

Providing for and Influencing the Care of Boys and Men in America

A Report by the Men's Health Braintrust

Based on the Dialogue on Men's Health, Patients and Providers Workgroup
Conference, May 2013

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This report will examine the intersection of the needs and challenges for male health care consumers, health care providers, provider organizations, educators and program developers. On April 3, 2013 representatives of more than 40 organizations and public sector agencies came together at the invitation of Men's Health Network (www.menshealthnetwork.org) as part of the Men's Health Braintrust, Dialogue on Men's Health series (a list of participating organizations is in Appendix 1). The group discussed how the needs of male patients match (or don't match) the way services are provided and providers trained. Participants not only provided insight into the needs of boys and men, practitioners, and health care organizations, but also made specific suggestions for how to advance care and wellness, and presented examples of several gender-appropriate outreach and care programs. This paper offers examples of programs, practices, and practitioner education and training that are relevant to providing care for boys and men in America. Further, we build on the landmark position paper, "A Framework For Advancing The Overall Health And Wellness Of America's Boys and Men", issued by the Men's Health Braintrust in December, 2012¹¹.

To request copies of this paper, or to learn more about the Dialogue on Men's Health series of conferences, contact:

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This paper can be downloaded at www.menshealthlibrary.com/Dialogue2

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¹¹ <http://www.menshealthnetwork.org/library/Dialogue1.pdf>

Men's View of Their Role in Their Own Wellness and Health Care

Panelists discussed men's views about their roles as health care consumers and health providers for their family. The general consensus was that men want to be active and engaged in their own wellness and health. However, as documented in this report, America's health care environments, services, and providers have not yet adequately addressed this need. There are several factors at work here:

- Significant gender-cultural barriers that keep men from being as engaged as they'd like to be—and should be. Modern American males are conditioned from a young age to view health care as falling under the purview of women. Part of this is due to men's anthropologically ingrained predisposition to ignore pain and discomfort, to "play through it," and to be providers for their family unit.
- Negative stereotypes about men's roles in the family have contributed to a type of "learned-helplessness" about wellness, health care, and fathering. Consider, for example, how many fathers aren't encouraged (or are blatantly discouraged) by their partner, mother, or mother-in-law from engaging in tasks such as diapering, or even having extended interaction with their newborns.
- Most day-care professionals, teachers, school nurses, and others who might be positive role-models for boys are female, and men are noticeably absent from these day-to-day caregiving roles.
- Media, particularly televised media, offer up role models for children as young as pre-preschool that support and encourage the notion of wellness as a feminine trait. As a result, in many households, the father—even if he's a health care provider—is not involved in the day-to-day wellness habits of his children. The images and role-associations that disproportionately portray women as health-care consumers, decision makers, and drivers extend well into adolescence and adulthood. A study of popular print magazines presented at the APHA meeting in 2012 (Giorgianni, Cooper and Zinka 2012) found that more than 75% of the advertising impressions for health-related products and services were directed at female readers.
- Throughout elementary and high school, other than courses on reproductive health, there are few educational programs on overall health and wellness that would appeal to boys. This female-centric model extends to college level and health professional programs as well. A study published in the *American Journal of Men's Health* in July 2013,¹² analyzed the results of a 2011 survey of men's health curricula in medical, nursing, pharmacy, and public health programs throughout the U.S. The researchers identified only 21 courses in 18 programs that focused on men's health as a primary topic area. The same publication, in a

¹² Developing the Discipline and Practice of Comprehensive Men's Health, *American Journal of Men's Health*. V7N4, July 2013 pp. 343 - 350.

2010 review of The College Board list of program majors, reported that there are currently 317 higher education institutions that offer identified majors in Women's Studies, which incorporate various elements of sociological and health studies in relation to women. However, aside from Akamai University in Hawaii, there are **no** programs that have been identified that have a major in any aspect of Men's Studies in the United States.

- As educational curricula have evolved, one of the casualties has been traditional physical education (PE), which used to provide boys (and girls) with a basic understanding of healthy behavior, activity, and their link to wellness. Unfortunately, as the public's attitudes about children's safety have become more restrictive, many common recess activities or after-school programs that had particular appeal to boys have been eliminated or significantly curtailed. Some experts feel that the growing obesity epidemic in boys and their disproportionate likelihood of being diagnosed with attention deficit hyperactivity disorder (ADHD) are, at least in part, the fallout from discouraging boys from "blowing off steam" or engaging in perfectly normal and necessary physical activities.

Clearly, schools, policy makers, media producers, advertisers, and all who have a role in shaping boys' views of who owns health matters, must carefully consider the impact of their activities and practices.

Gender and Health Care Provider Recruitment, Education and Training

Dialogue panelists involved in health-practitioner education and training provided insight into some of the challenges in creating health systems and institutions that can be both sensitive and responsive to the needs of males. Several Dialogue members pointed out that, in general, men are not adequately exposed at the college level to core concepts of comprehensive male health; neither are those enrolled in the vast majority of health-

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professional training programs. Several members noted that health care providers, both female and male, do not feel comfortable—or particularly competent in—communicating with boys and men about important health issues. Mental health, sexual health, genital development, and non-prostate cancers were noted as especially challenging topics. While most medical and nursing post-graduate training programs have specific training in approaches and strategies for enhancing care and communication with female patients, few require similar training with regard to male patients. Addressing male-gender appropriate training

and communications skills for female practitioners is a particularly important element given that in recent years, the percentage of women entering health professional training programs has dramatically increased and continues to grow. This growth parallels the increase seen throughout higher education where women now account for roughly 60 percent of associate's, bachelor's and master's degrees and are beginning to outpace men in obtaining Ph.D.'s.

All of this is impacting health professional program enrollment. For example, in 1980-81, 24.9% of medical school graduates were female; by 2011-12, the number had grown to 47.8%¹³ and is continuing to rise. Similarly, 37.0% of full-time medical school faculty is female¹⁴, and in nursing programs, 88.6% of full-time faculty is female.¹⁵ The result will

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be a new generation of health professionals who are even more focused and comfortable in advocating for and managing women's health and ill-prepared to meet the needs of boys and men in their care.

In another area of practice, Medication Therapy Management (MTM), there has been a dramatic increase in pharmacogender-based information that clearly demonstrates the differences in how males and females handle and respond to an increasingly long list of drugs. Still, few medical, pharmacy or nursing

programs provide in-depth understanding of these pharmacogender based differences as they affect boys and men.

Addressing the educational and training gaps across health care educational programs is an important place to begin the process. However, it will take several years, if not decades, to make the necessary changes in curricula and clinical training. In the meantime, the needs of boys and men must be consciously addressed and deliberately rethought in order to have an impact on preventable morbidity and mortality.

The Current Situation

Men need an identifiable medical home. Both the American Osteopathic Association's Academy of Family Practice and the American Academy of Family Physicians have recognized the importance of the patient-centered medical home as a way not only to coordinate comprehensive care, but also to provide patients with a kind of one-stop shop for wellness and disease care. This approach aims to provide comprehensive primary care for children, youth, and adults across the lifespan and across all wellness and health care needs. It embraces the notion that family physicians are responsible, along with their patients and when appropriate, their families, for an ongoing active partnership to provide preventive and chronic care management across health systems and across the life-span. Initiatives that provide family physicians with enhanced awareness and skills to help them create this infrastructure in their practices will help accomplish this goal. Further, educational programming for practitioners to provide cutting edge scientific information on coordinating the wellness and disease management of boys and men is also being provided more frequently than in the past.

¹³ Figures from The American Association of Medical Colleges. See www.aamc.org/members/gwims/statistics accessed May 2013

¹⁴ *ibid*

¹⁵ Per 2011 report by the American Association of Colleges of Nursing, www.aacn.nche.edu/publications/white-papers/facultyshortage.pdf, Accessed May 2013

Similar concepts of care have been adopted by other health provider organizations as well.

Yet, it would appear that boys and men are not always getting the message. Data from the US Centers for Disease Control shows that while 81% of women can identify a primary care practitioner as “their doctor,” fewer than 63% of all men can do so.¹⁶ The situation is even worse for boys and men of color: only 55% of black men and fewer than 46% of Hispanic men can identify “their doctor.” It’s no wonder, then, that according to a recent study, 55% of men have not seen a primary care physician within the past year. Twenty-nine percent said that they would wait “as long as possible” before seeking help when actively sick, in perceived and troublesome pain, or concerned about some aspect of their health.¹⁷ Clearly there is a breakdown at the intersection of the health care system’s expectations and the male approach to engaging in care.

As the discipline of men’s health grows, all health practitioner education and training programs need to provide training in their residency programs and guidelines in their practice models that will help practitioners better address the needs of boys and men.

Most experts agree that the reasons for this are complex and varied. But many men’s health experts believe that at the heart of the breakdown is the lack of a specialized health care practitioner for males from about age 15 through their early 60s. Without a “Doctor for Guys,” their ease, confidence, and ability to engage is significantly road-blocked. Whether this “Doctor for Guys” issue is real or perceived, it exists in the mind of the American male and is a significant impediment that needs to be addressed. To overcome this void, practitioners will need to start viewing men and boys as consumers of health care, and actively promote that they are welcoming to males. In addition, all medical specialties need to provide training in their residency programs and guidelines in their practice models that will help practitioners better address the needs of boys and men. Skills for advancing the health of boys and men should not be the sole purview of any discipline but a shared goal of all medical disciplines, with guidelines for residency training programs and specific ongoing requirements for practitioners that would insure appropriate levels of proficiency in providing for the specific and unique psychologic, pathophysiologic and clinical care of male patients.

A Thousand Points of Light to Improve Approaches for Access

The need to make primary care services more accessible to the public has led to a great deal of ingenuity in a sector that until recently had hardly changed its delivery model in more than two centuries. The public seems to be accepting these innovations quite well. The core idea is to bring primary health care to where people are instead of

¹⁶ www.cdc.gov/nchs/data/series/sr_13/sr13_149.pdf, Accessed May 2013

¹⁷ “New Survey Finds Majority Of Men Avoid Preventive Health”: by the American Academy of Family Physicians; <http://www.aafp.org/media-center/releases-statements/all/kits/20070619.html>; accessed Sept. 2013

requiring them to go to the provider. Over the past decade there has been a rapid growth of acute primary care health centers within retail establishments, particularly in pharmacies. These corporately owned and professionally managed centers have had a great deal of success in providing a limited range of acute primary care services. These centers are now beginning to expand on this concept and are providing a more comprehensive range of primary-care services within their communities.

Many men's health advocates believe that putting health care into settings that are more comfortable for boys and men, making office aesthetics more male-friendly (for example, by having something other than women's magazines in the waiting room), and having office hours that better fit with men's busy schedules will encourage more men to come in and will remind them that health care is an integral part of everyone's life. Venues such as YMCAs, Boys Clubs, airports, university campuses, malls, health clubs, spas, sporting events, and workplaces also provide opportunities to bring health care to men and boys in places they're likely to be anyway. As with any new model of care, there are ardent supporters and detractors of these non-traditional approaches. However, most health policy analysts believe that studying the efficacy, safety, and economic impact of these new health care delivery models is necessary to transform our sub-optimal health care system.

Physicians' office-based medical homes and health centers located in retail and other community establishments will face two major challenges: first, how well will they reach out to boys and men? Second, how will boys and men evaluate the "man-friendliness" of both the environment and practice? The health care system needs to recognize that male consumers prefer and feel comfortable in environments where they are welcomed (or at least do not feel excluded), and where they can feel like active participants instead of simply an examination subject. Clinics, particularly those that provide reproductive health services, do not generally provide environments that appeal to men. One simple, but revealing, example is the "waiting room magazines" found in most practices that are virtually devoid of material geared towards boys and men. In addition, much of the health information literature available in waiting rooms features iconography and content that is designed for female readers.

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Bringing health care screening services to places boys and men congregate and outfitting those venues in ways that appeal to a male audience are important strategies for getting men to see that taking care of one's health is manly. Many groups bring screening programs to sporting events, while others use sports language to encourage male involvement. Likewise, there are many examples of successful workplace screenings that focus on men. Of course, not all boys and men can be reached with a sports model, nor should they be. Food events, educational environments, universities, music venues, art, handyman events, and cultural events – particularly those involving American Indian/Alaska Native and African-American peoples – are new and emerging

areas that provide fertile ground for new levels of outreach. They also help drive home the idea that being healthy is part of being masculine.

We cannot ignore the fact that men are far more likely to be incarcerated than women. Having access to health care services in jails and prisons is a fundamental right, but there is plenty of room to improve the level of care beyond basic services. Just as we include vocational training in our rehabilitation system, we should also include health and wellness training. Programs that provide information, motivation, and context for addressing personal, family, and community health concepts would pay great dividends when these individuals transition back into society. They will have significant health needs and such programs will encourage them to be involved in the health perspectives of those within their social and family structures.

As these new approaches are implemented it is imperative to study their outcomes. Certainly, clinical and economic outcomes are obvious metrics, but it would also be very useful to measure how they impact the sociology of the male view of health and men's overall levels of wellness and health. This information is fundamental to understanding how to serve male sociocultural, wellness and health care needs better. Equally important is to develop health policy research and actionable agendas to broadly

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finance, support, and implement successful programs. We cannot allow the narrow window of opportunity for meaningful change that is provided by the Affordable Care Act to close without enhancing the services, access, and understanding of health and wellness for boys and men.

Community health centers play an important role in improving access and gender-appropriate care for boys and men. These 501(c)(3) organizations provide community-based care services to 22 million people via 9,000 delivery sites; the majority of those served are low-income, uninsured, or Medicaid patients. Because they are community-based and community governed, these comprehensive primary and preventive health care service centers are uniquely positioned to be responsive to the gender specific needs and preferences of boys and men.

According to the National Association of Community Health Centers (NACHC), more than 41% of those cared for in 2011 were male; this percentage has increased over the years as services have broadened and an increased emphasis on family-oriented services has been implemented by many centers. The ACA included \$11 billion to support health center expansion and growth. Reaching out to community centers and to the NACHC to help identify the needs of male community members and to support development of gender-specific practices and programs is an important area for men's health advocates and associations to devote resources.

According to Men's Health Network, approximately 392,000 men die from cardiovascular disease each year¹⁸. Hundreds of thousands more men and boys are at risk of or have suffered significant financial and family consequences of heart disease, stroke, and myocardial infarctions. Cardiovascular disease remains one of the most significant killers of American males, yet it is one of the most preventable and manageable causes of premature mortality. The Million Hearts Campaign, a program sponsored by the US Centers for Disease Control and the Department of Health and Human Services, and supported by Men's Health Network and the Men's Health Caucus of the American Public Health Association,¹⁹ is an important and innovative public-private collaboration which, since 2011, has been operating on several levels to reach its goal of preventing one million heart attacks and strokes in the US by 2017. The four fundamental approaches of this program are: counseling and education; clinical interventions, particularly the compliant use of medications; critical, long-lasting lifestyle interventions targeting alcohol and tobacco use and healthier eating habits; and addressing critical health determinants of poverty, education, housing and health disparities.

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An Opportunity for Advancing Male Access: The Affordable Care Act of 2010

Improving access to health care is one of the most important goals of the ACA. The implementation of the "Welcome to Medicare" (WTM)²⁰ physicals offer an important example of how to successfully reach males. While older men are an important segment of the population, providers are still in the early stages of implementing new and novel approaches to provide increased access to services in senior living facilities, senior centers, and other areas where older men tend to feel comfortable and gather. Equally important, as learned in the WTM program, is creating reimbursement and provider service models that are economically attractive for providers. To facilitate and optimize ACA service uptake and citizen satisfaction with this program, HHS has started an important program to help individuals identify eligibility and navigate through the system to find and engage in the optimal benefit structures. Health Navigators will play a critically important role in the successful outcome and acceptance of this landmark legislation. As Health Navigator programs and services are authorized and implemented, it is absolutely essential to ensure that the approaches to reaching eligible males are considered and included as an integral part of the program vetting,

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¹⁸ www.menshealthnetwork.org/library/Heartbeat.pdf, Accessed May 2013

¹⁹ www.millionhearts.hhs.gov/aboutmh/partners/mhn.html, accessed June 2013

²⁰ Implemented beginning January 2005. <http://onlinelibrary.wiley.com/doi/10.3322/canjclin.54.6.292/pdf>

implementation and assessment process by HHS. A fundamental tenet of public health outreach is to craft materials and strategies that will motivate the targeted population to action. To ensure equitable implementation of the ACA, it is essential to create demographic and gender-appropriate materials and programs. Men's health advocates and advocacy organizations must take an active role in this process by providing male-centric navigation services or advising those crafting, implementing, and assessing these services.

National and Local Outreach to Men and Boys

Programs That Are Working

A number of well-developed demographic and gender-appropriate programs have directed many boys and men to health care who might never have sought care at all or who might have sought it at an advanced (hence more difficult, costly, and less-efficient) stage. Panel members of this Dialogue program provided just a few examples, outlined below, of such successful drives to bring boys and men to health.

The most important take-away is that if well-constructed gender-appropriate programs are built for boys and men, they will come.

In the later part of the 20th Century, recognizing—and satisfying—the need for gender-appropriate screenings and care centers for America's girls and women was vital to enhancing the health of 51 percent of the American population. While there are still significant gaps in care and access, these programs have made a meaningful difference in the health of America's girls and women. Women's health experts, organizations, and activists played key roles in not only helping providers and organizations shape programs and outreach, but also in bringing girls and women to these services by building awareness and instilling a sense of individual health empowerment. The same structure will work for boys and men and will pay equally beneficial dividends across our society. As health care provider organizations and employers look to enhance the wellness of men in their current and future workforce and support the overall health needs of the families and extended families of employees, identifying successful program models and implementing them makes good sense on a number of levels. The implementation of CMS Star-Ratings and the growing number of Accountable Care Organizations and capitated reimbursement programs also speak to the need to enhance the efficiency, outcomes, and satisfaction levels of boys and men who enter the health system for care.

Men's Health Month / Men's Health Week – Setting the Stage for Improvement

As part of the strategy to build broad support for and understanding of the health and wellbeing needs of boys and men, Men's Health Network (MHN) worked with Congress and President Clinton in 1993-94 to create National Men's Health Week, the week ending on Father's Day. Following the leadership of the U.S., with encouragement from

MHN's international partners, that same period is now recognized in other countries as International Men's Health Week. The influence of this initiative cannot be overestimated.

This recognition period has since been expanded to become Men's Health Month (June), with thousands of health partners taking advantage of the availability of free programs, program ideas, posters, logos, PowerPoint presentations, and tool kits each year (like the *HealthZone* planning kit and the Wear Blue program). The response has been unprecedented. Those promoting male health during June include public health officials, health ministries, fatherhood programs, medical entities (clinics, hospitals, medical offices), military bases, and more. In the U.S. and other countries, federal and local government agencies have added weight to the effort, while conducting internal awareness campaigns and unique health awareness activities.

The overwhelming response (to Men's Health Month) has helped sensitize the public, health professionals, and policy makers to the need to include male-friendly messages and programs in all their health and wellness activities.

The messages, logos, posters, flyers, and statistics found at www.menshealthmonth.org are utilized in press releases, articles, videos, infographics, and other outreach/promotional materials at thousands of locations.

The overwhelming response has helped sensitize the public, health professionals, and policy makers to the need to include male-friendly messages and programs in all their health and wellness activities. *The acceptance of this awareness period provides a solid foundation for the wide variety of activities that are designed to reach men, boys, and their families.*

Spirit of the Heart

The Association of Black Cardiologists (ABC) is a nonprofit organization dedicated to eliminating the disparities related to cardiovascular disease for all people through education, research, and advocacy.

ABC's *Spirit of the Heart* is a community effort that is designed to implement, evaluate, and disseminate community driven strategies to eliminate cardiovascular health disparities in key areas. This program uses approaches that focus on underserved populations and aims to improve health in communities, health care settings, churches, and work sites. The *Spirit of the Heart* initiative is comprised of three activities: a Community Leaders Forum, a health risk assessment/patient education activity, and a faith-based educational activity. *Spirit of the Heart* is an educational program that rallies the community in a call to action with a special focus on cardiovascular health. The ABC has identified urban locations with high incidence of cardiovascular disease and cardiometabolic disease and large underserved populations.

INTEGRIS Health

INTEGRIS Health is Oklahoma's largest health system with hospitals, rehabilitation centers, physician clinics, mental health facilities, independent living centers, and home health agencies located throughout much of the state. This organization has made a commitment to raise awareness of men's health issues. To do this they have implemented a number of highly successful initiatives. The Men's Health University,

Men's Health University, also known as Men-U, is designed to educate boys, men, and their families on the importance of taking charge of their own health.

also known as Men-U and established in 2004, is designed to educate boys, men, and their families on the importance of taking charge of their own health. The program consists of free screenings and information, physician seminars, and annual wellness fairs. INTEGRIS has also developed a website specifically devoted to men's health.²¹ This strategy is very different from the one used by providers and state public health departments that generally have a men's health section within a larger women's health site. Men-U and INTEGRIS providers have collaborated with a local sports radio program station, WWLS, to sponsor and distribute the "Man Card." This highly innovative program, which is promoted by both the radio station and the health system, creates a framework for personal health responsibility around sport. INTEGRIS's commitment to these

outreach programs across the organization, from its board to its patients, has been—and continues to be—very strong, says Steve Petty, Corporate Director Community Health Improvement at INTEGRIS.²² INTEGRIS, as a not-for-profit health services provider, sees support for these programs as a way to fulfill their health care mission and give back to the community.

Other avenues for success included:

- We contacted several key physicians to serve as Champions of Men's Health.
- By re-branding established INTEGRIS clinics with male physicians as Men's Health Clinics, we were able to market more successfully to our male citizens.
- We joined Men's Health Network in Washington, DC to develop messages, policy, and media to create awareness for this program in Oklahoma on a national and international basis.
- We partnered with local colleges and malls to host events.
- Local nursing schools were recruited to help with screenings.

²¹ See <http://integrisok.com/mens-health-oklahoma>

²² Mr. Petty is a strong advocate for men's health and a member of the Men's Health Braintrust. He is also Chair-Elect of the American Public Health Association's Men's Health Caucus.

- To help get our messages out we partner with media who not only give us free advertising and time for live interviews, but have had “on air” screenings.
- Our annual Movember campaign, where men grow moustaches to highlight men’s health, exploded as we partnered with local Sports Teams, businesses and local media. Moustache contests were even televised.
- Churches play an important role in Oklahoma, so we partnered with churches in high minority and low income areas of the city to deliver physician lectures and screenings.
- Our largest minorities are Hispanic and African Americans, so we identified champions in both communities to help us coordinate activities in their neighborhoods.

What the future holds

With an eye toward early intervention we plan to increase the education of high school boys and college men on the importance of taking care of their health and avoiding risky behavior.

We are expanding our Men’s Health Clinics through our current community clinic locations across the state.

Our plans are to begin a Fatherhood Initiative that will focus on engaging fathers in all aspects of the pregnancy and birthing experience, parenting skills, healthy relationships and being a responsible father and role model.

Access and the stigma of mental health treatment is a national issue. We will be working with our mental health department to coordinate more services and education directed towards anger and stress management, substance abuse, depression and suicide.

Samples of all of our programs and more can be found on our website at:
www.integrismenshealth.com

Phoebe Putney Hospital System

The Phoebe Putney Hospital (www.phoebeputney.com) is the largest comprehensive regional medical center in rural Georgia. The Hospital serves a population that is in the eighth poorest congressional district and the second poorest city in the nation, and most of the boys and men in their service areas don’t have a physician or even understand how to access and navigate through the maze of health services that are available to them. For those reasons, the Hospital is doing everything it can to overcome those obstacles. According to Mr. Darryl Sabbs, who directs the Hospital’s Men’s Health Community Outreach programs, the Phoebe Putney system—and all the facilities under

its umbrella—have successfully developed and implemented programs that help men navigate the system, and has organized screening programs and events that identify boys and men who have immediate medical needs, and help them obtain the required care. These efforts have enabled the Hospital system to reach over 1,000 men and their families annually.

City of Milwaukee

Darryl Davidson of the City of Milwaukee Health Department states that in the past several years, the City has begun a gender-appropriate men's health initiative.²³ The impetus to develop a Men's Health Center came from a careful analysis of the needs of Milwaukee's male population—and from the harsh challenges faced by local governments and their citizens (for example, 46.8% of working-age Milwaukee-area black males were not in the labor force last year). Men in Milwaukee have higher rates of heart disease, cancer-related deaths, homicide, and suicide than Milwaukee's women. Mirroring the situation in the rest of the country, men in Milwaukee are twice as likely as women to lack healthcare coverage and over 60% more likely to lack healthcare coverage than men in the rest of Wisconsin. These disparities made it almost impossible to *not* make men's health—specifically by preventing illness, injury, and early death—a priority.

(Milwaukee's) Men's Health Centers offer a one-stop shop for Milwaukee's men...with the goal of helping men live longer healthier lives.

The city's Men's Health Centers offer a one-stop shop for Milwaukee's men, providing assistance, resources, and referrals for a broad range of issues, from blood pressure to housing—all with the goal of helping men live longer healthier lives. A large part of the effort in Milwaukee is dedicated to male reproductive health, family planning, and fatherhood development programs. These services are not only provided in the health department facilities, but also through a number of health care professionals (including a public health nurse, health educator, and a community outreach assistant) who deliver services at schools, men's health organizations, and other community-based venues where men live, work, and gather. This bring-it-to-where-the-guys-are approach has proved to be an integral part of the success of the program.

Another important ingredient in the programs' success, says Davidson, has been the focus on understanding how the Men's Health Center will be perceived by its client base. This means assessing the gender appropriateness of the literature resources they distribute, and redesigning the environment where men's services are delivered to make the space--right down to the reading material and images on the walls--comfortable and welcoming to boys and men.

²³ <http://city.milwaukee.gov/Mens-Health-Center>, Accessed June 2013

Michigan Institute of Urology (MIU) Men's Health Foundation

The goal of the foundation is to engage and educate men on the value and benefits of a healthful lifestyle.

Our Men's Health event recently (2013) held at Ford Field had almost 6,000 attendees. All of the services were free and included Vitals Testing, BMI measurements, Hearing and Vision Screenings, and Oral Cancer Screenings. We also offered free blood tests measuring serum Testosterone, PSA, Cholesterol and Glucose with the results mailed to each participant in 7 days and a personal phone call from the Clinical Cancer Care coordinator of our foundation for any individual with an abnormal result. There were men's health education lectures held throughout the day and the option for each of the attendees to have one-on-one sessions with physician volunteers. Through our partnership with the Detroit Lions, we were able to make the field itself available for all of the attendees to have the opportunity to kick a field goal or partake in the numerous other on-field activities. All of the men who took advantage of the screening studies were asked to complete a questionnaire which will assist us on developing more focused men's health events in the future.

MedStar-Washington Hospital

In February 2013, MedStar Washington Hospital Center received an Astra Zeneca Healthcare Foundation grant to support its successful "Hair, Heart, and Health" program.²⁴ This community-based program seeks to reduce risk for cardiovascular disease among African American men. In barbershops—common social gathering spots in many African American communities—patrons are offered screenings for high blood pressure and diabetes. When either condition is identified, services are provided to help these men get the treatment they need. According to Francisco Semiao, MPH, of the Health Underserved Community Outreach Program, the program, which has been in operation since 2008, trains barbers to measure blood pressure and weight and serve as community men's health educators and advocates for their clients. In addition, when formal program screening events are conducted, MedStar provides an on-site Men's Health Navigator who has information on healthy lifestyles and referrals for follow-up. Using well-recognized community members to incorporate health and health screenings into their everyday work has proved to be very successful. Training community health educators and helping them provide basic screening and maintain a culture of health is one of the most cost-effective and impactful ways to bring about systemic change in the attitudes of boys and men towards health.

Men's Health Network

Men's Health Network, (www.menshealthnetwork.org) is the oldest and largest non-for-profit organization in the world that addresses the comprehensive health of boys and men across the lifespan. Since its founding in 1992, MHN's mission has been to reach

²⁴ <http://www.whcenter.org/body.cfm?id=337&action=detail&ref=390>, accessed May 2013

men, boys and their families where they live, work, play, and pray with health prevention messages and tools, screening programs, educational materials, advocacy opportunities, and patient navigation. According to Ana Fadich, MPH, CHES , Vice-President of the organization, what drives MHN's mission is the view that there is an ongoing, increasing, and predominantly silent crisis in the health and well-being of men and boys. Due to a lack of awareness, poor health education, and culturally induced behavior patterns in their work and personal lives, men's health and well-being are deteriorating steadily. MHN, through its network of chapters, advisors, and partners, has been highly successful in: promoting public and media awareness and disseminating information on how to prevent disease, violence and addiction; supporting and fostering public and retail screening and awareness programs; developing a data collection system that allows MHN to act as a national clearinghouse for information about male health issues; providing and maintaining an ongoing network of health care providers and services that deal with male health issues and activating this network for public policy, advocacy and education and; working with health care providers, funders, foundations, and agencies to support men's and boys' health issues, research, and education.

MHN has created a broad range of outreach programs and successfully partnered with local and national organizations to deliver thousands of community programs that have reached hundreds of thousands of men, boys and their loved ones. A few of these creative programs are:

Men at Work

This is a flagship program in which MHN partners with employers to deliver corporate wellness activities and health events for their employees. Since 1999, MHN has secured relationships with over 70 corporate employers including John Deere, Harley Davidson, Anheuser Busch, Miller Brewing Company, UPS, Lockheed Martin, NASA, Eastman Chemical Company, Ford, GM, Chrysler, and many more.

Faith-Based Initiatives/Healthy Sunday Initiative

Men's Health Network partners with church pastors and parish nurses in coordinating a series of church health screenings and education events on Sundays. The initiative utilizes trusted communications vehicles such as newsletter, bulletin, community calendars, and more.

Time Out for Men's Health

Time Out for Men's Health is a national awareness campaign to educate men about the importance of regular check-ups and age-appropriate screenings. MHN has worked with a broad range of retail/consumer corporate partners such as Publix, Sports Authority, Simon Malls, Target, and others to conduct sponsored health education programs and screenings for its customers in local markets.

MHN has created a broad range of outreach programs and successfully partnered with local and national organizations to deliver thousands of community programs that have reached hundreds of thousands of men, boys and their loved ones.

Mobile Apps

Men's Health Network works in partnerships with various organizations to create Mobile Apps that are intended to reach and educate men and boys through the use of smart phone technology. The Apps are designed as gamified health challenges; allowing the app user to become more aware of their own health, while providing them with information on general health risks. The overall goal of the Mobile Apps is to increase user health knowledge resulting in positive health behaviors.

Drive For Five Campaign

Drive for Five is a new disease education and awareness initiative aimed at encouraging men to take a more proactive approach to their health, and educating the public about five important health risks for men (high cholesterol, high blood pressure, high blood sugar, high prostate-specific antigen (PSA) and low testosterone).

Informational Material and Advocacy

MHN also develops and distributes more than 75 brochures and booklets on health issues. These materials, many of which are in Spanish, are unique and highly effective because they are designed by men for men.

MHN also advocates for health related issues and on access to services for boys and men on a wide range of issues at national and local levels. These include health education, access to treatments for conditions that disproportionately affect men, including rare and orphan conditions, sports and workplace safety, and mental health—in particular that of our returning military service members.

Community Men's Health Educator Training and Certification (C.M.H.E.)

This innovative program is designed to train community members and healthcare professionals on the basic elements of reaching men, and working with them to educate, motivate, and facilitate boys' and men's involvement in health. This comprehensive program runs eight to twelve hours and covers such topics as the epidemiology of the men's health crisis in America, how the health of men is impacted by socioeconomic, racial and geographic factors, how to effectively communicate with boys and men about their health, gender-sensitivity as a corollary to cultural-sensitivity, and how to plan, market, conduct, and evaluate men's health outreach programs. Program iterations for non-health providers focus on developing basic skills in reaching men, while the program for health care professionals focuses on providing professional competence in applying the skills of any health discipline to the needs of boys and men. Program participants earn a certification of competence in men's health.

(The C.M.H.E.) is designed to train community members and healthcare professionals on the basic elements of reaching men, and working with them to educate, motivate, and facilitate boys' and men's involvement in health.

Next Steps

The Patient and Providers Workgroup of the Men's Health Braintrust outlined several areas of activity and advocacy that will create smoother and more efficient intersections between male patients and providers (see Table 1). These certainly are not the only areas for concentrated creativity. The most important action item for all stakeholders is to recognize that the crisis in men's health needs to be met with creative and thoughtful solutions.

Table 1

Recommended Areas for Activity and Advocacy

To Enhance the Intersection of Male Patients and Providers

- Education of boys about health and wellness at all levels of academics needs to place a broader emphasis on overall health and provide program approaches that are gender-tailored and age appropriate.
- Institutes of higher education should develop and offer educational and career tracks in gender-focused areas related to psychosocial, environmental, and life-style skills.
- Health care provider training programs and clinical training programs need to incorporate additional core academic and training curriculum elements for students in the area of men's health. These should include content in pathophysiologic, psychosocial, communication and treatment considerations relevant to the needs of male patients across the lifespan.
- As the important conceptual and structural framework of The Medical Home continues to evolve and become implemented, practitioner organizations and practitioners should consider ways to address the "Doctor for Guys" gap. Serious and thoughtful consideration should be given to transforming the discipline of men's health to focus on meeting men's life-long comprehensive needs in a gender-appropriate manner.
- Provider professional organizations, voluntary health associations, public sector policy makers and private sector commercial and service organizations should encourage, implement and evaluate additional approaches to engaging boys and men in wellness and health care. Creating and structuring health care oriented environments and services within male comfort zones should be a focal point of such efforts.

- Producers, advertisers, mass media advisors and policy makers should increase the male-centric media outreach intended for boys and men. Developing story-lines, imagery, messaging and promotional campaigns to encourage boys and men to view wellness and health care as integral components of masculinity are important approaches to reversing the anti-health sociocultural attitudes of men and boys.
- Foundations, public-sector and commercial private-sector stakeholders should give consideration to programs that do outreach, education and screening for boys and men. Organizations that currently have in-line outreach programs should review and develop male-focused strategies, materials and outreach campaigns to increase participation of boys and men in valuable programs.
- Organizations and groups that sponsor life-style programs that attract boys and men should begin to incorporate health and wellness related participation in the programs with the goal of showing how health is part of masculinity. Likewise, health providers and product managers should not shy away from men as target audiences or from male centric events, entertainment and programs.

Appendix 1

Organizations that participated in the May 3, 2013 Dialogue on Men's Health

AAFP, Commission on Health of Public and Science and faculty, University of Maryland School of Medicine

American Academy of Physician Assistants (AAPA)

Agency for Community Living, U. S. Department of Health and Human Services

Alliance for Aging Research

American Association of Nurse Practitioners (AANP)

American Osteopathic Association (AOA), DC office

American Osteopathic Association (AOA), Board of Trustees

Men's Health Caucus, American Public Health Association

Association of Black Cardiologists (ABC)

Blue Ribbon Alliance

Boehringer Ingelheim

Center for American Indian Health

City of Milwaukee Health Department

Office of Minority Health

Edelman Public Relations

ExxonMobil

Gerontological Society of America (GSA)

Indian Health Service, U. S. Department of Health and Human Services

Healthcare consultant

HealthHIV

HealthyWomen

International Association of Black Professional Fire Fighters, D. C. Fire and EMS
Department (DCFEMS)

Magna Systems

Medstar

Mended Hearts

Men's Health Network

Michigan Urology, Large Urology Group Practice Association (LUGPA)

Morehouse School of Medicine

MrDad.com

National Black Men's Health Network

National Healthy Start Association

NIH Office of Research on Women's Health (ORWH)

Office of Minority Health Resource Center

Office of Minority Health, AI/AN Male Health

Office of Minority Health, ORISE

Positive Parenting, Armed Forces Radio Network

Project ReDirect

Prostate Conditions Education Council

Office of Family Planning, U. S. Department of Health and Human Services

QCI Behavioral Health

RetireSafe

Urologic Oncology, University of Colorado Anschutz Medical Campus

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