Healthy People 2030 – Secretary's Advisory Committee

Oral comments by:
Men's Health Network
www.MensHealthNetwork.org
202-543-6461 x 101
info@menshealthnetwork.org
Men's Health Caucus of the American Public Health Association
www.MensHealthCaucus.net

August 30, 2017

Men's Health Network (MHN) and the Men's Health Caucus of the American Public Health Association (APHA) appreciate the opportunity to offer comments to the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. MHN is a national non-profit organization whose mission is to reach men, boys, and their families where they live, work, play, and pray with health awareness and disease prevention messages. The Men's Health Caucus (MHC) of the APHA brings together academic, federal, state and local health departments, private and non-profit organizations with a common interest in improving the health and well-being of men, boys and their families. The MHC coordinates a diverse, multidisciplinary, and coordinated approach to better tackle public health issues within our communities.

Healthy People 2030 presents an opportunity to eliminate gender and other disparities, and improve the health and well-being of men and their families. Men can play an important role in this effort. An involved, healthy father has a direct impact on his family by staying healthy, being a role model for his children, and providing support for their mother – but for this to happen, health systems must address the unique challenge of engaging men and boys in healthcare while encouraging healthy behaviors and lifestyles.

There is a silent health crisis in America. Men live sicker and die sooner than their female counterparts, dying at higher rates from 9 of the top 10 causes of death. At the 2012 meeting of the Dialogue on Men's Health, the Men's Health Braintrust, a coalition of over 40 key health thought leaders, found:

> Over the past two decades, there has been a growing interest in gender-specific approaches to improving health status. It is only recently that boys and men have begun to be recognized as a distinct biomedical and sociological population with unique health care challenges.
>
> In terms of mortality and morbidity, the disparity between American females' and males' quality of life, access and motivation to engage in health care services and products represents a significant challenge for all stakeholders.…Men make

> half as many preventive care visits than do women, and far fewer men than women can identify with a primary care provider. The data across sectors clearly show that America's boys and men face poorer overall health outcomes across a wide range of key indicators and live less healthy lives than would be expected given generalized trends in morbidity and mortality.[1]

This is true across all races and ethnicities. Some health issues may be more common in different segments of the population, but attitudes and susceptibility are gender based – as are ways to reach them with lifestyle and wellness messaging.

Unfortunately, the attempt to define and address health disparities is complicated by the understanding that some health conditions or outcomes may be under-diagnosed because of insufficient or inappropriate diagnostic tools (depression in men is an example), because of a group's failure to connect with the healthcare system, or because of failure to properly identify the ethnicity of the patient (a problem with American Indian data).

Our comments focus on three areas:

Address Gender and Other Disparities:

We suggest following the example of HP 2010 which provided clear guidance for efforts to eliminate health disparities:

> ***Goal 2: Eliminate Health Disparities***
>
> The second goal of Healthy People 2010 is to eliminate health disparities among segments of the population, including differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation. This section highlights ways in which health disparities can occur among various demographic groups in the United States.
>
> ***Gender***
>
> Whereas some differences in health between men and women are the result of biological differences, others are more complicated and require greater attention and scientific exploration. Some health differences are obviously gender specific, such as cervical and prostate cancers.
>
> Overall, men have a life expectancy that is 6 years less than that of women and have higher death rates for each of the 10 leading causes of death. For example, men are two times more likely than women to die from unintentional injuries and

[1] Men's Health Braintrust. (Oct. 12, 2017). A Framework for Advancing the Overall Health and Wellness. Retrieved August 30, 2017, from http://www.menshealthnetwork.org/Library/Dialogue1.pdf

four times more likely than women to die from firearm-related injuries. Although overall death rates for women currently may be lower than for men, women have shown increased death rates over the past decade in areas where men have experienced improvements, such as lung cancer. Women also are at greater risk for Alzheimer's disease than men are and twice as likely as men to be affected by major depression.[2]

This statement provided clear guidance and helped in the development of specific targets for each state to try to achieve over the coming decade.

Establish Specific goals:

HP 2010 established clear disease specific goals for each state that were still being used until recently. These "Objectives for Improving Health" established specific goals for improved health outcomes in multiple areas. A summary of those goals, providing a clear picture of progress, or lack of same, can be found in the publication *Healthy People 2010 Final Review* (PHS Publication No. 2012–1038 - National Center for Health Statistics. Healthy People 2010 Final Review. Hyattsville, MD. 2012).

Using this model, HP 2030 can provide states an opportunity to track progress in specific areas over the coming decade, allowing them to adjust their public health initiatives to meet the challenges that arise.

Annual updates allowed states to compare trends from previous years and to adjust their initiatives to meet their objectives. An example of those goals and a state's tracking of progress can be found in the prostate cancer goals for Texas posted shortly after the launch of HP 2010[3]:

County	Met Healthy People Objective of 28.8?	Annual Death Rate over rate period deaths per 100,000 (95% Confidence Interval)	Average Deaths per Year over rate period	Rate Period	Recent Trend	Recent Annual Percent Change in Death Rates (95% Confidence Interval)	Recent Trend Period
United States	No	32.9 (32.8, 33.1)	32,404	1996 - 2000	falling	-4.0 (-4.3, -3.7)	1994 - 2000
Texas (State)	No	32.8 (32.1, 33.5)	1,847	1996 - 2000	falling	-4.5 (-5.3, -3.7)	1993 - 2000

[2] US Department of Health and Human Services. Healthy People 2010. Washington, DC: US Department of Health and Human Services, January; 2000. www.health.gov/healthypeople/

[3] National Cancer Institute. (n.d.). State Cancer Profiles. Retrieved August 30, 2017, from https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=48&cancer=066&race=00&sex=1&age=001&type=incd#results

County	Met Healthy People Objective of 28.8?	Annual Death Rate over rate period deaths per 100,000 (95% Confidence Interval)	Average Deaths per Year over rate period	Rate Period	Recent Trend	Recent Annual Percent Change in Death Rates (95% Confidence Interval)	Recent Trend Period
De Witt County	No	59.0 (40.5, 84.7)	7	1996 - 2000	rising	4.2 (1.5, 7.0)	1976 - 2000
Morris County	No	58.8 (33.3, 97.4)	3	1996 - 2000	**	**	**
Marion County	No	54.9 (30.5, 96.1)	3	1996 - 2000	**	**	**
- more -							

Establish Education goals:

Health, income, and education are dependent on each other – with education being the key – we cannot have a healthy population without an educated population.

States should set specific goals for the education of their citizens, with a basic high school education being the standard. At least one study has found that the benefits of a high school education over not completing high school include an increase in life expectancy of six years for women and seven years for men.[4] The same study found that a 25-year old male without a high school diploma only has another 44 years to live whereas someone with a college degree has around 57 more years to live.[4]

West Virginia, for example, provided this HP 2010 goal:

> Increase the high school completion rate of those under the age of 25 in West Virginia to at least 95%.[5]

Further, basic health education curricula should be mandatory for each elementary school, reinforced by additional classes in middle school. Lessons and attitudes about health education learned at an early age tend to have a higher retention throughout life.

# # #

[4] Brian L. Rostron et al., "Education Reporting and Classification on Death Certificates in the United States," Vital and Health Statistics Series 2, no. 151 (2010): 1-16.
[5] West Virginia Department of Education (n.d.) Educational and Community-Based Programs. Retrieved August 30, 2017, from https://www.wvdhhr.org/bph/hp2010/objective/7.htm#refer