less likely to pursue and complete secondary degrees. Men are participating less in university graduate programs.

- Men have increasing problems with their health. Men are now dying a full 10 years sooner than women in New Hampshire with higher mortality rates beginning at birth. The suicide rates for boys, young fathers and older men range from four to ten times higher than that of women.

- In the area of crime and behavior problems, males have higher arrest rates and incarceration rates. They are more likely to be victims of homicides. In New Hampshire's Youth Development Center, 80% of incarcerated youths came from homes absent their biological father.

- Nationwide, 40% of America's children live in a home absent their biological father. Fatherlessness is considered by growing numbers of social thinkers to be our foremost social problem. Fatherless children have a higher likelihood of welfare dependency. A strong link exists between father absence and substance abuse, juvenile delinquency, teen pregnancy, and educational failure. Children having a poor or non-existant relationship with their biological father have lower scores in moral development and overall wellness.

RECOMMENDATION

This committee recommends immediate passage of HB 587 relative to the establishment of a commission on the status of men.

The deteriorating condition of males should be officially recognized as a serious problem by the state of New Hampshire. Much needs to be done in the way of outreach and prevention to reduce both the suicide rates and the mortality rates of men. An improvement in the physical and mental health of men would, by association, improve the wellness of children and families.

Programs should be developed to improve the educational prospects for children—especially boys. Given the high level of father absence and its negative implications, special emphasis should be provided for the importance of biological fathers in the lives of children. Outreach programs and proposed legislation need to be developed having a special emphasis on the need to improve the condition of the father/child relationship.

Benefits are difficult to estimate, but such a commission would more than justify its costs. Reduced suicide rates and better health for men will translate into savings through higher productivity and a reduced need for a variety of state-funded services. Higher father involvement will translate into reduced incarceration rates for both juveniles in the near term, and adults in the longer term, each of which costs the state about $20,000 annually per inmate. The committee further believes higher father involvement will translate into a reduction in the need for child support collections services costing the state $9 million annually as well as reducing a variety of welfare costs to the state.

DISCUSSION OF PROBLEM AREAS

THE STATUS OF MEN'S HEALTH

"I get an annual physical every 16 years."
Anonymous response to a seacoast men's health research survey.

Dr. William Pollack of the Harvard Medical School and Center for Men at McLean Hospital believes the health care of males in America should be elevated to emergency status. "Between boys' suicide rates, dropout rates and homicide rates, and men's self-destructive behaviors, generally, we have a real crisis in America."[1]

In 1920, a difference of about one year existed between the average death rates of men and women.[2] Something is happening to men's health that no one predicted.

Mortality Rates

This committee discovered that New Hampshire men are dying a full ten years sooner than women. The latest New Hampshire Bureau of Health Statistics and Data Management showed a full ten-year difference in the life expectancy of men and women. A New Hampshire man's lifespan, in 1998, was 69.8 years while a woman's was 79.8 years.[3]

Prostate Cancer

About one in four prostate cancer cases strikes a man during his prime working years, under the age of 65. In 1998, the American Cancer Society reported a 23 percent rise in the prostate cancer death rate over a twenty year period. Another man is told he has prostate cancer every 3 minutes.

Much attention and funding has been rightfully given to the devastion of breast cancer, and that effort should not be abated in any way. But prostate cancer is a debilitating killer, as well. With the exception of skin cancer, prostate cancer is the most common form of cancer. In statistical terms, prostate cancer is a little less deadly, claiming about 10 percent fewer lives than breast cancer, but prostate cancer receives 300 percent less funding.[4]

The US Postal Service has a matching funds program for the sale of breast cancer stamps to combat breast cancer. A similar fund-matching program for prostate cancer is also needed to combat protate cancer.

Suicide

The most telling, and saddest indicator heralding the precipitous decline of males comes to us in the form of suicide statistics.

In studies performed by the World Health Organization for the period 1979 through 1994 and the National Center for Health Statistics for the same period, the ratio of suicides between males and females in the United States was 4.9 to1.0.

Recent data shows the incidence of suicide has risen steadily since 1979. Of the 31,000 suicides in the United States, 25,000 of them are males according to the National Institute of Mental Health.

While the suicide rate for 15 to 34 year-old women has declined significantly, the rate for men has increased. This rate holds steady through the age of 60, then again increases dramatically through the age of 85 where the suicide rate for males is ten times that of females.[5]

In a study of 146 adolescent friends of 26 adolescent suicide victims, teens living in single-parent families are not only more likely to commit suicide but also are more likely to suffer from psychological disorders.[6]

The reduced status of a man with his family and children has deadly implications, as well. According to the Journal of Epidemiology and Community Health, "Divorced or separated men are more than twice as likely to kill themselves as men who remain married." By comparison, the suicide rate for divorced men is almost ten times higher than the suicide rate for divorced women.[7]

Some social scientists are beginning to speculate that there are "slow" forms of suicide such as substance abuse and criminal behavior that are not recorded as suicides.

The suicide rate in New Hampshire exceeds that of the United States on a per capita basis. Of the 139 suicide victims in an average year in New Hampshire 110 are males.[8]

Fatherless Children, Mental Health, and Substance Abuse

A study of preschool children admitted to New Orleans hospitals as psychiatric patients found that nearly 80 percent came from fatherless homes.[9]

The absence of the father from the home affects significantly the behavior of adolescents and results in greater use of alcohol and marijuana.[10] Fatherless children are at a dramatically greater risk of drug and alcohol abuse.[11]

Boys who grow up in father-absent homes are more likely than those in father present homes to have trouble establishing appropriate sex roles and gender identity.[12]

Fatherlessness, Self Destructive Behavior and Crime

The likelihood that a young male will engage in criminal activity doubles if he is raised without a father and triples if he lives in a neighborhood with a high concentration of single-parent families.[13] One study of adolescents charged with murder found that seventy-two percent grew up absent their biological fathers.[14]

A study of men accused of rape found that sixty percent grew up absent their biological fathers.[15] Sociologist David Blankenhorn concludes that fatherlessness is a primary generator of violence among young men.[16] The research is clear...the one human being most capable of curbing the antisocial aggression of a boy is his biological father.[17]

The New Hampshire example reflects national findings on the link between fatherlessness and the instability of children. A typical juvenile incarcerated at the Department of Youth Development Services (DYDS) was committed because of multiple

offenses including assault. His/her biological parents were divorced, separated, or never married with the mother as primary caregiver. He/she was identified as educationally disabled with a history of suspensions and school disciplinary actions. Two-thirds were medicated with drugs like prozac or ritalin. Problems identified were self-esteem, familial relationships, assaultive behavior, poor decision making skills, substance abuse, and being the subject of abuse.

A central theme was absence of a significant and positive adult role model. Eighty percent of incarcerated youths came from homes where the biological father was absent. DYDS administrator Phil Nadeau told us that if a child didn't know where one of his/her parents was, it was usually the father. All of the committed female youths came from homes absent their biological father.[18]

At the Lake's Region Correctional Facility, A "Family Connections Project" of the UNH extension service administered by Mary Temke, Ph.D., male inmates were found to be very concerned about their families and children. They wanted to be better fathers. Many inmates themselves grew up without their fathers. Virtually all the men took parenting classes while in prison whether or not they had a relationship with their children.[19] Incarcerated men are denied requests for continuing relationships with their children while, by comparison, incarcerated women are given court approval for those same requests.[20]

Temke said that men have poor attitudes about their status as nurturers and providers and should see themselves as being more important for their children than they do now. On a scale of one to ten on importance for children, she rated both mothers and fathers as ten.[21]

THE STATUS OF MEN'S EDUCATION

"Educationally speaking, boys are the weaker gender."
Christina Hoff Sommers, PhD

Much is said about schools shortchanging girls in our educational systems. Conventional wisdom holds that girls are in a crisis.[22] While there is, indeed, much that can be done to improve educational systems overall, this committee found an even bigger crisis for boys.

High School Performance

Dr. Michael Gurian, psychotherapist and author of "The Wonder of Boys," claims from his short list, that two boys are learning disabled for every one girl; boys' grades are worse than girls'; and there are six boys with attention deficit disorder to every one girl.[23]

In an in-depth study of education, Christina Hoff Sommers found that girls are eclipsing boys almost universally. Boys excel in sports but they get poorer grades. They have lower educational aspirations; participate less in confidence measures like student government, honor societies, school newspapers, and debating clubs. Boys read fewer books than girls, and study abroad at lower rates. The typical boy is a year and a half

behind the typical girl in reading and writing; he is less committed to school and less likely to go to college. Girls outperform boys in artistic and musical ability.[24]

Boys, meanwhile, have the edge in school suspensions, being held back, and dropping out. More boys than girls cut classes and fail to do homework assignments.

Boys' SAT scores are higher but this is because boys with limited ability are less motivated to take the test and drag down the scores.[25]

While boys have a slight edge in National Assessment of Educational Progress (NAEP) math and science scores of 5 and 8 points respectively, girls outperform boys by 14 points in reading and 17 points in writing.

In New Hampshire, those NAEP scores for boys are slightly below the national average: 15 points for reading and 18 points for writing.[26] In 1997, there were 20,152 New Hampshire boys coded for special education while for girls, the total was 9651—a ratio of about two to one.[27]

Post Secondary Education

At the University of New Hampshire in 1998, the male undergraduate population (4,746) was below that of females (5,337) by about 10%. The percent increase since 1987 for men was 13.6% while for women, by comparison, the increase was 16.4%.

The most dramatic indicators for men's lower participation in higher education occur at the graduate level. Male graduate students account for less than 40 percent of all graduate students at the University System of New Hampshire.

Men have significantly lower participation in all levels of higher education in comparison to women. If the discrepancy between male and female enrollment patterns continues, and there is no evidence to suggest they will not, the face of higher education will be forever changed.[28]

Twenty percent of employed men had bachelor's degrees in 1995. By comparison, twenty-three percent of employed women had bachelors degrees. The difference is expected to widen over time.[29]

Men account for only 12 percent of New Hampshire elementary school teachers and 43 percent of high school teachers.[30]

Fatherlessness and Educational Failure

To avoid the risk of losing the reader of this report with an overabundance of material facts on the link between fatherlessness and the educational failure of children, the serious student is simply asked to review the research items presented in Christina Hoff Sommers' "The War Against Boys," Simon & Schuster (2000) and the "Father Facts" booklet published by the National Fatherhood Initiative referenced in the acknowledgements. It should suffice to state here, for the purposes of this report, that fatherless children are twice as likely to drop out of school.[31]

THE ECONOMIC STATUS OF MEN

"Industrial communities are beginning to do more poorly by their male children in the present as they did more poorly by their female children in the past."

Lionel Tiger
Anthropologist

There has been a new trend developing in the economic status of men over the past 30 years or so—down.

The growth in jobs for men is declining. "Nonemployment"—being effectively out of the labor force altogether—doubled for men twenty-five to fifty-five years of age between 1970 and 1994 in the United States.[32]

MIT economist Lester Thurow has described how the median wage of American males between the ages of twenty-five and thirty-four has decreased in real terms by 25 percent, and one-third of them earn less money than is needed to keep a family of four at or above the poverty line.[33]

Government policy may be unwittingly creating perverse incentives for traditional family formation and the decline of males. Author Lionel Tiger coins the term "bureaugamy" to describe government options in family formation with which marginal wage-earners are unable to compete in economic terms.[34] According to the CATO Institute, wage-equivalent government welfare benefits exceeded the minimum wage by as much as 200 percent, or more, in many areas of the country including New Hampshire.[35]

Child Support Compliance Problems

In New Hampshire, 93% of those paying child support through the Office of Child Support Services are fathers. The Census Bureau reports that 66 percent of mothers with a child support award who did not receive payment from the father said it was because fathers were unable to pay.[36] The average amount of child support paid by non-custodial parents remains relatively unchanged over time in spite of increased enforcement.[37]

The New Hampshire Office of Child Support Services (OCSS) issues periodic news releases claiming increasing effectiveness by collecting more money than ever before. Actually, what drives the numbers up, for the most part, are ever increasing caseloads and a law that adds people to the roles even if they are compliant and make timely payments.[38]

Misleading releases imply success that cannot be justified by the facts. Even as caseloads constantly increase, current child support collections rates remain mired around 65 percent representing compliance rates that are not much improved over the years, in spite of glowing reports and increased enforcement.[39] The arrearage account has grown to more than $200 million for New Hampshire alone. It is a fact that the Office of Child Support Services has transferred less than 37 percent of amounts owed by obligor parents from both current and arrearage accounts to obligee parents.[40]

Misleading releases only serve to postpone the day when meaningful solutions are conceived--solutions that revolve around feelings, the natural inclination of parents to support their children,[41] and a realistic approach to the costs of two households.

This committee found a direct relationship between father involvement and compliance with child-support orders.[42] Since more than 90 percent of fathers who have a relationship with their children pay child support,[43] and since fathers who have no parenting time have compliance rates hovering around 40 percent, or less,[44] this committee believes one solution for improved support for children, in both emotional and economic terms, lies in the adjustment of policies that discourage father involvement.

Few statistics in the literature of divorce have been cited more frequently in the justification of child support guidelines than Lenore Weitzman's claim that the average divorced woman experiences a 73 percent decline in living standards while her former husband experiences a 42 percent *increase* in living standards.[45] [46] In statistical analysis of national income data, Stroup & Pollock found that the Weitzman "generalizations" do not hold. The researchers concluded that a woman's loss averaged 22 percent and that the average man suffered a *loss* of about 10 percent.[47]

THE STATUS OF FATHERS

> *"The single biggest social problem in our society may be the growing absence of fathers from their children's homes because it contributes to so many other social problems... Without a father to help guide, without a father to care, without a father to teach boys to be men, and to teach girls to expect respect from men, it's harder... "*
>
> President Bill Clinton
> University of Texas Speech
> Austin Texas, October 16, 1995

Dr. Louis Sullivan, former U. S. Secretary of Health & Human Services, declared fatherlessness to be America's number one social problem. Tonight, more than 24 million of America's children will go to bed in a home absent their biological father.[48] More than one-half of all children who don't live with their father have never been in their father's home.[49] Twenty-six percent of absent fathers live in a different state than their children.[50] The United States is now the world leader in fatherless families.[51]

When the family unit breaks down, if it ever formed to begin with, the father's role as reflected in court decrees, social policy, and even by fathers' themselves, seems somewhat marginal. Fathers often vacate the family home on their own initiative.

In 1996 there were 11.7 million single parent families nationwide. Mothers headed 9.85 million and 1.86 million were headed by fathers.[52] The probability that today's marriage will end in divorce is calculated to be about 60 percent.[53] Recent statistics from New Hampshire reflect national trends. Here, there were about 6,000 divorces and 10,000 marriages in 1998.[54]

Fathers get sole physical custody of their children in only 15% of cases with most of those coming by default. In 1997, New Hampshire sole physical custody awards totaled 2,334 for the mother and 397 for the father.[55]

This committee could not get divorce decree details on the allocation of parenting time but anecdotal evidence suggests a typical custody order provides for every other weekend of "visitation" for the father. This may be a reflection of RSA 458:17, IV "....the other parent shall be awarded physical custody rights during all periods of the time heretofore referred to as 'visitation'."

Researchers discovered that many fathers separated from their children found it difficult to maintain a close and loving relationship with their children; and that contact between fathers and children soon diminishes after divorce.[56] In a national study of 14 to 21 year-olds, 50 percent of unwed fathers had significantly decreased the amount of time spent with their children over a five-year period.[57]

In a nationally representative sample of 11 to16-year-old children living in father-absent households, almost half had not seen their father in the last twelve months.[58] In a 1990 survey, only one-third of father-absent children reported seeing their fathers at least once a week.[59] Nearly one in five children in father-absent families had not seen their fathers for five years.[60]

In basic terms, cultural presumptions have held, since 1900 or so, that there should be a strict division of labor within the family unit: mothers as nurturers, fathers as providers. It was assumed that everything a child became was the result of the maternal primary care taking role with paternal breadwinning a necessary supplement. As a result, mothers came to be seen as biologically predisposed to care taking and socialization, while fathers became "the forgotten contributor to child development."[61]

When 1500 CEOs and human resource directors were asked how much leave is reasonable for a father to take after the birth of a child, 63 percent indicated "none."[62] This committee found little that could justify the status quo of a father routinely living a life separate from his children.

Stepparents or Substitute Fathers

Although stepfamilies often have an economic advantage over single-parent families, the children of stepfamilies have as many behavioral problems as the children of single-parent families, and in some instances more.[63] Fatal abuse, serious abuse, and neglect are lowest in households with married biological parents and highest in households in which a biological parent cohabits with someone who is not biologically related.[64]

In a Wall Street Journal article conveniently entitled "Fatherless Boys Grow Up To Be Dangerous Men," Maggie Gallagher outlines research from Princeton and the University of California demonstrating that each year spent without his dad in the home increases the odds of a boy's future incarceration by about 5 percent.[65] Moreover, boys living in stepparent families were almost three times as likely to face incarceration as boys from intact families.[66] Family structure was a more important factor than income.[67]

Children care more about a relationship with biological parents than stepparents. Children have ongoing fantasies about their biological parents reuniting.[68] In stepfamilies, emotional and behavioral problems of children more than doubles.[69]

DOMESTIC VIOLENCE

According to data supplied by the New Hampshire Administrative Office of the Courts, there were 6,441 petitions for relief of domestic violence filed in 1999. Most resulted in temporary or permanent restraining orders against men. Of the 2403 permanent restraining orders outstanding on November 8, 2000, 85% were against men. In domestic violence allegations, the accused are routinely removed from their homes to the street on short notice with nowhere to go.

Murray A. Straus, Ph.D., co-director of the University of New Hampshire's Family Research Lab, told us that women have equally high assault rates with their partners. Men should have been more involved in the formulation of domestic violence prevention and protocols.[70]

This committee feels that the best way to achieve quality solutions for the problem of domestic violence is to include all members of society in the dialogue on a sex neutral basis.

SUMMARY AND CONCLUSION

> *"Just as the last third of the twentieth century was about creating equal opportunity for women as workers, so the first third of the twenty-first century will be about creating equal opportunity for men as parents. Neither goal will be achieved until both goals are achieved."*
>
> From "Father and Child Reunion"
> Warren Farrell, Ph.D.

This committee found the wellness of men, and by association, the wellness of their families and children, especially boys, to be in a serious state of decay-- a kind of deterioration that is not readily discernable to the casual observer. The decline is somewhat bewildering. The fatherlessness rates, suicide rates and mortality reports seemed like gross errors because men are supposed to be strong.

Some men came forward to complain there was very little in the way of services available for severly stressed men. Most men, however, suffer in silence. Many seem to be looking after their own wellness as though it mattered not whether they lived or died. In expressions of powerlessness and depression, men are neglecting and killing themselves at alarming rates. Alarming, especially, if we still believe men to be important for children and families. The declining status of males, and, as a result, the decline of those associated with them, remains mired in obscurity.

Dr. Temke recommends programs for the children of incarcerated parents that provide for a continuing and meaningful relationship with their parents, regardless of the parents' sex.

Dr. Straus recommends developing prevention and intervention protocols for domestic violence problems that incorporate safeguards for the sanctity of family relationships on a sex neutral basis.

The research reflects a world of difference between the children whose fathers are involved with them and those whose fathers are not. Earlier, a sampling of such research

was presented to make the point that father absence was not good for children or families. To end on a positive note, and to encourage higher paternal involvement, a sampling of research is here presented to demonstrate the inverse: a father's presence can be good for children and families:

- A nationally representative sample of 1,600 10-13 year olds found that children who shared important ideas with their fathers and who perceived the amount of time they spent with their fathers as excellent had fewer behavior problems and lived in a more cognitively stimulating home.[71]

- Premature infants whose fathers spent more time playing with them had better cognitive outcomes at age 3.[72]

- A survey of more than 20,000 parents found that when fathers are involved in their children's education including attending school meetings and volunteering at school, children were more likely to get A's, enjoy school, and participate in extracurricular activities and less likely to have repeated a grade.[73]

- Under joint custody arrangements, child support compliance rates zoomed to a very high level: 93 percent by fathers' reports; 89 percent by mothers' reports.[74]

- Having loving parents teens can talk with helps reduce teen pregnancy.[75]

- Fathers (especially) are very influential in the decision not to have sex.[76]

- Whether the outcome variable is cognitive development, sex-role development, or psychosocial development, children are better off when their relationship with their father is close and warm.[77]

HISTORY

In 1998, House Bill 1377 was first introduced to the New Hampshire Legislature asking for the establishment of a full Commission on the Status of Men. It failed to gain the approval of the House Finance Committee. The following year the effort was repeated under House Bill 553. After a detailed inspection of such evidence as burgeoning male mortality, suicide, educational failure and fatherless rates, the House was moved to share the sense of urgency of the bill's sponsor, Representative David Bickford, and recommended passage on June 23, 1999 by a vote of 210 to 76.

The Executive Departments Committee of the Senate amended the bill. In the ensuing House/Senate committee of conference convened to iron out differences over the bill, it was agreed that a chaptered House committee should study alleged problems in further detail, make further recommendations as necessary, and come back to the Legislature by February 15, 2001 with a full report. It passed the Legislature in this form and was signed into law by the Governor in June, 2000.

The duties of this committee were to be threefold: To examine, study and promote, as explained in the duties requirements of HB 553. Due to the overwhelming nature of the problems uncovered, however, this committee could do little by way of "promotion" or "prevention" because of time and resource constraints. This committee could not, for example, explore causes and prevention for the heartbreak of suicide; nor could it promote higher levels of father involvement for children. Furthermore, many items on the list of topics this committee hoped to examine were not readily available.

This report, therefore, is simply a summary of the most urgent problems.

NEW HAMPSHIRE LEGISLATIVE COMMITTEE TO STUDY THE STATUS OF MEN

February 15, 2001

David A. Bickford

Representative David A. Bickford, Chair

William R. Zolla

Representative William R. Zolla

Gary R. Gilmore

Representative Gary R. Gilmore

George V. Alexander

George V. Alexander

Michael J. Geanoulis, Sr.

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Voting Sheets

HOUSE COMMITTEE ON EXECUTIVE DEPARTMENTS AND ADMINISTRATION

EXECUTIVE SESSION on HB 553-FN-A

BILL TITLE: **establishing a commission on the status of men, and making an appropriation therefor.**

DATE: April 7, 1999

LOB ROOM: 202

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: (OTP) OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Sapareto

Seconded by Rep. Zolla

Vote: 16-1 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: NO

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Ray F. Langer, Clerk

EXECUTIVE DEPARTMENTS AND ADMINISTRATION 1999 SESSION

HB553 Bill #

Public Hearings _____ Executive Session 4-7-99

COMMITTEE REPORT: OTP

	YEAS	NAYS
Mercer, Robert S, Chairman		
Goulet, Maurice E, V Chairman		1
Dyer, Merton S	1	
Langer, Ray F, Clerk	2	
Holley, Sylvia A	3	
Moore, Benjamin E	4	
Dickinson, Howard C	5	
Stickney, Nancy C	6	
Sapareto, Frank V	7	
Hamel, Albert W		
Millham, Alida I	8	
O'Neil, Michael	9	
Poulin, Dave G	10	
Zolla, William R	11	
Murphy, Robert E	12	
Reidy, Frank J	13	
Virtue, Carolyn A		
Batchelder, Robert C	14	
Burkush, James A		
Courchesne, Judy A		
Landers, Dana L	15	
Lent, Donald R	16	
TOTAL VOTE	16	1

Appeared in Favor	Appeared in Opposition

Committee Report

COMMITTEE REPORT

COMMITTEE: **Executive Departments and Administration**

BILL NUMBER: **HB 553-FN-A**

TITLE: establishing a commission on the status of men, and making an appropriation therefor.

DATE: April 8, 1999 CONSENT CALENDAR YES ☐ NO X☐

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

HB 553 is similar to HB 1377, which passed the house last spring. The current proposal includes a purpose clause recognizing men as an important resource for their families and points out that certain social, economic and health problems are unique to men. As the Commission on Women has served us well for the past 30 years, we feel strongly that the same consideration and understanding should be granted to men, particularly in light of the fact that he Commission on Men will be required to report annually to the house and senate. Its usefulness will be re-examined in five years when it is sunsetted in 2005.
Vote 16-1.

Rep. William R. Zolla
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

Executive Departments and Administration

HB 553-FN-A, establishing a commission on the status of men, and making an appropriation therefor. OUGHT TO PASS

Rep. William R. Zolla for **Executive Departments and Administration:** HB 553 is similar to HB 1377, which passed the house last spring. The current proposal includes a purpose clause recognizing men as an important resource for their families and points out that certain social, economic and health problems are unique to men. As the Commission on Women has served us well for the past 30 years, we feel strongly that the same consideration and understanding should be granted to men, particularly in light of the fact that he Commission on Men will be required to report annually to the house and senate. Its usefulness will be re-examined in five year Vote 16-1.

COMMITTEE REPORT

COMMITTEE: **Executive Departments and Administration**

BILL NUMBER: **HB 553-FN-A**

TITLE: establishing a commission on the status of men, and making an appropriation therefor.

DATE: April 8, 1999 CONSENT CALENDAR YES ☐ NO ☒

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

HB 553 is similar to HB 1377, which passed the house last spring. The current proposal includes a purpose clause recognizing men as an important resource for their families and points out that certain social, economic and health problems are unique to men. As the Commission on Women has served us well for the past 30 years, we feel strongly that the same consideration and understanding should be granted to men, particularly in light of the fact that he Commission on Men will be required to report annually to the house and senate. Its usefulness will be re-examined in five years when it is sunsetted in 2005.
Vote 16-1.

Rep. William R. Zolla
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

HB553 is similar to HB1377 which passed the House last Spring. The current proposal includes a purpose clause recognizing men as an important resource for their families and points out that certain social, economic and health problems are unique to men. As the Commission on Women has served us well for the past 30 years, we feel strongly that the same consideration and understanding should be granted to men, particularly in light of the fact that the Commission on Men would be required to report annually to the House & Senate. ~~As it exists~~ Reexamined usefulness will be reexamined in five years when it is sunsetted in 2005.

sunsetted