

Men's Health Network

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Room 738 G, Hubert Humphrey Building
200 Independence Avenue, SE
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Dear Dr. Meyers,

We are pleased to respond to the Call for Comments to the Healthy People 2010 draft. We know you and your colleagues have devoted considerable work to developing this document over the past two years.

As we testified at the Healthy People Consortium meeting on November 12, men represent a high-risk population. We are concerned that men's health issues are frequently overlooked in the Healthy People 2010 draft. We are troubled by the fact that only 2 of the 38 gender-specific objectives are directed to men.

We focused our detailed review on 10 chapters. We found the chapters fell into three categories:

1. *Appropriate balance of gender-specific issues, with minor omissions:* Chapters 3. Tobacco Use; 11. Family Planning; 17. Cancer; and 21. HIV.
2. *Substantial omissions or overlooking of men's health problems:* Chapters 7. Injury/Violence Prevention; 8. Occupational Safety and Health; 16. Arthritis and Osteoporosis; and 20. Heart Disease and Stroke.
3. *Provision of inaccurate or inadvertently misleading information that negatively stereotype men:* Chapters 23. Mental Health and Mental Disorders; and 25. Sexually Transmitted Diseases.

The omission of men's health concerns in chapters 7, 8, 16, 20, 23, and 25 is particularly perplexing. We are attaching our specific comments. We urge you to carefully review the draft of Healthy People 2010 to assure the discussion, objectives, and overall goals provide an epidemiologically-sound presentation of gender-specific issues.

Sincerely,

Men's Health Network

Healthy People 2010 Comments from the Men's Health Network

Goal 1

Goal 1.1:

Comment: Even if the total death rate is reduced to 454/100,000, a major disparity will exist in male-female death rates. This is not consistent with Goal 2, Eliminate Health Disparities.

Recommendation: Set the goal to 385/100,000.

Goal 1.2:

Comment: Reducing the death rate in adolescents to 81/100,000 will still leave a major disparity in gender-specific rates. This is not consistent with Goal 2, Eliminate Health Disparities.

Recommendation: Set the goal to 48/100,000.

Goal 1.3:

Comment: Same issue as above.

Recommendation: Set the goal to 280/100,000.

Goal 1.4:

Comment: Same as above.

Recommendation: Set the goal to 80.4 years.

Goal 1.5:

Comment: Same as above.

Recommendation: Set goal to 4,968 years.

Goal 1.6:

Comment: Compared to women, men have a shorter life span and a higher death rate for each of the top 10 leading causes of death. Yet men are more likely to report their health as good, very good, or excellent. It appears that men overestimate their own general health, in comparison to women. This is an important limitation in interpreting self-rated health statistics.

Recommendation: Page Goals 8, line 22, add: "An important limitation in Self-Reported Health, however, is the fact that certain populations, such as men, tend to overestimate their own general health. Therefore, comparisons between populations should be made with caution."

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Goal 1.7:

Comment: Same as 1.6.

Recommendation: Page Goals 10, line 6, add: "An important limitation in the Healthy Days Index, however, is the fact that certain groups, including men, tend to overestimate their own general health. Therefore, between-population comparisons should be made with care."

Goal 1.8:

Comment: No gender-specific numbers are provided.

Recommendation: Include figures for men and women.

Goal 1.9:

Comment: Same as 1.8.

Recommendation: Include figures for men and women.

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Goal 2

Goals 19, lines 9 and 14:

Comment: Recent NCHS data have shed light on gender differences in health status:

- In 1990, men died 7.0 years sooner than women. In 1920, the life span gender gap was 1.0 year.
- In 1996, for each of the top 10 leading causes of death, men had a higher age-adjusted death rate than women:

<u>Cause of Death:</u>	<u>Men</u>	<u>Women</u>	<u>Relative Risk</u>
Heart disease	178.8	98.2	1.8
Cancer	153.8	108.8	1.4
Injuries	43.3	17.9	2.4
Stroke	28.5	24.6	1.2
COPD	25.9	17.6	1.5
Diabetes	14.9	12.5	1.2
Pneumonia/flu	16.2	10.4	1.6
HIV infection	18.1	4.2	4.3
Suicide	18.0	4.0	4.5
Homicide	13.3	3.6	3.7

- Men have higher death rates than women in every age group. Of greatest concern is the substantially higher death rates among adult males in the 15-54 age groups, when they should be making the greatest productivity contributions to society. As a result, a two-fold gap exists between men and women in potential life years lost:

	<u>Men</u>	<u>Women</u>
African-American	20,273	10,180
Hispanic	9,989	4,379
White	9,226	4,969

It is hard to escape the conclusion that the great weight of epidemiological evidence points to men as the high-risk group.

Recommendation: Identify men as the high-risk group. Explain the underlying reasons for the life span gender gap, including differences in health care coverage, medical care utilization, and societal role expectations.

Goals 22 - Table 1:

Comment: Major disparities (>25%) exist in gender-specific death rates for heart disease (including ischemic heart disease), lung cancer, COPD, pneumonia/influenza, and HIV infection.

Recommendation: Add heart disease, lung cancer, COPD, pneumonia/influenza, and HIV infection to the Gender section in Table 1.

3. Tobacco Use

Objective 3-8:

Comment: Second-hand smoke is a risk to an infant, whether it comes from the mother or father. Since more men than women smoke, it would be logical to broaden this objective to include both fathers and mothers.

Recommendations: Revise objective as follows: "Increase smoking cessation among mothers and fathers, so fewer than ___% of parents smoke cigarettes during the first year of the infant's life."

6. Injury/Violence Prevention

Overall Comment

We note that rape and sexual assault each have their own objectives, whereas aggravated assault is ignored. Aggravated assault often involves a serious injury and is a major concern to men. It hardly seems fair that violence objectives of concern to women are highlighted, and violence objectives of concern to men are ignored.

Objective 35:

Comment: Men are victims of rape in both community and correctional settings. According to the 1994 Department of Justice publication, "Violence against Women," 0.2 men per 1,000 population are victimized by rape each year. This report did not include men in correctional facilities, so this rate is no doubt under-reported.

Recommendation: Revise objective as follows: "Reduce the rate of forced sexual intercourse or attempted forced sexual intercourse of persons aged 12 and older to less than 0.55 per 1,000 women, and less than 0.1 per 1,000 men."

Objective 36:

Comment: As was discussed at the Healthy People Consortium group discussion on November 12, men are also victimized by domestic violence, and many of these men require medical attention and emergency housing.

Recommendation: Revise wording as follows: "Reduce to less than ___ % the proportion of victims of battery and their children turned away from emergency housing due to lack of space."

Objective 38:

Comment: The discussion is one-sided because it implies that women are the only victims of sexual assault. Men are victimized by sexual assault, too. The discussion is also excessively broad because it addresses all forms of domestic violence.

Recommendation: Include data and targets specific to men.

New Objective on Aggravated Assault:

Comment: Aggravated assault includes attacks without a weapon that cause serious injury, and attacks with a weapon. Aggravated assault constitutes over half of all serious violent crimes. Aggravated assault affects men more often than women: 32.8/1,000 persons vs. 19.4/1,000 persons (Department of Justice: Violence against Women, Table 1. NCJ-145325, 1994). Persons ages 15-24 are at highest risk (Department of Justice: Age Patterns of Victims of Serious Violent Crime. NCJ-162031, 1997).

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Recommendation: Add new objective that states: "Reduce the rate of aggravated assault to less than ___ per thousand men and less than ___ per thousand women."

8. Occupational Safety and Health

Overall Comment

The discussion correctly notes that women represent 46% of the workforce, and cites the risks of various industries. The chapter does not cite the key mortality statistic that 94% of occupational deaths affect men, which is a major concern to men.

Page 8-4, line 41:

Comment: The discussion needs to add a paragraph about the occupational risks of men.

Recommendation: Add the following paragraph: "Men suffer from 94% of occupational deaths (NIOSH: Basic Information on Workplace Safety and Health in the U.S. Morgantown, WV, 1992). Men are concentrated in the most hazardous jobs. For example, men compose 99% of fire fighters, 98% of loggers, 98% of heavy truck drivers, and 97% of coal miners (United States Bureau of Labor Statistics: Employment and Earnings: January 1991, table 22). In 1996, 574 men died of mesothelioma, 533 died of coalworkers' pneumoconiosis, 345 died of asbestosis, and 95 died of silicosis (DHHS: Health, United States, 1998, Table 50)."

Objective 8-1:

Comment: There is no indication of the degree of risk that men are exposed to in each of these industries.

Recommendation: The discussion needs to state the percentage of male workers in each industry (mining, construction, transportation, agriculture, forestry, and fishing).

Objective 8-2:

Comment: There is no indication of which industries have a predominance of men.

Recommendation: The discussion needs to state the percentage of male workers in each industry.

Objective 8-5:

Comment: There is not indication of what percentage of deaths from pneumoconiosis affect males.

Recommendation: State the percentage of deaths from pneumoconiosis that affect men.

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Objective 8-9:

Comment: Men are at greater risk for excess levels of blood lead.

Recommendation: State the percentage of workers with excess blood lead concentrations, by gender.

Objective 8-10:

Comment: Same as 8-9

Recommendation: Same as 8-9.

11. Family Planning

Overall Comment

We commend the working group for recognizing the important role of men in successful family planning programs, which is addressed in Objective 11-6. We do believe, however, that assessment of actual contraceptive use by men is a more important measure.

The discussion in the remainder of the chapter makes the underlying assumption that family planning is solely a women's issue. Given the growing awareness of the problem of fatherlessness in our society, and given the expanded role of paternity testing and enforcement of child support responsibilities, pregnancy must now be considered an equal concern of mothers and fathers.

Page 11-4, lines 18-19:

Comment: The discussion does not discuss the rate of contraceptive use by men.

Recommendation: Indicate the rate of male contraceptive use.

Page 11-5, lines 17-26:

Comment: This paragraph makes no mention of the risk of fatherlessness.

Recommendation: Add a sentence that indicates the greater risk of fatherlessness and its deleterious effects on children.

Page 11-7, lines 8-16:

Comment: This paragraph does not discuss family planning services offered to men.

Recommendation: Add a couple sentences about the extent of family planning services for men.

Objective 11-3:

Comment: This objective does not set any contraceptive use rates for men.

Recommendation: Establish a goal for contraceptive use by men.

Objective 11-6:

Comment: We believe the intent of this objective is good, but think it should address actual contraceptive use. We also wonder if the objective is worded too broadly. How will we measure the extent to which caregivers provide outreach, education, or services to men?

Recommendation: Change the objective to measurement of actual contraceptive use.

16. Arthritis, Osteoporosis, and Chronic Back Conditions

Objective 16-14:

Comment: The discussion on page 16-5 indicates that 1-2 million men over age 50 suffer from osteoporosis. It seems rather odd, then, that these persons, which represent a significant percentage of the elderly population, are ignored in Objective 16-14. Given that men tend to under-utilize healthcare services anyway, a more reasonable approach would be to include all persons over age 50 in this objective.

Recommendation: Revise the objective to read: "Increase the proportion of persons aged 50 and older, as well as other persons at high risk for osteoporosis, who are counseled about prevention of osteoporosis, as well as about appropriate regimens for the treatment of osteoporosis."

17. Cancer

Overall Comment

We commend the work group for inclusion of an objective specific to prostate cancer, which is the second leading cause of cancer mortality among men. We find the discussion to be well-informed, and we believe the numerical objective to be reasonable.

Page 17-4, line 31:

Comment: Cancer is a major contributor to the life span gender gap. The discussion needs to highlight this fact.

Recommendation: Add a sentence or two that highlights the fact that men have a cancer death rate that is about 50% higher than women. Indicate the leading causes of cancer deaths for men: lung, colorectal, prostate, and pancreas. Explain that for every cancer site except breast, gallbladder, and thyroid gland, men have a higher death rate than women.

Page 17-5, lines 7-8:

Comment: This sentence comments on the case fatality rate of lung among women, but ignores the CFR among men.

Recommendation: Indicate the case fatality rate of lung cancer among men.

Objective 17-1:

Comment: Men are at higher risk for cancer. Since men represent 49% of the population, the statistics presented should reflect that fact.

Recommendation: Add the following breakdowns: Men: 153.8/100,000, Women: 108.8/100,000.

Objective 17-3:

Comment: Men are also susceptible to breast cancer, which should be mentioned in this context.

Recommendation: Add this comment: "About 1,000 American men are also diagnosed each year with breast cancer."

20. Heart Disease and Stroke

Overall Comment

Various groups have expressed concerns about the lack of inclusion of women in certain cardiovascular trials and about myocardial infarction among postmenopausal women. We agree these concerns are well-founded.

What worries us, though, is in the process, we seem to have lost sight of the key mortality statistics. Men are by far the leading victims of Heart Disease (178.8/100,000 among men vs. 98.2/100,000 among women) and Ischemic Heart Disease (119.3/100,000 vs. 60.4/100,000). Unfortunately, the discussion repeatedly implies that women are at higher-risk. How can we reasonably justify devoting two objectives to women (20-2 and 20-5) and none to men?

Page 20-4, lines 3-9:

Comment: One of the most troubling disparities in the United States is the fact that heart disease death rates among men are almost double the rate among women. This paragraph highlights risks of heart disease to women, but somehow ignores the substantially higher risk among men.

Recommendation: Add: "Heart disease remains the number one killer of men; despite advances since the 1960s, death rates among men are still almost twice the rate as women."

Page 20-4, lines 19-30:

Comment: Paragraph states that attention needs to be placed on women, while ignoring the key fact that men have much higher rates of death from heart attack.

Recommendation: Add: "According to the NCHS, men have twice the risk of death from ischemic heart disease (119.3/100,000 vs. 60.4/100,000). It is particularly important to focus on men, whose rates of smoking and uncontrolled hypertension place them at higher risk for heart attack."

Page 20-4, lines 38-42:

Comment: Paragraph states that absolute declines are much greater in males than in females, but ignores the fact that men are still at twice the risk of death.

Recommendation: Add to the end of the sentence ending on line 41: "...but the age-adjusted death rate among men is still almost twice the rate as among women (178.8/100,000 vs. 98.2/100,000)."

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Page 20-5, lines 44-51:

Comment: This paragraph is one-sided. Nothing is mentioned of men's risk of heart attack deaths. None of the assertions are referenced. We are disturbed by the spurious implication that heart attacks are more of a health problem among women than men.

Recommendation A: Add the following at line 43: "One of the major reasons for the life span gender gap is the excess number of heart attack deaths among men. According to the NHLBI Cardiovascular Health Study, the annual rate of new and recurrent heart attacks among non-black men ages 65-74 is 26.3/1,000, ages 75-84 is 39.7, and age 85+ is 53.6. Among non-black women, the corresponding rates are 7.8, 21.0, and 24.2. Even greater disparities are present between black men and women (American Heart Association: Heart and Stroke Statistical Update. 1997, p. 10). As a result, ischemic heart disease deaths among men are much higher than women. In 1996, the age-adjusted death rate for IHD was 119.3 for men, and 60.4 among women. The reasons for the higher rates of heart attack and IHD among men include higher rates of tobacco use, higher prevalence of hypertension, and lower rate of health care coverage."

Recommendation B: Unless the existing statements can be verified and the methodology is proven to be sound, delete the existing paragraph.

Objective 20-2:

Comment: Given that heart attack is a major killer of men, this objective is one-sided, for the reasons stated above.

Recommendation: Add: "Reduce to __% the proportion of males who die within one year after having a heart attack."

Objective 20-5:

Comment: Given that cardiovascular disease is the biggest single contributor to the life span gender gap, this objective is gender-biased.

Recommendation: Add: "Increase to __% the proportion of males who are aware that cardiovascular disease is the leading cause of death for all males."

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21. HIV

Objective 21-3:

Comment: The baseline indicates the source of the information is sexually active unmarried women. Wouldn't it seem strange if we were to ask men about women's use of diaphragms? Then doesn't it seem equally odd that we would ask women about men's use of condoms? Furthermore, asking women will eliminate measurement of condoms by homosexual men, a major area of HIV risk.

Recommendation: The data source should be sexually active men not in a long-term, committed relationship.

23. Mental Health and Mental Disorders

Page 23-5, lines 1-16:

Comment: The risk of suicide among men is 16.0/100,000, compared to only 4.0 among women. This relative risk of 4.5, a shocking figure, argues that men's suicide risk should receive the greatest emphasis in this discussion. Men's greater risk of suicide is not even mentioned until the next-to-the-last sentence in the paragraph. The paragraph implies that we should be more worried about eating disorders among women than suicide among men.

Recommendation: The second sentence should read: "Men have a risk of suicide 4.5 times higher than for women, although women attempt suicide more often than men. Men begin to have a higher suicide rate in the 10-14 year-old group (2.1 vs. 0.8). This gender gap widens among older teenagers 15-19 years (18.0 vs. 4.4), and continues among young adults 20-24 years old (25.8 vs. 4.1). Even in middle age, suicide is four times higher among men (25.0 vs. 5.7) (NCHS: Vital Statistics of the United States, Tables 1-9, 1991). Of particular concern is the increase of suicide rates among young black males, which has doubled since 1980."

Page 23-5, lines 1-16:

Comment: Except for suicide risk, this paragraph ignores mental health problems that are more common among men, especially schizophrenia (men: 2.0% cumulative risk vs. women: 0.7% risk) and organic brain syndromes (men: 5.4%; women: 1.4%) (Hagnell O. A prospective study of the incidence of mental disorders. Stockholm: Srenska Bokforlaget/Bonniers, 1966.)

Recommendation: Add the following sentence: "Men may underreport their experience of emotional distress. Nonetheless, one prospective study found men had almost three times the risk of schizophrenia, and almost four times the risk of organic brain syndromes."

Page 23-5, lines 9-10:

Comment: This sentence states that a history of physical and sexual abuse is more prevalent among women. This statement is factually incorrect.

The National Incidence Study is a Congressionally-mandated study of the frequency of child abuse and neglect in the United States. It is considered an authoritative source of information in this area. According to the most recent survey covering the years 1993-94, the three most common areas of child maltreatment are:

1. Neglect
2. Physical abuse
3. Sexual abuse

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According to the National Incidence Study, boys have an 18% greater risk of being neglected than girls, and boys had a 24% higher risk of serious injury than girls. Only in the area of sexual abuse are girls more likely to be mistreated than boys. A recent report indicates that sexual abuse among boys has been underreported (Holmes, JAMA, Dec. 2, 1998). Of major concern is that compared to 1986-87, boys' risk of being fatally injured has increased, while the girls' risk has decreased.

Looking at adults, repeated surveys by the National Family Violence Survey have found that men are as likely to be victimized by domestic violence as women (Straus M.A., "Husband abuse and the woman offender are important problems," Current Controversies on Family Violence, Gelles R.J & D. Loseke eds., Sage Women's Educational Press, Atlanta, 1993.) Dozens of other studies have reached the same conclusion (references available upon request).

The research confirms that boys and men are victims of violence and abuse as often as girls and women.

Recommendation: Change the sentence to read: "A history of physical and sexual abuse, a problem for both men and women, appears to be a serious risk factor for suicide attempts."

Page 23-9, Objective 2:

Comment: Suicide is predominantly a health concern to males. In the 15-19 year old group, the rate of suicide is 18.0 in boys, 4.4 among girls. This fact should be highlighted in the discussion.

Recommendation: Add this statement: "Suicide predominantly affects males. In the 15-19 year old group, the rate of suicide is 18.0 in boys, 4.4 among girls."

Page 23-12, Objective 7:

Comment: Men experience severe disabilities and mental disorders, too. It is hard to find a sound public health rationale for restricting this objective only to women.

Recommendation: Modify the objective as follows: "Reduce disabilities associated with mental disorders for men and women." Revise the discussion accordingly.

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25. Sexually Transmitted Diseases

Overall Comment

Men and women are both at risk for contracting STDs. For some STDs, men are at higher risk. For certain STDs, women experience more complications. What worries us is we seem to have lost perspective. Assertions are sometimes made in the chapter without supporting data. The discussion repeatedly highlights the risks to women, and downplays or ignores men's health concerns. The discussion on Sexual Violence is particularly one-sided. When STDs are so common among men, it doesn't make sense to devote six objectives specifically to women and none to men.

Page 25-5, lines 31-40:

Comment: The draft states, "Compared to men, women are at higher risk of most STDs." This statement is not supported by the information provided in the Objectives section:

	<u>Male</u>	<u>Female</u>
Chlamydia	15.7	12.3
Gonorrhea	125.4	119.3
Syphilis	3.6	2.9
HSV-2	Not reported	
HPV	Not reported	

Recommendation: Based on the information provided, the most reasonable conclusion would be: "For many STDs, men are at higher risk of sexually transmitted diseases." The discussion needs to highlight the STD risks that are common to men.

Page 25-7, lines 1-12:

Comment: This discussion is one-sided and unfairly ignores men's risk of being raped, especially in correctional facilities:

According to the National Crime Victimization Survey, men in community settings are the victims of rape at the rate of 2/10,000 (Department of Justice: "Violence against Women" NCJ-145325, 1994, Table 1). In correctional facilities, the rate of rape of men is far higher. One study reported that 14% of incarcerated men had been pressured to have sex against their will (Wooden WS, Parker J: Men behind Bars. New York: Plenum Press, 1982). Extrapolated the nation as a whole, it appears that more than one million men are raped in prisons and jails every year.

Also, one study noted that 63% of men had experienced unwanted sexual intercourse (Muehlenhard, Charlene L, and Cook, Stephen W: Men's Self Reports of Unwanted Sexual Activity. Journal of Sex Research 1988; 24: 58-72).

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Recommendations:

1. Modify the first sentence as follows: "...bring to light that not all sexually experienced young females or males enter a relationship as a willing partner."
2. Modify the second sentence as follows: "In fact, sexual coercion and deception is a significant problem for America's young women and men."
3. Add the following paragraph: "According to the National Crime Victimization Survey, men are the victims of rape at the rate of 2/10,000. One study noted that 63% of men and 46% of women had experienced unwanted sexual intercourse by the time they had reached college. Rape of men in correctional facilities is a problem that has received inadequate attention. According to one study, 14% of detained men had been pressured to have sex against their will."
4. Line 9: Modify as follows: "Sexual violence against women and men contributes both directly and indirectly to transmission of STDs."
5. Line 10: Modify as follows: "Directly, men and women experiencing sexual violence are less able to protect themselves from STDs or pregnancy."

Page 25-9, line 7:

Comment: The sentence states that women "use" condoms. This statement is analogous to saying that men should "use" diaphragms for birth control. Men use condoms, not women.

Recommendation: Modify the sentence as follows: "...are less likely than other women to request their partner to use condoms for STD protection."

Page 25-10, lines 7-20:

Comment: Given that men have higher rates of chlamydia, gonorrhea, and syphilis, it is strange that no mention is made of this.

Recommendation: Add an additional paragraph that highlights the STD risks of men, including the barriers they face to obtaining timely diagnosis and treatment.

Page 25-12, line 28:

Comment: The draft states, "The highest annual rates are reported among 15-19 year old females." But the data under objective 25-1 do not support that conclusion.

Recommendation: Clearly state the rate of chlamydia among young females. To assure gender fairness, state the corresponding rate among young males.

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Page 25-12, line 36:

Comment: The draft states, "Reported rates of chlamydia for women greatly exceed those for men." This statement contradicts the information presented under objective 25-1.

Recommendation: Revise the statement to be consistent with the data reported under objective 25-1.

Page 25-15, lines 4-22:

Comment: HIV/AIDS is a condition that affects far more men than women. But even here, the discussion is slanted to women's concerns. For once in this chapter, wouldn't be reasonable to highlight the men's health issues?

Recommendation: Expand the discussion of men's health issues, and place these at the beginning of the section.

Page 25-15, lines 30-31:

Comment: It is preferable to state actual percentages, not "almost one in five."

Recommendation: State actual rates of HSV-2 infection.

Page 25-21, lines 36-45:

Comment: This paragraph is redundant with the paragraph on the top of page 25-7.

Recommendations: See recommendations on page 25-7, above.

Page 25-22, line 5:

Comment: The sentence states that women "use" condoms. This is like saying men "use" diaphragms for birth control.

Recommendation: Modify the sentence as follows: "...are less likely than other women to request their partner to use condoms for STD protection."