

9TH ANNUAL CONGRESSIONAL
MEN'S HEALTH SCREENINGS

June 13-14-15, 2006

MHN Men's Health Network
www.menshealthnetwork.org

REPORT TO CONGRESS

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Health Awareness and Education for Members and Staff

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We are indebted to those members of Congress who cosponsored this event, led in the House by Congressman Rodney Frelinghuysen and in the Senate by Senator Richard Shelby.

And finally, a special thanks to the 103rd Congress, Senator Bob Dole, and Representative Bill Richardson for passing National Men's Health Week in 1994.

Men's Health Network
July 2006



RICHARD SHELBY
ALABAMA

CHAIRMAN – COMMITTEE ON BANKING, HOUSING,
AND URBAN AFFAIRS

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August 8, 2006

Dear Colleague,

I am writing to thank all of you who attended this year's Men's Health Screening. Strong participation made the event a success again this year.

As a prostate cancer survivor, I have learned firsthand the importance of regular medical exams. I hope that the 2006 Men's Health Screening conveyed this message to others, and that those who participated will continue to seek regular exams in the future. Increased awareness of disease risks and promotion of regular medical exams will help ensure that Americans live longer, healthier lives.

I also want to thank the Men's Health Network for their work in organizing this year's screening. They have been a tremendous resource for men's health education, and I look forward to working with them again in the future.

Sincerely,



Richard Shelby

Representative Rodney Frelinghuysen

RODNEY P. FRELINGHUYSEN
11th District, New Jersey

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Congress of the United States
House of Representatives
Washington, DC 20515-3011

August 22, 2006

Dear Colleague:

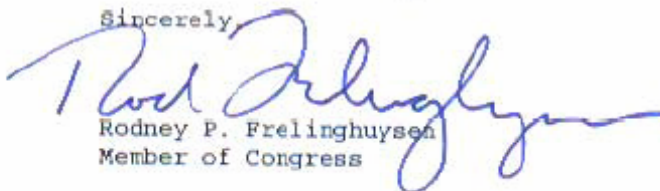
I want to thank everyone who lent their time and effort to make this year's Congressional Health Screenings and Fair such a success.

Sadly, many of us have felt the impact of cancer on a personal level. However, through the efforts of organizations like the National Institute's of Health, the Men's Health Network, the Dean and Betty Gallo Cancer Center in New Jersey and ground breaking research by pharmaceutical companies and individual pharmacists working in research facilities around the country, we are winning the fight against this disease.

I would like to especially thank the Men's Health Network and Betty Gallo for their efforts organizing this event and advocating on behalf of patients and their families 365 days a year.

I look forward to seeing you all again next year!

Sincerely,



Rodney P. Frelinghuysen
Member of Congress

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Executive Summary

Congress at a Glance

The Congressional Men's Health Screenings (CMHS) are conducted each year during National Men's Health Week, the week that ends on Father's Day. This program offers a number of convenient screenings—including prostate specific antigen, cholesterol, and glucose—informative health education materials and the opportunity for relaxed discussions with health care professionals. The event is designed to increase participants' awareness of health issues and to help them develop comprehensive strategies for improving their own health and that of their families.

The CMHS program has proven very popular. This year there were over 760 participants, ranging in age from 18 to 79. 82.5% were male and 17.5% were female.

Prostate screening is a key element of the program. Of those men choosing to have a PSA test (which screens for Prostate Specific Antigen), this year found 1.32% with scores of 4.0 or higher, a score defined as "abnormal" by most guidelines. That percentage compares to 1.73% in 2005, 1.31% in 2004, 1.02% in 2003, 1.2% in 2002, 2.8% in 2001, and 3.4% in 2000. For this event, MHN does not limit the test to older men so the percentage of abnormal PSA readings resulting from this event may be lower than one would expect to find in a typical screened population.

Most participants chose to have cholesterol, diabetes, and blood pressure screenings. It was found that over 29% of the House participants, and over 45% of the Senate participants that had their blood pressure taken had elevated blood pressure. Some of the high blood pressure readings may be explained by medication being taken for allergies. Almost 26% percent of those who had their cholesterol tested had higher-than-desirable levels (200 mg/dL or higher). Approximately 2.4% of those who received a glucose screening had "high" glucose levels.

Participants were also screened for body fat, using the BMI (Body Mass Index). It is a number that shows body weight adjusted for height. For adults aged 20 years or older, BMI falls into one of these categories: underweight, normal, overweight, or obese. Among Senate participants, 41% of men and 45% of women had high BMI levels. This contrasts with 41% of men and 51% of women participating in the House. Osteoporosis screening was again a part of the screening and 14.3% of those screened have low bone mass or might be suffering from osteoporosis. Over 450 participants chose to be screened for gout. Of those, 2.7% of men and 3.1% of women may be at risk. A grip strength test found that men in the House are stronger than those in the Senate, but that women in the Senate are stronger than their House counterparts.

The Congressional Men's Health Screenings project is a free service of the Men's Health Network (MHN). Based in Washington, DC, the Men's Health Network is an informational and educational organization that recognizes men's health as a specific social concern. Created to address the growing men's health crisis, MHN's goals are to save men's lives by reducing the premature mortality of men and boys and to support health care education and services that facilitate positive lifestyle decisions for men of all ages and their families.

Congressional Men's Health Screenings

Background

With the passage of National Men's Health Week (NMHW) in 1994, Congress sought to reach out to men and their families, encouraging healthy behaviors, providing health-related education, and helping prevent illness. As one of the original supporters of NMHW, the Men's Health Network was subsequently contacted by members of Congress wishing to create a program that would set an example for citizens across the country. The idea of a health awareness and screening activity in Congress was developed as a result of these discussions.

The program began as an event to facilitate prostate cancer awareness and provide screening for the disease during NMHW. Because the event was convenient and because the busy schedule of Congress makes it difficult for employees to set and keep doctor's appointments, members and staffers requested additional services. With the addition of screening tests for cholesterol, diabetes, body fat, blood pressure, osteoporosis, gout, and other conditions, and with the support of Pfizer Inc, the Congressional Men's Health Screenings (CMHS) program has become a premier health event that is setting the standard for workplace health screenings for both men and women.

The CMHS program is a health awareness and education event whose goal is to raise awareness about good health and disease prevention and detection among Congressional employees. The event provides a friendly, informative atmosphere where employees have the opportunity to ask questions about their health concerns and participate in a variety of screening activities. As stated before, the event is designed to increase participants' awareness of health issues and help them develop strategies for improving their own health and that of their families. The program screens for diseases and other health abnormalities, promotes preventative education, and encourages healthy lifestyles.

Though not intended as a substitute for a complete medical examination, this program is a giant leap forward, creating a certain kind of awareness that motivates participants to monitor their health more closely and seek out annual physical examinations. In addition, confidential screening results are distributed to participants who then are encouraged to share the data with their personal health care providers.

As hoped, the passage of National Men's Health Week and the example set by Congress through the CMHS program has spurred community and workplace health events across the country. During National Men's Health Week 2006, dozens of corporations, public health departments, health care entities, churches, and community organizations produced health awareness events focused on men and family. Led by MHN, health advocacy organizations in other countries have joined together to promote International Men's Health Week, resulting in screenings and public awareness campaigns around the globe.

Local Celebrations of National Men's Health Week

A Partial List of Activities

The Congressional Men's Health Screenings provide an inspiration for planners of local and state Men's Health Week events across the country. Men's Health Network assists with hundreds of these events. A sampling of the 2006 events that benefited from the *MHN HealthZone*TM planning manual, health information, brochures, and other educational literature provided by MHN include:

- **Men's Health Network** (MHN) hosts the 9th annual Congressional Men's Health Screenings in Washington, DC and cosponsors various events across the country.
- **YMCA National Capital**, in Washington DC, will provide fitness assessments, a variety of health screenings, and information.
- **Pinellas County Health Department**, St. Petersburg, FL, hosts Latina actress Vivia Font (MHN spokes-person) who will present to service providers of all disciplines on Latino Men's Health Issues, in regards to both the physical and emotional health of men and their families.
- **Sports Authority**, Tampa, partners with MHN to launch NMHW by providing free screening for cholesterol, body fat, and blood pressure for customers.
- **Lynn Community Health Center**, Lynn, MA, will disseminate educational information, provide a variety of health screenings, and have an enrollment coordinator present to enroll individuals for free health.
- **Sicily Island Medical Center, Wisner Medical Center, & Concordia Community Center** (LA) will provide preventive men's health screenings at a reduced rate for all men over the age of 40.
- **Crossroads Community Hospital**, Illinois, will host a "Men's Health Night," offering educational information.
- **Bayonne Medical Center**, New Jersey, will host a presentation by Dr. John McGee on how lifestyle choices can help to prevent cardiac disease and cancer, as well as some "health maintenance" tips for men to keep in mind.
- **Piedmont Natural Gas**, Fayetteville, NC, will offer educational information and materials at their health fair.
- **Columbia Baptist Church**, Falls Church, Va., will hold a men's breakfast during NMHW and will disseminate information to men at this event and other men's Bible

studies meetings. They will also pass out information to women at their Bible studies, regarding what they should know about men's health.

- **Personal Connections Healthcare Services/HIV Programs, Inc.**, Austin, will host their 4th annual Community Men's Health Fair, where information concerning Prostate Cancer, HIV/AIDS, Heart Disease, and Depression will be available.
- **Men's Health Network-Tennessee** partners with the YMCA to provide men's health outreach initiatives across the state.
- **Massachusetts Medical Society, Men's Health Committee**, presents a Men's Health Symposium featuring MHN Board Member, Dr. Jean Bonhomme.
- **Lincoln County Medical Center**, Missouri, will have an informational table in their lobby, where educational information will be available.
- **Baywoods of Annapolis** retirement community, Annapolis, MD, will disseminate a newsletter focusing on men's health issues and make educational information available to residents. They will also host a men's ping-pong tournament at the end of the month to promote men's health.
- **St. Marks Lutheran Church**, VanWert, OH, will include informational brochures in their service bulletins, reaching roughly 250 people.
- **Sports Authority**, Portland, partners with MHN to provide free screening for cholesterol, body fat, and blood pressure for customers.
- **INTEGRIS Southwest Medical Center**, Oklahoma City, will provide free preventive men's health screenings throughout NMHW.
- **Case Western University**, Cleveland, OH, will pass out and display educational information around campus.
- **University Medical Center**, Lubbock, TX, in conjunction with The Southwest Cancer Treatment and Research Center and the Men's Health Department, will provide free prostate screenings and a men's health seminar with Dr. Bernhard T. Mitemeyer.
- **Hampton Roads Transit**, in Hampton, Va., will disseminate educational information to their employees.
- **The Pottawatomie County Health Department**, Shawnee, OK, will display educational information in their lobby for all entering to see.
- **Kaiser Permanente**, Santa Clara, CA, will display informational posters throughout their medical center.

- **Cornerstone Church**, Midwest City, OK, passed out information pertaining to men's health issues to their congregation at the beginning of June.
- **Southeastern Ohio Urology Inc.** will hold a symposium for the community on June 29, covering a variety of men's health issues.
- **The Federal Trade Commission**, in Washington DC, will host a "brown bag lunch" lecture series, with speakers focusing on men's health issues and healthy snacks provided.
- **Williamston Medical Associates**, Williamston, MA, will distribute educational information throughout their offices.
- **DTE Energy**, Detroit, will remind their employees of NMHW and men's health issues via internal communication.
- **Deborah's Salon**, Richmond, Va., will provide information at their stand at the Marriage Expo.
- **Johnson & Johnson**, New Jersey, will disseminate information on men's health issues to all employees and will also display educational materials in the main cafeteria.
- **The Ohio Department of Family Services** will produce an informative article for their bureau as a reminder of NMHW and will also provide some sample literature.
- **The Monarch Centre Executive Health Club**, Atlanta, will distribute educational information throughout their fitness center for NMHW.
- **San Diego Black Health Associates** will publish an article focusing on men's health care, "Soul of San Diego," promoted city-wide.
- **The Planned Parenthood Association**, Lubbock, TX. Will combine NMHW with "National HIV Testing Day" and offer discounted HIV and urine-STD testing on June 27.
- **Federal Occupational Health** in Houston will offer a men's health fair on the 19th of June.
- **Tiffany & Co.**, in New Jersey promotes NMHW by hosting a seminar with a local physician.
- **Northeastern Vermont Regional Hospital** will display men's health information on a bulletin board dedicated to men and cancer.

- **Baptist Health South Florida** will host “Man Power” on June 13, which will include presentations by physicians, orthopedic surgeons, and a variety of preventive health screenings.
- **Brown’s Professional Services**, Jackson, MI, will display men’s health information on a bulletin board in their offices.
- **Bayside Presbyterian Church**, Virginia Beach, Va., will present educational information on men’s health issues on a bulletin board for the congregation to see.
- **Near North Health Service Corporation**, Chicago, will offer free physical exams, interactive workshops, fitness information, and cooking classes.
- **The Denton A. Cooley Fitness Center at Johns Hopkins University** will display men’s health information on a bulletin board.
- **The Wellness Institute**, Perrysburg, OH will host a health fair in honor of NMHW.
- **Hewlett-Packard Company**, Oklahoma City, hosted a health fair on June 10 at a local YMCA.
- **The Louisiana Senate** will host a “Men’s Wellness Day at the Louisiana Legislature” on June 13 at the state capital. They will offer screenings, counseling, and information for a variety of issues.
- **Savannah Sand Gnats Minor League Baseball** will provide a men’s health booth at their game on June 14, hosted by Dr. Glenn Carter (MHN Advisor)
- **Medical Center News**, Houston, published a special article on men’s health.
- **Holston Valley Hospital**, Tennessee, will establish a men’s health bulletin board as part of their parish nurse program.
- **Take Care Center**, Hartford, will establish a men’s health information table.

...and hundreds of others across the country and around the world

Comments from participants:

"I hadn't had a cholesterol screening in 4 years. While the news from the screening was not good, it motivated me. My cholesterol was 220. After the screening, I cut out eggs, red meat, cheese, and butter. A month later, my cholesterol was 178. I wouldn't have made this change without the cholesterol reading I obtained at the screening. Thank you!"

The Congressional Men’s Health Screenings (CMHS) are designed to accommodate the busy and demanding schedules of Members of Congress and Congressional employees while setting a health awareness and education example for other employers to follow.

The value of workplace screenings has long been recognized. “Improving employees’ access to preventative services offers numerous potential benefits.... Frequently, individuals are advised to make behavioral changes to reduce disease risk. Work site health promotion programs can facilitate and support such changes through health education programs, individual counseling, and corporate cultures which encourage healthy behaviors.” (*Promoting Health At Work*, Fall, 1992) In fact, workplace efficiency is directly related to the productivity of the personnel employed and the healthier, happier, and more motivated the staff, the more productive they become. The Department of Health and Human Services reports that a recent review of health promotion and disease management programs found a significant return on investment for these programs, with benefit-to-cost ratios ranging from \$1.49 to \$4.91 (median of \$3.14) in benefits for every dollar spent on the program.¹

A well designed health education and promotion plan can help reduce the number of work days lost through sickness and act as an early warning signal to detect potential or existing health problems. It can also provide valuable information about an individual’s general state of health and can facilitate peace of mind as well as provide practical advice that helps prevent illness.

Comments from participants:

Thank you for making this available. It was a great opportunity to have the tests taken. I liked that it was so convenient for me and co-workers. The people conducting the event were very healthy and enthusiastic about what they were doing. How nice!

The result? A healthier workplace, a more productive staff, and dramatically decreased absenteeism. The costs of such programs are easily offset by the potential expenses which might otherwise be incurred through lost working days, poor performance, and lower productivity.

The success of the Congressional Men’s Health Screenings indicate that despite their reluctance to do so, men *can* be encouraged to participate in preventative medicine and will seek health-related, educational outlets. One way to do this is to offer screening and health awareness programs at the workplace and during work hours. Besides being convenient for men and their employers, it overcomes some of the traditional obstacles that have historically prevented men from taking better care of themselves. In addition, female coworkers can provide additional encouragement, since men often rely on women’s advice and look to them as examples of how to participate in health related programs.

¹ Prevention Makes Common “Cents” September 2003. Found at: <http://aspe.hhs.gov/health/prevention/>

Preparation for each year's Congressional Men's Health Screenings begins the February prior to the actual event. The Men's Health Network (MHN) works together with sponsors to determine which tests to offer and which educational materials to distribute. Then, over the following months, MHN selects a partnering hospital and prepares the necessary printed materials. "Dear Colleague" letters are developed for both the Senate and the House and other numerous preparations are made.

Beginning in May, MHN coordinates the distribution of family health information to each member of Congress and each committee office. The "Dear Colleague" letters go out to every Senator's and Representative's office, and we follow up each one encouraging members to cosponsor the screenings. In all, flyers are distributed to over 800 offices in the Capitol Complex. Reminders are faxed to each office to encourage participation.

Our marketing efforts extend to women staffers as well. Additional information addressed to female staffers is distributed to each Member's office and all committee offices. Most women respond very positively, encouraging their male coworkers to participate, and, in some cases, even scheduling appointments. As a large number of the screening tests are applicable to women as well as men, many of the women also use this opportunity to be screened for a variety of health issues.



Men's Health Network employees Joe Arite and Scott Williams at the Governors' Proclamations display at the Congressional Men's Health Screenings.

The 2006 event was held on June 13 and 14 in the House and June 15 in the Senate. The screenings were performed—at no cost—on-site in the medical facilities of the Attending Physician. Doors were open from 8:30 am until 4:30 pm each day in the House and 8:30 am until 4:00 pm in the Senate. Refreshments were provided. Approximately 30 employees of the Men’s Health Network and participating organizations staffed the event, assisted by personnel from the Office of the Attending Physician.

The following health screenings were available to those who attended:

- Blood pressure
- Weight
- Blood sugar (finger-stick blood test for diabetes risk)
- Body fat assessment
- Cholesterol – HDL + Ratio (finger-stick blood test)
- Cholesterol – Total
- PSA for men (blood draw for Prostate Specific Antigen—see “Results” section for further explanation)
- Osteoporosis
- Gout



Participants registered, signed consent forms, and chose the tests they wished to have performed. Participants then proceeded from station to station, getting a different test done at each one. For every test but the PSA and gout, results were available almost immediately. These results were given

to each participant in writing and further explained by a health educator. Participants were encouraged to discuss the results with their own physician, and those with abnormal results were encouraged to seek medical advice for follow-up tests and possible treatment. PSA and gout screening results were mailed directly from the laboratory to each participant at an address of their choice.

Participants received a National Men’s Health Week folder developed specifically for this program. Each folder contained informational brochures, a shower hanger (with information on testicular and prostate cancer on one side and breast cancer on the other), reprints of articles on men’s health from various publications, screening guidelines, information about children’s health, and original health analyses published by the Men’s Health Network.

Informational brochures and publications also available, at no cost, to each participant included:

Men's Health Network publications:

- Blueprint for Men's Health: A Guide to a Healthy Lifestyle
- 19 Ways to Save Your Husband's Life (Family Circle reprint)
- Fatherhood – Stay Involved: You Make a Difference in Your Child's Life
- Fatherhood – Stay Involved: You Make a Difference in Your Child's Life (Spanish Language)
- Get It Checked: screening guidelines for men and women
- Get It Checked: screening guidelines for men and women (Spanish Language)
- Health Facts for Men
- Health Facts for Men (for African-American families)
- Health Facts for Men (Spanish language)
- Health Information for Consumers flyer
- Low Testosterone
- Low Testosterone (Spanish language)
- Men's Health Facts flyer
- Osteoporosis flyer
- Prostate Cancer Facts (general population)
- Prostate Cancer Facts (for African-American men)
- Prostate Cancer Facts (Spanish language)
- Shower hanger: testicular & prostate cancer on one side, breast cancer on the other
- Silent Health Crisis flyer
- Testicular Cancer
- Testicular Cancer (Spanish language)
- What Women Need to Know About Men's Health
- What Women Need to Know About Men's Health (Spanish language)
- What Women Need to Know About Men's Health (Sensitive Issues)

Comments from participants:

It was quick, it was easy, it was convenient, it was painless and everyone was extremely friendly and helpful. Several of the tests were ones I knew I needed to have done but hadn't take the time to do it so to be able to have it done here at the office so quickly was extremely appreciated!!!

This year, over 760 people—ranging in age from 18-79—attended the 2006 screenings, a rate of about 33 per hour. These included Members of Congress, Congressional staffers, Capitol Police, employees of the Architect of the Capitol, and other employees of Congress. 82.5% were male, 17.5% were female.

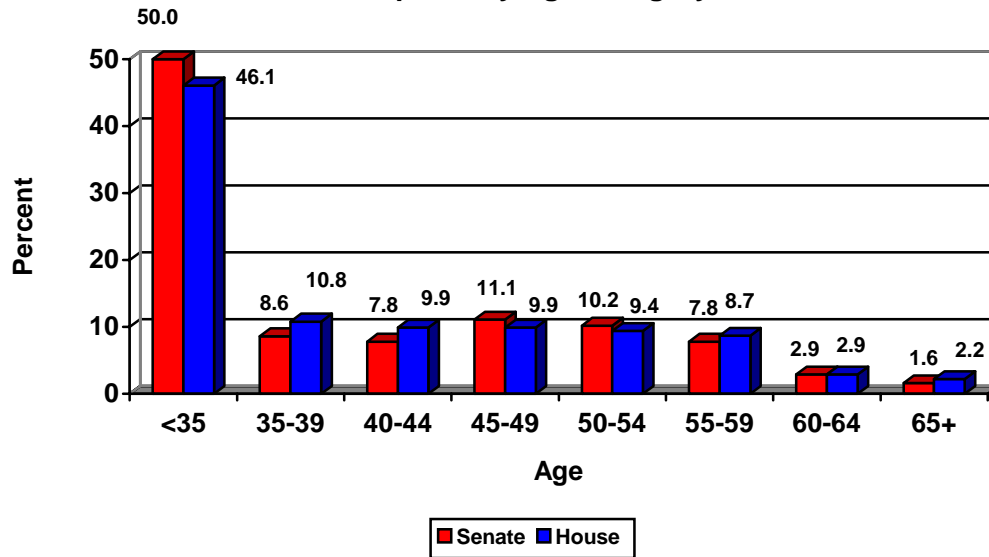
Health behaviors are learned at an early age, and men are notorious for avoiding checkups and delaying visits to the doctor. One of the main goals of these screenings is to encourage younger men to participate so that they become accustomed to making appointments for regular check-ups. Given the range of this year’s participants, it is evident that we continue to make good progress toward reaching that goal.

Age of Participants		
	<i>Senate</i>	<i>House</i>
Average	37.5	38.5
Median	38	36
Oldest Male	73	79
Youngest Male	18	18
Oldest Female	73	63
Youngest Female	20	20

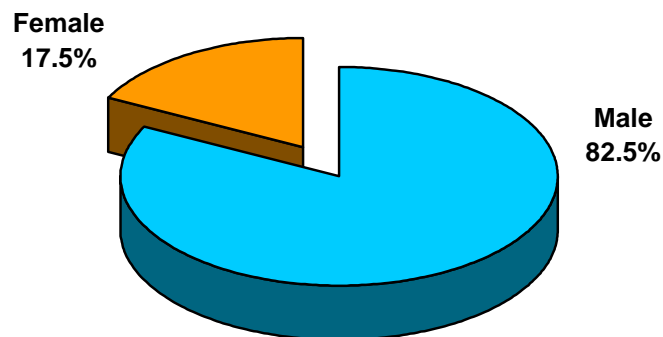


Participants fill out health information forms at the 9th Annual Congressional Men’s Health Screenings.

Participants by Age Category



**Percentage of Male and Female Participants
Senate and House**



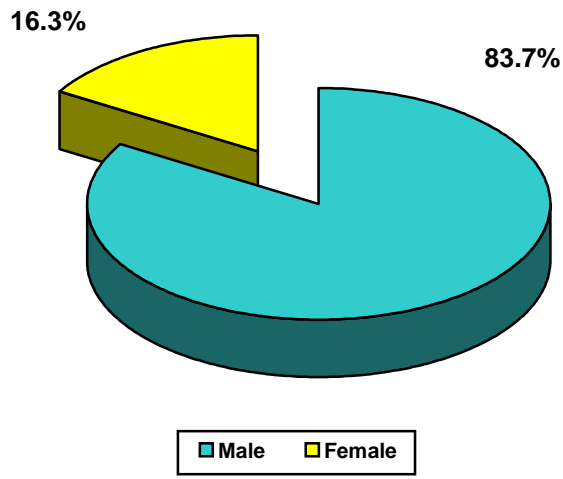
Comments from Participants:

It's easy, fast and free. And the information is very useful. I found out some things that I needed to know to protect my future health.

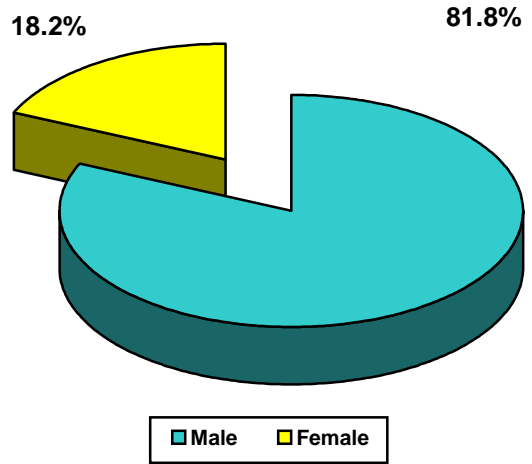
It was a convenient way to get needed screenings that I would otherwise put off. Very informative.

I liked the mini-interviews with each doctor/screener – most helpful!

Senate Participants

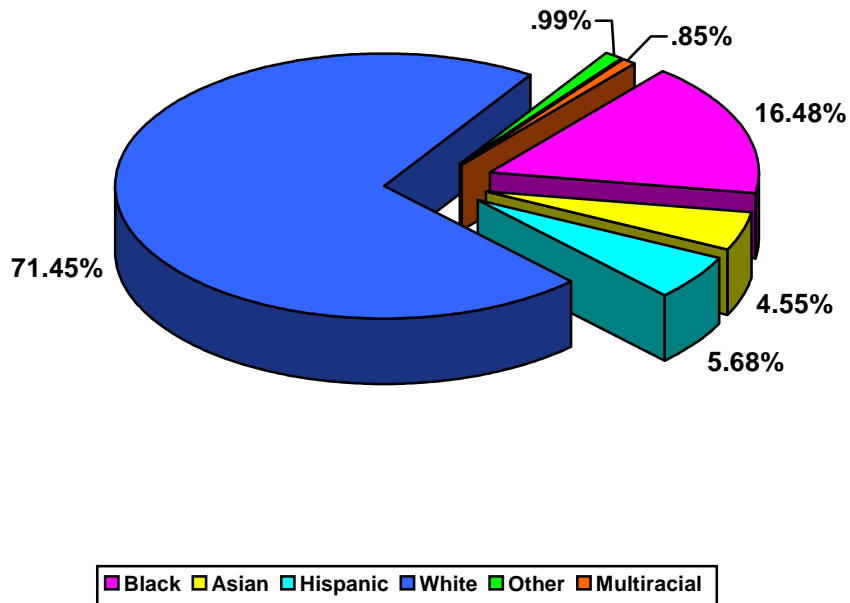


House Participants



The ethnic diversity of the Congressional workforce is reflected in the attendance at the CMHS.

Ethnic Category of Participants



Race of Participants.

	Senate – %		House – %		Both – %
White	74.32		69.8		71.45
Black	11.67		19.24		16.48
Hispanic	5.45		5.82		5.68
Asian	7.39		2.91		4.55
Multiracial	0.78		0.89		0.85
Other	0.39		1.34		0.99
Total	100%		100%		100%

Average Height and Weight.

Compared to the national average for men and women aged 20 and over, male participants are slightly taller and heavier while female participants are slightly taller and lighter. National averages are for the years 1999-2002 and are provided by the National Center for Health Statistics at <http://www.cdc.gov/nchs/fastats/bodymeas.htm>

Venue		Height – Men	Weight – Men		Height – Women	Weight – Women
Senate		5' 10.6"	186.85		5' 4.3"	137.84
House		5' 10.5"	188.36		5' 4.8"	147.19
USA		5' 9.3"	190		5' 3.8"	163

CMHS – The Results

Senate and House Participants

The findings discussed in this section are based on the overall results reported for all who participated in the screenings.

Prostate Screening: American Urological Association Guidelines.

The American Urological Association's (AUA) patient guide: Prostate Cancer Awareness for Men, can be found online at:

https://shop.auanet.org/timssnet/products/guidelines/patient_guides/prostate_awareness.pdf



A nurse administers a PSA test.

The guide helps patients make informed decisions by addressing controversies related to early detection and management of prostate cancer. The guide emphasizes that early detection should include both a Prostate Specific Antigen (PSA) test and digital rectal examination (DRE). Risk factors for prostate cancer include being age 50 years or more and younger men (i.e. 40 years) with risk factors such as family history of prostate cancer and being African-American. Prostate cancer can be slow-growing, and treatment may have side-effects, so men with a life expectancy of less than 10 years may not benefit from early detection, and men with prostate cancer

should thoroughly explore treatment options. The patient guide is based on the PSA Best Practice Policy, which the AUA released in February 2000.

Prostate Specific Antigen (PSA) Results.

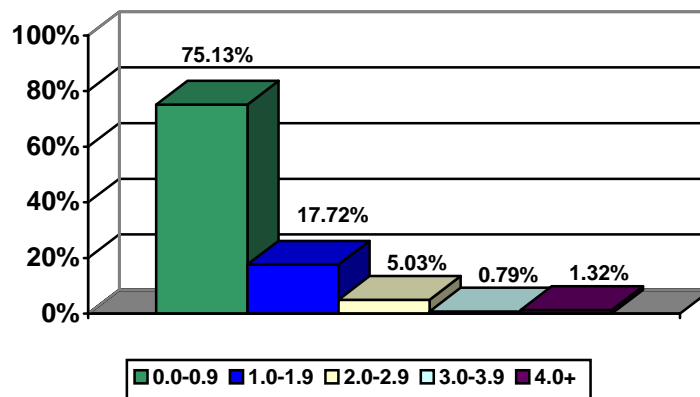
According to the American Cancer Society, PSA is a protein made by the prostate gland and is present at low levels in all adult males. Levels of PSA in the blood often go up in men with prostate cancer. The PSA test is used to help detect prostate cancer as well as to monitor the results of treatment. High levels of PSA may indicate a cancerous condition but can also be found in other conditions that are noncancerous, including prostatitis (inflammation of the prostate) and benign prostatic hyperplasia, BPH, an enlargement of the prostate.

The American Urological Association reports that the risk of having prostate cancer depends on age and the PSA level. As a rule, PSA levels below 4.0 ng/mL are considered normal. However, about 20% of prostate cancers are found in men whose PSA level is less than 4.0 ng/mL. Further evaluation should be considered for any level over 4.0 ng/mL or if the digital rectal exam (DRE) is abnormal.

Results of PSA tests taken at the CMHS indicate that 1.32% of participants had PSA levels of 4.0 or above. This compares with 1.73% of those who participated in 2005, 1.31% of those who participated in 2004, 1.02% of those who participated in the event in 2003, 1.2% of those who participated in the event in 2002, 2.8% of those who participated in the year 2001 event, and 3.4% of those who participated in the year 2000 event.

The percentage of men found to have high PSA levels at this event may not reflect the percentage that might usually be found in a screened population. It is the policy of the Men's Health Network not to deny screening to younger men, especially those with a family history or other risk factors, who wish to be tested for prostate abnormalities at this Congressional event. As younger men are less likely than older ones to have abnormal PSA results, the percentage of abnormal readings resulting from this event may be lower than one would expect to find in a typical screened population.

PSA Results 2006: Senate and House

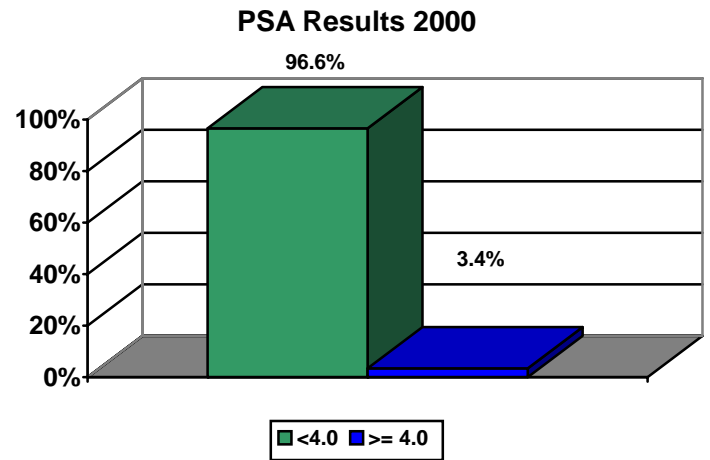
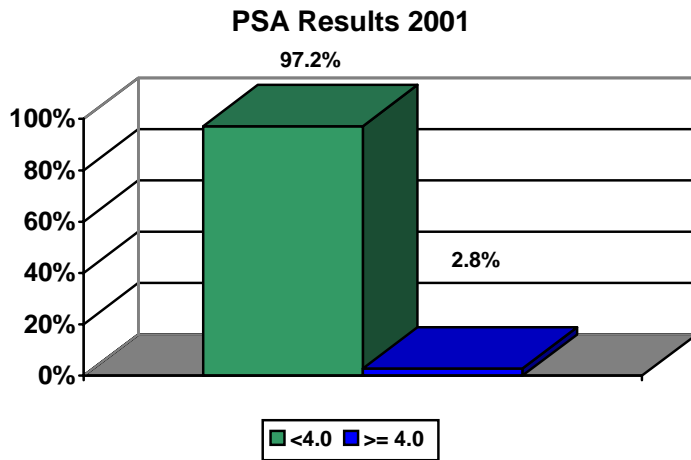
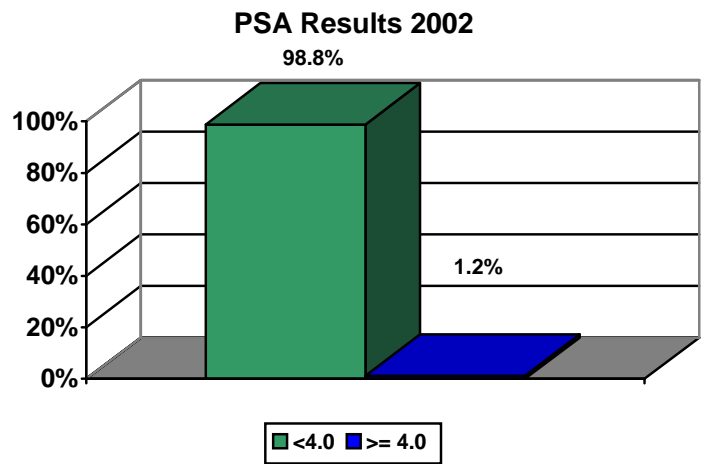
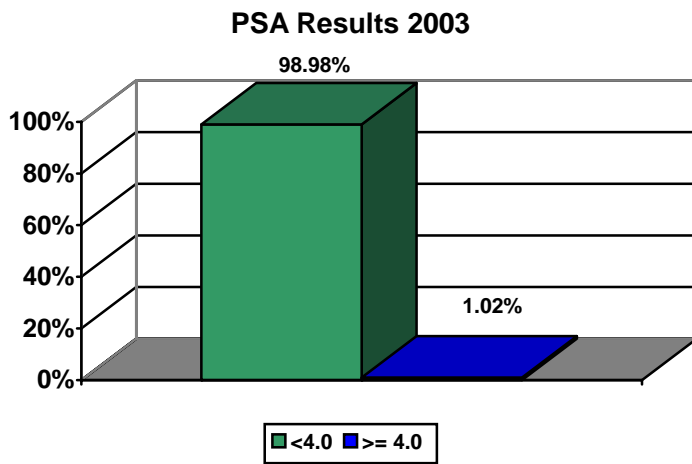
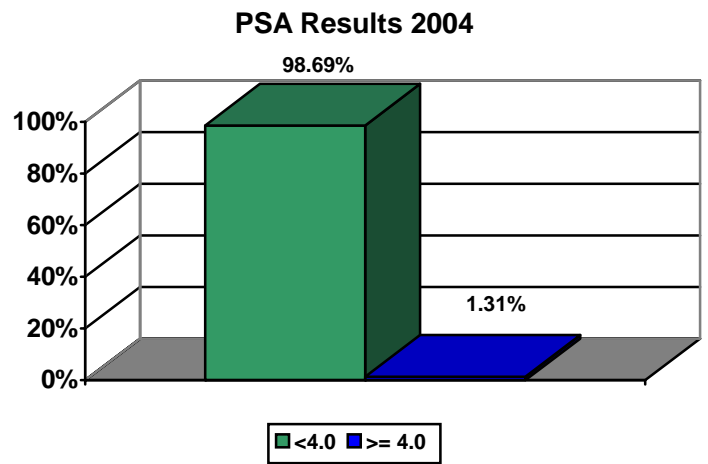
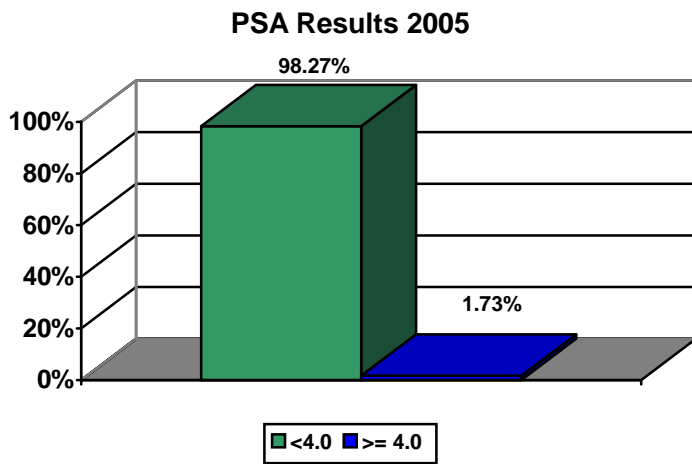


Comments from participants:

It was easily accessible and I didn't have to schedule time away from work. I am more likely to take advantage and keep informed regarding my health (through the annual screenings) than to take scheduled sick leave.

I enjoyed the personalized attention and quick service.

I enjoyed the pleasant and organized nature of all the screening stations. Everyone was quite helpful and kind.



Cholesterol Results.

The National Heart, Lung, and Blood Institute at NIH recommend that everyone 20 and older have his or her cholesterol measured at least once every 5 years. The best option is a *lipoprotein profile*. Done after a 9- to 12-hour fast, this finger stick blood test gives information about:

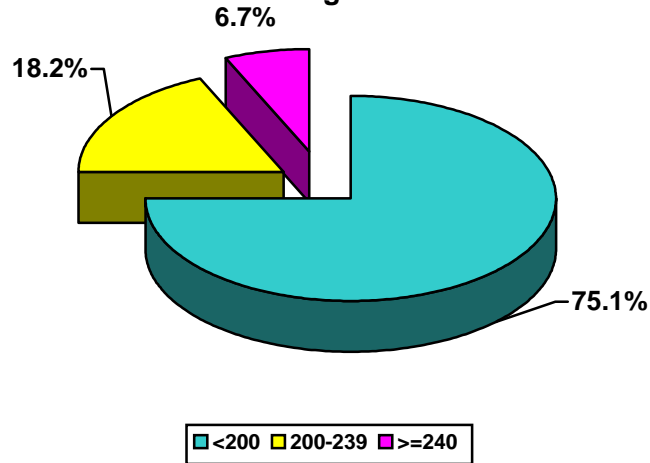
- Total cholesterol
- LDL (bad) cholesterol--the main source of cholesterol buildup and blockage in the arteries
- HDL (good) cholesterol--helps keep cholesterol from building up in the arteries
- Triglycerides--another form of fat in the blood

If it is not possible to get a lipoprotein profile done, knowing total cholesterol and HDL cholesterol can still give a general idea about cholesterol levels. Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood. A total cholesterol of 200 mg/dL is considered abnormal in this screen.

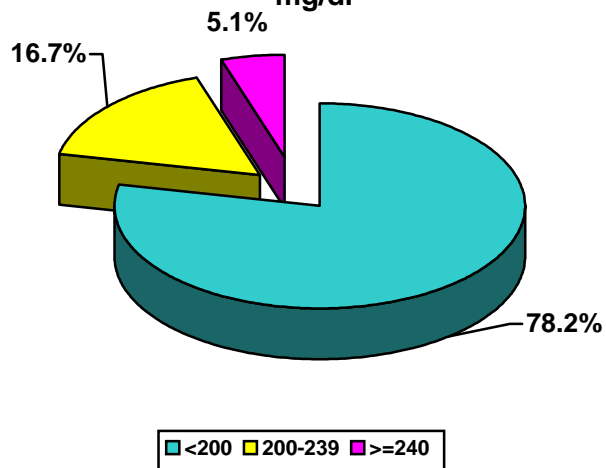
Total Cholesterol Level	Category
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline High
240 mg/dL and above	High



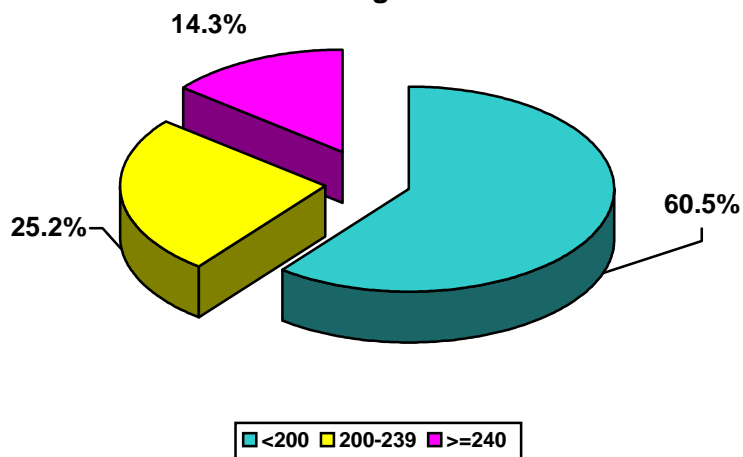
Total Cholesterol: House and Senate
mg/dl



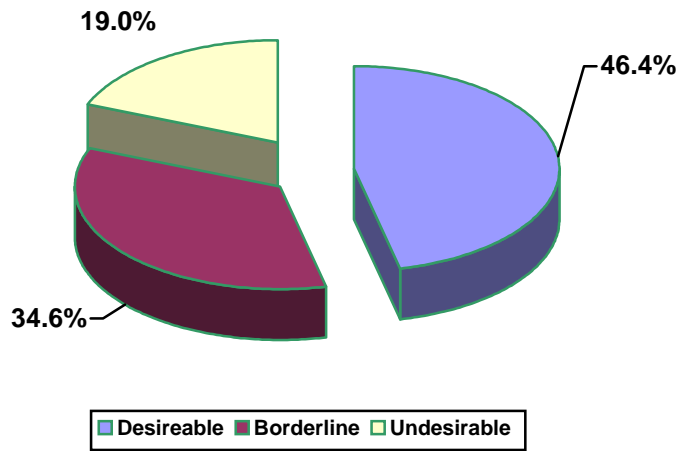
Total Cholesterol: Men
mg/dl



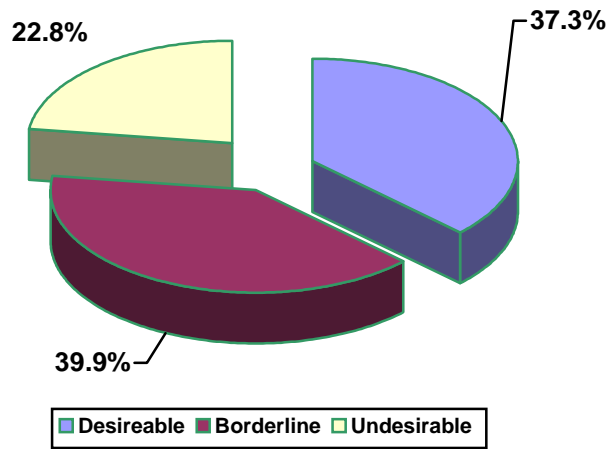
Total Cholesterol: Women
mg/dl



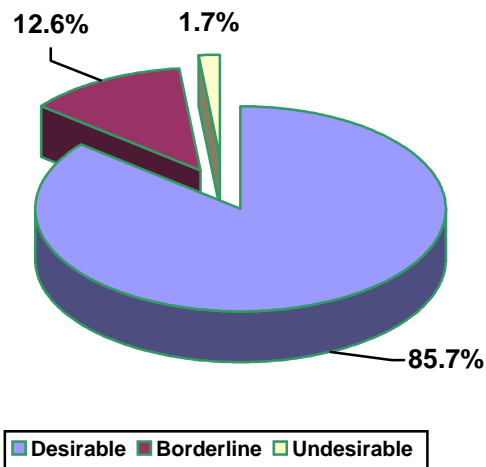
HDL - mg/dl - Men and Women



HDL - mg/dl - Men



HDL - Women



Ratio

What is cholesterol ratio? The website cholesterol.com explains that the ratio is obtained by dividing the HDL cholesterol level into the total cholesterol .

$$\text{Your Ratio} : \text{Your Total Cholesterol} \div \text{HDL}$$

The National Heart, Lung, & Blood Institute (www.nhlbi.nih.gov/chd/faq3.htm) explains that although the cholesterol ratio can be a useful predictor of heart disease risk, especially in the elderly, it is more important for treatment purposes to know the value for each level separately because both LDL- and HDL-cholesterol separately affect your risk of heart disease and the levels of both may need to be improved by treatment. If you have LDL-cholesterol of 100 mg/dL or above, lowering your LDL-cholesterol is the main goal of treatment. Your doctor will, however, also consider your HDL when deciding on treatments and goals. The ratio is useful if it helps you and your doctor keep the entire picture of your LDL and HDL levels in mind, but it should not take the place of knowing your separate LDL and HDL levels.

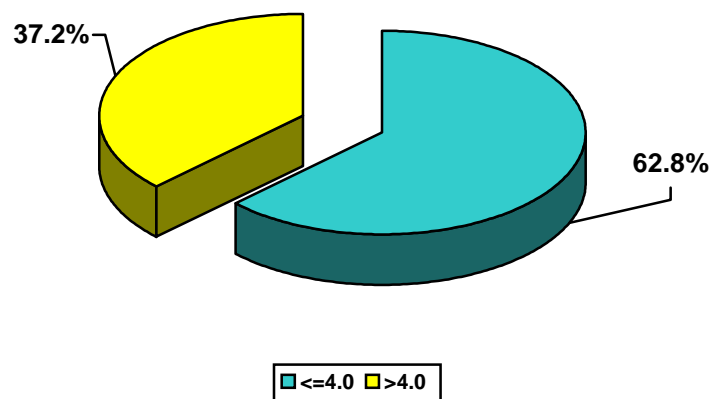
The American Heart Association recommends using the absolute numbers for total blood cholesterol and HDL cholesterol levels. AHA explains that these are more useful to physicians than the cholesterol ratio in determining the appropriate treatment for patients.

Comments from participants:

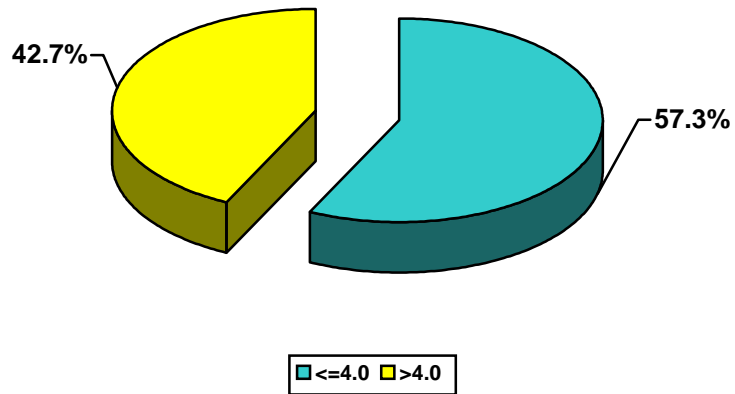
I like that it was so close to my office that there was no reason for me not to participate.

Extremely nice staff! I liked the free goody bag!

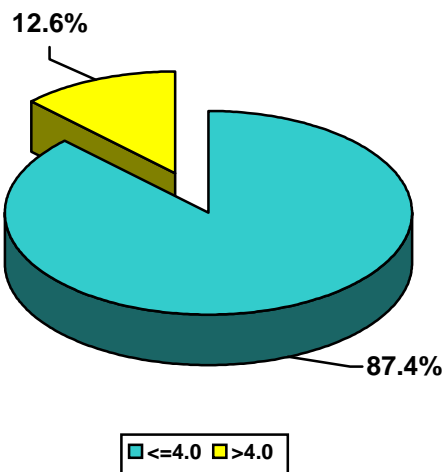
Ratio: House and Senate



Ratio: Men



Ratio: Women



Diabetes Risk Factors and Results.

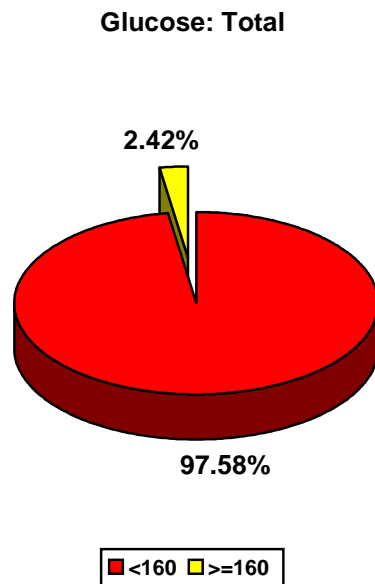
According to the website of the American Academy of Family Physicians, familydoctor.org, there are a number of factors that increase one's risk of developing diabetes. These include having one or more family members with diabetes, or being Native American, Hispanic American, Asian American, African American, or Pacific Islander. For women, having had gestational diabetes or delivering a baby who weighed over 9 pounds may also increase the risk.

Other risk factors include:

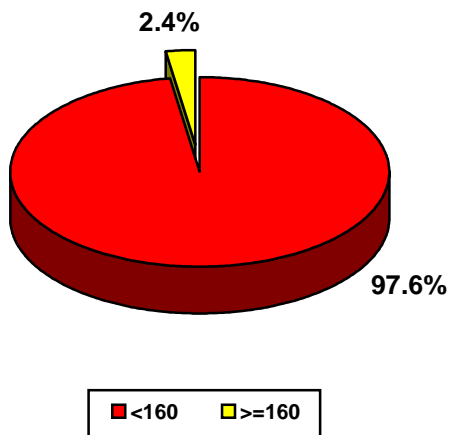
- Obesity (being overweight)
- Older age
- Sedentary lifestyle (not exercising)
- Unhealthy diet

The American Diabetes Association advises that doctors diagnose diabetes on the basis of too-high levels of glucose in the blood. Diabetics' blood glucose levels rise and fall depending on the foods they eat. However, foods have little effect on blood glucose in people without diabetes.

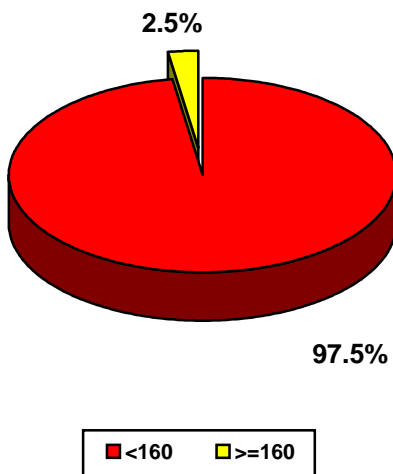
There are two types of tests that measure the amount of glucose in the blood: diagnostic and screening. Screening tests (the ones given at CMHS) are performed on people who have no symptoms of diabetes and may help determine whether they have or are at risk of developing the disease.



Glucose: Men



Glucose: Women



Comments from participants:

It was very well organized and facilitated. Staff was extremely friendly and knowledgeable. Please keep doing this since it is really hard to break-loose from work to get the blood tests done. Can we repeat this every 6 months? Good Job.

I can't think of a single that could have improved the screening- everything was so smooth and easy.

Blood Pressure Results.

A high number of those who had their blood pressure taken at the CMHS were found to have elevated blood pressure or hypertension stages 1 or 2 (35% in the House, 58% in the Senate).

The American Heart Association, at americanheart.org, states that elevated blood pressure causes the heart to work harder to pump enough blood and oxygen to the body's organs and tissues to meet their needs. This may enlarge and weaken the heart, making it more prone to injury. High blood pressure increases the risk of heart attacks, strokes, kidney failure, damage to the eyes, congestive heart failure, and atherosclerosis. When high blood pressure is combined with obesity, smoking, high blood cholesterol levels, or diabetes, the risk of heart attack or stroke skyrockets.



Blood pressure consists of two parts: the higher (systolic) number represents the pressure while the heart is beating. The lower (diastolic) number represents the pressure when the heart is resting between beats. Blood pressure of less than 120 over 80 is considered a normal reading for adults. A systolic pressure of 130 to 139 or a diastolic pressure of 85 to 89 is classified as pre-hypertension. State 1 hypertension is a systolic pressure reading of 140-159 or a diastolic reading of 90-99. Stage 2 hypertension is a systolic pressure reading of 160 or higher or a diastolic reading of 100 or higher.

Comments from Participants:

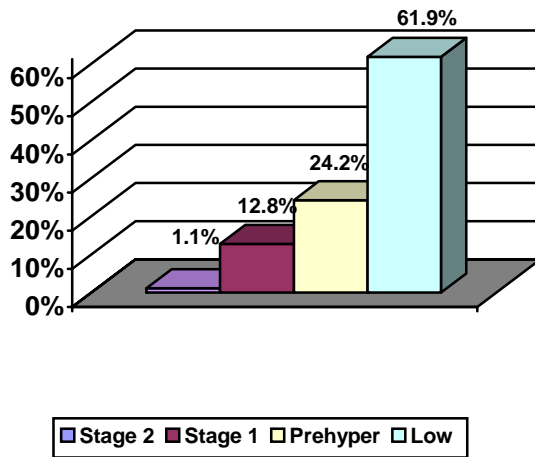
It was very well organized and informative. The staff was extremely courteous.

I liked the convenience and accuracy, everyone was pleasant and professional.

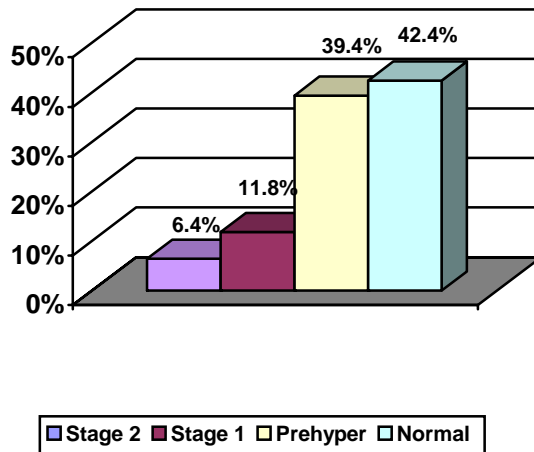
It was run very efficiently and it was nice to get everything at once.

Note: Medication for allergies being used by participants may have some effect on blood pressure results.

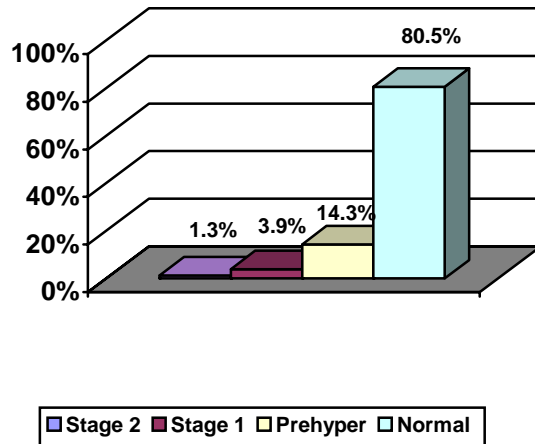
Blood Pressure: House Men



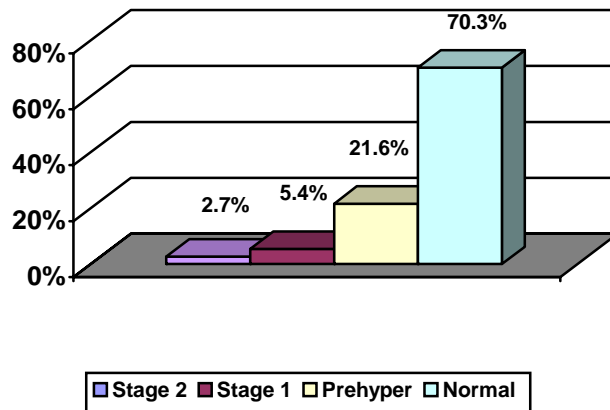
Blood Pressure: Senate Men



Blood Pressure: House Women



Blood Pressure: Senate Women



Body Mass Index.

Body mass index (BMI) is a measure of body fat based on height and weight that applies to both adult men and women. BMI correlates with body fat. The relation between fatness and BMI differs with age and gender. For example, women are more likely to have a higher percent of body fat than men for the same BMI. On average, older people may have more body fat than younger adults with the same BMI. For adults aged 20 years or older, BMI falls into one of these categories: underweight, normal, overweight, or obese. Those scoring 25 or over are considered overweight, those scoring 30 or over are considered obese.



A participant gets his body mass index checked at the Congressional Men's Health Screenings.

The Centers for Disease Control and Prevention (CDC) finds that obesity has risen at an epidemic rate during the past 20 years. One of the national health objectives for the year 2010 is to reduce the prevalence of obesity among adults to less than 15%. Research indicates that the situation is worsening rather than improving. CDC offers extensive information on health consequences, trends, and contributing factors at: www.cdc.gov/nccdphp/dnpa/obesity/index.htm

How does BMI relate to health?

The BMI ranges are based on the effect body weight has on disease and death. As BMI increases, the risk for some disease increases. Some common conditions related to overweight and obesity include:

- Premature death
- Cardiovascular disease
- High blood pressure
- Osteoarthritis
- Some cancers
- Diabetes

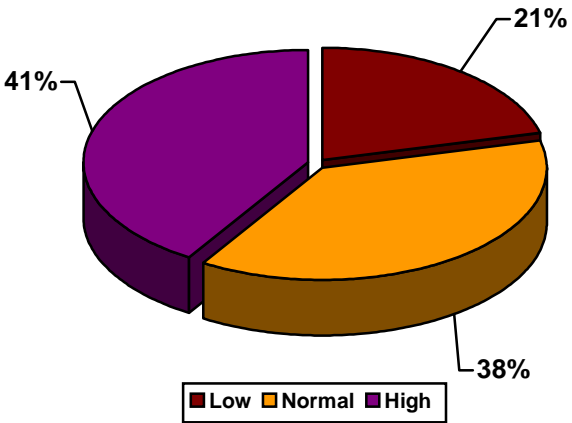
According to the National Heart Lung and Blood Institute (NHLBI), the score is valid for both men and women but it does have some limits. The limits are:

- It may overestimate body fat in athletes and others who have a muscular build.
- It may underestimate body fat in older persons and others who have lost muscle mass.

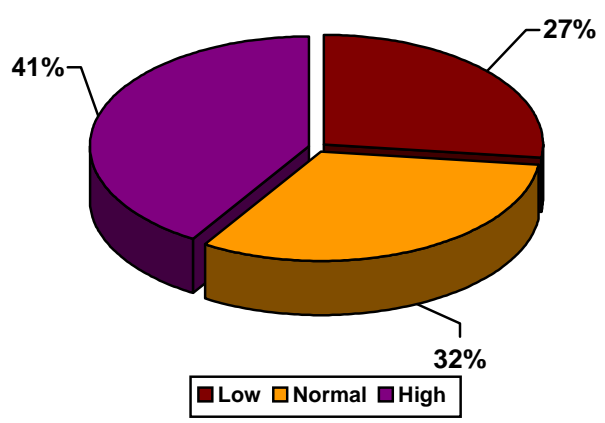
BMI is only one of many factors used to predict risk for disease. BMI cannot be used to tell a person if he/she has a disease such as diabetes or cancer. It is important to remember that weight is only one factor that is related to disease.

For those who believe weight may be an issue for them, NHLBI provides resources and advice at Aim for a Healthy Weight:
www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm

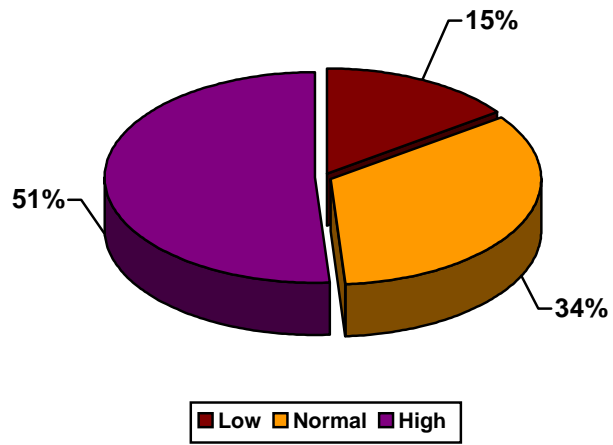
Body Mass Index: House Men



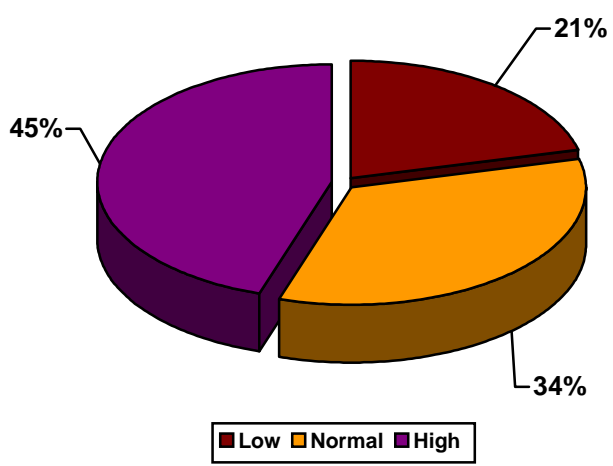
Body Mass Index: Senate Men



Body Mass Index: House Women



Body Mass Index: Senate Women



Osteoporosis and Men.

Men who suffer from osteoporosis may not be identified using traditional guidelines. In a study reported in the media, existing guidelines identified only 16% of men whose osteoporosis had progressed to the stage where they suffered bone fractures. The study concluded that male osteoporosis guidelines are needed as men may experience broken bones when they have a higher bone mineral density than women. This is illustrated by a discussion of current guidelines offered by the National Institutes of Health (Consensus Development Conference Statement, March, 2000) at

http://consensus.nih.gov/cons/111/111_statement.htm:

The World Health Organization (WHO) operationally defines osteoporosis as bone density 2.5 standard deviations below the mean for *young white adult women*. It is not clear how to apply this diagnostic criterion to men, children, and across ethnic groups. Because of the difficulty in accurate measurement and standardization between instruments and sites, controversy exists among experts regarding the continued use of this diagnostic criterion. (emphasis added)

According to Dr. Eric Orwoll of Oregon Health Sciences University, failure to diagnose osteoporosis in men can have tragic consequences (<http://about.onhealth.com>):

"... men are much more likely than women to die or experience chronic disability after a hip fracture."

In 1999, the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) in partnership with the National Institute on Aging and the National Cancer Institute at NIH announced a seven-center grant to study osteoporosis in men.

The National Institutes of Health Osteoporosis and Related Bone Diseases Resource Center provides most of the following information. Please access the National Resource Center at www.osteoporosis.gov/bone_health_info.html for additional information.

What Are the Risk Factors for Men?

Several risk factors have been linked to osteoporosis in men:

- Chronic diseases that affect the kidneys, lungs, stomach, and intestines or alter hormone levels.
- Undiagnosed low levels of the sex hormone testosterone.
- Unhealthy lifestyle habits (e.g., smoking, excessive alcohol use, low calcium intake, inadequate physical exercise).



Trey Watkins explains test options to a Senate participant.

Comments from participants:

I loved that I could get all the tests done and didn't even have to make an appointment!

The convenience is great!!!

- Age: The older you are, the greater your risk.
- Heredity: A son is almost four times as likely to have low bone mineral density (BMD) if his father has low BMD, and nearly 8 times as likely if both parents have low BMD.
- Race: Caucasian men appear to be at particularly high risk, but all men can develop this disease.
- Prostate cancer: Hormone treatments for prostate cancer can put men at very high risk for osteoporosis.

What Causes Osteoporosis?

Bone is constantly changing – that is, old bone is removed and replaced by new bone. During childhood, more bone is produced than removed, so the skeleton grows in both size and strength. The amount of tissue or bone mass in the skeleton reaches its maximum amount by the late twenties. By this age, men typically have accumulated more bone mass than women. After this point, the amount of bone in the skeleton typically begins to decline slowly as removal of old bone exceeds formation of new bone.

In their fifties, men do not experience the rapid loss of bone mass that women have in the years following menopause. By age 65 or 70, however, men and women lose bone mass at the same rate, and the absorption of calcium, an essential nutrient for bone health throughout life, decreases in both sexes.

Once bone is lost, it cannot be replaced. Excessive bone loss causes bone to become fragile and more likely to fracture. This condition, known as osteoporosis, is called a "silent disease" because it progresses without symptoms until a fracture occurs.

Fractures resulting from osteoporosis most commonly occur in the hip, spine, and wrist and can be permanently disabling. Hip fractures are especially likely to be disabling. Perhaps because such fractures tend to occur at older ages in men than in women, men who sustain hip fractures are more likely to die from complications than are women. More than half of all men who suffer a hip fracture are discharged to a nursing home, and 79 percent of those who survive for one year after a hip fracture still live in nursing homes or intermediate care facilities.

Primary and Secondary Osteoporosis.

There are two main types of osteoporosis: primary and secondary. In cases of primary osteoporosis, the condition is either caused by age-related bone loss (sometimes called *senile osteoporosis*) or the cause is unknown (*idiopathic osteoporosis*). The term idiopathic osteoporosis is used only for men less than 70 years old; in older men, age-related bone loss is assumed to be the cause.

At least half of men with osteoporosis have at least one (sometimes more than one) secondary cause. In cases of secondary osteoporosis, the loss of bone mass is caused by certain lifestyle behaviors, diseases or medications. The most common causes of secondary osteoporosis in men include exposure to glucocorticoid medication, hypogonadism (low levels of testosterone), alcohol abuse, smoking, gastrointestinal disease, hypercalciuria and immobilization.

How Can Osteoporosis Be Prevented?

There have been fewer research studies on osteoporosis in men than in women. However, experts agree that all people should take the following steps to preserve their bone health.

- Avoid smoking, reduce alcohol intake, and increase level of activity.
- Ensure a daily calcium intake that is adequate for your age.
- Ensure an adequate vitamin D intake. Normally, the body makes enough vitamin D from exposure to as little as 10 minutes of sunlight a day. If exposure to sunlight is inadequate, dietary vitamin D intake should be at least 400 IU but not more than 800 IU/day; 400 IU is the amount found in one quart of fortified milk and most multivitamins.
- Engage in a regular regimen of weight-bearing exercises where bones and muscles work against gravity. This includes walking, jogging, racquet sports, stair climbing, team sports, lifting weights, and using resistance machines. A doctor should evaluate the exercise program of anyone already diagnosed with osteoporosis to determine if twisting motions and impact activities, such as those used in golf, tennis, or basketball, need to be curtailed.
- Discuss with the doctor the use of medications, such as steroids, that are known to cause bone loss.
- Recognize and treat any underlying medical conditions that affect bone health.

Recommendations for Calcium and Vitamin D Intake in Men		
Age	Calcium (mg)	Vitamin D (IU)
19-30	1,000	----
31-50	1,000	200
51-70	1,200	400
70+	1,200	600
Upper limit	2,500	2,000

What Do the Test Results Mean?

The National Osteoporosis Foundation (www.nof.org) states that a bone mineral density test (BMD) is the best way to determine your bone health. The following information is provided by the NOF web site.

BMD tests can identify osteoporosis, determine your risk for fractures and monitor your response to an osteoporosis treatment. Different BMD tests may measure your hip, spine, wrist, finger, shin bone or heel.

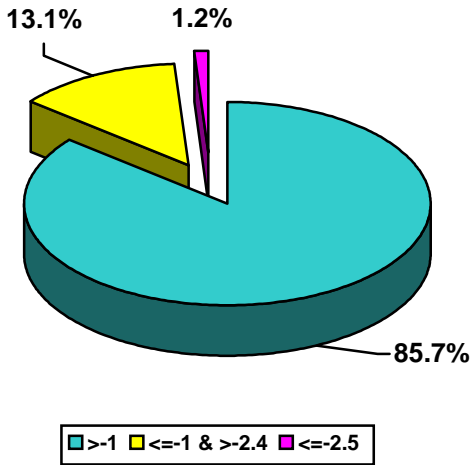
BMD is compared to two norms, "young normal" and "age-matched." Young normal, known as the T-score, compares BMD to optimal or peak density of a 30-year old healthy adult and determines fracture risk, which increases as BMD falls below young-normal levels. Age-matched, known as the Z-score, compares BMD to what is expected in someone your age and body size. Among older adults, however, low BMD is common, so comparison with age-matched norms can be misleading.

The difference between your BMD and that of a healthy young adult is referred to as a standard deviation (SD). As outlined in the World Health Organization's diagnostic categories, individuals whose T-score is within one standard deviation of the "norm" are considered to have normal bone density. Scores below the "norm" are indicated in negative numbers. For example, a score from -1 to -2.5 SD below the norm indicates low bone mass, or osteopenia, and a score of more than -2.5 SD below the norm is considered a diagnosis of osteoporosis. For most BMD tests, -1 SD equals a 10-12 percent decrease in bone density.

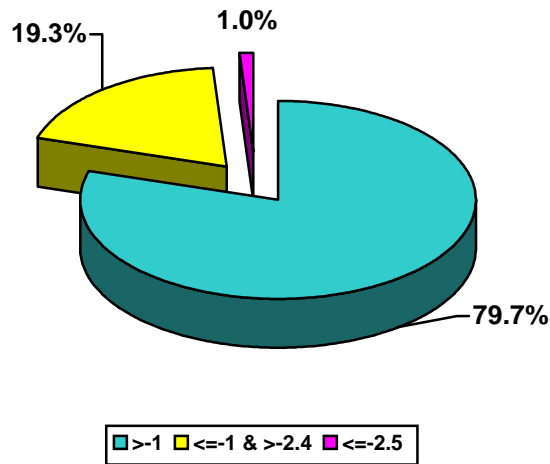
World Health Organization Definitions of Osteoporosis Based on Bone Density Levels:

- *Normal.* Bone Density is within 1 SD (+1 or -1) of the young adult mean.
- *Low Bone Mass.* Bone density is 1 to 2.5 SD below the young adult mean (-1 to -2.5 SD).
- *Osteoporosis.* Bone density is 2.5 SD or more below the young adult mean (> -2.5 SD).
- *Severe (established) osteoporosis.* Bone density is more than 2.5 SD below the young adult mean and there have been one or more osteoporotic fractures.

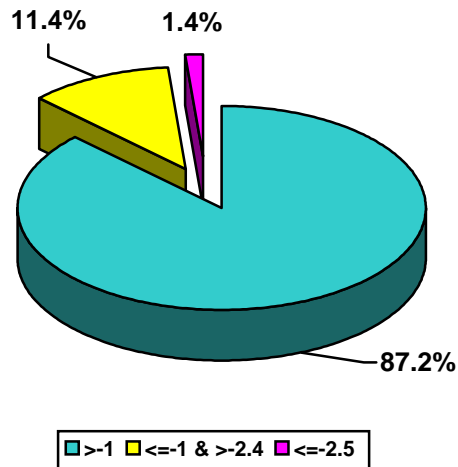
Osteoporosis: House and Senate



Osteoporosis: Men



Osteoporosis: Women



Colon Cancer.

Colon cancer is newly diagnosed in approximately 146,000 people in the United States each year. In men, colorectal cancer is the third most common cancer behind lung and prostate cancer. Despite a slow decline in the death rates of colorectal cancer over the last 20 years, there are still nearly 56,000 deaths per year, ranking it second only to lung cancer deaths this year. As men age, their risk for colorectal cancer increases. The lifetime risk for the development of colon cancer is around 5% with over 90% of cases being diagnosed after the age of 50. The risk of colon cancer will continue to increase over each decade as a man ages. Because colon cancer almost always originates from a type of colon polyp known as an adenomatous polyp, and occurs after the age of 50, it can be easily detected and potentially cured by effective screening methods.

The development of colon cancer is usually a product of many factors, both environmental and genetic factors. Lifestyle behaviors such as poor diet, excessive alcohol intake and smoking have been linked to an increased development of colon cancer. Diets high in fat and cholesterol, especially red and fatty meats, and low in fibers and fruits may increase the risk for colon cancer. Family history has been largely linked to the development of colon cancer. Having a first degree relative (father, mother, brother or sister) with colon cancer or colon polyps significantly increases one's risk for the development of colon cancer. In this instance, the risks are almost twice that of the general population. Diseases such as ulcerative colitis and Crohn's colitis, known as inflammatory bowel diseases, have also been linked to the development of colon cancer. Men who have other cancers, in particular prostate cancer, are also at greater risk for colorectal cancers.

The Colorectal Cancer Coalition explains that screening for colorectal cancer saves lives by allowing you to: find and remove polyps before they become cancerous—which prevents colon cancer from ever developing, and find cancer at an early stage, when treatment is most successful. Currently, the American Cancer Society recommends men and women at average risk (no family history of colon cancer or polyps or personal history of inflammatory bowel diseases) should be offered screening with one of the following options beginning at age 50 years.

- Colonoscopy every 10 years
- Flexible sigmoidoscopy every 5 years
- Yearly FOBT (fecal occult blood test) and sigmoidoscopy every 5 years
- Double contrast barium enema every 5 years
- Yearly FOBT

People with a family history of polyps or colorectal cancer or those with inflammatory bowel disease should undergo screening at an earlier age. Depending on the age and type of colorectal cancer diagnosed in a first degree relative, physician will recommend earlier, more frequent screening.² You can learn more at fightcolorectalcancer.org.

² "Colorectal Cancer: What men can do to stay protected" Joseph Donzella DO
Men's Health Network, Board of Advisors; Director, Men's Health Program, Wheeling Hospital, Wheeling, WV

Gout.

Over 450 participants chose to be screened for gout. Of those, 2.7% of men and 3.1% of women may be at risk.

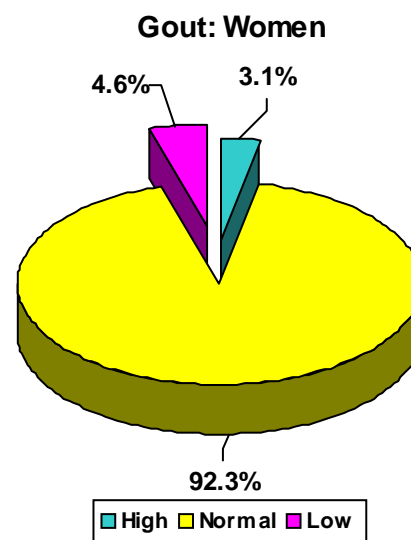
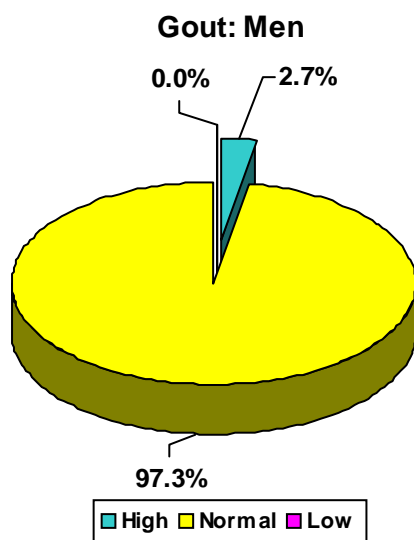
Gout is a form of arthritis that causes sudden, severe episodes of pain, tenderness, redness, warmth and swelling of joints. It usually affects one joint at a time, but it can also become chronic and affect several joints. Commonly affected joints include the ankle, big toe, and knee. Increased levels of uric acid in the blood and formation of uric acid crystals in joints cause gout pain and swelling. These uric acid crystals cause painful swelling, or inflammation, of the joint.



Gout generally occurs in three phases:

- Sudden joint pain and swelling that usually go away after five to ten days.
- A period of no symptoms at all, followed by new, sudden attacks of gout.
- After a number of years, if left untreated, persistent swelling, stiffness and mild to moderate pain in one or more joints can occur. In additions, crystals of uric acid can form large deposits under the skin called tophi.

Gout affects over 2 million Americans. It can occur at any age, but it most commonly starts in men after the age of 30 and in women after the age of 60.³



³ "Gout" Arthritis Foundation. www.arthritis.org

Strength Test.

This year, just for the fun of it, we added a grip strength test. Among men, bragging rights go to the House while Senate women appear to be stronger than their House counterparts.

In the following charts, "Average", "Below Average" and "Above Average" were all determined using data from the preexisting study that accompanied the grip strength measure.

"Average" includes the data within one standard deviation from the mean in both directions.

"Below Average" refers to any measurements that fall below one standard deviation below the mean.

"Above Average" refers to any measurements that fall above one standard deviation above the mean.



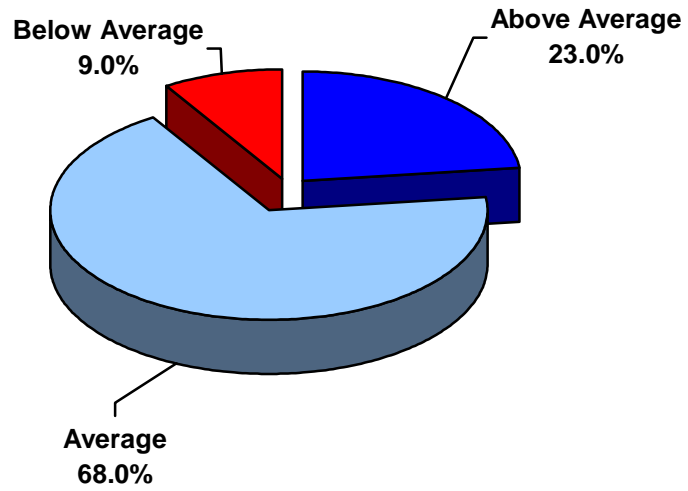
Trey Watkins administers a grip strength test to a House participant.



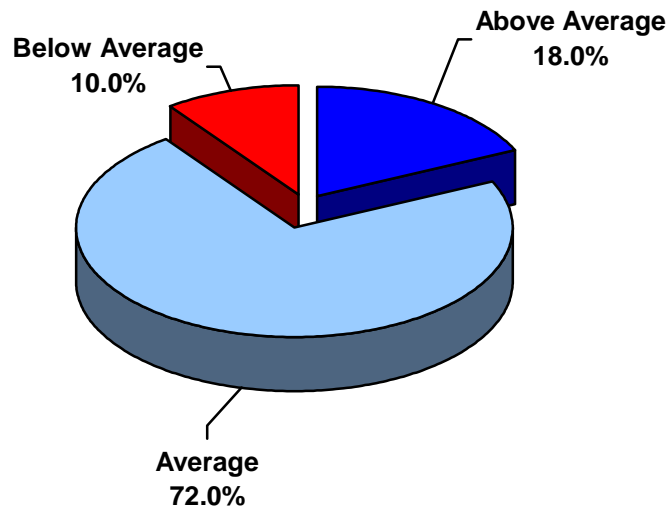
Sarah Womack and Vanessa Rios are ready to start the day.

Grip Strength – Men – House v Senate:

Grip Strength Results for House Men

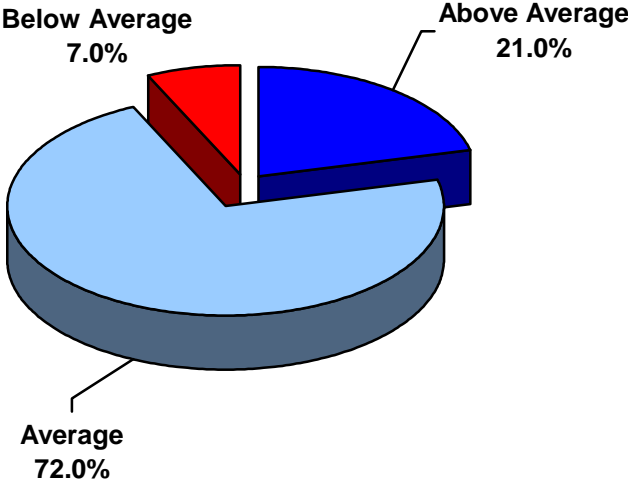


Grip Strength Results for Senate Men

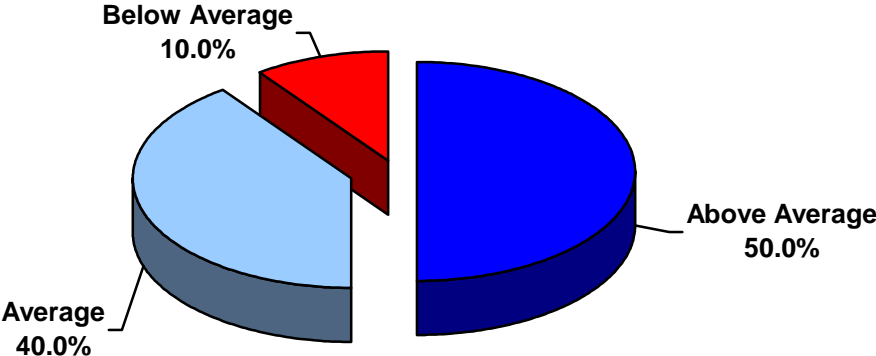


Grip Strength – Women – House v Senate:

Grip Strength Results for House Women



Grip Strength Results for Senate Women



A Few Photos from the Senate and House



Getting healthy is a team sport.



Grapes are tasty and make healthy snacks. (The brownies were pretty good, too.)



Signing in.

Addendum

Congressional Men's Health Screenings – Cosponsors

Cumulative 1998 - 2006

Senate

Richard Shelby
George Allen
Jeff Bingaman
Michael Crapo
Bill Frist
Tom Harkin
Jesse Helms
James Inhofe

Daniel Inouye
Carl Levin
Richard Lugar
Lisa Murkowski
Rick Santorum
Charles Schumer
Jeff Sessions
Ted Stevens

House

Rodney Frelinghuysen
James Barcia
Charles Bass
Michael Bilirakis
Ed Bryant
Dan Burton
Donna Christensen
Tom Coburn
John Conyers
Robert Cramer
Randy Cunningham
Danny Davis
Thomas Davis
Diana DeGette
Eliot Engel
Mark Foley
Vito Fossella
Scott Garrett

Sam Gejdenson
Benjamin Gilman
Virgil Goode
James Greenwood
Eleanor Holmes-Norton
Sheila Jackson-Lee
William Jefferson
Patrick Kennedy
Peter King
Steve Largent
James Leach
Barbara Lee
Jerry Lewis
John Lewis
Frank LoBiondo
Robert Matsui
Jim McDermott
Gary Miller

Dennis Moore
James Moran
Eleanor Holmes Norton
Jim Nussle
Charles Pickering
Richard Pombo
Tim Roemer
Martin Sabo
Louise Slaughter
Cliff Stearns
Charles Stenholm
John Sullivan
Mike Thompson
Mark Udall
Tom Udall
Maxine Waters
J.C. Watts
Anthony Weiner

National Men's Health Week – 2006

Governor's Proclamations

Gubernatorial Proclamations for Men's Health Week

(Some states do not issue proclamations every year)

Alabama	Kansas	North Carolina
Alaska	Kentucky	North Dakota
Arizona	Louisiana	Ohio
Arkansas	Maine	Oklahoma
California	Maryland	Oregon
Colorado	Massachusetts	Pennsylvania
Connecticut	Michigan	Rhode Island
Delaware	Minnesota	South Carolina
District of Columbia	Mississippi	Tennessee
Florida	Missouri	Texas
Georgia	Nebraska	Utah
Hawaii	Nevada	Vermont
Idaho	New Hampshire	Virginia
Illinois	New Mexico	Washington
Indiana	New Jersey	West Virginia
Iowa	New York	Wisconsin

Men's Health Week Proclamation – Sample – Nevada



A Proclamation by the Governor

WHEREAS, despite advances in medical technology and research, men continue to live an average of six years less than women, and African-American men have the lowest life expectancy; and

WHEREAS, educating the public and health care providers about the importance of a healthy lifestyle and early detection of male health problems, will result in reducing rates of mortality from disease; and

WHEREAS, men who are educated about the value of preventative health care will be more likely to participate in health screening opportunities; and

WHEREAS, the Men's Health Network worked with Congress to develop the National Men's Health Week, as a special campaign to help educate men and their families about the importance of positive health attitudes and preventative health practices; and

WHEREAS, Nevada's Men's Health Week will focus on a broad range of men's health issues, including heart disease, diabetes, prostate, testicular and colon cancer; and

WHEREAS, the citizens of Nevada are encouraged to increase awareness of the importance of a healthy lifestyle, regular exercise, and medical check-ups;

NOW, THEREFORE I, KENNY C. GUINN, GOVERNOR OF THE STATE OF NEVADA, do hereby proclaim June 12-18, 2006, as

MEN'S HEALTH WEEK IN NEVADA



In Witness Whereof, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 15th day of May, 2006.


By the Governor: _____ Governor

Men's Health Week Activities

National and International

This was the fourth year Men's Health Week was recognized internationally. Following the example set by Congress, government agencies, the medical community, and community organizations in many other countries established health awareness activities in June. Leaders in the movement include the Men's Health Network, the UK-based Men's Health Forum, International Society for Men's Health, and the European Men's Health Forum.

USA.

The Men's Health Network coordinated dozens of corporate, government, religious, and fraternal outreach activities across the country. Many federal, state, and local government websites provided information about NMHW. Most major broadcast news organizations such as CNN, Fox Cable News, CBS, and ABC carried stories about men's health and interviewed experts in the field. Print media coverage included many newspapers across the country, USA Weekend and Parade Magazine.

INTERNATIONAL.

International activities included events in England, Scotland, Austria, Denmark, Netherlands Antilles - San Marten, Canada, Bahamas, and Australia.

Men's Health as a Public Health Issue

Simply put, there is a silent crisis in America, a crisis of epic proportions: on average, American men live shorter and less-healthy lives than American women.

"Males have a 2.4-fold higher mortality due to accidents and violence," writes Dr. David Gremillion, a member of MHN's Board of Directors. "Men lead in each of the top 10 causes of death in America, and their life span is 5.7 years shorter than their female counterparts, with an overall age-adjusted mortality 1.6 times greater than that of females. This applies across the diagnostic spectrum, including heart disease, cancer, and chronic liver disease⁴."

A Centers for Disease Control and Prevention (CDC) study of ambulatory care by women illustrates just how wide the health care gulf between the two sexes is. Among other things, the study found that⁵:

- Excluding pregnancy-related office visits, women make twice as many preventative care visits as men.
- As would be expected, there are more drug mentions per population among women than there are men, since there are more visits per population.

The study's authors offered several possible explanations for this disparity: Women's self-reported health is, on average, worse than men's, which may either reflect more illness or differences in the way health is viewed or discussed by women. Women generally are responsible for their family's health and so may think about health care needs more than men. They are more likely to have a usual source of care, which is a strong predictor of health care utilization. They also tend to use medical care for screening and health education more often than men. Women have been said to also be more likely to report and act on illness, although research has not always borne this out.

Men's devotion to the workplace is also partly to blame. Various studies have shown that men are less likely than women to take time off from work for health related issues. Men's reluctance to make timely health care visits, however, is not only a function of work and time, but also of the way our culture socializes boys from the earliest age: "big boys don't cry." That attitude extends to the workplace where men feel compelled to ignore their own physical (and mental) health needs and put in a "full 40 hours" ... or more ... knowing in their hearts that if they take time off for anything less than a true health emergency, they will lose status in the workplace, and, in the case of hourly workers, most probably their job.

⁴ Physician's Weekly, September 3, 2001

⁵ Utilization of Ambulatory Medical Care by Women: United States, 1997-98, Centers for Disease Control and Prevention (CDC) National Center for Health Statistics Vital and Health Statistics, Series 13, # 149 : July 2001 : pages 12 & 15

“The huge disparity between men and women results partly from a lack of awareness, poor health education, and a paucity of male-specific health programs,” explains Dr. Gremillion. “The costs, including the cost of caring for dependents left behind, is enormous.”

What can be done to counter this pattern? In a recent article written for *The News and Observer*,⁶ Dr. Gremillion offers some advice⁶:

Research has shown that women strongly affect the health decisions within families, and this includes emphasis on the health of their spouses and the younger males who are forming attitudes about healthy lifestyles. Women, spouses and others with a male in their life can help them understand the importance of healthy lifestyles and health-seeking behavior. By expressing concern, women give men “permission” to be momentarily weak and honestly express their vulnerabilities and feel more comfortable in the health care setting.

Another recent study suggests that computers and the Internet offer men an anonymous, private manner of seeking health information in a venue that they feel comfortable with.

This, coupled with a proactive workplace health program, can go a long way toward encouraging healthy behaviors among men and reducing the health disparity between men and women.

⁶ Men’s health needs a heartfelt change, June 17, 2001, *The News and Observer*, Raleigh, NC

Men's Health Network

Men's Health Network™ (MHN) was created in 1992 as an educational campaign to significantly improve male health, longevity, and quality of life.

MHN is comprised of physicians, researchers, public health workers, and individuals. MHN is committed to improving the health and wellness of men, boys, and their families through education campaigns, data collection, surveys, toll-free hotlines, and work with health care providers. With a network of chapters, affiliates, and health partners, MHN has a presence in every state. MHN conducts screenings in the workplace and at public venues, sponsors conferences, and promotes awareness periods such as National Men's Health Week. MHN partners with both private and public entities to achieve these goals.

Ultimately, Men's Health Network has been known as the leading authority on men's health, with a Board of Advisors totaling over 750 physicians and key thought leaders on men's health, as well as a database of over 87,000 physicians nationwide to participate in disease awareness and educational outreach campaigns.

MHN's Goals.

- Save men's lives by reducing premature mortality of men and boys
- Foster health care education and services that encourage men of all ages to implement positive lifestyles for themselves and their families
- Increase the physical and mental health of men so that they can live fuller and happier lives
- Significantly reduce the cycles of violence and addiction that afflict so many men
- Energize government involvement in men's health activities so that existing government health networks can be utilized to increase the health and well-being of men and boys
- Encourage women to expand on their traditional role as the family's health care leader and activist for enhancement of health care services

Spokespersons.

Two physician members of the MHN Board of Directors take an active role in reviewing MHN's policies and recommendations and act as spokespersons during National Men's Health Week. Jean Bonhomme, MD, MPH is founder of the National Black Men's Health Network and is Board certified in Public Health and General Preventive Medicine. David Gremillion, MD, FACP, a retired Air Force Colonel and past president of the Society of Air Force Physicians, is currently Director of the Rotating Residency Program, Kameda Medical Center, Japan.

Other spokespersons include: Betty Gallo, founder of the Dean and Betty Gallo Prostate Cancer Center; Armin Brott, Time Magazine's "Mr. Dad", syndicated radio host and author of "19 Ways to Save Your Husband's Life" and a number of best-selling books on fatherhood; Latina actress Vivia Font; Scott Williams, Director of Professional Relations and public Policy for MHN; and Andrew Kimbrell, founder of the International Center for

Technology Assessment, and author of *The Masculine Mystique*, *The Human Body Shop*, and *101 Ways to Save the Earth*.

MHN also maintains a list of expert speakers on a variety of health topics. This list numbers over 300 from the MHN Board of Advisors and includes Dr. Robert Tan; Francisco Semiao, MPH; Drs. James Sniechowski and Judith Shervin, two of the country's most respected authorities on relationships; Arnold Robbins, MD, of the Men's Health Committee, Massachusetts Medical Society; and Ed Stephens, MD, noted NYC psychiatrist.

Tradeshows and Conventions.

The Men's Health Network maintains professional displays designed to promote preventive health care, regular screening, and education. Informational brochures and reprints, promotional items, and informative videos are featured. The role that women play in men's health care is emphasized.



Typical convention configuration

Educational Materials.

MHN has developed a wide array of health brochures and other materials which provide information on prostate, testicular and breast cancers. MHN also publishes a "Get It Checked" screening guideline for men and women. The Network has also developed specific guidelines targeted at various at-risk populations. Spanish translations of these materials are available.

A series of men's health brochures designed for women is being expanded. The What Women Need to Know About Men's Health series of brochures encourage women to become actively involved in the health of their men and explain specific men's health issues.

National Men's Health Conferences.

MHN has partnered with various universities to establish a series of annual National Men's Health Conferences that stimulate a multidisciplinary and multidimensional examination of men's health issues in the United States. Those conferences are followed by state symposia that focus on localized health issues.

The first national conference, co-sponsored by Penn State University, was styled "A Conference to Explore the Critical Health Issues Facing Men" and was held in Arlington, Virginia on May 20-22, 2004. The conference attracted a broad range of professionals, policy makers, and practitioners. A call for papers resulted in over 80 papers being submitted representing over 100 presenters.

Speakers included ABC's Dr. Tim Johnson; Georges Benjamin, M.D., Executive Director, American Public Health Association; Jean Bonhomme, M.D. M.P.H., Grace Crum Rollins School of Public Health, Emory University and Founder of the National Black Men's Health Network; Héctor Sánchez-Flores, Center for

Reproductive Health Research and Policy, University of California-San Francisco; David Gremillion, M.D., F.A.C.P., Professor of Medicine, University of North Carolina School of Medicine; Dr. Wanda K. Jones, Deputy Assistant Secretary for Health, U.S. Department of Health and Human Services; former Surgeon General, Dr. David Satcher, Judd W. Moul, M.D., FACS COL, MC, USA, Director, DoD Center for Prostate Disease Research, Attending Urologic Oncologist, Walter Reed Army Medical Center; Peter Rumm, M.D., Chief Medical Officer, Bureau of Chronic Disease, Wisconsin Division of Public Health; and Dr. Gerdi Weidner, Vice President and Director of Research, The Preventative Medicine Research Institute.

The 2005 National Conference on Men's Health, "What is Our Country Doing to Confront the Men's Health Crisis? Examining the Critical Health Issues Facing Men Across America" was held on October 6-8, 2005 in Atlanta, Georgia with Morehouse School of Medicine joining the Men's Health Network as cosponsors of the conference.

Presenters included Dr. George Mensah, Acting Director, National Center for Chronic Disease Prevention and Health Promotion, Center for Disease Control and Prevention, Dr. Siegfried Meryn, Professor of Medicine and President of International Society for Men's Health and Gender (ISMH), and Dr. David Satcher, former US Surgeon General, and Interim President of Morehouse School of Medicine. Participating panelists included experts such as Orlando Martinez, Commissioner of the Georgia Department of Juvenile Justice; Vince Smith, director of the Atlanta-based 24/7 Gateway Center; and Dr. Michelle Staples-Horne, Medical Director of the Georgia Department of Juvenile Justice.

State Symposia.

MHN is presenting state symposia as an effort to educate health professionals and the public-at-large about significant men's health issues. The symposia create awareness of such issues with the state policy leaders, elected officials, and healthcare leaders as they deal with the reality of rising healthcare costs. These state symposia create opportunities for additional networking for men's groups throughout the state, as well as encourage preventative health measures and physician & patient dialogue. Among those invited to participate are local, regional, and state public health department officials, key legislators, advocacy groups, medical associations, patient advocacy organizations, churches/parishes, community health leaders, and healthcare providers. As of August of 2006, Men's Health Network has organized symposiums in Maryland and Tennessee. Symposiums are planned for North Carolina, Oklahoma, and other states. For more information on these symposiums, go to: www.menshealthconferences.com.



World Congress on Men's Health.

MHN is a cosponsor of the annual World Congress on Men's Health hosted in Vienna, Austria. Presenters at the World Congress have included MHN's Dr. David Gremillion, Dr. Jean Bonhomme, Dr. Robert Tan, Scott Williams, Tracie Snitker, and Megan Smith.

Workplace Health Awareness and Education Programs ("Men at Work").

MHN works with government entities, private employers, and health care providers to bring health information and screenings to the workplace and to develop protocols for workplace health programs that engage men in proactive health care activities. In 2006, MHN will participate in over 50 workplace health programs across the country.

MHN HealthZone®.

MHN HealthZone is part of this outreach. *MHN HealthZone* is designed to facilitate a renewed commitment to men's health care by making screening services readily available to consumers, hospitals, health clinics, community centers, and large employers. MHN offers a free online *MHN HealthZone* planning kit designed to help organizations nationwide conduct their own health screenings for men and their families.

The *MHN HealthZone* screening program is promoted by numerous public health departments, health care providers, and private corporations and has been featured at the Rotary International Conference and several other tradeshows and conventions.



Time Out for Men's Health™.

Time Out for Men's Health™ is a national awareness campaign to educate men about the importance of regular check-ups and age-appropriate screenings. "Just like taking the car in for an oil change or for the 25,000-mile checkup, men also need to take themselves to the doctor's office to make sure everything is running smoothly," David Gremillion, MD, of MHN said. "That's why Men's Health Network created this campaign – to help men keep track of how often to check their blood pressure, get a tetanus booster and check their testosterone levels."

The program offers free health screenings for men and educational materials at retail and workplace events across the United States. At these events, MHN provides cholesterol, blood pressure, blood sugar, PSA (prostate specific antigen), testosterone and body mass index screenings for men, a comprehensive self-assessment exam, and access to a health educator and literature related to men's health and well-being. The Time Out for Men's Health website is found at: www.timeoutformenshealth.org

Advocacy.

MHN is active on the state and federal level and is a leader in the men's health movement. Accomplishments include public health agency awareness of men's health needs in the states, development of men's health awareness periods in over 45 states, and prostate cancer initiatives in several states.

National Men's Health Week / International Men's Health Week.

One of the MHN's proudest accomplishments was advocating for the Congressional passage of National Men's Health Week. Sponsored by Senator Bob Dole and Congressman Bill Richardson, NMHW was signed into law by President Clinton on May 31, 1994, and is recognized each year as the week leading up to and including Fathers Day. Each year during this time, MHN asks that the Governors of each state declare a Men's Health Week in their state. Governors, public health officials, and health activists are encouraged to use this event to focus media attention on men's health needs.

MHN has assisted with the development of an international movement to recognize Men's Health Week, coordinating activities with health experts and activists around the globe. MHN also hosts the web sites for these initiatives: www.menshealthweek.org; www.internationalmenshealthweek.org and www.imhw.org

Cancer Education and Awareness.

MHN is honored to participate in a number of prestigious efforts in the fight against cancer, including the National Dialogue on Cancer / C-Change and One Voice Against Cancer.

C-Change / National Dialogue on Cancer.

Former President George Bush and Barbara Bush are co-chairs of the National Dialogue on Cancer, now formally known as C-Change. C-Change is a forum that brings together the principal leaders of key national cancer organizations, agencies and institutions, plus central figures from other public, private and non-profit entities, to foster and support efforts to overcome cancer. Participants in C-Change include the heads of federal and state governmental agencies, private organizations, such as pharmaceutical companies and the motion picture industry, and nonprofit groups whose missions relate to cancer research, control and/or patient advocacy. Other individuals with a deep concern about cancer and who have achieved prominence in the entertainment, news and other industries or endeavors also are engaged in the C-Change. There are about 150 Dialogue participants.

One Voice Against Cancer.

One Voice Against Cancer is an unprecedented coalition of over 40 major cancer organizations supportive of increased research efforts at NIH and NCI and increased support for the prevention, awareness, and early detection programs at CDC. In addition to the Men's Health Network, member organizations include the American Cancer Society, American College of Obstetricians and Gynecologists, American Foundation for Urologic Disease, American Urological Association, Association of American Cancer Institutes, Association of Community Cancer Centers, Cancer Research Foundation of America, Coalition of National Cancer Cooperative Groups, Colon Cancer Alliance, Colorectal Cancer Network, Foundation for the Children's Oncology Group, Hadassah, Intercultural

Cancer Council, Kidney Cancer Association, Leukemia & Lymphoma Society, National Coalition for Cancer Research, Oncology Nursing Society, Pancreatic Cancer Action Network, and the YWCA.