Men's Health Network

An informational and educational organization recognizing men's health as a specific social concern

Dedicated to significantly improving male health, longevity, and quality of life.

Presentation to:
National Institutes of Health
May 12, 2003

Addressing the Crisis in Men's Health Through Educational and Policy Initiatives

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Addressing the Crisis in Men's Health through educational & legislative action

- Men's Health Network - An Informational and Educational Non-Profit Organization Recognizing Men's Health as a Specific Social Concern.
- Incorporated in 1992.
- Based in Washington, DC, with activities across the nation.

Spokespersons / Speakers

David H. Gremillion, MD, FACP

Wake AHEC Medicine Service (Director)

U. of North Carolina School of Medicine, Associate Professor of Medicine

Consultant to the Secretary of Labor, OSHA Blood Borne Task Force

Infectious Diseases Society of America (Fellow)

North Carolina Governor's Crime Commission, Violence Against Women

Society of Air Force Physicians, 1972-1988 (President, 1987)

Infectious Disease Consultant to the USAF Surgeon General, 1980-1988

Jean J.E. Bonhomme, MD, MPH

National Black Men's Health Network (founder)

Emory University, Senior Faculty Advisor, Grace Crum Rollins School of Public Health, Department of Behavioral Sciences and Health Education

Apollo Addiction Recovery Cntr, 1996-present

Personal Commendation from Atlanta Police Commis. Lee Brown for work w/the Mental Health Task Force, which addressed the psych. impact on the Atlanta Black community of the Missing & Murdered Children Crisis - 1981

Dr. Bonhomme is an expert on minority health, addictions, AIDS, and the effect that family relationships have on men and their health.

Spokespersons / Speakers (partial list)

Megan E. Smith

MHN - Director, Project Development

Ms. Smith coordinates MHN's Congressional activities related to NMHW as well as other events nationwide. She has made speaking appearances to a wide variety of audiences relating to health and family advocacy, including the role of women in men's health, and represents MHN at conferences and public events worldwide.

Tracie Snitker

MHN - Director, Public Affairs

Ms. Snitker has made numerous appearances on local and national TV and radio programs. Her comments on men's health have appeared in newspapers, magazines, and medical journals.

Mrs. Betty Gallo

Cancer Inst. of NJ/Gallo Prostate Cancer Cntr - Director of Public Outreach & Govt Relations

Congressman Dean Gallo, died of prostate cancer in 1994. Since that time, Mrs. Gallo has been a tireless advocate for men's health, regular screening, and women's involvement in men's health activism.

Francisco Semiao, MHN, CEHS

Men's Health Network, Health Policy Advisor

Program Mgr, Cancer Control Planning Program, Bureau of Chronic Disease & Control, Washington, DC

DC Council on Physical Fitness & Sports (founder)

American Council on Exercise, Spokesman

Armin Brott - Author, Radio host

Hailed by Time Magazine as "the superdad's superdad," he is a nationally recognized parenting expert and the best-selling, award-winning author of five critically acclaimed books on fatherhood.

Mr. Brott writes frequently on parenting and health and has a syndicated radio show

Alvin S. Baraff, PhD, ABPP

MenCenter - Founder/Director - Author – MenTalk

Peter D. Rumm MD, MPH, FAAP

Chief Medical Officer, Wisc Division of Public Health

Member, Board of Trustees, American Assn of Public Health Physicians

Rotary International, Youth Exchange Officer

James Sniechowski, PhD & Judith Sherven, PhD

Two of the country's most respected authorities on relationships.

And others…….

MHN Coalition Partners

- Dean and Betty Gallo Prostate Cancer Center
- One Voice Against Cancer
- National Dialogue on Cancer (Chaired by Former President George Bush and wife Barbara)
- Fatherhood groups
- Men’s groups
- Health care companies
- Public Health Departments
- Fraternal and service organizations
- Corporations

MHN Focus Areas:

- Education and outreach
- MHN HealthZone
- Time Out for Men’s Health
- National Men’s Health Week
- Advocacy/legislative agenda
  - Federal
  - State
  - Local

MHN Focus Areas:

- Tradeshows and conventions
  - Typical convention configuration

MHN Focus Areas:

- Screenings at conferences & conventions
  - Screening display as seen at the 2002 Rotary International Conference in Barcelona Spain

MHN Focus Areas:

- **Education**
- Websites
  - www.menshealthnetwork.org
  - www.menshealthweek.org
  - www.menshealthoffice.info
  - www.colonhealthline.com
- Brochure development/distribution
  - Culturally sensitive & Spanish language
- Community and corporate health fairs
- Screenings
- Media events-partnerships
- Speakers bureau

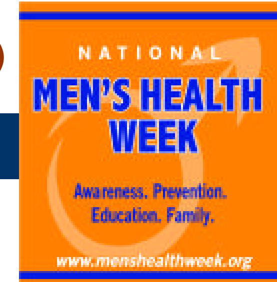
MHN Focus Areas:

- **National Men's Health Week**
- Created in 1994 by Congress
  Bob Dole & Bill Richardson in collaboration with MHN
- Week ending on Father's Day each June
- 40+ Governors proclaim Men's Health Week Each Year
- Screenings and health fairs across the country
- Corporations and public health departments participate

MHN Focus Areas:

- **National Men's Health Week**
- Congressional Men's Health Screenings
- Surveys of Clinicians and Patients
- Packaged promotional/educational events at many health departments and workplaces
- Media coverage
- International Men's Health Week

MHN Focus Areas: National Men's Health Week Participants (partial list)



- Ford-UAW National Program Center
- Home Depot
- HBO
- Carhartt
- Dow Chemical
- Honeywell
- Ernst & Young
- Los Alamos National Labs
- Fort Wayne Ford assembly plant
- New York State prison employee system
- Club Fed Fitness Center
- Axxess Technologies
- Target (Alexandria, VA)
- University of Cincinnati
- National Institute for Fitness and Health
- Houston Community College
- Maric College Library – San Diego
- POSSIBILITIES (Georgia)
- Prince Hall Masons - Delaware
- Mohegan Tribe
- Puyallup Tribe
- Methodist Health Care System
- Infirmary Health Systems – Alabama
- Baltimore Men's Health Center
- Georgia Commission on Men's Health
- U.S. Naval Clinic – San Diego
- Boston Children's Hospital
- Arkansas Department of Health
- Bethel Assembly of God – Maryland
- Our Lady of the Chesapeake church
- Shiloh Baptist Church – DC
- Prostate Initiative of Delaware
- Indianapolis Community Health centers
- Fair Oaks Pharmacy – California
- Pinellas County Florida Health Department
- Wood County Hospital – Ohio
- Our Lady of Bellefonte Hospital
- Leesburg Regional Medical Center – Florida
- Maryland Dept of Health & Mental Hygiene
- South Side Medical

MHN Focus Areas:

- MHN HealthZone
  - Motivate employers, community service organizations, public health departments, health providers
  - Provide information needed to conduct screening events and health fairs
  - Educational materials and screening guidelines
- Time Out for Men's Health
  - Screening men age 40 and above
  - Educational materials and health educators
  - Workplace health programs

MHN Focus Areas:

- **Legislative Advocacy**
- Men's Health Act of 2003: S 1028 + HR 1734

  Will create the 1st office of Men's Health to serve as a focal point for Men's Health activities
- Prostate Cancer Research Funding
- General Cancer funding for NIH, NCI and CDC
- State men's health and PCa commissions
- Welfare reform

MHN Focus Areas:

- **State Advocacy**
- Georgia Commission on Men’s Health
- MHN Tennessee
- Delaware Commissioner of Men’s Health
- New Hampshire Commission of the Status of Men
- Texas Prostate Cancer Task Force
- PCa awareness periods in several states
- Men’s Health Week in 40+ states

Survival in Academy Award Winners

- Study population 1649 performers nominated for Academy award.
- Life expectancy 3.9 years longer among winners –even with sex, and other variable corrections.
- Conclusion -- Factors associated with status/success result in a large survival advantage. *Ann Intern Med.* 2001;134:955-962.

Men’s Health as a Family Issue

“Recognizing and preventing men's health problems is not just a man's issue…..

“Because of its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue.”

Representative Bill Richardson (NM)
Congressional Record, May 24, 1994
Passage of National Men’s Health Week

“There is a silent health crisis in America...it’s that fact that, on average, American men live sicker and die younger than American women.”

David Gremillion, MD, FACP
Men’s Health Network

Men’s Health as a Family Issue

- 115 males are conceived for every 100 females[a]
- By age 36, women outnumber men[a]
- By age 100, women outnumber men 8 to 1[a]

- “Of the more than 9 million older persons living alone, 80% are women”[b]
- “More than ½ the elderly widows now living in poverty were not poor before the death of their husbands.”[c]
- “Compared with men, older women are three times more likely to be living alone…are nearly twice as likely to reside in a nursing home, and are more than twice as likely to live in poverty.”[d]

a) New York Time Magazine
b) Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging, U.S. Administration on Aging
c) Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging, U.S. Administration on Aging
d) U.S. Administration on Aging

The New York Times Magazine March 15, 2003

The Weaker Sex

by Maggie Jones

Men start out ahead: 115 males are conceived for every 100 females. ……….. But it's downhill from there.

- American men typically die almost six years before women do.
- The male fetus is at greater risk of miscarriage and stillbirth.
- Male births slightly outnumber female births (about 105 to 100), but boys have a higher death rate if born premature: 22 percent compared with 15 percent for girls.
- Overall, more newborn males die than females (5 to 4).
- Sudden infant death syndrome is one and a half times as common in boys as in girls. Boys are three to four times as likely to be autistic.
- Boys are three times as likely to have Tourette's syndrome.
- Mental retardation afflicts one and a half times as many boys as girls.
- Dyslexia is diagnosed two to three times as often in boys as girls.
- As teenagers, boys die at twice the rate of girls.
- Boys ages 15-19 are five times as likely to die in a homicide.
- Boys ages 15-19 are almost 11 times as likely to die by drowning.
- Boys ages 16-19 are nearly twice as likely to die from a car accident.

The New York Times Magazine March 15, 2003

The Weaker Sex

by Maggie Jones

By the age of 36, women outnumber men.

……….. By the age of 100, women outnumber men eight to one.

- Men are 16 times as likely as women to be colorblind.
- Men suffer hearing loss at twice the rate of women.
- The male hormone testosterone is linked to elevations of LDL, the bad cholesterol, as well as declines in HDL, the good cholesterol.
- Men have fewer infection-fighting T-cells and are thought to have weaker immune systems than women.
- Men have a higher death rate from pneumonia and influenza than women.
- Stroke, cancer, diabetes, heart disease and accidents -- all among the top causes of death -- kill men at a higher rate than women.
- In the USA, men are twice as likely to die from parasite-related diseases (in part, some speculate, because their greater average size may offer parasites a bigger target).
- Men ages 55-64 are twice as likely as women to die in car accidents.
- Men ages 55-74 are twice as likely as women to die of heart disease.
- Among people 65 and older, men account for 84 percent of suicides.

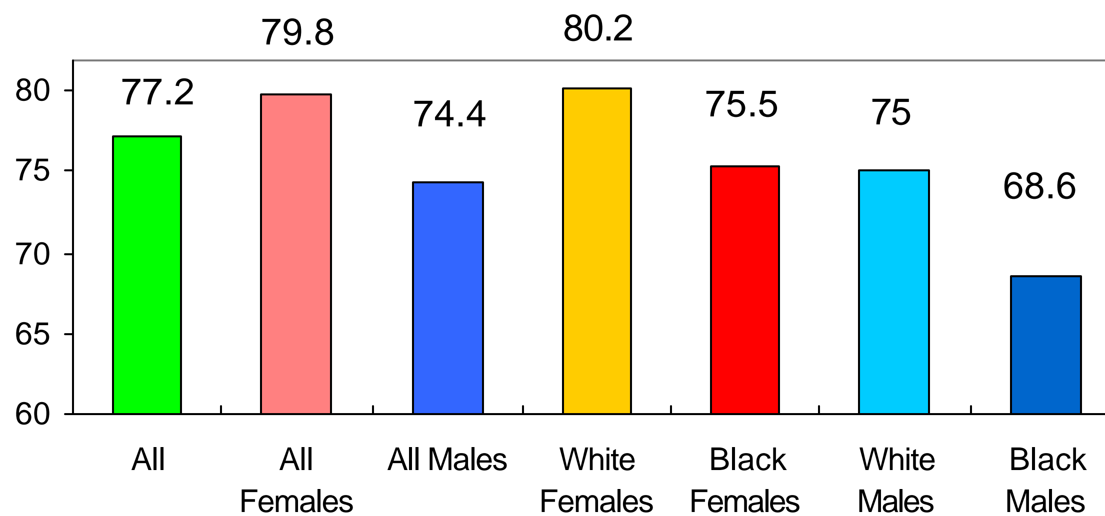
The good news? Men who live to be 100 tend to be in better shape than their centenarian female counterparts.

Women are 100% more likely to seek preventative health care

- "**The rate of doctor visits** for such reasons as annual examinations and preventive services **was 100% higher for women than for men**…."
- "The rate of all types of nonpregnancy-related visits by women 15-44 years of age was about 56 percent greater than the rate for men in this age group."

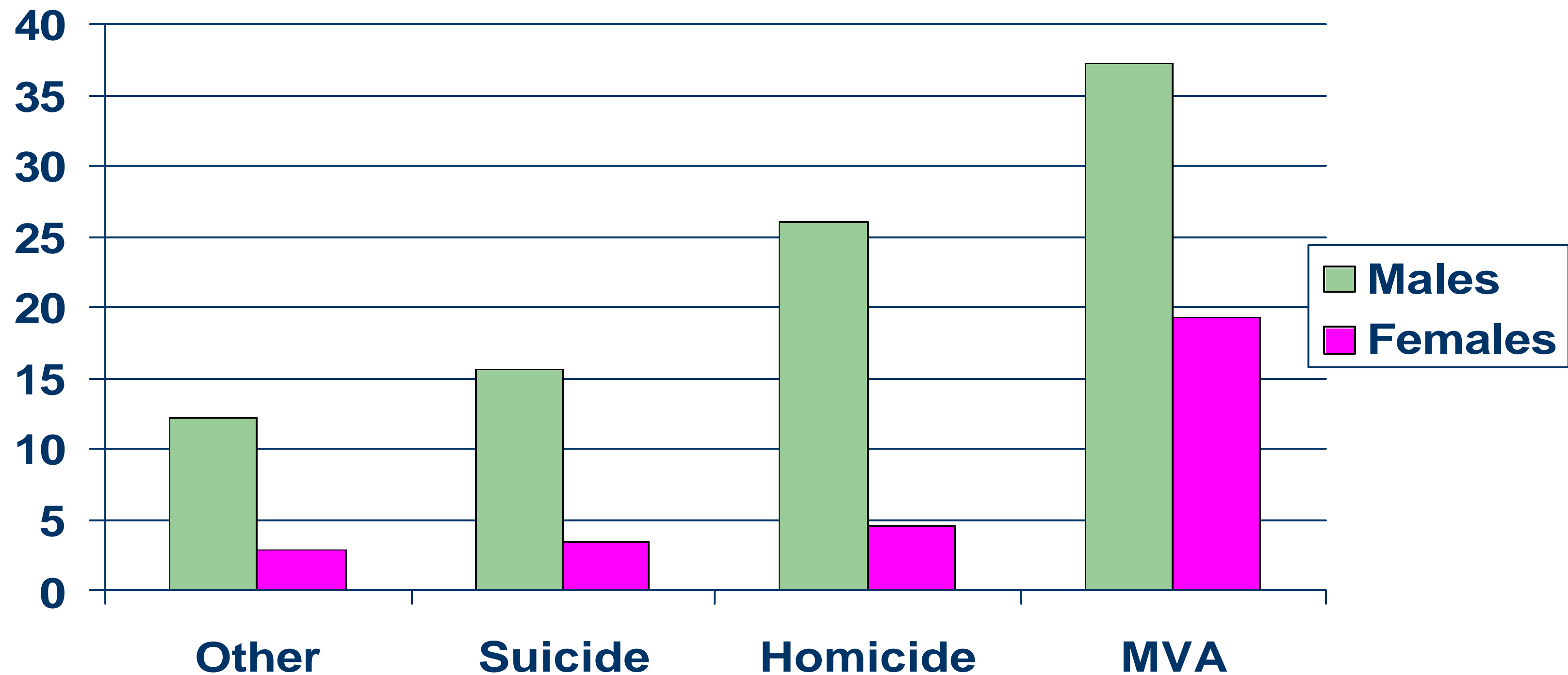
Source: Utilization of Ambulatory Medical Care by Women: United States, 1997-98**,** Centers for Disease Control and Prevention (CDC), National Center for Health Statistics : Vital and Health Statistics, Series 13, # 149 : July 2001

Mortality by Sex and Race



Source: National Vital Statistics Report. Vol. 51, No. 5, March 14, 2003, Deaths: Preliminary Data for 2001, page 25.

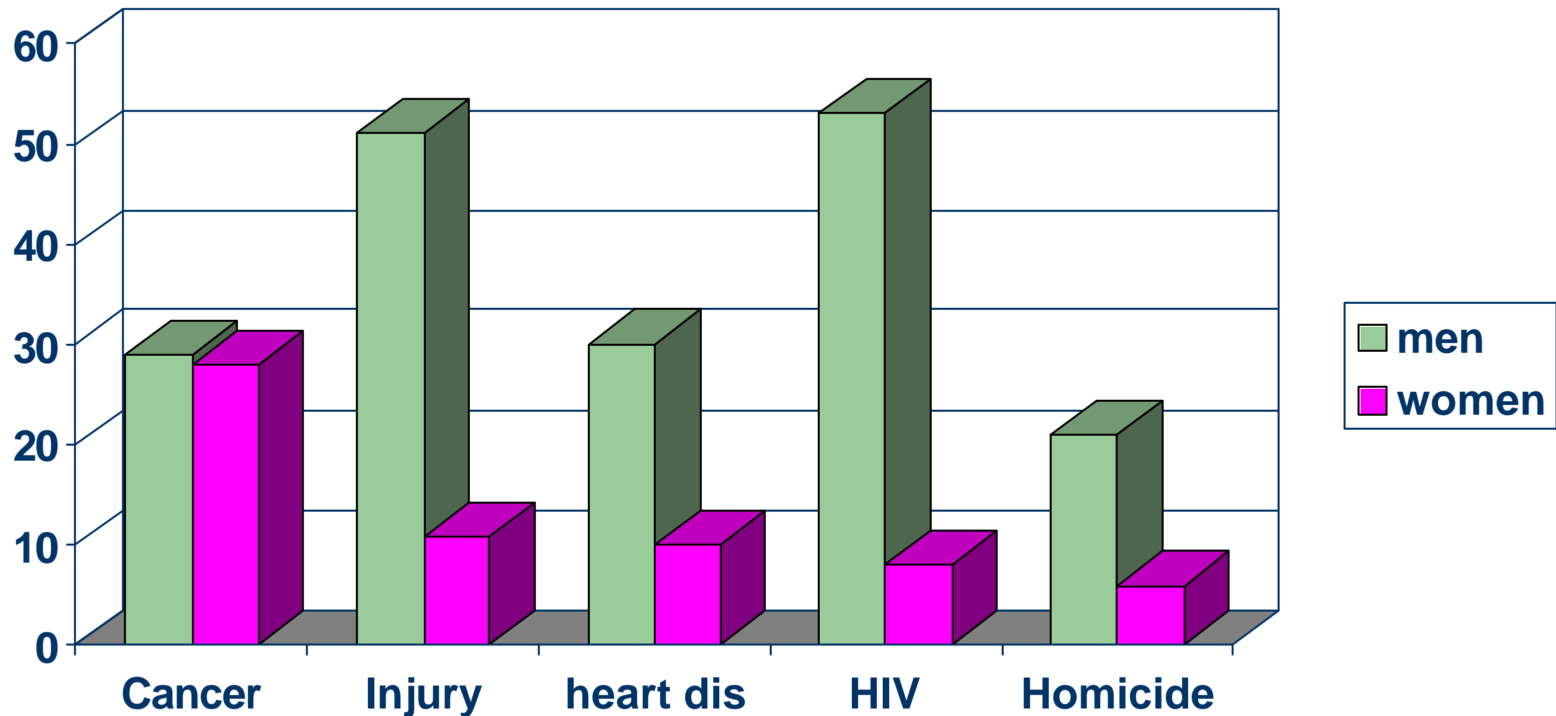
Mortality ages 15-19



Deaths per 10^5 -- 1996

Men’s Health Network

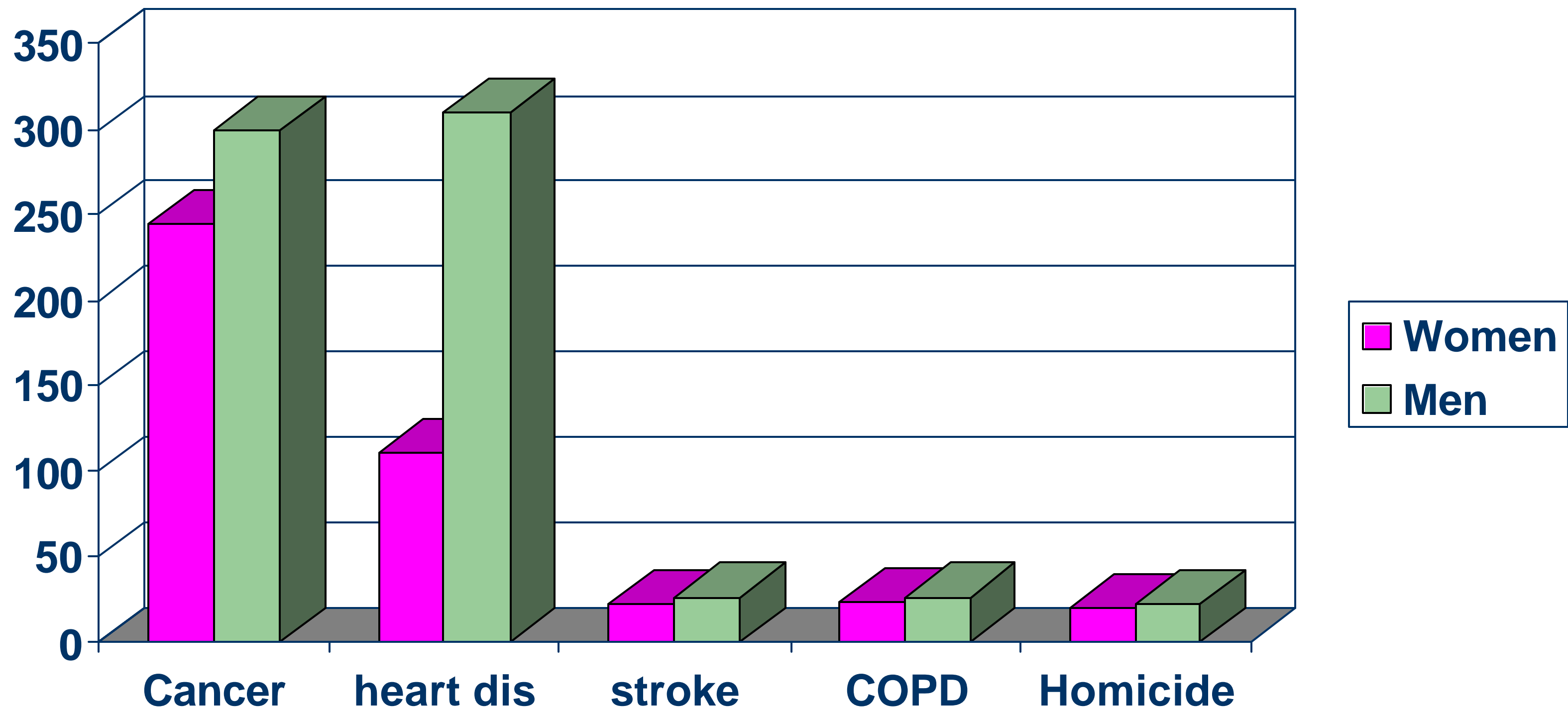
Mortality ages 25-44



Deaths per 10^5 population

Men's Health Network

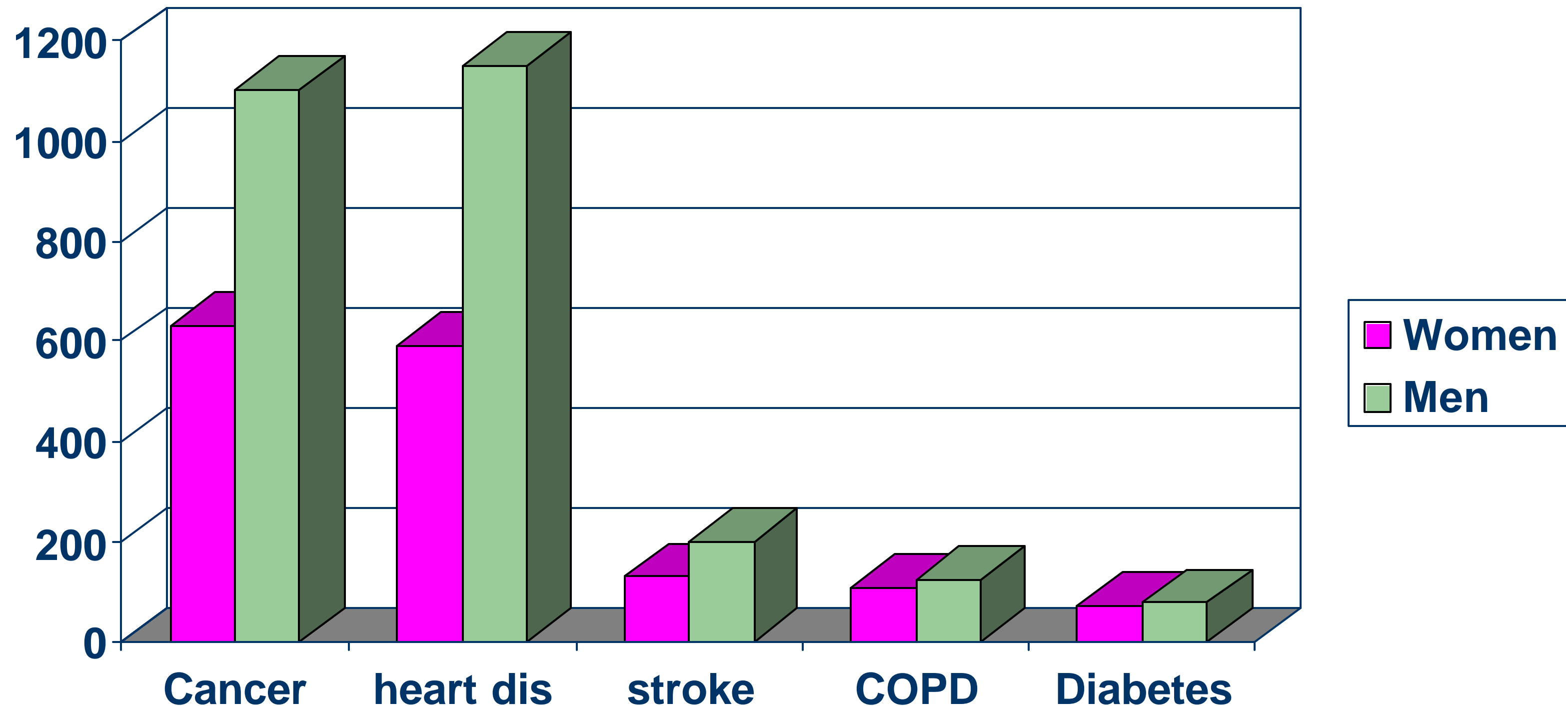
Mortality ages 45-64



Deaths per 10^5 population

Men's Health Network

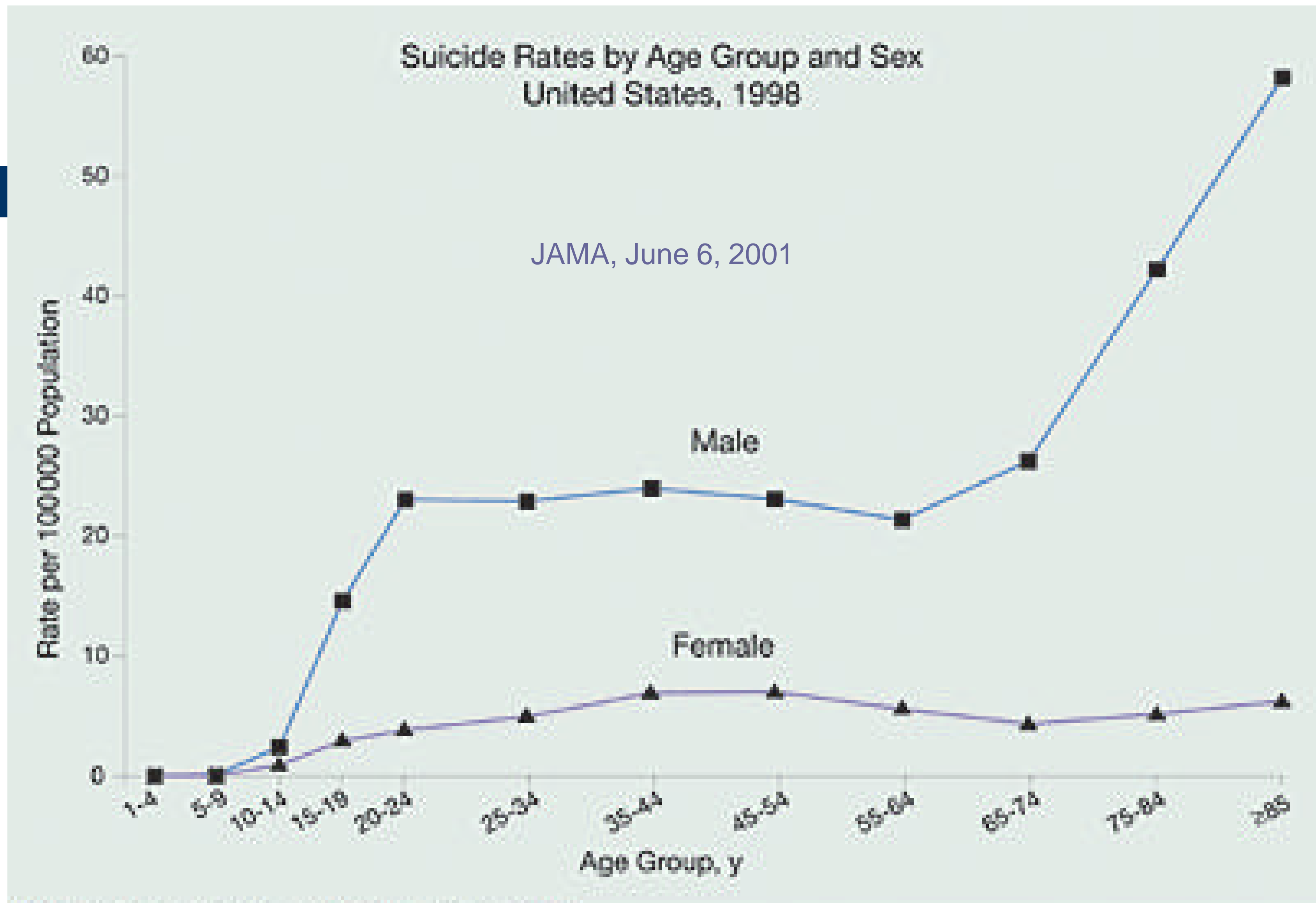
Mortality ages 65-74



Deaths per 10^5 population

Men's Health Network

Suicide by Gender and Age



Men’s Health Network

Changing the Current Culture in Men's Health Behaviors

Francisco Semião, MPH, CHES
Health Policy Advisor

Men's Health Network (MHN)

Summary

- **Two-thirds of premature deaths in the U.S. are due to poor nutrition, physical inactivity and tobacco use.** Federal and state governments conduct effective programs to reduce tobacco use, but do little to promote healthy eating and physical activity and reduce obesity.

- **Obesity is one of the biggest public health challenges of our time.**

  - **Overweight and obesity affect the majority of American adults** (61%).

  - **Obesity is the nation's fastest rising public health problem.** Obesity rates among U.S. adults increased by 60% between 1991 and 2000 and rates doubled in children over the last 20 years.

  - The negative health consequences of rising obesity rates are already evident. Rates of diabetes (most of which is type 2, which is largely due to obesity, poor diet and inactivity) rose 50% between 1990 and 2000.

  - All states must be funded by the CDC as soon as possible to promote healthy eating and physical activity and reduce obesity. Currently, **only twelve states are funded.**

Unhealthy eating and physical inactivity cause 2/3 of premature deaths

- Two-thirds of premature deaths are caused by poor nutrition, physical inactivity and tobacco. HHS estimates that **unhealthy eating and inactivity cause about 1,200 deaths every day.** That's 5 times more than the number of people killed by guns, HIV, and drug use combined.[1]

Leading Contributors to Premature Death[1]

Contributor	Deaths
Diet and Physical Inactivity	**310,000-580,000**
Tobacco	260,000-470,000
Alcohol	70,000-110,000
Microbial Agents	90,000
Toxic Agents	60,000-110,000
Firearms	35,000
Sexual Behavior	30,000
Motor Vehicles	25,000
Drug Use	20,000

- **60% of Americans are at risk for health problems related to lack of physical activity.** Regular physical activity helps to prevent heart disease, colon cancer, obesity, diabetes, and high blood pressure.[2]

- **Only 12% of Americans eat a healthy diet** consistent with federal nutrition recommendations.[3] The typical American diet is too high in saturated fat, salt, and refined sugar and too low in fruits, vegetables, whole grains, calcium, and fiber.

- **Diet and inactivity are cross-cutting risk factors, contributing significantly to four out of the six leading causes of death.**

Leading Causes of Death[4]

(Diet and inactivity are leading risk factors for causes of death shown in blue.)

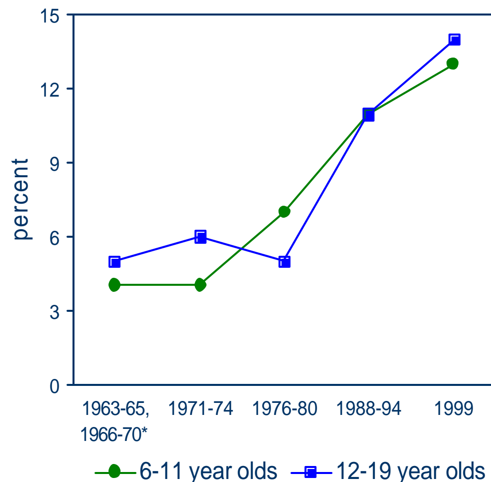
Cause	Deaths
1. Heart Disease	**709,894**
2. Cancer	**551,833**
3. Stroke	**166,028**
4. Chronic Lower Respiratory Diseases	123,550
5. Accidents	93,592
6. Diabetes	**68,662**
7. Pneumonia and Influenza	67,024
8. Alzheimer's Disease	49,044
9. Nephritis	37,672
10. Septicemia	31,613
11. Suicide	28,332
12. Chronic Liver Disease/Cirrhosis	**26,219**
13. High Blood Pressure	**17,964**
14. Pneumonitis	16,659
15. Homicide	16,137

Obesity is one of the biggest public health challenges of our time

- **Almost two-thirds (61%) of American adults are seriously overweight or obese.**[5] Obesity rates have increased by 60% over the past decade.[6]

- Obesity rates in children have doubled over the last two decades — one in seven (5 million)[7] children are obese.[8]

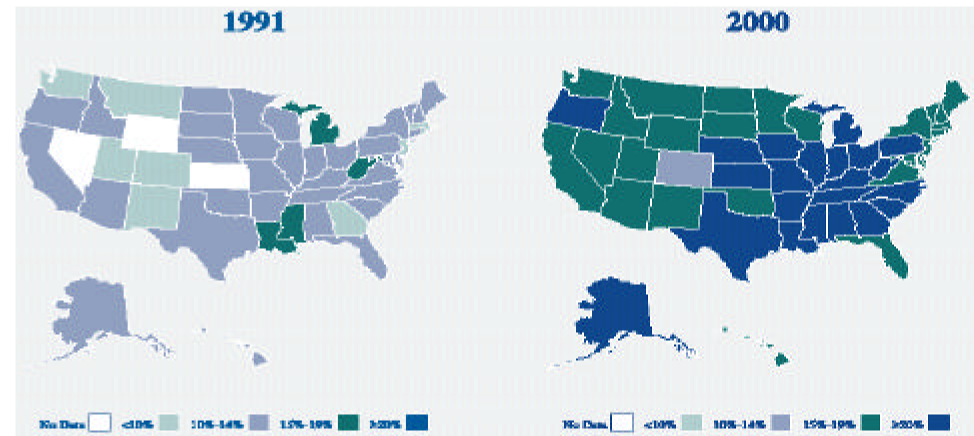
Percentage of young people who are obese[8]



*Data for 1966-70 are based on adolescents ages 12-17.

- In 1991, only 4 states had obesity rates of 15% or greater and no states had rates of 20% or greater. By 2000, 49 states had rates of at least 15%, and 22 states had obesity rates of at least 20%.[6]

Prevalence of obesity among U.S. adults, BRFSS 1991-2000[9]**



**Approximately 30 pounds overweight.

Unhealthy eating and inactivity cause disability and can reduce quality of life

Diabetes: Obesity's Twin Epidemic

- Diabetes rates have been rising along with obesity rates. Between 1990 and 2000, diabetes rates rose 50%.[6]
- Type 2 diabetes can no longer be called "adult onset" diabetes because of rising rates in children. In a study conducted in Cincinnati, the incidence of type 2 diabetes in adolescents increased ten-fold between 1982 and 1994.[15]
- Between 50% and 80% of diabetes cases are associated with unhealthy eating patterns and sedentary lifestyles.[1,16]
- Through physical activity and healthy eating, the onset of type 2 diabetes was reduced by 58% in at-risk individuals. (In comparison, the diabetes drug metformin reduced the onset of type 2 diabetes by 31%.)[17]
- **Diabetes is a leading cause of serious disabilities such as blindness and amputation**. Each year, 12,000 to 24,000 people with diabetes become blind, more than 100,000 receive treatment for kidney failure, and about 86,000 undergo diabetes-related lower-extremity amputations.[10]

Number of Americans Affected by Diet- and Inactivity-Related Diseases

Disease	Number
Seriously Overweight/Obese[7]	113,360,000
High Blood Pressure[7]	50,000,000
Diabetes[10]	15,700,000
Coronary Heart Disease[7]	12,600,000
Osteoporosis[11]	10,000,000
Cancer[12]	8,900,000
Stroke[7]	4,600,000

- Stroke is a leading cause of serious long-term disability.[7]
- 2.2 million Americans have disabilities resulting from high blood pressure.[13]
- Most hip fractures are caused by osteoporosis.[11,14] Of people over age 50 who fracture a hip, 24% die within one year and 25% require long-term care.[11] (A broken hip is the second leading cause of admission to nursing homes.)

Poor diet and inactivity raise health-care costs

Costs of Diet- and Inactivity-Related Diseases*

Disease	Cost
Cancer[12]	$180 Billion
Coronary Heart Disease[7]	$112 Billion
Obesity[9]	$117 Billion
Diabetes[18]	$98 Billion
Stroke[7]	$49 Billion
High Blood Pressure[7]	$47 Billion
Osteoporosis[11,**]	$14 Billion

*Estimates of annual direct + indirect costs.
**Figure includes direct costs only.

- Employers pay an average of $4,410 more per year for employee beneficiaries who have diabetes than for beneficiaries who do not have diabetes.[19]

- According to the USDA, **healthier diets could prevent at least $71 billion per year** in medical costs, lost productivity, and lost lives.[20] CDC estimates that **if all physically inactive Americans became active, we would save $77 billion** in annual medical costs.[21]

- Medicare costs are substantially lower for individuals at low risk for cardiovascular disease (*i.e.,* who have low blood pressure and low cholesterol in their 40s and 50s) than for individuals at high-risk. A study found that **annual Medicare costs were, on average, $940 lower per person for low-risk men than for high-risk men. Medicare costs were $1185 lower per person for low-risk women than for women at high risk.**[22]

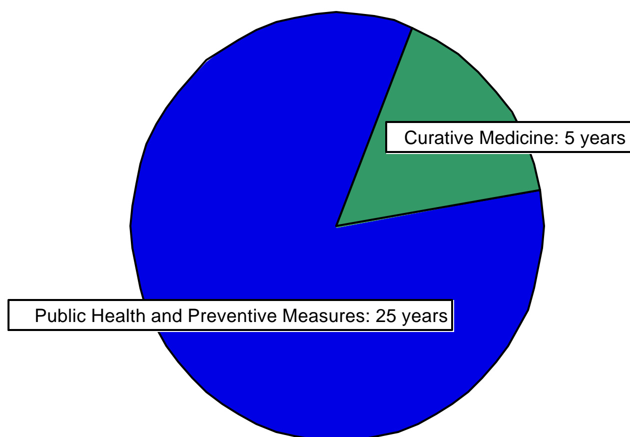
Medicare & Medicaid Costs, 2000[23]

Disease	Cost
Heart Disease	$43.1 billion
Cancer	$18.8 billion
Diabetes	$14.5 billion
Stroke	$7.0 billion

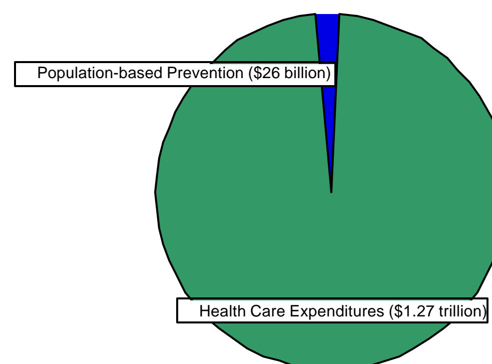
- **As the U.S. population ages, the costs of diet- and inactivity-related diseases will increase.** For example, the National Osteoporosis Foundation expects the cost of osteoporosis to increase 20-fold by the year 2040.[20]

"Sick Care" versus Health Care

Factors influencing gain in life expectancy: 1900-1999[24]



National spending for population-based prevention[25]



- Since 1900, life expectancy has increased by 30 years. According to the CDC, only 5 of those years can be attributed to curative medicine; the remaining 25 years are due to public health and prevention measures.[24]

- As a nation, we spend about $1.3 trillion each year on health care. Less than 2% of our health care expenditures are for population-based prevention activities.[25] Although there are some programs in place for early detection of disease and secondary prevention, there is little attention paid to preventing disease in the first place (primary prevention).

"Adult" diseases in children

- Only 2% of children eat a healthy diet (*i.e.*, a diet consistent with federal nutrition recommendations)[28] and 35% are physically inactive.[29]
- **25% of children ages 5-10 years have high cholesterol, high blood pressure, or other early warning sign for heart disease.**[26]

- Autopsy studies of teenagers and young adults have shown that virtually all have fatty streaks in their arteries (which is the first step toward clogged arteries). One in four study subjects had advanced fibrous plaques in their arteries.[27]
- Due to rising rates among children, type 2 diabetes can no longer be called "adult onset" diabetes. As the number of young people with type 2 diabetes increases, diabetic complications like limb amputations, blindness, kidney failure, and heart disease, will develop at younger ages (likely in their 30s and 40s).

Burden on Minority Men

NIH's Definition of Health Disparities

- "Differences in the incidence, prevalence, mortality, and burden and related adverse health conditions that exist among specific population groups in the United States"

National Institutes of Health, Disparities Workgroup

Population Groups

- Gender – male vs. female
- Age – young, adult, and old
- Education – low, average (12th grade), high
- Ethnicity – Hispanic, non-Hispanic
- Income – very low (poverty), low, middle, high
- Geographic location – rural, urban, suburban

Social Determinants of Health

Access to:

- Educational Opportunities
- Safe Jobs with adequate salaries Health care services

Prostate Cancer

In 2002 the American Cancer Society estimated:

- 500 new cases diagnosed in the District of Columbia
- 100 men will die

	DC	National
Overall	53.7	33.9
White	30.1	31.2
Black	66.3	72.8
Hispanic	-	21.6
Asian/Pacific Islander	-	14.3
Native American/Alaskan	-	17.5

Race

- The concept of race is a political distinction not a biological distinctions – at the genetic level, you cannot classify people into racial categories
- “There is considerable biological variation in human populations, but our racial categories fail to capture it”
    - David Williams, PhD Univ. of Michigan

Factors That Influence Receipt of Treatment

- Access to care
- Socioeconomic status/position
- Biologic factors
- Provider beliefs and attitudes
- Education level
- Patient attitudes towards health, lifestyle behaviors
    - Shavers & Brown, JNCI, 2002

Patient attitudes towards health, lifestyle behaviors

- Unfortunately, men show great reluctance in seeking help for physical or psychological problems or for participating in screening programs
- They are less likely than women to adopt healthy behaviors
- As a result, data shows that men live six years less than women and face major health risks that can be prevented by healthy behaviors and treated if they are diagnosed early

Strategies to Reduce Disparities

- The goal should be delivering the "standard of care" to everyone in need on a consistent basis (evidence-based)
- Eliminate the differences in treatment and this should translate to decreases in outcomes
- Men need to increase their knowledge of the basic behaviors and activities that can reduce their burden from diseases attributed to crosscutting risk factors

Strategies to Reduce Disparities

- Health practitioners have to recognize the behaviors needed to change the high-risk trend in minority men, and there has to be a movement to foster change at the community level through coalition and network building by health practitioners and stakeholders
- This type of community involvement allows for more efficient and tailored interventions in minority populations

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8. National Center for Health Statistics, Centers for Disease Control and Prevention. “Prevalence of Overweight Among Children and Adolescents: United States, 1999.” Accessed at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overwght99.htm> on March 16, 2001.

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Jean J.E. Bonhomme, MD, MPH

- Men’s Health Network (Board)
- National Black Men's Health Network (founder)
- Emory University, Senior Faculty Advisor, Grace Crum Rollins School of Public Health, Department of Behavioral Sciences and Health Education
- Apollo Addiction Recovery Center, 1996-present
- Personal Commendation from Atlanta Police Commissioner Lee Brown for work w/the Mental Health Task Force, which addressed the psych. impact on the Atlanta Black community of the Missing & Murdered Children Crisis - 1981
- Dr. Bonhomme is an expert on minority health, addictions, AIDS, and the effect that family relationships have on men and their health.

Cultural and Attitudinal Barriers to Men's Participation in Health Care: The Impact on Women, Children and Society

- Opening On A Personal Note
- Initial Event: September 4-5th, 2002
- Clinical Course
- Were There Warning Signs?
- Did This Have to Happen?
- Is This A Common Course of Events?
- Derwin and Phyllis Brown, many others

Cultural and Attitudinal Barriers to Men's Participation in Health Care: The Impact on Women, Children and Society

- Men as a group are less likely to utilize the health care system than women, a factor that accounts in part for their lower average life expectancy.
- American men are less likely to carry health insurance, less likely to have seen a physician in the previous year, and more likely to delay seeking healthcare than American women.
- Health care utilization rates appear poorest among African-American and Latino men.

Cultural and Attitudinal Barriers to Men's Participation in Health Care: The Impact on Women, Children and Society

- The health status of American men is often narrowly perceived as an issue limited to the referenced group. However, health problems affecting men may have a profound impact on women and children with regard to health and disease, economic status, quality of life, and family stability.
- Men's health issues may affect women and children directly and/or indirectly through reduction or loss of income, medical expenses, and disruption of family relationships.

Cultural and Attitudinal Barriers to Men's Participation in Health Care: The Impact on Women, Children and Society

- Paternal health issues, including military and occupational chemical exposures, have been associated with specific birth defects in children.
- The likely association between male underutilization of health care services and cultural / attitudinal factors, as well as the likely association between male health and the health status of women and children warrant increased attention by health care professionals.

Cultural and Attitudinal Barriers to Men's Participation in Health Care: The Impact on Women, Children and Society

- Men may have more stoic attitudes towards pain and fear by virtue of gender role training (stoic attitudes are often culturally prized among males) and work role training (men are disproportionately represented in physical labor jobs which necessitate tolerance for discomfort).
- In addition, female-targeted medical specialties such as OB/GYN and women's health may help to habituate women towards regular contact with physicians early in life.

Cultural and Attitudinal Barriers to Men's Participation in Health Care: The Impact on Women, Children and Society

- The lack of comparable male-targeted specialties and health care programs may hinder men's ability to actively participate in the health care system.
- These cultural and attitudinal factors may lead to poorer health outcomes by reducing adaptive responses to pain, injury and fear, such as avoidance of painful / dangerous circumstances or seeking health care when ill.

Cultural and Attitudinal Barriers to Men's Participation in Health Care: The Impact on Women, Children and Society

- Addressing the health of males as an issue affecting the broader community could potentially lead to improved health outcomes for the nation as a whole.
- Studies that measure gender-associated stoic attitudes towards pain, responsiveness to fear, and ability to identify with participation in the health care system are warranted.
- Appropriate measures of association could then delineate the relationship between these variables and health care utilization rates / health outcomes.

Why do we need to start thinking more about Men's Health?

1) All ten of the ten leading causes of death as defined by CDC affect men more than women.
2) Eight of those ten leading causes of death affect African-Americans more than whites, the sole exceptions being suicide and COPD.
3) Men as a gender are at higher risk of life-limiting illness and premature death, and men of minority groups are at extraordinary risk.
4) This state of affairs impacts the community at large on many levels, and may limit the overall potential for health of the nation as a whole.

Men’s Health May Be More Appropriately Conceptualized as a COMMUNITY Issue.

- Lack of response to Men’s Health Issues may be thought of as a weight dragging down our health outcomes at the national level.
- The United States has the most expensive health care system in the world.
- Yet, the United States has only middle-of-the road life expectancy statistics. Why don’t we also have the best health care outcomes?
- A contributing cause: Advances in Health Care Technology are not being disseminated equally as evidenced by health care consumption rates.

The Commonwealth Study (2000)

- Louis Harris and Associates, Inc. were commissioned by the Commonwealth Fund to conduct a telephone survey of 1,500 men and 2,850 women between May and November 1998.
- According to study co-author David Sandman, a health policy researcher for the Commonwealth Fund, the following points are among the findings of the survey:

Health Care Utilization, Gender and Age

Table I

No regular physician by age

Source: Commonwealth Fund (2000)

Age	Men	Women
All	33%	19%
18-29	53%	33%
30-44	38%	22%
45-64	24%	13%
65+	10%	6%

Table II

No MD visit/past year by age

Source: Commonwealth Fund (2000)

Age	Men	Women
All	24%	8%
18-29	33%	7%
30-44	30%	10%
45-64	18%	7%
65+	5%	7%

The Commonwealth Study (2000)

1) Only 58% of adult men who saw their doctor at least once in the past year had a complete physical exam.
2) Only 57% of men who made one or more visits to the physician in the past year received a blood cholesterol screening.
3) 24% of males stated that even if they were in pain or sick, they would delay seeking health care as long as possible.
4) 17% of males stated that even if they were in pain or sick, they would delay going to a doctor for a week or more.

DHHS
(1998)

- Minority Men ages 18-64 (Black and Hispanic) in all income brackets (poor, near-poor, middle and high income) were found to be twice as likely to have had no physician contacts in the past year than minority women.
- The same report stated that Black and Hispanic men were found to be less likely to carry health insurance than their female counterparts.

Health Disparities

- Different racial, ethnic, or gender groups have often been observed to have differing incidence and prevalence rates of specific diseases, as well as differing outcomes after being diagnosed with the same disease.
- Example: African American women have a lower incidence of breast cancer, but are more likely to die from it once diagnosed. The leading cancer killer for women in general is lung cancer, but for African-American women it is breast cancer.

The Critical Importance of Studying Health Disparities

- A principal assumption of Public Health is that disease does not simply occur at random.
- On the contrary, disease in human populations has specific determinants that often can be defined, identified, modified or even eliminated.
- It does a disservice to public health to assume that observed differences between groups are always due to unchangeable factors.
- Even innate factors can sometimes be modified.

Opportunities to Advance Knowledge

- Attaining a better understanding of why certain groups of people get specific diseases at higher rates than others can improve our understanding of the true determinants of disease.
- Attaining a better understanding of why certain groups have worse outcomes even when diagnosed with the same disease can improve our knowledge of how (and when) to intervene against specific diseases.

New Thinking Has Been Prompted By Attention to Health Disparities

- Driven by the new interest in health disparities, the question in being raised: Why do some groups have vastly different health outcomes when compared to others?
- Any complete discussion of health disparities must include the striking gender disparities.
- "African American men ARE a walking health disparity."
- It is surprising is that health disparities of this magnitude have been ignored for as this long.

Some Key Health Disparities

- When I got into this area about 15 years ago, the average life expectancy for African-American males was not long enough to collect social security or Medicare.
- Both quantity and quality of life seemed impaired.
- Initial efforts were greeted rather coldly and indifferently. Perhaps the attitude was that men had all the advantages, had already benefited from medical research, did not have any real problems, or that higher male mortality is normal.

Men's Health Network

Founded 1992

The Men's Health Crisis Defined

- "There is an ongoing, increasing and predominantly silent crisis in the health and well-being of American men."
- "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."

National Black Men's Health Network

- The National Black Men's Health Network was founded June, 1987 in order to address what was perceived to be a grave set of health concerns facing African-American males, a group known to suffer extremely high rates of heart disease, cancer, homicide, alcoholism, drug abuse, HIV disease, and unintentional injuries.

Men and Heart Disease: An Atlas of Racial and Ethnic Mortality (CDC, 2001)

- During a 5-year period, Male Heart Disease Death Rate per 100,000 by race and ethnic group:

- African-American 841
- American Indian and Alaska Native 465
- Asian and Pacific Islander 372
- Hispanic 432
- White 666
- All men 675

African-American Males and Heart Disease

- African American males had the greatest death rate, 26% higher than white males.
- 40% of the cardiac deaths among African American males take place before age 65 (which is defined as a Premature Death) as compared with 21% for white males.

Demographics of Homicide in America

- Over the course of a lifetime, an African-American male has a 1 in 29 chance of being murdered.
- Black females have a 1 in 132 rate.
- White males a 1 in 179 rate.
- White females a 1 in 495 rate.

American Men's Mental Health Issues

- Male youth suicide: A worldwide problem?
- African-American males have about half the overall suicide risk of the general population, but heavily concentrated among youth, an inversion of the usual demographics of suicide.
- Jed Diamond: "Irritable Male Syndrome": Depression is masked among males due to gender role expectations, and is behaviorally expressed as suicide / substance use / violence.

Does All This Have An Impact on Women and Children?

- Acute Grief/Loss of Long Term Companion
- Diminished Family Earnings
- Widowhood: Surviving spouse is at increased risk of dying over the course of the next year
- Older women-low prospects for remarriage
- If chronic disease or disability, there may be increased health care expense

Economic well-being following marital termination: A comparison of widowed and divorced women.

- Morgan LA (1989)
- Both cross-sectional and longitudinal data suggest that the end of marriage is correlated with higher **poverty** rates.
- Findings show that **40%** of widows and over 1/4 of divorced women fall into poverty for at least some time during the first 5 years after the end of the marriage.

Heart disease mortality following widowhood: Some results from the OPCS Longitudinal Study.

- Jones DR (Office of Population Censuses and Surveys. 1987)
- As in many earlier studies, some **increases in death rates shortly after widowhood** are observed.
- In this study, for deaths from all causes **these increases are more marked in widows than in widowers** (***an unusual finding***) with, for example, a two-fold increase in mortality from all causes in the first month after widowhood.

Men's Health and Children's Health

- There is emphasis on prenatal and maternal care, but does the health of Fathers affect children?
- Developmental disorders related to the father's health might include:

  -malformations visible at birth

  -spontaneous abortions

  -fetal death

  -functional deficits

  -behavioral defects

Influence of paternal age, smoking, and alcohol consumption on congenital anomalies.

- Savitz DA. Schwingl PJ. Keels MA (1991)
- Advanced paternal age was associated with increased risk of preauricular cyst, nasal aplasia, cleft palate, hydrocephalus, pulmonic stenosis, urethral stenosis, and hemangioma.
- Father's cigarette smoking was more common among children with cleft lip (with or without cleft palate), hydrocephalus, ventricular septal defect, and urethral stenosis.
- Father’s alcohol use was most positively related to the offspring's risk of ventricular septal defect.

Some Possible Military Exposures (Likely Paternal)

- Persistent infections
- Multiple vaccinations in a short time frame
- Malaria prevention drugs
- Exposure to toxic substances (chemical warfare agents, fuels, herbicides, depleted uranium)
- Anti-nerve gas agents
- Abrupt environmental changes (heat, cold)

Paternal Military Experience and Risk of Leukemia in Offspring

- Wen, wan-Qing et al (2000) Division of Pediatric Epidemiology, University of Minnesota.
- Found statistically significant associations with childhood leukemia (AML) for fathers serving in the military by analyzing data from three case-control studies from the Children's Cancer Group, with 1:1 Matched Controls on, offspring of veterans who served in Vietnam or Cambodia.
- Overall Odds Ratio: 1.7 (95% CI 1.0, 2.9).
- Odds Ratio for children diagnosed before the age of two: 4.6 (95% CI 1.3, 16.1).

Economic Effects of Unnecessary Male Illness and Premature Death

- Lost Time from Work
- Disability: Former Providers May Become Dependent
- Loss of Tax Revenue
- Inability to Maintain Gainful Employment due to Chronic Illness Which May Be Judged Short of Disability
- Widowhood: Association With Poverty
- Orphaned Children
- Increased Family Health Care Costs

Direct Exposure of Spouse and Children to Disease Agents

- HIV / AIDS: 1:160 African-American Women are HIV Positive in the U.S., and a significant proportion of these cases are from heterosexual transmission.
- Other Sexually Transmitted Infections
- Diseases Spread by Nonsexual Routes (e.g., T.B.)
- Smoking (Habits and Secondhand Smoke)
- Alcohol (Al-Anon)
- Substance Use (Nar-Anon)

Barriers To Participation in the Health Care System for Men

- Gender Role Stoicism / Work Role Stoicism
- Work hours eclipse health care availability hours
- “A ‘Man’ takes Care of his Own Problems”
- Distrust of the Health Care System,
  e.g. Tuskegee Syphilis Trials
- Lack of Information on Men’s Health,
  e.g. “’Prostrate’ cancer”
- African American (and Hispanic) Men are the least likely groups to carry health insurance
- Lack of Health Programs that Target Males

Some Gender Specific Attitudes Common To Men Regardless of Race Impacting Health Care Utilization

- Males in our society are often brought up to be stoic, to regard “giving in” to pain as weakness, resting from fatigue as laziness, and feeling fear or running from danger as cowardly.
- When a boy skins his knee at age 8, he may be told “brave boys don’t cry.” When he is 50 and having chest pain, he may say “it’s just indigestion.”
- Many males have been socialized from childhood to ignore and minimize the signals of their bodies.

Time Is On Your Side In Childhood, But Not In Middle Age

- Males may be taught from childhood that if you just ignore something painful, it will go away with time. With childhood's minor injuries, that is usually true.
- However, in middle age, symptoms like chest pain or early symptoms of cancer may go from a manageable to an incurable stage if not addressed promptly.
- The same learned ability to ignore pain and discomfort that can help men win on the football field or the battlefield doesn't make for a good interface with the health care field.

Campbell, James L.
Traditional men in therapy: Obstacles and recommendations

- "Historically, men have utilized therapeutic services less frequently than women."
- "A number of characteristics inherent in traditional male gender role socialization are related to this lower utilization, including achievement orientation, restricted emotional expression, instrumental nature, self-reliance, and restricted expression of same-sex affection."

An Attitudinal Problem: Inappropriate Indifference To Pain

- African-Americans and other racial minorities may have even more stoic attitudes towards pain and fear by virtue of:
- Gender role training (stoic attitudes are often culturally prized among males, especially so among African-American and Latino males.)
- Work role training (racial minorities are disproportionately represented in physical labor jobs which necessitate tolerance for discomfort.)

Braithwaite and Taylor
Health Issues in the Black Community

- Excessive, exaggerated, pathological stoicism may affect African-American men out of proportion to men of other groups.
- Over 95% of workers in the ten most hazardous jobs are men.
- Over 90% of occupational deaths are men.
- African American men are disproportionately represented in manual labor jobs that are physically painful and hazardous. Traditionally, some dirty, dangerous jobs were actually referred to as “Negro work.”

Work Role Stoicism:
Ever try to work on the roof of your house on a hot summer day?

- There may be a need to disconnect from your own feelings just to get through physically taxing jobs. Painful and hazardous work has a two-fold deleterious effect on health:
- There may be direct risk of loss of life and injury.
- When you learn to ignore the discomfort in your body 40 hours per week, you don't necessarily start feeling again when you go home. If you learn to ignore your aching back at work, the chances are greater that you might ignore pain in your chest over the weekend.

Another Attitudinal Barrier: Distrust of the Health Care System

- Distrust of the health care system exists among African-Americans. “When Black people go into that hospital they don't come out again.”
- Racial minorities fear being used as guinea pigs.
- Misguided medical experiments such as the Tuskegee syphilis trials have contributed to distrust of the health care system by African-Americans.
- Some African-Americans have had other negative experiences, such as being treated with disrespect for not having the money to pay for health care.

Distrust: A Self-Fulfilling Prophesy?

- Delaying seeking health care because you distrust or have had bad experiences in the health care system, you will likely present in a much more advanced stage of disease.
- Delay for any reason increases the likelihood that you really won't come out of the hospital.
- A family practitioner in Atlanta stated that his African-American male patients seem to come to him with one foot in the grave and the other on a banana peel.

Informational Barriers: Lack of Public Awareness About Men's Health Issues and Problems

- Some people say 'PROSTRATE' cancer instead of prostate cancer.
- This is the most diagnosed non-skin cancer among men and the second leading killer of men, yet so many people can't even PRONOUNCE it.
- Women come in asking for prostate exams!!!!
- "Prostrate" means lying flat on your face, and the term may provide an apt description of the level of public awareness about men's health.

Fatalism / Low Self-Efficacy: Another Attitudinal Barrier

- "What's the difference? You've got to die of something someday anyway. That's life."
- Many people who have had negative experiences may feel that nothing they can do will make any difference with regard to the outcome.
- Self-Efficacy: Can I actually perform the healthy behavior, such as change my diet, stop smoking, stop using drugs, quit drinking, etc.?

SES: Inability to Afford Options May Lead to Dangerous Tolerance for Pain

- Lower socioeconomic status typically leads to inability to afford a safe, comfortable environment.
- In the summer of 1995, a heat wave in Chicago took the lives of over 600 people. Most were elderly persons living in apartments without air conditioning with their windows nailed shut for fear of crime.
- They would not have remained in sweltering conditions if they could have afforded better options.

Getting American Men Into The Health Care System

- Public Service Announcements to Raise Public Awareness of Men’s Health Issues
- The Peer-to-Peer approach to promote Men’s discussion of and identification with health care issues. This reduces distrust by placing “a face just like mine” on the problem e.g. Magic Johnson (HIV) and Andrew Young (Prostate Cancer)
- HIM Summit and Men’s Health Day (Atlanta): Successful health events for men
- Market health care as an ALLY of masculinity

We Can Piggyback On Men's Desire For Achievement

- Steroid use to build muscle and enhance performance is common among pro athletes.
- The success of Viagra and Propecia.

  -The same circulatory impairment that hinders sexual performance may portend CVA or MI.

  -These new drugs are getting men to see the doctor, but late in life: Diet and lifestyle are already established.
- Clearly, most men want to be better men, a desire that the health care system can piggyback on.

Preventing Attitudinal Barriers to Health Care Participation In Males

- Stop shaming boys and men into thinking that feeling pain or fear is always weak or cowardly.
- Instead, we can teach children of both sexes that there are times when pain can be ignored safely and times when pain needs to be addressed, and that intellect can determine which approach is more appropriate in any given situation.
- Most of all, we need to shift the paradigm so that men don't feel that going to a doctor is some kind of personal failure or a defeat.

Men and Medical Research

- At the beginning of the 20th century, men had two contraceptive method: condoms and surgical sterilization. Today, that's still all men have. Women have oral, surgical, barrier, injectable, implantable, and even transdermal contraception.
- Controversy continues on the advisability of PSA screening and how or when to intervene for abnormal results.
- There are currently seven federal Offices of Women's Health without a single comparable office for men.

Does Research Always Benefit the Subject Group?

- Historically, much human research was conducted upon slaves, racial/ethnic/religious minorities, soldiers, and prisoners, who like lab animals were viewed as expendable (e.g. Tuskegee.)
- Research has clearly fallen short of ideal for both genders, albeit in different respects. Greater inclusiveness is needed.
- Painting a one-gender face on past research inadequacies is highly misleading and ultimately counterproductive.

Is It Time For A Men's Health Specialty?

- Women are served by the medical field of Obstetrics and Gynecology. This provides an avenue into the health care system that they can easily identify with, often getting them into the habit of seeing doctors regularly from their teens.
- There might be greater male participation if there were a comparable specialty that men could identify with, such as Andrology. In the interim, we can stage public events that men can identify with to help bring them into health care.

Questioning Determinism

- Remember, up to and including the 19th century, death in childbirth was very common. Fortunately, it is now so rare that we hardly hear or speak of it.
- There is no reason that focused, specific intervention cannot bring about similar improvement for the life-threatening conditions that afflict racial minorities and men.
- WHAT YOU SEE is not necessarily what HAS TO BE.

Role of the Caregiver

- Caregivers might pick up some pointers too. If people don't listen to you when you're hurt, you learn that **it doesn't help** to express yourself. " **Deafness begets muteness**."
- Recognize the cultural hurdles males have to overcome in the act of seeking health care.
- It is vital for caregivers to try to help communication by being receptive and nonjudgmental towards men's (sometimes clumsy) attempts to communicate.

Objective: Uplifting Men's Health to Build Healthier Communities

- You cannot effectively weed half a garden.
- Increased attention to the health of American men should not be seen as antagonistic to meeting the health concerns of other groups. Men's Health should be welcomed as a logical complement to women's and children's health.
- Men's Health is an essential component of building a complete and inclusive health care system and achieving optimal overall health in American communities and the nation as a whole.