EXECUTIVE SUMMARY

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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In September 2013, the Men's Health Braintrust issued the latest in a series of reports and recommended action items for advancing the health of boys and men in America. This important report summarizes discussion by representatives of over 40 public and private sector organizations, patient advocates and clinical practitioners involved in health care. Their dialogue focuses on how provider and provider organizations can better serve the health and wellness needs of boys and men. The full paper can be found in the Men's Health Library at www.menshealthlibrary.com/Dialogue2.

Panelists discussed men's views about their roles as health care consumers and health providers for their family. Their 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 may not be as supportive, receptive or properly prepared to address this need. There are several factors that contribute to the anti-health culture and environment facing boys and men:

- There are a number of significant gender-cultural barriers that keep men from being as engaged as they'd like to be—and should be—in wellness and healthcare for themselves and their loved ones.
- Negative stereotypes about men's roles in the family have contributed to a type of "learned-helplessness" about wellness, health care, and fathering.
- Men as day-care professionals, teachers, school nurses, and others who might be positive role-models are noticeably absent from these day-to-day caregiving roles, and shifts in health profession career tracks may impact the percentage of men in these careers.

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- Media offer up role models that support and encourage the notion of wellness as a feminine trait.
- 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.
- Traditional physical education (PE) in schools, which used to provide boys (and girls) with a basic understanding of healthy behavior, activity, and the link to wellness, has virtually become a thing of the past.

The panel also discussed important trends in health practitioner education and training which impinge on the ability of newly trained clinicians to provide male-gender appropriate care. They also discussed the necessity for providing environments, locations and approaches that are shown to be "male friendly". Trends identified led the panel to conclude that unless there are systemic changes, the next generation of health professionals will be even more focused and comfortable in advocating for and managing the care of women and girls and even less prepared to advocate for and meet the needs of boys and men.

In terms of health systems and day-to-day access to care, all felt that one central lack is that of an identifiable medical home for boys and men, a "Doctor For Guys". One of the drivers of poor health of boys and men is the remarkably low rate at which males engage in primary care and the length of time it takes for men to come to care when a condition arises. Part of this phenomenon is that, unlike women, there is no

subspecialty that welcomes men across the life-span as its primary practice focus. To overcome this void, practitioners will need to start viewing men and boys as consumers of heath care, and actively promote that they are welcoming to males. 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. Skills for advancing the health of boys and men should not be the sole purview of any one discipline but a shared goal of all, with guidelines for residency training programs and specific ongoing requirements for practitioners that would ensure appropriate levels of proficiency in providing for the

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specific and unique psychologic, pathophysiolgic and clinical care of male patients.

While much work needs to be done, there are already many community-oriented programs in the public and private sector, including those sponsored by Men's Health Network and their health partners, that are helping to reach men and boys effectively where they live, work, play and pray. This paper provides a view on several important model programs that show how to engage boys and men in their own health and wellness more effectively and in a manner that resonates with them.

Based on this Dialogue program a list of 8 recommendations was advanced:

Recommended Areas for Activity and Advocacy

To Enhance the Intersection of Male Patients and Providers

- Education of boys about health and wellness needs to have a greater emphasis in primary and secondary education.
- Institutes of higher education should offer educational and career tracks in male gender-focused areas related to psychosocial, environmental, and life-style skills.
- Health care provider education and training need to incorporate core curriculum elements in the area of comprehensive 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 Medical Home continues to evolve and become implemented, 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.
- Producers, advertisers, mass media advisors and policy makers should increase the male-centric media outreach intended for boys and men that encourage men to view active engagement in health and wellness as part of modern masculinity.
- Foundations, public-sector and commercial private-sector stakeholders should give consideration to programs that do outreach, education and screening for boys and men.
- 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.
- Health providers and product managers should embrace men as target audiences and offer male-centric services.

To request copies of the paper, or to learn more about the Dialogue on Men's Health series of conferences, contact: Ana Fadich, MPH, CHES, 202-543-6461 x 101, Ana@menshealthnetwork.org

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

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