

October 26, 2017

Office of the Assistance Secretary for Planning and Evaluation
Strategic Planning Team
Department of Health and Human Services
Washington, D.C. 20201

Submitted VIA Electronic Mail

Attn: Strategic Plan 2018-2022 Comments

Thank you for the opportunity to comment on HHS's Strategic Plan. Men's Health Network 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 and tools, screening programs, educational materials, advocacy opportunities, and patient navigation.

We have organized our comments by thematic area and then provided specific edits to the proposed objectives and strategies. The main areas we address are the Strategic Plan's goals for children's health, the need for gender-sensitive programs for men's health similar to those existing programs for women's health, the independence and well-being of the older population, key eligibility issues, and empowering the population to make informed choices for healthier living.

The HHS Strategic Plan presents an opportunity to eliminate gender and other disparities, and to improve the health and well-being of men and their families. 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. Men's poor health affects their families, employers, and society by negatively impacting the community through decreased productivity in the workforce and inability to provide care for their family members.

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:

“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. The data on health issues faced by men in the United States make it clear that health disparities for men have increased and there is a concern for their well-being. U.S. men die approximately five to six years earlier than women from causes that could be avoided had the appropriate resources been available to them.²

Unfortunately, the attempt to define and address health disparities is complicated by the understanding that some health conditions or outcomes may be under diagnosed due to insufficient or inappropriate diagnostic tools and a group's failure to connect with the healthcare system. Among other problems created by the lack of sufficient diagnostic tools and understanding of the unique ways that each gender presents health problems, is the under diagnosis of depression in men.

Thank you for the opportunity to comment on the Department of Health and Human Services' Strategic Plan for FY 2018-2022. Our comments on the Strategic Plan follow.

We would welcome an opportunity to meet and discuss these issues at your convenience.

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HHS Strategic Plan 2018-2022

Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Health Care System

Provide equity for all throughout the healthcare delivery system, including services for men, boys, and fathers that are comparable to those for women, girls, and mothers.

Create an Office of Men's Health at HHS to:

- Focus on gender sensitive messaging while promoting health education, awareness, and prevention
- Coordinate services and efforts currently undertaken by HHS, CDC, NIH, IHS, and other agencies

¹ Men's Health Braintrust. (Oct. 12, 2017). A Framework for Advancing the Overall Health and Wellness. Retrieved October 25, 2017, from <http://www.menshealthnetwork.org/Library/Dialogue1.pdf>

² National Center for Health Statistics. Deaths: final data for 2011. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf

- Networking office for the efforts of state & local health depts., pvt corporations, community organizations, nonprofits, religious institutions, etc.

Native American males have the worst health outcomes of any race or ethnicity in the U.S.

Set up the Office of Indian Men's Health (at no cost) created with passage of the Affordable Care Act – see:

Let's not forget the Office of Indian Men's Health

By Eric Bothwell, DDS, MPH, PhD and Tamara James, PhD — 10/19/16 02:10 PM EDT
Found at:

<http://thehill.com/blogs/congress-blog/healthcare/301786-lets-not-forget-the-office-of-indian-mens-health>

Objective 1.1: Promote affordable health care, while balancing spending on premiums, deductibles, and out-of-pocket costs

**** Promote preventive care to reduce future medical costs –*

Men and boys presently do not receive the same preventive services as women and girls, putting them and the women in their lives at risk. Examples include Well Woman visits (but no Well Man visit), annual depression screening for women (but not for men), STD screening for women (but not men), and more – see:

Letter to Sylvia Mathews Burwell, Secretary of Health and Human Services, November 6, 2015

Re: Comments on Office of Civil Rights, ACA Non-discrimination Proposed Rule (Section 1557)

Found at:

<http://www.menshealthnetwork.org/Library/ACA-MHN-discrimination-comments-110915.pdf>

**** Strengthen coverage options to reduce consumer costs –*

Men are being blamed for part of the increase in insurance premiums because they do not purchase health insurance at the same rate as women, yet they do not receive benefits equal to those women receive.

Incentivize men to purchase health insurance by providing them coverage comparable to that presently provided women – see:

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Objective 1.3: Improve Americans' access to health care and expand choices of care and service options –

**** Reduce disparities in access to health care –*

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Objective 1.4: Strengthen and expand the healthcare workforce to meet America's diverse needs –

Recruit men to enter the nursing profession. Expand the rights of healthcare professions such as Nurse practitioners, physician assistants, and pharmacists to provide primary care services.

Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play

Objective 2.1: Empower people to make informed choices for healthier living –

All children should receive basic health education information in grade school, reinforced by additional content when in middle school.

**** Ensure people have the information they need to make healthier living choices –*

Develop productive partnerships with organizations like Men's Health Network www.MensHealthNetwork.org that have the capability and understanding to reach difficult populations.

Establish an Office of Men's Health at HHS to coordinate the numerous federal and federally-funded programs that are capable of informing boys and men.

Take advantage of nationally recognized awareness periods like - Men's Health Month www.MensHealthMonth.org – Prostate Cancer Awareness Month www.ProstateCancerAwarenessMonth.org – and – Testicular Cancer Awareness Month – www.TesticularCancerAwarenessMonth.org – to reach specific populations.

**** Promote better nutrition and physical activity –*

Promote the benefits of physical activity in grade school through high school, including the expansion of recess periods.

Objective 2.3: Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support –

**** Expand prevention, screening, and early identification of serious mental illness and substance use disorders*

Depression is under diagnosed in males, contributing to higher suicide rates, job related problems, dysfunctional relationships, and more.

Educate healthcare providers on the unique ways that men exhibit depression and require that insurance provide depression screening benefits for men that are comparable to those for women – see:

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Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans across the Lifespan –

Men live sicker and die younger than their female counterparts, creating an emotional and financial burden on families at great cost to government and society – see:

American Journal of Men's Health : November 7, 2011

The Economic Burden Shouldered by Public and Private Entities as a Consequence of Health Disparities Between Men and Women

Armin Brott, MBA, Adam Dougherty, MPH, MS, The Economic Burden Shouldered by Public and Private Entities as a Consequence of Health Disparities Between Men and Women

"...Premature death and morbidity in men costs federal, state, and local governments in excess of \$142 billion annually. It also costs U.S. employers and society as a whole in excess of \$156 billion annually in direct medical payments and lost productivity and an additional \$181 billion annually in decreased quality of life. "

Found at:

The first step in alleviating this problem is to establish an Office of Men's Health at HHS to coordinate the numerous federal and federally-funded programs that are capable of informing boys and men.

Objective 3.1: Encourage self-sufficiency and personal responsibility, and eliminate barriers to economic opportunity –

Establish standards that require every child to receive a high school education and skill training if they do not intend to enter college.

**** Reform safety net programs to assist disadvantaged and low income populations –*

Reform eligibility rules so that a parent not living with their children, but obligated to support them, can claim those children for purposes of program eligibility. A low income parent who does not live full time with his/her children cannot claim them for purposes of eligibility and is "out of poverty" at just over \$1,000 a month income, making them financially ineligible for almost all support and job training programs.

Part of the confusion about eligibility is created by those parents who are included in the category "childless adult." Presently, both adults without children and those parents who do not live full-time with their children are grouped under the category "childless adult." Parents not living with their children should be in a separate category.

See poverty guidelines here:

<http://www.menshealthnetwork.org/Library/HHSpovertyguidelines2017.pdf>

Objective 3.3: Support strong families and healthy marriage, and prepare children and youth for healthy, productive lives –

**** Support healthy development and well-being of children and youth –*

Virtually every study indicates that children are better off if their father is involved, yet federal programs fail to promote father involvement, and too often minimize their importance. Very fine programs with names like Maternal and Child Health, Women Infants and Children (WIC), and others provide much needed services but create an agency and client culture that minimizes the critical role that men/fathers provide to the healthy development of a child, giving the impression that they are only incidental players whose presence may have little value. Those and other programs at ACF, CDC, NIH, and HRSA, like the Healthy Start program, provide excellent opportunities to involve fathers and promote healthier, better adjusted children, and healthier adults.

Build on the research and pro-father initiatives of the past - see:

THE WHITE HOUSE: Washington June 16, 1995
MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES
SUBJECT: Supporting the Role of Fathers in Families

...there are ways for a flexible, responsive Government to help support men in their roles as fathers. Therefore, today I am asking the Federal agencies to assist me in this effort, I direct all executive departments and agencies to review every program, policy, and initiative (hereinafter referred to collectively as "programs") that pertains to families to:

- ensure, where appropriate, and consistent with program objectives, that they seek to engage and meaningfully include fathers;
- proactively modify those programs that were designed to serve primarily mothers and children, where appropriate and consistent with program objectives, to explicitly include fathers and strengthen their involvement with their children;
- include evidence of father involvement and participation, where appropriate, in measuring the success of the programs; and
- incorporate fathers, where appropriate, in government initiated research regarding children and their families.

Found at:

<http://www.menshealthnetwork.org/Library/Clintonfatherhoodmemo1995.pdf>

Issue Brief: Nonresident Fathers Can Make a Difference in Children's School Performance June 1998

National Center For Education Statistics

Found at:

<http://www.menshealthnetwork.org/Library/ncpfs.pdf>

Issue Brief: Students Do Better When Their Fathers Are Involved at School April 1998 (NCES 98-121)

National Center For Education Statistics

Found at:

<http://www.menshealthnetwork.org/Library/fisp.pdf>

Objective 3.4: Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers –

Create an Office of Men's Health at HHS to ensure that older adults enjoy the presence of their spouses for as long as possible, by emphasizing the health of men as well as women - see:

The Many Faces of Aging, Administration on Aging, HHS Meeting the Needs of Older Women: A Diverse and Growing Population (June 20, 2001)

"...More than half of elderly widows now living in poverty were not poor before the death of their husbands."

Found at:

<http://www.menshealthnetwork.org/Library/AOAolderwomenneeds.pdf>

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