Bill as Introduced

HB 553-FN-A – AS AMENDED BY THE HOUSE

23june99.....1699h

1999 SESSION

99-0571
05/02

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

AN ACT establishing a commission on the status of men.

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

COMMITTEE: Executive Departments and Administration

AMENDED 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.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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.

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 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.

HB 553-FN-A - AS AMENDED BY THE HOUSE

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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.

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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.

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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.

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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.

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Amendments

Sen. Larsen, Dist. 15
January 10, 2000
2000-3025s
05/10

Amendment to HB 553-FN-A

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

AN ACT establishing a committee to study the status of men.

Amend the bill by replacing all after the enacting clause with the following:

1 Committee Established. There is established a committee to study the status of men in the state.

2 Membership and Compensation.

I. The members of the committee shall be as follows:

(a) Three members of the house of representatives, appointed by the speaker of the house.

(b) Three members of the senate, appointed by the president of the senate.

II. Members of the committee shall receive mileage at the legislative rate when attending to the duties of the committee.

3 Duties. The committee shall receive input from interested parties, and shall study but not be limited to the following:

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.

4 Chairperson; Quorum. The members of the study committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named house member. The first meeting of the committee shall be held within 45 days of the effective date of this section.

5 Report. The committee shall report its findings and any 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 November 1, 2001.

6 Effective Date. This act shall take effect upon its passage.

2000-3025s

AMENDED ANALYSIS

This bill establishes a study committee to address the status of men in the state. The committee will address various issues of concern to men, including health problems unique to them and personal development needs.

Senate Executive Departments and Administration
January 10, 2000
2000-3034s
05/10

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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, promoting education and policies which bring fathers and children closer together.

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

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2000-3034s

AMENDED ANALYSIS

This bill establishes a study committee to address the status of men in the state. The committee will address various issues of concern to men, including health problems unique to them, and personal development needs.

Committee Minutes

Date: August 17, 1999

Time: 9:45 am
Room: 101 LOB

The Senate Committee on Executive Departments Administration held a hearing on the following:

House Bill 553-FN-A establishing a commission on the status of men.

Members of Committee present:

Senator Cohen
Senator D'Allesandro
Senator Larsen
Senator Roberge

The Chair, Senator Burt Cohen, opened the hearing.

Senator Burton J. Cohen, D. 24: Open hearing on HB 553. One of the sponsors. Representative Alf Jacobson. Welcome.

Representative Alf E. Jacobson, Merrimack, D. 2: Thank you. Mister Chairman and members of the committee. My name is Alf Jacobson and I represent Merrimack District 2. I am one of the sponsors of this legislation to establish a Commission for the Status of Men. Being that I believe in equality it seems to me that if there is a Commission for the Status of Women there should be one for men. In many ways the problems of men are in someway more serious than those of women. But none the less I think we a state should be aware of these problems that men have and a number of them are actually listed in the introductory paragraph of the supposed legislation. This is interesting enough.

The second time we asked sponsored it. The first it drew tremendous amount of resistance from women's organizations. This time in the house there was very little resistance to it. I think that over the two-year period we have had and opportunity to explain our position it is not anti-women position it is a pro men position. We have absolutely no objection to women having their

commission as well. It's like everything else you know, we tend to isolate ourselves when we talk about: for example the judiciary, the legislative and the executive branches and we tend to isolate them and we are beginning to learn that isolation doesn't work. So we're hopeful that the senate will look favorably on this piece of legislation and that we could move forward on.

I would be glad to answer any questions?

Senator Burton J. Cohen, D. 24: Thank you. Senator Roberge.

Senator Sheila Roberge, D. 9: How many other states of a status of men?

Representative Alf E. Jacobson, Merrimack, D. 2: I don't know that.

Senator Sheila Roberge, D. 9: Do you know of anybody of any other state that does that?

Representative Alf E. Jacobson, Merrimack, D. 2: Representative Bickford may know that and is going to testify in a moment.

Senator Burton J. Cohen, D. 24: So no other questions. Thank you very much.

Representative Alf E. Jacobson, Merrimack, D. 2: Thank you.

Representative Dave Bickford, Stratford, D. 1: My name is Representative Dave Bickford. I am the prime sponsor. All right you have already had an introduction a little bit. I am going to assume that you have had an opportunity to read the preamble which the discusses about, this would include the juvenile justice system at least we are very concerned about what is going on with the number of boys that going into the system. I have had contact with Phil Meadow at they YDC. They run from anywhere 80 to 95 percent of boys there at extreme cost to the state. So this bill is to designed to look into those issues and to try and determine some programs and work on programs that might work for boys. So it is not just men, it is also young men and boys. It also deals with a heath aspect, if you have had a chance to look at the duties of it.

Number 2 deals with Health issues of men and also education. I will move on and later talk about that. One of the things about this bill we want to set it up so that it can accept grants. If you look at what I have passed out to you on the first page there talks about Clay Shaw here and try to get...our fatherhood project. I certainly feel that would be very helpful if some of that money could come into the state. For a state sponsored program with that

kind of coordination could be worked out. What I like about this bill also is the members of it are picked by the government counsel, which is what the Commission on Status of Women does also. I use that for a template.

The Commission for the Status of Women of course has been here for thirty-year and the state, we still support that and fund it too. About 51 million, a thousand dollars this year. We have one here and at the University level, we have one at the United States President level and the United Nations level. We have been doing this for some time now. I think that Alf may have touch upon it.

The bill came out of the Executive Departments in the House with a 16 to 1 vote in favor of it and that was with money in it. When we went to finance it they decided to take the money out because of all the controversy over education and everything. So presently the bill does not have any money. It is set up to look for grants. They voted it out finance 17/2, which our floor vote was 210/76. So it is quite favorable in the house.

Now just moving on to the next page of what I handed to you. See it is not just a rebulican idea. It's also Vice President Al Gore who I have had the opportunity to speak to personally on this issue and says that it is one of his favorite projects. Particularly fatherhood he talks of. He is very concerned about how we have not been including fathers in the studies that they have been doing at the federal level. Says until know most of our family research have been concentrated on the mother child bond with the father cropped out of the family. If we look at data we will find that most of our problems with juveniles have been going on without a father involved and this is an area where we need to try to maintain that involvement.

We have got a 10 million dollar organization of child support that is constantly beating on people to get money out of them, but yet we fined at the number of studies on that... That if we could just make the connections we would father a child that they would actually believe that they were related and that they are bonded. That there is no money issue. The money issues goes away, almost completely away.

So anyway and then the next page. Points out what is going on in the custody area. I just thought I would through that in. It seems to be a lot of misunderstanding about who gets custody and not. As you see over all mothers get custody 72 percent of the time and we probably get 9 percent. This is not quite right. Over all 12 percent for fathers and 15 percent with joint custody. That joint custody is sort of a scatter thing. I thought that I would through that in here because that is good data to know in your other deliberations.

Now moving on to the next page. We are looking at the health care access report and I want to speak to you on health. We look at the mortality rate, right at the top of that table and you see that right at age 1 to 14, boys have a mortality rate twice that of girls. We see the same thing moving on to the next level, which is 15 to 17 year olds. Again, double the rate and what is even more interesting if you look down and look at the suicide rate, which is 5 and half times more than what girls are. That is where in this bill the Executive Department in the House wanted to really stress the issues of suicide they wanted that looked into what is going on and you will see that just recently the Surgeon General has come out, the US Surgeon General has come out and said hey your right we have a real problem. Not only with boys at that level, but says that white men age 65 and older are the most likely to commit suicide. Accounting for 20 percent of the cases. The suicide rate has double since 1980 among children ages 10 to 14. It is predominately boys. I think we have been pretty anti-focused on that.

Moving on to the next page. You will see the age group 18 to 24 is a very turbulent time for young men trying to sort out their lives sort of and find out where they fit in society. Find that the suicide rate is 10 times now the rate of what is going on with girls. Now girls commit suicide or attempt to commit suicide more often then boys, almost 25% more. But they seldom accomplish it or it is like slashing the wrist and that sort of thing. With boys you will find that they are using guns. They just take a gun to their head and blow themselves away. Now you also see that the injury rate is about double girls here. And this is also a time when we are putting a lot of boys in prison. Our prison population runs 2,300 in New Hampshire State Prison. Our jails run another 2,300. I think it is about 6,000 people on probation. Of that 2,300 only 150 are women. We have an incredible number of men going into prison and we are not sure just why, but we have allotted it as educational, which I will get to that later. Again in the next case, mortality rates now, it is 850 to 542 and suicides are running double.

The next page, mortality rates again running very high. Suicides back up 5 times. What is interesting here is you look down at number 2 on that page and you will see cancer is listed, cancer instance, breast cancer, cervical cancer, colon and lung cancer, but what is not listed I thought was sort of ironic is nothing about prostate cancer. That is the number 2 cancer killer of killer of men and when I called up Health and Human Services about it, it was just something they overlooked. They just hadn't thought of it. I thought that was rather unique. I will speak to that issue a little more later. Again mortality rates are not quite as high now, we are in the 75 plus bracket, but as a certain General of the US has found out, suicide rates run 11 times the rate and this is where men generally die off. You will find that men die 7 years younger than women.

Yet we don't do much about that whether it is the state or even the federal level. There has been a lot work on heart attacks, but that is about as far as it has gone. You will see that at the federal level the CBC is a women's bureau at the National Health Institute there is a women's bureau, but there is nothing much with men here. And when I looked at – excuse me I am off track here a little bit.

On the next page, when the group recommends ways to prevent child's deaths there. I just wanted to point out that this is a state committee that was put together and looked at child fatality and to talk to killers through vehicle crashes and suicides in the state. I just wanted to show that most of the suicide positions.

But here we are back on cancers on the next page and you will see that again in the cancer deaths by sight and sex the prostate cancer is almost as high as breast cancer. Well we have a lot of work with breast cancer. We have spent a lot of money and the federal government certainly does. If you look at the next page you will see there is an article on that. In 1997 $445 million is being spent on breast cancer where as there is only $119 million on prostate cancer. Which is about one quarter the amount of money as compared to what is going on with the men and yet the death rate is about the same. The incidence is quite higher here. The only reason for that is there is no organization screaming out saying hey we some federal dollars also. I am not talking about taking money away from anybody, but you need a squeaky wheel in other words and that is what we hope that this commission would do.

Now lets go on to this page. I would like to speak to you about education. What is happening. Now we have heard a lot about what is going on with girl's math and sciences, which we are spending a lot of time dealing with those issues. This is the scores from the national assessment for educational progress and you will see the girls in math do lag behind boys at the age of 17 eight points and in mathematics about five points. But when you take a look at the next page this is what is going on in reading and writing. We find that boys fall behind girl's fifteen points at the same age and at the same age level in writing eighteen points, so they are dismally behind girls in the very basic fundamental skills in education. Yet there is really not too much emphasis placed on this problem on the gender issue. Now we have done a lot of discussion about having girls set out maybe in one gender only classes particularly in Portsmouth you remember there was a lot of talk about that in your, Senator Cohen's, district. But we need to look more closely into this. Now when I brought this up the Executive Departments in the House they did a little more research and they dug up this next page. They wanted to look into what was going on in special education. As you can see, highlighted

there, it runs that year 2 to 1. Twice as many boys in special education as girls and now you find that it is about 2¼ to 1. It if running higher, that ratio and you find a lot of controversy now about boys being put on Ritalin to fit into the classroom is the big issue right now and where we should go with that. And this is a commission that should be on board on that issue.

Last year on the next page we had a study committee on parental involvement and at the very bottom of that page you will see that they – one of their conclusions was that a portion of the research speaks specifically to involvement of fathers. Since the committee acknowledges the importance of fathers in all respects of family involvement in education. So when they looked up all kinds of tables, they felt it was important to maintain this involvement, fathers with their children. It is like another resource there for them. It was an incredible fountain of information that they found.

Now, next page comes from the Chancellor's Office, it is the Chancellor's newsletter. It speaks to the number, if I look on the opposite side of the page it says women graduate students account for over 60% of the graduate students in the university system says the data implies the future of men will not greatly increase their educational aspirations, participation or attainment. While women will continue right along in their own pursuit of higher education. I get it back there, but US News and World Report a couple months ago did a report on this issue too. So we are very concerned about what is going on there and why fewer and fewer men are going on into college. Okay? This is a very serious issue.

On the next page, there was a book put out. Michael Guerdon wrote it and it says this nation is short changing its' little boys and there are a number of points there that I hope you will take a minute to look at about what is going on with boys that we seem to be ignoring or overlooking. We would like to put some focus in that area.

On the next page, Doctor William Polluck, who is an author who wrote *Real Boys Rescuing Our Sons from the Myth of Boyhood*, came to Portsmouth and spoke to a number of educators there. Polluck argues that as boys age the pressure to perform the traditional male stereotypes increases. That in turn forces to mask their feelings leading to low self-esteem. They start from depression, move to violence. I think that we have seen a lot of that, more and more going on all the time. I think that it is really important that we seriously address that violence issue that is coming from boys and I think the state can endorse it with this commission. At least it shows that the state recognizes and wants to take a positive step forward.

It says down at the bottom, 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. We really need to more closely at that.

On the next page, I brought this forward because of the, I had it in there before because the Finance Committee had taken the money out. It says, you can see I have highlight, "why does nobody care about male issues?" At the other corner she points out, "if girls were committing suicide and suffering learning disabilities at the rate that boys are we would be throwing money at research like rice on newly weds." Of course I put that in there because we did endorse the Commission of Status of Women again with $51,000 and we got nothing for this commission coming from the house. So I was just disappointed.

In the next few pages here points out the support that we put together for women and had our researcher ask the New Hampshire Women Commission Status of Women put together what we have for support out there. A mutual list that they put together so we have got quite a bit going on. But there is nothing, particularly from the State level, going for what is happening with men in their lives.

And the next that we have here than UNH they have a mentoring program for girls particularly in math and sciences. I wish they were doing the same thing looking to the university to do the same thing for boys in reading and writing skills. We have also for the Status of Women being studied not just by the Commission of Status of Women, but also by the Women's Fund and they are having I think it is the Joshua Bowit Institute do research for them. But again I am doing all this research on men and we have nothing at the state level. I am hoping that you will take that burden away from me and let it move on to a larger body to be appointed by the Governor.

The next couple of pages are the same thing more support for women and the other ones are girls and a very important one it says. A program here in Portsmouth again full of bus elves of dancing girl power help leadership. It is about identifying strength and identifying strength and about how women are portrayed in combating some of the stereotypes. The middle school years are a vulnerable time for girls, well they are for boys too as I point out in the violence that is going on. Dr. Polluck has also pointed out and so what I am hoping is that we could build upon the earlier successes has been built for girls in this state. I think there are some good things going on there. The next page is *Let's Not Forget About the Boys*; a pretty good article and I won't leave you with that one. Hopefully you will get a chance to a peak at it. Let's see if there is anything that I have missed. Of course just in education I

guess the drop out rate is quite a bit higher for boys and repeated grades turns out is 50 percent more yet higher for boys than it is for girls which sort of surprised me. Anyway why don't I take some question?

Senator Burton J. Cohen, D. 24: Senator Roberge

Senator Sheila Roberge, D. 9: You left the people that are going to be appointed pretty loose. Who do you envision serving on the commission? You've got three persons will serve 1 year and three persons will serve 2 years. Who do you envision you are going to make up this committee... **(Inaudible)**

Representative Dave Bickford, Stratford, D. 1: Yes, you are right it is loose. It is based on the same template as the Commission on the Status of Women with the one exception. That I put in that there needs to be a link with the university system and I think that there is a lot of energy down there, a lot of information that needs to be tapped that is just sitting on shelves collecting dust.

Senator Sheila Roberge, D. 9: So, intentionally kind of left it loose. Is there any?

Representative Dave Bickford, Stratford, D. 1: I wanted a copy of the template that they had and that is exactly as they had it. ...

Senator Sheila Roberge, D. 9: Oh it is.

Representative Dave Bickford, Stratford, D. 1: ...but they don't the university system connected.

Senator Sheila Roberge, D. 9: Ok

Representative Dave Bickford, Stratford, D. 1: That is an extra connection that I made.

Senator Sheila Roberge, D. 9: Ok

Representative Dave Bickford, Stratford, D. 1: If they just submit names anybody can just submit names to the Government Counsel is what they do and then the governor appoints then the counsel approves. So based on their thing. Yeah and I don't think that is such a bad idea as opposed to say we want someone from Health and Human Services, we want somebody else there. We will just see if we can bring them forward, into the fold.

Senator Sheila Roberge, D. 9: The other thing I noticed on here is that, you talk about suicide and those kinds of things. The rate of acute drinking, it doesn't say a thing about drugs and I would suggest to you that probably the suicide rate of males has probably a lot to do with the fact that males are on drugs more than females probably as well.

Representative Dave Bickford, Stratford, D. 1: See I didn't know that.

Senator Sheila Roberge, D. 9: Drinking is here through.

Representative Dave Bickford, Stratford, D. 1: Drinking is, yes. Acute drinking, right.

Senator Sheila Roberge, D. 9: In the 45 to 64 you have got 2.9, it doesn't really matter what the age group is, women are 2.9 and men are 16.3.

Representative Dave Bickford, Stratford, D. 1: Where on drinking?

Senator Sheila Roberge, D. 9: On drinking.

Representative Dave Bickford, Stratford, D. 1: On alcoholism?

Senator Sheila Roberge, D. 9: Yes, the on the 65 to 74 women are 1.6 and men are 7.7% and then again you have got – I guess it gets a little older – women are none, 75 I guess and the men are 3.2. My point is that I think that if you probably had the drugs in here you would really see.

Representative Dave Bickford, Stratford, D. 1: This I got from the state and they just came out with it last year and this is the latest copy.

Senator Sheila Roberge, D. 9: And then you have got the 25 to 44 you have got women 12.3 and men 34.6 and then you are going down to males 18 to 24 females at 25.3 and males are 50% that is double. So you know there is a lot, and I would suggest that if you put the drugs in here you probably might not have got the same kind of breakout. So the males, while sure they dying young from accidents, probably there is a lot of DWI in it. The suicide rate, I think that a lot of that has to do with the fact that there is a lot more drug and alcohol abuse by males than there are in females right across the board no matter how old they are.

Representative Dave Bickford, Stratford, D. 1: Well the question is which comes first the depression? They claim that there is a lot of depression, depression creates the drug and alcohol abuse often or at least continues people in that path. So which comes first? As the Surgeon General points

out he thinks that the depression is a major issue and that is what we need to treat.

Senator Sheila Roberge, D. 9: I think that easier access might have something to do with it, to drugs and alcohol.

Representative Dave Bickford, Stratford, D. 1: I wouldn't dare say that I know the answer to that. I guess I must say that I do point to mental health as being a major issue. I know that I went to a convention that Health and Human Services put on for special needs children and the one thing that everybody complained about was the lack of mental health services that the HMO's and Primary Care Facility were cutting them off much too early. They get to go two or three times to see whom ever they need, Doctor Floss psychiatrist, whatever then they get cut off. I was just amazed at the outcry for those services. I never would have guessed it.

Senator Sheila Roberge, D. 9: That is both male and female?

Representative Dave Bickford, Stratford, D. 1: Oh yes. But the number of people needing the services were male though. The majority.

Senator Sheila Roberge, D. 9: I do believe a lot of the people are coded, but I think they should be coded as .....

Representative Dave Bickford, Stratford, D. 1: There are more birth defects that boys tend to have. There are more – as you see the mortality rates double right from birth on males opposed to females.

Senator Sheila Roberge, D. 9: Some of that is drugs and alcohol and the fact that they particularly, when they are driving. So I think that might have something to do with it.

Representative Dave Bickford, Stratford, D. 1: It is interesting because if you look back and start looking you will see that women's are starting to increase too. Instead of males dropping down we would like to see the whole thing, but we are starting to see this sort of thing.

Senator Burton J. Cohen, D. 24: Further questions? Senator Larsen.

Senator Sylvia B. Larsen, D. 15: I just happen to be reading *Real Boys*, but you know ...I am the parent of a boy so it is important to read those things.

A couple of questions. You mentioned the federal possibility of a federal grant funding, do you know the status of the Shaw Bill in Washington now that some of these bill have been acted on?

Representative Dave Bickford, Stratford, D. 1: There was a meeting in April and I haven't followed it since then. And Nancy Johnson, I can't remember where she is from but anyway she is chairing a committee, not the Nancy Johnson here in the House, but in Washington DC on that fatherhood grants and moneys and I don't know where it went after that. I wrote it down all right here. It was April 27th and I haven't followed it since then. You know how we got pulled off on other issues. Let's see. The House of Representatives Human Resources subcommittee the Ways and Means Committee Chairman Nancy Johnson from Connecticut will hold hearing on fatherhood and possible funding of the fatherhood programs and that was back in April and that was the last I have checked on it.

Senator Sylvia B. Larsen, D. 15: Further question. Traditionally the health studies have been done on the males. A lot of the organizations that you list for women's groups were in fact, I mean some of them were, for example the YMCA was there long before the YWCA. The Boys and Girls Club used to just be the Boys Club. The Children's Alliance isn't necessarily women only. Citizen's Action I wouldn't see as a women's group. So that is an interesting list of women's organizations.

I think, you know, that there are times when some of them, I mean the Small Business Association, my understanding is that SBA loans they were encouraging them to look at women entrepreneurs because women traditionally have a very difficult time getting loans from banks. Frequently they are asked what their husband's source of income is. I know women are not looked at as reliable enough in terms of business loans.

So you know, the history of having a women's commission is that we live in what is perceived as and some of the reality is that we are in a male dominated society that over the years has begun to get balance, but that it continues to be a male dominated society in many areas. Clearly in the issues of stereotyping them, I think that is very clear that this society does that.

In health studies for example, have the vast majority of them look at male and probably male Caucasian, which is also a problem, but the health studies tend to look at male results. It is only recently that people have begun to say, well how do females react to health risks similarly? So you know, the tradition is that, I think that the traditional perception is that given the

society that we live in there was a need for the Commission of the Status of Women.

I just, when you create a Commission on the Status of Men I interested to hear what will be the outcome of this. Particularly with the house not giving funding to it. That is a broad range question. I think that it is the perception of a lot of people that I have talked to, that when they heard about the proposal of a Commission on the Status of Men, which is basically, we live in a male dominated society and a lot of the health studies. A lot of the impetus is the focus on male health studies, income levels, everything has been with the bias towards the male side of the world so.....

Representative Dave Bickford, Stratford, D. 1: We are getting a lot of history involved here.

Senator Sylvia B. Larsen, D. 15: So how do you respond to all this?

Representative Dave Bickford, Stratford, D. 1: Well first of all there is somewhat of a myth in part. It depends on part of history that you go into. If you go in now you find that all studies predominately being done on men is myth. It is not being done anymore. It was at one time because of heart failure in men at such an early age. They decided that they got to look into that so that was looked into. For an example, my grandfather died at around fifty. My grandmother just died in April 20th at almost 101. But we, if you looked at all the federal health areas there are special bureaus for women. There are no special bureaus looking at men's health. It is almost like we are not supposed to any more and I am saying who shouldn't be there? That is not where we want to go. We do not want to swing the pendulum one way and then the other way. We want to work on both genders. As far as being male dominated, I hate the use of that word, but I think I know where you are coming from as far as incomes and monetary levels. Of course that is very true. It has been that way, then we are coming of history in that direction. As you noticed there was a bill that I brought forward and you passed through on the Senate that said that a man or a husband must support his wife and if he doesn't then those are grounds for divorce. So one is not required to support anyone. So we are coming out of that kind of history and here is 1999. And we just took that out of law, okay. So this what we, we placed an obligation on men throughout history that they must earn money and they support women and children and we are just changing that. We are seeing major changes in the income levels of women to men. What we are not seeing is what is going.... So yes, it is still dominated by men or yes the majority of men, it would take all men wages and all women's wages you will find that it is 76 cents to the dollar, however.

Then we look at what is going on on the domestic front. Is there any changes going on there? We are not seeing a whole lot. We are seeing women going into the work force, but we are not seeing them in the domestic areas. In a point you will see that if you look at custody issues. It is not changing a whole lot. We want to change it. Not really, I would like to see the joint parenting. That's why I have a bill in the house now being worked on that. We expect men and women to do or to be able to do and have to opportunity to do the same things. That is an important word, the opportunity to do the same. Even though the majority are not going in those directions. But we are working on those things for women, but what we are not doing is looking at men.

We have said that we can't look at them because everything is male dominated. Everything isn't male dominated. Only certain factions are because we required it in our laws historically. We can't just work on side of the force, one side of the equation. Say we are going to equality, it won't happen unless we are willing to look at both sides and say well, what is happening to you over here by the way. Instead, no we have to ignore you and we can only look at what is happening with women. That is what is happening with women and that is what you will see with boys and things. It is not that we want to purposefully hurt people, it is we are just plain ignoring them. Because we don't think it is politically correct anymore. We are not supposed to. We have got to get away from that inbalance.

So, I answered two of your questions. Where do I think it will go? Well I hope it will it do some research more than anything and brings back some information so that I am not doing so much of it. I think that it could be that squeaky wheel to go after some federal money. We have recognized that we should have some more money invested in the prostate cancer. That is another area that is getting ignored.

Fatherhood is an area what we are saying, gosh we need to go after these Dad's and make them pay. I am saying that fine, but you know something? There won't be problem if we can manage to keep them connected. But we keep looking the other way. We say nope. We are just going to put them in handcuffs and put them in jail and by God that is the answer. We ignore the other side of the equations and we need to get some ideas coming forward. We have got two major movements that came out privately or religiously I should say. Almost a million marched, I think, in Washington DC. Then there was the father, the national fatherhood initiative, which Al Gore has spoke to twice. He has been the keynote speaker there. But the Promise Keepers that is another one. The Promise Keepers and the other one Moslem are coming from a religious area. I think before they, I will probably get beaten up on this, before they get a hold of the whole and becomes their

religious issue, as what happened with the Talimen in Afghanistan, I think that the State should get in there. And start looking and exploring and prodding around and say well, yeah, we see a problem and we will address it before it fester up into a major problem here in the United States as much New Hampshire.

The Fatherhood initiative is very good. But I think that it takes very hard line positions on domestic lines. I wish we could explore it at the state level first.

Senator Burton J. Cohen, D. 24: I guess my, I think I commented people who worked on this. I think that you raise some very serious issues that have been overlooked thus far. I think that they definitely are in need of state involvement. The only question I have is the word status. You look at the neighboring or the language that set up the Status of Women Commission, we look at providing state statutes which used to say he. Very simple stuff that has to do with status. Recommending methods for overcoming discrimination there is a status issue there.

Representative Dave Bickford, Stratford, D. 1: What are you looking at; reading from right now?

Senator Burton J. Cohen, D. 24: There maybe legislation to create the Status of Women.

Representative Dave Bickford, Stratford, D. 1: Oh, okay.

Senator Burton J. Cohen, D. 24: This has to do with the status and I think. You know, it came about in the late 60's. You know that it was a big issue and it was certainly a more male dominated society back then. Thirty years ago now, but I think that the issues that you bring up fatherhood, all issues surrounding that, the greater number of suicides, a big issue. I think that a lot of it has to gender questioning and also the easy access to guns is a big aspect of it, there it is still a big issue and not a lot men's health issues. And these I think are important issues that I certainly think should be looked at. I wonder if the word status is because there is a big difference between the issues that that the Commission on the Status Women looks at and these issues. Maybe it, I might feel just personally comfortable with some other name the Commission on Men's Issues or something like that. Men's Health Issues because it is not so much status. It is not like the old discrimination and that there used to be one.

Representative Dave Bickford, Stratford, D. 1: Status doesn't need to mean discrimination. It could mean a number of things. What is the status?

Status does not have anything to do with discrimination. We can have status of what is going on with women. We could have the status (laugh) of the forests. What is happening into the northern woods? What is the status of our water quality? Things like that. I wouldn't get to hung up on the that. I know that has been brought to your attention because we can't have a men's because we have got to stand at needs to mirror women and I don't think that it needs to.

Let me tell you. I started out on fatherhood issues. I brought that to the house a few years ago and it failed. And people came to me and said it that the reason it failed is because we can't do something for men that we don't do for women. I said why. I told them why don't you do something for, why don't do something on the status of men opposed to just fatherhood. I said that is fine with me, but I hadn't thought of that. I mean there are certainly more issues than just fatherhood that are effecting men. The fellow that pushed it most was Lionel Johnson, Representative Lionel Johnson on to me. I thought it was a great idea, but I didn't know how far it would go. But it was received quite well in the house. They have been very receptive to this. Because it is more encompassing I think. I think it will work better actually because there are a lot of men out there that feel that they are getting ignored. Men and even boys come along now and say gees we have got so many programs and everything going on for girls now. They don't know the history that well. You know, the more dominated thing. Coming along they are saying gosh what is there for us? Here we are expected to at 18 to go sign up for the selective service and we can't even go to a school in New Hampshire if we don't. So this is discrimination on them and then they look why no one even cares. That is what Dr. Polluck is talking about and that is what Guerin was talking about, the author. At least demonstrate, at least some demonstration that the state cares.

Senator Burton J. Cohen, D. 24: Senator Roberge.

Senator Sheila Roberge, D. 9: Is there any other state that has the Status of Men?

Representative Dave Bickford, Stratford, D. 1: No. Not that I am aware of anyway. There is, Florida has a Commission on the Status of Fatherhood, I believe and there is a little bit on that area. I think that ever state may have one on the Commission of Status of Women.

Senator Sheila Roberge, D. 9: You think so? Every state?

Representative Dave Bickford, Stratford, D. 1: No, is that not right? No, okay. I rescind that then.

Senator Sheila Roberge, D. 9: A great majority, but not every state. As far as we know there are none on men. I guess no one can answer that question.

Representative Dave Bickford, Stratford, D. 1: I have been told that no other state has done a Status of Men, we would be unique.

Senator Burton J. Cohen, D. 24: It wouldn't be the first time.

Representative Dave Bickford, Stratford, D. 1: It won't be a first for New Hampshire. New Hampshire is first in a lot of things.

Senator Burton J. Cohen, D. 24: Further questions? Say none. Thank you very much.

Representative Dave Bickford, Stratford, D. 1: Do you want me to leave a copy of what I left you?

Senator Burton J. Cohen, D. 24: You can leave it with the Committee Secretary. Okay, Representative Dickinson.

Representative Howard C. Dickinson, Carroll D. 2: I agree with everything you said.

Senator Burton J. Cohen, D. 24: Well good, so you won't say it again.

Representative Howard C. Dickinson, Carroll D. 2: No, I won't say it again. Thank you mister chairman. Mister Chairman, members of the committee. I am Howard Dickinson from Carroll County District number 2. I am here before you this morning, not only as the a co-sponsor of the bill, but also as a Representative of the Executive Departments of Administration Committee of the House.

Now it is really interesting, I am not quite sure where to start, but there was an article in the *Conway Sun* a local free paper kind of making a joke out of me being a sponsor of this bill. A couple of days later I went down shopping in that grocery store and it took me 3 hours to get out of there because everybody wanted to talk about this and they thought it was a terrible thing. It was made a joke of, I couldn't believe how reinforcing people were about this idea. Some wanted to know what the hell I was doing? Why this was important? I played it out to them that there were a number of issues, the health issues. We have, I don't mean to belittle any of the progress that has been done for women, but there has been tremendous emphasis on breast cancer, thank goodness. We even have stamps concerning it, but very little if anything done. There is no way near the same amount of focus that pertain

to prostate cancer which is obviously as much of as a man's issue as breast cancer is a woman's issue.

Senator Larson pointed out, rightly so, that there has been historically up until 10, 15 years ago a tremendous biased against women. In all kinds of areas. I am doing my best to be a sensitive new age guy. I don't always succeed, but I agree completely with equal pay of all those other issues. But, I think what happened in the last 10 or 15 years there has been tremendous strides to remove the inequities that previously existed with the expect of biased to get through. But very little done to kind of replace this and there are a lot of people, that perhaps I am one of them or could be one of them, who are running around a bit confused by what fills the void or how does this affect me an that sort of thing. There are a lot of men, there is a lot of anger and this is reflected to the certain amount of abuse and we read about it, but even the abuse laws today are such that woman seem to know who to, they do not hesitate to use them.

In fact I have an article here, the Town Engineer. The Town Engineer in Conway goes on trial for allegedly assaulting his wife, his name is Deangelli, a 38 allegedly grabbed his wife by the arm on June 5th about 7pm during a domestic dispute. Now subsequent this article I got, I lost it, it was printed in the newspaper that this confrontation came about as a result of and internet communication between his wife and his wife's lover which caused him a good deal of grief. Furthermore, the wife's lover was black mailing the wife. Sounds like a soap opera, but this was all in the press, to try and keep her from telling the husband, this fellow. He was consequently found guilty of abuse, as far as I know he never hit her or anything he just grabbed her to talk seriously to her, as we well want to do at some point.

So anyway this has clearly abuse goes both ways men are very ashamed of calling the police department, hesitant of going up and saying hey I have just been abused by my wife. In fact that would be treated probably with a good need of humor and not taking particularly seriously, with all this frustration all that kind of thing.

The Commission on the Status of Women has been a tremendous success in trying to not only remove the inequities but to remove the shame about speaking out and that has been a tremendous benefit. This commission, I don't want to talk the Status of Men, we copied it. Your point mister chairman is very valid and if in fact you chose to amend that I am sure that the ED&A committee would concur on. So if that's something, it was a typo more or less because we try to copy the commission the structure and so on of the Commission of Women because they have been so successful.

I heard just last night in passing that there are now more women in college than men, just a statistic which I was surprised to hear, but there is no question that women seem to be able to apply themselves in the formative years in their schooling better than men. I noticed this among my children and so I don't know why that is, but clearly we are moving away from what has been.

So Mister Chairman in closing I would only like to point out that the ED&A committee and this I think I had mentioned before, given the fact that this was a new commission, a new group, we intentionally put in a sunset provision so that on September 1st of 2005 this act will be repealed. In other words it will have to come back and justify their existence to us. Around or before the spring of that year, if not before.

As far as the money goes this was the only way we could get it through the House Finance Committee and I find that probably to start with we may well not need to much money. These are of good deal of interest and they may, and they are authorized to receive grant. They maybe able generate sufficient funds by that means. So I will leave it right there. I will be happy to answer any questions.

Senator Burton J. Cohen, D. 24: Senator Roberge has a question.

Senator Sheila Roberge, D. 9: Oh never mind. I was looking for the repeal.

Representative Howard C. Dickinson, Carroll D. 2: It is on the second page, line 29 and then it is line 32.

Senator Sheila Roberge, D. 9: Alright I found it.

Representative Howard C. Dickinson, Carroll D. 2: Okay the combination of the two.

Senator Burton J. Cohen, D. 24: Senator Larsen

Senator Sylvia B. Larsen, D. 15: Did you consider study committee on the issues relating to men rather than a Commission on the Status of Men in the sense that some of the issues and the biases, the experiences in public schools, suicide rates are new, but some of the issues, health problems you need for men, career skills for men. Traditionally career skills were aimed at men. Did you consider creating a study committee rather than a commission?

Representative Howard C. Dickinson, Carroll D. 2: Yes we did.

Senator Sylvia B. Larsen, D. 15: Some of these are timely issues, others are on going.

Representative Howard C. Dickinson, Carroll D. 2: If you read that line 6 of page 2 it says included but not limited too. The commission is fairly free and should be fairly free to explore any important, significant issue that maybe brought before them. The idea yes we did consider setting up a study committee, but any study committee is going to be dealing with us and not them to many degrees. Probably legislator going to kill any committee and we have got more than enough to do. Because of the incredible interest which will be expressed I hope in a few moments from outside of this building or outside this town on this subject. It became very clear very quickly that what we needed was was really not to be lead to something that was legislatively involved or focused until the issues cried out for legislative changes which might or might not take place. We feel that simply existence of a group and I don't think that any four of us want to get into public counseling of man particularly where we have friends, we talk to them, but I mean in general this opens an opportunity for groups of men to get together and talk about their problems under the umbrella the same way the commission of women says under the umbrella of a outside **(Inaudible)**

Senator Burton J. Cohen, D. 24: Any questions? One other Rep is interested in speaking Representative Weber.

Representative Phil A. Weber, Grafton D. 11: Thank you Mister Chairman, members of the committee.

I had a constituent call me the other day and ask me to come down and testify on this bill so you know I decided to show up today. I think that this commission is important and I certainly wouldn't have any problem with changing the name of the committee or anything like that. I think that I am getting a little more philosophical in my old age so you know it's just the way it is.

I think there is society offers a lot of actual bigotry and prejudice around the male image. For instance, you know our young boys are taught that if they pop open a beer can beautiful scantly clad women will show up and of course that's false and it's a terrible awful awful message. I think it is as bad as the cigarette advertisement and the type of images that that convey and yet this is what we teach our young men. Young men are taught from a very early age that they are supposed to repress their feelings and their anger and their pain. I think that men and women are both equally, have an equal capacity for emotion and feeling. I think that we're probably the same that way and yet boys are taught that all that emotional stuff is bad and negative. I think

that we need to start dealing with these, they are mental health issues that's what they are. We need to start dealing with that from a male perspective as, I think that all of us agree that we see signs all around us of the, quite literally the fabric of society being ripped apart. It is kind of easy to identify the symptoms, but it gets a little more difficult to identify the disease.

I think that we kind of have to get down to more what the core issues really are. I guess I didn't come from the stereotypical background, I came from a background where both of my parent are professionals, they were both physicians and my mother very much dominated the household, did the books and did all those kinds of things and my two best friends Greg Carp and Greg Cats their mothers did the same things and they were professional people. So I mean I kind of grew up in a background where women were very much in charge. This is the image that I grew up with.

My wife currently earns about 2½ times what I earn. Maybe it is because I am doing this, probably. So I mean, I feel I like I don't kind of fit into the stereotypical way of looking at this and yet I know that the stereotypes are there. A few gentlemen that I know that are currently going through some marital problems suggested to me that they wanted to form some kind of a men's support group. My own prejudice kicked in and the image that I had was a bunch of guys sitting around drinking beer and eating pretzels and watching football complaining about their situation. I couldn't participate in that because I don't drink alcohol at all. I just thought that it was very interesting that in my own mind this is the image that that I conjured up. I think that must have been reinforced to me over the years that that is how it is.

I know when men are going through emotional problems or marital problems there really aren't a whole lot of places for them to go. There is a great deal of support out there for women currently and the men really don't have any place to go to deal with that and I think that you compound that with the stuffing of the feelings, what I'll describe as a repressed anger because that's what it is repressed anger and all of a sudden that starts looking for outlets. I think that a lot of the outlets and a lot of the symptoms are negative and they are wrong and they are bad, but I think there there is a huge proliferation and ex parte orders now adays. I think it is because maybe men don't have any place to go and they do things they ought not to do and behave in ways that they ought not to behave and are not appropriate because they do not have any outlet. I think that if this commission could start to look at some of these issues I think we would be better off as a society.

Senator Burton J. Cohen, D. 24: Thank you. No questions thanks very much.

Representative Phil A. Weber, Grafton D. 11: Thank you.

Senator Burton J. Cohen, D. 24: I don't think that we have any other state Reps. Quite a few people have signed up to speak so appreciate you getting right to the point. A lot of points are being made. Pat Bennett.

Pat Bennett, Citizen: I am going to let a gentleman who asked me to go first and then I will go.

Mark Halle, Citizen: Mark Halle

Senator Burton J. Cohen, D. 24: Okay, go ahead.

Mark Halle, Citizen: Good morning. My name is Mark Halle from Manchester. I want to talk in favor of this bill. There was some talk about whether the name ought to be changed from the status of men. We do need to change the Status of Men to a certain degree. I mean the over all perception right now is that men are deadbeat fathers, they are irresponsible and reviewed primarily as wallets even if we are not fathers. That goes back to some of the things that were said earlier about the role of men as a wage earner. So I would like to see the name, you know the Status of Men remain as it is, but it's not an over whelming sort of issue.

Representative Bickford had some very compelling reasons why there should be a Commission on the Status of Men. Some of those things I was familiar with, a lot of them I wasn't familiar with and there seems to be a little bit of say reluctance from say the Commission on the Status of Women that maybe if this thing gets in that somehow that's going to endanger them or take something away, but there's plenty of issues that they have a legitimate right to pursue.

There is a lot of legitimate issues that men need to pursue and they don't need to be in conflict with one another whatsoever. I mean I'd really like to think of New Hampshire as being in the for front of passing this bill in doing something like that because we do need to elevate the consciousness of men as nurturing fathers, there is a lot of issues where we need to put it on the front burner so that things can change. Things should change for men.

Culturally it is going to take a long time for men to, in the case of divorce if they wanted to care for their children. Okay. Men can't just automatically say I'm going to become a great nurturer like a mother has been or whatever. Culturally these things take a lot of time. This is the sort of avenue where this sort of change could begin and it would be a long process to accomplish

those goals. So that's, I mean that's my thinking on the subject. I don't see where any harm could come from having the status of men and I would urge you to go ahead and build this into law.

Senator Burton J. Cohen, D. 24: Questions? No so thank you very much.
Mark Halle, Citizen: Okay.

Senator Burton J. Cohen, D. 24: Mike Geanoulis. Did you want to...Okay Bennett do you want to go now?

Pat Bennett, Citizen: Good morning Senator Cohen, committee. I am here today as a Newington resident and someone who owns and insurance agency in Greenland.

The reason why this bill interests me is I've paid to many medical and death clams on men who have suffered from prostate cancer. I am also a daughter, a wife, and a mother and all points of this bill really effect me both in my personal and professional life. I am sure you all realize the value that the contributions that our fathers, husbands and sons have made in today's society. As we've discussed the commission would be charged with exploring such issues as why men die seven years earlier? To educate families to the serious risk of prostate cancer and what can be done to prevent it.

Research as to why men commit suicide at a much greater rate and make up the vast majority of our penal institutions. I am also very interested seeing an emphasis put on boys in their reading and writing skills just like the emphasis is put on the math and science skills. That is one of the great things that the Commission on the Status of Women has done. That is funneled down to other groups that I am involved in, other women's organizations and we're now in the schools working on programs. There is literature there is a lot of emphasis now on improving the math and science scores of girls, but nothing for boys and as the mother of a son I would like to see something done in that vain.

I would be very alarmed if legislator continued to support a Commission on the Status of Women and didn't do the same thing for half of the population in New Hampshire. I was also very surprised in the last 6 months to see a situation arise of a breast feeding incident back in February. It was in the paper and then in July I read that there is now legislation protecting the rights of breast feeders. I think that's terrific I have no qualms with that, but I just think it is amazing on how fast the legislature worked on that piece of legislation. We have tried for 4 years to get this under various names, various funding, we have tried to get this commission off the ground. We have finally passed the House of Representatives. We had our money

stripped away in the Finance Committee, fine. Change our name, fine, but let us get to the work that really needs to be done. In the 4 years that we've worked on this thousands of men have died, the suicides have gone on, the violence continues in the schools. My son has gone through 4 more years in public education without an emphasis being on the reading and writing. So change our name. Take away our money. Do what you have to, but let us go forward. Thank you.

Senator Burton J. Cohen, D. 24: Thank you. Questions? Thank you very much.

Pat Bennett, Citizen: Thank you.

Senator Burton J. Cohen, D. 24: Mike

Mike Geanoulis, Citizen: I would like to pass this out to the members of the a. My name is Mike Geanoulis, I'm from Newcastle New Hampshire.

I am very interested in this bill as a long time advocate for father/child relationships. I am interested in the fatherly portion of this bill during which if this commission would be established we would survey and search out and identify and make recommendations for correcting the way in which fathers seem to be disappearing from the scene. At a very rapid rate I might add.

Before I start I wanted to just make it possible for you to shortcut through this booklet, but before I start on that I wanted to make a couple of quick comments on previous testimony. I regret very much that the dialogue that's risen this man versus woman thing. I hope that we can just lay that to rest.

Women have their issues and legitimately so, but men have and fathers have a whole different set of issues that need to be looked at and given additional or equal amount of respect for. So I hope we can just go forward trying to elevate the other half of society in the same manor of which we did for the ladies and rightfully so.

I think that the senate ought to look at the cost to the state in terms of juvenile services and health problems because suicide rate. Maybe if we were to look at the cost of the treasury to the taxpayers of New Hampshire we might pass this in an instant. I am thinking about the juvenile population at the Concord Detention Center.

I guess I am ready to breeze you through this booklet here. I think an introductory kind of a thing might start at page 5. For the record I am talking from the *Father Facts* booklet third edition that was published by the

National Fatherhood Initiative. I think this book says it all in terms of the fatherless problem and on page 5 you have the top 10 father facts. I will just site for the record numbers 1 and 10 and you can just imagine all the others in between for those of you who don't have a book or how are only reading the tape, by listening to the tape. An estimated 24 million children, 36.3 percent live absent their biological father. Then you have that deteriorating scene ending up in the way this fact number 10 is presented. Children who live absent their biological fathers on average are more likely to be poor, experience educational, health, emotional and psychological problems. Be victims of child abuse and engage in criminal behavior then their peers who live with their married biological mother and father. Now that fact number 10 says children who live absent their biological fathers, this in no way should be interpreted as that well maybe it is okay for children to be closer to their fathers than their mothers. I think these negative statistics would hold if children were motherless, so please don't mistake them or infer or imply anything other than the fact that fathers ought to be more involved with their kids and that they would be correspondingly more healthier if they were. As they are more healthier with their relationship with their mothers.

Then the key numbers are pages 54 and 58. If I may just point out pages 54. Let's expedite this thing, lets just skip to 58. 54 talks about the consequences of fatherlessness for children, but I think you would be more interested on page 58 in the link between juvenile delinquency and father absence and the link between violent crime and father absence on page 60. I had a couple of these things marked, but I don't want to read this book you can read as well as I can.

Then on to page 72, 73 and 74 as to put a cap on what I would like to highlight from this book. 72 suicide and father absence. A comment was made earlier about how boys have a higher likelihood of taking risks. Yes that's true boys are more apt to take risks, but when you take their fathers out of their lives or maybe even their mothers. Since we don't have a motherless problem I am sure we don't need a book on mother facts, but it would be safer to say that when a child goes without one of their parents most, it is usually the fatherless problem, they are more likely to do suicide.

As it states in page 72, "3 out of 4 teenage suicides occur in households where a parent has been absent." A study of 146 adolescent friends of 26 suicide victims, teens living in single parent families are not only more likely to commit suicide, but more likely to suffer from psychological disorders when compared to teens that have a decent relationship with both of their parents. On 73 drug, alcohol, tobacco abuse, and father absence. Yes, it is also true that boys are more likely than girls to drink beer, just as an ordinary normal matter of course. But when you inflict upon them the emotional violence of

father absence those rates sky rocket. I put a line in my book on a couple that I wanted to make sure that you understood at least for the tape for people that are listening. Children who live apart from their fathers are 4.3 times more likely to smoke cigarette as teenagers than children growing up with their fathers in the home. The absence of the father from the home effects significantly the behavior of adolescence in results in greater use of alcohol and marijuana. Fatherless children are at dramatically greater risk of drug and alcohol abuse, this from the National Center of Health and a variety of other places. As you can see there is a very comprehensive summary of the negative effects of fatherlessness and the debilitating effects it has on society overall. The treasury, the crime rate, the kids that are shooting up their peers in the schoolyards, there is a definite and unmistakable and undeniable link to parent dictumy condition of the child who instead of killing himself goes and kills others.

Who should make up the commission? I made a note to myself that I should talk about that. I think that it is very important that since this research is new on the scene, the role of the father child development is only 20 or so years old. Since this research is very new on the scene we should try to make sure that we get people who are familiar with negative consequences of fatherlessness and with regard to the educational problems I think we could get a good deal of relief. As well with the health and suicide problems. I guess I will just open myself up to questions here. Thank you.

Senator Burton J. Cohen, D. 24: Senator Roberge.

Senator Sheila Roberge, D. 9: Would you plan on putting your name on the available to serve on the committee?

Mike Geanoulis, Citizen: I think might like to do that. Might like to do that.

Senator Sheila Roberge, D. 9: Do you think that that committee is likely to try to change the divorce laws?

Mike Geanoulis, Citizen: I think the way that, there is already an effort on the books to change the divorce laws. I don't know but what that might be a goal. I don't know. One of the first things that popped into my mind when you say laws is the way we mandate the birth certificates to be filled out. I would like to look into the way or the reasons why the law has specified that in some cases the fathers name need not to be installed on the birth certificate. Getting back to your question, I think there ought to be some provisions for shared parenting. Some recognition that fathers are important for their children. I think the courts in giving custody to the mothers, I think

is reflection of societal attitudes and I think even a reflection of attitudes of men themselves. Fathers are dropping out of their families like flies and I think it is because they see themselves as unimportant for their mothers. I think that is tragic. Fathers should see themselves equally as important as mothers and maybe such a commission that would examine that status might do something to improve that, that backing.

Senator Sheila Roberge, D. 9: So you would be getting into changing the divorce laws and making them more favorable to be...

Mike Geanoulis, Citizen: I don't know the way the laws are on the book now the divorce laws are written sex neutrally. I think it would be a matter of, I would like to get more involved in public education in support of fathers than I would be getting involved in changing laws. I think.

Senator Burton J. Cohen, D. 24: Question?

Senator Sheila Roberge, D. 9: Would a father want shared parenting? For instance, one week the child goes with the mother, the next week the child goes with the father. I am share equal. I don't know whether you call it shared or equal. Is it the judge who makes that determination whether they can have them or not.

Mike Geanoulis, Citizen: The judge makes that determination based on the vacuum out there in terms of how important the father is to a child. Yes. The judge does make that decision and that is final. I don't see anything wrong with leaving the judiciary installed in making decisions. I am not sure if I understand where you are coming from.

Senator Sheila Roberge, D. 9: I am just saying it is really the judges decision whether the father will get equal custody.

Mike Geanoulis, Citizen: Yes, that's true.

Senator Burton J. Cohen, D. 24: Any further questions? Thank you very much.

Representative David Bickford, Straford D. 1: Can I respond to that.

Senator Burton J. Cohen, D. 24: Sure.

Representative David Bickford, Straford D. 1: A lot of times there is a lot of concern that fathers aren't applying themselves. I just talked with Attorney

John Cameron who does only family law. He says that he has a problem with just one Sunday a week. We like fathers to apply themselves more.

Senator Sheila Roberge, D. 9: Right

Representative David Bickford, Straford D. 1: That is not going on. That is an issues they are not stepping up to the plate and saying I would like to have more time or I would like to do shared parenting.

Senator Sheila Roberge, D. 9: So they are not...

Representative David Bickford, Straford D. 1: ...actually going 50/50 necessarily it can be and there is some who don't have...

Senator Sheila Roberge, D. 9: Right I know there is.

Representative David Bickford, Straford D. 1: Changing divorce laws. They could possibly come forward and say well we think there should be a change in divorce laws. This is an area that I do some work in. A lot of people that I talk with on the fatherhood there are people who say they don't want no fault divorce. I am on that cam; I come from the other side of the cam. So I don't think that is even an issue on the plate actually.

Senator Sheila Roberge, D. 9: I wasn't think so much that, but I was thinking the custody issues and things like that.

Representative David Bickford, Straford D. 1: Oh oh oh. The custody issue.

(Inaudible)

Representative David Bickford, Straford D. 1: ...I would hope that commission would come forward and say that we need to do more..**(Inaudible)**

Senator Sheila Roberge, D. 9: But it is your feeling that aren't stepping up to the plate even asking for it.

Representative David Bickford, Straford D. 1: No, that is and issue. Yes, it is a problem. That's at the for front.

Senator Burton J. Cohen, D. 24: There are a few more people interested in testifying we have one person signed up to speak, well signed up in opposition. I am not sure if sure she wants to speak didn't check the speak. Carol Pierce would you like to.

Carol Pierce, Citizen: I'm Carol Pierce and I am representing myself, but I need to identify some of my past history in the state. I chaired the New Hampshire Commission on the Status of Women in 1970 to 75. I served in the legislator a portion of that time. We were not the first commission because President Kennedy had appointed a commission to operate in each of the states in about 1962 or 3 and so Margaret Amanden of Laconia was actually the first person. I am from Laconia also.

I find it fascinating and I have been following the news papers the desire for a Commission on the Status of Men. I have many mixed feelings. First of all when we started in 1970 to think we would be sitting here talking about men being unhappy with their stereotypes is very enlightening and helpful because that certainly was not the case. So what I am dealing with is the change as to how we're think about and what is happening. Since those early 1970's I also established a firm called New Dynamics and my profession for the last 25/27 years has been working in the corporate and educational social service areas on the issues of diversity, one of which is gender.

So in my role as a professional in the field and the change ages for men and women I have had to daily live my own journey and to understand that for myself and it grew out of my chairing the commission a great deal in the early days. I also feel somewhat naked here because usually I am always working with a man. We work in teams; in fact we work as four person teams and multicultural teams. Two men and two women, two people of color and two white people when we work gender issues.

So I just talked on the way down with one of my male partners on the cell phone so I could, I said "David now what would you say here and what kinds of things do we need to be talking about." So he talked to me and he actually said many of the things I have actually heard here around the concerns for men because he works a great deal in the corporate world helping men move on in their journeys around their stereotyping, their unhappiness with it and what needs to be done. So I would like to acknowledge that and not speak from that, but rather speak from my experience of the political nature of such a commission and the importance of a commission on women and wondering if a commission on men...but in that role as I look back over there is sometimes on the Commission of the Status of Women I have been very proud of their work here in New Hampshire. Other times I hide in the floor, sort of speak, because I am not happy.

So as a political entity when you are creating a commission to work in the area, which is the area of people human growth and development and

moving. We have to understand where we have come from and what we are really doing and what we open ourselves up to.

So here we are closing in on the year 2000 with a request that is very valid in some respects about pay attention to the men. When I think of working in the field of male female issues and as we think about our journeys we tend to get caught up in very personal issues. So what I've been aware of for the Commission on Women is how much it depends on who's Governor, whether you move in one direction or the other and so what are those two directions.

One of the directions is focusing on the movement we need to move towards stereotyping, being more open and not confining. There are other times this Commission on Status of Women has certainly from my perspective and many other women in the state move towards stop the whole process.

Traditional roles are where we ought to be and at those times the commission really did nothing. That's kind of one of the things that happens. Now as we think about where we come from culturally. We come from men having dominance and women subordinance, but even that we have to clarify because men's dominance has been more in the public area and in the home it is kind of equally divided.

I had a mother who was fairly strong, but I also know there were times she and dad went into the bedroom and they talked awhile and mother came out and said something different. So it was kind of like how do we handle that and what happens. There is someplaces that women have handled themselves well in the home and someplaces women are just purely messed up and they messed up their families and they messed up the men in their lives. Just as men have messed up themselves and their families. So I have to think about you know how do we move on these issues. What I worry about is as we're thinking about working on these issues is that we set up, now we have a commission over on women and a commission on men.

I think political is going to be sometimes that those commissions are not in sync. There is no way that they are not going to be in sync. We have a Governor right know for the Commission of Women and many of us feel is pushing. I don't believe I haven't heard this because I am not at all in touch with how this commission has particularly been operating, But what I read in the newspapers and what I think about Governor Shaheen is that she is probably right out there facilitating things that they might want. Now Jeanne is not going to be Governor forever. I don't know who is going to be the Governor. I don't know what kind of Governor. I don't know what kind of Governor is going to support the two and there is a duality of thought that

gets endemic in our cultures and that comes out of just our history of how we handle dominance and subordinance.

So there is going to be sometimes the Commission on Women is going to be right out there moving in ways that are very helpful to on doing stereotypes and the pain it brings to people. The Commission on Men maybe doing that or they may not be there and there is a time the Commission of Men, if it is ever established is going to say what in the world are those women doing. They are undoing everything that we're doing. How those commissions when they are established so separately are going to operate in the same milieu in this state concerns me a lot.

So I want to know and one of the things I was talking with David, he called me back on the phone he said "Carol I thought of one more thing. I think that if you have anybody working on men's and women's issues officially in the state no matter how they are they should be required to put out a joint report and agree on what they are going to be doing."

I think one of the things about the traditional role typing is we've had as a part of our cultures. Is it as really focused on the duality of men and women not working together as and partners. I see in this commission in being established in being a great concern in men's health, which I think is very legitimate. I see a great desire for education. I think the women's commission would never have been established if that were the two things that we wanted a women's commission for.

The only reason the commission was established was there was a general cultural attitude, very overriding, that was endemic to everything that happened to us that the Commission on Women needed to be there. So we're now come to place in history were for along time I have been waiting to hear men say look at what happened to us because the role stereotyping women men are talking about now has been around since time in memorial that is not new. What we are finally getting to and that they are having is that we as women had to press so hard on, is separating ourselves off and saying hey look our statistics are different. You gotta treat us as certain, look at indifferently.

So right now in the medical field when I think about that as a medical field we as women are finally getting some statistics on how our bodies react differently from men and not just around our genitals and our child birth organs and that sort of thing, but around heart attach and stroke and those sorts of things. So most of the issues around health issues for men has been, the work has been done for them.

So I go back and forth here I am not ever sure I am very consistent in how I am talking about things because it is very difficult for me to understand. What is going to be the tenor now of work on gender issues here in New Hampshire with two very separate entities who are now concerned about things and are going to come in disagreement and there is nothing in the law that requires them to sit down and talk together. There is nothing that says how are we moving to partnership? How are we working to be colleagues because for me and my work on gender issues my goal has never been that women be now one up from men.

Those times when women show that kind of behavior and even when I show it I am embarrassed for it. It is not where I want to be and it is not where we need to be in. It's not reversing and so to setup anything in law or in our state that creates and extents the duality of how our basic thinking has been in culture really frightens me and says in the end in the end it may hold us back. So I would rather be talking within the state of having the men who are concerned in this room with the women whether it is the state commission or a broader group, I don't know, but sitting down and talking about how does this state address that, which needs to be done for men and women.

So that we are all taken care of to feel like that our issues are there without having to feel that in another 5 or 10 years or sooner as Governors change that. The Commission on the Status of Women is going to fighting a battle with whoever is on the Commission on Men at that time. It could be that those women are not the women who would even support with the men here are talking about today. I don't know what we are creating and I am worried that we are creating something very unworkable. Thank you.

Senator Burton J. Cohen, D. 24: Thank you. Any questions? Thanks very much. Two more people signed up. Not everyone is signed up wishing to speak necessarily but just be in support. John Klingle just in support thank you. Robert Foster also in support thank you very much. Bob Burke.

Bob Burke, Citizen: I actually intended to speak and I ment to check off the spot...

Senator Burton J. Cohen, D. 24: What's your name?

Bob Burke, Citizen: Burke

Senator Burton J. Cohen, D. 24: Yes, you did check off the square. Why don't you come up and say what you want to say.

Bob Burke, Citizen: Oh. I haven't prepared anything formally for this hearing today and so it may be a little bit rambling.

My name is Bob Burke. I am from Nashua New Hampshire. I am a member of quite number of national organizations. In the state I was a Family Activities Director for about a 3-year period for parents without partners. I am currently active in prison ministries, Children's Rights Council, Promise Keepers, and also member of the National Fatherhood Institute, Institute for American Values and the American Fathers Coalition.

I support the legislation for a wide variety of reasons all relating to issues surrounding what is happening to the coming up generations of males. We have heard some testimony previously regarding the suicide rates and health rates. I don't want to belabor that, but I do wish to touch on several points.

One point in time there was a comment by a previous person who testified with this commission be looking into issues of shared parenting and why don't we have shared parenting, ex cetera.

I get a lot of calls probably in average of 10 plus a year from both men and women going through domestic violence divorce type of cases. As well as I am certified by the state to work with child molesters who are being released from the prisons. I get a lot of these calls.

One of the things that really crops up is that the attorneys by in large are discouraging fathers from pursuing joint custody activity and that is a fact. It is not well understood I think by the legislature, but it is a fact.

I am also aware of another point and I think it was an excellent comment a few moments ago. If we have a commission for men and a commission for women. How will we get these 2 commissions working together? Basically, suggesting if we don't have a commission for men then we will just continue with the commission for women and we will never get some balance in the process any way. I doesn't really seem to make a lot of sense.

I think until men can start matriculating and formulating and discussing what those issues are and coming up with the types of studies and policies and factors that seem to be the drivers from a cultural and a social and business and family perspective then in fact we will not get to a point of being able to have balance in any kind of a commission for people. So I think it is important that there be some sponsorship by the state to begin to let the voices be heard and in time those voices will come together. That invariably will happen in any organization I have been in. The voices will eventually come together.

What is really fascinating to me is I have a minor in Family Sociology from the University of Denver. What is really fascinating to me is with my life long interest in family sociology is what has transpired. Especially in the past 6 years as it relates to publications. I am just going to read to you a series of titles of books and just point out that fact that these are all written in the past 5 years. There were no comparable books of these type prior to 5 years ago.

A Fine Young Man with Parents, Manners and Educators Can do to Shape Boys into Exceptional Men, Generation at Risk, Growing Up in Fear of Family Upheaval, Absent Fathers, Lost Sons, The Search for Masculine Identity, At the Heart of Every Great Father, Children in a Violent Society, Children in Danger, Coping with the Consequences of Community Violence, Fathering, Strengthening Connection with your Children, Finding the Heart of your Child, Goes from the nursery, Tracing the Roots of Violence, Lost Boys, Why are Sons Turn Violent, Show how we can Save Them, Mothers, Sons, and Lovers, How a Mans Relationship with His Mother Effects the Rest of His Life, Raising Boys, Why are Boys Different and How to Help Them Become Happy and Well Balanced Men, Raising Cain, Protecting Emotional Life Boys, Raising Children in a Socially Toxic Environment, Raising Sons Without Fathers, The Women's Guide to Sole Parenting, Real Boys, Rescuing Our Sons from the Myth of Boyhood, Risk Factors for Violent Behavior in Elementary School Boys, Have You Hugged Your Child Today, Strong Mothers Strong Sons, Raising the Next Generation of Men Without Men, The Courage to Raise Good Men, The Myth of the Monstrous Male and Other Feminist Fables, Myth of Male Power and Why Men are the Way They are, The Role of Father and Child Development, The Trouble With Boys, The Wonder of Boys, Violence in Childhood in the Inner City, Violence Reflect Violence Reflections on the National Epidemic in Voices of Children of Divorce.

There is some expression at a point in time in prior testimony about why would this commission look at divorce laws. Frankly I think the commission ought to be looking at marriage laws. One of the most profound experiments underway in the country today is down in Louisiana. Where they now have two types of marriage licenses. The covenantal marriage license and a standard marriage license. In a covenantal marriage in the State of Louisiana it is also going through two other legislature right now. The concept is very simple the couple says it is our intent regardless of what the judicial legal milieu maybe, it is our intent not to have the fruits of destruction made attractive to our family. So if we want to opt out of the law system that supports, induces, encourages this divorce. So they opt into, you have a choice, you opt into a covenantal marriage which basically says none of the divorce laws in that state apply to you you cannot in fact get a divorce in a covenantal marriage. Well that makes it kind of interesting as you go

through the dating process. I can just imagine some of the discussions, "hey Sally do you want to shack up license or do you want to have a license for life?" I can, be some very interesting discussions or the other thing. "Hey Johnny I don't want you to bail out on me in 5 years I really want us to be together forever." It starts putting a very different flavor on what is marriage all about and there is a component of both men and a component of both women that feel that marriage has to have a greater degree of permanency and that comes consistently in any kind of data you look at from national surveys. I could go through the gallop of studies and a whole range of studies and I'll be happy to turn in a rather loose collection to you if you are willing to disperse it amongst the committee, but I don't have any spare copies with me.

You heard earlier about some discussion on suicide and the suicide rates, I don't think you can actually see the chart, but you've heard the numbers. But the rates are absolutely horrendous. I am working with a case right now, a rather sad situation. The gentleman happens to be 76 years old, he just went through a divorce at the age of 75. He received none of the marital assets is ex-wife has the house. He received 20 percent of his capitols retirement pay from the US Navy. He is basically a homeless person. We've had to take him off main street in Nashua twice in the last 6 months because he was out there trying to commit suicide, let some car run over him in the middle of the night. He is now in protective care down in Massachusetts. The guy is basically trying to kill himself and part of that reason is he lost everything to what I charitably describe as a black robed thug. Now how in the world we can take a person and totally destroy them economically, emotionally and spiritually and expect them to have a will to live is beyond me, absolutely beyond me and it should be beyond you too. But these are not isolated cases.

Senator Sheila Roberge, D. 9: May I interrupt for a minute.

Bob Burke, Citizen: Sure.

Senator Sheila Roberge, D. 9: Was this this mans first marriage?

Bob Burke, Citizen: Yes. He had been married for 48 years.

Senator Sheila Roberge, D. 9: His first and only marriage.

Bob Burke, Citizen: First and only marriage.

Senator Sheila Roberge, D. 9: And I assume that his wife was approximately his age.

Bob Burke, Citizen: Yes. I think she is a year older as I recall. There just within less than a year ten months of one another.

Senator Burton J. Cohen, D. 24: As I say we do have, I hate to do this, but we are running way over time there is another hearing coming up and you do obviously have a lot of pertinent material and points to make.

Bob Burke, Citizen: I would just like to encourage the state to go forward. What other title is a Commission on the Status of, Commission on Study of Men to me is not relevant. I think part of its charter however needs to be a component of collecting information that reflects the current environment in which men are having to operate in and I think from that collection of information some recommendations may come forward in the form of legislation. I think what we'll primarily do to is provide the state for an opportunity of concerns to become expressed in a collective fashion from the voice of the people that are experiencing the trauma and I believe that is very important information for a legislature to have and whether or not subsequent bills comes out it. Lets not worry about that issue. I think what's happening right now is we are not getting many of these issues before the table of the legislature which is passing on the bills.....Thank you.

Senator Burton J. Cohen, D. 24: Thank you. Questions? Three other people have signed up to speak. I hope their points have not been made. Again I would....for the next people. Wayne Wood.

Wayne Wood, Citizen: Hi, I'm Wayne Wood from Newington. I thank you for the opportunity to speak. I don't have too to much to say, I am obviously in support of House Bill 553.

I made some recent observation. I mean they are pretty simple and it doesn't take a rocket scientist to figure what is going on. Representative Jacobsen said now there is more women in college than there are men. I didn't intentionally do this I just started noticing it in a *Fosters Daily Democrat* all the high school students graduating from high school became amazing. They are almost all women.

That one from Spaulding High School; 2 boys, 8 girls. This one is from Northwood Colburn Academy. All women, no men at all, no boys at all. I didn't keep them all. I just started collecting. Here is Oyster River; 8 girls, 2 boys. Epping High School; 3 boys, 7 girls. Saint Thomas Aquinas; 3 boys, 7 girls. Portsmouth High School; 2 boys, 8 girls. I mean they are all like that, everyday in the paper. I was amazed. I have a ten-year-old son and I would hope that he would be one of the top ten, but looking at the stuff I said there has got to be something going on in the school. What going on that the boys

aren't getting into the top ten in any reasonable number. I mean if it is 6 to 4 that is fine, but I mean it is virtually none in comparison that concerned me.

It is nice to have a distinction that they are more women in college than there are men. You know the distinction that men have there is more men in prison than there are women in prison. That is a heck of a distinction. I am wondering where that came from. How come so many boys and men end up in prison? I don't know. I think that is what this commission might establish and find out why. Identify the problem, fix it. So that we intern would obviously save a lot of money having fewer men in prison and we would have productive citizens in society.

Another observation, this was just the other day in the Fosters. Surgeon General declares suicide a public threat. White men age 65 and older are the most likely to commit suicide, accounting for 20 percent of the cases. I don't know if it is in reference to the gentleman that Bob Burke talked about. Maybe there is a lot more out there than we realized, but I mean this is from the Surgeon General indicating that this is a serious problem. Why? What is going on out there that may cause people to do that?

I got several other issues here, but I don't want really want to take any more time of the senators here. I just hope that you do support it. I really believe it is the right thing to do. It is time. It really truly is time. If I may Senator Roberge address a comment that you made a moment ago and said that fathers don't step up to the plate. I am here to tell you that I am a father and I have stepped up to the plate and I can show you a list of attorneys that have told me you have the same rights under the law Wayne, but don't bother trying because all you will do is spend a lot of money.

Senator Sheila Roberge, D. 9: That was my question. Do they step up to the...

Wayne Wood, Citizen: They do...

Senator Sheila Roberge, D. 9: Is it their choice not to step up to the plate or if they want joint custody do they choose to step up to the plate? Do they get discouraged from stepping up to the plate? What is it and I was told that there lawyer gives some kind of advice and they choose to take it or they don't choose to take it. That was my question.

Wayne Wood, Citizen: They totally discouraged. I can tell you I love my son just as much as his mother and I think that she is a wonderful mother and does a good job and I am a wonder father. But, I am not give that same opportunity. When the attorneys in droves discourage, discourage,

discourage. I have gone to many, many, many of them in order to find somebody that is willing to stand up for me in the courts.

My wife hates the statement that I constantly throw at her. "We as American citizens have so many rights we have no rights because every right we have is an infringement on somebody else's" and the way that the system is set up now I as a father, I have rights. Of course I have rights. But I have got to tell you when a mother goes in there she takes my rights away from me in a lot of the cases and that is unfortunate.

I want equality, imparity. I want fairness. I want to be just as much a citizen in this society as women. I want to have the same opportunities to my son. I have got three grown daughters. I have got three granddaughters and one grandson. He is 4 months old. I would hope that he has better opportunities in the future.

So that is where I come from and that I think that House Bill 553 does have a lot of good things it could do. I think the time is right and it is the right thing to do because it will help a lot of our citizens. Thank you

Senator Burton J. Cohen, D. 24: Thank you. One more question.

Senator Sheila Roberge, D. 9: There is nobody here from the prison. I serve a lot of other committees as well and it is a well-known fact most of the young men in prison are there because of drug abuse.

Wayne Wood, Citizen: Excuse me. What ma'am?

Senator Sheila Roberge, D. 9: Most of the young men in our prisons in New Hampshire are there because of drug abuse. Now there is nobody from prison here to talk about that today, but because I serve on so many other committees I know that is the case.

Wayne Wood, Citizen: Wouldn't that be because of some of the pressures that they experience that they are not able to release that they release it through avenues like that. Interesting all the incidents that are happened that are tragic in our schools. I haven't seen the girls do it. I find that interesting. Why aren't the girls doing it? Is there something different?

Senator Sheila Roberge, D. 9: We have already talked about that.

Senator Burton J. Cohen, D. 24: They are not being arrested in the same numbers.

Wayne Wood, Citizen: I find that interesting also.

Senator Burton J. Cohen, D. 24: Thank you. A few more people signed up to speak. Jack Shimek

Jack Shimeck, Citizen: My name is Jack Shimek, from Nashua. Thank you for the opportunity to speak for the committee and I will try to be brief. I am a divorced father, actually a single father because now my daughter does live with me after many, many years of living with her mother in the State of Connecticut.

I am a former President of Father's United for Equal Justice which is a group that dealt mostly with divorced men's problems in the family relations area in the courts. In Father's United long ago, actually before I was involved, supported bills to establish a guardian ad litem for the child and to establish a presumption of joint custody. I was very happy when learned that was the case when my divorce began because I thought I would get fair treatment because I knew there were such horror shows in the past as far as men and them maintaining their father relationship with their children.

What I learned though was that the practical reality is, I think a lot of people are treading lightly on this issue. But there is a very severe problem continuing though the law may state a presumption of joint custody there is essentially a silent conspiracy to make sure that that doesn't happen in reality.

I think when Mister Geanoulis made is remarks about parent dictumy. I know Mike because I know what he means. I think he is also implying that yes this silent conspiracy does exist to remove the man from the home. To remove him from the parenting relationship.

If you were actually observe it and I have observed it several hundred men's divorce cases and also women's. I had a girlfriend that was having problems and I represented her in court because I knew the family law system enough, but there is a bias. It is an issue that relates to the status of men, a lot of people are afraid to say that. There is a status issue and I would like to suggest to Senator Larson that since you have a son to just observe what happen when your son marries and assuming for purposes of argument that he's one of the unfortunate...

He has a couple of wonderful kids and now they are your grand kids. You will most likely be exposed to the issue of men's status in the court in the family relations area. You will watch as the power struggle unfolds and you will see phalanx of state and private agencies rally to the aid of "the poor

mother" and you will see the myths arise. One that someone else mentioned is the myth of the "monsterous male."

They all make the assumption that he is bad because he is a man. They will make the assumption that he is the only one capable of supporting the family and they will make him pay support. They will make the assumption that he can't nurture or that there is probably something wrong with him being involved in raising his kids and guiding them. If the case becomes bad enough you may even come to the point where you realize that you lose your status as a grandparent and it happens.

I get the impression that your committee is not familiar with the real, I would say outside abuses of the court system and the social service agencies in their treatment of men and recognize the importance of them to their children. Mike has presented this book. What's maybe stated in this book and what this commission I think is asked to address is, this is on line 9, "Policies which unnecessarily separate fathers from children."

If you have a pervasive set of policies that are written in stone and on top of that what I have already called the silent conspiracy of all the people that think that men shouldn't be involved or they will beat their wife and children or that they have because they have been accused of it. It has become widely recognized that a lot of the allegations of abuse are there as a tactic in a divorce. We have actually had women who have gone to domestic abuse counseling had been actually told to use that as a tactic in the case.

Even a researcher in New Hampshire here, Dr. Murray Stause has performed some of the most extensive studies on family violence. He has found at best that the domestic violence is equal, but equally initiated by both parties. There is a recent study and I don't have a copy of it. It just came out within a month and a half from the *Canadian Journal of Behavioral Psychology*. They found that, I think the number was about 3 times as many of domestic disputes were started by the women. Now my purpose here isn't to point the finger and say who is to blame for all these problems, but if you are talking about the state becoming involved the state in my mind, the American way is to not take a side. What I am saying is the state has been taking a side for a long long time and the father absence facts that come out in books like these are a result of what the state does do and how they unnecessarily separate fathers from children.

So I want to go record to say that that is a problem now and that should be addressed and that this commission should definitely address that. I will throw in my personal story about how I was stripped of my status, but only to say that I too was advised by lawyers, numerous lawyers to don't bother. It

happens every time. I think anybody who has been involved in any litigation or who is an attorney or whatever you know that you don't go in and fight a court case if you know the expected outcome or at that point you're really just tilting at windmills. You can go in there you can spend your entire family fortune. You can sell everything you own. You can in debt yourself for years and years and years, but should you do that if you really know you are going to lose.

The lawyers are being very practical when they say that because they know that the deck is stacked against you when they say don't bother trying. Now many people still want to find that the man is neglectful or that men as a class are because they don't try to parent. But when you look at the deck that is stacked against them if you actually knew how bad it was for a man trying to remain a father in their child's life you would know why they drop out. I suspect that a great deal of the fatherlessness that we blame on the fathers that didn't even try it is because they were smarter than me. They knew it is just not worth it. My best bet is to maybe even move out of state, change my name try again, marry again, have other children.

I am never going to have another opportunity to be a parent to these children because of this state because of the pervasive silent conspiracy against me. If any one else has been afraid to say that I want to come forward and say that. I encourage you to whole-heartedly and resoundingly support equality in this state. I think that is all this establishment is commissioned asks. Thank you.

Senator Burton J. Cohen, D. 24: Questions? Thank you very much. Eric Eastman.

Eric Eastman, Citizen: Good day. My name is Eric Eastman; I too am from Nashua. As Jack mentioned that he intended to keep his comments brief I too will do the same.

Little known fact. One of the fastest growing demographic groups in this nation if not the western world is single father households. It's the truth. I mentioned that because I happen to be in that group. I don't mention it because I what to harangue and champion the cause of fathers only. What I wish to do is forward that idea as a premise for the assertion that there is a reality in our culture. That reality is that things are changing rapidly. Gender roles are changing just as all rules are changing. This is not news, but it should be recognized for its cultural or for its contemporary relevance (i.e. we're seeing things change at an alarming rate).

I am a product of the last 30 years. I am 36. I am a product of a culture that has been changing at a tremendous rate. I am also a product of the influences of that culture that had a tremendous effect on the way people who were raised in the last 25 years thought about minority issues, gender issues and things like that. I have seen some wonderful things happening in my life with equal rights and with gender issues. But being a father of 2 girls, 2 wonderful girls ages 9 and 8. I recognize that they continue to have some challenges as they grow up in finding their place in the world and find some equal treatment in whatever avenue they choose to pursue.

Reciprocally however I myself have experienced as a father something akin to what Jack who just spoke was describing which is this silent conspiracy. I think that it is critical that we recognize that this changing culture is influencing us all. Whereas for the last 25 years there has been a tremendous sentiment that the status of women needed to be dealt into and explored. Whatever we discovered as a result of that exploration needed to be integrated into the way that we go about our daily lives.

I think that is also true for men as well because for every action there is an equal and opposite reaction. It is essential that we recognize that there are tremendous changes that are influencing the ways that men and young men as they are coming out into their own are expected to live their lives. It is going to impact us profoundly as time goes on in the next 25 years. It will be a different world. If we don't tolerate ourselves perhaps as a legislative body, perhaps as a culture we will find that disparities will only grow much more pronounced.

So I am coming here to provide you with a few of my musings on the subject having been living the life a single parent trying to champion his own custodial rights for the last 7 years and doing so faithfully and parenting as best as I can within the constraints of the custodial arrangement that were provided for me. Recognizing that, things will be different in 25 years. Men in my position will be treated differently by the court system and they will perhaps approach matters much differently because there will be more wisdom and there will be perhaps more parity.

I would like to forward these notes in so that you understand that this is a culturally relevant gesture this bill and it has every bit as much relevance and value to our culture and to our society and to our state as the Commission on the Status of Women when it was originally formed and even today at this very moment. It is every bit as much a relevant and vital contemporary matter. I encourage you to consider passing it. Thank you.

Senator Burton J. Cohen, D. 24: Any one else wishing to speak to House Bill 553?

George Roberts, Citizen: I know that I am in jeopardy by answering but I can. Not as a citizen, in respond. Mister Chairman, members of the committee just a bit of history that I think might be helpful. I sat on the Executive Department of Administration Committee some 32 years ago when the Status of Women...came to for. In spite the fact that it was a unanimous vote of the committee chaired by Shirley Clark then called the chairman of the committee and sponsored by a former Miss New Hampshire who was defeated on the floor of the house. It was defeated by some of the same comments I hear just as I role around the legislature.

People have an axe to grind. They want to change something. Maybe they are a bit more radical or conservative or liberal. That is what defeat the status of women the first time. They thought maybe now would come forth and force every man and woman to do certain things exactly the same way. They conjured up different arguments and guess what happened, those didn't happen, but there are some things that did happen. They first did an analysis of salaries of state government and found that women in the exactly the same jobs were getting less pay. They just gave them a different title, whether they had a typewriter or ruler or pencil whatever they did they just had different job description for the same work. They helped eliminate that.

They also came forward and said there is real substanial abuse in the work place. There is harassment, sexual harassment in the work place. Something that we didn't want to talk about. We never want to talk about incest, rape, sexual harassment. Those issues generally were not in the general vernacular today; today's conversations even at cocktail parties and gatherings. Maybe in quiet discussions the people will seem concern.

The Status of Women brought those issues to the forefront. They got the State of New Hampshire Judiciary at a wakeup call and started looking at some of those concerns. Yes, some might have been flagellant claims. Some are actually true and proven to be true and they were subsequently judicated. There were suits. I would suspect today that people are very concerned about the remarks they make, that they would have made 20 years ago about the clothes you ware, your shape or a variety of things now are considered just not the right thing to do.

It is funny. Now the cold war is over. We are turning back into ourselves and looking at ourselves. We didn't have time before. We were too afraid, too busy fighting wars and depressions, recessions and all that. But now there is a little area of comfort and we are saying if everything is so good how come so

many things are so wrong. I am not suggesting the state government or federal government is going to change things, but if you look at the congressional attitude about what is happening to family. They are saying hey when your wife has a baby to bad.

They did pass legislation, businesses were against it, but quite frankly I think that it is a great thing to be with your wife for at least the first few weeks or the first few days even after they have a child despite the fact that you are running a mill late or you are a delivery man or electrician whatever your profession is.

That public discussion ranks public awareness. This commission will never force legislation through a four hundred-member house and a 24 member senate. So the fears of the NOW, Clinton, Green Zealot attitudes and forcing them on the public doesn't exist. The fears that some might have another group, probably from a different political spectrum would have some zealot attitude and force upon the legislation to pass, I think a not reasons to say no.

One of the best things this legislation have done the past is create tasks forces of men and women from outside the legislature body to create an opportunity for people to bring their stories before. Some are just personal. Some are just isolated incidents. After awhile when you start gathering facts you say to yourself why are these things happening? Maybe it is just genetics. Maybe it is biochemistry or maybe you do get treated differently.

In fact the Status of Women came with what I thought at first was probably a funny little thing to discuss that the attentions to sports were not equal in newspapers for women as they were for men. In fact they had a piece of legislation that somebody put in to ask newspapers to give equal balance. The newspapers said well that's not freedom of press we can do what we want. Then they asked analyze what you do and you know what the answer was. The stories about boy's football and hockey and baseball and such were like this and the champion wins for the women were like this.

They didn't pass a law but when they understood that they were not giving the women's teams an understand and the same recognition the same status of their achievement as the young boys and the men in colleges. All of a sudden there is some balance. I read the *Laconia Citizen* and there is balance. When the girl's basketball team wins there is a photograph of a lay-up. When a guy's hockey team wins there is a shoot of the wining puck play.

All I am saying is the public discussion brings about social change and brings about social attitude. So whatever your fear about whoever has...about equal

rights for men and women in divorce cases or lawsuits or whatever. That isn't quite as important. Those fears aren't important. As a fact that you'll allow for a public discussion going on which I think is very very serious.

I do have a minor in sociology in school. People who study crime keep saying to themselves is man just...a violent animal or are there certain techniques to subdue that type of activity or are there other things in society that force them into position to take certain acts. When do you translate it's a mans job or real guys do this.

Even last night watching David Letterman. The TV star whose name I can't recall, but who was on many series on TV shows just one an award and he said, "Well where do you go?" He said, "I wen to school in Texas." He said, "Well what did you do?" He said, "How did you get into the acting?" He said, "Well I really like the acting." He said, "But the only way I could get into the drama club is to play football." He said, "Why?" He said, "If I didn't play football they'd kick my butt."

They are still at it. If you do certain things that isn't quite manly. If you don't do this you are not a man. If you don't do this you are not acted aggressive enough to have done certain things. I think other discussion over a period of time those things come to the front and you are able to deal with them.

Carol has been in the legislation. I appreciate what she has done and what she is still trying do. Unfortunately you probably should have a Commission on the Status of People. But what happens when you have a Commission on a Status of Women? You have interested groups come forward and I don't care who the governor is whether they are left, right or in between you still have Executive Council and there is some balance. Maybe they make different appointments as they go through, but so what. You get an opportunity to have public discussion.

In a republic, democratically run republic, if you don't allow for those types of discussion it is usually suppressing them because a lot of those issues ultimately will have to be resolved by the legislature particularly the jurisdiction of the courts and the way they handle people in the judicial process. But there are other, a lot of things you would call minor that will come forward that I haven't talked about, they haven't talked about in the discussions and you probably haven't thought of yet either. Of that when you talk about equality of the genders that you have to recognize there are differences and you have to recognize why these differences when compounded with other social attitudes create some social problems and how to possibly get rid of them.

So I hope you support it. No one asked me to support it. I speak for myself, don't represent any group that has any axe to grind. Except that I think we are in a terrible social status nation wide and a lot of it is at the family level. A lot of it is because we are not getting buttress by the other institutions that are traditionally buttress of family and logically they look to the legislature to at least get some equity in the way people act toward each other.

Senator Burton J. Cohen, D. 24: Thank you. Any one else wishing to speak to HB 553....We'll close the hearing.

Respectfully submitted,
Zita-Maria Wescott
Committee Secretary

The State of New Hampshire
Senate
State House, Concord

September 3, 1999

TO: Members of the Senate Executive Departments and Administration committee.
FROM: Jonathan Page
RE: Hearing report on House Bill 553, relative to establishing a commission on the status of men. (Senate ED&A, 8/17/99)

Sponsor: Rep. Bickford, Rep. Jacobson, Rep. Dickinson.

What the bill does: 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.

Who supports the bill: Several members of the public.

Who opposes the bill: A member of the public.

Testimony report: This bill would create a commission on the status of men. There currently exists a commission on the status of women, and this bill would provide the same services for men. There are issues that are specific to men just as there are issues specific to women. This commission would look into issues such as cultural bias, separation of fathers from children, health problems unique to men, and developing career skills. This commission would give men the opportunity to meet in groups to discuss issues that affect them. It is important to look into the effects of children being raised without their fathers. The commission on the status of women has done an excellent job highlighting issues related to women, and this bill would allow a commission to be established to do the same for issues related to men.

Those opposed testified that this commission would be in competition with the commission on the status of women and would therefore be divisive. This commission would be political in nature, and the course that the commission takes could depend on the politics of the day, instead of the issues presented at the hearing.

Funding: The fiscal note was drafted before the bill was amended. The appropriation has been removed.

Future Action: Pending executive session action.

Speakers

SENATE EXECUTIVE DEPTS. & ADMIN. COMMITTEE

Date 8/17/99 Time 9:45 AM Public Hearing On HB553FN-A

Appearing in FAVOR: (Please print)			Please check box at left to speak.
Speaking?	Name	Address	Representing
☒	REP. PHIL WEBER		GRAFTON 11
☒	REP ALF JACOBSON		MERRIMACK 2
☐	Dave Bickford		
☒	Pat Bennett		Self
☒	mark Halle		public
☒	MICHAEL GEANOULIS		SELF
☐	John Klingle		SELF
☐	Robert Foster		SELF
☐	Dickerson		
☒	Bob Burke		several
☒	Wayne Wood		Self

Appearing in OPPOSITION: (Please Print)			Please check box at left to speak.
Speaking?	Name	Address	Representing
☒	Carol Price		self
☐			
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☐			
☐			
☐			
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☐			

(see over)

Appearing in FAVOR

Speaking	Name	Address	Representing
☒	Jack Shimek,	427-3 Amherst St., Nashua	Self
☒	Eric R. Eastman	Coburn Woods, Nashua	[The needs of children]
☐			
☐			
☐			

Testimony

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.

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.

NH-H&HS 271-4671

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.

									#	%
MOTHER	2178	78	2247	78	2025	75	2143	72	2334	72
FATHER	308	11	315	11	305	11.3	342	11.5	397	12
JOINT	284	10.2	306	10.6	352	13	451	15	500	15
TOTAL	2791		2887		2696		2961		3245	

PRIMARY CARE ACCESS DATA

ASSESSING NEW HAMPSHIRE'S COMMUNITIES

THIRD EDITION, 1990-1994

VOLUME ONE

STATEWIDE ANALYSIS

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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

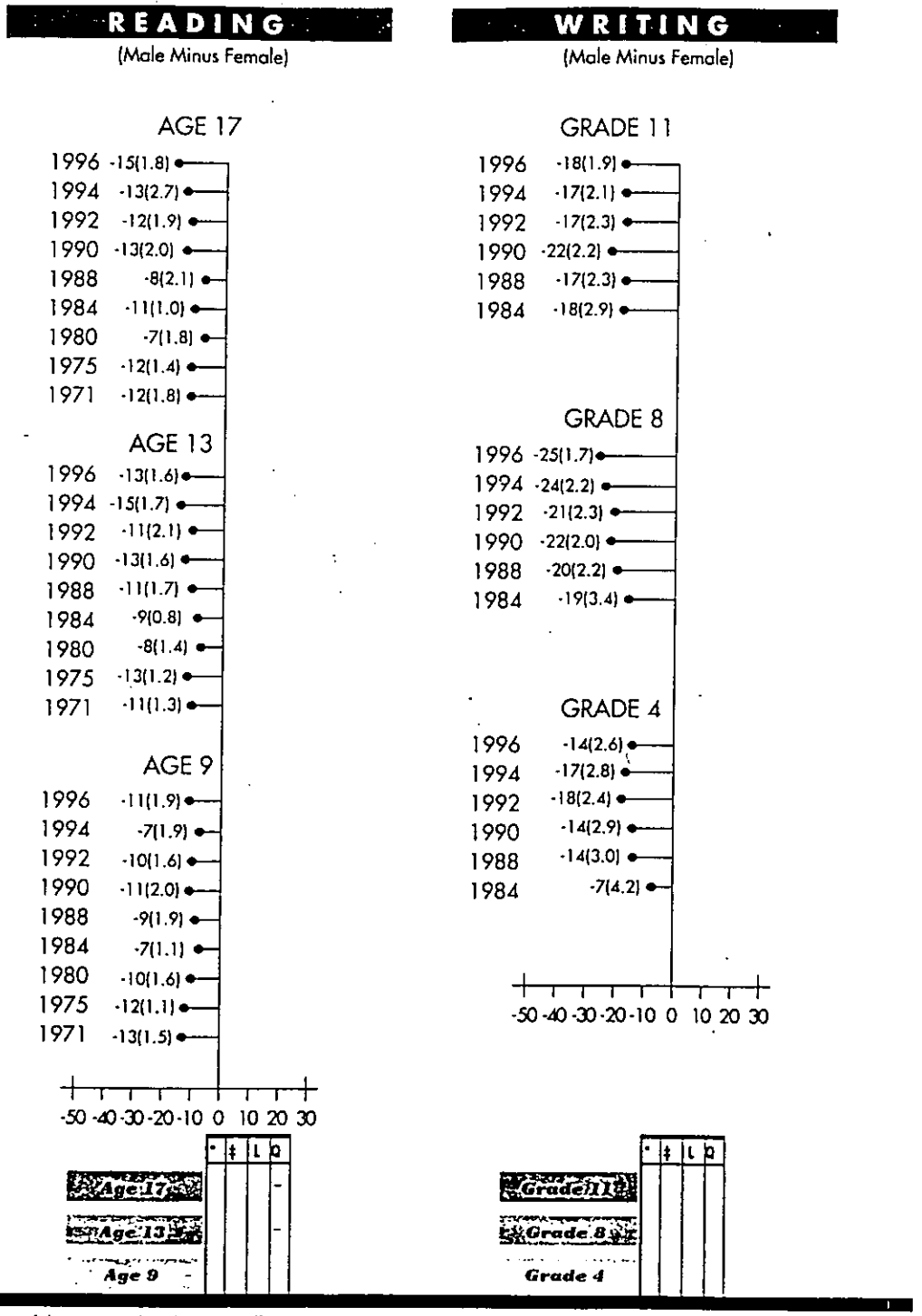
KEY: Shading = Mortality or Cancer Incidence Rate based on fewer than 10 cases; or Behavioral Risk Factor Survey Sample Estimate based on fewer than 50 responses.

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

Figure 4 (continued)

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

THE NATION'S REPORT CARD



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.

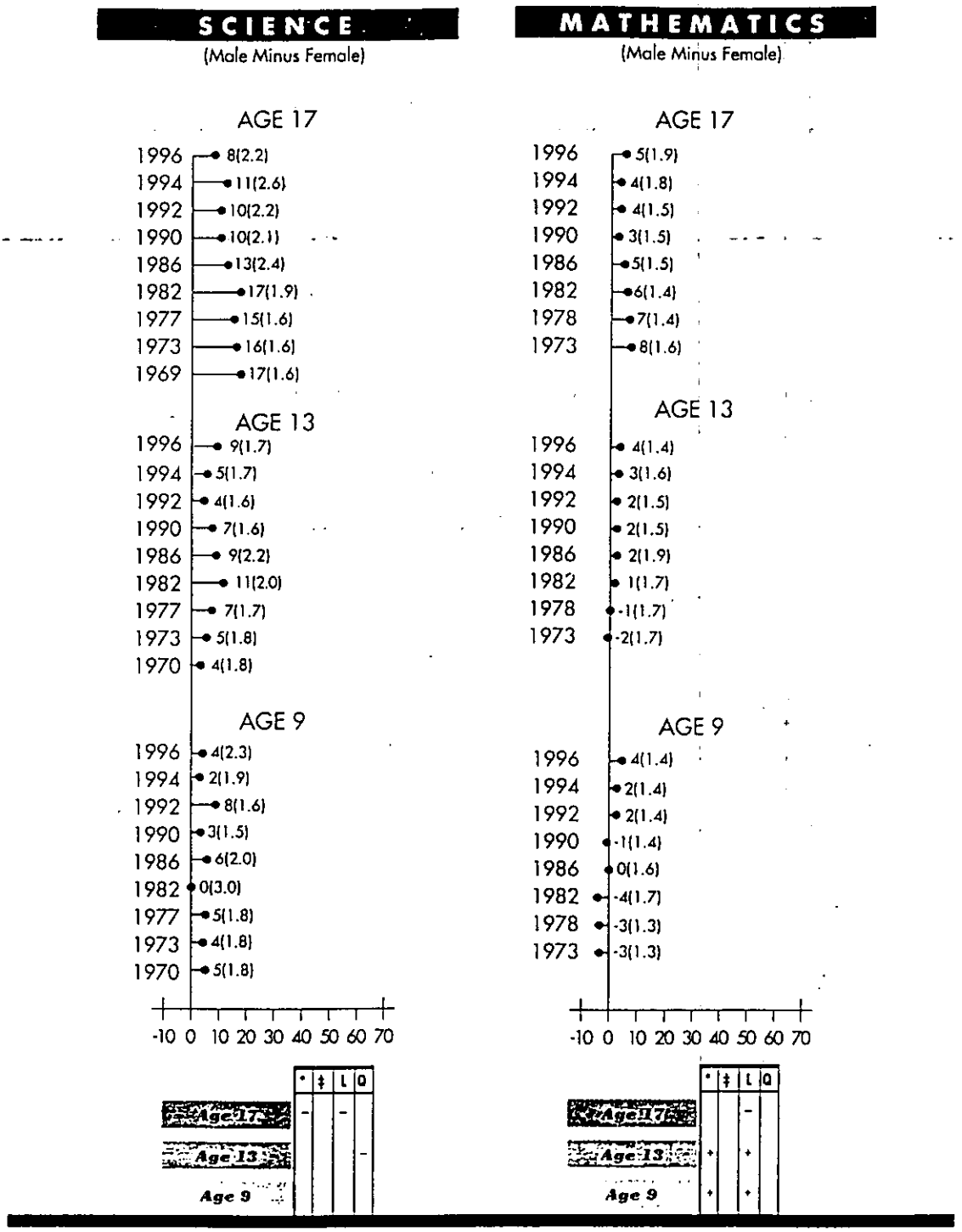
Q Indicates that the positive (+) or negative (–) quadratic trend is significant.

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

Figure 4

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

THE NATION'S REPORT CARD



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	Year: 1991	Year: 1992	Year: 1993	Year: 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	15.1
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	10.2
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%	*
b. % High Cholesterol	13.8%	12.6%	14.5%	*	14.3%	12.9%	14.3%	20.8%	16.9%	11.1%	6.7%	*
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%	*
2B. % Chronic Drinkers	7.3%	13.0%	2.3%	*	7.5%	6.4%	9.0%	6.2%	10.8%	3.1%	8.2%	*
3. % DWI	6.4%	8.9%	4.2%	*	8.8%	3.7%	6.4%	1.5%	6.2%	8.0%	10.6%	*
4. % Seat Belt Nonusers	28.9%	32.7%	25.5%	*	19.4%	36.0%	38.0%	27.5%	26.9%	32.0%	29.8%	*
5. % High Fat Diet	40.7%	58.0%	24.8%	*	35.1%	43.0%	51.2%	39.8%	41.7%	NA	NA	*
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%	*
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	*
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.

STATEWIDE ASSESSMENT ANALYSIS

PRIMARY CARE ACCESS DATA

1990-1994

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

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
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

Age 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	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.

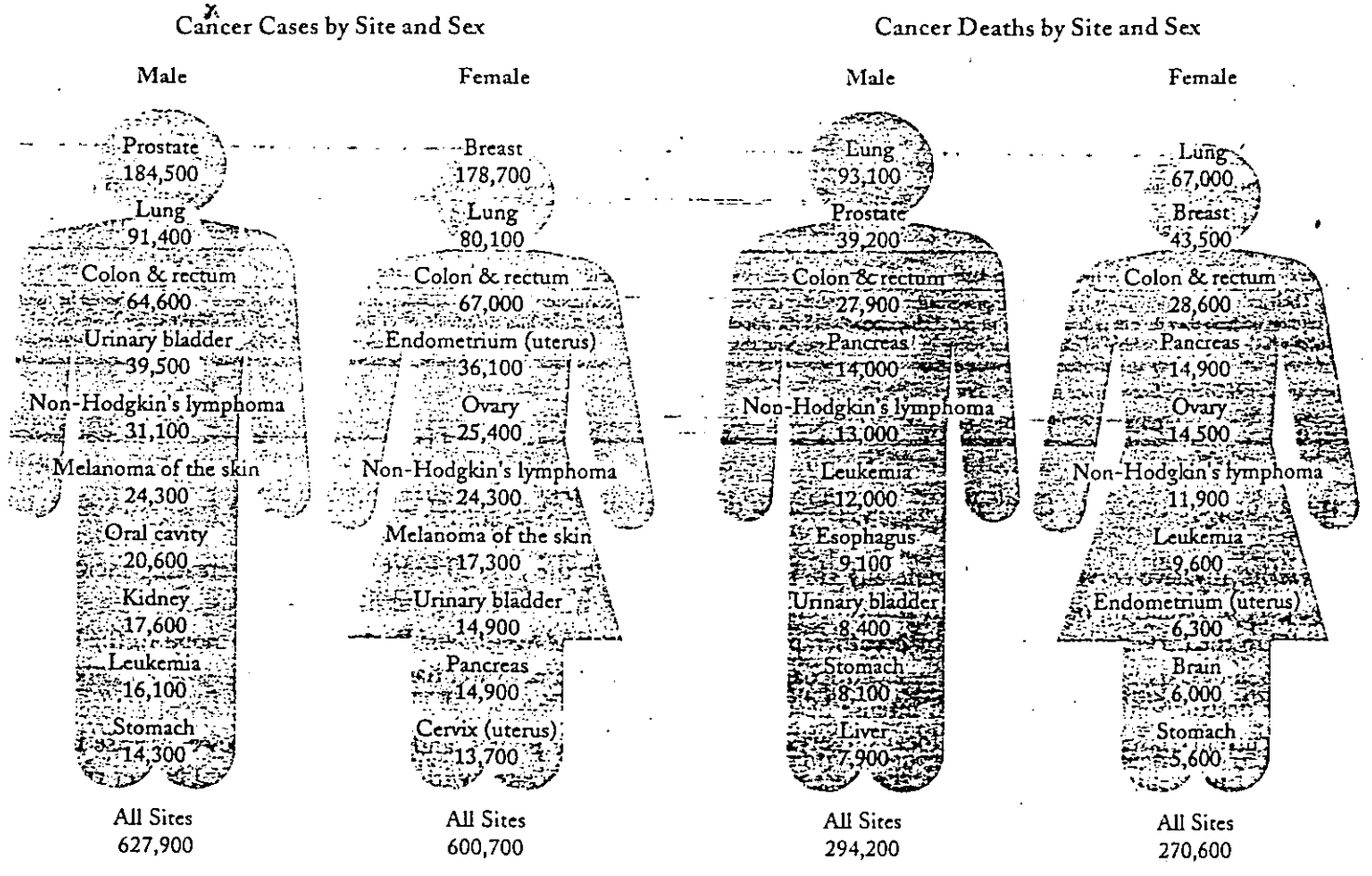
The committee found more training is needed for reporters of suspected abuse or neglect, such as school and medical professionals, and recommended that a standardized form be developed.

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*



*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

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.

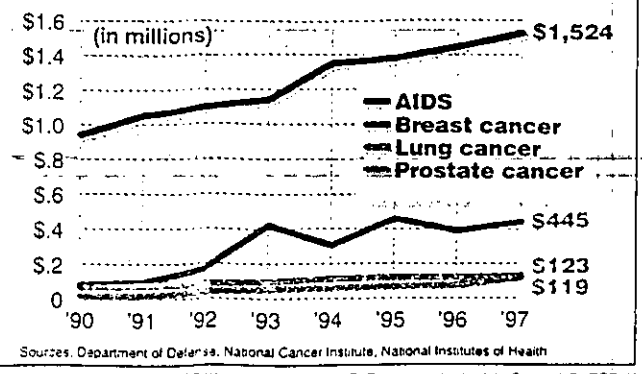
One of the most important of the failed studies was designed to compare surgery with radiation for treating prostate cancer. The two approaches, which have been standard for 30 years, have never been tested against each other to learn which, if either, is better. The study, launched in the early 1980s, 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 -

Distributing federal dollars

The federal government's funding for scientific research of various diseases varies widely:



Sources: Department of Defense, National Cancer Institute, National Institutes of Health

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

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

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.

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

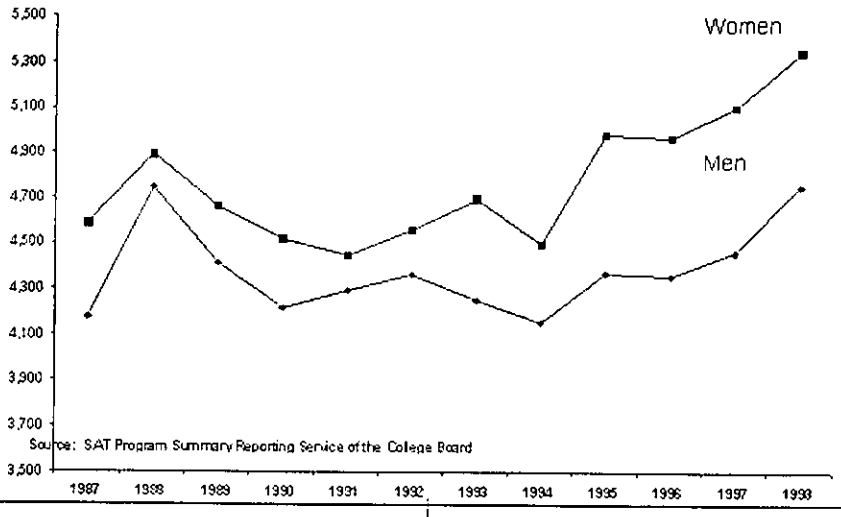


Chart 1: Summary of College-Bound High School Seniors

	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
October 1998
Volume: 9

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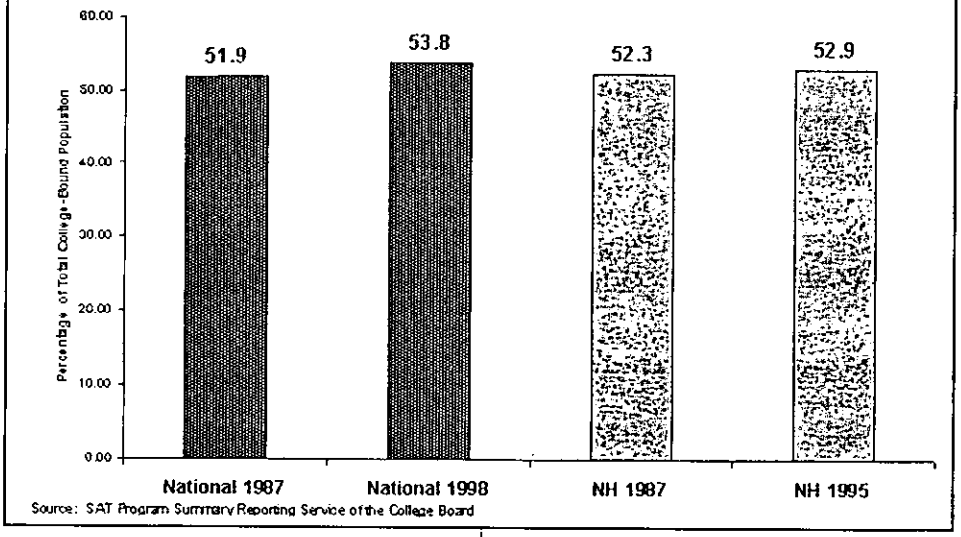
continued from page 5

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.....*

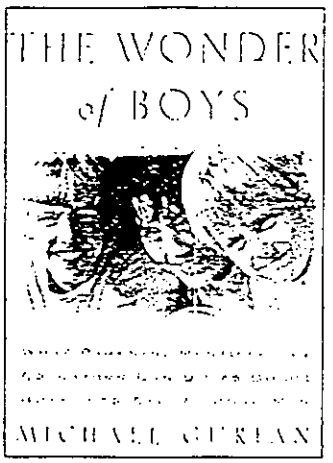
NH's state appropriations for higher education would have to rise by 28 percent to reach 49th (Vermont) in the country in terms of per-capita funding, or by 54 percent in terms of appropriations per $1,000 personal income. NH has consistently ranked last (50th) in the country in both.

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.

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?



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.

DATE February 26, 1999

FROM Myla A. Padden
Research Director

AT (OFFICE) Legislative Services

SUBJECT New Hampshire Women's Organizations

Accordingly, I have created the following list with the assistance of the New Hampshire Commission on the Status of Women. It is not all-inclusive and some of the contact persons may have changed since the commission revised their mailing list, but I hope it will still assist you. If you want me to expand this list, or concentrate on a particular region in the state, please let me know. In the meantime, I hope you find this information helpful.

American Business Women's Association – PO Box 3795, Manchester NH 03105

Amicorps Victim Assistance Program – Pattie Baum, PO Box 4156, Concord, NH 03301

Business and Professional Women's Heritage – PO Box 6141, Nashua, NH 03060

NH Coalition Against Domestic and Sexual Violence – Linda Griebsch, PO Box 353, Concord, NH 03301

Carroll County NOW -- Mary Smith, PO Box 635, Center Ossipee, NH 03814

Center for Health Promotion – Cheyne Foreman, 8 Loudon Road, Concord, NH 03301

Children's Alliance – 125 Airport Road, Concord, NH 03301

NH Women's Lobby – Shelia Evans, PO Box 1072, Concord, NH 03301

New England Women's Conference – Karen Stancik, PO Box 1917, North Conway, NH 03860

New Hampshire Breast Cancer Coalition – Nancy Ryan, 18 Bell Lane, Lee NH 03824

NH Children's Lobby – Jack Lightfoot, CFS PO Box 448, Manchester, NH 03105

NH Citizen's Action – Sam Mekrut, 4 Park St., Suite 403, Concord, NH 03301

NH NOW – Jessica Beck, 9 Charlene Drive, Nashua, NH 03062

Seacoast Women's Network – Gail Peacock, Box 5393, Portsmouth, NH 03801

Step By Step, Second Start – Sandra Jones, 17 Knight St., Concord, NH 03301

Task Force Against Violence – Susan Blenkhorn, PO Box 53, Plymouth, NH 03264

Women Supporting Women – Claire Houston, 111 Water St., Exeter, NH 03833

Women's Business Center – Connie Dove, 150 Greenleaf Ave., Portsmouth, NH 03801

Women's Health Resource Center – Elaine Shamos, One Medical Center Dr., Lebanon, NH 03756

Women's Owners Network – Diane Gray, PO Box 1775, Manchester, NH 03105

NARAL – Peg Dobbie, 18 Low Ave, Concord, NH 03301

YWCA Women's Network – 17 Prospect St., Nashua, NH 03060

NH Small Business Association – Sandie Sullivan, Stewart Nelson Plaza, Concord, NH 03301

NH Child Care Association – Jackie Cowell, Hall Avenue, Henniker, NH 03242

MARCH 1999

Of Note

Three years ago, billionaire Walter H. Annenberg launched the Annenberg Challenge, a huge national program to provide hundreds of millions of dollars to public schools in more than 30 states. Last year, Patrick Reilly of the Capital Research Center wrote an editorial in which he claimed the additional money had produced no improvement in student achievement. Reilly was royally lambasted by the establishment, most notably by officials running the Annenberg project. At the end of January of this year, Annenberg program administrators for the Los Angeles County schools admitted that the $53 million donate to 247 LA schools has had virtually no impact. When the grant money runs out in June of next year, the Los Angeles Annenberg officials want to turn the program into an educational watchdog group. "Our hope is to commission research in key areas such as literacy and governance and issue reports and recommendations," said LA program president Maria Casillas. "We would expect to monitor performance of everyone from reading coaches to boards of education, even unions."

Source: *EIA Communique*

AT A GLANCE:
Status of Women and Girls in New Hampshire

Over the past several decades, women and their families have experienced significant changes due to the restructuring of family roles, the labor force, and the economy. This report provides a shapshot of the lives of women and girls in New Hampshire in the 1990's.

- Women's poverty is directly linked to their family status. Although female headed families account for only 12% of all New Hampshire families, they account for 46% of families in poverty.
- There is not enough available childcare to meet the needs of working parents. In New Hampshire, there is only enough child care for 37% of the families that need it. For every one child care slot in New Hampshire, there are 4 children aged 0 to 5 years and 12 children aged 6 to 13 years who need placement.
- Violence is a constant threat to women and girls in New Hampshire. Between 1990 and 1996, the number of female domestic violence victims seeking services rose by 110% and the number of female sexual assault victims seeking services rose by 67%.

Source: *The Status of Women and Girls in New Hampshire*, The Women's Fund of New Hampshire

GRADING OUR GOVERNMENT (continued from previous page)

Most major agencies create their own strategic plans, but there is no requirement that they do so. Statewide, the only strategic planning is taking place in the area of information technology. The two-year gubernatorial term does not encourage long-term thinking.

INFORMATION TECHNOLOGY: C

New Hampshire has a comprehensive integrated financial management and human resources information system. It meets ongoing needs but is not useful for providing customized reports that managers would like. The state is focusing on making the current system Y2K-compliant before it looks at replacements.

Most agencies cannot use data systems (or even e-mail) to communicate with each other. However, a State Unified Network is being designed to connect them within the next year.

In a state with little strategic planning of any sort, the fact that IT is beginning to have a formal planning process is impressive. However, it's a new effort, and the plans developed by agencies thus far are mostly lists of desired procurements, with little in the way of strategy. One positive note: The state is trying to incorporate more knowledge of technology in its management training; so even managers who aren't directly involved in IT will have a better idea how to use it in their programs.

New Hampshire's chief information officer originally reported to the governor but that raised concern that the position risked becoming politicized; the CIO now reports to the commissioner of administrative services.

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The Union Leader, Manchester, N.H.

Wednesday, January 27, 1999

Women's group gets federal grant

BETHLEHEM — A North Country organization helping women become self-sufficient received a $43,000 grant from the U.S. Department of Agriculture.

Colleen Foley, president of the advisory board for the Women's Rural Entrepreneurial Network (WREN), said grant will allow the 5-year-old organization to move into a new office and start a retail shop showcasing women's businesses.

The money will also go toward supporting a salary for a manager at the shop and to conduct advanced marketing workshops for women and their businesses.

WREN was founded as a way to serve low and moderate income women, providing them with business and personal support as they develop self-sufficiency. There are 250 members from across the North Country belonging to the organization.

It also has an offshoot program called WINGS — Women Invested in Nurturing Girls' Success. It provides girls between the ages of 10 and 18 an opportunity to express creativity and develop leadership.

For more information about WREN programs, call 869-WREN.

Foster's Daily Democrat, Dover, N.H.
Friday Evening, April 30, 1999

UNH dept. of education to start mentoring program for girls

Receives $5g grant for science, math project

DURHAM — The University of New Hampshire's department of education will start a mentoring program with the help of a grant from the Women's Fund of New Hampshire.

A $5,000 grant is being used to start Project Mentor, a program that will pair girls in middle school with female college students who will assist the girls in math and science.

The money will also be used to study the effect of mentoring on the aspirations and academic achievement of middle school girls in math and science.

The Women's Fund of New Hampshire awarded a total of $25,000 to nine nonprofit groups around the state.

Foster's Daily Democrat, Dover, N.H.
Monday Evening, March 8, 1999

Ports. girls finding strengths

Pilot program helps teens fight stereotypes

By GREG HEILSHORN
Democrat Staff Writer

PORTSMOUTH — Seventh-grader Louisa Gleichman is frank about why she admires talk show star Rosie O'Donnell.

"She's overweight, but she doesn't let that bother her," Louisa said. "She just says, 'Hey, that doesn't really matter.' Everyone assumes famous people are supposed to be stick thin. Like a Barbie doll."

And therein lies the premise of a pilot project for which Louisa and 21 other seventh-grade girls at Portsmouth Middle School have volunteered to participate.

Called "Full of Ourselves: Advancing Girl Power, Health and Leadership," the nine-week program was developed by the Boston-based Harvard Eating Disorders Center, said Laurie Relinski, a Portsmouth Middle School counselor and project facilitator. The middle school was one of about a dozen schools in New Hampshire and 28 across New England selected for the project.

The girls were randomly assigned to control and participant groups after anonymously filling out a 152-question survey on such topics as self-esteem, eating and exercise habits, and their views on body image.

"It's called an eating disorder prevention program, but we never mention the words 'eating disorder,'" Ms. Relinski said. "It's about identifying strengths and about how women are portrayed and combating some of the stereotypes."



Portsmouth students Lindsay Douglas, Tristin Jenkins, Louisa Gleichman, Ginni Copeland and Christine Cornetta huddle behind their "tree of strength." They are among 22 seventh-grade girls at Portsmouth Middle School participating in a pilot program sponsored by the Harvard Eating Disorders Center called "Full of Ourselves: Advancing Girl Power, Health and Leadership."

(Democrat photo — Heilshorn)

The middle school years are a vulnerable time for girls, Ms. Relinski said. They begin to question who they are — how they should act and what they should look like. Research shows that at this age they are the most susceptible to eating disorders.

The program's aim is to foster girls' acceptance of themselves by following their own voices and not the suggestions portrayed in popular culture, according to the center's directors.

Heading into their fourth week, Portsmouth's contingent is slowly becoming "full of themselves in the good sense of the word," Ms. Relinski said.

They have grasped the fact that when it comes to their body size and shape, society promotes a prejudice referred to as "weightism."

"When people judge you for your weight, it's like sexism or racism," said seventh-grader Ginni Copeland. "Some people look at how you look and others don't."

"We are learning to accept ourselves for who we are," said Tristin Jenkins. "Anyone who makes fun of you stinks."

One of the girls' weekly assignments was to create a "tree of strength."

Propped in a large plastic bucket, the sturdy limb is littered with leaves perfectly cut from white paper. On each one, the girls wrote the names of a woman they admired and the reason why.

Lindsay Douglas chose Princess Diana for her generosity toward others. Christine Cornetta picked pop singer Britany Spears because "she is cool." Others chose their mothers and there was Louisa's heroine, dangling alongside.

"Even if people are different from you, that doesn't mean anything is wrong with them," Louisa said. "Someone should have told Hitler that."

BY PEGGY NOONAN

looking forward



LET'S NOT FORGET THE BOYS

Seventh-grader Sam calls a fellow student for a date (a dated term, of course; Sam wanted to "get together and hang out"), and the call is a marvel to overhear. Even at this young age, Sam is cool, calm, conversational. The student on the other end of the line is clearly a little less smooth—shyer. But Sam is equal to the challenge, and hangs up having received a yes to an afternoon movie.

You will not be surprised, you have already guessed, that Sam is a girl, Samantha, and the awkward student a boy.

The girls are in charge these days. They seem more assertive and confident. They even look older, precociously chic, with lipstick and mascara and miniskirts on their long unmuscled legs. The boys look younger, less completely drawn. They act cool on the street, but back home they still play with action figures, lying on the floors of their rooms and making airplane sounds as G.I. Joe advances over rough terrain. The girls, at home, are on the phone discussing one another's emotional and scholastic challenges. Already they seem more competent at life.

The myth is that girls need help and boys do not, that girls are victims and boys oppressors.

Part of this isn't new—girls have always matured earlier. But what is new is their new assertiveness.

Some of it seems good, better than years ago when we spent our time hoping a boy would call. So it's funny that it gives me pause, but it does. And I am not alone. For I see the mothers when they talk about the calls from girls. They give each other a look that says a number of things. It says: *Honey, I was a girl once, too, and I know you're capable of running the universe, but my son here is still a kid and has homework to do.* It says: *Girl, don't be in such a hurry.* It says: *Something's become a little skewed, off balance.*

Something has.

There are the newspaper headlines telling us that more girls are going to college, and fewer boys. I switch to the networks and see the women of *Ally McBeal* tie the men in the law firm in knots. Then to the news, which has a story on college football teams that are no longer being sufficiently funded because of Federal rules requiring the funding of women's teams.

Women seem to be thriving. Girls seem to be thriving. But boys do not. My son, in sixth grade, is convinced, as are his friends, that there is one true minority group left in America, and it is guys. No one does anything special for us, he says, and they always act like we're wrong.

I think there's something to what he says. And you're not hearing this from someone who was against the women's movement, but someone who is even to this day a female chauvinist. I support the rise of women in the ranks of life—really, these days, who doesn't?—but something *is* off balance, and I think I have at least a sense of what it is, and it starts with something good.

America is a great country in part because it has a conscience to which an appeal can be made. Women made this appeal, 30 or so years ago, and things changed.

But America sometimes has a way of going off on a toot. When presented with evidence of its injustice, it lurches this way and that to make change, and some of the change is itself unjust or insensitive or ignorant. Here's an example: the movement in the schools to show a special attentiveness to girls due to what researchers claim is a long tradition of culture-based reluctance on the part of girls to raise their hands and be called on in class.

Honey, I'm here to tell you that 30 years ago when America was a bleak sexist landscape, my friends and I waved our hands in the air and got called on and were expected to go to college. It never occurred to us that we weren't the equal of the boys.

But that's not the myth; the myth is that girls need help and boys do not, that girls are victims and boys oppressors. It is a myth promoted by people who operate like this: First you ask for something right, for justice, and you win. Then you make greater claims than are justified by the facts, because it helps you solidify your gains. And these claims are bowed to by an establishment already on the defensive, and afraid of being branded sexist or reactionary.

And things get...off balance.

Which gets me back to those calls. I intend to say, "My son is doing his homework and you, wonderful young lady, should be doing yours." And what I'll be thinking, what I'll be wishing their mothers were saying to them, is: "Honey, now and then, let the boy make the call. That way he'll know he's strong too. That'll be good for him, and since you may marry him someday, it'll be good for you, too."

And as for the toot the nation's been on, well, toots are followed by hangovers, and hangovers hurt. I think we're in a big national hangover now. The great injustice is that our boys are hurting most—and they're not the ones who went on the toot.

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.

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.

NH-HSHS 271-4671

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.

									#	%
MOTHER	2178	78	2247	78	2025	75	2143	72	2334	72
FATHER	308	11	315	11	305	11.3	342	11.5	397	12
JOINT	284	10.2	306	10.6	352	13	451	15	500	15
TOTAL	2791		2887		2696		2961		3245	

PRIMARY CARE ACCESS DATA

ASSESSING NEW HAMPSHIRE'S COMMUNITIES

THIRD EDITION, 1990-1994

VOLUME ONE

STATEWIDE ANALYSIS

Prepared By:

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Office of Health Management
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November 1997

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Publication Number 97-002

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	12.9	21.4	3.9		7.8	12.3	17.7	14.3	16.5	11.7	13.8	6.8
iv. Homicide	11.4	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

5.5 X

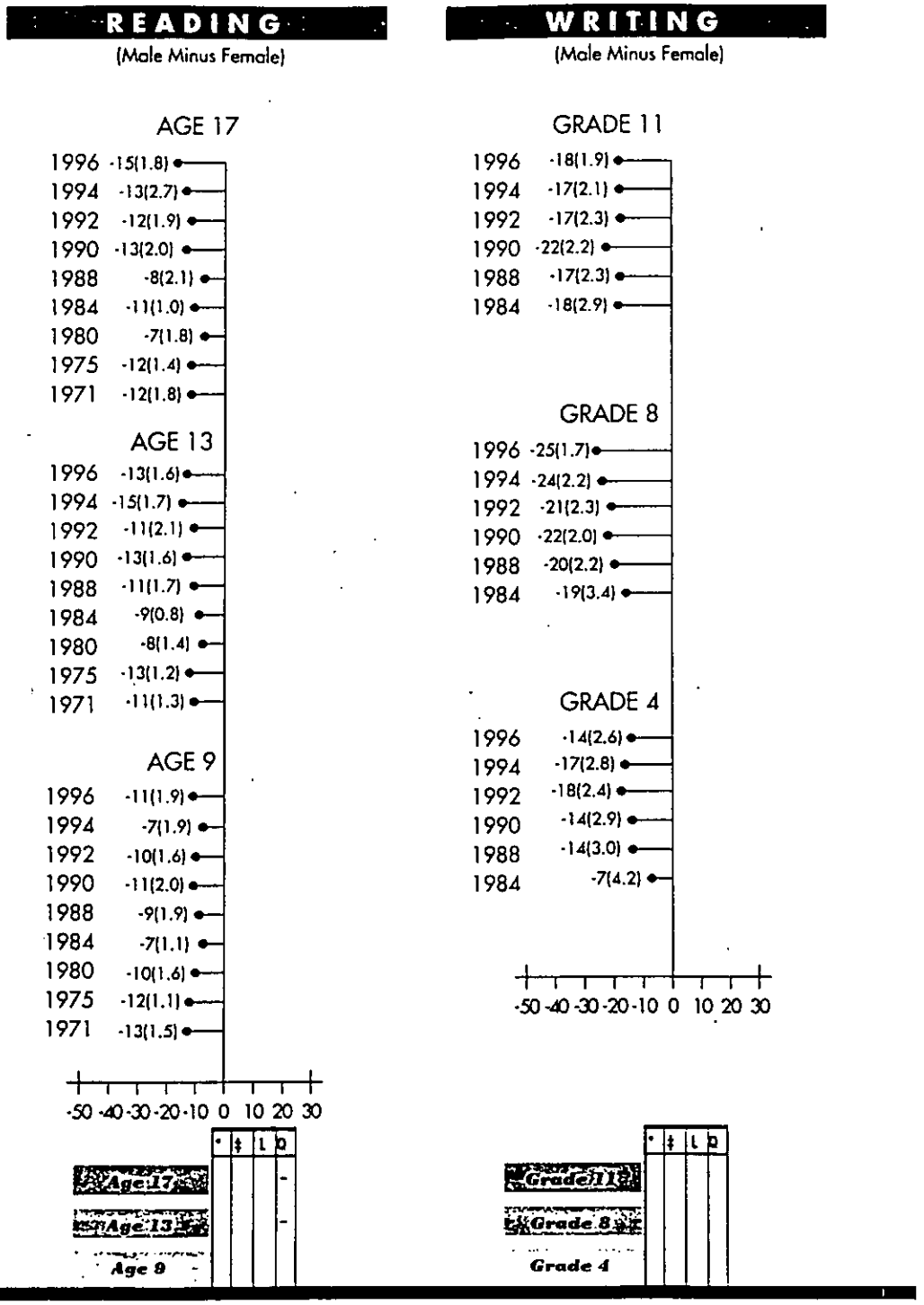
KEY: Shading = Mortality or Cancer Incidence Rate based on fewer than 10 cases; or Behavioral Risk Factor Survey Sample Estimate based on fewer than 50 responses.

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

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.

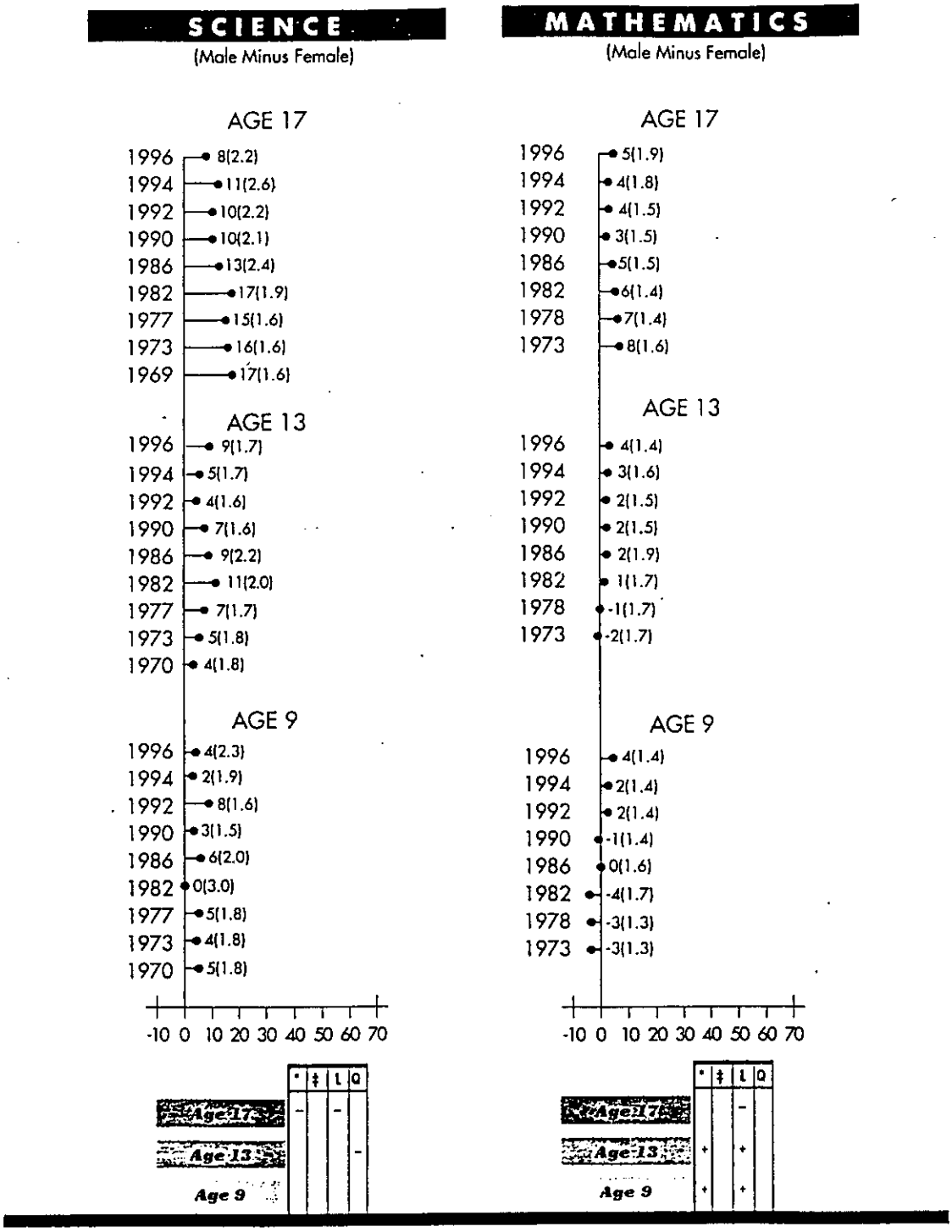
Q Indicates that the positive (+) or negative (–) quadratic trend is significant.

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

Figure 4

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

THE NATION'S REPORT CARD



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	0.5
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	$5
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.

STATEWIDE ASSESSMENT ANALYSIS

PRIMARY CARE ACCESS DATA

1990-1994

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	
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

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
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	Year 1991	Year 1992	Year 1993	Year 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. % Obesc	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.

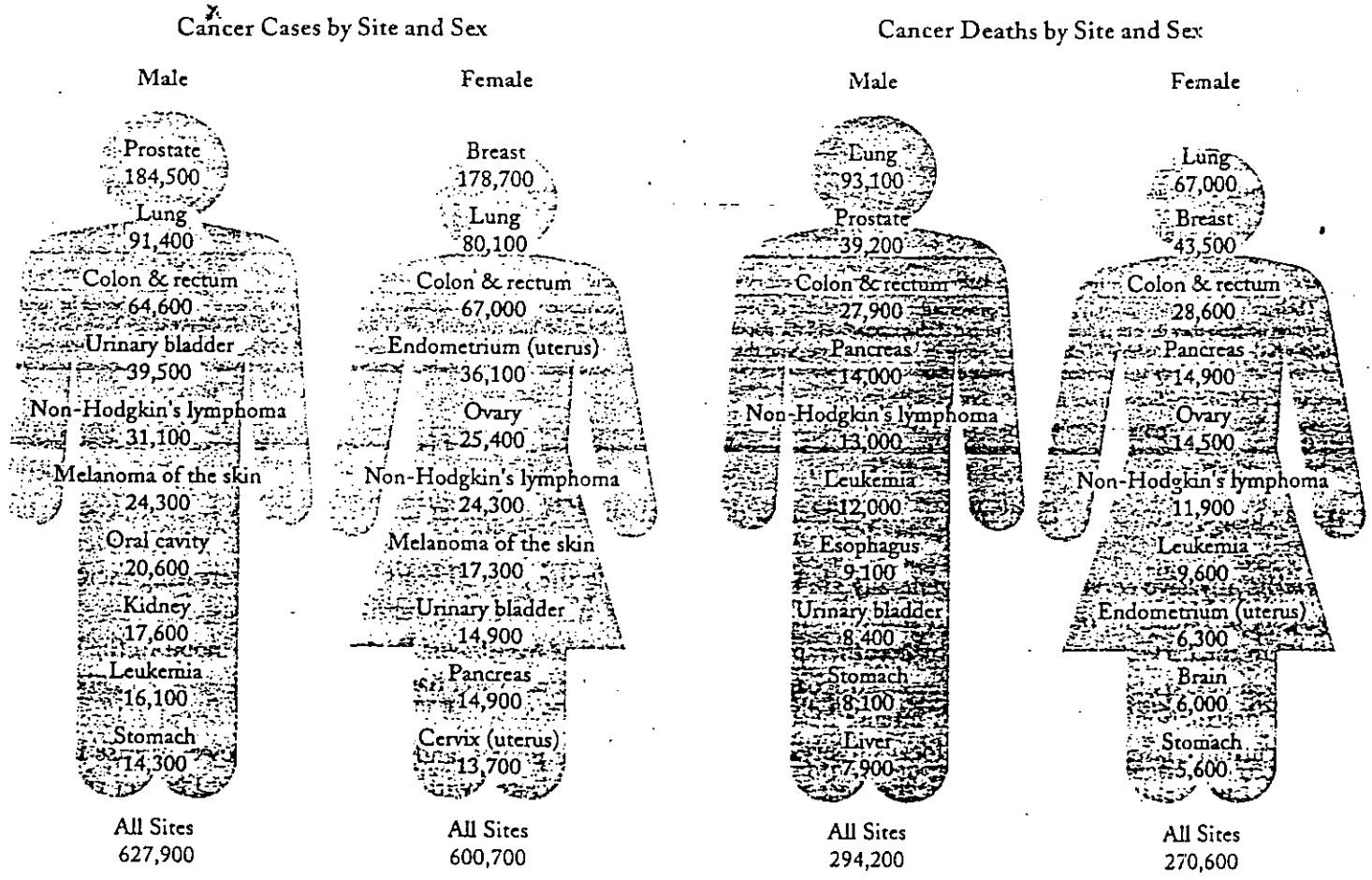
The committee found more training is needed for reporters of suspected abuse or neglect, such as school and medical professionals, and recommended that a standardized form be developed.

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*



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

American Cancer Society, Surveillance Research, 1998.

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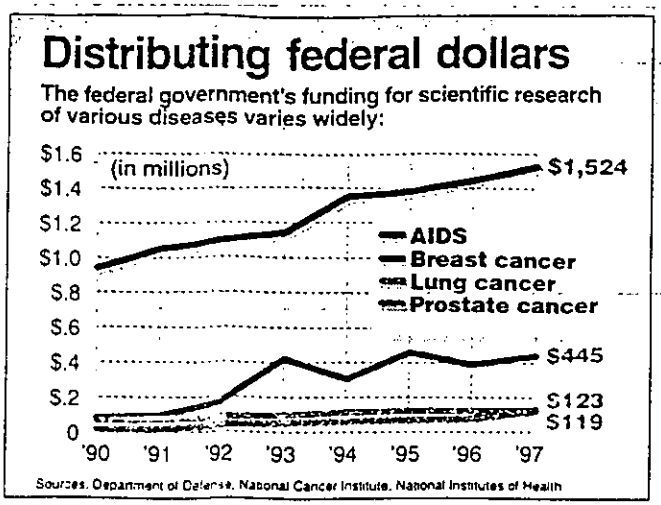
COVER STORY

Resources lag in fight against deadly disease

By Tim Friend
USA TODAY

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.



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

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

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 NHEIAP 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.

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

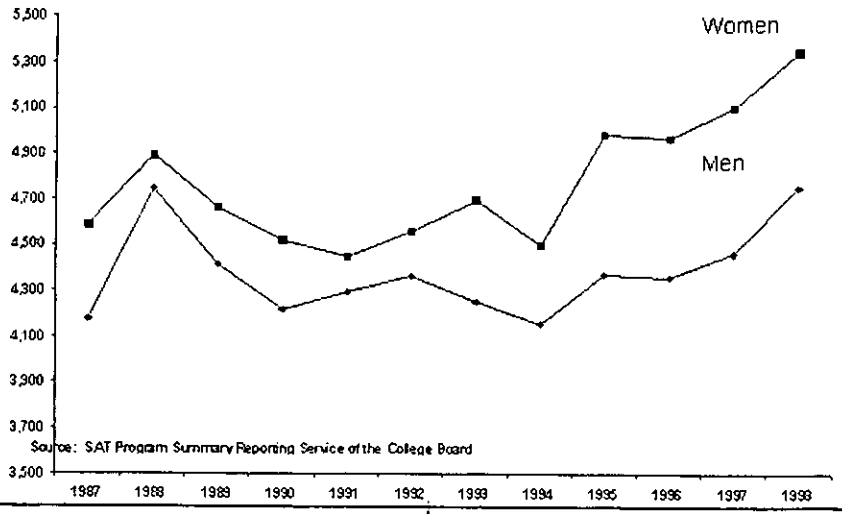


Chart 1: Summary of College-Bound High School Seniors

	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
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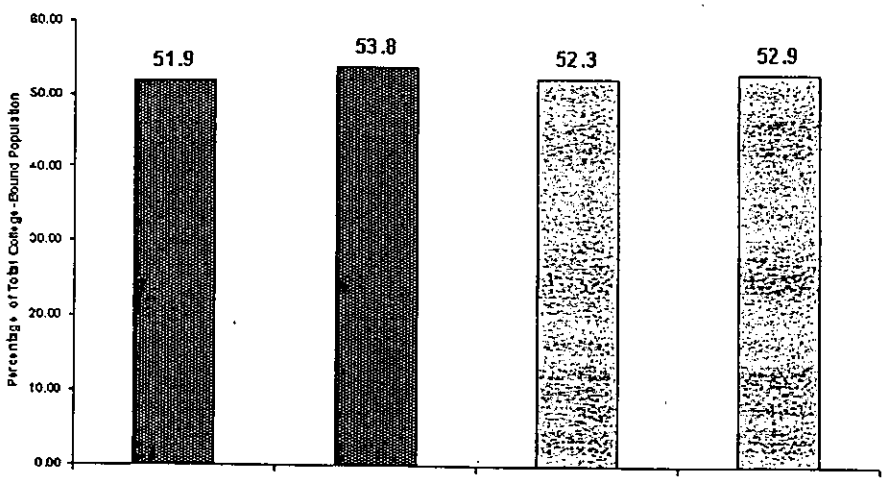
continued from page 5

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.....*

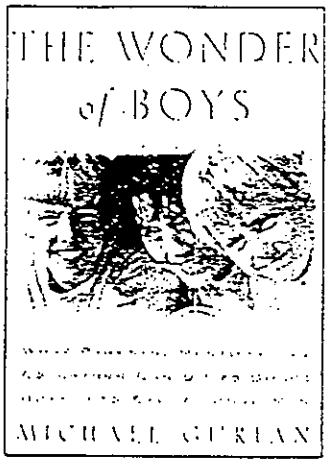
NH's state appropriations for higher education would have to rise by 28 percent to reach 49th (Vermont) in the country in terms of per-capita funding, or by 54 percent in terms of appropriations per $1,000 personal income. NH has consistently ranked last (50th) in the country in both.

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.

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?



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.

DATE February 26, 1999

FROM Myla A. Padden
Research Director

AT (OFFICE) Legislative Services

SUBJECT New Hampshire Women's Organizations

Accordingly, I have created the following list with the assistance of the New Hampshire Commission on the Status of Women. It is not all-inclusive and some of the contact persons may have changed since the commission revised their mailing list, but I hope it will still assist you. If you want me to expand this list, or concentrate on a particular region in the state, please let me know. In the meantime, I hope you find this information helpful.

American Business Women's Association – PO Box 3795, Manchester NH 03105

Amicorps Victim Assistance Program – Pattie Baum, PO Box 4156, Concord, NH 03301

Business and Professional Women's Heritage – PO Box 6141, Nashua, NH 03060

NH Coalition Against Domestic and Sexual Violence – Linda Griebsch, PO Box 353, Concord, NH 03301

Carroll County NOW -- Mary Smith, PO Box 635, Center Ossipee, NH 03814

Center for Health Promotion – Cheyne Foreman, 8 Loudon Road, Concord, NH 03301

Children's Alliance – 125 Airport Road, Concord, NH 03301

NH Women's Lobby – Shelia Evans, PO Box 1072, Concord, NH 03301

New England Women's Conference – Karen Stancik, PO Box 1917, North Conway, NH 03860

New Hampshire Breast Cancer Coalition – Nancy Ryan, 18 Bell Lane, Lee NH 03824

NH Children's Lobby – Jack Lightfoot, CFS PO Box 448, Manchester, NH 03105

NH Citizen's Action – Sam Mekrut, 4 Park St., Suite 403, Concord, NH 03301

NH NOW – Jessica Beck, 9 Charlene Drive, Nashua, NH 03062

Seacoast Women's Network – Gail Peacock, Box 5393, Portsmouth, NH 03801

Step By Step, Second Start – Sandra Jones, 17 Knight St., Concord, NH 03301

Task Force Against Violence – Susan Blenkhorn, PO Box 53, Plymouth, NH 03264

Women Supporting Women – Claire Houston, 111 Water St., Exeter, NH 03833

Women's Business Center – Connie Dove, 150 Greenleaf Ave., Portsmouth, NH 03801

Women's Health Resource Center – Elaine Shamos, One Medical Center Dr., Lebanon, NH 03756

Women's Owners Network – Diane Gray, PO Box 1775, Manchester, NH 03105

NARAL – Peg Dobbie, 18 Low Ave, Concord, NH 03301

YWCA Women's Network – 17 Prospect St., Nashua, NH 03060

NH Small Business Association – Sandie Sullivan, Stewart Nelson Plaza, Concord, NH 03301

NH Child Care Association – Jackie Cowell, Hall Avenue, Henniker, NH 03242

MARCH 1999

Of Note

Three years ago, billionaire Walter H. Annenberg launched the Annenberg Challenge, a huge national program to provide hundreds of millions of dollars to public schools in more than 30 states. Last year, Patrick Reilly of the Capital Research Center wrote an editorial in which he claimed the additional money had produced no improvement in student achievement. Reilly was royally lambasted by the establishment, most notably by officials running the Annenberg project. At the end of January of this year, Annenberg program administrators for the Los Angeles County schools admitted that the $53 million donate to 247 LA schools has had virtually no impact. When the grant money runs out in June of next year, the Los Angeles Annenberg officials want to turn the program into an educational watchdog group. "Our hope is to commission research in key areas such as literacy and governance and issue reports and recommendations," said LA program president Maria Casillas. "We would expect to monitor performance of everyone from reading coaches to boards of education, even unions."

Source: *EIA Communique*

AT A GLANCE:
Status of Women and Girls in New Hampshire

Over the past several decades, women and their families have experienced significant changes due to the restructuring of family roles, the labor force, and the economy. This report provides a shapshot of the lives of women and girls in New Hampshire in the 1990's.

- Women's poverty is directly linked to their family status. Although female headed families account for only 12% of all New Hampshire families, they account for 46% of families in poverty.
- There is not enough available childcare to meet the needs of working parents. In New Hampshire, there is only enough child care for 37% of the families that need it. For every one child care slot in New Hampshire, there are 4 children aged 0 to 5 years and 12 children aged 6 to 13 years who need placement.
- Violence is a constant threat to women and girls in New Hampshire. Between 1990 and 1996, the number of female domestic violence victims seeking services rose by 110% and the number of female sexual assault victims seeking services rose by 67%.

Source: *The Status of Women and Girls in New Hampshire*, The Women's Fund of New Hampshire

GRADING OUR GOVERNMENT (continued from previous page)

Most major agencies create their own strategic plans, but there is no requirement that they do so. Statewide, the only strategic planning is taking place in the area of information technology. The two-year gubernatorial term does not encourage long-term thinking.

INFORMATION TECHNOLOGY: C

New Hampshire has a comprehensive integrated financial management and human resources information system. It meets ongoing needs but is not useful for providing customized reports that managers would like. The state is focusing on making the current system Y2K-compliant before it looks at replacements.

Most agencies cannot use data systems (or even e-mail) to communicate with each other. However, a State Unified Network is being designed to connect them within the next year.

In a state with little strategic planning of any sort, the fact that IT is beginning to have a formal planning process is impressive. However, it's a new effort, and the plans developed by agencies thus far are mostly lists of desired procurements, with little in the way of strategy. One positive note: The state is trying to incorporate more knowledge of technology in its management training; so even managers who aren't directly involved in IT will have a better idea how to use it in their programs.

New Hampshire's chief information officer originally reported to the governor but that raised concern that the position risked becoming politicized; the CIO now reports to the commissioner of administrative services.

The Josiah Bartlett Center for Public Policy
P.O. Box 897
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The Union Leader, Manchester, N.H.

Wednesday, January 27, 1999

Women's group gets federal grant

BETHLEHEM — A North Country organization helping women become self-sufficient received a $43,000 grant from the U.S. Department of Agriculture.

Colleen Foley, president of the advisory board for the Women's Rural Entrepreneurial Network (WREN), said grant will allow the 5-year-old organization to move into a new office and start a retail shop showcasing women's businesses.

The money will also go toward supporting a salary for a manager at the shop and to conduct advanced marketing workshops for women and their businesses.

WREN was founded as a way to serve low and moderate income women, providing them with business and personal support as they develop self-sufficiency. There are 250 members from across the North Country belonging to the organization.

It also has an offshoot program called WINGS — Women Invested in Nurturing Girls' Success. It provides girls between the ages of 10 and 18 an opportunity to express creativity and develop leadership.

For more information about WREN programs, call 869-WREN.

Foster's Daily Democrat, Dover, N.H.
Friday Evening, April 30, 1999

UNH dept. of education to start mentoring program for girls

Receives $5g grant for science, math project

DURHAM — The University of New Hampshire's department of education will start a mentoring program with the help of a grant from the Women's Fund of New Hampshire.

A $5,000 grant is being used to start Project Mentor, a program that will pair girls in middle school with female college students who will assist the girls in math and science.

The money will also be used to study the effect of mentoring on the aspirations and academic achievement of middle school girls in math and science.

The Women's Fund of New Hampshire awarded a total of $25,000 to nine nonprofit groups around the state.

Foster's Daily Democrat, Dover, N.H.
Monday Evening, March 8, 1999

Ports. girls finding strengths

Pilot program helps teens fight stereotypes

By GREG HEILSHORN
Democrat Staff Writer



Portsmouth students Lindsay Douglas, Tristin Jenkins, Louisa Gleichman, Ginni Copeland and Christine Cornetta huddle behind their "tree of strength." They are among 22 seventh-grade girls at Portsmouth Middle School participating in a pilot program sponsored by the Harvard Eating Disorders Center called "Full of Ourselves: Advancing Girl Power, Health and Leadership."
(Democrat photo — Hellshorn)

PORTSMOUTH — Seventh-grader Louisa Gleichman is frank about why she admires talk show star Rosie O'Donnell.

"She's overweight, but she doesn't let that bother her," Louisa said. "She just says, 'Hey, that doesn't really matter.' Everyone assumes famous people are supposed to be stick thin. Like a Barbie doll."

And therein lies the premise of a pilot project for which Louisa and 21 other seventh-grade girls at Portsmouth Middle School have volunteered to participate.

Called "Full of Ourselves: Advancing Girl Power, Health and Leadership," the nine-week program was developed by the Boston-based Harvard Eating Disorders Center, said Laurie Relinski, a Portsmouth Middle School counselor and project facilitator. The middle school was one of about a dozen schools in New Hampshire and 28 across New England selected for the project.

The girls were randomly assigned to control and participant groups after anonymously filling out a 152-question survey on such topics as self-esteem, eating and exercise habits, and their views on body image.

"It's called an eating disorder prevention program, but we never mention the words 'eating disorder,'" Ms. Relinski said. "It's about identifying strengths and about how women are portrayed and combating some of the stereotypes."

The middle school years are a vulnerable time for girls, Ms. Relinski said. They begin to question who they are — how they should act and what they should look like. Research shows that at this age they are the most susceptible to eating disorders.

The program's aim is to foster girls' acceptance of themselves by following their own voices and not the suggestions portrayed in popular culture, according to the center's directors.

Heading into their fourth week, Portsmouth's contingent is slowly becoming "full of themselves in the good sense of the word," Ms. Relinski said.

They have grasped the fact that when it comes to their body size and shape, society promotes a prejudice referred to as "weightism."

"When people judge you for your weight, it's like sexism or racism," said seventh-grader Ginni Copeland. "Some people look at how you look and others don't."

"We are learning to accept ourselves for who we are," said Tristin Jenkins. "Anyone who makes fun of you stinks."

One of the girls' weekly assignments was to create a "tree of strength."

Propped in a large plastic bucket, the sturdy limb is littered with leaves perfectly cut from white paper. On each one, the girls wrote the names of a woman they admired and the reason why.

Lindsay Douglas chose Princess Diana for her generosity toward others. Christine Cornetta picked pop singer Britany Spears because "she is cool." Others chose their mothers and there was Louisa's heroine, dangling alongside.

"Even if people are different from you, that doesn't mean anything is wrong with them," Louisa said. "Someone should have told Hitler that."

BY PEGGY NOONAN

looking forward



LET'S NOT FORGET THE BOYS

Seventh-grader Sam calls a fellow student for a date (a dated term, of course; Sam wanted to "get together and hang out"), and the call is a marvel to overhear. Even at this young age, Sam is cool, calm, conversational. The student on the other end of the line is clearly a little less smooth—shyer. But Sam is equal to the challenge, and hangs up having received a yes to an afternoon movie.

You will not be surprised, you have already guessed, that Sam is a girl, Samantha, and the awkward student a boy.

The girls are in charge these days. They seem more assertive and confident. They even look older, precociously chic, with lipstick and mascara and miniskirts on their long unmuscled legs. The boys look younger, less completely drawn. They act cool on the street, but back home they still play with action figures, lying on the floors of their rooms and making airplane sounds as G.I. Joe advances over rough terrain. The girls, at home, are on the phone discussing one another's emotional and scholastic challenges. Already they seem more competent at life.

The myth is that girls need help and boys do not, that girls are victims and boys oppressors.

Part of this isn't new—girls have always matured earlier. But what is new is their new assertiveness.

Some of it seems good, better than years ago when we spent our time hoping a boy would call. So it's funny that it gives me pause, but it does. And I am not alone. For I see the mothers when they talk about the calls from girls. They give each other a look that says a number of things. It says: *Honey, I was a girl once, too, and I know you're capable of running the universe, but my son here is still a kid and has homework to do.* It says: *Girl, don't be in such a hurry.* It says: *Something's become a little skewed, off balance.*

Something has.

There are the newspaper headlines telling us that more girls are going to college, and fewer boys. I switch to the networks and see the women of *Ally McBeal* tie the men in the law firm in knots. Then to the news, which has a story on college football teams that are no longer being sufficiently funded because of Federal rules requiring the funding of women's teams.

Women seem to be thriving. Girls seem to be thriving. But boys do not. My son, in sixth grade, is convinced, as are his friends, that there is one true minority group left in America, and it is guys. No one does anything special for us, he says, and they always act like we're wrong.

I think there's something to what he says. And you're not hearing this from someone who was against the women's movement, but someone who is even to this day a female chauvinist. I support the rise of women in the ranks of life—really, these days, who doesn't?—but something *is* off balance, and I think I have at least a sense of what it is, and it starts with something good.

America is a great country in part because it has a conscience to which an appeal can be made. Women made this appeal, 30 or so years ago, and things changed.

But America sometimes has a way of going off on a toot. When presented with evidence of its injustice, it lurches this way and that to make change, and some of the change is itself unjust or insensitive or ignorant. Here's an example: the movement in the schools to show a special attentiveness to girls due to what researchers claim is a long tradition of culture-based reluctance on the part of girls to raise their hands and be called on in class.

Honey, I'm here to tell you that 30 years ago when America was a bleak sexist landscape, my friends and I waved our hands in the air and got called on and were expected to go to college. It never occurred to us that we weren't the equal of the boys.

But that's not the myth; the myth is that girls need help and boys do not, that girls are victims and boys oppressors. It is a myth promoted by people who operate like this: First you ask for something right, for justice, and you win. Then you make greater claims than are justified by the facts, because it helps you solidify your gains. And these claims are bowed to by an establishment already on the defensive, and afraid of being branded sexist or reactionary.

And things get...off balance.

Which gets me back to those calls. I intend to say, "My son is doing his homework and you, wonderful young lady, should be doing yours." And what I'll be thinking, what I'll be wishing their mothers were saying to them, is: "Honey, now and then, let the boy make the call. That way he'll know he's strong too. That'll be good for him, and since you may marry him someday, it'll be good for you, too."

And as for the toot the nation's been on, well, toots are followed by hangovers, and hangovers hurt. I think we're in a big national hangover now. The great injustice is that our boys are hurting most—and they're not the ones who went on the toot.

ADW

State of New Hampshire

HOUSE OF REPRESENTATIVES

CONCORD

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:

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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

Representative David A. Bickford, Chair

Representative William R. Zolla

Representative Gary R. Gilmore

George V. Alexander

Michael J. Geanoulis, Sr.

BIBLIOGRAPHY

Abraham, Jed H. "From Courtship to Courtoom." NY: Bloch Publishing , 1999

Amneus, Dan. "The Case for Father Custody." Alhambra, CA: Primrose Press, 1999

Amneus, Dan. "The Garbage Generation." Alhambra, CA: Primrose Press, 1990

Blankenhorn, David. "Fatherless America: Confronting Our Most Urgent Social Problem." NY: Basic Books, 1995

Braver, Sanford & O'Connell, Diane. "Divorced Dads." NY: Tarcher/Putnam, 1998

Farrell, W. "Father and Child Reunion." NY: Tarcher/Putnam, 2001

Farrell, W. "The Myth of Male Power." NY: Simon & Schuster, 1993

Garbarino, James. "Lost Boys." NY: Anchor Books, 2000

Horn, W. "Father Facts." Lancaster, PA: National Fatherhood Initiative, 1998

Kipnis, Aaron. "Angry Young Men." San-Francisco: Jossey-Bass, 1999

Levy, David. "The Best Parent is Both Parents." Norfolk, VA: Hampton Roads Publishing Co. 1993

Pollack, William. "Real Boys: Rescuing Our Sons From the Myth of Boyhood." NY: Holt, 1998.

Popenoe, David. "Life Without Father." Cambridge, MA: Harvard Univ Press, 1999

Sommers, Christina. "The War Against Boys." NY: Simon & Schuster, 2000.

Tiger, Lionel. "The Decline of Males." NY: Golden Books, 1999

Walker, Glynnis. "Solomon's Children." NY: Arbor House, 1986

NOTES

[1] Pollack, William. "Real Boys: Rescuing Our Sons From the Myth of Boyhood." NY: Holt, 1998.
[2] National Center for Health Statistics
[3] New Hampshire Dept of Health & Human Services, Vital Statistics Report, Bureau of Health Statistics and Data Management. 1998. Mortality Chart 67, Average Age at Death.
See also: Farrell, Warren. "The Myth of Male Power." New York: Simon & Schuster, 1993. Chapter 7 citations and charts showing higher male death rates for the 15 leading causes of death.
[4] The Association for the Cure of Cancer of the Prostate: www.capcure.org/aboutprostate/statistics.html
[5] US Bureau of Health and Human Services, National Center for Health Statistics, Vital Statistics of the United States, Vol 2, Part A, "Mortality."
[6] Brent, D. et al. "Post-Traumatic Stress Disorder In Peers of Adolescent Suicide Victims: Predisposing Factors and Phenomenology." Journal of the American Academy of Child and Adolescent Psychiatry 34 (1995): 209-215.
[7] Kposowa, Augustine, "Marital Status and Suicide in the National Longitudinal Mortality Study," Journal of Epidemiology and Community Health, Vol. 54, April, 2000. Table 1 on p 256.
[8] "Asking For Directions," Report by Chuck Rhoades; A research project of the Greater Piscataqua Community Foundation of New Hampshire.
[9] Block, Jack et al. "Parental Functioning and the Home Environment in families of Divorce." Journal of the American Academy of Child and Adolescent Psychiatry 27 (1988): 207-213.
[10] Beman, D. "Risk Factors Leading to Adolescent Substance Abuse." Adolescence 30 (1995): 201-206.
[11] US Dept of Health & Human Services. National Center for Health Statistics. "Survey on Child Health." Washington DC, 1993.
[12] Adams. P., Milner, J., and Schrepf, N. "Fatherless Children." New York: Wiley Press, 1984.
[13] Hill, M. Anne and June O'Neill. "Underclass Behaviors in the United States: Measurement and Analysis of Determinants." City University of New York, Baruch College (1993).
[14] Cornell, Dewey et al. "Characteristics of Adolescents Charged with Homicide." Behavioral Sciences and the Law 5, (1987).
[15] Davidson, Nicholas. "Life Without Father." Policy Review (1990). See also Zinsmeister, Karl. "Crime is Terrorizing Our Nation's Kids." Citizen (August 20, 1990): 12
[16] David Blankenhorn, "Fatherless America: Confronting Our Most Urgent Social Problem," New York: Basic Books (1995), p 31.
[17] California-based forensic Psychologist Shawn Johnston, as quoted in the Pittsburgh Tribune Review, March 29, (1998.)
[18] Philip F. Nadeau, Dept of Youth Development Services. Committee Testimony, Dec. 7, 2000.
[19] Mary Temke, Ph.D., UNH Family Connections Project, Committee Testimony Dec. 7, 2000.
[20] Mary Temke, Ph.D., Testimony to Men's Status Committee, 7 December, 2000.
[21] Ibid
[22] American Association of University Women Report: "How Schools Shortchange Girls," AAUW, 1992.
[23] "Experts: Don't Overlook the Boys," Foster's Daily Democrat, Dover NH, Thurs, April 23, 1998.
[24] "Jack vs Jill," Women's Quarterly, Summer 2000.
[25] Christina Hoff Sommers "The War Against Boys," Simon & Schuster, 2000. pp 20-44.
[26] National Center for Education Statistics, Report in Brief: NAEP 1996 Trends in Academic Progress. Washington DC, US Dept of Education.
[27] New Hampshire Department of Education. Memo dated January 28, 1998.
[28] Chancellor's Newsletter, University System of New Hampshire, Volume 9, October, 1998.
[29] Lionel Tiger, "The Decline of Males," Golden Books, 1999. p138.
[30] "Men Account for only 12% of (Elementary) Teachers," The Union Leader, Manchester NH, Tuesday, September 5, 2000.

[31] US Dept of Health & Human Services. National Center for Health Statistics. "Survey on Child Health." Washington DC: GPO: 1993.
See also: Christina Hoff Sommers, "The War Against Boys," New York: Simon & Schuster, (2000).
[32] Robin Knight, "Gender, Jobs and Economic Survival," US News & World Report, September 19, 1994.
[33] Lester Thurow, "Companies Merge; Families Break Up," New York Times, Sept 3, 1995.
[34] Lionel Tiger, "The Decline of Males," New York: Golden Books, (1999).
[35] Michael Tanner, "The End of Welfare: Fighting Poverty in the Civil Society." Washington D.C.: Cato Institute pp 65-68. New Hampshire hourly wage-equivalent benefits reported to be $10.96 per hour based on a 2,080-hour work year (1996).
[36] U. S. Census Bureau, Child Support for Custodial Mothers and Fathers: 1997. pp 60-212.
See also: Children's Rights Council Newsletter, "Speak Out For Children," Vol. 15-No. ¾. p7, p13.
[37] Ibid. The average amount of child support paid remained unchanged at $3,500/yr from 1993 to 1997.
[38] "New Division Nets $75M In Child Support," The Union Leader, Thursday, August 31, 2000.
[39] Collections and Arrearage Account Records , Division of Child Support Services, New Hampshire Health & Human Services.
[40] Ibid.
See also: Geanoulis, Michael, "It's Time To Resurrect Sensible Parenting and Support Issues." Union Leader, Monday, December 4, 2000.
[41] Princeton University, Fragile Families and Child Wellbeing, "Dispelling Myths About Unmarried Fathers." Research Brief Number one. May 2000. 82% of unmarried mothers and fathers are romantically involved. 81% of unmarried mothers said the father was providing financial help. 75% of unmarried fathers visited mother and baby at the maternity ward.
See also: http://crcw.princeton.edu/crcw/papers/researchbrief1.pdf
[42] Warren Farrell, "Father and Child Reunion," New York: Tarcher/Putnam (2001). Chapter 8.
[43] Sanford Braver, "Divorced Dads: Shattering the Myths." Penguin Putnam, NY 1998, pp 166-179.
[44] US Bureau of the Census. "Child Support For Custodial Mothers and Fathers: 1991. Current Pop. Report, p60-187. Washington DC: GPO 1995.
[45] Lenore Weitzman, "The Economic Consequences of Divorce," 28 UCLA L. Rev. 1181 (1981).
[46] "New Hampshire Women and Divorce: A Report on Divorce Hearings," NH Commission on the Status of Women, April, 1984, pp 1, 3.
[47] Stroup and Pollock, "Economic Consequences of Marital Dissolution," Journal of Divorce & Remarriage 22 [1994]: 37-54.
[48] David Blankenhorn, "Fatherless America: Confronting Our Most Urgent Social Problem," New York: Basic Books (1995).
[49] Furstenberg, Frank and Andrew Cherlin. "Divided Families: What Happens to Children When Parents Part." Cambridge: Harvary University Press, (1991).
[50] US Bureau of the Census. "Statistical Brief of the United States 1991." Washington DC: GPO, Oct 1991.
[51] Burns, Alisa. "Mother-Headed Families: An International Perspective and the Case of Australia." Social Policy Report 6.1 (Spring 1992).
[52] US Bureau of the Census. Statistical Abstract of the United States 1997. Washington DC: GPO,1997.
[53] Bumpass, L. "What's Happening to the Family?" Demography 27.4 (1990):483-498; see also Martin, T. & Bumpass, L., "Recent Trends in Marital Disruption.." Demography 26 (1989)
[54] New Hampshire Dept of Health & Human Services, Vital Statistics Report, Bureau of Health Statistics and Data Management. New Hampshire Vital Statistics Report, 1992-1997. pp 95-102
[55] New Hampshire Vital Statistics Report, 1992-1997. Office of Community and Public Health, Health Statistics Section. pp 93-98.
[56] Wallerstein, J. & Blakeslee, S. "Second Chances: Men, Women, and Children a Decade After Divorce.: New York: Ticknor & Fields, 1989.
[57] Lerman & Ooms. "Young Unwed Fathers: Changing Roles & Emerging Policies." Philadelphia: Temple, 1993.
See also: National Commission on Children. "Speaking of Kids: A National Survey of Children and Parents." Washington DC, 1991. Father/child contact becomes more infrequent as time goes by.
[58] Furstenberg, F. "Good Dads-Bad Dads: Two Faces of Fatherhood." The Changing American Family and Public Policy. Ed A.J. Cherlin. Washington, DC: The Urban Institute Press, (1988).

[59] National Commission on Children. "Speaking of Kids: A National Survey of Children and Parents." Washington, DC, (1991).
[60] Ibid.
[61] Michael Lamb, ed., "The Role of the Father in Child Development," John Wiley & Sons, New York, NY, (1981)
[62] Pleck , J.H. "Family Supportive Employer Policies: Are They Relevant to Men?" Wellesley, MA: Center for Research on Women, (1991).
[63] Bray, James H. "Children's Development During Early Remarriage." Impact of Divorce, Single Parenting, and Stepparenting on Children. Eds. E.M. Hetherington and J.D. Arasteh. Hillsdale: Erlbaum 1988. 279-298
See also: Kiernan, Kathleen, "The Impact of Family Disruption in Childhood on Transitions Made in Young Adult Life." Population Studies 46 (1992):213-234
Popenoe, David. "The Evolution of Marriage and the Problem of Stepfamilies. "National Symposium on Stepfamilies. Pennsylvania State University, University Park, PA. Oct. 1993.
[64] Patrick F. Fagan and Dorothy B. Hanks, "The Child Abuse Crisis: The Disintegration of Marriage, Family and the American Community," The Heritage Foundation, June 3, 1997.
[65] Maggie Gallagher, "Fatherless Boys Grow Up To Be Dangerous Men," Wall Street Journal, 1 Dec, 1998.
[66] Ibid
[67] Ibid
[68] Mary Temke, Ph.D., UNH Family Connections Project, Committee Testimony Dec. 7, 2000.
[69] Zill and Schoenborn. "Child Developmental, Learning and Emotional Problems: Health of Our Nation's Children." U.S. Department of Health and Human Services. National Center for Health Statistics. Advance Data 1990. Washington, DC: GPO, November 16, 1990.
[70] Murray A. Straus, PhD., Director, Family Research Lab, University of New Hampshire. Committee Testimony, Thursday, 2 November, 2000
[71] Williams, M., "Reconceptualizing Father Involvement." Masters Thesis, Georgetown University, 1997.
[72] Yogman, M., Kindlon, D. & Earls, F. "Father Involvement and Cognitive Behavioral Outcomes of Premature Infants." Journal of the American Academy of Child and Adolescent Psychology 34, 58-66, 1995.
[73] Fathers Involvement in Their Children's Schools. National Center for Educational Statistics. Washington DC: GPO, 1997
[74] Braver, Sanford. "Divorced Dads: Shattering the Myths," New York: Tarcher/Putnam, 1998. pp 189-195
[75] Mark Clements Research Survey of Teenage Girls. Parade Magazine. February 2, 1997.
[76] Ibid. See also: Smith, Lee. "The New Wave of Illegitimacy." Fortune 18, April, 1994: pp 81-94.
[77] Lamb, M. E. "The Father's Role: Applied Perspectives." New York: J. Wiley, 1986

Voting Sheets

Senate Executive Depts. & Admin. Committee

EXECUTIVE SESSION

HB-

Bill# 553-FN

Hearing date: October 6, 1999 Room: 101 LOB

Motion of:

Made by Senator:		*Seconded by Senator:*		
	Cohen ☐		Cohen ☐	
	Francoeur ☐		Francoeur ☐	
	M. Brown ☐		M. Brown ☑	5-0
	D'Allesandro ☐		D'Allesandro ☐	
	S. Larsen ☐		S. Larsen ☐	
	S. Roberge ☐		S. Roberge ☐	
	Trombly ☑		Trombly ☐	

Committee Member	*Present*	*Vote*	*Reported out by*
Senator Burton J. Cohen, Chairman	☑		
Senator Gary Francoeur, Vice-Chair	☐		
Senator Mary E. Brown	☑		
Senator Lou D'Allesandro	☑		
Senator Sylvia B. Larsen	☐		
Senator Sheila Roberge	☐		
Senator Rick A. Trombly	☑	✓	

*Amendments:

NOTES: Sen Trombly requested time to speak w/sponsor s' see where he is going w/ Bill. Has some concerns perhaps only a matter of language.
Sen Brown agrees & requested she be informed of meeting.

Senate Executive Depts. & Admin. Committee
EXECUTIVE SESSION

HB 553 -FN-A

Hearing date: 1-10-00 Room: LOB 101

Motion of: OTP/A

Made by Senator:		*Seconded by Senator:*	
Cohen	☐	Cohen	☐
Francoeur	☐	Francoeur	☐
M. Brown	☐	M. Brown	☐
D'Allesandro	☐	D'Allesandro	☐
S. Larsen	☑	S. Larsen	☐
S. Roberge	☐	S. Roberge	☑
Trombly	☐	Trombly	☐

5-0

Committee Member	*Present*	*Vote*	*Reported out by*
Senator Burton J. Cohen, Chairman	☐	✓	
Senator Gary Francoeur, Vice-Chair	☐	✓	
Senator Mary E. Brown	☐	✓	
Senator Lou D. Allesandro	☐		
Senator Sylvia B. Larsen	☐	✓	Roberge
Senator Sheila Roberge	☐	✓	J
Senator Rick A. Trombly	☐		

*Amendments:

NOTES:

Committee Report

Date: August 17, 1999 Time: 9:45am

The Senate Committee on Executive Departments Administration held its hearing in Room 101 LOB, Concord, New Hampshire.

BILL NO.: HB 553-FN-A TITLE: (New Title) establishing a commission on the status of men.

Members of the Committee present: Senator Cohen
Senator D'Allesandro
Senator Larsen
Senator Roberge

Those appearing in favor:

Name and Address	Representing
See Attached.	

Those appearing in opposition:

Name and Address	Representing
See Attached.	

REPORT OF THE COMMITTEE:

- ☐ Ought to Pass
- ☐ Ought to Pass w/ Amendment
- ☐ Inexpedient to Legislate
- ☒ Rereferred
- ☐ Interim Study
- ☐ Continued Hearing
- ☐ Postponed Hearing

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Date: {Type FLOOR DATE}

THE COMMITTEE ON Executive Departments Administration

to which was referred House Bill 553-FN-A

AN ACT establishing a commissionon the status of men.

VOTE: 5-0

2000-3034s

Having considered the same, report the same with the following amendment and recommend that the bill: **AS AMENDED OUGHT TO PASS.**

Senator Sylvia B. Larsen
For the Committee

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Date:

THE COMMITTEE ON Executive Departments Administration

to which was referred House Bill 553-FN

AN ACT (New Title) establishing a commission on the status of men.

VOTE: 5-0

Having considered the same, report the same with the following recommendation that the bill be: **REREFERRED TO COMMITTEE.**

Senator Rick A. Trombly
For the Committee

HB553 Docket

Next|Previous|Results List|Bill Status|Main

Bill Title: (New Title) establishing a commission on the status of men.

Date	Body	Description
1/28/99	H	Introduced and ref to Exec Depts & Admin; HJ18, p274
2/5/99	H	Copy to Chairman on 2/5/1999 due on E f
2/11/99	H	Hearing Mar 2 11:15 Rm202,LOB
3/17/99	H	Subcom work session Mar 23 1:00 Rm202,LOB
3/24/99	H	Subcom work session Mar 30 1:00 Rm202,LOB
3/30/99	H	Subcom work session Apr 6 1:00 Rm202,LOB
4/8/99	H	Maj Report OTP for Apr22 (vote 16-1;Reg)
4/22/99	H	Passed and ref to Finance RC(193-137); HJ44, p1079-1081
5/6/99	H	Fin DivIII Subcom hearing May 11 9:00 Rms210-211,LOB
6/18/99	H	Fin Maj Report OTP/AM for June 22 (vote 17-2;Reg)
6/18/99	H	Prop Fin Comm Am{1699}(New Title); HC66, p1742
6/22/99	H	Moved to June 23 session without objection; HJ73, p1930
6/23/99	H	Fin Comm Am, AA VV; Passed with Am RC(210-76); HJ74, p1956-1958 + 1986
7/1/99	S	Introduction and referring to Executive Departments and Administration; SJ 27, P 801
8/5/99	S	Hearing, 8/17/99, Room 101, LOB, 9:45 a.m.

Next|Previous|Results List|Bill Status|Main