

National Conference on Men's Health

Program Abstracts

Arlington, Virginia
May 20 - 22, 2004



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Cover design by Jamie Thornberry



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Final Report on the 1st Annual National Conference on Men's Health

Prepared by
Cory Eichelberger (MHN)

Introduction

The first annual National Conference on Men's Health was a resounding success and a strong beginning to what will become a regular event. In organizing this conference, Penn State University and the Men's Health Network sought to further focus national attention on the health issues facing America's men by bringing together the nation's leading health advocates in a visible environment to network and share ideas.

As the nation becomes more educated about men's health, the male half of the population will have the needed assistance to reverse the trend of increasing isolation from the healthcare industry. The widening gender gap can then be closed so as to no longer burden future generations with the costs of premature death and preventable disease. We as a nation must begin to instruct boys at their youngest ages to listen to their bodies and not ignore signals of stress, pain, illness, and injury.

Our national media and political leaders are beginning to hear this message. They are beginning to understand that men's health is a universal concern- affecting every man, woman, and child. Our fathers, brothers, sons, and husbands are indeed at risk. Many of our Congressional leaders have come to recognize the existing disparities amongst sex and race and the negative consequences on their constituencies. As a result, many have placed these issues on their agenda and are seeking to create an Office of Men's Health which would have the resources to address these issues head on.

Those responsible for bringing these concerns to the attention of our leaders attended this conference and are featured in the following abstracts. Many have formed advocacy groups, pioneered men's clinics, and actively educate the public on a daily basis. In organizing the presentations, Penn State University and MHN recruited lecturers with the most current research within the topics listed below who could provide insight into the various issues surrounding men's health and how their research can help address them. Topic areas included:

Clinical Track: Explore the latest medical advances and procedures.

Psychosocial/Behavioral Factors Track: Examine these factors and how they impact health.

Community Health Initiatives Track: Learn about gender-specific health services and prevention efforts.

Safety Track: Prevention of both injury in men and work-related disease in men.

In attendance were healthcare professionals, advocates, educators, federal officials, and researchers from several countries including the United States, Australia, Austria, Canada, and Scotland.

The next National Conference on Men's Health is tentatively scheduled for October 2005.

Conference Sponsors included:

- Pfizer Global Pharmaceuticals
- American Urological Association
- Men's Health Network
- Penn State Outreach
- Penn State College of Medicine
- The College of Health and Human Development (Penn State)
- Solvay Pharmaceuticals
- Columbia Labs
- International Journal of Men's Health and Gender
- The Pfizer Journal
- Merck Pharmaceuticals
- Endocare
- World Congress on Men's Health (WCMH)

Conference exhibitors included:

- Pfizer Inc
- American Urological Association
- Elsevier
- Men's Health Network
- WRS Group
- Marriott Vacation Club
- International Journal of Men's Health and Gender
- US DHHS – Office of Minority Health
- Center for Prostate Disease Research
- Patient Advocate Foundation
- Stop Infant Circumcision Society
- US DHHS - Office on Women's Health
- Columbia Labs
- GNC
- Endocare

Abstract Reviewers

Clinical track:

This track focused on the latest medical advances and procedures related to the treatment of men. The committee would be most interested in topics associated with the medical treatment of men in the following areas: Hypertension, diabetes, sexual health, andropause/aging male, diet and exercise, masculine endocrinology, coronary heart disease, alcohol/substance abuse, osteoporosis, musculoskeletal problems/sports injuries, urological topics (benign prostatic hypertrophy, etc.), cancer and cancer prevention (prostate, colon, testicular, lung, PSA testing), the link between hostility, gender and coronary heart disease and use of steroids. Continuing Medical Education credits, nursing credits, American Psychological Association credits, and National Association of Social Work credits, and other applicable accreditations will be offered for practitioners involved in these areas of treatment of men.

- 1) Dr. Skip Bassett, University Physician, Penn State (Began Men's Preventative Health Program at Penn State)

Psycho-social/behavioral factors track:

This track focused on the psycho-social and behavioral issues affecting men's health. Topics include the following: Changing relationships (2nd, 3rd marriages), job transitions (mid-life career changes, etc.), mental illness, domestic violence from the male perspective, gay and bisexual men's issues, men of color issues, stress management, fathering issues, masculinity of men's health, coping with life threatening illnesses, and dual-career couple issues. American Psychological Association credits, and National Association of Social Work credits, and the National Board of Certified Counselor credits and other applicable accreditations will be offered for practitioners involved in these areas of treatment of men.

- 1) Don Sabo, Professor of Sociology, D'Youville College

Community Health Initiatives Track: This track focused on men's health initiatives that are at work in the US for the purpose of providing gender specific health services (e.g. Men's Health clinics), health promotion and disease prevention programs, and community outreach initiatives to improve the lives of men. Individuals working in the community health field (e.g. sexual reproductive health and family planning), health education field, advocacy groups, and health clinics for men in the US will be invited to submit papers on "best practices" related to these initiatives.

- 1) Bill Buckley, Associate Professor of Kinesiology, Penn State

Featured and Panel Presenters

Georges Benjamin, M.D.
Executive Director
American Public Health Association

Jean Bonhomme, M.D. M.P.H.
Founder of the National Black Men's
Health Network
Department of Behavioral Sciences and
Health Education
Emory University, Senior Faculty Advisor
Grace Crum Rollins School of Public
Health

Laurence M. Demers, M.D.
Distinguished Professor of Pathology and
Medicine
The Pennsylvania State University College
of Medicine
The Milton S. Hershey Medical Center

David Gremillion, M.D.
Professor of Medicine
University of North Carolina School of
Medicine
Professor in Residence, Kameda Medical
Center Kamogawa, Japan

Wanda K. Jones
Deputy Assistant Secretary for Health
U.S. Department of Health and Human
Services

Judd W. Moul, M.D., FACS COL, MC, USA
Director, DoD Center for Prostate Disease
Research
Professor of Surgery
Uniformed Services University
Attending Urologic Oncologist
Walter Reed Army Medical Center

Peter Rumm, M.D.
Chief Medical Officer
Bureau of Chronic Disease
Wisconsin Division of Public Health

David Satcher, M.D.
Director of the National Center for Primary
Care at the Morehouse School of Medicine
Sixteenth Surgeon General of the United
States

J. C. Trussell, M.D.
Staff Physician
Urology Professional Services
The Milton S. Hershey Medical Center

Timothy Johnson, Keynote Speaker:
Lecturer in Medicine, Harvard Medical
School
Medical Editor, ABC News
(World News Tonight, Nightline, 20/20,
Good Morning America)
Medical Editor, WCVB-TV (ABC), Boston

Abstracts

Clinical Track:

Presenter Information:	
Author:	Tremblay, Gilles
Credentials:	Professor and Therapist
Job Title:	Professor
Institution/Affiliation:	Université Laval
Address 1:	School of Social Work
City:	Québec
Country:	Canada
Biography:	Formerly social worker in a CLSC (similar to HMO) during 21 years. Professor at Université Laval in Social Work. Psychotherapist with men. Research on masculinities and intervention with men (men's health, fatherhood, school drop out in boys, depression in men, etc.)
Abstract Title:	
Intervention with men: a 10-points emerging model of clinical counseling	
Learning Objectives:	
To develop a better understanding of the process of help seeking for traditional men	
Track:	
Clinical	
Abstract:	
<p>Many recent studies have stressed out the importance of a gender-specific approach to achieve positive outcomes. Nonetheless, the field of studies on men and masculinities is a relatively new one, particularly in regard of psychotherapy and intervention. Based on researches in Québec and USA, and on their experience in the new field of men's help, this article summarizes the authors' formulation of an emerging intervention model with men. The Ten-Point Intervention Model turns around these major dimensions: we must be gender-sensitive, aware about invisible biases toward men, and so, our own counter-transferences. We must also acknowledge that socialization of men shapes and disables their help-seeking process, and thus, we must develop a more adapted therapeutic model. The proposed model represents a contribution to help social workers to deal with men in social agencies settings. It also poses some important challenges for each of us as professionals.</p>	
Co-Presenter #1:	
Name:	L'heureux, Pierre
Credentials:	Therapist
Area of Expertise:	Men
Job Title:	Psychotherapist

Presenter Information:	
Author:	Schwartz, Carol, MPH, RD
Area of Expertise:	Guidelines
Job Title:	Guidelines Manager
Institution/Affiliation:	American Urological Assn
City:	Linthicum, MD
Country:	USA
Biography:	MPH from Johns Hopkins. Have worked for the American Urological Association for the past five years as Guidelines Manager. Working with our expert panels, we have produced numerous practice guidelines and corresponding patient guides.
Abstract Title:	
Treatment Options for Benign Prostatic Hyperplasia	
Learning Objectives:	
Define BPH through a brief explanation of anatomy	
Track:	
Clinical	
Abstract:	
<p>Benign Prostatic Hyperplasia (BPH) is a non-cancerous growth process within the prostate and frequently occurs in men as they age. BPH usually occurs after the age of 40 years; by age 60, greater than 50%, and by age 85, up to 90% of men are affected. Although BPH may cause no problems, some men will have lower urinary tract symptoms. These symptoms may include the need to urinate often, a weak urine stream or waking up at night to urinate. These symptoms can affect quality of life by interfering with daily activities and sleep patterns. Also, BPH can be a medical emergency, such as when a man is unable to urinate and requires medical intervention for relief. Because BPH is so common in our aging population, there has been extensive research on treatments. Treatments range from medicines to minimally invasive procedures to surgery. Because treatment is generally for quality of life, pros and cons of treatment options need to be customized for each patient. The American Urological Association recognized that it could provide a service to physicians and their patients by reviewing treatment options and summarizing the results into an evidence-based guideline. The guideline and its accompanying patient education piece can be viewed at: http://www.auanet.org/timssnet/products/guidelines/index.cfm</p>	
Co-Presenter #1:	
Name:	Liebert, Monica, PhD
Area of Expertise:	Urologic Research
Job Title:	Research Director

Presenter Information:	
Author:	Keefe, Melissa, PhD
Job Title:	Director, Office of Research
Institution/Affiliation:	American Urological Association
Address 1:	1000 Corporate Blvd.
City:	Linthicum, MD
Country:	USA
Biography:	Monica Liebert, Ph.D., is the director for the AUA Office of Research. Previously, she served as program officer for the Urology Basic Sciences Program at NIDDK. She is continuing her basic research in bladder cancer and urothelial differentiation through a joint appointment at the University of Michigan.
Abstract Title:	
A Call for Research on HIV Transmission in Semen	
Learning Objectives:	
Description of HIV transmission in semen	
Track:	
Clinical	
Abstract:	
<p>Currently, more than 40 million people worldwide are living with HIV/AIDS. In 2002 alone, an estimated 5 million people contracted the virus. As of December 2001, over 500,000 people were either HIV-positive or living with AIDS in the United States. According to the WHO, more than 70% of HIV infections result from sexual contact. Although billions of dollars have been spent to combat the epidemic, only a miniscule fraction of that funding has been dedicated to research on transmission via semen. Research on viral load has been concentrated on levels in the blood, despite evidence that HIV can be transmitted through other fluids, including semen. Viral load levels in blood do not always correlate with levels in semen, and viral production can take place separately in the genital tract, issues that have significant implications for HIV transmission. In 2000, the Biology of HIV Transmission Think Tank assessed the most compelling and underrepresented biological transmission research efforts. Two such areas identified by the panel include exploration of the relationship between viral load levels in blood and semen and assessment of the association between virus levels in the genital tract and transmissibility. Despite major efforts in vaccine development and the relative success of current antiviral therapies, new HIV infections are increasing in some populations in the United States. HIV transmission in semen presents a new target to break the chain of infection and must become an essential part of evaluating anti-HIV therapies.</p>	

Presenter Information:	
Author:	Dutttagupta, Sandeep, PhD
Job Title:	Director Global Outcomes Research
Institution/Affiliation:	Pfizer Inc
City:	New York, NY
Country:	USA
E-mail Address:	duttas@pfizer.com
Biography:	Sandeep Dutttagupta, PhD is the Director of Outcomes Research with Pfizer Inc. He is responsible for planning and implementing market access initiatives for pricing, reimbursement and marketing of Pfizer drugs. Sandeep has a BS in pharmacy from India and PhD in Health Care Administration from University of Louisiana, Monroe.
Abstract Title:	
Adding Viagra® (sildenafil citrate) coverage to managed healthcare organizations — implications for cost and health benefits	
Learning Objectives:	
The economic impact and health benefit of adding Viagra to pharmacy formularies.	
Track:	
Clinical	
Abstract:	
<p>When Viagra was approved for the treatment of erectile dysfunction (ED), it was met with anticipation of its potential benefits and concern regarding its potential costs to employers and managed care organizations (MCO). Various studies have since evaluated (1) the effect of its addition to pharmacy formularies on pharmacy benefit costs, and (2) its effect on incidence of ED coming to medical attention and the early detection of other diseases found in conjunction with ED. Large MCO claims databases were used to evaluate the per member per month (PMPM) cost of Viagra by various formulary status and at both regional and national levels. A separate study evaluated new claims for ED and for other conditions potentially associated with ED (eg, depression, hypertension, diabetes, ischemic heart disease, benign prostatic hyperplasia, prostate cancer, bladder cancer) and estimated the incidence of ED in men with and without these comorbid conditions. Although estimates of PMPM costs as high as \$1.0 were predicted, actual PMPM costs for Viagra were markedly lower and ranged from \$0.03 to \$0.24. Costs did not vary substantially between different regions or with different formulary access. Assessment of ED provided an important opportunity for physicians to screen their patients for other, potentially serious, medical conditions. Many men had new claims for one of the comorbid conditions within 1 month of their new ED claim. These data suggest that addition of Viagra coverage results in lower-than-expected PMPM costs and may contribute to early detection of serious concomitant conditions.</p>	

Presenter Information:	
Author:	Cappelleri, Joseph C., PhD
Job Title:	Senior Associate Director Clinical Research
Institution/Affiliation:	Pfizer Inc
City:	Groton, CT
Country:	USA
Biography:	Dr. Joseph C. Cappelleri earned his M.S. in statistics from the City University of New York, Ph.D. in psychometrics from Cornell University, and M.P.H. in epidemiology from Harvard University. He is a senior associate director at Pfizer Inc. Dr. Cappelleri has delivered numerous presentations and has published extensively.
Abstract Title:	
Responsiveness of the self-esteem and relationship (sear) questionnaire in men with erectile dysfunction (ed) treated with Viagra® (sildenafil citrate)	
Learning Objectives:	
This presentation will emphasize the importance of assessing the psychosocial impact (self-esteem, relationships, confidence) of erectile dysfunction in men undergoing treatment.	
Track:	
Clinical	
Abstract:	
Objective: ED has been shown to be associated with low self-esteem and impaired relationships. The objective of this study was to determine whether scores from the ED-specific SEAR questionnaire were responsive to treatment. Methods: Baseline and end-of-treatment (EOT) responses were analyzed from 93 patients with ED enrolled in a 10-week, open-label, flexible-dose (25, 50, 100 mg Viagra) trial. The 14-item SEAR questionnaire includes 2 domains (Sexual Relationship, Confidence) and 2 Confidence domain subscales (Self-Esteem, Overall Relationship); each component is scored from 0 to 100, with higher scores being more favorable. SEAR questionnaire EOT changes from baseline were obtained for the whole sample, and for responders ("yes") and nonresponders ("no") determined from 2 EOT global efficacy questions on whether erections and sexual intercourse were improved. Results: Overall, mean change scores were +35.7 for Sexual Relationship, +25.7 for Confidence, +29.4 for Self-Esteem, and +18.4 for Overall Relationship (P=0.0001 for all). Significant mean changes from baseline were observed for responders (P=0.0001) who had substantial improvement over nonresponders, whether reporting improved erections (+37.2 vs +8.1 for Sexual Relationship, +27.4 vs -4.2 for Confidence, +31.0 vs +1.3 for Self-Esteem, and +20.3 vs -15.0 for Overall Relationship) or improved intercourse (+38.2 vs +11.7 for Sexual Relationship, +28.9 vs -5.2 for Confidence, +32.6 vs -2.3 for Self-Esteem, and +21.4 vs -10.9 for Overall Relationship). Conclusions: The SEAR questionnaire demonstrated responsiveness to successful ED treatment with Viagra and discriminated responders from nonresponders. These data stress the importance of assessing the psychosocial impact of ED in men undergoing treatment.	

Presenter Information:	
Author:	Cappelleri, Joseph C., PhD
Job Title:	Senior Associate Director Clinical Research
Institution/Affiliation:	Pfizer Inc
City:	Groton, CT
Country:	USA
Biography:	Dr. Joseph C. Cappelleri earned his M.S. in statistics from the City University of New York, Ph.D. in psychometrics from Cornell University, and M.P.H. in epidemiology from Harvard University. He is a senior associate director at Pfizer Inc. Dr. Cappelleri has delivered numerous presentations and has published extensively.
Abstract Title:	
Relating changes in self-esteem, confidence, and relationships to baseline severity and clinical changes in men with erectile dysfunction (ed) treated with Viagra® (sildenafil citrate)	
Learning Objectives:	
The presentation will discuss the responsiveness and sensitivity of self-esteem, confidence, and relationships following treatment according to 1) a stringent definition of clinical treatment responsiveness and 2) baseline severity of erectile dysfunction.	
Track:	
Clinical	
Abstract:	
OBJECTIVES: To assess the responsiveness and sensitivity of the ED-specific Self-Esteem And Relationship (SEAR) questionnaire following treatment using a stringent definition of treatment responsiveness or baseline ED severity. METHODS: At completion of a 10-week, open-label, flexible-dose (25, 50, or 100 mg Viagra) trial in 93 patients with ED, change scores from baseline on the 2 domains (Sexual Relationship, Confidence), Confidence domain subscales (Self-Esteem, Overall Relationship), and Overall score of the SEAR questionnaire were analyzed for treatment responders and nonresponders. A treatment responder was defined as someone who responded "yes" to 2 end-of-treatment (EOT) global efficacy questions, indicating improved erections and sexual intercourse, and had an EOT score >=22 on the Erectile Function (EF) domain of the International Index of Erectile Function. RESULTS: Change scores were approximately 25 points higher for responders (n=71) vs nonresponders (n=22) for all SEAR components (P<0.0005). For the responders, mean change scores were 41.5 for Sexual Relationship, 31.7 for Confidence, 34.9 for Self-Esteem, 25.5 for Overall Relationship, and 37.1 for Overall score (P=0.0001 for all). Higher baseline EF domain scores were associated with more improvement in SEAR scores following treatment; each 5-point EF score increase at baseline was associated with mean improvement scores of 4.1 in Sexual Relationship (P=0.05), 5.6 in Confidence (P=0.001), 6.3 in Self-Esteem (P=0.0006), 4.7 in Overall Relationship (P=0.0158), and 4.6 in Overall score (P=0.0135). CONCLUSIONS: The results indicate that self-esteem, relationships, and confidence are responsive to clinical changes. Patients with less severe ED at baseline showed more improvement on SEAR questionnaire scores.	

Presenter Information:	
Author:	Dr. Pilgrim, Aubrey (Dr. of Chiropractic)
Area of Expertise:	Sexual Dysfunction
Job Title:	Retired
Institution/Affiliation:	
City:	Long Beach, CA
Country:	USA
Biography:	I had a radical prostatectomy for cancer in 1992 which left me with Erectile Dysfunction (ED). With over 20 medical doctors, I wrote the book A Revolutionary Approach to Prostate Cancer. It has extensive information about ED. I have tried several treatments for ED so can speak from experience.
Abstract Title:	
Treatments for Sexual Dysfunction	
Learning Objectives:	
Importance of Sex	
Track:	
Clinical	
Abstract:	
Sex-Beyond the Birds and Bees A Fervent Wish Just hope and pray your genitalia Won't wear out and never fail ya Sex is the strongest drive in man and all living things. This doesn't necessarily mean the go-bed-for-fun type sex, but the act of procreation, the act of spreading some of your genes around. There are over 30 million men in the U.S. who have erectile dysfunction (ED). Just a few years ago, even the richest man or the most powerful king could not have sex if he had erectile dysfunction. Today no man has to suffer that fate worse than death. It has been estimated that up to twice as many women have sexual problems. They have even coined a term for the women's problems called Female Sexual Arousal Disorder, FSAD. We usually don't think much about the women's problem because all they have to do is be there. But just being there may not mean that they can enjoy it. There are numerous things that can cause sexual dysfunction. Things such as cancer, diabetes, drugs, surgery, and psychological problems. Today we have several drugs and treatments that can help overcome sexual dysfunction problems. The Importance of Sex- Where would you be without it The Invention of Sex- 1.1 billion years ago- A cynic said the female probably faked her orgasm Sex and Immortality Physiology of an Erection Vacuum Erection Devices (VED) Penile Injections Muse Viagra, Levitra and Cialis Uprima Penile Implants Counseling Toys- More for women than men	

Presenter Information:	
Author:	Tan, Robert S., MD, MBA
Area of Expertise:	Geriatrics
Job Title:	Associate Professor
Institution/Affiliation:	University of Texas/VAMC
City:	Houston, TX
Country:	USA
Biography:	Dr. Tan is Associate Professor, University of Texas-Houston & Clinical Director, Geriatrics Service Line , VA Med Center Houston. He is also Board Member ISMH & Advisory Board Men's Health Network. He is author of 2 books on Men's Health & featured on national media including CNN & NBC.
Abstract Title:	
The association of obesity & low testosterone in men	
Learning Objectives:	
Obesity is an increasing problem in aging men	
Track:	
Clinical	
Abstract:	
As part of an on going quality improvement program to improve care to aging males in our geriatric clinic, we assessed and treated 71 consecutive males. Many of the patients had multiple illnesses including hypertension, diabetes, hyperlipidemia, dementia, and osteoarthritis. Each patient had their total and free testosterone, PSA levels determined if they presented with symptomatic andropause such as fatigue, loss of libido, erectile dysfunction, mood and memory changes. Serum total testosterone was measured by radioimmunoassay method. Data was entered into Excel, and descriptive and comparative analyses performed using SPSS. The average age of the patients was 73 years. All of the 71 patients had at least one of the andropause symptoms. The mean total testosterone was 405ng/dl (range: 32-877ng/dl). Thirty one percent of this group of patients had hypogonadism, 33% had diabetes mellitus, 76% had hypertension and 18% had hyperlipidemia. Fifty two percent of men with low testosterone (<300ng/dl) had diabetes mellitus. Patients with diabetes were significantly more likely to be hypogonadic (p= 0.031). Prevalence of hypogonadism in patients with diabetes was 64%, those without diabetes were 38%. However, we did not find any significant association of hyperlipidemia or hypertension with hypogonadism (p= 0.558, 0.729 respectively). On the other hand, BMI>27 was significantly related to hypogonadism (p= 0.026).	

Presenter Information:	
Author:	Shin, David, MD
Job Title:	Fellow
Institution/Affiliation:	Baylor College of Medicine/Scott Dept. of Urology
City:	Houston, TX
Country:	USA
Biography:	I am currently a Fellow in Male Reproductive Surgery and Medicine at Baylor College of Medicine. I completed my urology residency at Yale-New Haven Hospital in 2002. I graduated from Cornell University Medical College in 1997.
Abstract Title:	
Herniorrhaphy with Polypropylene Mesh Causing Inguinal Vasal Obstruction: A Preventable Cause of Obstructive Azoospermia	
Learning Objectives:	
To educate men the potential risk of infertility prior to undergoing hernia repair with polypropylene mesh, , ,	
Track:	
Clinical	
Abstract:	
<p>Introduction: Although initially used for large or recurrent hernias, polypropylene mesh placed in a "tension-free" repair is the procedure of choice for most herniorrhaphies regardless of patient age or severity of defect. Its success is attributed to a foreign-body induced fibroblastic response creating scar tissue which imparts strength to the inguinal floor and leads to fewer recurrences. However, little clinical data is known regarding the long-term effects of mesh-induced fibrosis on the vas deferens. We report a multi-institutional experience of men presenting with infertility secondary to inguinal herniorrhaphy using polypropylene mesh. Methods: Thirteen patients from seven U.S. institutions reported cases of azoospermia secondary to inguinal vasal obstruction related to polypropylene mesh herniorrhaphy. Patient characteristics and operative findings were forwarded to one center for data tabulation. Results: Mean patient age was 35.8 years with an average 1.8 year duration of infertility. Mean number of years between urologic evaluation and herniorrhaphy was 6.3 years. Types of inguinal hernia repair previously performed: open (9), laparoscopy (2), both (2). Eight patients had bilateral obstruction and five patients had unilateral obstruction with contralateral testicular atrophy or epididymal obstruction. Surgical exploration revealed a dense fibroblastic response encompassing the polypropylene mesh with trapped or obliterated vas in all patients. Conclusion: Reconstruction to restore fertility in cases of polypropylene mesh induced vasal obstruction is difficult because of significant fibrotic reaction. Prior to mesh herniorrhaphy, young men with reproductive interests or solitary testicle, need to be advised of potential risk of vasal obstruction and compromise to future fertility.</p>	
Co-Presenter #1:	
Name:	Lipshultz, Larry I, MD
Area of Expertise:	Male infertility
Job Title:	Professor
Co-Presenter #2:	
Name:	Honig, Stan C, MD
Job Title:	Assistant Clinical Professor of Surgery/Urology

Presenter Information:	
Author:	Diamond, Jed, LCSW
Area of Expertise:	Men's Health
Job Title:	Director, MenAlive
Institution/Affiliation:	Touro University International
City:	Willits, CA
Country:	USA
Biography:	Jed is a member of the International Society for the Study of the Aging Male and serves as a member of the International Scientific Board of the World Congress on Men's Health. Diamond has been a licensed psychotherapist for 38 years and is the author of seven books including the international best-selling Male Menopause.
Abstract Title:	
Andropause, Aging, and the Irritable Male Syndrome	
Learning Objectives:	
To understand andropause and aging	
Track:	
Clinical	
Abstract:	
<p>Andropause, also known as male menopause, begins with hormonal, physiological, and chemical changes that occur in all men generally between the ages of 40 and 55, though it can occur as early as 35 or as late as 65. According to Marc Blackman, M. D., chief of endocrinology and metabolism at Johns Hopkins Bayview Medical center, "The male menopause is a real phenomenon and it does similar things to men as menopause does to women, although less commonly and to a lesser extent." In this presentation, I will explore the latest research on andropause and new approaches for prevention and treatment. I will discuss my own research that led to the publication of my book Male Menopause, which has now been translated into 17 foreign languages. I will describe a new phenomenon that overlaps the andropause, the Irritable Male Syndrome, which results from decreasing levels of testosterone, stress, and loss of male identity. We will examine the similarities and differences between andropause and the Irritable Male Syndrome. I will explore the controversies about the andropause in the U.S. and throughout the world and the need for more information for health care providers. A model will be offered that will be helpful in understanding the hormonal, physiological, psychological, interpersonal, social, sexual, and spiritual dimensions of mid-life and beyond.</p>	

Presenter Information:	
Author:	Anderson, Peter G., MSN, ACRN
Area of Expertise:	HIV/AIDS
Job Title:	Nurse Practitioner
Institution/Affiliation:	Pacific Oaks Medical Group
City:	Beverly Hills, CA
Country:	USA
Biography:	I have been a Family Nurse Practitioner and have conducted research for 2 1/2 years at one of the largest and well-known HIV and gay men's health specialty practices in the country. I have 14 years experience as a Registered Nurse specializing in HIV/AIDS.
Abstract Title:	
A Prospective Study of the Safety and Efficacy of a Topical Transdermal Testosterone Gel versus Intramuscular Injections of Testosterone for the Treatment of Testosterone Deficiency in Male HIV-Infected Patients	
Learning Objectives:	
Review the role of testosterone replacement therapy in HIV-infected hypogonadal men	
Track:	
Clinical	
Abstract:	
<p>Background: Testosterone deficiency is associated with HIV infection. Replacement therapy alleviates symptoms associated with hypogonadism and is generally administered with deep intramuscular injections of testosterone esters, which cause wide, non-physiologic variations in serum testosterone levels. Recently, a daily topical transdermal testosterone formulation (TGel) has been developed which provides sustained levels of serum testosterone. Methods: 30 hypogonadal HIV-positive male patients (Age range 32 to 67) on stable regimens of 100 to 200 mg/wk of IM testosterone cypionate (IMT) were recruited from a large HIV treatment center in Los Angeles. 24 subjects were evaluated for 8 weeks on IM injections and then switched to daily TGel and evaluated for 8 more weeks. Study outcome variables included serum free (FT) and total testosterone concentrations, bioimpedance analysis (BIA), and quality of life and patient perception surveys. Compliance and adverse events were also evaluated. Results: 23 patients who reached 16 weeks have had no study drug related AEs reported. Daily TGel provides more stable steady state serum testosterone concentrations than IMT injections (mean difference trough to peak FT with TGel 2.2 pg/ml, with IMT 24.5 pg/ml; mean peak FT with TGel 23.2 pg/ml, with IMT 41.6 pg/ml. (FT normal range males 20–49 yrs 13.0–40.0 pg/ml) and all differences p<0.05 (by Student's two-tailed t-test). BIA remained stable. Quality of life surveys showed an improved sense of well-being and cognitive function on TGel. Conclusions: Topical transdermal testosterone used in hypogonadal HIV infected patients offers significant clinical benefits and improved patient acceptance versus IM testosterone injections.</p>	
Co-Presenter #1:	
Name:	Cohan, Gary R, MD
Area of Expertise:	Internal Medicine/HIV/AIDS
Job Title:	Managing Director
Institution/Affiliation:	
Co-Presenter #2:	
Name:	Wolfe, Peter R, MD
Area of Expertise:	Infectious Disease/HIV/AIDS
Job Title:	
Institution/Affiliation:	

Presenter Information:	
Author:	Dr. Seweifi, Aref El-
Credentials:	Consultant of Urology
Area of Expertise:	Urology
Job Title:	Chef of the Clinic
Institution/Affiliation:	androclinic
City:	Berlin
Country:	Germany
Biography:	graduated from the university of Alexandria, Egypt. German board of urology, doctor of medicine, Mainz, Germany, research in male contraception, developed techniques for Phalloplasty, microsurgeon.
Abstract Title:	
modern techniques of phalloplastic surgery	
Learning Objectives:	
develop a safe new method for Penile lengthening.	
Track:	
Clinical	
Abstract:	
<p>Aref El-Seweifi androclinic, Berlin, Germany bjective: The awareness of the male to life style has increased in the last decade. The first reports on penile lengthening have been made popular by Long followed by reports on girth enhancement. Design and method: revising the current methods of lengthening, I developed a method to give permanent surgical results in well selected males through dividing the suspensory ligament, the reduction of the infrapubic space and dividing the lateral attachments of the corpora cavernosae. Harmful non consistent materials for penile thickening has been avoided through the use of VYPRO II and Alloderm avoiding scars and deformation. The availability of the technique to each patient on the web facilitates understanding, confidence and good postoperative results. Results: More than 250 Patients have been operated upon with a complications rate of 8,5% which adds to the safty of the technique. The most serious complication is infection which can be avoided by antibiotics and excellent preoperative preparation. Conclusion: More than 250 patients have been successfully operated upon in 4 years with a success rate of 92.5%. This is due to conducting a realistic imagination to the patient, careful selection of the indication and the profound supplement of information post operatively both to the patient and his local urologist. Workshops are needed to educate doctors willing to provide this type of surgery.</p>	

Presenter Information:	
Author:	Onik, Gary, MD
Area of Expertise:	Tumor ablation/Image guided
Job Title:	Director of Surgical Imaging
Institution/Affiliation:	Celebration Health/Florida Hospital
City:	Celebration, FL
Country:	USA
Biography:	I have been called the "father of ultrasound guided tumor ablation". Prostate cryosurgery which I invented is a Medicare approved treatment for primary prostate cancer
Abstract Title:	
Focal Cryosurgery for Prostate Cancer-A Male Lumpectomy?	
Learning Objectives:	
Discuss the current management of prostate cancer, Discuss morbidity associated with those treatments, Present data on initial results of a male lumpectomy procedure for prostate cancer, ,	
Track:	
Clinical	
Abstract:	
<p>The use of breast sparing surgery i.e. "lumpectomy" to treat breast cancer has revolutionized the local control of that disease. Lumpectomy showed that the quality of life of the individual patient could successfully be integrated into the equation of cancer treatment, without major loss of cancer treatment efficacy. Prostate cancer in men raises many of the same issues that breast cancer does in woman. Complications of prostate cancer treatment, including impotence and incontinence, effects the male self image and psyche no less than the loss of a breast does a woman. Management of prostate cancer ranges from no treatment at all ("watchful waiting") to treatments in which the whole gland is destroyed (radiation therapy, cryosurgery) or removed (radical prostatectomy), with presently no treatment in between these extremes. Pathologic literature indicates, however, that 35% of prostate cancers are solitary and unilateral. This raises the question of whether this patient population can be identified and treated with a limited approach in which only the portion of the gland in which the tumor is located is treated. In this paper, we will present a pilot study in which 20 patients, all of whom have been followed for at least 2 yrs, were treated with a focal cryosurgery procedure. Results will show that even in high risk patients, that 95% of patients show no evidence for cancer, while 85% retain their potency with no other complications. A male lumpectomy approach if successful could have major implications for prostate cancer management.</p>	

Presenter Information:	
Author:	Alterowitz, Ralph, M.E.A.
Area of Expertise:	Health Care & Business
Job Title:	President
Institution/Affiliation:	The Education Center for Prostate Cancer Patients; President, Venture Tech Corporation
City:	Potomac, MA
Country:	USA
Biography:	Ralph Alterowitz is president of The Education Center for Prostate Cancer Patients (ECPCP), to help men manage their prostate disease He is a co-founder of the National Prostate Cancer Coalition. He speaks and has written extensively on recovering intimacy with erectile dysfunction and on business issues. Mr. Alterowitz is the president of Venture Tech Corporation
Abstract Title:	
Prostate Cancer Screening – A Five Part Question?	
Learning Objectives:	
1. Understand the argument for supporting prostate cancer screening	
Track:	
Clinical	
Abstract:	
<p>In recent months, prostate cancer screening has been discussed in the context of how effectively the tests show prostate cancer and whether men should be subjected to the fear of cancer and the quality of life consequences should they elect to be treated. The decision to recommend screening really needs to be based on answers to five sub-questions: 1. Do the sensitivity and specificity of prostate cancer screening yield a high probability of diagnosing prostate cancer? 2. Does prostate cancer screening save lives? 3. Are physicians capable of understanding the results and interpreting them in the context of the patient presenting the disease? 4. Are there appropriate options for treating patients? 5. Is screening and treatment cost-effective compared with no screening? This paper discusses these questions and integrates available information to provide a clear case for the medical establishment's aggressive endorsement of screening. This endorsement would lead to more men be treated appropriately, lengthening their lives and improving their quality of life.</p>	

Presenter Information:	
Author:	Alterowitz, Ralph, M.E.A.
Area of Expertise:	Health care & Business
Job Title:	President
Institution/Affiliation:	The Education Center for Prostate Cancer Patients; President, Venture Tech Corporation
City:	Potomac, MD
Country:	USA
Biography:	Ralph Alterowitz is president of The Education Center for Prostate Cancer Patients (ECPCP), to help men manage their prostate disease He is a co-founder of the National Prostate Cancer Coalition. He speaks and has written extensively on recovering intimacy with erectile dysfunction and on business issues. Mr. Alterowitz is the president of Venture Tech Corporation
Abstract Title:	
Intimacy With Impotence	
Learning Objectives:	
1. Understand basic psychodynamics concerning couple's intimacy	
Track:	
Clinical	
Abstract:	
<p>Utmost in the minds of most men treated for prostate cancer and their partners, is the concern over resuming sexual intimacy. Often unprepared for the consequences of surgery and radiation to their love life, couples become frustrated and angry when they try to resume their physical intimacy. Most men initially focus on the means for regaining their erectile function. Yet with the many options for achieving erectile capability, the drop-out rate, the men who do not either continue using therapies and medications that work or are not interested in finding a more effective alternative treatment has been quoted as being between 50 percent and 75 percent. This confirms other reports that most men are dissatisfied with their level of intimacy even following successful treatment. There are an increasing number of alternatives available to help overcome ED.. This paper reviews a spectrum of options and stresses the role of psychological factors in both partners in enhancing the effectiveness of the various aid, medications and therapies. This paper provides a paradigm whereby the partners can jointly arrive at a mutually desired result and discusses the tools and means they can use.</p>	

Presenter Information:	
Author:	Mrs. Wallace, Kris M.R.T.(T.), BSc.
Area of Expertise:	Radiation Therapy and Clinical Trials
Job Title:	Radiation Therapist and Clinical Research Associate
Institution/Affiliation:	Princess Margaret Hospital
City:	Toronto, Canada
Biography:	Clinical Trials Radiation Therapist/ CRA, Princess Margaret Hospital GU Clinical Trials coordinator; Department of Radiation Oncology and Department of Surgical Oncology B.Sc. Therapeutic Radiography , Anglia Polytechnic University Princess Margaret Hospital, School of Radiation Therapy, July 1976; roles include Resource Therapist, Senior Therapist, Stereotactic Team Therapist · Marlene Abate Award Committee Chair since 1989
Abstract Title:	
Development of an Educational Intervention for Patients and their Families on the Management of Early Stage Prostate Cancer and the SPIRIT Clinical Trial	
Learning Objectives:	
To understand the need to provide the patient and their family with clear information about their treatment options so that they can make an informed decision about their treatment choice.	
Track:	
Clinical	
Abstract:	
<p>Purpose Present an educational intervention for patients and families introducing American College of Surgeons Oncology Group (ACOSOG) 20070/National Cancer Institute of Canada (NCIC) PR.10 Surgical Prostatectomy versus Interstitial Radiation Intervention Trial (SPIRIT). Illustrate how intervention can successfully educate early stage Prostate Cancer patients and families about treatment options, radical prostatectomy (RP) and brachytherapy (BT). Illustrate how intervention participants make better informed decisions about treatment choices. Educational Intervention New Prostate referrals are screened by the Clinical Research Associate (CRA) using SPIRIT criteria and attend the 90-minute session consisting of: informed consent video, patient's explanation of his decision-making process leading to randomization, Power Point presentation - Urologist and Radiation Oncologist jointly compare RP and BT and establish SPIRIT rationale, treatment option and trial-specific Q&A, handouts – brochures, questionnaires. Results In May 2002, SPIRIT was locally activated by ACOSOG/NCIC. Patient numbers are: 405 screened, 32 sessions with 166 patients attending, resulting in 28 consents. Over 3 months, 27 patients viewed the video resulting in no consents. The first patient consented on August 15, 2002 after attending a session and became the first SPIRIT patient randomized in North America. Consent rates since the session launch are 1 in 6. Conclusions: This educational intervention appears to enable patients to make informed decisions about treatment choice, resulting in increased study accrual. Patients attending this intervention learn about treatment options, as jointly presented by Urologist and Radiation Oncologist. Time spent during consults is directed to patient-specific issues resulting in efficient resource use for patient and consulting teams.</p>	

Presenter Information:	
Author:	Bae, David C., MD
Area of Expertise:	Urology
Job Title:	Research Fellow
Institution/Affiliation:	Rhode Island Hospital Department of Urology
City:	Providence, RI
State:	RI
Country:	USA
Biography:	Dr. Bae obtained his undergraduate, masters, and medical degrees from Brown University and Brown Medical School. He completed a general surgery internship at Rhode Island Hospital and is serving as Research Fellow prior to concluding his residency in urology at Rhode Island Hospital.
Abstract Title:	
Office-based bone densitometry as a screening tool for osteoporosis in men with advanced prostate cancer	
Learning Objectives:	
To recognize androgen deprivation therapy for advanced prostate cancer as a risk factor for developing osteoporosis	
Track:	
Clinical	
Abstract:	
<p>Androgen deprivation therapy for the treatment of advanced prostate cancer is becoming increasingly recognized as an etiology for the development of osteoporosis in men. This is particularly important due to the higher morbidity and mortality associated with hip fracture in men compared to women despite its lower incidence. It is therefore imperative that the urologist be aware of this potential complication and screen for it in appropriate patients. Thus has arisen the need for a rapid, inexpensive, and accurate office-based bone densitometric test as a screen for osteoporosis. The development of a phalanx bone densitometer has allowed for screening for osteoporosis while having these advantages over the current gold standard, dual energy x-ray absorptiometry (DEXA) of the hip. Previous studies indicate that the accuDEXA® bone densitometer moderately correlates finger bone mineral density (BMD) with that of the hip as measured by formal DEXA. We performed a retrospective analysis of men treated with hormone therapy for advanced prostate cancer and assessed the correlation of accuDEXA to formal DEXA. Of ninety-eight (98) men who underwent accuDEXA screening, 59 underwent formal DEXA scan. Fifty-six (94.9%) of these men were subsequently diagnosed as either osteopenic or osteoporotic. Linear regression analysis was performed to determine the correlation between accuDEXA and formal DEXA analysis. R2 was 0.11 for BMD correlation, and 0.04 for T-scores. We conclude that the accuDEXA imaging system is not a sufficient means of screening for osteoporosis of the hip in men with advanced prostate cancer.</p>	
Co-Presenter #1:	
Name:	Stein, Barry S
Credentials:	MD, FACS, MBA
Area of Expertise:	Urology
Job Title:	Professor and Chairman
Institution/Affiliation:	

Presenter Information:	
Author:	Cohen, Paul G., M.D.
Credentials:	Adjunct Professor, Dept of Pharmacological Sciences
Area of Expertise:	Andrology and metabolism
Job Title:	Adjunct Professor
Institution/Affiliation:	Southern School of Pharmacy, Mercer University
City:	Atlanta, GA
Country:	USA
Biography:	Graduated from The George Washington University School of Medicine 1963; Residency- Internal Medicine, Fellowships in Nephrology (GWU), Nephrology and Metabolism (Emory University School of Medicine), USPHS -CDC 1967-9, Private practice and medical research 1970 - present. Faculty: George Washington Internal Medicine, 1965-67; Assistant Prof, Internal Medicine, Emory 1970-77. Adjunct Professor, Mercer, School of Pharmacy 1998-present.
Abstract Title:	
Cardiovascular Risk, Osteoporosis, Benign Prostatic Hypertrophy; The Hypogonadal Connection	
Learning Objectives:	
These three states occur as testosterone levels are decreasing	
Track:	
Clinical	
Abstract:	
<p>Diminished testosterone levels are associated with aging in males. This allows for the loss of muscle mass and for the accumulation of fatty tissue over time. The increase in fat mass is associated with an increase of aromatase activity, as well as, an increase of 11betahydroxysteroid dehydrogenase activity. The increased aromatase activity results in a decrease testosterone concentration which leads to the preferential deposition of abdominal visceral tissue. The increase of the 11betaHSD increases the cortisol effect. Together, the and other factors result, directly or indirectly, in increased cardiovascular risk, osteoporosis and benign prostatic hypertrophy.</p>	

Psychosocial Track:

Presenter Information:	
Author:	Stephens, Edward M. M.D.
Credentials:	Psychiatrist
City:	New York, NY
Country:	USA
E-mail Address:	ems3md@yahoo.com
Biography:	Dr. Stephens is a Psychiatrist working on men's issues with particular reference to understanding the special needs of men at this time in our society.
Abstract Title:	
Decriminalizing Intimacy, a 21st Century Paradigm: A Mental Health Model For Managing Domestic Discord	
Learning Objectives:	
Create a new language for domestic violence	
Track:	
Psychosocial	
Abstract:	
<p>The concept of domestic violence has become a national and international disgrace during the 20th century, but down through the ages society has been aware of its ravages. Recent evidence has shown an awareness that this violence is not only perpetrated by men toward women but also by women toward men, women toward women, by mothers against their children, sons against fathers, sons against their mother and siblings against siblings, etc. Thus, discord is familial! In our presentation, we will endeavor to change the obsolete language that binds our remediation efforts to dealing with victims and perpetrators according to gender bias. We will explain the hidden counter-transferences that are brought by the helpers to current interventions. We will present a model for understanding intimate partner assault as a personal set of dynamics between two parties that allows a psycho dynamic team approach and the decriminalizing of intimate conflict. In particular, we will give a new voice to men and demonstrate the need for their inclusion as the solution rather than the problem. In a 21st century model, an incident of domestic discord that triggers a public response becomes the starting point for psycho educational interventions. This approach has the potential for healing intimate partner, family discord crises. Criminalization often leads to further damage to all parties and the break up of families that need to be trained rather than blamed.</p>	
Co-Presenter #1:	
Name:	Chewey, Thomas
Credentials:	Social Worker
Area of Expertise:	Parental alienation
Co-Presenter #2:	
Name:	Giordano, William
Name Suffix:	C.S.W.
Credentials:	Social Worker
Area of Expertise:	Family Systems

Presenter Information:	
Author:	Baraff, Alvin, PhD, ABPP
Area of Expertise:	Men's Therapy
Institution/Affiliation:	MenCenter
City:	Washington, DC
Country:	USA
Biography:	Dr. Baraff, Diplomate in clinical psychology, founded MenCenter in 1984, focusing on men's issues. He authored the book, MEN TALK (Dutton, 1992), based on his group therapy experiences with men. He is widely quoted and has appeared on numerous national TV shows. "At heart, I am a teacher."
Abstract Title:	
Psychotherapy for Men	
Learning Objectives:	
Major Issues on Men in Therapy	
Track:	
Psychosocial	
Abstract:	
<p>Will inform audience of need for therapy for men, pointing out the statistics, re: higher frequency of suicide, heart disease, and cancer in the male population. Will relate it to the way men handle or avoid emotional expression, and the causes thereof. Will cover the most common reasons that bring men into the therapy process (self esteem/confidence, separation/divorce, career/workplace, relationships, depression, anxiety, body image), including course of therapy and results. Will teach the connection between the emotions and such physiological disorders as impotence, headaches, back pain, digestive problems, and how they can be resolved through therapy. Will demonstrate the process of therapy (if time allows).</p>	

Presenter Information:	
Author:	Mrs. Chloe Morris, BSc. (Social Work) MHP
Area of Expertise:	Social Gerontology
Job Title:	Lecturer
Institution/Affiliation:	WHO/PAHO Coll. Centre on Ageing & Health Dept of Comm. Health University of the West Indies
City:	Kingston 7, Jamaica
Biography:	Organizer Men's Health Week 2002, 2003 PhD. Candidate "Men's Health" Morris C, Eldemire-Shearer, D. The Ageing Male in the Developing World: Issues for Consideration, 3rd World Congress Ageing Male, Germany, 2002. Eldemire-Shearer D, Paul TJ, Morris C. Ageing Male: An Emerging Area of Concern
Abstract Title:	
Jamaican older men's involvement in family life-going beyond economic support	
Learning Objectives:	
To have a better understanding of the social contributions of men in the family	
Track:	
Psychosocial	
Abstract:	
<p>Jamaican older men's involvement in family life – going beyond economic support In considering health in its broadest sense, the social construct of masculinity, the way men are expected to behave appears to be an important determinant of the health of men in all societies. Men's health is inevitably influenced by the nature of their social relationships. In examining male social involvement in the Jamaican context most investigations have focused on men's involvement to satisfy economic needs distinct from social needs. This paper focuses on this issue in more detail. The objective of this study is to examine the contribution of older Jamaican men with respect to family life. One hundred seniors (over 50 years) were interviewed in 2002 using focus groups and questionnaires to determine the range of their involvement in family life in their home setting. Thirty-eight percent of older males were involved in social aspects of care provision in the household after retirement irrespective of what was the earlier social care giving exposure. Although not involved in household chores 68.4 % admitted to helping with children and 15% cared for another adult. The profile of the involvement of older Jamaican men in family life suggests that male roles do go beyond economic provision issues. This needs to be further explored as to trends over time and the underlying determinants for expression of such roles.</p>	
Co-Presenter #1:	
Name:	Eldemire-Shearer, Denise A, C.D;B.A.; M.B.B.S; PhD
Area of Expertise:	Public Health & Gerontology
Job Title:	Senior Lecturer
Co-Presenter #2:	
Name:	Paul, Tomlin T, NSc. M.B.B.S. MPH
Area of Expertise:	Health Promotion/Public Health
Job Title:	Lecturer

Presenter Information:	
Author:	Jordan I. Kosberg, Ph.D., A.C.S.W.
Area of Expertise:	Social Gerontology
Job Title:	University of Alabama Endowed Chair
Institution/Affiliation:	The University of Alabama
City:	Tuscaloosa, AL
Country:	USA
Biography:	Prof. Kosberg, a gerontological social work researcher and educator, has co-edited six books, 25 book chapters, and over 80 peer-reviewed journal articles. He is P.I. for two federally-funded research grants on caregiving to older populations with physical and mental health problems. He is currently studying the needs of older men.
Abstract Title:	
Understanding The "Invisible" Mental	
Learning Objectives:	
To learn about the physical and mental health problems faced by older men.	
Track:	
Psychosocial	
Abstract:	
<p>Older men have been found to be high-risk for certain forms of adversity: crime on the street, abuse in the home, and maltreatment within institutions. They can also suffer from age-related, as well as gender-specific, physical and mental health problems that can result in substance abuse, suicide attempts, depression, and early deaths. Research findings and practice experiences lead to the conclusion that older men may be "invisible" to those in health care settings inasmuch as they are less-likely to engage in prevention, reluctant to admit having problems, and fail to engage in help-seeking behavior. Health care often fails to attract older males with problems, as these resources are often female-oriented with female-dominated staff and clients/patients. Professionals may also fail to understand the importance of the interaction between the professional and patient/client who differ by age, gender, and cultural background. In addition, health care providers need to consider the perceived adequacy, availability, and acceptability of their services by older men which are related to service utilization, discontinuance, and effectiveness. Research has found that older men may interact with professionals who hold negative bias against both older persons and males; thus, positive attitudes of professionals need to be assured. Health and mental health care practitioners who understand the needs of older men have been found to attract, sustain, and effectively treat older men as patients or clients. This presentation will address imperatives by which both programs and professionals can be more responsive to under-treated, misunderstood, and "invisible" older males.</p>	

Presenter Information:	
Author:	Washington, Kevin, Ph.D.
Area of Expertise:	Psychology
Job Title:	CEO
Institution/Affiliation:	RAM Enterprises, LLc
City:	Washington, DC
Country:	USA
Biography:	Kevin Washington is the co-owner of RAM Enterprises, LLC He received a Bachelor of Science degree in Psychology from Grambling State University (GSU) and a doctoral degree from Texas A&M University in Counseling Psychology. As a Fulbright Scholar (1999), he conducted research on the socializing institutions in South Afrika.
Abstract Title:	
Whole Healing of Black Men: Implications of Healing a Nation	
Learning Objectives:	
Explicate the impact of sociocultural and psychological variables on the mental and physical health of Black Men(and other ethnically, culturally, and linguistically diverse populations).	
Track:	
Psychosocial	
Abstract:	
<p>There exist a number of societal ills in our community that need to be addressed immediately. One of the greatest threats within our society is the instability of our families. Many of our homes exist without the continued support and presence of a male figure due to in part social, economic, political healthcare and educational disparity. These effects of these social ills are exacerbated within the Black community due to the stressors that accompany institutional racism, oppression, and social disenfranchisement. Such stressors contribute to men engaging in health threatening behaviors (e.g. unsafe sex practices, cigarette smoking, excessive alcohol consumption and abuse of illicit drugs)as well experiencing premature mortality due to malnutrition and complications associated with hypertension, diabetes, prostate cancer, STDs, and obesity. The Afrikan (Black) Fatherhood/Manhood and the Family Program operates in Washington, DC and is designed to inform men of their roles and responsibilities to themselves, their families and their communities and thusly resurrect positive attributes of manhood. The program seeks to address the effects that the sociocultural and psychological factors have on ethnically and culturally diverse men. The Whole (Afrikan/Black) Manhood Healing Paradigm that is utilized for the Manhood/Fatherhood Enhancement Series (MFES) emphasizes ways to empower Black men to see themselves as responsible agents of positive change to promote good health and sound wealth within their families and communities The Whole Manhood Healing Paradigm is advanced in this presentation.</p>	

Presenter Information:	
Author:	Denekas, Alan, MD
Area of Expertise:	Family, Emergency Medicine
Job Title:	Emergency Physician
Institution/Affiliation:	Bedford Memorial Hospital
City:	Roanoke, VA
Country:	USA
Biography:	Alan Denekas graduated from Rice University, and his MD from the University of Texas Medical School at San Antonio. He completed his residency in Family Medicine at Roanoke Memorial Hospital. He practices emergency medicine and is on the ethics committee of Bedford Memorial Hospital.
Abstract Title:	
Holiness and Health: Is there a Connection?	
Learning Objectives:	
Understand the positive effect of faith on relationships, domestic violence, substance abuse, poverty.	
Track:	
Psychosocial	
Abstract:	
<p>Holiness and Health: Is There a Connection? In the Hebrew Bible, the words for Holy and Healthy come from the same root: a whole mindset of love of neighbor, compassion for the less fortunate, justice, truthfulness, faithfulness and devotion to God. The Bible is primarily about relationships. Psychologists have long said that the other-centeredness of Judaeo-Christian thought is the core of a healthy and integrated personality. Marriage, Family, Sexuality: Lifetime, monogamous heterosexual marriage provides the secure, environment that both adults and children need to fully develop as persons capable of intimate relationships, which are the core desire of humankind Non-monogamy, (multiple partners), greatly increases risk for STD's. Homosexuality results from the sexualization of non-sexual desires, such as desiring a close relationship with one's father. It is a destructive lifestyle, which includes shortened life-expectancy, increased substance addiction, domestic violence and STD. Domestic violence may result from men putting excessive emphasis on their partners providing them emotional security. Poverty: the majority of the poor are single mothers with dependent children – partly because of failure of men to fulfill their God-given responsibilities as husbands and fathers. When we men try to fill up the God-sized vacuum inside ourselves with other things, addictions can result People of faith suffer less illness and have better responses to treatment than people not of faith, and outright miracles can occur. Men of faith have more stable marriage and family relationships and fewer problems with domestic violence, addictions and homosexuality</p>	

Presenter Information:	
Author:	Dr. Lisbeth, Jarama S.
Credentials:	Post-Doctoral Fellow, The George Washington University
Area of Expertise:	Research on hiv/aids, ethnic minorities, health outcomes
Job Title:	Post-doctoral fellow
Institution/Affiliation:	The George Washington University
City:	Washington, DC
Country:	USA
Biography:	Actively involved with applied research and urban service, having conducted research in the areas of HIV/AIDS, health, college adjustment, and cultural issues with diverse populations (i.e., ethnic minorities, general school and college populations, persons with disabilities) She has worked for community programs doing project design, implementation, monitoring, and evaluation.
Abstract Title:	
Socio-cultural and Behavioral Influences on Condom Use in a sample of Latino Men in Rural Areas in Virginia.	
Learning Objectives:	
Understand the interplay of psychological, behavioral, and cultural influences in HIV risk among Latinos in rural areas	
Track:	
Psychosocial	
Abstract:	
<p>This study examined condom use during sex with women in a group of 128 Spanish-speaking Latino men in rural areas in Virginia. Psychological and socio-cultural variables were examined in how they influenced condom use for vaginal anal sex with women. Most men reported sex with women only (85%) and had multiple female sexual partners (63%). About 1/3 of the sample reported having paid someone in the U.S. (usually a woman) to have sex with them. Hedonistic beliefs and beliefs about the fallibility of condoms were reasons frequently cited for inconsistent condom use during sex. Men in our sample showed poor knowledge of HIV/AIDS, related transmission modes, and the proper way to use condoms. They also showed lower risk perceptions of becoming infected with HIV. More than 7 out of 10 men in the sample reported drinking alcohol "sometimes" or "always" before or during sex. Men appeared moderately machista, showed higher levels of homophobia and rather low acculturation levels. Psychosocial, behavioral, and cultural factors were significant predictors of condom use. Lower education, carrying condoms, sex under the influence of alcohol, and increased acculturation were predictive of condom use. The findings support an integrative approach to investigating HIV risk among Latino men in rural areas. Critical social and cultural variables of Latinos need to be understood to develop sensitive and effective programs of HIV prevention. Implications for prevention programs are discussed.</p>	

Presenter Information:	
Author:	Dr. Grubman-Black, Stephen D.
Credentials:	Professor
Area of Expertise:	Sexual trauma and violence
Job Title:	Professor
Institution/Affiliation:	University of Rhode Island
City:	Kingston, RI
Country:	USA
Biography:	Professor of Women's Studies and Communication Studies at the University of Rhode Island. Among the course taught, one is Men and Masculinity.
Abstract Title:	
Risky Business: Men Renting Women for Sex	
Learning Objectives:	
To address the risks men take emotionally, physically, and socially when involving themselves with prostitutes.	
Track:	
Psychosocial	
Abstract:	
<p>The author is guided by the working question, "Why do men go to prostitutes?" A description of compiled responses by men during interviews and discussions with the author will be presented. Themes of loneliness, alienation, novelty, control and power will be discussed. An analysis of the various risks associated with this behavior by men will be made.</p>	

Presenter Information:	
Author:	Ortego, Gilda Baeza, MLS, PhD.
Area of Expertise:	Information-seeking Behavior, Health Librarianship, Consumer Health
Job Title:	Library Director
Institution/Affiliation:	Texas A & M University - Kingsville
City:	Kingsville, TX
Country:	USA
Biography:	With an academic background in Biology/Health Studies and Library and Information Studies, Dr. Gilda Baeza Ortego is a library administrator and researcher on information-seeking behavior. Her scholarly work includes Hispanic culture, information flow across borders, information needs of health consumers, and health care in rural societies.
Abstract Title:	
Health Information-seeking Behavior of Hispanic Men in Rural Society	
Learning Objectives:	
Developing an awareness of the link between health status and health information-seeking as a behavior , Becoming familiar with the health profile of the Hispanic male in a rural context, Learning what sources are most effective in designing a health information delivery system for Hispanic me, Recognizing special needs of rural health consumers, Developing cultural traits as effective change agents in Hispanic health behavior	
Track:	
Psychosocial	
Abstract:	
Studies have suggested that a positive link exists between health status and the information-seeking behavior of health consumers. Medical professionals, health educators, librarians, and other disseminators of health information recognize that men generally are a challenging audience to reach. This paper explores the information-seeking behavior of Hispanic men in a rural context. Included in the presentation are a health profile of the Hispanic male; social and economic obstacles to accessing health information; and prospective role of family as an intervention strategy.	

Presenter Information:	
Author:	Whitley, Elizabeth M., R.N., Ph.D.
Job Title:	Director Community Voices
Institution/Affiliation:	Denver Health
City:	Denver, CO
Country:	USA
Biography:	Dr. Whitley is Director of Denver Health Community Voices, which includes several community-based initiatives. Previously, she was Executive Director of The Rocky Mountain Center for Healthcare Ethics. Dr. Whitley received her degrees from Indiana University and the University of Colorado. She has numerous years experience as a neonatal nurse practitioner and hospital administrator.
Abstract Title:	
Barriers to healthcare access identified by underserved African-American and Hispanic men in Denver	
Learning Objectives:	
Discuss barriers to healthcare access for underserved African-American and Hispanic men in Denver.	
Track:	
Psychosocial	
Abstract:	
The Denver Health Men's Health Initiative conducted focus groups to identify barriers to accessing healthcare for uninsured African-American and Hispanic men in Denver. Six groups were conducted, stratified by ethnicity, age and language preference. Participants were recruited by flyers offering incentives of \$40.00 and dinner for participation. Focus groups were held in neighborhood locations with high concentrations of African-American and/or Hispanic populations. Culturally appropriate facilitators were hired to conduct the groups. Nine to sixteen men were present for each focus group. Questions were asked about Attitudes on Health and Healthcare, Access to Healthcare, the Healthcare experience, Options for Better delivery of Healthcare and Life Priorities. The focus groups were video and audiotaped. Although underserved African-American and Hispanic men recognize the importance of health, they perceive substantial barriers to obtaining healthcare. These barriers include economic status, lack of insurance, lack of transportation, lack of information and fear. The participants were particularly concerned about men's diseases, such as prostate cancer and diseases that affect their racial or ethnic group disproportionately, such as diabetes. They were also aware of the behaviors that affect their health, such as eating well, exercise and stress reduction. Several healthcare system issues were also identified, including long wait times, quality concerns, and distrust of the system, particularly by African-American men. The participants also expressed the need for better, more respectful communication. The results of the focus groups are being used to inform organizational and public policy, and to guide the development of media messages to men of color.	
Co-Presenter #1:	
Name:	Samuels, Benilda A., MA
Job Title:	Program Manager
Co-Presenter #2:	
Name:	Wright, Richard A., M.D., M.P.H.
Job Title:	Executive Director, Community Health Services

Presenter Information:	
Author:	Arras, Rita E., PhD, RN
Area of Expertise:	Public Health Nursing
Job Title:	Assistant Professor
Institution/Affiliation:	Southern Illinois University Edwardsville School of Nursing
City:	Edwardsville, IL
Country:	USA
Biography:	Rita Arras has taught public health nursing at Southern Illinois University Edwardsville School of Nursing since 1996. She received her PhD in health education from Southern Illinois University Carbondale in 2002. Prior to teaching nursing she practiced in family practice, emphasizing in patient education and counseling.
Abstract Title:	
Self-Efficacy and Health-Promoting Behaviors in Men Age 45 and Above	
Learning Objectives:	
Describe the relationship between self-efficacy and health promoting behaviors in middle age and older men	
Track:	
Psychosocial	
Abstract:	
<p>The purpose of this research was to examine and explain health-promoting behaviors among men age 45 and older. The Health Promotion Model (HPM) was used as the framework for this study. Survey research methods were employed to measure independent variables (barriers, benefits, self-efficacy, demographics, and self-rated health). Subjects were randomly selected men employed or retired from a midwestern university or members of an American Legion post. A total of 191 usable surveys (39.2% response rate) were used to develop regression models to predict variance in health-promoting behaviors. Overall, 66% of the variation in health-promoting behaviors (HPB) was accounted for by the independent variables. Similar models were created for exercise and nutrition HPB with similar results. Self-efficacy was clearly the most important predictor of variance in HPB for all three models. Higher ratings of self-efficacy were associated with fewer reported barriers, more reported benefits, better self-reports of health, and higher ratings in all health-promoting behaviors. While men with more education and higher levels of income tended to have higher ratings of self-efficacy, there was NO association between age and self-efficacy. Future studies and interventions should focus on developing and testing strategies to enhance self-efficacy for health-promoting behaviors among middle age and older men.</p>	

Presenter Information:	
Author:	Rew, L., EdD, RN, FAAN, McDougall, G. J., Parker, C., & Riesch, L.
Job Title:	Professor
Institution/Affiliation:	UT Austin-Nursing
City:	Austin, TX
Country:	USA
Biography:	Dr. Rew's scholarship focuses on adolescent health. She is currently funded by the National Institute of Nursing Research (NINR/NIH) for a three-year study titled, "Sexual Health Practices of Homeless Adolescents." In addition, Dr. Rew is the Editor of the Journal of Holistic Nursing.
Abstract Title:	
Developing a Testicular Exam Self-Efficacy Questionnaire	
Learning Objectives:	
Define the steps in scale development	
Track:	
Psychosocial	
Abstract:	
<p>Testicular cancer, the most common tumor in young adult males if left undetected and/or untreated leads to sterility and death. This study aimed to: 1) develop and determine the validity and reliability of a self-efficacy scale evaluating testicular self examination; 2) compare the psychometric properties of this scale new scale. Two convenience samples of young males: homeless youth (n =104) attending a drop-in center, and university students (n = 156) attending a large public university in Austin, Texas. Self-administered instruments included a demographic profile, the Multidimensional Health Locus of Control Scale (MHLC), the Self-Efficacy for Condom Use Scale (SECU), the Chance, Powerful Others, and Sexual Problem Prevention (SPP) subscales of the Sexual Self Concept Scale (SSC), and the Self-Efficacy for Practicing Testicular Self Examination Scale (SEPTSE). Participants received a cash payment of \$5 after completing the questionnaires. The sample on average was twenty-two years of age (SD = 3.8, R = 18-35) and included Caucasians (59%), Blacks (10%), Latinos (15%), Asians (3.5%), Native Americans (3.1%), and Others (8.1%). The overall Cronbach's alpha for the SEPTSE was .82 (.70 for the university sample and .88 for the homeless sample). Construct validity was supported between the SEPTSE and the SECU (r = .297, p <= .01), the MHLC (r = .203, p <= .01), and the SPP (r = .171, p <= .01). The SEPTSE has evidence of acceptable internal consistency reliability and construct validity for use in further research with diverse groups of young adult males.</p>	
Co-Presenter #1:	
Name:	McDougall, Graham J, PhD, RN, FAAN
Area of Expertise:	Psychosocial interventions
Job Title:	Associate Professor

Presenter Information:	
Author:	Diamond, Jed
Credentials:	Licensed Clinical Social Worker, working on PhD
Area of Expertise:	Men's Health and Depression
Job Title:	Director, Men Alive
Institution/Affiliation:	Touro University International
City:	Willits, CA
Country:	USA
Biography:	Jed is a member of the International Society for the Study of the Aging Male and serves as a member of the International Scientific Board of the World Congress on Men's Health. He is the author of 7 books, including international best-seller Male Menopause, and has been a psychotherapist for 38 years.
Abstract Title:	
Male Depression: The Hidden World-Wide Epidemic	
Learning Objectives:	
Demonstrate the seriousness of male depression	
Track:	
Psychosocial	
Abstract:	
<p>Depression claims more years of life than war, cancer, and AIDS put together. Depression causes or contributes to the cause of other illnesses such as alcoholism and heart disease. If one takes that into consideration, depression may be the biggest killer on earth. NIMH reports on studies that show depression affects women about twice as often as men. This is surprising since suicide rates are 3 to 15 times higher in men. My own research indicates that men suffer depression much more often than previously thought. I will report the results of a study of nearly 10,000 men who filled out my questionnaires on the Men's Health magazine website. A sampling of the findings includes the following: Only 7% say they almost never have a desire to "get away" from it all. A surprising 62% say they often or almost always desire to get away. Only 11% say they almost never have a strong fear of failure. 55% say they often or almost always have a strong fear of failure. I will offer a new male depression questionnaire that I believe will be more effective in identifying men who are depressed.</p>	

Presenter Information:	
Author:	Pasillas-Patterson, Erlinda, Prostate Cancer Program Coordinator
Credentials:	Health Education coordinator/ Assistant/
Area of Expertise:	Prostate Cancer Coordinator
Job Title:	Health Ed Assistant coordinator
Institution/Affiliation:	Kaiser Permanente
City:	Fontana, CA
Country:	USA
Biography:	Kaiser Permanente for 23 years as Health Ed Assistant. Co founder along with Dr. M. Lalehzarian. co-founder along with Dr. M. Lawrence of Men's ED Work-shop. Producer & Host of 2 PBS Medical Education that aired 128 times on PBS Television ("Your Health", "Doctor's on Call") Producer/Host "Rialto's leaders" Community television.
Abstract Title:	
Learning Objectives:	
To better provide a man and his partner an answer to the unasked question.	
Track:	
Psychosocial	
Abstract:	
<p>Dailey the words I hear as Prostate Cancer Coordinator @ FMC Kaiser Permanente from the newly diagnosed are, "My God, am I going to die?" "Why Me?" "Will I be impotent?" "Will my partner still want me?" My question is, Why not (As we do at Kaiser Permanente FMC) provide the information necessary a few days or so AFTER diagnosis? So many questions are up in the air by not only the patient but also by his loved ones. Today's technology has taken us to a higher level of exceedingly better treatment. There was a day when all we did was allow the man to die... If you recall we also did not believe a man could land on the moon and now??? Yes, there are several treatment options, and side affects that go with almost all of them as well as issues to possibly also deal with after treatment. Our Patients must be better informed about the treatments they are about to journey into. "Knowledge is Power" but unless we the Prostate Cancer Leaders provide it our people, they will not be properly informed. Our men are getting younger and younger with the diagnosis of Prostate Cancer, perhaps we are providing some of this education somehow to some and believe me I do not knock down our Women's work in the area of Brest Cancer, but there is now a Breast Cancer Pin in a box of cereal! I challenge us to work harder so that we can assist those that have fear of the unknown.</p>	

Presenter Information:	
Author:	Dr McPherson, Kerri E.
Credentials:	Chartered Health Psychologist
Area of Expertise:	Psychology of Overweight/Obesity
Job Title:	Lecturer in Psychology
Institution/Affiliation:	Queen Margaret University College
	School of Social Sciences, Media & Communications
City:	Edinburgh
Country:	Scotland, UK
Biography:	My main area of research expertise is the psychology of non-clinical eating behavior, weight control behaviors and body image. Some of my previous work has included McPherson, K.E. & Turnbull, J.D. (2002). Scottish men's knowledge of their body weight and height. Men's Health Journal, 1(5), 156-159.
Abstract Title:	
Body image satisfaction in men and its implications for promoting healthy behaviours	
Learning Objectives:	
To highlight the importance of body image satisfaction, as opposed to dissatisfaction	
Track:	
Psychosocial	
Abstract:	
Objectives: The aim of the present study was to consider the body mass index and waist measurement at which men express body weight and shape satisfaction. The role of aesthetics is an important consideration for those who are trying to encourage eating behaviour modification and the adoption of physical activity in men. Design: Regression analysis of longitudinal data. Setting: Participants' workplace. Participants: 80 Scottish men of low socioeconomic status who volunteered to participate. Main outcome measures: Body weight and shape dissatisfaction, body mass index and waist measurement. Results: The mean body mass index at which participants reported satisfaction was 27.04 (SD= 0.20) and the mean waist measurement at which they reported satisfaction was 95.21 cm (SD= 0.83). Conclusion: Overweight men were satisfied with their current body weight and shape so are unlikely to participate in behaviours that encourage weight loss, for example, health eating. Obese men were dissatisfied with their body weight and shape making them more likely to adopt behaviours that promote weight loss. The implications of the findings are discussed with reference to psychological theories of behaviour change.	
Co-Presenter #1:	
Name:	Dr. Turnbull, Jane, CPsychol
Area of Expertise:	Eating behaviours and weight control
Job Title:	Head of Psychology
Institution/Affiliation:	

Presenter Information:	
Author:	Walden, Richard MD
Area of Expertise:	Clinical Pharmacology
Job Title:	Hon. Senior Research Fellow
Institution/Affiliation:	University College London UK
City:	Oxted, Surrey
Country:	United Kingdom
Biography:	Retired clinical pharmacologist with experience in hospital medicine and family practice. Special peripheral interest in men's health, childhood emotional development, psycho-analysis in particular the work and theories of Dr D W Winnicott, micronutrition.
Abstract Title:	
Securing the emotional health of boys: autism and infant mental breakdown	
Learning Objectives:	
Vital importance of reliable maternal care in infancy and early childhood	
Track:	
Psychosocial	
Abstract:	
Securing the Emotional Health of Boys: Autism and Infant Mental Breakdown Richard Walden MD 20 October 2003 The increased incidence of autism, four times as common in boys as girls, coincides with unprecedented social change in western society. With the breakdown of the traditional family unit, adequate parenting is no longer assured. There is an increase in single motherhood, and mothers who work where a father is present. Women may return to work within months of a birth, using paid minders or creche. Donald Winnicott, child psychoanalyst, wrote of the essential need of the child for its own mother (or a single reliable surrogate), to be consistently, physically and psychologically present in the early years, for normal emotional development to take place. He emphasised that the new-born infant and mother, were one unit, until the time when the infant was ready to recognise self and mother as separate. A lack of continuity in the 'holding environment' during a child's tender years, is a major factor in a failure of 'on-going' of emotional development, leading to childhood psychological breakdown, and lives blighted by neurotic unhappiness. Hereditary and environmental factors in autistic syndromes cannot be ignored however, Winnicott stated that maternal dysfunction in the widest sense, was always to be found in the history of autistic children. Fathers are important for the normal emotional development of children, certainly from the second year of life, and have been shown to play a major positive role from day one.	

Presenter Information:	
Author:	Tremblay, Gilles, PhD
Area of Expertise:	Masculinity
Job Title:	Professor
Institution/Affiliation:	Université Laval, School of Social Work
City:	Québec
Country:	Canada
Biography:	Professor-researcher and a social worker. Most of my works are on men and masculinities : Intervention with men, men's health, fatherhood, boys' school achievement, male depression, etc. I do studies, and training with professionnals.
Abstract Title:	
Québec Men's Health : Some important results – An explanatory model	
Learning Objectives:	
To present data from Province of Quebec on Men's Health	
Track:	
Psychosocial	
Abstract:	
<p>There are only few studies addressing men's health. In 1998, Santé Québec did a large-scale survey on the population's health. Respondents were around 30 000 people living in 12 000 private households (people living in institutions were excluded from the survey). For the first time, the Québec Government decided to analyse the 1998 data in regards of men's health. Data from the Santé Québec 1998 survey helps understanding the paradox of masculine mortality. Men have higher death rates for most causes while they have lesser rates of morbidity, incapacity and service usage. In a nutshell, men die... women are disabled. There are many differences between men and women for health-related behaviours and diseases affecting individuals. These different health profiles result from complex interactions between biological, social and economic differences. There are often similarities between men and women that must not be overlooked by the focus on differences. Analyses enabled researchers to get a descriptive portrait of men's health. Many indicators were used, as variables were crossed to allow a comparative analysis between men and women, and between different categories of men. Thus, intra- and extra-gender comparisons will be made throughout the paper, when relevant. This paper's goal is to display results of a secondary analysis of the Santé Québec 1998 on different aspects of men's health and the explanatory model proposed by the authors.</p>	

Presenter Information:	
Author:	Kilmartin, Christopher, Ph.D.
Area of Expertise:	Men's Studies
Job Title:	Professor of Psychology
Institution/Affiliation:	Mary Washington College
City:	Fredericksburg, VA
Country:	USA
Biography:	Dr. Christopher Kilmartin is a college professor, consultant, therapist, and performer. He is author of The Masculine Self and co-author of The Pain behind the Mask: Overcoming Masculine Depression. His solo theatrical performance, Crimes Against Nature, has toured to more than 100 campuses and 30 professional conferences.
Abstract Title:	
Men and Depression: Diagnostic, Prognostic, and Treatment Considerations	
Learning Objectives:	
To understand the gendered bases for the diagnosis and treatment of depression.	
Track:	
Psychosocial	
Abstract:	
<p>Although twice as many women as men are diagnosed with major depression, men commit suicide four times more often than women, abuse alcohol and other drugs at least twice as often, and commit 93% of all violent crimes. These social and personal problems are believed to reflect underlying depressive symptomatology. The diagnostic criteria for Major Depression include symptoms that represent a feminine-gendered pattern of the disorder. Women often "act in" because of a gender role that emphasizes both the expression of feeling and a focus on internal judgments of their own inadequacies. In contrast, men are socialized to "act out", and thus men's depression is more likely to be expressed through chronic anger, self-destructiveness, drug use, gambling, womanizing, and workaholism. Underlying these behaviors are persistent feelings of hopelessness, helplessness, and worthlessness – the hallmarks of depression. Because they are socialized to avoid introspection and awareness of disempowering feelings, many men fail to recognize that they have a mental health problem in need of attention. In this workshop, participants will learn how to diagnose and treat masculine styles of depression. The approach consists of motivating men to seek treatment and helping them to acknowledge vulnerable emotions, develop supportive relationships with other men and with women, take responsibility for their problems and the destructive interactions that often accompany, and build the skills necessary for more effective management of one's life and relationships. The workshop is appropriate for mental health professionals, physicians, and the general public.</p>	

Presenter Information:	
Author:	McCreary, Donald R., PhD
Area of Expertise:	Psychology
Job Title:	Research Scientist
Institution/Affiliation:	DRDC Toronto
City:	Toronto, Ontario
Country:	Canada
Biography:	Dr. Don McCreary is a Research Psychologist with the Stress and Coping Group at Defence R&D Canada – Toronto, an Adjunct Professor of Psychology at both Brock University and York University, the Associate Editor of the International Journal of Men's Health, and a Fellow of the American Psychological Association.
Abstract Title:	
Health Promoting Behaviors in Canadian Men 40-60 Years Old	
Learning Objectives:	
Increased health awareness	
Track:	
Psychosocial	
Abstract:	
Men in Canada die almost 6 years earlier than women and have greater mortality rates for 14 of the 15 leading causes of death. Recent reviews of the literature stress the importance of a healthy lifestyle in decreasing the probability of premature death. However, the degree to which Canadian men, especially middle-aged men, act in health promoting ways has been understudied. This talk will outline the main findings of a randomized telephone survey of 300 men and 300 women between the ages of 40 and 60 years. When compared to women, men were significantly less likely to report regularly eating at least five servings of fruits or vegetables per day, limiting their fat intake, wearing sunscreen, and consulting a physician when they notice a change in their health. Men were significantly more likely to drink three or more alcoholic beverages per session and to be overweight or obese. Whereas 79% of women had either had or discussed a mammogram with their physician, only 65% of men had had or discussed a prostate screening with their doctors. On a positive note, men reported being more physically active than women and were more likely to have had or discussed screening for colorectal cancer. The role of age and marital status on these health behaviors also was explored. There were few effects for chronological age; however, marital status proved to have a significant influence for men: married men reported engaging in significantly more health promoting behaviors compared to single, divorced/separated, or widowed men.	
Co-Presenter #1:	
Name:	Gray, Ross W., PhD
Area of Expertise:	Psychology
Job Title:	Research Scientist

Presenter Information:	
Author:	Garretson, Kim, founder Mans Gland campaign
Job Title:	Founder
Institution/Affiliation:	Mans Gland Campaign
Address 1:	6301 Colonial Ct.
City:	Edina, MN
Country:	USA
Biography:	*Better Homes and Gardens: editor *Shandwick (global marcom agency): partner in Minneapolis branch *Novo Media Group (4th largest private new media professional services firm until sale to global ad agency: co-founder *Best Buy: Director of Emerging Media for Strategic Development.
Abstract Title:	
The Uninterested Pinata Minds of Men to the Messages of the Media and Men's Health Non-Profits	
Learning Objectives:	
To examine how men uninterested in reading about, talking about and learning about their health can be reached, To examine the use of biting visual humor and new media technologies via the Internet and digital photography in reaching men -- and in providing tools for women to reach men, , ,	
Track:	
Psychosocial	
Abstract:	
When many men will not read about, think about, talk about or learn about even the most basic health information, how do the media and non-profits reach them? Visual and audio/video biting humor is one answer. As the founder of the Mans Gland Campaign (mansgland.com) my paper will detail the trends in humor, the Internet, TV, and digital photography technology that drive our non-profit campaign. For example: · The epochal book Information Anxiety describes how someone who doesn't understand a topic's core will never learn anything new about it. Working with a market research firm, we have preliminary data that suggests 80 percent of men under the age of 50 do not know the function of the prostate. The result: They can't learn what they should about prostate health · Marketing to women to provide them with health information to motivate their husbands is a talked-about strategy within pharmaceutical, healthcare and insurance companies. But, are there success stories? Working with our campaign's supporters from these industries, we are chronicling some of the breakthrough efforts aimed at women. · Other topics: How does Google's purchase of Blogger affect how the Internet will evolve to better reach men and move them to action regarding their health? BIO: Head of new media for Best Buy. Co-founder of a marketing agency that pioneered new media for reaching men with editors of Men's Health magazine. Former editor at Better Homes and Gardens.	

Presenter Information:	
Author:	Mitteldorf, Darryl, CSW
Credentials:	Master of Social Work
Area of Expertise:	Psycho-oncology
Job Title:	Director
Institution/Affiliation:	Malecare, Inc.
City:	New York, NY
Country:	USA
Biography:	I have worked as Director of Malecare, Inc., a health care non-profit for seven years and in private practice as a psycho-oncologist for twelve years, focusing on men with prostate, testicular and male breast cancer. My degrees include Swarthmore, BA.; New York University, Master of Social Work, Master of Management.
Abstract Title:	
Psychotherapy with Gay Prostate Cancer Patients	
Learning Objectives:	
Clinical Interventions for Gay Men with Prostate Cancer	
Track:	
Psychosocial	
Abstract:	
Using examples from his psychotherapy practice, the author depicts and offers treatment strategies for the psychological reactions to diagnosis, treatment, and the consequences of treatment as they affect the gay man struggling with prostate cancer. In addition to discussing reactions to erectile and ejaculation problems, confronting the heterosexually biased world of prostate cancer is raised.	

Presenter Information:	
Author:	Loscalzo, Matthew J., MSW
Name Suffix:	MSW
Area of Expertise:	Pain
Job Title:	Associate Dean Health Professions
Institution/Affiliation:	Eastern Virginia Medical School
City:	Norfolk, VA
Country:	USA
Biography:	Eastern Virginia Medical School, Associate Dean and Associate Professor of Internal Medicine August 2002. Research Associate, Johns Hopkins University School of Medicine and Director of Patient and Family Services and co-founding Co-Director of the Center for Cancer Pain Research at the Johns Hopkins Oncology Center. Memorial Sloan-Kettering Cancer Center 13 years.
Abstract Title:	
Making the Health Care System Men-Friendly: A n Evolving Strengths Based Model	
Learning Objectives:	
Identify barriers to engaging men in health-based programs	
Track:	
Psychosocial	
Abstract:	
Our prospective problem-based psychosocial screening data clearly demonstrates that men and women manifest significantly different responses to the illness experience. These differences have major implications for all aspects of health and the ostensible health care system that provides putative support for them. The health care system is not men-friendly. Men are under-represented in virtually all-mental health professions. Mental health services, as now practiced, are particularly inconsistent with the way men perceive themselves, what they value, and the manner in which they are able to accept help. This added level of complexity (and opportunity) is seldom discussed. Although it is neither accurate nor helpful to stratify either men or women into one or even a few homogenous groups, for heuristic value, it may be necessary to be able to consider some of the most common characteristics of men in order to better understand how to engage this largest of at-risk populations. Men and women truly are different, and are much more than mere inverted reflections of each other. We simply do not know enough about how to therapeutically engage most men in particular, and if we can believe the extant data, too many women as well. Psychoeducational programs, especially those which are problem-solving based, can provide an evolving framework to test models that can maximize the strengths of men and women. Working together, through structured educational programs, which are thoughtfully integrated with medical care, men and women can be enabled to communicate, engage, and actively support each others' strengths.	

Presenter Information:	
Author:	Mrs. Hammond, Wizdom Powell, M.S., M.P.H.
Job Title:	Doctoral Candidate
Institution/Affiliation:	University of Michigan
City:	Ann Arbor, MI
Country:	USA
Biography:	Currently, I am a 4th year clinical psychology doctoral student at the University of Michigan. Largely, my work has examined the impact of masculinity on the health behavior of African American men.
Abstract Title:	
Preventive Health Behavior Among African American Men	
Learning Objectives:	
To provide an examination of psychosocial influences on African American 's men's preventive health behavior	
Track:	
Psychosocial	
Abstract:	
<p>African American men's primary preventive health behavior has received little attention in empirical research studies. In fact, many of the research studies have focused almost exclusively on secondary or tertiary prevention. The focus on behaviors that African American men engage in after they have become ill or developed a health condition is particularly notable in light of recent increased morbidity and mortality from preventable diseases (e.g. heart disease) (CDC, 2002). The current study examines psychosocial predictors of African American men's primary preventive behavior. Participants were community-residing African American men (M=35 years). African American men in the sample were recruited from barbershops, churches, and professional organizations. Predictors examined include health locus of control, medical mistrust, health self-determinism, and perceptions of discrimination. Self-reported preventive health behaviors examined were: 1) dietary behavior; 2) physical activity; 3) routine health checkups; 4) blood pressure screenings; 5) dental visits; and 6) vitamin and herbal supplement use. Preliminary regression analyses revealed that men with greater overall spiritual health locus of control reported less frequent consumption of fried or fatty foods ($\beta = -.27$; $p < .01$). While, health self-determinism predicted less time since the last routine health visit ($\beta = -.66$; $p = .05$). These results suggest that psychosocial factors need to be carefully examined when attempting to engage African American men in preventive health behavior. Findings and implications for patient-provider encounters will be discussed.</p>	

Presenter Information:	
Author:	Reilly, John C., LCSW, DCSW, LISW
Area of Expertise:	Social Work
Job Title:	Supervisor of Clinical Services
Institution/Affiliation:	Epilepsy Foundation of Greater Chicago
City:	Chicago, IL
Country:	USA
Biography:	30+ years of experience as clinical social worker, graduate school professor and epilepsy educator. Currently supervise case management of adult/children services for persons with epilepsy.
Abstract Title:	
Men and SUDEP	
Learning Objectives:	
Increase awareness of sudden death of males with epilepsy	
Track:	
Psychosocial	
Abstract:	
<p>Men and SUDEP The prevalence of a specific type of seizure disorder, epilepsy, is found in approximately 2.3 million people in the US. Since the late 1800s SUDEP has been reported, but doctors (which includes neurologists and epileptologists) don't talk to men about this difficult subject because a lot of doctors aren't fully aware of the risks themselves. Risk of death for persons with epilepsy is 2-3 times higher than the general population. Around 40-50% of deaths of people who have epilepsy are somehow related to epilepsy. Among the common risk factors, the only gender specific one is being a young adult, particularly male. Talking about prevention includes specific actions that males are reluctant to explore for a variety of reasons. Education that follows the popular clothing manufactures logo FUBU (For U By U) is going to be essential if this silent killer of men is to be arrested. Not talking about SUDEP means more unnecessary deaths of males during their prime years of life. Men's lives are already being taken by so many other societal factors. Let's start managing what is manageable. Education is the first step. John C. Reilly LCSW, DCSW, LISW Supervisor of Clinical Services Epilepsy Foundation of Greater Chicago.</p>	

Community Track:

Presenter Information:	
Author:	Gremillion, David H., MD, FACP
Area of Expertise:	Infectious Diseases
Job Title:	Professor of Medicine
Institution/Affiliation:	University of North Carolina School of Medicine
City:	Raleigh, NC
Country:	USA
Biography:	Dr. Gremillion is Professor of Medicine, University of North Carolina School of Medicine and member, Board of directors, Men's health network. He is currently on sabbatical in Kamogawa, Japan at Kameda Medical Center studying Japanese Male longevity.
Abstract Title:	
Japanese Male Longevity: Insights and Opportunities	
Learning Objectives:	
Cultural factors in risk reduction.	
Track:	
Community	
Abstract:	
<p>There are currently over 20,000 males in Japan over the age of 100, a number which until recently included the oldest known male at age 114, Yukichi Chuganji. Japanese male longevity is consistently the highest reported in the world at 79 years outpacing American male longevity by an average 5.5 years. This disparity in longevity and overall health status offers insights into systems and health factors, which may benefit public health officials and health systems planners. Key among these factors are: non-discrimination in Japanese Health Care access, low levels of violence, culturally based stress reduction techniques, a Japanese culture of respect for the elderly and significant dietary and fitness differences which reduce risk for atherosclerotic disease in the Japanese male. Universal Health Care insurance guarantees expedient access for males unlike the American system, which is characterized by competition for access based on economic and political factors. Limited access for American males results in delayed diagnosis and treatment. The Japanese diet is a fish based diet with little processing and limited unsaturated fats and low overall caloric intake. The daily caloric expenditure through routine fitness activities is high. We will explore these factors and suggest alternatives for health care systems and public awareness campaigns that can potentially benefit American male health and longevity.</p>	
Co-Presenter #1:	
Name:	Nishino, Hiroshi, MD
Area of Expertise:	Neurology
Job Title:	Director of PostGraduate Education
Institution/Affiliation:	

Presenter Information:	
Author:	Satcher, David, MD, PhD
Job Title:	Director
Institution/Affiliation:	National Center for Primary Care
Address 1:	Morehouse School of Medicine
City:	Atlanta, GA
Country:	USA
Biography:	Dr. Satcher is the director of the National Center for Primary Care at the Morehouse School of Medicine. Dr. Satcher was the 16th Surgeon General of the United States (1998-2002). His mission is to make public health work for all groups in this Nation.
Abstract Title:	
The Community Voices and Men's Health Initiatives: Addressing the Men's Health Crisis through Community-Driven Change Models	
Learning Objectives:	
To demonstrate the impactful roles that community stakeholders can and should play in promoting health outcomes particularly as they pertain to Men's Health	
Track:	
Community	
Abstract:	
<p>The National Center for Primary Care is working with the W.K. Kellogg Community Voices and Men's Health initiative grantees and community-level institutions to raise awareness of and address the health crisis facing men of color and poor men. This crisis is largely the result of factors including labor market obstacles, a fragile health safety net, and a lack of focus on men as a group in the policy arena. Responding to this crisis, the Kellogg initiatives are developing multi-institutional, cross-sector, cross-disciplinary and community-involved strategies that address the health status disparities and access and service barriers contributing to the poor health of men. Our presentation will highlight ways in which change models combine community capacity building, policy change strategies and national publicity campaigns to influence change in health care practice, systems management and policy structure in the arena of men's health. We will also showcase grantee best practices designed to: 1) engage local communities in participating in the development and/or augmentation of their capacity to deliver outreach, case management and direct services; 2) develop strategic networks and increase social capital across safety net institutions and stakeholders; and 3) transfer capacity to non-medical institutions to address community health issues. Evidence from these initiatives supports the requirement that investments in innovative health care practice and policy formulation occur at the local level, such that voices of a broad range of community interests be heard; and support for building capacity in communities to implement needed reforms take place.</p>	
Co-Presenter #1:	
Name:	Mr. Dorsey, Turahn
Job Title:	Senior Analyst
Co-Presenter #2:	
Name:	Treadwell, Henrie, PhD
Job Title:	Senior Scientist

Presenter Information:	
Author:	Ms. Holland, Denise, QI Project Manager
Area of Expertise:	Social Research
Job Title:	Quality Improvement Project Manager
Institution/Affiliation:	Blue Cross And Blue Shield Of Nc
City:	DURHAM, NC
Country:	USA
Biography:	Denise Holland is a QI Project Manger for BCBSNC, creating and implementing men's health programs. She earned her BA from Longwood University and her PAHM designation from the Academy for Healthcare Management. She is currently pursuing her MHA from Pfeiffer University in Charlotte, NC.
Abstract Title:	
Sending Men the Message About Preventive Care	
Learning Objectives:	
To understand the barriers to men seeking preventive care	
Track:	
Community	
Abstract:	
<p>Numerous studies show that men significantly underutilize preventive health services, leading to increased morbidity and mortality within that population. This study will evaluate the effectiveness of various health communication channels and methods used by a health plan to increase men's preventive health behaviors, including cholesterol, prostate, colon cancer, and other general screenings. Personalized letters and educational pamphlets were sent, informing men about the screenings they need and how to find a doctor in their area. Female-targeted postcards were sent to educate women about the screenings men need, based on the evidence that women have a significant influence on men's preventive health behaviors. Finally, pre-populated chart stickers were sent to providers as a reminder of the screenings that the identified patient needs. The plan will evaluate claims data of 6,677 men randomly assigned to different intervention and control groups to determine if any of the communication methods, or combinations thereof, significantly affect men's preventive screening behavior. Results will compare the screening rates of the control and intervention groups at 6 months and 12 months post- intervention. By identifying the most effective communication method for influencing men's preventive health behavior, future men's health interventions can be better targeted, designed, and implemented.</p>	

Presenter Information:	
Author:	Dr. James, Gary A., Psy.D.
Area of Expertise:	Clinical Health & Clinical Neuropsychology
Institution/Affiliation:	Michigan State University School of Medicine, McLaren Hospital
City:	Fenton, MI
Country:	USA
Biography:	Dr. Gary James is currently a 2nd year fellow in a 2 year postdoctoral fellowship. He is pursuing dual specialization in Clinical Neuropsychology and Health Psychology with an emphasis on medical education. He attained his B.Sc. from McGill University, a Master's degree from Howard University and his Doctor of Psychology from Baylor University.
Abstract Title:	
HIV Prevention and African American MSM	
Learning Objectives:	
Provide education regarding cultural variables specific to sexual practices among African American MSM.	
Track:	
Community	
Abstract:	
<p>Reducing the transmission of the human immunodeficiency virus (HIV) in the United States, particularly among groups of color such as African American men who have sex with men (MSM) requires new, culturally sensitive strategies. Through ongoing attention to prevention, risky sexual behavior can be reduced and transmission of HIV infection among African American MSM prevented. Although sociocultural factors such as ethnicity have been cited as important indicators of HIV risk, the dynamics of HIV transmission for Black men have received relatively little attention in the academic literature. Yet, the incidence of HIV among young Black MSM (BMSM) is among the highest of all risk groups in the United States. Despite alarming rates of incidence of HIV among BMSM, relatively few report testing frequently for HIV and many continue to engage in risky sexual behavior. This underscores the urgency of expanding and improving prevention efforts for young BMSM. This presentation will outline specific ways of achieving culturally sensitive, high-quality prevention with this target group.</p>	

Presenter Information:	
Author:	Muller, Nancy, MBA
Area of Expertise:	bladder health
Job Title:	Executive Director
Institution/Affiliation:	National Association For Continence
City:	Charleston, SC
Country:	USA
Biography:	Ms. Muller is Executive Director of NAFC, the world's largest organization devoted to public health education and consumer advocacy in support of continence. Prior to assuming this responsibility, she worked as a consultant in healthcare and has 20 years of earlier management experience largely in new launches, planning and development.
Abstract Title:	
Men's Bladder Health: Where Issues Differ Between The Genders	
Learning Objectives:	
To share recent consumer research involving men's experiences in bladder health and voiding dysfunction	
Track:	
Community	
Abstract:	
In 2001, NAFC conducted a nationwide "Bathroom Survey" of men and women. Attitudes towards the use of personal and public toilets have been captured in this study to reveal the extent to which Americans of both genders are toilet mapping in public....and how much they are incarcerated at home by their toileting difficulties. This research, in combination with additional studies looking at the extent to which men are experiencing voiding dysfunction, spotlights how quality of life compromises are being made by men. Factors brought on by the aging process, including an enlargement of the prostate gland and a shrinking of bladder capacity, are discussed. Incontinence, so often talked about exclusively as a "women's health issue," is dealt a balanced perspective by telling the men's health story. Treatment options and management opportunities are reviewed, identifying where further understanding and innovation are warranted.	

Presenter Information:	
Author:	Hunter, William J., BA, MPA
Area of Expertise:	Health
Job Title:	Deputy Maternal and Child Health Officer
Institution/Affiliation:	Department of Health Maternal and Family Health Administration
City:	Washington, DC
Country:	USA
Biography:	William J. Hunter serves as the District of Columbia Department of Health Maternal and Family Health Administration's Deputy Maternal and Child Health Officer. Hunter provides assistance for overall program policy guidance and makes recommendations on major issues and problems significantly impacting on MCH programs in the District of Columbia.
Abstract Title:	
African American Male Support for Breast Feeding Promotion: The District of Columbia Initiative	
Learning Objectives:	
Understanding why fathers should encourage breastfeeding	
Track:	
Community	
Abstract:	
African American Male Supporting Breastfeeding is a community initiative targeted to African American fathers so that they may positively impact a mother's decision to breastfeed. The DC initiative is part of a continual effort to increase breastfeeding initiation and duration rates among African American women by involving males in breastfeeding promotion efforts. The District seeks to increase breastfeeding among African Americans by changing health professional practices and community norms about breastfeeding. Social marketing is a tool used to enhance African American males involvement in support of breastfeeding promotion. This lagging rate of breastfeeding for African American families is related to a dearth of literature on male knowledge, attitudes and beliefs about breastfeeding. Howard University's WIC Family Center Breastfeeding, Lactation, Education, Support and Services (BLESS) Initiative utilizes the prenatal period to promote the fathers role in breastfeeding. The District of Columbia Breastfeeding Drop-In Center is operated by the African American Breastfeeding Alliance. Department of Health Maternal and Family Health Administration DC Healthy Start Project is a community-based initiative, which educates fathers on the health benefits of breastfeeding for the mother and infant and male role in maintaining their own and their families health.	
Co-Presenter #1:	
Name:	White, Davene McCarthy, RN, NNP, MPH
Area of Expertise:	Health
Job Title:	Project Director
Co-Presenter #2:	
Name:	Young, Michal Ann, MD
Area of Expertise:	Health

Presenter Information:	
Author:	Leishman, Jim, RGN, BA
Area of Expertise:	Public Health, nursing
Job Title:	Training Consultant
Institution/Affiliation:	NHS
City:	West Lothian
Country:	Scotland, UK
Biography:	Along with co-project leader Alison Dalziel developed nurse led services in men's health within Central Scotland. Work featured within Nursing Standard as cover article. Published in various health journals including the Men's Health Journal. Provide training courses on men's health throughout Scotland.
Abstract Title:	
Healthy Scottish men?	
Learning Objectives:	
Overview of Scotland's men's poor health record.	
Track:	
Community	
Abstract:	
<p>Taking action to improve the health of the Scottish Man Proving that men (even Scottish men) care about their health was the challenge taken up by community nurses – Alison Dalziel and Jim Leishman. They developed a range of services designed to improve the health of men in Central Scotland. The Camelion Centre for Male Health (CCMH) opened in September 17th 2001 and has been available each Monday evening since then. It has proved popular with men with all available appointments taken up. So what was the challenge? Mr. Average Scot Scotland is famous around the world for many reasons. It's scenic beauty and rugged landscape. It's wealth of history and friendly people, as well as producing the best 007 ever and of course the only really "true" whisky. In the world of health, however, it is has become famous for the wrong reasons – its appalling health record. When comparing demographic information relating to health, Scotland (like it's current football team) performs poorly and consistently comes out near the bottom of the league. This has been attributed mainly to an unhealthy lifestyle, one that involves little exercise, a heavy alcohol intake and a propensity to smoke. In addition, the Caledonian diet, which is often deep fried, fat soaked and lacking in fruit and vegetables, attributes to one in every five Scottish men dying of heart disease before he reaches the age of 75. During his life the average Scottish man can expect to be seriously or chronically ill for 15 of his expected 73 years of life.</p>	
Co-Presenter #1:	
Name:	Mrs. Dalziel Alison, RGN, BA
Area of Expertise:	men's health
Job Title:	Training Consultant/Health Visitor
Institution/Affiliation:	

Presenter Information:	
Author:	Spicer, Christopher J., B.A. Psychology/Community Mental Health/Philosophy - University of Buffalo
Area of Expertise:	Sex Education - Masculinity
Job Title:	Training & Curriculum Specialist
Institution/Affiliation:	Planned Parenthood of Buffalo & Erie County, Inc.
City:	Buffalo, NY
Country:	USA
Biography:	Authored Responsible Males Curriculum and Workbook. Served as the Executive Vice Chair and Training Chair of the Erie County Coalition Against Family Violence. Chaired the Buffalo STOP Project. Member of the Men's Health Network Advisory Board.
Abstract Title:	
The Responsible Males Program	
Learning Objectives:	
Relate an understanding of the underlying psychology of working with adolescent males in sexuality education	
Track:	
Community	
Abstract:	
<p>The Responsible Males program is a research-based, ten-week, twenty hour sexuality education program for adolescent males. The program is designed to reduce teen pregnancy and STI rates, reduce domestic and dating violence, and increase men's health awareness and practices through male-focused education. It is male-positive and focuses on masculine identity as a major contributor to decision-making in the realm of sexuality. Responsible Males is now in use in 16 major cities in the US and Canada and was included in USAID/IGWG's best practices review for 2003. This presentation will focus on the program's solid foundation by teaching attendees the underlying psychology as well as application examples, recruitment and retention methods that ensure success, an overview of topics and two innovative components - values & virtues and using game theory to teach adolescent males to manage risk. Attendees will also learn how to join a larger community of educators and counselors whose work focuses on adolescent males through an online forum as well as access more training and materials on the topic.</p>	

Presenter Information:	
Author:	Session, Ronald L. M.A., M.S., LPCI
Area of Expertise:	Psychological Health
Job Title:	Community Services Coordinator
Institution/Affiliation:	Parkland Health & Hospital System
City:	Garland, TX
Country:	USA
Biography:	*Bishop College (1986) - BS Criminal Justice *Amberton University (1995) - MS Human Relations and Business *Amberton University (2000) - MA Counseling Psychology Texas Dept of Criminal Justice - Parole Officer Dallas County Health Department - Educator Texas Youth Commission - Auditor Parkland Health & Hospital System - Coordinator
Abstract Title:	
Men's Health: Treating The Whole Man	
Learning Objectives:	
Educate men on available healthcare services.	
Track:	
Community	
Abstract:	
<p>Parkland Health & Hospital System of Dallas County formulated a collaborative event with the Dallas County Community College District to educate and promote primary health care within the male population of Dallas County. The primary goal of this conference is to create awareness of the various health concerns and issues that men may experience throughout their lives while emphasizing the current health disparities between male and female healthcare services within the United States. The conference was designed to address men's health from a holistic approach. By utilizing this style of approach to men's health the participants were able to receive informational pamphlets, physical health screenings and attend informational breakout sessions that focused on the various areas that affect their health. The physical screenings consisted of vision, hearing, glucose, prostate, podiatry, body mass index, hair loss, dental, glucose, cholesterol, colon cancer, orthopedic and chiropractic. The informational breakout session addressed the areas of men's physical, sexual psychological, spiritual and financial health. The information breakout session also addressed men as parents, the decades of a man's life, the effects of legal and illegal drugs and men in relationships. The conference was attended by more than 250 Dallas County residents, 86% male and 14% female. The major screening conducted were prostate-48% screened, 4% abnormal PSA levels, glucose-70% screened, 5% abnormal levels, cholesterol-72% screened, 29% abnormal levels. Follow-up surveys are conducted at 1 month, 3 months, and 6 months intervals. All 2003 attendees will be invited to attend the 2004 conference.</p>	

Presenter Information:	
Author:	Farrakhan, Hakim, MA
Area of Expertise:	Public Health, Business Organization
Job Title:	Deputy Commissioner of Health
Institution/Affiliation:	Baltimore City Health Dept
City:	Baltimore, MD
Country:	USA
Biography:	Healthcare executive with experience in public health, hospital administrative, community health planning and management. Currently, Deputy Commissioner of Health for Baltimore City.
Abstract Title:	
Addressing the Health Care Needs of Uninsured Men in a Public Health Setting	
Learning Objectives:	
That it is possible to provide primary care services for uninsured and underinsured men in a public health setting.	
Track:	
Community	
Abstract:	
<p>In June 2000, the Baltimore City Health Department opened the doors of the nation's first full-time Men's Health Center. The impetus for this nontraditional public policy initiative was the need to close the gaps of existing health care disparities for males. With funding from various sources, community support, determination and commitment to improving the health of the City's male population, the Center is providing access to health care for uninsured and underinsured males. Services include comprehensive, quality primary health care, case management and referral. Emphasis is placed on serving the City's minority populations. These efforts are designed to improve male health in the short term, improve Baltimore's overall health status and ultimately enhance the well-being of the entire community. Replication of this coordinated care model is feasible in other urban cities.</p>	

Presenter Information:	
Author:	Crews, R. Clinton, MPH
Area of Expertise:	Community Health Assessment
Job Title:	Health Research Coordinator
Institution/Affiliation:	Eastern Virginia Medical School
City:	Norfolk, VA
Country:	USA
Biography:	Mr. Crews, MPH, Special Assistant for External Affairs and Program Development for the Associate Dean of Health Professions at EVMS; masters trained - health policy and administration; has direct experience implementing rapid needs assessment, developing educational training programs and coordinating public-private partnerships for health promotion and disease prevention.
Abstract Title:	
Understanding the Issues Fueling the Silent Health Crisis	
Learning Objectives:	
Outline a process for conducting a consumer-based needs assessment of men's health	
Track:	
Community	
Abstract:	
<p>Overview. Men's health has been labeled the silent crisis and continues to be an overlooked problem in the US. In 1998, 646,916 married men between the ages of 15 – 64 died prematurely from preventable and/or manageable diseases. Proposal. To conduct a consumer-based research project using rapid assessment methods to investigate the issues contributing to this silent crisis. Methods such as focus groups, extant data analysis and client surveys will be used. Population. A representative sample of males living in the communities of South Hampton Roads, VA will be studied. Outcomes. The expected research outcomes are to increase understanding of the issues of how, why and when men utilize health services and the development of a best practices report that identifies the how to effectively promote health to men. The result of this assessment will help secure additional research funding through contracts and grants from local, state and national foundations and agencies to expand research and training in this area. Lead Agency. The YMCA of South Hampton Roads Virginia in partnership with the Eastern Virginia Medical School.</p>	

Presenter Information:	
Author:	Reed, Richard K., PhD
Area of Expertise:	Medical Anthropology
Job Title:	Associate Professor
Institution/Affiliation:	Trinity University
City:	San Antonio, TX
State:	TX
Country:	USA
Biography:	Richard Reed is Associate Professor in the Department of Sociology and Anthropology at Trinity University in San Antonio. Professor Reed was awarded his doctorate from Harvard University in 1987, analyzing topics relating anthropology to social and health problems. His book "Birthing Fathers" is being published by Rutgers University Press.
Abstract Title:	
American Couvade: Strengthening the Bond Between Father and Child	
Learning Objectives:	
Hospital birthing shapes a man's attitude toward fatherhood	
Track:	
Community	
Abstract:	
<p>Fathers experience sympathetic reactions to their pregnant partners, often called "couvade". In other cultures this reaction is recognized and often ritualized as a step toward fatherhood. In the United States, pregnant fathers who experience backache, nausea, bloating and weight gain are identified as abnormal. This research analyzes interviews with 44 men during and after their child's birth. Ethnographic analysis shows that American men devise other socially accepted ways of making the transition to fatherhood, often assisting their wives and partners in birth. These new rites of passage to fatherhood, however, demand that fathers ignore their own subjective involvement and assist mothers in labor and delivery. The paper proposes that medical practice recognize and validate men's own experience of pregnancy, as a means of facilitating their transition to the role and responsibilities of fatherhood.</p>	

Presenter Information:	
Author:	Heid, Kermit, M.S.
Area of Expertise:	prostate cancer advocacy (and survivor)
Institution/Affiliation:	American Cancer Society
City:	Salt Lake City, UT
Country:	USA
Biography:	Kermit Heid is a 70-year-old prostate cancer survivor and has undertaken an advocacy role to heighten awareness of the dangers of prostate cancer. He is a Community Ambassador for the American Cancer Society and a National Cancer Institute member of their Consumer Advocates for Research and Related Activities.
Abstract Title:	
The Politics of Prostate Cancer	
Learning Objectives:	
Create a heightened awareness of the gender disparity in federal funding for cancer research	
Track:	
Community	
Abstract:	
New prostate cancer cases in 2003 will exceed those of breast cancer, according to American Cancer Society estimates. Still, the federal government, through such agencies as the National Cancer Institute (NCI) and the Centers for Disease Control (CDC), funds prostate cancer at approximately 10% of that for breast cancer! Early detection of prostate cancer, primarily by PSA testing in recent years, has caused the mortality rate reduction in prostate cancer to exceed that of all other cancers. In spite of all this evidence, federal agencies still refuse to endorse PSA screening. This presentation, by a prostate cancer survivor turned advocate, will present data documenting the above statements and illustrating the need for increased action.	

Presenter Information:	
Author:	Page, John A., BA, MSHS
Job Title:	President and CEO
Institution/Affiliation:	Us Too! International Prostate Cancer Education and Support Network
City:	Downers Grove, IL
Country:	USA
Biography:	Mr. Page is President and CEO of Us Too! International - the world's oldest and largest patient focused prostate organization. He has become a well-recognized and outspoken patient advocate and champion of educated and informed patient empowerment.
Abstract Title:	
Prostate Cancer Awareness and Education - A Men's Health / Community Health Imperative	
Learning Objectives:	
Identify the need for men to become educated related to prostate cancer in order to make informed choices related to early detection and treatment	
Track:	
Community	
Abstract:	
Awareness and education regarding prostate cancer is a major men's health concern – especially with the leading edge of baby boomers coming 'of age'. More than 30,000 American men will die of prostate cancer and nearly a quarter million be newly diagnosed with the disease annually. Minority and medically underserved populations are at significantly higher risk. Controversy surrounds the disease – from the value of PSA screening to effectiveness of treatment options. One thing is well documented: if diagnosed early when it is small and contained prostate cancer can be most effectively treated. Since the introduction of the PSA test a major stage shift has occurred – with U.S. men being diagnosed earlier and death rates dropping dramatically. And prostate cancer is NOT simply an old man's disease. Nearly a quarter of men diagnosed with prostate cancer are under 65 years old – and many of those are in their 40's and 50's! Education and informed decision making is key to improved outcome and quality of life. With the multitude of treatment options available men – and their companions / families – must be well informed in order to navigate the health care maze that being diagnosed with prostate cancer can cause. Us Too! INTERNATIONAL Prostate Cancer Education and Support Network is the world's oldest and largest patient focused prostate cancer organization. Us Too! has been awarded a grant from the CDC, National Organization Strategies for Prevention, Early Detection or Survivorship of Cancer in Underserved Populations.	

Presenter Information:	
Author:	Dr. El-Seweifi, Aref
Credentials:	Consultant of Urology
Area of Expertise:	
Job Title:	Chef of the clinic
Institution/affiliation:	Androclinic
City:	Berlin
Country:	Germany
Biography:	graduated at Alexandria university, Egypt. Had the German board of urology 1991, Doctor of medicine form Mainz, Germany. Research activity on male contraceptives, developed new methods for phalloplasty, microsurgeon.
Abstract Title:	
modern educational communication with the male	
Learning Objectives:	
education of the male about his disease and surgery.	
Track:	
Community	
Abstract:	
<p>Aref El-Seweifi androclinic, Berlin, Germany, bjective: The urologic and esthetic surgery of the male is a specialized multidisciplinary application aiming at creating male clinics that extend high quality service to a group of patients with different age, language and origin. These surgeries are an outpatient or short stay surgeries. These facts dictate the development of a special form of e-communication. Design and method: A multilingual web site has been developed to provide a detailed description of the medical and surgical procedures to let the imagination of the patient come to reality for the decision for surgery. This covers not only the first contact and explanation of the management but also extend to the postoperative care and the continuous monitoring of the patient. The site takes into consideration the different ethnic groups and languages to provide a clear understandable dialogue. It provides also the pre-, operative and post operative preparations in a clear multilingual legal form. This is augmented by newsletters. Results: the male sence of safty is excellent due to the profound information provided. Conclusion: A new form of communication with the male is introduced on a real time basis. The site www.masculine.de and www.androclinic.de are put in a simple form for the patient in 4 different languages extending over more than 120 pages. The part on how to prepare yourself for an operation is put in 22 languages including 18 pages. This part is designed to be used by all surgical specialities.</p>	

Presenter Information:	
Author:	Bennett, James K., M.D.
Job Title:	President
Institution/Affiliation:	Midtown Urology and Midtown Urology Surgical Center
City:	Atlanta, GA
Country:	USA
Biography:	Dr. Bennett is the founder and president of Midtown Urology. He is affiliated with Emory University and Morehouse School of Medicine and serves as co-director of the Department of Urology at Shepherd Center. He has authored many medical articles on urologic topics and conducts symposia in the medical field.
Abstract Title:	
C.H.A.M.P.S. 2003	
Learning Objectives:	
Identify issues related to the effectiveness and efficiency of health care in the minority communities: economic and cultural dynamics	
Track:	
Community	
Abstract:	
<p>Although men are living longer today than in the past, vast numbers of men are still dying from treatable diseases such as prostate cancer. For this reason, it is important for men to seek preventive health care. This stimulates a need for community health outreach initiatives that provide gender-specific health and educational services for men. The Community Health and Men's Promotional Summit (C.H.A.M.P.S.) is an annual event designed to help raise awareness on disease prevention, early detection and treatment for primary health concerns of men. While the event is designed to provide education and screenings for all men in the Atlanta area, it is specifically targeted at African American men who are at higher risk for developing those primary health disorders. With a history of over 3,000 attendants, free screenings and consultations are offered for prostate and colorectal cancer, hypertension, obesity, diabetes, chiropractic, podiatric, vision and dental. Doctors and other health professionals also check cholesterol levels and assess risks for heart problems. There are informational exhibits, educational workshops, entertainment and refreshments. Through a presentation of C.H.A.M.P.S event, health care providers will be able to institute a similar and successful program in their area. The presentation will identify issues related to the effectiveness and efficiency of health care in minority communities and enhance physicians' skills in accessing, creating, and implementing health informational resources to minority communities.</p>	

Presenter Information:	
Author:	Dr Rich, John / McLaren, Stan A
Credentials:	BS, Economics
Job Title:	Program Director
Institution/Affiliation:	Boston Public Health Commission
City:	Boston, MA
Country:	USA
Biography:	Stan McLaren has been actively working at the grassroots promoting men's health and Responsible Fatherhood in Boston. He has assisted in developing and establishing a male service program, and has convened traditional family service providers to consider the impact of "absent fathers".
Abstract Title:	
Improving Health through Case Management for Vulnerable Men in Boston	
Learning Objectives:	
Understand the magnitude of the health crisis facing men of color	
Track:	
Community	
Abstract:	
<p>Poor men and men of color have the worst health status of any group. Men who have been incarcerated and men who are victims of violence bear the additional scars and stigma limit their access to health care and other life resources. In order to respond to the health crisis facing these vulnerable men, we developed the Men's Health Access Initiative (MHAI) at the Boston Public Health Commission, Boston's health department. With support from the W. K. Kellogg Foundation, we designed a case management system to improve the overall health of these men. A team of case managers, made up largely of men of color from inner city Boston, work in the local House of Corrections and the major local trauma hospital. Case managers meet men in the jail or the hospital and establish rapport by providing both a connection to valuable resources. After the men are released from jail or discharged from the hospital, the case managers conduct a full assessment and help the men to develop an individualized service plan that includes primary and mental health care, substance abuse treatment, employment, education and parenting support. The case managers then help the men to successfully accomplish the goals that they have identified. We will present the program elements, assessment strategies, key partnerships and outcomes from this innovative public health case management program for men. We will also discuss the challenges to effectively serving these men, given the societal stigma and racial discrimination that they face.</p>	
Co-Presenter #1:	
Name:	Rich, John A, MD, MPH
Job Title:	Medical Director

Presenter Information:	
Author:	Rosso, Gregory J.
Job Title:	Director, Focus on Men's Health
City:	Cochran, GA
Country:	USA
Biography:	Originally from Philadelphia Pennsylvania. April 15, 2002 - current: Director, Focus on Men's Health. April 1999 - April 2003: Community Income Manager (Fundraiser), American Cancer Society March 1997 - April 1999, Owned a sales and marketing company in Kansas City Missouri. Retired United States Air Force (21 years)
Abstract Title:	
Focus on Men's Health	
Learning Objectives:	
Track:	
Community	
Abstract:	
<p>Focus on Men's Health Abstract Despite advances in medical science over the past few decades, the basic fact remains, men are dying on average seven years before women. Men have a higher risk of developing heart disease and some cancers. Health care is available, including preventive screenings, however, men are extremely reluctant to take advantage of the services that could save their lives. In rural areas of Georgia men face even greater barriers with a high uninsured rate, an aging population, low education levels, and lack of access to health care in many communities. Focus on Men's Health is working to address barriers for the male residents of a twelve-county area in rural Georgia. The counties served are Bleckley, Crawford, Crisp, Dooly, Macon, Peach, Pulaski, Schley, Taylor, Telfair, Twiggs and Wilcox. The program started in June 2001 as a partnership of four rural hospitals. Focus on Men's Health operates with the understanding that men are not typically going to seek health care, therefore the care will have to go to them. Screenings and educational information are taken to where men typically gather - civic clubs, church meetings, job sites, etc. Each man receives a prostate cancer and cholesterol screening on site, saving him time and money. By providing these services in locations where men feel comfortable, they are more likely to participate in the screenings. Afterward, test results are sent directly to the men along with clear concise information on what the results mean.</p>	

Presenter Information:	
Author:	Mrs. Rolley, Nicole
Area of Expertise:	Men's Health
Job Title:	Director, Health Program Planning and Evaluation
Institution/Affiliation:	Baltimore City Health Department
City:	Baltimore, MD
Country:	USA
Biography:	Sherry Adeyemi is the Project Director for the W.K Kellogg Foundation Men's Health Initiative in Baltimore and provides oversight to the Baltimore City Health Department's Men's Health Center.
Abstract Title:	
Care Coordination and Men's Health: Lessons Learned from the Baltimore City Health Department's Men's Health Center	
Learning Objectives:	
Addressing barriers to access to care for men of color	
Track:	
Community	
Abstract:	
<p>The crisis in men's health disproportionately impacts men of color. While men in the U.S. live on average 5 years less than women, African American men have a life expectancy of 68 years compared to white men at 73.8 years. The outlook is grimmer for these men in Baltimore. African American men in Baltimore have a life expectancy less than 60 years. The Health Department's Men's Health Center seeks to alleviate these disparities in health care among underserved Baltimore males by directly addressing financial, social, structural barriers that men face to seeking care. The Center is a full-service primary care facility providing medical care at no cost to uninsured males, ages 19-64, with a male-focused model of health care delivery emphasizing care coordination. Care coordination begins with community outreach workers, entails determining client eligibility, identifying health problems, providing primary care, screenings for high blood pressure, diabetes, tuberculosis, prostate, oral care and often includes enrolling men into parenting classes, providing referrals to combat substance abuse and associated mental health problems, domestic violence education, and linking men to job and educational opportunities. Since opening three years ago, the Center has served more than 5,000 clients through more than 10,000 medical encounters. Clients of the Center are among the most marginalized in society: men of color living in poverty, newly released inmates, men with substance addictions. Components of the Center's care model can be integrated with traditional health care facilities to enhance entry points into healthcare for men.</p>	
Co-Presenter #1:	
Name:	Rolley, Nicole C, PhD
Area of Expertise:	Public Policy
Job Title:	Director, Community Health Policy
Co-Presenter #2:	
Name:	McAllister, Lynwood, MA
Area of Expertise:	Men's Health
Job Title:	Director, Men's Health Center

Presenter Information:	
Author:	Rich, John A., MD, MPH
Area of Expertise:	Medicine
Job Title:	Medical Director
Institution/Affiliation:	Boston Public Health Commission
City:	Boston, MA
Country:	USA
Biography:	John A. Rich, MD, MPH is the Medical Director for the Boston Public Health Commission, the health department for the City of Boston. Dr. Rich is also an Associate Professor of Medicine and Public Health at Boston University.
Abstract Title:	
HealthCREW: Training Community Public Health Worker to Improve the Health of Men of Color	
Learning Objectives:	
. Understand the data show the health crisis facing men of color.	
Track:	
Community	
Abstract:	
<p>Men of color suffer disproportionately from preventable disease and chronic illness. Recent studies have shown that many factors contribute to this poor health status, including racism, lack of health insurance and lack of a culturally competent health workforce. Increasing the diversity of the health workforce is a necessary strategy for decreasing racial disparities in health. The Boston HealthCREW (Community Resources for Empowerment and Wellness) is a community health worker (CHW) training program for young men of color, funded by the W. K. Kellogg Foundation and based at the Boston Public Health Commission, the health department for the city of Boston. Young men of color, between the ages of 18 and 25, are recruited from Boston's inner city into the 9-month training program. These young men are paid a stipend and trained in a rigorous public health curriculum. Through the program, the participants gain specific competencies as well as certification as general health educators and men's reproductive health educators. Participants also receive training in basic life skills such as public speaking, financial management and personal health. In addition, they conduct CHW outreach to men in the community supervised by public health professionals. We will present the health data that led to the development of the HealthCREW within the health department, and the program elements that are deemed critical for its success. We will also discuss resources and partnerships that are necessary to successfully replicate the program in other urban communities.</p>	

Presenter Information:	
Author:	Keys, Lela, LSW, Director
Area of Expertise:	Health Outreach
Job Title:	Director
Institution/Affiliation:	Delta Community Partners In Care
City:	Clarksdale, MS
Country:	USA
Biography:	Lela Keys is a Licensed Social Work who has worked in the health care field for 23 years. She directs the Delta Community Partners In Care Program, an outreach case management She recently received an appointment to serve on the Governor's Blue Ribbon Task Force on Health Care Policy.
Abstract Title:	
Utilizing Value Added Services to promote Men's Health	
Learning Objectives:	
To discuss two value-added services that have been effective.	
Track:	
Community	
Abstract:	
<p>This presentation will explore the utilization of value-added services to promote improvement in men's health outcomes. One of the major challenges in implementing this initiative is identifying those activities that have the greatest impact on modifying men behavior in regards to prevention and follow-up. In our work we have identified the following valued added health promotional activities for men that are receiving the greatest response: Health Screenings: On-going health screenings targeting men have been a successful approach to getting health information and identifying health problems. As of July 2002, Northwest Regional Medical Center and Delta Community Partners In Care men's health program has screened 656 men of which 42% were African-American. The average age for all men screened was 43 while the average age of African-American men was 38. The screening included blood pressure, blood sugar and cholesterol screens. Abnormal screening results were referred for follow-up with primary care physicians. These screening events are excellent opportunities to educate men of color through mini counseling sessions and the use of printed materials. Health Promotion Campaigns: These campaigns are designed to increase awareness and sensitize men that it is "okay" to seek medical attention. These campaigns also encourage and promote behaviors that strengthen men's ability to be successful in their roles in the family and in society. Northwest Mississippi Regional Medical Center/Delta Community Partners In Care have hosted several health promotion campaigns such as: Prostate Cancer Awareness Week; National Men Health Month (Men's Night Out); and Diabetes Awareness Month.</p>	

Presenter Information:	
Author:	Mitchell, Marie E., RN
Credentials:	Over 30 years experience in Adolescent Sexuality and Reproductive Health
Job Title:	Director
Institution/Affiliation:	Grady Health System
City:	Atlanta, GA
Country:	USA
Biography:	Co-Developer of Teen 4 Teens Video CD-ROM, an innovative approach to help teen focus on abstinence (1999); Co-Author of Postponing Sexual Involvement: An Education Series for Teens (2002); Series for Young Teens (1996) Series for Preteens (1996). Developed a "Handbook for Training Teen Leaders to present Postponing Sexual Involvement.." (1987)
Abstract Title:	
Adolescent Males Are Not Just Short Men!	
Learning Objectives:	
Participants will understand the benefits of providing age appropriate, gender specific education, counseling, and reproductive health services to adolescent males.	
Track:	
Community	
Abstract:	
<p>Adolescent males in the United States do not routinely receive reproductive health services despite the fact that more than half of all males aged 15-19 have had sexual intercourse. Approximately one in four of these teens will contract a sexually transmitted infection each year. In a nationally representative sample of 15-19 year-old, 71% had had a physical examination in the past year, but only 39% had received any reproductive health services. Grady Health System in cooperation with Emory University School of Medicine and Morehouse School of Medicine in Atlanta, GA have: (1) developed a computer based intervention to enable young African American males to explore how becoming a man fits with positive concepts about health; and (2) implemented direct services to adolescent males of color. Services include one-on-one counseling, clinical care, group educational sessions, relationship counseling, and outreach educational services to families and community based organizations. Service delivery utilizes a case management approach designed to establish a positive bond with the adolescent. The connection is then used to assess and overcome conflicts between masculinity and psycho-social tasks that might interfere with the adolescent protecting and caring for his reproductive health. Two keys we have found essential in working with young African American males are: 1)They value relationships highly. If you are not going to be there for the long haul, they don't want you wasting their time. 2)Be respectful – Never, ever cause the adolescent shame. Not only will you loose the adolescent, but you may endanger yourself.</p>	

Presenter Information:	
Author:	Wright, Richard A, M.D., M.P.H.
Job Title:	Executive Director, Community Health Services
Institution/Affiliation:	Denver Health
City:	Denver, CO
Country:	USA
Biography:	Dr. Wright is a Board Certified Internist and Infectious Disease Fellow. He has epidemiology training and experience as an Epidemiologic Intelligence Service Officer with the Centers for Disease Control. In addition to his position at Denver Health, he is a Professor at the University of Colorado.
Abstract Title:	
Men's Health Initiative increases access among Denver's underserved	
Learning Objectives:	
Describe how a men's health initiative can increase access to healthcare for underserved men	
Track:	
Community	
Abstract:	
<p>Denver Health is the primary healthcare safety-net for Denver, serving 78,000 unduplicated men, of which 55 percent are Hispanic, 25 percent Caucasian, 14 percent African-American, 1 percent Asian and less than 1 percent Native American. The men's health initiative was launched in 2002 to increase access and affordability, reduce gender and racial disparities, and improve seamlessness of healthcare to poor men of color. The Comprehensive Care Model, adapted from E. Wagner's Chronic Care Model was implemented as the framework for the initiative. Healthcare system enhancements include the identification of preferred providers, use of clinical guidelines and establishing the urology clinic as a center of excellence. Additionally, case management is provided to identified populations of men. Access to care is increased by male Outreach Workers deployed to provide community health promotion and to engage men in ongoing primary care. Enrollment facilitation is available for uninsured men to apply to publicly funded programs for which they might be eligible. Results from the first year include: contacts with over 2000 men, 496 of whom received case management services, 302 completed applications for publicly funded health insurance and 137 were connected to a primary care provider. A diverse community advisory group provides oversight and assists in establishing collaborative relationships with community-based organizations. Community partners are engaged to participate in the initiative such as barbers, churches and social groups. Community-based education and screening are available through self-administered men's health assessments, health fairs and screening events.</p>	
Co-Presenter #1:	
Name:	Whitley, Elizabeth M., R.N., Ph.D.
Job Title:	Director Community Voices

Presenter Information:	
Author:	Denner, Bernard MACA
Credentials:	Health Educator
Area of Expertise:	Men's Health
Job Title:	Projects Manager/Founder
Institution/Affiliation:	Centre for Advancement of Men's Health
City:	Mildura Victoria
Country:	Australia
Biography:	I am the founder and projects manager of CAMH an Australian organization committed to developing men's health programs across Australia and in Canada in 2001. My website www.mannet.com.au attracts upto 75,000 hits per mth and carries my work.
Abstract Title:	
Understanding & Engaging Males to Reduce Early Mortality	
Learning Objectives:	
Benefit Men's Health Information Sessions	
Track:	
Community	
Abstract:	
<p>This Paper will explore the value of the Men's Health Information Sessions based on findings of the Man Model of Health Promotion Program for males conducted in a range of settings over 9 years across Australia and Canada in 2001. This community Model has developed a pathway for the education and empowerment of males to recognise their risks and be preventative rather than reactionary. The Centre for Advancement of Men's Health (CAMH) has developed a Model that clearly demonstrates when men are offered the opportunity 'in their space' they are interested in learning about health prevention. We will explore this process and strategy that supports men along pathways to health. CAMH is also committed to the development of government policy that recognises that males are as important as women in government health policy strategy. Most people assume that men, by virtue of their economic advantages in society, must be correspondingly healthy. Those who look at the health statistics of western cultures know that being male can be a risk factor for premature mortality from infancy through to old age. Men need to also recognise that looking healthy does not immune you from early mortality. It is important to recognise that men are different and that their needs are different. This knowledge provides the health industry with a greater ability to engage and achieve better outcomes earlier for men across a range of male issues. Men's Health is an important community issue. The result of male 'unwell ness', both physically and mentally, affects families, relationships, communities and the workplace.</p>	

Presenter Information:	
Author:	Malone Franklyn M., LSWA,CACII
Name Suffix:	Commissioner
Area of Expertise:	Family Strengthening Coordinator, fatherhood Practitioner NPCL, , Motivational Speaker, Minister Brotherhood of St. Andrew ,White House Office of National Drug Control Policy
Job Title:	Chairman Northern Virginia Regional Fatherhood Coalition, Director Drug Elimination Program
Institution/Affiliation:	Alexandria Redevelopment Housing Authority
City:	Alexandria, VA
Country:	USA
Biography:	Motivational speaker, community leader Director, Drug Elimination Program for Alexandria Redevelopment Housing Authority; Commissioner, Alexandria Commission on Employment; Chairman and Co-founder of the Northern Virginia Regional Fatherhood Coalition; Ambassador for Northern Virginia to the International Fatherhood Convention, Chairman of the Mayor's Task Force on Character Development for City of Alexandria.
Abstract Title:	
Sex, Love and Relationships Leading MEN Toward Healthier Relationships	
Learning Objectives:	
To encourage men to examine their assumptions about gender	
Track:	
Community	
Abstract:	
The presenters propose to offer a workshop that will involve participants in a series of exercises that will enable them to use in their respective communities. The workshop will address lifestyles, the perfect mate ,so you want to make a baby, life preservation through prevention, Sexual violence, domestic violence and finally the group will participate in a what love is nt skitt.	

Presenter Information: (Paper submitted but not personally presented.)	
Author:	Prof Macdonald, John J, PhD, MEd, DipCD
Area of Expertise:	Men's health, Primary Health Care
Job Title:	Professor
Institution/Affiliation:	University of Western Sydney
Address 1:	Hawkesbury Campus, P 11, Bag 1797
Address 2:	Penrith Sth DC NSW 1797
City:	Sydney
Country:	Australia
Biography:	Professor of PHC, worked in some countries of Africa, Latin America, Middle East and Asia, as well as in UK and Australia. Interests: social determinants of health, men's psycho social health, including suicide (I am Director of the Men's Health Information and resource centre in NSW)
Abstract Title:	
The need for a salutogenic perspective on men's health	
Learning Objectives:	
To challenge prevailing assumptions about men's health issues	
Track:	
Community	
Abstract:	
Much of the international thinking and policy on men's health is shaped by North American and European thinking on gender as well as by clinical preoccupations. Both of these can be seen to be "pathological" in orientation, in brief, focusing on social pathologies (men behaving badly) or clinical pathologies (conditions of the prostate etc). We need to challenge this mindset to move towards a genuinely salutogenic (non-pathologising) view of boys and men. The paper draws on my role as director of the men's health and Information Centre here in New South Wales, both in terms of our policy advocacy and our own research.	

Presenter Information:	
Author:	Millan, Greg, Ass.Dip Social Work, U.S.A
Area of Expertise:	Men's Health Consultant
Job Title:	Chairman of the Board
Institution/Affiliation:	Confederation of Men's Organisations
City:	Hamilton, NSW
Country:	Australia
Biography:	Greg has worked in the Men's Health area for the past twelve years for various Government and Non-government organisations and is self employed as a Men's Health Consultant. He is a Social Work trained counsellor group worker and trainer. He has been involved in research, training, health promotion and health education activities for men.
Abstract Title:	
Confederation of Men's Organisations - An Australian Model	
Learning Objectives:	
To deliver an outline for a national men's organisation	
Track:	
Community	
Abstract:	
<p>The Confederation of Men's Organisations (COMO) is an Australian national organisation made up of a diverse community of men working in men's organisations, in a respectful partnership together, committed to encouraging, supporting and promoting the health and wellbeing of men and boys. COMO believes that: Men and women are equal partners in society. Healthy masculinity and healthy sexuality is essential to society. The wellbeing of men and boys is vital to society.</p> <p>How COMO operates: COMO affects social change by getting men's issues onto the agenda of governments, corporations, the media and communities COMO articulates from a male positive perspective COMO strengthens the links between men's organisations, and encourages the building of partnerships and sharing of resources. This presentation would detail how COMO was formed and how it has developed into Australia's peak men's health organisation. There will be a focus on our structure, model of operation and funding initiatives. Key areas of our Business Plan and future goals will be outlined.</p>	

Presenter Information:	
Author:	Wheeler, Ronald E., M.D.
Area of Expertise:	Prostate Disease
Job Title:	Medical Director of "The Drive For Prostate Health"
Institution/Affiliation:	Preferred Health Foundation
City:	Sarasota, FL
Country:	USA
Biography:	Graduate of the University of Guadalajara (1979); Trained at LSU Medical Center (New Orleans); Active participant with the NIH Prostatitis Collaborative as a speaker in 1999 and 2000; Clinical study participant, patient advocate and educator, who expects to make a difference versus the epidemic of prostate disease
Abstract Title:	
Can Improved Awareness and Education on Prostate Disease Decrease the Death Rate from Prostate Cancer in Florida	
Learning Objectives:	
Understanding the Epidemic	
Track:	
Community	
Abstract:	
<p>"The Drive for Prostate Health" is a statewide community health initiative in Florida, where prostate cancer diagnosis and prostate cancer death rank second nationally. Never before has such an ambitious effort been made to increase the awareness of prostate disease as the # 1 male health risk. Specifically, prostate disease is epidemic representing the most common male malignancy and the second leading cause of cancer death. As a Urologist, I believe the single, most compelling reason prostate disease continues to flourish at its current pace is based on the prevalence of disease specific ignorance. "The Drive for Prostate Health" is a 40 foot motor coach (clinic on wheels) that expects to educate all men on the benefits of early disease detection, integrated treatment options, as well as preventative measures. If we do nothing different to educate men on this contentious topic, prostate disease will remain a health risk - out of control.</p>	

Presenter Information:	
Author:	Pomaika'i Cook, Bud, Ph.D.
Area of Expertise:	Cultural Education
Job Title:	Associate Specialist
Institution/Affiliation:	University of Hawai'i, Manoa, John A. Burns School of Medicine
City:	Hilo, HI
Country:	USA
Biography:	Dr. Cook is of Kanaka Maoli(Hawaiian)/European descent. His area of research specialization is cultural trauma. His work highlights methods for resolving cultural trauma through healing education. He is addressing the topic of cultural trauma to aid community healing efforts in the Pacific, and for other indigenous populations.
Abstract Title:	
Healing the Warrior-Self: Changes in Kanaka Maoli Men's Roles in the Colonial Period	
Learning Objectives:	
Learn the connection between trauma and health. Learn how changes in indigenous men's roles have led to declines in health status., Learn how healing and education are brought together to resolve gender and cultural tensions., Learn to understand the ways cultural history and health are connected for disenfranchised populations., Learn methods some indigenous men are using to reclaim their social self, to heal the wounds of the colonialist period.	
Track:	
Community	
Abstract:	
In pre-contact Hawai'i, Kanaka Maoli men of the ruling class were able to substantiate their alliance with universal/spiritual forces through their prowess as fighters. Victory in battle was as much a statement of religious authority as it was of martial skill. Demise of traditional supporting religious rituals for entry into battle, and for returning from war, during the colonial period led to a loss of social support for men in recovering their true self in a violence filled world. Degradation of these systems for establishing self-identity in Kanaka Maoli men meant they were spiritually and psychologically cast adrift in the modern world, into a colonial culture that did not honor the Maoli way of being. Coupled with the infusion of Western commercial and political culture, the forceful degradation of positive social roles for Kanaka Maoli males formed the basis for a significant syndrome of cultural trauma. This session will discuss the changes in Kanaka Maoli men's roles during the colonial period and will emphasize their corresponding declines in health. It will advocate for the recognition of historical trauma and cultural wounding for those who are concerned with improving the health status of indigenous men. Not a call for revival of war-making for indigenous men, this session will espouse the need for renewed emphasis on the spiritual traditions of indigenous warrior societies to assist modern indigenous men in their journey of healing to selfhood in the modern world.	

Safety Track:

Presenter Information:	
Author:	Maida, Denise Martello, Psy.D.
Credentials:	Psy.D. in Clinical Counseling
City:	Dresher, PA
Country:	USA
Biography:	Prior to my doctoral degree in clinical psychology, I had experience treating two men who suffered from Body Dysmorphic Disorder, and who also had symptoms of Muscle Dysmorphia. Drawing upon this experience, my dissertation was an empirical study of the symptomology of men who lift weights at gyms.
Abstract Title:	
The Classification of Muscle Dysmorphia	
Learning Objectives:	
Introduction of Muscle Dysmorphia (MD)	
Track:	
Safety	
Abstract:	
<p>The emphasis in Western society on appearance, which has negatively affected women for some time, has led to an increasing number of males who are overly dissatisfied with their bodies. With the advent of increased body dissatisfaction comes a fairly new, thus under-researched disorder, Muscle Dysmorphia (MD). The hallmark feature of MD is a preoccupation with muscularity. This disorder also has perceptual, affective, and behavioral components that interfere with daily routine and activities. Currently, MD is not in the DSM-IV, although it is purported to be a type of body dysmorphic disorder (BDD), which in turn, is a Somatoform Disorder. Yet previous research indicates that MD shares more symptoms with obsessive-compulsive disorder (OCD) and eating disorders than with somatization. The present study investigated the relationships between MD and the symptoms most relevant to a DSM classification in a population of men who lift weights regularly. No relationship was found between MD and Somatization. Instead, BDD, OCD, Body Dissatisfaction (BDIs; an eating disorder measure), and hostility are the main predictors of MD, and OCD is mediated by BDD, BDIs, and hostility in predicting MD. These findings suggest that MD may in fact be an OCD spectrum disorder, rather than a somatoform disorder. The relevance of this study is multi-faceted. As MD has been found to be a viable diagnostic disorder, these findings should assist in its proper classification in the current DSM revision process and at the same time assist mental health professionals in devising effective treatment programs.</p>	

Presenter Information:	
Author:	Wolf, Barry, M. Ed., OTR/L
Area of Expertise:	Occupational Therapy
Job Title:	Instructor
Institution/Affiliation:	The University of Scranton
City:	Scranton, PA
Country:	USA
Biography:	Barry Wolf received BS in Occupational Therapy (Kean University-1984) Masters Exercise Physiology (Temple University-1990) and currently pursuing Health Science Doctoral Degree at Seton Hall University. Teach Kinesiology, Neuroanatomy, Hand Rehabilitation at the Univ of Scranton. Experience included 18 years as occupational therapist in Occupational Medicine, ergonomics, biomechanics.
Abstract Title:	
Ergonomics & Small Businesses...a Great Fit!	
Learning Objectives:	
The participant will be provided information regarding Ergonomics and its successful role in reducing work related injuries and enhancing work productivity.	
Track:	
Safety	
Abstract:	
<p>Work-related injuries affect businesses and lives. The costs are staggering! In recent years, the field of ergonomics has experienced tremendous growth and widespread interest. The term- "ergonomics" frequently appears in today's scientific journals and throughout the media. This surge of recognition has been attributed to the gradual unearthing or understanding of this particular domain of science and its demonstrated efficacy in reducing work-related injuries. Many large businesses and corporations have been able to successfully benefit from the implementation of such ergonomic programs. Small businesses unfortunately however, have not been able to as easily facilitate the use of these somewhat nebulous principles. Many small business owners can be discouraged as they are unsure whether or not using ergonomics can actually "work" for their individual business. The often small-scaled nature and the varied, peculiar job demands may seem to preclude the overall effective use of ergonomics. This presentation will highlight basic ergonomic principles which can be adapted to "fit" any small business.</p>	

Presenter Information:	
Author:	Cook, Philip W.
Credentials:	BS-author
Area Of Expertise:	Domestic Violence
Job Title:	Executive Director
Institution/Affiliation:	Stop Abuse For Everyone
City:	Tualatin, OR
Country:	USA
Biography:	Cook is author of Abused Men-The Hidden Side of Domestic Violence (Praeger), articles in "Human Behavior in the Social Environment," college supplemental textbooks, other publications. Cited by AP, CNN, MSNBC, many others. "I Enthusiastically affirm the importance of this material." -James J. Londis Ph.D., Director of Ethics Kettering Medical Center.
Abstract Title:	
Abused Men-The Hidden Side of Domestic Violence	
Learning Objectives:	
1. An increased understanding of the global nature of domestic violence. 2. An enhanced understanding of perpetrator, victim, and mutual abuse interactions as well as causative influences. 3. The ability to identify, support and properly refer male and same sex victims of domestic abuse. 4. New techniques and avenues to investigate in order to prevent injurious outcomes for an under served population.	
Track:	
Safety	
Abstract:	
Brief overview of the research on family violence. Exploration of myths and half-truths about the results. s. Implications for practice. Including: Properly identifying and referring all types of victims with a focus on including the under served heterosexual male victim and same sex client, and female perpetrator, overcoming reluctance by victims in revealing and seeking help, and how to assist the patient/client in obtaining effective support regardless of gender or sexual orientation. Resource material will be provided, including samples of under served victim brochures and overcoming obstacles to locating proper referrals.	

Presenter Information:	
Author:	Bordi, Peter, Jr., PhD
Area of Expertise:	New Product Development
Job Title:	Assistant Professor
Institution/Affiliation:	Penn State
City:	University Park, PA
Country:	USA
Biography:	Peter Bordi is an assistant professor in the School of Hotel, Restaurant & Recreation Management. Peter works with many food service associations, as well food manufactures, such as Franco Harris's Super Bakery in developing food products such as super soy candy bar and Penn State football soy recovery drink.
Abstract Title:	
EFFECTS of a Soy Protein Beverage and Whey Protein Beverage on Muscle Damage in healthy male athletes	
Learning Objectives:	
is to define the effect of Isolated Soy Protein and Isolated Whey Protein in healthy athletes in terms of change of urinary and plasma markers of muscle damage or oxidation	
Track:	
Safety	
Abstract:	
This study was a single blind randomized crossover trial comparing the effects of soy and whey carbohydrate-protein (CHO-PRO) beverages, on exercise induced muscle damage in healthy young male athletes. The subjects were recruited from a NCAA Division I football team of a North Eastern University. All subjects participated in total body weight-training sessions and aerobic based running sessions. Biological fluids were taken from subjects pre and post exercise, at four individual points of time. The points of time of the measurements were baseline, 3 weeks, 4 weeks (after a washout period), and 7 weeks in the study. During the treatment periods baseline to week 3 and week four to week 7 subjects consumed soy protein or whey protein beverages. Serum creatine kinase (CK), lactic dehydrogenase (LDH), myeloperoxidase (MPO) and isoprostanes were measured both pre and post exercise. All markers increased with exercise. The increases in all biological markers were less with the soy beverage. The statistical significance of the changes was varied. Biomarkers reported in this study: Creatine Phosphokinase (CPK) also known as Creatine Kinase (CK) has been commonly used to diagnose muscle damage in various muscle skeletal disorders with no neurological basis, acute myocardial infarction, and cardiac ischemia for the last 30 years.	

Presenter Information:	
Author:	Wolf, Barry, M.Ed, OTR/L
Area of Expertise:	Professor Occupational Therapy
Job Title:	Instructor
Institution/Affiliation:	University of Scranton
City:	Scranton, PA
Country:	USA
Biography:	Barry Wolf has 18 years experience as an occupational therapist. He possesses BS degree in Occupational Therapy (Kean University-1984), Masters in Exercise Physiology (Temple University-1990) and currently pursuing Health Science Doctoral Degree (Seton Hall University). Interests include injury prevention/biomechanics. Teaches Neuroanatomy, Kinesiology, Hand Rehabilitation at University of Scranton.
Abstract Title:	
Caring for the Caregiver: Promoting Health and Preventing Injury in the Home	
Learning Objectives:	
The participant will be provided demographic data that reveal the characteristics of the growing number of caregivers in the United States and specifically the surprising percentage of caregivers that are men.	
Track:	
Safety	
Abstract:	
Recent healthcare trends have contributed to a growing number of caregivers in the home and a significant increase in their overall roles and responsibilities. Due to various changes in health insurance, patients are returning home sooner from hospitals and rehabilitation centers. Nursing facilities are not always a preferred and/or viable option. Many patients continue convalescing and completing rehabilitation programs in their own homes. The caregiver, typically a spouse, adult-child, or friend is confronted with new challenges and the required level of care can be quite intense and overwhelming. Stress, inadequate training, physical, and emotional limitations of the caregiver may result in ineffective care and jeopardize the health and safety of both patient and the caregiver. Research demonstrates that caregivers suffer impaired health as a direct result of their caregiver status and related injuries and disorders (e.g., low back strains, carpal tunnel syndrome, cardiac conditions, etc.) are mounting. It is paramount that health care practitioners consider the emerging roles both male and female caregivers alike, perform in the home and the direct link they have on patient progress and successful treatment outcomes. More efforts need to be directed toward educating caregivers in the home to better "care" for themselves, so in turn they can better serve the patient.	

Presenter Information:	
Author:	Osman, David, CSW/DABFSW
Credentials:	
Area Of Expertise:	Forensic Social Work
Job Title:	Deputy To Vice President Residential Services
Institution/Affiliation:	Palladia Inc.
City:	New York, NY
Country:	USA
Biography:	David Osman received the Master of Social Work from Yeshiva University in New York. He co-wrote and implemented "Paradoxical Intervention with Domestic Violence Perpetrators" program which was presented as a poster at Department of Mental health Conference(New York) in 2001. The program was also published in the Forensic Examiner (Nov/Dec 2002 issue)
Abstract Title:	
About men	
Learning objectives:	
Understanding criminal justice system and it's assault on men	
Track:	
Safety	
Abstract:	
men's health and women's issues are on the forefront of out national attention. But men are invisible in our society when it comes to the issues of helping them. The only and true support system for men called the Criminal Justice System. Women learned from men in order to be more competitive in men's world. They began forcing women's culture and women's language onto men. It was a cultural shift where women's emotions took over and the prevailing language of the day became a " femaletalk" directed at America by some women who I would say were not fond of men. Men were identified as violent brutes, criminal wife beaters and idiots. The one of the significant outcomes of that shift was the development of Domestic Violence Industry and the " criminalization of intimacy" as a result of that development.	

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