

7TH ANNUAL CONGRESSIONAL
MEN'S HEALTH SCREENINGS

June 15-16-17, 2004

MHN Men's Health Network
www.menshealthnetwork.org

REPORT TO CONGRESS

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Health Awareness and Education for Members and Staff

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We are indebted to those members of Congress who cosponsored this event, led in the House by Representative Randy "Duke" Cunningham and in the Senate by Senator Richard Shelby.

And finally, a special thanks to the 103rd Congress, Senator Bob Dole, and Representative Bill Richardson for passing National Men's Health Week in 1994.

Men's Health Network
September 2004

Representative Randy "Duke" Cunningham

RANDY "DUKE" CUNNINGHAM
50TH DISTRICT, CALIFORNIA

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Dear Colleague,

On May 10, 1972 I flew my 300th mission over North Vietnam. I shot down three MIGs that day to become the first Ace of the Vietnam War. Shortly after my third kill, I was hit by enemy fire and forced to eject along with my backseat, Willie Driscoll. As we parachuted down into enemy territory, I did not know whether I was going to live, die, or possibly be taken as a prisoner of war. It was indeed the scariest moment in my life -- until the day my doctor looked me in the eye and told me that I had cancer.

I am one of thousands of men who was diagnosed following a simple prostate-specific antigen (PSA) test. During my annual examination in the summer of 1998, my doctor noted a slight elevation in my PSA test. He followed up with a sonogram and an MRI, neither of which revealed the disease. It was only after a prostate biopsy that it was determined that I had cancer. Following the diagnosis, in consultation with my family, I decided to pursue surgery as my treatment option. I am fortunate -- early detection saved my life. My doctor was familiar with PSA results, and I had healthcare coverage for my treatments. Early detection and treatment meant the difference between life and death.

This year, 230,000 men will be diagnosed with prostate cancer and 29,000 will die from this terrible disease. But prostate cancer is only a small component of the men's health crisis: men have a higher death rate than women do for every single one of the ten leading causes of death in this country. We're twice as likely to die of heart disease -- the number one killer -- and 40% more likely to die of cancer. Life expectancy has been longer for women than for men for several decades. Sadly, the largest part of the problem is that men do not take particularly good care of themselves. Only one-half of all men have received preventative health care services in the past year.

I am proud to work with the Men's Health Network to raise awareness regarding the need for regular health screenings, and it is an honor for me to host the annual health screenings on Capitol Hill. I urge my colleagues to review the report which the Men's Health Network has put together, and to recognize that screenings like these can save lives.

Sincerely,

Randy "Duke" Cunningham
Member of Congress

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RICHARD SHELBY
ALABAMA

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September 20, 2004

Dear Colleague,

I am writing to thank all of you who were able to participate in this year's Men's Health Screening. Strong participation ensured the success of the event again this year.

As a prostate cancer survivor, I have learned firsthand how important it is to have regular medical exams. I hope that the 2004 Men's Health Screening conveyed this message to others, and that those who participated will continue to seek regular exams in the future. I believe that increased awareness of disease risks and promotion of regular exams will help ensure that Americans live longer, healthier lives.

I also want to thank Men's Health Network for their work in organizing this year's screening. They have been a tremendous resource for men's health education, and I look forward to working with them again in the future.

Sincerely,


Richard Shelby

RCS : wxm

Executive Summary

Congress at a Glance

The Congressional Men's Health Screenings (CMHS) are conducted each year during National Men's Health Week, the week that ends on Father's Day. This program offers a number of convenient screenings—including prostate, cholesterol, and glucose—informative health education materials and the opportunity for relaxed discussions with health care professionals. The event is designed to increase participants' awareness of health issues and to help them develop comprehensive strategies for improving their own health and that of their families.

The CMHS program has proven very popular. This year there were 795 participants, ranging from 18 to 90 years. 88% were male and 12% were female.

Prostate screening is a key element of the program. Of those men choosing to have a PSA test (which screens for Prostate Specific Antigen), this year found 1.31% with scores of 4.0 or higher, a score defined as "abnormal" by most guidelines. That percentage compares to 1.02% in 2003, 1.2% in 2002, 2.8% in 2001, and 3.4% in 2000. For this event, MHN does not limit the test to older men so the percentage of abnormal PSA readings resulting from this event may be lower than one would expect to find in a typical screened population. A DRE (digital rectal exam) was available for those being screened for prostate cancer.

Most participants chose to have cholesterol, diabetes, and blood pressure screenings. It was found that 216 of the House participants, and 83 of those in the Senate had elevated blood pressure. Some of the high blood pressure readings may be explained by medication being taken for allergies. Over 49% of those who had their cholesterol tested had higher-than-desirable levels (200 mg/dL or higher). Approximately 2% of those who received a glucose screening had "high" glucose levels.

Participants were also screened for body fat, using the BMI (Body Mass Index). It is a number that shows body weight adjusted for height. For adults aged 20 years or older, BMI falls into one of these categories: underweight, normal, overweight, or obese. Among Senate participants, 27% of men and 18% of women had high BMIs. This contrasts with 21% of men and 15% of women participating in the House.

Osteoporosis screening was again a part of the screening and 11.5% of those screened have low bone mass or might be suffering from osteoporosis. Of those screened for testosterone (male hormone) levels, results indicated that approximately 2.93% have lower than normal testosterone.

The Congressional Men's Health Screenings project is a free service of the Men's Health Network (MHN). Based in Washington, DC, the Men's Health Network is an informational and educational organization that recognizes men's health as a specific social concern. Created to address the growing men's health crisis, MHN's goals are to save men's lives by reducing the premature mortality of men and boys and to support health care education and services that facilitate positive lifestyle decisions for men of all ages and their families.

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An Economist Group business



Morning Business

Healthy Choice. In an effort to promote Men's Health Awareness Week, **Sen. Mike Crapo** (R-Idaho) and **Rep. Duke Cunningham** (R-Calif.) are inviting fellow male Members and staffers to participate in free health screenings taking place today, Wednesday and Thursday around Capitol Hill.

Participants will receive screenings for prostate cancer, blood pressure, cholesterol, diabetes and body fat and learn why it's important for men and boys to get annual check-ups to detect and prevent disease.

Screenings for House Members and their staffers will take place from 8:30 a.m. to 4:30 p.m. today and Wednesday in Rayburn B-344. Check-ups for the Senate side will take place from 8:30 a.m. to 4 p.m. Thursday in Hart 124. Crapo and Cunningham will hold a press conference today along with members of the Men's Health Network and Pfizer Inc. to discuss men's health issues.

Congressional Men's Health Screenings

Background

With the passage of National Men's Health Week (NMHW) in 1994, Congress sought to reach out to men and their families, encouraging healthy behaviors, providing health-related education, and helping prevent illness. As one of the original supporters of NMHW, the Men's Health Network was subsequently contacted by members of Congress wishing to create a program that would set an example for citizens across the country. The idea of a health awareness and screening activity in Congress was developed as a result of these discussions.

The program began as an event to facilitate prostate cancer awareness and provide screening for the disease during NMHW. Because the event was convenient and because the busy schedule of Congress makes it difficult for employees to set and keep doctor's appointments, members and staffers requested additional services. With the addition of screening tests for cholesterol, diabetes, body fat, blood pressure, osteoporosis, testosterone, and other conditions, and with the support of Pfizer Inc, the Congressional Men's Health Screenings (CMHS) program has become a premier health event that is setting the standard for workplace health screenings for both men and women.

The CMHS program is a health awareness and education event whose goal is to raise awareness about good health and disease prevention and detection among Congressional employees. The event provides a friendly, informative atmosphere where employees have the opportunity to ask questions about their health concerns and participate in a variety of screening activities. As stated before, the event is designed to increase participants' awareness of health issues and help them develop strategies for improving their own health and that of their families. The program screens for diseases and other health abnormalities, promotes preventative education, and encourages healthy lifestyles.

Though not intended as a substitute for a complete medical examination, this program is a giant leap forward, creating a certain kind of awareness that motivates participants to monitor their health more closely and seek out annual physical examinations. In addition, confidential screening results are distributed to participants who then are encouraged to share the data with their personal health care providers.

As hoped, the passage of National Men's Health Week and the example set by Congress through the CMHS program has spurred community and workplace health events across the country. During National Men's Health Week 2004, dozens of corporations, public health departments, health care entities, churches, and community organizations produced health awareness events focused on men and family. Led by MHN, health advocacy organizations in other countries have joined together to promote International Men's Health Week, resulting in screenings and public awareness campaigns around the globe.

Local Celebrations of National Men's Health Week

A Partial List of Activities

The Congressional Men's Health Screenings provide an inspiration for planners of local and state Men's Health Week events across the country. Men's Health Network assists with hundreds of these events. A sampling of the 2004 events that benefited from the *MHN HealthZone*[™] planning manual, health information, brochures, and other educational literature provided by MHN include:

- ◆ Home Depot 's corporate headquarters in Atlanta featured a "lunch and learn" and provided a screening of its corporate employees.
- ◆ The Georgia Commission on Men's Health and the Men's Health Network co-hosted a seminar on outreach to men for city and county public health departments.
- ◆ Columbia Union College in Tacoma Park, MD celebrated National Men's Health Week with awareness events.
- ◆ The U. of Michigan had a week-long outreach program at their Urban Health and Wellness Center.
- ◆ National Black Leadership Initiative on Cancer II in Memphis, Tennessee held an event for men concerning cancer, diabetes, the heart, and general men's health information.
- ◆ Ford-UAW distributed men's health information among the various Ford plants in Michigan.
- ◆ The Jewish Federation in Chicago distributed men's health information.
- ◆ Pinellas County Health Department in Florida hosted several men's health events.
- ◆ Castle Rock Recreation Center in Colorado provided a National Men's Health Week bulletin board.
- ◆ Kaiser Permanente in California distributed health brochures to its subscribers.
- ◆ Infirmity Health Systems, Alabama, provided daily blood pressure screenings and distributed brochures.
- ◆ Clarksdale Fire Department, Mississippi, provided screening, stress management, and healthy eating programs for firemen.

- ◆ A US Army base in Michigan distributed health brochures.
- ◆ A urology clinic in Charleston, South Carolina distributed health brochures to its patient list for Father's Day.
- ◆ A software development company in Georgia distributed health flyers to its employees.
- ◆ The Los Angeles Free Clinic, California, created an awareness display.
- ◆ A Knights of Columbus chapter in Massachusetts planned a health event for the community.
- ◆ A public library in Washington State distributed health education materials.
- ◆ Phoebe Putney Health System in Georgia offered free screenings to the minority community.
- ◆ Los Alamos National Labs in New Mexico provided health education brochures for its employees.
- ◆ A church in Harahan, Louisiana provided a program on depression, prostate cancer and other health issues.
- ◆ Woodhall Medical and Mental Health Center in Brooklyn, New York presented a free community health screening with celebrity speakers.
- ◆ Soul Vegetarian Restaurant from Chicago, Illinois presented on the local TV channel "Keys to Health and Life Everlasting".
- ◆ Personal Connections Health Care Services/HIV Programs Inc. in Austin, Texas held a workshop for HIV/AIDS, prostate cancer, and diabetes.
- ◆ The Tennessee Department of Health-West TN Region created an awareness campaign.
- ◆ Palm Beach County Health Department in Florida offered free health screenings aimed toward the Haitian, African-American, and Hispanic communities.
- ◆ Payless Pharmacy West in West Lafayette, Indiana distributed information.
- ◆ Dean St. Maries Health in Madison, Wisconsin held a health fair to extend community outreach.
- ◆ Near North Health Services in Chicago, Illinois celebrated by offering free medical screenings and physical examinations.

- ◆ Catahoula Parish Hospital in Louisiana offered physician exams, glucose, PSA, and colon kit testers and distributed information.
- ◆ St. Francis Hospital in Roslyn, New York provided men's health information to their employees.
- ◆ ADP in Hoffman Estates, Illinois displayed a bulletin board and had Lunch and Learns.
- ◆ Peach Tree Center in Atlanta, Georgia participated in National Men's Health Week and had doctors present information at their events.
- ◆ Wellness Institute of America had workshops, bulletin boards, and stop-by tables for the employees at the Chryslers Chelsea Proving Grounds in Michigan.
- ◆ Health and Fitness Center in Connecticut distributed information concerning the roles of women in men's health.
- ◆ Health Ministry, a church in South Carolina, provided health information to their fellow church members.
- ◆ Peoples' Clinic in Spokane, WA celebrated National Men's Health Week by promoting men's health awareness.
- ◆ Branch Medical Clinic in Ingleside Texas displayed a bulletin board.
- ◆ Church Health Ministry Team in Kansas City, Missouri displayed information at their church during the month of June.
- ◆ BA Ballou in East Providence, Rhode Island provided information to their employees.
- ◆ Children's National Medical Center in Washington, DC had an informational table and bulletin board.
- ◆ Daimler Chrysler Transport celebrated National Men's Health Week with their employees.
- ◆ Cornerstone Institutional Baptist Church in Memphis, Tennessee focused on men's health during the month of June.
- ◆ La Guardia Community College in New York made an informational bulletin board.
- ◆ Durand Church of God in Durand, Michigan celebrated National Men's Health Week by distributing health brochures.

- ◆ A parish nurse in Minnesota published a church newsletter focusing on National Men's Health Week.
- ◆ Prevention on Wheels in Staten Island, New York distributed educational materials and provided screenings.
- ◆ General Motors Acceptance Insurance Corporation in Winston Salem, North Carolina promoted National Men's Health Week.
- ◆ Health Right in Washington, DC distributed information and provided health fairs throughout the month of June.
- ◆ Grace Episcopal church in Silver Springs, Maryland celebrated men's health on Father's Day.
- ◆ KAME Wellness Center in Keokuk, Iowa posted information entitled "Real Men Care" for the entire month of June and held a forum about men's health.
- ◆ Johns Hopkins Commonwealth of Physicians in Baltimore, Maryland distributed information.
- ◆ An occupational Nurse in Gaylord, Texas distributed information.
- ◆ Shiloh Baptist Church in Washington, DC held its 6th Annual Men's Health Fair.
- ◆ The Palm Beach County Health Department conducted an awareness campaign.
- ◆ University Medical Center in Lubbock, Texas held a series of free screenings.
- ◆ Public Health Department of Birmingham, Alabama promoted National Men's Health Week.
- ◆ Bartlett Regional Hospital in Juneau, Alaska provided an informational table in the gallery of the hospital.
- ◆ IMC Health Care in Orlando, Florida distributed information to thirteen states ranging from Arizona to New York to Georgia.
- ◆ Holy Trinity Lutheran Church in Rockaway, New Jersey featured an article about men's health awareness while St. Clair's Hospital held screenings for the town.
- ◆ Makah Health Services Department in Neah Bay, Washington held the first men's health fair and had speakers, screenings, and informational tables.
- ◆ Heal Program in Lexington, Kentucky displayed "Time Out for Men's Health" for their monthly health bulletin.

- ◆ Maine Municipal Association gave health packets to all male employees.
- ◆ Ohio State University Department of Physical Facilities provided the men's health checklist in their June newsletter.
- ◆ Corendado Community United Methodist Church in New Smyrna Beach, Florida produced a health fair.
- ◆ Pinellas County participated in Florida Men's Health Week that involved a softball tournament, distribution of information, health fairs, and men's health promotion within six health department locations.
- ◆ Columbine Senior Citizens in Delta, Colorado provided information to their region that serves over six counties.
- ◆ Plainville Senior Center in Plainville, Connecticut distributed health education materials.
- ◆ Wyndham Falls Estates in Groten, Connecticut held a group presentation.
- ◆ St. James Episcopal in Pewee Valley, Kentucky participated in National Men's Health Week by distributing health information.
- ◆ Bad Hair Day styling salon in Rehoboth Beach, Delaware distributed brochures about men's health.
- ◆ A student at Bastyr University in Kenmore, Washington set up a men's health exhibit.
- ◆ C.L. Brumback Health Center of Palm Beach County Health Department in Florida celebrated National Men's Health Week by providing educational information.
- ◆ Institute on Aging in San Francisco, California conducted BPH, diabetes, and cholesterol screenings and provided a speaker to discuss prostate, colon, and STD issues for men.

Comments from participants:

It's a great way for me to personally keep track of my physical condition from year to year – note changes and places where I can improve and or am already doing well.

The event provided a quick look at some health issues specifically affecting men.

The Congressional Men’s Health Screenings (CMHS) are designed to accommodate the busy and demanding schedules of Members of Congress and Congressional employees while setting a health awareness and education example for other employers to follow.

The value of workplace screenings has long been recognized. “Improving employees’ access to preventative services offers numerous potential benefits.... Frequently, individuals are advised to make behavioral changes to reduce disease risk. Work site health promotion programs can facilitate and support such changes through health education programs, individual counseling, and corporate cultures which encourage healthy behaviors.” (*Promoting Health At Work*, Fall, 1992) In fact, workplace efficiency is directly related to the productivity of the personnel employed and the healthier, happier, and more motivated the staff, the more productive they become. The Department of Health and Human Services reports that a recent review of health promotion and disease management programs found a significant return on investment for these programs, with benefit-to-cost ratios ranging from \$1.49 to \$4.91 (median of \$3.14) in benefits for every dollar spent on the program.¹

A well designed health education and promotion plan can help reduce the number of work days lost through sickness and act as an early warning signal to detect potential or existing health problems. It can also provide valuable information about an individual’s general state of health and can facilitate peace of mind as well as provide practical advice that helps prevent illness.

Comments from participants:

Thank you for making this available. It is always nice to have an additional opportunity to get health info and tests.

(I liked) the helpful attitude of everyone there. Overall, the screening was very informative for me. Thank you!

The result? A healthier workplace, a more productive staff, and dramatically decreased absenteeism. The costs of such programs are easily offset by the potential expenses which might otherwise be incurred through lost working days, poor performance, and lower productivity.

The success of the Congressional Men’s Health Screenings indicate that despite their reluctance to do so, men *can* be encouraged to participate in preventative medicine and will seek health-related, educational outlets. One way to do this is to offer screening and health awareness programs at the workplace and during work hours. Besides being convenient for men and their employers, it overcomes some of the traditional obstacles that have historically prevented men from taking better care of themselves. In addition, female coworkers can provide additional encouragement, since men often rely on women’s advice and look to them as examples of how to participate in health related programs.

¹ Prevention Makes Common “Cents” September 2003. Found at: <http://aspe.hhs.gov/health/prevention/>

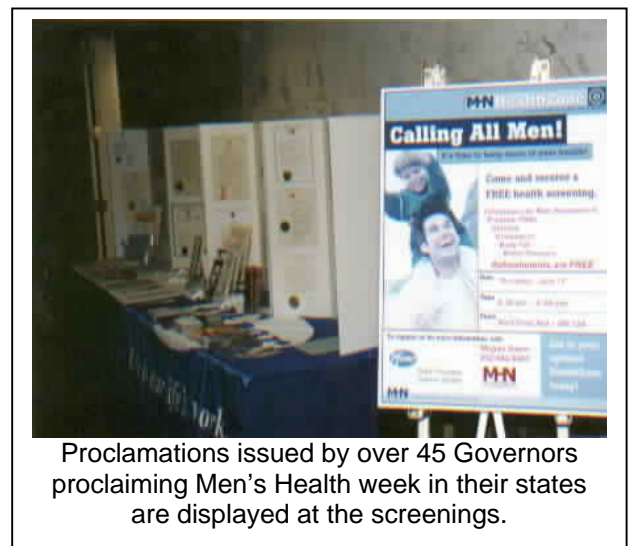
Preparation for each year’s Congressional Men’s Health Screenings begins the February prior to the actual event. The Men’s Health Network (MHN) works together with sponsors to determine which tests to offer and which educational materials to distribute. Then, over the following months, MHN selects a partnering hospital and prepares the necessary printed materials. “Dear Colleague” letters are developed for both the Senate and the House and other numerous preparations are made.

Beginning in May, MHN coordinates the distribution of family health information to each member of Congress and each committee office. The “Dear Colleague” letters go out to every Senator’s and Representative’s office, and we follow up each one encouraging members to cosponsor the screenings. In all, flyers are distributed to over 800 offices in the Capitol Complex. Reminders are faxed to each office to encourage participation.

Our marketing efforts extend to women staffers as well. Additional information addressed to female staffers is distributed to each Member’s office and all committee offices. Most women respond very positively, encouraging their male coworkers to participate, and, in some cases, even scheduling appointments. As a large number of the screening tests are applicable to women as well as men, many of the women also use this opportunity to be screened for a variety of health issues.



Lou LaMarca of Pfizer talks about men’s health at the 2004 press conference.



Proclamations issued by over 45 Governors proclaiming Men's Health week in their states are displayed at the screenings.

The 2004 event was held on June 15 and 16 in the House and June 17 in the Senate. The screenings were performed—at no cost—on-site in the medical facilities of the Attending Physician. Doors were open from 8:30 am until 4:30 pm each day in the House and 8:30 am until 4:00 pm in the Senate. Refreshments were provided. A total of 29 employees of the Men’s Health Network and participating organizations staffed the event, assisted by personnel from the Office of the Attending Physician.

The following health screenings were available to those who attended:

- Blood pressure
- Weight
- Blood sugar (finger-stick blood test for diabetes risk)
- Body fat assessment
- Cholesterol – HDL + Ratio (finger-stick blood test)
- Cholesterol – Total
- DRE for men (digital rectal exam for prostate abnormalities)
- PSA for men (blood draw for Prostate Specific Antigen—see “Results” section for further explanation)
- Osteoporosis
- Testosterone
- Impedance Cardiography

Participants registered, signed consent forms, and chose the tests they wished to have performed. Participants then proceeded from station to station, getting a different test done at each one. For every test but the PSA and testosterone, results were available almost immediately. These results were given to each participant in writing and further explained by a health educator. Participants were encouraged to discuss the results with their own physician, and those with abnormal results were encouraged to seek medical advice for follow-up tests and possible treatment. PSA and testosterone screening results were mailed directly from the laboratory to each participant at an address of their choice.

Comments from participants:

(It is) very valuable to have screenings like this, and especially good to have the one-on-one discussion of results with opportunities to ask questions, discuss, etc. I learned some new good stuff from this. Thank you.

(I liked) the ease and information presented by such a knowledgeable and courteous staff.



Participants received a National Men's Health Week folder developed specifically for this program. Each folder contained informational brochures, a shower hanger (with information on testicular and prostate cancer on one side and breast cancer on the other), reprints of articles on men's health from various publications, screening guidelines, information about children's health, and original health analyses published by the Men's Health Network.

Informational brochures and publications also available, at no cost, to each participant included:

Men's Health Network publications:

- 19 Ways to Save Your Husband's Life (Family Circle reprint)
- Fatherhood – Stay Involved: You Make a Difference in Your Child's Life
- Fatherhood – Stay Involved: You Make a Difference in Your Child's Life (Spanish Language)
- Get It Checked: screening guidelines for men and women
- Get It Checked: screening guidelines for men and women (Spanish Language)
- Health Facts for Men
- Health Facts for Men (for African-American families)
- Health Facts for Men (Spanish language)
- Health Information for Consumers flyer
- Low Testosterone
- Low Testosterone (Spanish language)
- Men's Health Facts flyer
- Osteoporosis flyer
- Prostate Cancer Facts (general population)
- Prostate Cancer Facts (for African-American men)
- Prostate Cancer Facts (Spanish language)
- Shower hanger: testicular & prostate cancer on one side, breast cancer on the other
- Silent Health Crisis flyer
- Testicular Cancer
- Testicular Cancer (Spanish language)
- What Women Need to Know About Men's Health
- What Women Need to Know About Men's Health (Spanish language)
- What Women Need to Know About Men's Health (Sensitive Issues)

Pfizer, CDC, and AUA:

- Are You At Risk For Heart Disease?
- Benign prostatic hyperplasia (BPH)
- BPH symptom scorecard
- Blood Pressure – Systolic Blood Pressure
- Colorectal Cancer (CDC)
- Diabetes: Disabling, Deadly, and on the Rise (CDC)
- Healthy sexuality for men over 40

- Healthy Youth: An Investment in Our Nation's Future 2002 (CDC)
- Hello – I have high blood pressure
- High blood pressure and high cholesterol
- High cholesterol in men over 45
- Hypertension and diabetes
- People who smoke
- Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity (CDC)
- Preventing and Controlling Cancer (CDC)
- Preventing Heart Disease and Stroke: Addressing the Nation's Leading Killers (CDC)
- Prime Time
- Prostate Cancer Awareness For Men: A doctor's guide for patients (AUA)
- School Health Programs (CDC)
- Take Charge of Your Diabetes
- El Autocontrol: Ayudese a controlar la diabetes (Take Charge of Your Diabetes)
- What's in a number? Understanding and controlling your blood pressure



Press Conference 2004 with Dr. Steve Patierno, GW Cancer Institute; Betty Gallo, Dean and Betty Gallo Prostate Cancer Center; Congressman Randy "Duke" Cunningham (CA); Lou LaMarca, Pfizer; and Cory Eichelberger, Men's Health Network

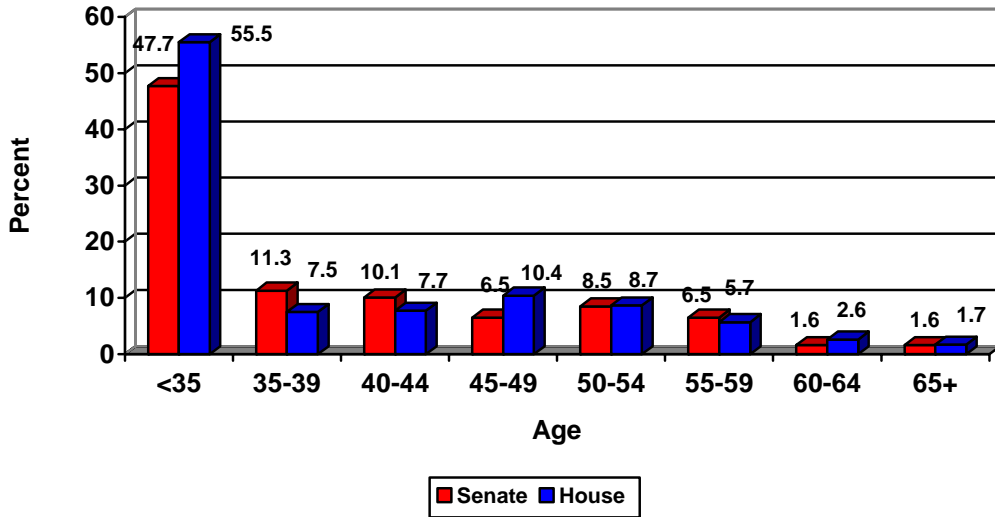
This year, 795 people—ranging in age from 18-90—attended the 2004 screenings, a rate of almost 34 per hour. These included Members of Congress, Congressional staffers, Capitol Police, employees of the Architect of the Capitol, and other employees of Congress. 88% were male, 12% were female.

Health behaviors are learned at an early age, and men are notorious for avoiding checkups and delaying visits to the doctor. One of the main goals of these screenings is to encourage younger men to participate so that they become accustomed to making appointments for regular check-ups. Given the range of this year’s participants (over one-half [53%] were under age 35), it is evident that we continue to make good progress toward reaching that goal.

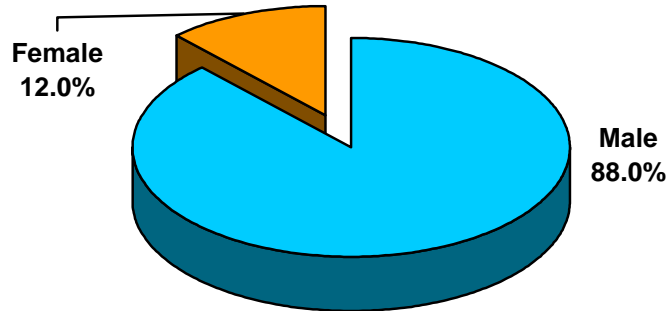
Age of Participants		
	<i>Senate</i>	<i>House</i>
Average	35.8	35.2
Median	35	32
Oldest Male	72	77
Youngest Male	18	18
Oldest Female	90	62
Youngest Female	19	19



Participants by Age Category



Percentage of Male and Female Participants Senate and House

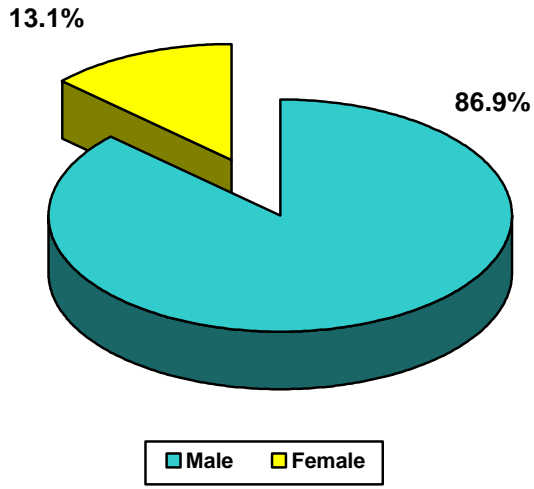


Comments from Participants:

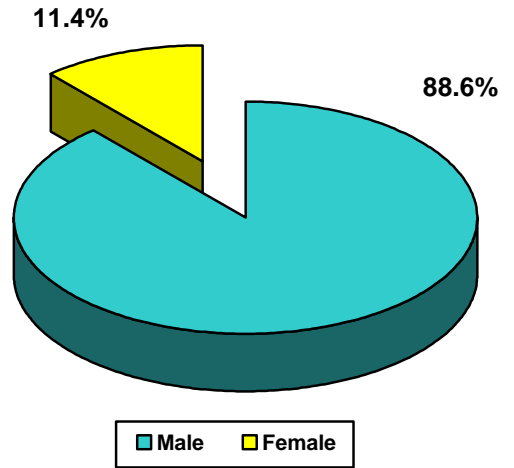
I really appreciated the convenience of having the screening close by our office and over the period of two days to accommodate staffers' schedules.

It was very valuable to have the latest screening information, particularly since one of the results, although just slightly over normal, caused me to follow up right away (it was OK 6 months ago). It was also good to get ongoing confirmation of the other good results. Good snacks, too! Thank you for doing this.

Senate Participants

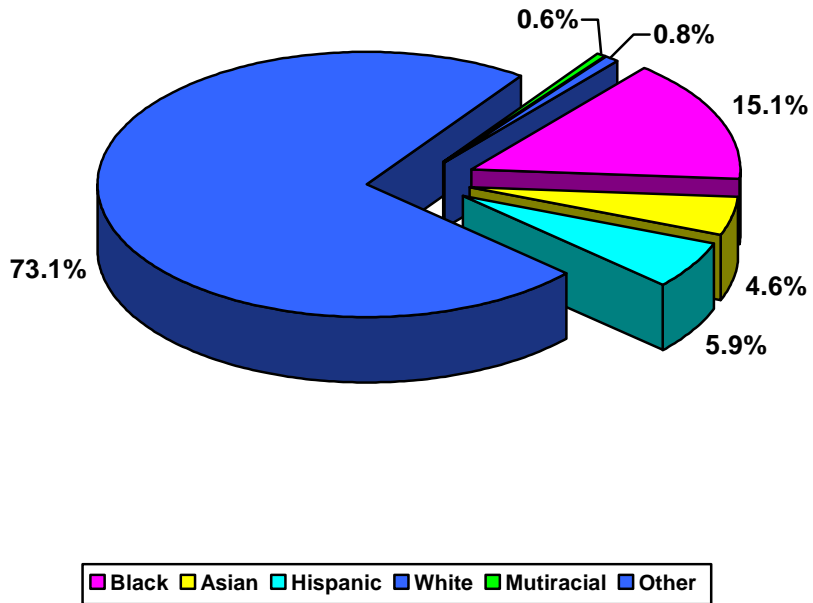


House Participants



The ethnic diversity of the Congressional workforce is reflected in the attendance at the CMHS.

Ethnic Category of Participants



Race of Participants					
	Senate – %		House – %		Both – %
White	65.5		73.1		72.2
Black	22.4		15.1		15.8
Hispanic*	5.5		5.9		5.6
Asian	4.0		4.6		4.7
Multiracial**	0.6		.6		.6
Other	^ 2.0		^^ .8		1.1
Total giving race	100.0		100.1		100.0

^ Indian
Hawaiian
Native American

^^Pacific Islander
Middle Eastern

* House 2 chose Hispanic and White, counted as Hispanic in this chart

** Senate 1 chose both white and Hispanic
1 chose both black and white

** House 2 chose both black and white
1 chose both black and Hispanic

Average Height and Weight.

Compared to the national average for men and women aged 20 and over, male participants are slightly taller and heavier while female participants are slightly taller and lighter. National averages are for the years 1984-88 and are provided by the National Center for Health Statistics at <http://www.cdc.gov/nchs/fastats/bodymeas.htm>

Venue	Height – Men	Weight – Men	Height – Women	Weight – Women
Senate	5' 10.4"	192.34	5' 4.9"	142.96
House	5' 10.3"	187.66	5' 4.6"	144.06
USA	5' 9.1"	180	5' 3.7"	152

The findings discussed in this section are based on the overall results reported for all who participated in the screenings.

Prostate Screening: American Urological Association Guidelines.

The American Urological Association's (AUA) patient guide: Prostate Cancer Awareness for Men, can be found online at:

https://shop.auanet.org/timssnet/products/guidelines/patient_guides/prostate_awareness.pdf



Getting ready for a Prostate Specific Antigen (PSA) and testosterone test.

The guide helps patients make informed decisions by addressing controversies related to early detection and management of prostate cancer. The guide emphasizes that early detection should include both a Prostate Specific Antigen (PSA) test and digital rectal examination (DRE). Risk factors for prostate cancer include being age 50 years or more and younger men (i.e. 40 years) with risk factors such as family history of prostate cancer and being African-American. Prostate cancer can be slow-growing, and treatment may have side-effects, so men with a life expectancy of less than 10 years may not benefit from early detection, and men with prostate cancer

should thoroughly explore treatment options. The patient guide is based on the PSA Best Practice Policy, which the AUA released in February 2000.

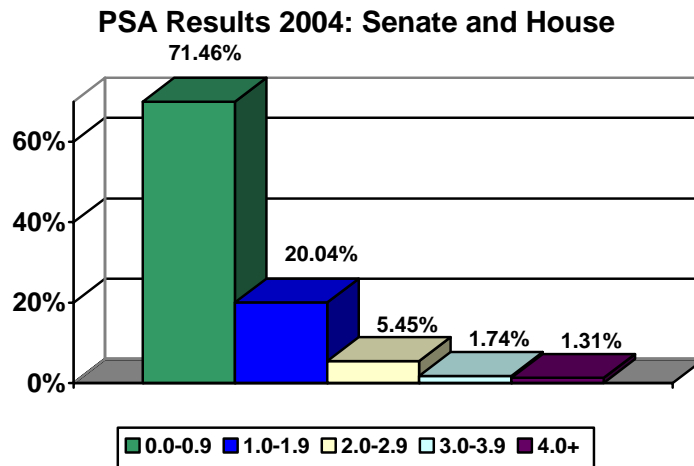
Prostate Specific Antigen (PSA) Results.

According to the American Cancer Society, PSA is a protein made by the prostate gland and is present at low levels in all adult males. Levels of PSA in the blood often go up in men with prostate cancer. The PSA test is used to help detect prostate cancer as well as to monitor the results of treatment. High levels of PSA may indicate a cancerous condition but can also be found in other conditions that are noncancerous, including prostatitis (inflammation of the prostate) and benign prostatic hyperplasia, BPH, an enlargement of the prostate.

The American Urological Association reports that the risk of having prostate cancer depends on age and the PSA level. As a rule, PSA levels below 4.0 ng/mL are considered normal. However, about 20% of prostate cancers are found in men whose PSA level is less than 4.0 ng/mL. Further evaluation should be considered for any level over 4.0 ng/mL or if the digital rectal exam (DRE) is abnormal.

Results of PSA tests taken at the CMHS indicate that 1.31% of participants had PSA levels of 4.0 or above. This compares with 1.02% of those who participated in the event in 2003, 1.2% of those who participated in the event in 2002, 2.8% of those who participated in the year 2001 event, and 3.4% of those who participated in the year 2000 event.

The percentage of men found to have high PSA levels at this event may not reflect the percentage that might usually be found in a screened population. It is the policy of the Men's Health Network not to deny screening to younger men, especially those with a family history or other risk factors, who wish to be tested for prostate abnormalities at this Congressional event. As younger men are less likely than older ones to have abnormal PSA results, the percentage of abnormal readings resulting from this event may be lower than one would expect to find in a typical screened population.



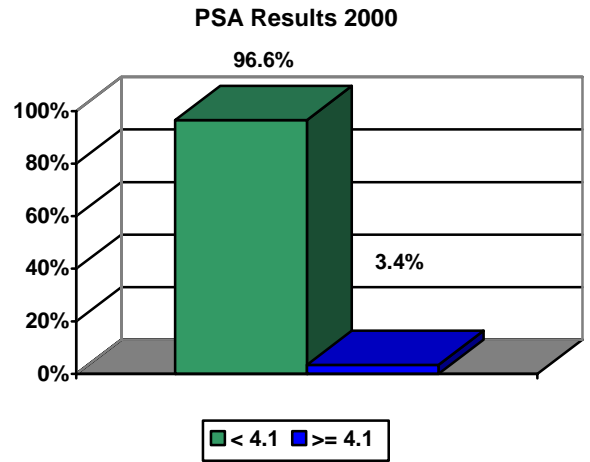
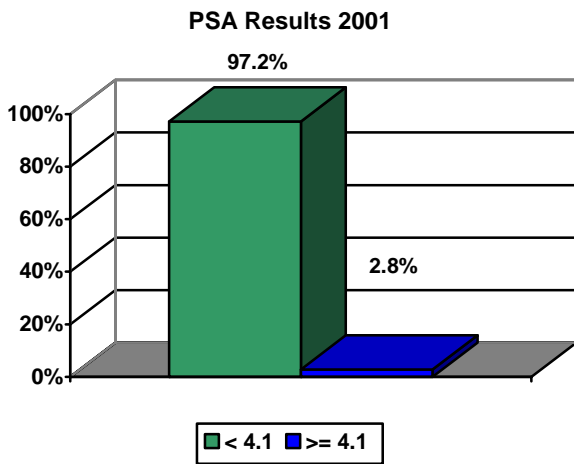
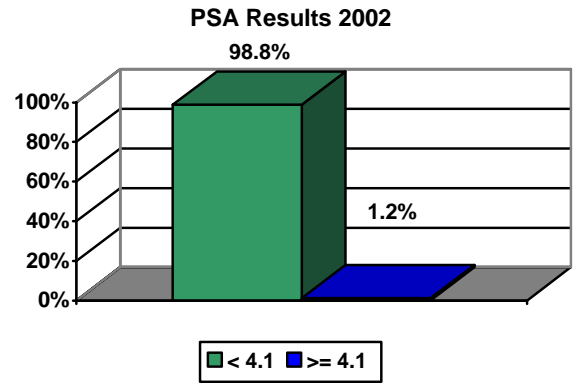
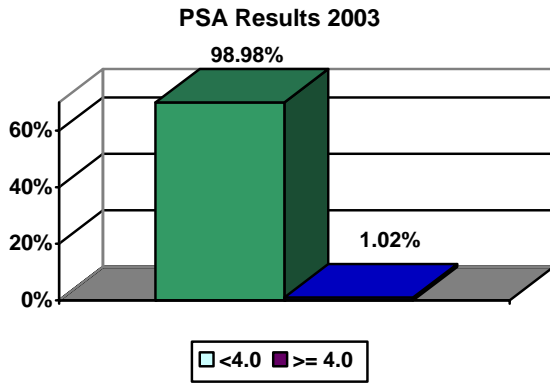
Comments from participants:

Easy opportunity to get screened for multiple potential problems. The people who worked the event were very friendly.

It was very informative...really liked the advertising

I especially liked the heart test portion, though the wait for it was a bit long. Everyone was friendly and helpful, and the information was all useful.

It was Quick.. Painless (Mostly)



Cholesterol Results.

The National Heart, Lung, and Blood Institute at NIH recommends that everyone 20 and older have his or her cholesterol measured at least once every 5 years. The best option is a *lipoprotein profile*. Done after a 9- to 12-hour fast, this fingerstick blood test gives information about:

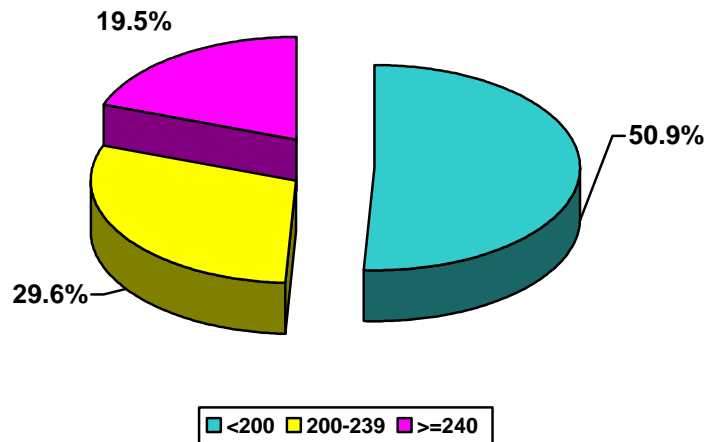
- Total cholesterol
- LDL (bad) cholesterol--the main source of cholesterol buildup and blockage in the arteries
- HDL (good) cholesterol--helps keep cholesterol from building up in the arteries
- Triglycerides--another form of fat in the blood

If it is not possible to get a lipoprotein profile done, knowing total cholesterol and HDL cholesterol can still give a general idea about cholesterol levels. Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood. A total cholesterol of 200 mg/dL is considered abnormal in this screen.

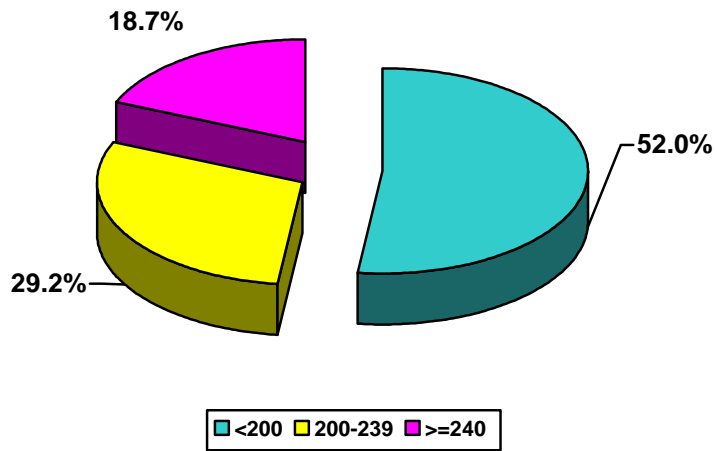
Total Cholesterol Level	Category
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline High
240 mg/dL and above	High



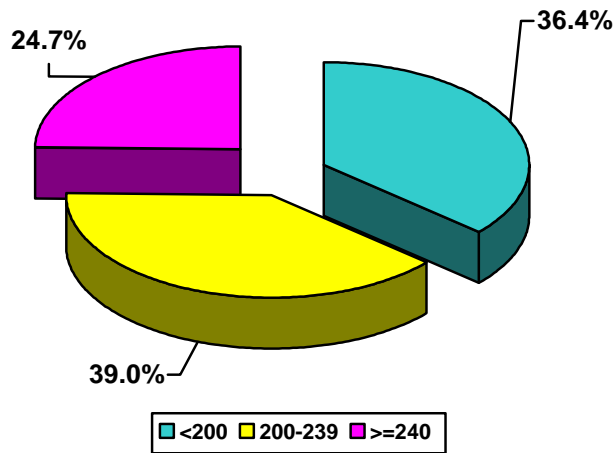
**Total Cholesterol: House and Senate
mg/dl**



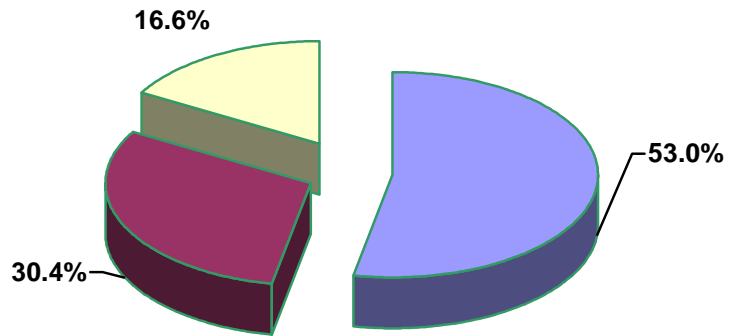
**Total Cholesterol: Men
mg/dl**



**Total Cholesterol: Women
mg/dl**

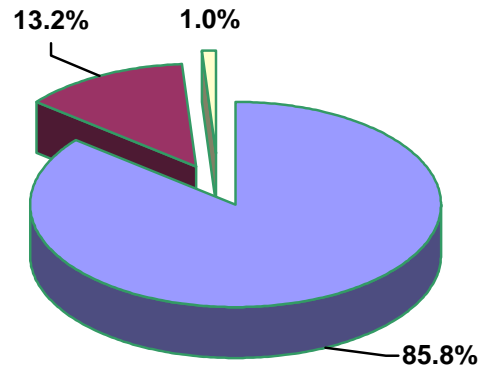


HDL - Men and Women



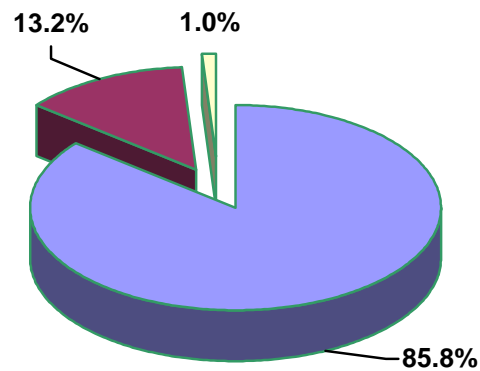
Desirable Borderline Undesirable

HDL - Women



Desirable Borderline Undesirable

HDL - Women



Desirable Borderline Undesirable

Ratio.

What is cholesterol ratio? The website cholesterol.com explains that the ratio is obtained by dividing the HDL cholesterol level into the total cholesterol.

$$\text{Your Ratio} : \text{Your Total Cholesterol} \div \text{HDL}$$

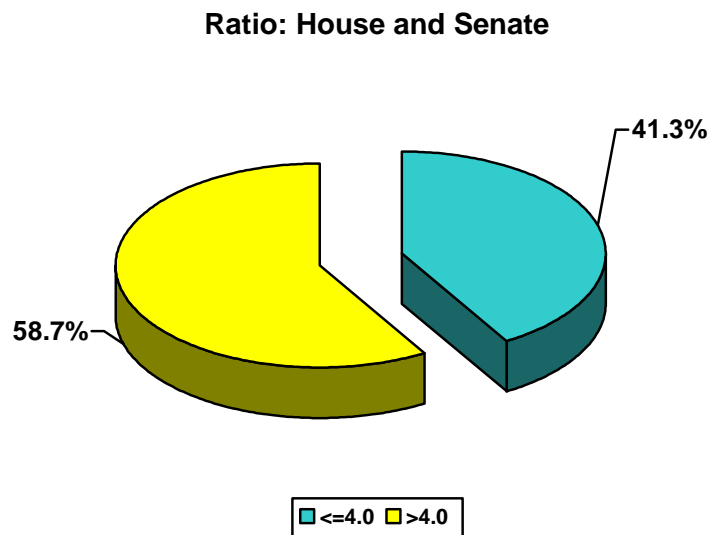
The National Heart, Lung, & Blood Institute (www.nhlbi.nih.gov/chd/faq3.htm) explains that although the cholesterol ratio can be a useful predictor of heart disease risk, especially in the elderly, it is more important for treatment purposes to know the value for each level separately because both LDL- and HDL-cholesterol separately affect your risk of heart disease and the levels of both may need to be improved by treatment. If you have LDL-cholesterol of 100 mg/dL or above, lowering your LDL-cholesterol is the main goal of treatment. Your doctor will, however, also consider your HDL when deciding on treatments and goals. The ratio is useful if it helps you and your doctor keep the entire picture of your LDL and HDL levels in mind, but it should not take the place of knowing your separate LDL and HDL levels.

The American Heart Association recommends using the absolute numbers for total blood cholesterol and HDL cholesterol levels. AHA explains that these are more useful to physicians than the cholesterol ratio in determining the appropriate treatment for patients.

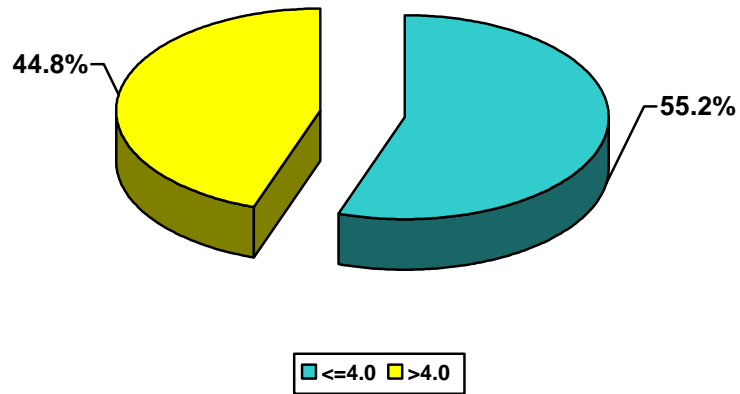
Comments from participants:

I was very impressed with the availability of the screening tests and the Information provided.

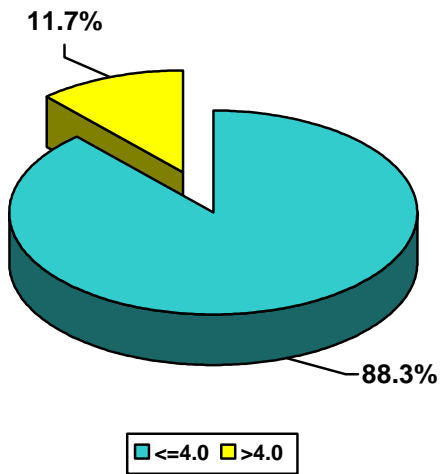
Nice staff! (I liked the) Free goody bag



Ratio: Men



Ratio: Women



Diabetes Risk Factors and Results.

According to the website of the American Academy of Family Physicians, familydoctor.org, there are a number of factors that increase one's risk of developing diabetes. These include having one or more family members with diabetes, or being Native American, Hispanic American, Asian American, African American, or Pacific Islander. For women, having had gestational diabetes or delivering a baby who weighed over 9 pounds may also increase the risk.

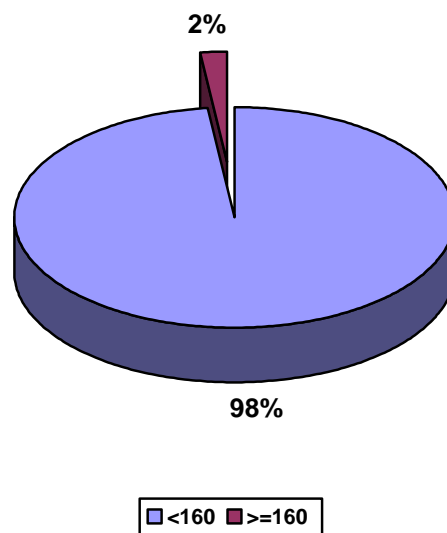
Other risk factors include:

- Obesity (being overweight)
- Older age
- Sedentary lifestyle (not exercising)
- Unhealthy diet

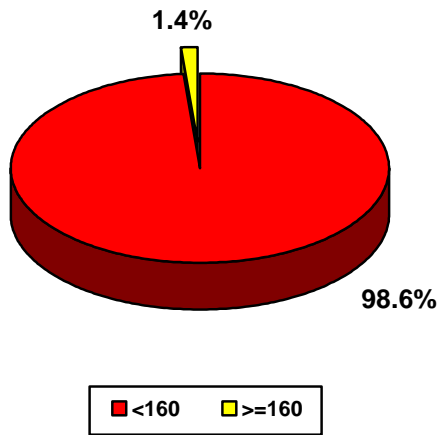
The American Diabetes Association advises that doctors diagnose diabetes on the basis of too-high levels of glucose in the blood. Diabetics' blood glucose levels rise and fall depending on the foods they eat. However, foods have little effect on blood glucose in people without diabetes.



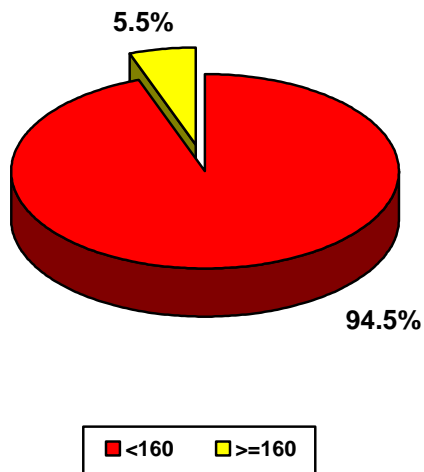
There are two types of tests that measure the amount of glucose in the blood: diagnostic and screening. Screening tests (the ones given at CMHS) are performed on people who have no symptoms of diabetes and may help determine whether they have or are at risk of developing the disease.



Glucose: Men



Glucose: Women



Comments from participants:

It was very well organized and facilitated. Staff was extremely friendly and knowledgeable. Please keep doing this since it is really hard to break-loose from work to get the blood tests done. Can we repeat this every 6 months? Good Job.

The results gave me the assurance that the information on exercise and diet that I've read about, if followed, really works.

Blood Pressure Results.

A high number of those who had their blood pressure taken at the CMHS and who participated in the cardiovascular risk assessment were found to have elevated blood pressure or hypertension stages 1 or 2 (23% in the House, 18% in the Senate).

The American Heart Association, at americanheart.org, states that elevated blood pressure causes the heart to work harder to pump enough blood and oxygen to the body's organs and tissues to meet their needs. This may enlarge and weaken the heart, making it more prone to injury. High blood pressure increases the risk of heart attacks, strokes, kidney failure, damage to the eyes, congestive heart failure, and atherosclerosis. When high blood pressure is combined with obesity, smoking, high blood cholesterol levels, or diabetes, the risk of heart attack or stroke skyrockets.



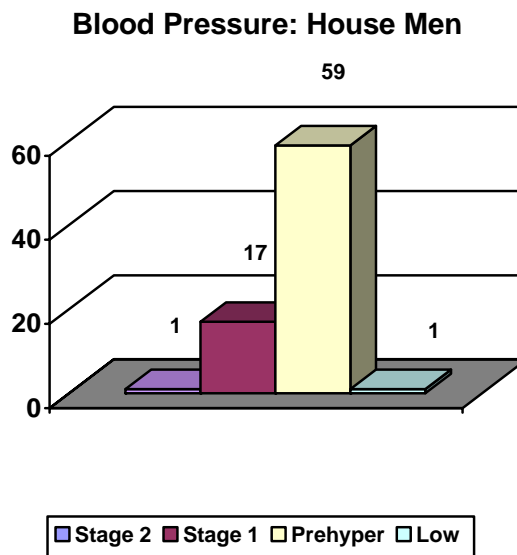
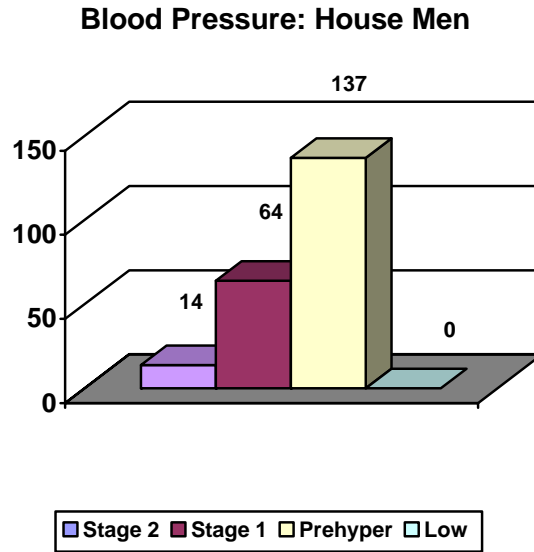
Blood pressure consists of two parts: the higher (systolic) number represents the pressure while the heart is beating. The lower (diastolic) number represents the pressure when the heart is resting between beats. Blood pressure of less than 120 over 80 is considered a normal reading for adults. A systolic pressure of 130 to 139 or a diastolic pressure of 85 to 89 is classified as prehypertension. Stage 1 hypertension is a systolic pressure reading of 140-159 or a diastolic reading of 90-99. Stage 2 hypertension is a systolic pressure reading of 160 or higher or a diastolic reading of 100 or higher.

Blood pressure readings from men and women follow. The highest reading is probably a gentleman who was screened during the Senate event and found to have a 210 / 100 blood pressure reading.

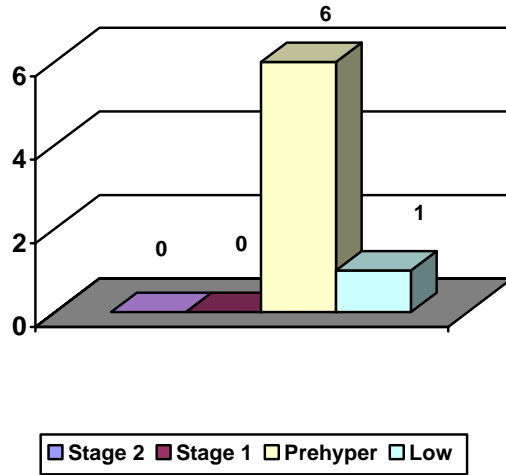
Comments from Participants:

I really appreciated the convenience of having the screening close by our office and over the period of two days to accommodate staffers' schedules.

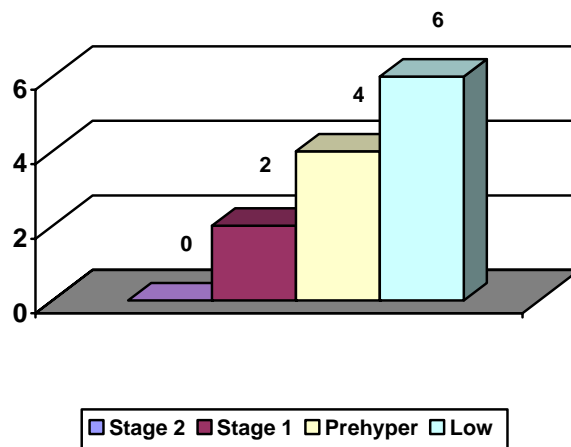
Note: Medication for allergies being used by participants may have some effect on blood pressure results.



Blood Pressure: House Women



Blood Pressure: Senate Women



Body Mass Index.

Body mass index (BMI) is a measure of body fat based on height and weight that applies to both adult men and women. BMI correlates with body fat. The relation between fatness and BMI differs with age and gender. For example, women are more likely to have a higher percent of body fat than men for the same BMI. On average, older people may have more body fat than younger adults with the same BMI. For adults aged 20 years or older, BMI falls into one of these categories: underweight, normal, overweight, or obese. Those scoring 25 or over are considered overweight, those scoring 30 or over are considered obese.



MHN's Beth Hecker explains body fat results to a participant.

The Centers for Disease Control and Prevention (CDC) finds that obesity has risen at an epidemic rate during the past 20 years. One of the national health objectives for the year 2010 is to reduce the prevalence of obesity among adults to less than 15%. Research indicates that the situation is worsening rather than improving. CDC offers extensive information on health consequences, trends, and contributing factors at: www.cdc.gov/nccdphp/dnpa/obesity/index.htm

How does BMI relate to health?

The BMI ranges are based on the effect body weight has on disease and death. As BMI increases, the risk for some disease increases. Some common conditions related to overweight and obesity include:

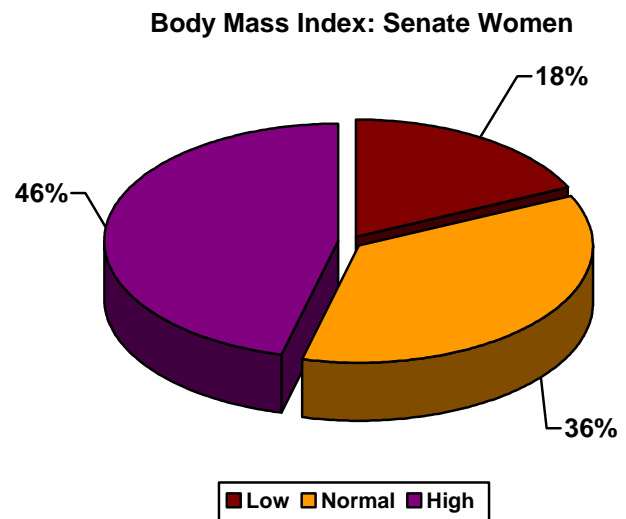
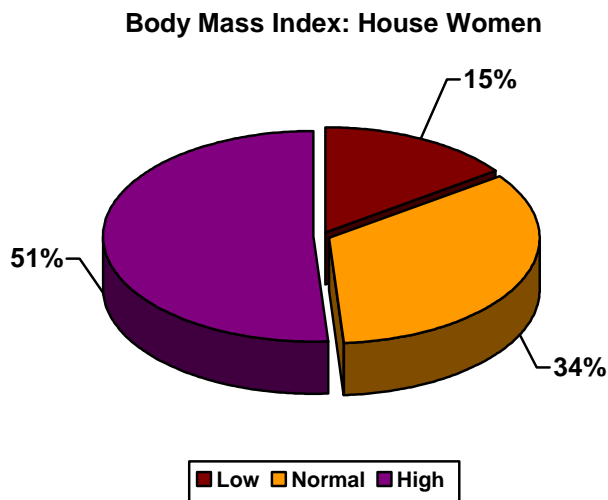
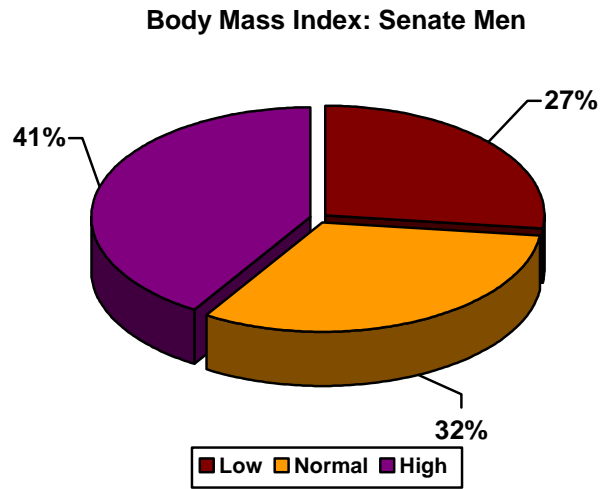
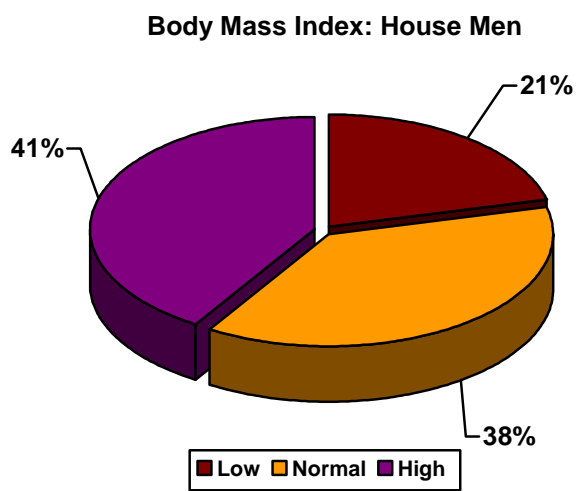
- Premature death
- Cardiovascular disease
- High blood pressure
- Osteoarthritis
- Some cancers
- Diabetes

According to the National Heart Lung and Blood Institute (NHLBI), the score is valid for both men and women but it does have some limits. The limits are:

- It may overestimate body fat in athletes and others who have a muscular build.
- It may underestimate body fat in older persons and others who have lost muscle mass.

BMI is only one of many factors used to predict risk for disease. BMI cannot be used to tell a person if he/she has a disease such as diabetes or cancer. It is important to remember that weight is only one factor that is related to disease.

For those who believe weight may be an issue for them, NHLBI provides resources and advice at Aim for a Healthy Weight:
www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm



Osteoporosis and Men.

Men who suffer from osteoporosis may not be identified using traditional guidelines. In a study reported in the media, existing guidelines identified only 16% of men whose osteoporosis had progressed to the stage where they suffered bone fractures. The study concluded that male osteoporosis guidelines are needed as men may experience broken bones when they have a higher bone mineral density than women. This is illustrated by a discussion of current guidelines offered by the National Institutes of Health (Consensus Development Conference Statement, March, 2000, at http://consensus.nih.gov/cons/111/111_statement.htm):

The World Health Organization (WHO) operationally defines osteoporosis as bone density 2.5 standard deviations below the mean for *young white adult women*. It is not clear how to apply this diagnostic criterion to men, children, and across ethnic groups. Because of the difficulty in accurate measurement and standardization between instruments and sites, controversy exists among experts regarding the continued use of this diagnostic criterion. (emphasis added)

According to Dr. Eric Orwoll of Oregon Health Sciences University, failure to diagnose osteoporosis in men can have tragic consequences (<http://about.onhealth.com>):

"... men are much more likely than women to die or experience chronic disability after a hip fracture."

In 1999, the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) in partnership with the National Institute on Aging and the National Cancer Institute at NIH announced a seven-center grant to study osteoporosis in men.

The National Institutes of Health Osteoporosis and Related Bone Diseases Resource Center provides most of the following information. Please access the National Resource Center at www.osteoporosis.gov/bone_health_info.html for additional information.

What Are the Risk Factors for Men?

Several risk factors have been linked to osteoporosis in men:

- Chronic diseases that affect the kidneys, lungs, stomach, and intestines or alter hormone levels.
- Undiagnosed low levels of the sex hormone testosterone.
- Unhealthy lifestyle habits (e.g., smoking, excessive alcohol use, low calcium intake, inadequate physical exercise).
- Age: The older you are, the greater your risk.

Comments from participants:

The helpful attitude of everyone there. Overall, the screening was very informative for me. Thank you!

Basically I found it very useful and informative.

- Heredity: A son is almost four times as likely to have low bone mineral density (BMD) if his father has low BMD, and nearly 8 times as likely if both parents have low BMD.
- Race: Caucasian men appear to be at particularly high risk, but all men can develop this disease.
- Prostate cancer: Hormone treatments for prostate cancer can put men at very high risk for osteoporosis.

What Causes Osteoporosis?

Bone is constantly changing – that is, old bone is removed and replaced by new bone. During childhood, more bone is produced than removed, so the skeleton grows in both size and strength. The amount of tissue or bone mass in the skeleton reaches its maximum amount by the late twenties. By this age, men typically have accumulated more bone mass than women. After this point, the amount of bone in the skeleton typically begins to decline slowly as removal of old bone exceeds formation of new bone.

In their fifties, men do not experience the rapid loss of bone mass that women have in the years following menopause. By age 65 or 70, however, men and women lose bone mass at the same rate, and the absorption of calcium, an essential nutrient for bone health throughout life, decreases in both sexes.

Once bone is lost, it cannot be replaced. Excessive bone loss causes bone to become fragile and more likely to fracture. This condition, known as osteoporosis, is called a "silent disease" because it progresses without symptoms until a fracture occurs.

Fractures resulting from osteoporosis most commonly occur in the hip, spine, and wrist and can be permanently disabling. Hip fractures are especially likely to be disabling. Perhaps because such fractures tend to occur at older ages in men than in women, men who sustain hip fractures are more likely to die from complications than are women. More than half of all men who suffer a hip fracture are discharged to a nursing home, and 79 percent of those who survive for one year after a hip fracture still live in nursing homes or intermediate care facilities.

Primary and Secondary Osteoporosis.

There are two main types of osteoporosis: primary and secondary. In cases of primary osteoporosis, the condition is either caused by age-related bone loss (sometimes called *senile osteoporosis*) or the cause is unknown (*idiopathic osteoporosis*). The term idiopathic osteoporosis is used only for men less than 70 years old; in older men, age-related bone loss is assumed to be the cause.

At least half of men with osteoporosis have at least one (sometimes more than one) secondary cause. In cases of secondary osteoporosis, the loss of bone mass is caused by certain lifestyle behaviors, diseases or medications. The most common causes of secondary osteoporosis in men include exposure to glucocorticoid medication,

hypogonadism (low levels of testosterone), alcohol abuse, smoking, gastrointestinal disease, hypercalciuria and immobilization.

How Can Osteoporosis Be Prevented?

There have been fewer research studies on osteoporosis in men than in women. However, experts agree that all people should take the following steps to preserve their bone health.

- Avoid smoking, reduce alcohol intake, and increase level of activity.
- Ensure a daily calcium intake that is adequate for your age.
- Ensure an adequate vitamin D intake. Normally, the body makes enough vitamin D from exposure to as little as 10 minutes of sunlight a day. If exposure to sunlight is inadequate, dietary vitamin D intake should be at least 400 IU but not more than 800 IU/day; 400 IU is the amount found in one quart of fortified milk and most multivitamins.
- Engage in a regular regimen of weight-bearing exercises where bones and muscles work against gravity. This includes walking, jogging, racquet sports, stair climbing, team sports, lifting weights, and using resistance machines. A doctor should evaluate the exercise program of anyone already diagnosed with osteoporosis to determine if twisting motions and impact activities, such as those used in golf, tennis, or basketball, need to be curtailed.
- Discuss with the doctor the use of medications, such as steroids, that are known to cause bone loss.
- Recognize and treat any underlying medical conditions that affect bone health.

Recommendations for Calcium and Vitamin D Intake in Men		
Age	Calcium (mg)	Vitamin D (IU)
19-30	1,000	----
31-50	1,000	200
51-70	1,200	400
70+	1,200	600
Upper limit	2,500	2,000

What Do the Test Results Mean?

The National Osteoporosis Foundation (www.nof.org) states that a bone mineral density test (BMD) is the best way to determine your bone health. The following information is provided by the NOF web site.

BMD tests can identify osteoporosis, determine your risk for fractures and monitor your response to an osteoporosis treatment. Different BMD tests may measure your hip, spine, wrist, finger, shin bone or heel.

BMD is compared to two norms, "young normal" and "age-matched." Young normal, known as the T-score, compares BMD to optimal or peak density of a 30-year old healthy adult and determines fracture risk, which increases as BMD falls below young-normal levels. Age-matched, known as the Z-score, compares BMD to what is expected in someone your age and body size. Among older adults, however, low BMD is common, so comparison with age-matched norms can be misleading.

The difference between your BMD and that of a healthy young adult is referred to as a standard deviation (SD). As outlined in the World Health Organization's diagnostic categories, individuals whose T-score is within one standard deviation of the "norm" are considered to have normal bone density. Scores below the "norm" are indicated in negative numbers. For example, a score from -1 to -2.5 SD below the norm indicates low bone mass, or osteopenia, and a score of more than -2.5 SD below the norm is considered a diagnosis of osteoporosis. For most BMD tests, -1 SD equals a 10-12 percent decrease in bone density.

World Health Organization Definitions of Osteoporosis Based on Bone Density Levels:

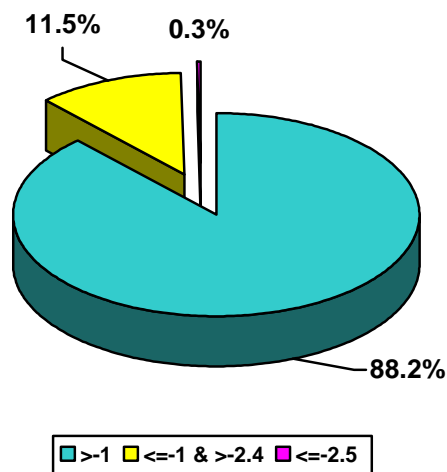
Normal. Bone Density is within 1 SD (+1 or -1) of the young adult mean.

Low Bone Mass. Bone density is 1 to 2.5 SD below the young adult mean (-1 to -2.5 SD).

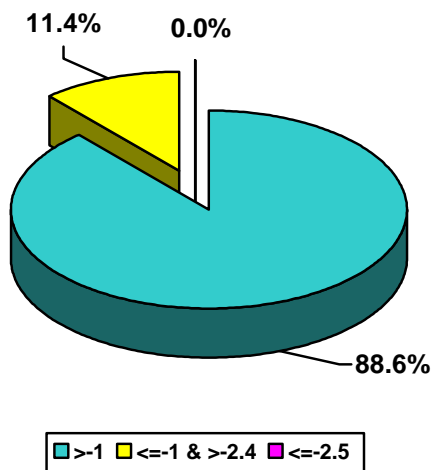
Osteoporosis. Bone density is 2.5 SD or more below the young adult mean (> -2.5 SD).

Severe (established) osteoporosis. Bone density is more than 2.5 SD below the young adult mean and there has been one or more osteoporotic fractures.

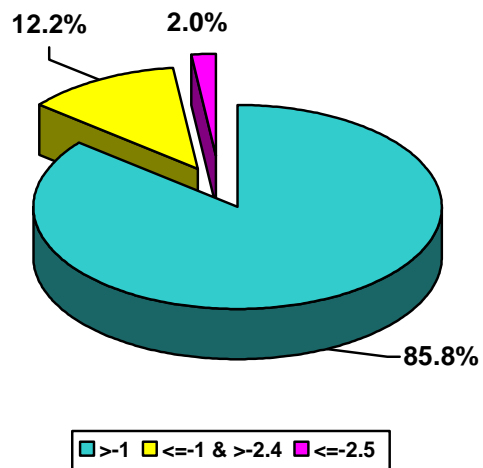
Osteoporosis: House and Senate



Osteoporosis: Men



Osteoporosis: Women



Testosterone.

In the male body, testosterone is the most important sex hormone. Testosterone is responsible for development of male characteristics such as body and facial hair, muscle growth and strength, and a deep voice. Normal levels of testosterone also influence the production of sperm, promote sexual function and promote sex drive.

Some men's bodies do not make enough testosterone, resulting in a condition known as hypogonadism or low testosterone. The U.S. Food and Drug Administration (FDA) estimates that 4 to 5 million American men may suffer from this condition, but only 5 percent are currently treated.

Symptoms of Low Testosterone.

As men get older, the ability to produce testosterone declines. In addition to age-related low testosterone levels, there are certain medical conditions that can cause low testosterone. Some of these conditions are associated with the testicles, pituitary gland and/or hypothalamus (a part of the brain that controls many of the body's glands). Occasionally, the problem can be genetic.

If testosterone levels fall below the normal range some typical symptoms may include:

- Low sex drive
- Erectile Dysfunction (ED)
- Increased irritability or depression
- Fatigue
- Reduced muscle mass and strength
- Inability to concentrate
- Decreased bone density; osteoporosis

Comments from participants:

(I liked) the convenience of the location, the range and types of screenings

I am glad to finally get my cholesterol level checked.

Treatment for Low Testosterone.

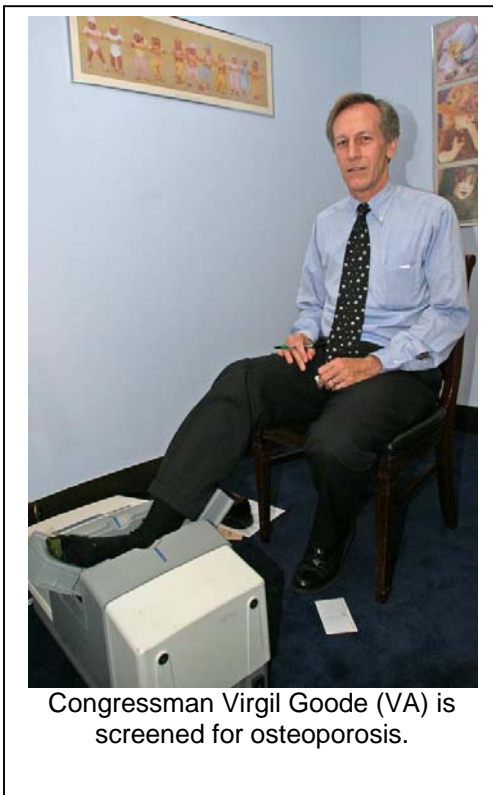
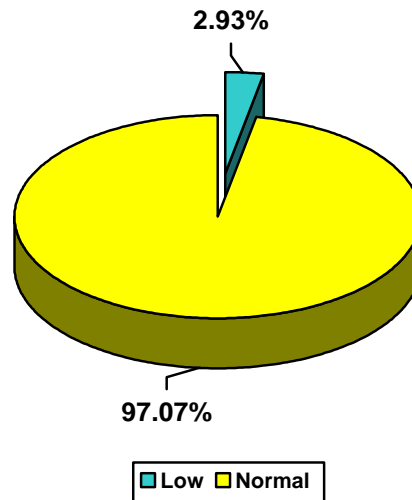
Treatment for low testosterone is available in the form of testosterone replacement therapy (TRT). TRT is for men of any age who have symptoms of low testosterone and low levels of the hormone confirmed with a blood test. Available FDA-approved testosterone therapies include injections, patches and gels. Talk to your doctor about which option may be best for you.

What Do the Test Results Mean?

Normal testosterone levels for men are approximately 300 to 1,000 ng/dL, according to guidelines by The Endocrine Society. ("Summary from the Second Annual Andropause Consensus Meeting." The Endocrine Society Annual Meeting, Denver, CO. 2001) Men who fall below 300 ng/dL may have low testosterone. As a result, almost 3% of men at the Congressional Men's Health Screenings may have this condition and may benefit from treatment.

Talk to your doctor if you have symptoms of low testosterone and your testosterone levels are below 300 ng/dL. Your doctor may re-test your testosterone levels in the early a.m. as the hormone peaks at this time. He or she also will discuss with you the effects of treatment. In addition, you might ask about a referral to an endocrinologist or urologist who specializes in treating this condition.

Total Testosterone: Senate and House



Cardiovascular Issues.

Impedance Cardiography (ICG) gives physicians a noninvasive, quick, safe, and cost-effective access to information about the heart's ability to deliver blood to the body and the amount of fluid in the chest. The technology was initially used by NASA to monitor astronauts in space flight and is now used by physicians to help fight cardiovascular disease.

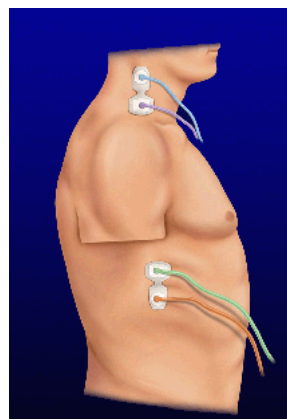
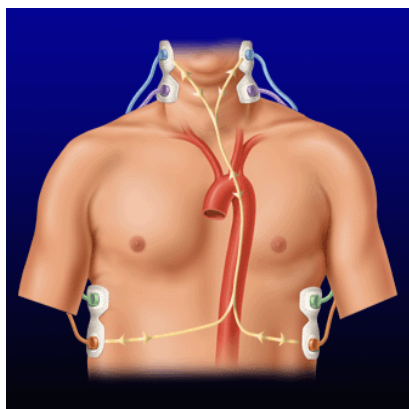
This is information that physicians and medical professionals need to:

- Help identify underlying cardiovascular disorder
- Quickly assess and diagnose
- Customize and target treatment
- Monitor the effectiveness of prescribed medications

Before ICG, the patient's exam was limited to measuring blood pressure, checking the pulse, looking at neck veins, and asking the patient a few questions. Drug therapy was based on a trial and error method. In the hospital, this information was available through an invasive procedure called the Pulmonary Artery Catheter (PAC). The PAC procedure requires an incision to the neck and a plastic tube placed in the heart. Complications for the PAC can include irregular heartbeats, infections, pulmonary artery rupture, and death.

The BioZ ICG test (the product used at these screenings) consists of:

1. Four dual bioimpedance sensors are placed on the patient's neck and chest.
2. A very small electrical signal is transmitted through the chest.
3. The BioZ measures the resistance to the signal.
4. Within minutes, changes over time are analyzed by sophisticated software to provide a report with vital information (12 parameters) about your heart.



12 Parameters Provided by the BioZ Noninvasive Heart Monitor

1. Cardiac Output / Index* (CI)	Amount of blood pumped by the heart each minute.	7. Left Ventricular Ejection Time (LVET)	The time interval from the opening to the closing of the aortic valve.
2. Systemic Vascular Resistance / Index* (SVRI)	The force the heart has to pump against to get the blood to the extremities.	8. Pre-Ejection Period (PEP)	The time it takes for the electrical stimulation of the heart to cause blood to be ejected from the heart.
3. Thoracic Fluid Content	An indicator of the amount of fluid in the chest.	9. Systolic Time Ratio	The ratio of the electrical to mechanical contraction of the heart.
4. Stroke Volume	The amount of blood pumped by the left ventricle each heartbeat.	10. Left Cardiac Work / Index*	An indicator of the amount of work the left ventricle must perform to pump blood each minute.
5. Velocity Index*	A measure of how fast the blood is moving.	11. Heart Rate	The number of times the heart beats each minute.
6. Acceleration Index*	The measure of how quickly the blood reaches peak velocity.	12. Mean Arterial Pressure	Average blood pressure.

* Index: Normalized for body surface area.



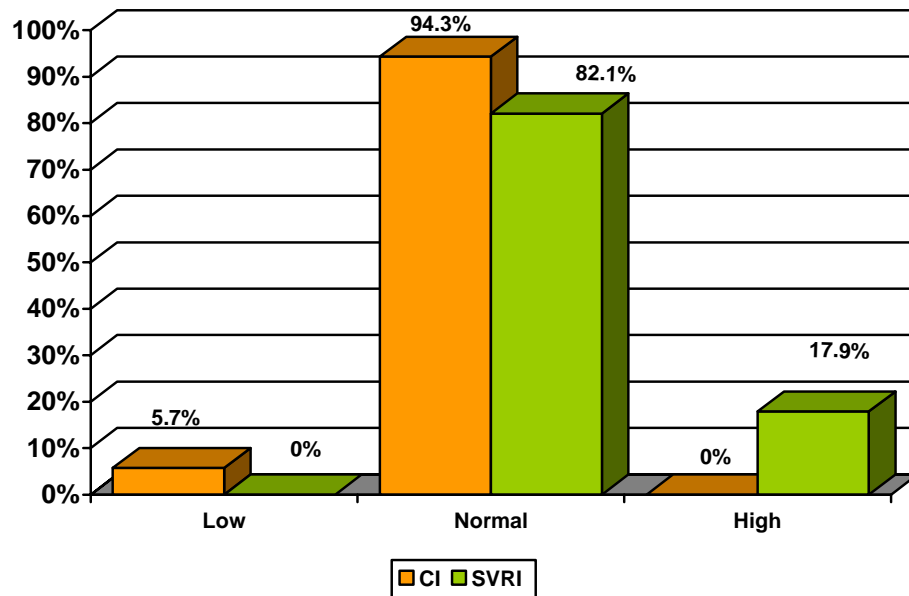
Cardiac Index (CI) and Systemic Vascular Resistance Index (SVRI) Ranges

Cardiac Output / Index* (CI): Amount of blood pumped by the heart each minute.

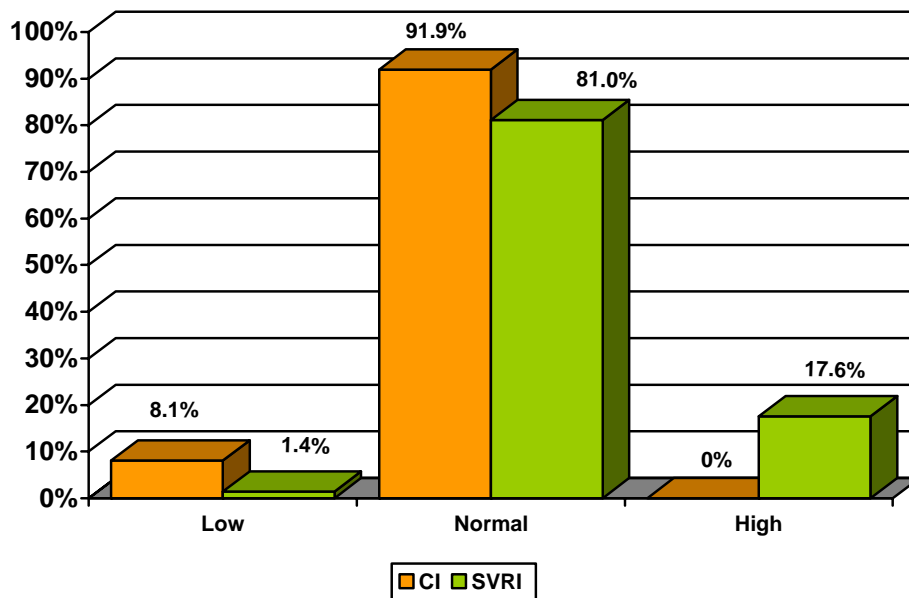
Systemic Vascular Resistance / Index* (SVRI): The force the heart has to pump against to get the blood to the extremities.

* Index: Normalized for body surface area.

House



Senate



Addendum

Congressional Men's Health Screenings – Cosponsors

Cumulative 1998 - 2004

Senate.

Richard Shelby
George Allen
Jeff Bingaman
Michael Crapo
Bill Frist
Tom Harkin
Jesse Helms
James Inhofe

Daniel Inouye
Carl Levin
Richard Lugar
Lisa Murkowski
Rick Santorum
Charles Schumer
Jeff Sessions
Ted Stevens

House.

Randy "Duke" Cunningham
James Barcia
Charles Bass
Michael Bilirakis
Ed Bryant
Dan Burton
Donna Christensen
Tom Coburn
John Conyers
Robert Cramer
Danny Davis
Thomas Davis
Eliot Engel
Mark Foley
Rodney Frelinghuysen
Scott Garrett
Sam Gejdenson

Benjamin Gilman
Virgil Goode
James Greenwood
Eleanor Holmes-Norton
Sheila Jackson-Lee
Patrick Kennedy
Peter King
Steve Largent
James Leach
Barbara Lee
Jerry Lewis
John Lewis
Robert Matsui
Jim McDermott
Gary Miller
Dennis Moore
James Moran

Eleanor Holmes Norton
Jim Nussle
Charles Pickering
Richard Pombo
Tim Roemer
Martin Sabo
Louise Slaughter
Cliff Stearns
Charles Stenholm
John Sullivan
Mike Thompson
Mark Udall
Tom Udall
Maxine Waters
J.C. Watts
Anthony Weiner

National Men's Health Week – 2004

Governor's Proclamations

Gubernatorial Proclamations for Men's Health Week

(Some states do not issue proclamations every year)

Alabama	Kansas	North Carolina
Alaska	Kentucky	North Dakota
Arizona	Louisiana	Ohio
Arkansas	Maine	Oklahoma
California	Maryland	Oregon
Colorado	Massachusetts	Pennsylvania
Connecticut	Michigan	Rhode Island
Delaware	Minnesota	South Carolina
District of Columbia	Mississippi	Tennessee
Florida	Missouri	Texas
Georgia	Nebraska	Utah
Hawai'i	Nevada	Vermont
Idaho	New Hampshire	Virginia
Illinois	New Mexico	Washington
Indiana	New Jersey	West Virginia
Iowa	New York	Wisconsin

Sample Men's Health Week Proclamation

California



GOVERNOR ARNOLD SCHWARZENEGGER

June 14, 2004

Men's Health Network

I am delighted to offer warm greetings on the occasion of Men's Health Week.

Your organization works diligently to improve the care and well-being of America's men. You increase the early detection and treatment of disease by supporting nationwide men's health screenings where participants receive consultations with health educators.

Your efforts raise encourage all men and their families to take proactive steps to safeguard their health.

Thank you for your commitment to public health, and please accept my best wishes for every future success.

Sincerely,

A handwritten signature in black ink, reading "Arnold Schwarzenegger".

Arnold Schwarzenegger

STATE CAPITOL • SACRAMENTO, CALIFORNIA 95814 • (916) 445-2841



Men's Health Week Activities

National and International

This was the second year Men's Health Week was recognized internationally. Following the example set by Congress, government agencies, the medical community, and community organizations in many other countries established health awareness activities in June. Leaders in the movement include the Men's Health Network, the UK-based Men's Health Forum, International Society for Men's Health, and the European Men's Health Forum. Activities included:

USA.

The Men's Health Network coordinated dozens of corporate, government, religious, and fraternal outreach activities across the country. Many federal, state, and local government websites provided information about NMHW. Most major broadcast news organizations such as CNN, Fox Cable News, CBS, and ABC carried stories about men's health and interviewed experts in the field. Print media coverage included many newspapers across the country, USA Weekend and Parade Magazine.

England and Wales.

The Men's Health Forum promoted events across the country. Tesco stores produced and distributed a men's health booklet.

Scotland.

The Men's Health Forum planned activities in several locations.

Austria.

The International Society for Men's Health promoted osteoporosis screening and lectures. Zielpunkt supermarkets conducted blood pressure screenings in their stores. MEN - MännerGesundheitsZentrum (Men's Health Center) staffed a kiosk in the pedestrian zone in Vienna.

Denmark.

San Copenhagen University Hospital.
University of Southern Denmark.

Netherlands Antilles - San Maarten.

San Maarten Policy, Epidemiology & Preventive Unit.

Canada.

Celebrated with men's health events across the country. Men's Health Society of BC promoted events in British Columbia.

Bahamas.

Family Medicine Centre teamed with Bally and the Ministry of Health to promote a series of men's health events.

Australia.

Free screenings, counseling, educational material, and lectures at various locations including golf, bowling clubs, sale yards, sporting fields, and community centres.

Men's Health As A Public Health Issue

Simply put, there is a silent crisis in America, a crisis of epic proportions: on average, American men live shorter and less-healthy lives than American women.

"Males have a 2.4-fold higher mortality due to accidents and violence," writes Dr. David Gremillion, a member of MHN's Board of Directors and a Professor at the University of North Carolina School of Medicine. "Men lead in each of the top 10 causes of death in America, and their life span is 5.7 years shorter than their female counterparts, with an overall age-adjusted mortality 1.6 times greater than that of females. This applies across the diagnostic spectrum, including heart disease, cancer, and chronic liver disease¹."

A recent Centers for Disease Control and Prevention (CDC) study of ambulatory care by women illustrates just how wide the health care gulf between the two sexes is. Among other things, the study found that²:

- Excluding pregnancy-related office visits, women make twice as many preventative care visits as men.
- As would be expected, there are more drug mentions per population among women than there are men, since there are more visits per population.

The study's authors offered several possible explanations for this disparity: Women's self-reported health is, on average, worse than men's, which may either reflect more illness or differences in the way health is viewed or discussed by women. Women generally are responsible for their family's health and so may think about health care needs more than men. They are more likely to have a usual source of care, which is a strong predictor of health care utilization. They also tend to use medical care for screening and health education more often than men. Women have been said to also be more likely to report and act on illness, although research has not always borne this out.

Men's devotion to the workplace is also partly to blame. Various studies have shown that men are less likely than women to take time off from work for health related issues. Men's reluctance to make timely health care visits, however, is not only a function of work and time, but also of the way our culture socializes boys from the earliest age: "big boys don't cry." That attitude extends to the workplace where men feel compelled to ignore their own physical (and mental) health needs and put in a "full 40 hours" ... or more ... knowing in their hearts that if they take time off for anything less than a true health emergency, they will lose status in the workplace, and, in the case of hourly workers, most probably their job.

"The huge disparity between men and women results partly from a lack of awareness, poor health education, and a paucity of male-specific health programs," explains Dr. Gremillion. "The costs, including the cost of caring for dependents left behind, is enormous."

What can be done to counter this pattern? In a recent article written for *The News and Observer*,” Dr. Gremillion offers some advice³:

Research has shown that women strongly affect the health decisions within families, and this includes emphasis on the health of their spouses and the younger males who are forming attitudes about healthy lifestyles. Women, spouses and others with a male in their life can help them understand the importance of healthy lifestyles and health-seeking behavior. By expressing concern, women give men “permission” to be momentarily weak and honestly express their vulnerabilities and feel more comfortable in the health care setting.

Another recent study suggests that computers and the Internet offer men an anonymous, private manner of seeking health information in a venue that they feel comfortable with.

This, coupled with a proactive workplace health program, can go a long way toward encouraging healthy behaviors among men and reducing the health disparity between men and women.

Men's Health Network

The Men's Health Network™ (MHN) was created in 1992 as an educational campaign to significantly improve male health, longevity, and quality of life.

MHN's Goals.

- Save men's lives by reducing premature mortality of men and boys
- Foster health care education and services that encourage men of all ages to implement positive lifestyles for themselves and their families
- Increase the physical and mental health of men so that they can live fuller and happier lives
- Significantly reduce the cycles of violence and addiction that afflict so many men
- Energize government involvement in men's health activities so that existing government health networks can be utilized to increase the health and well-being of men and boys
- Encourage women to expand on their traditional role as the family's health care leader and activist for enhancement of health care services

Spokespersons.

Two physician members of the MHN Board of Directors take an active role in reviewing MHN's policies and recommendations and act as spokespersons during National Men's Health Week. Jean Bonhomme, MD, MPH is founder of the National Black Men's Health Network and a researcher with Emory University. David Gremillion, MD, FACP, a retired Air Force Colonel and past president of the Society of Air Force Physicians, is currently Professor of Medicine at the North Carolina School of Medicine.

Other spokespersons include: Betty Gallo, founder of the Dean and Betty Gallo Prostate Cancer Center; Armin Brott, syndicated radio host and author of "19 Ways to Save Your Husband's Life" and a number of best-selling books on fatherhood; Jamie Thornberry, MHN Program manager and a specialist in Hispanic/Latino outreach, Armin Brott, Time Magazine's "Mr. Dad", and Andrew Kimbrell, founder of the International Center for Technology Assessment, and author of *The Masculine Mystique*, *The Human Body Shop*, and *101 Ways to Save the Earth*.

MHN also maintains a list of expert speakers on a variety of health topics. This list numbers over 100 from the MHN Board of Advisors and includes Dr. Robert Tan; Francisco Semiao, MPH; Dr. Alvin Baraff, founder of MenCenter in Washington, DC and author of MenTalk; Drs. James Sniechowski and Judith Shervin, two of the country's most respected authorities on relationships; Arnold Robbins, MD, of the Men's Health Committee, Massachusetts Medical Society; and Ed Stephens, MD, noted NYC psychiatrist.

Tradeshows and Conventions.

The Men's Health Network maintains professional displays designed to promote preventive health care, regular screening, and education. Informational brochures and

reprints, promotional items, and informative videos are featured. The role that women play in men's health care is emphasized.

Educational Materials.

MHN has developed an wide array of health brochures and other materials which provide information on prostate, testicular and breast cancers. MHN also publishes a "Get It Checked" screening guideline for men and women. The Network has also developed specific guidelines targeted at various at-risk populations. Spanish translations of these materials are available.



Typical convention configuration

A series of men's health brochures designed for women is being expanded. The What Women Need to Know About Men's Health series of brochures encourage women to become actively involved in the health of their men and explain specific men's health issues.

Conferences.

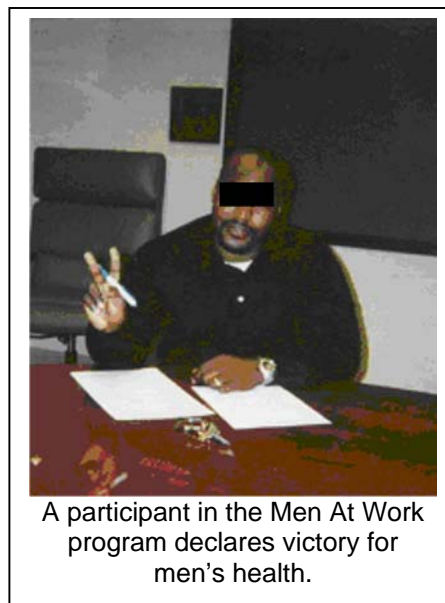
MHN is cosponsor of a series of conferences on the national and international levels and hosts the Men's Health Conferences website (www.menshealthconferences.com).

National Men's Health Conference.

MHN has partnered with Penn State University to establish a series of annual National Men's Health Conferences that will stimulate a multidisciplinary and multidimensional examination of men's health issues in the United States.

The first conference was styled "A conference to explore the critical health issues facing men" and was held in Arlington, Virginia on May 20-22, 2004. The conference attracted a broad range of professionals, policy makers, and practitioners working in a variety of settings dedicated to men's health and well-being. A call for papers resulted in over 80 papers being submitted representing over 100 presenters.

Speakers included ABC's Dr. Tim Johnson; Georges Benjamin, M.D., Executive Director, American Public Health Association; Jean Bonhomme, M.D. M.P.H., Grace Crum Rollins School of Public Health, Emory University and Founder of the National Black Men's Health Network; Héctor Sánchez-Flores, Center for Reproductive Health Research and Policy, University of California-San Francisco; David Gremillion, M.D., F.A.C.P., Professor of Medicine, University of North Carolina School of Medicine; Dr. Wanda K. Jones,



A participant in the Men At Work program declares victory for men's health.

Deputy Assistant Secretary for Health, U.S. Department of Health and Human Services; former Surgeon General, Dr. David Satcher, Judd W. Moul, M.D., FACS COL, MC, USA, Director, DoD Center for Prostate Disease Research, Attending Urologic Oncologist, Walter Reed Army Medical Center; Peter Rumm, M.D., Chief Medical Officer, Bureau of Chronic Disease, Wisconsin Division of Public Health; and Dr. Gerdi Weidner, Vice President and Director of Research, The Preventative Medicine Research Institute.

World Congress on Men's Health.

MHN is a cosponsor of the annual World Congress on Men's Health hosted in Vienna, Austria. Presenters at the World Congress have included MHN's Dr. David Gremillion, Dr. Jean Bonhomme, Dr. Robert Tan, Tracie Snitker, and Megan Smith.

Workplace Health Awareness and Education Programs.

MHN works with government entities, private employers, and health care providers to bring health information and screenings to the workplace and to develop protocols for workplace health programs that engage men in proactive health care activities. In 2004, MHN will participate in over 35 workplace health programs across the country.

***MHN HealthZone*[®].**

MHN HealthZone is part of this outreach. *MHN HealthZone* is designed to facilitate a renewed commitment to men's health care by making screening services readily available to consumers, hospitals, health clinics, community centers, and large employers. MHN offers a free online *MHN HealthZone* planning kit that can help organizations nationwide conduct their own health screenings for men and their families.

The *MHN HealthZone* screening program is promoted by numerous public health departments, health care providers, and private corporations and has been featured at the Rotary International Conference and several other tradeshows and conventions.



MHN HealthZone[®] as seen at the 2002 Rotary International Conference in Barcelona Spain.

Time Out for Men's Health[™].

Time Out for Men's Health[™] is a national awareness campaign to educate men about the importance of regular check-ups and age-appropriate screenings. "Just like taking the car in for an oil change or for the 25,000-mile checkup, men also need to take themselves to the doctor's office to make sure everything is running smoothly," David Gremillion, MD, of MHN said. "That's why Men's Health Network created this campaign – to help men keep track of how often to check their blood pressure, get a tetanus booster and check their testosterone levels."

The program offers free health screenings for men and educational materials at retail and workplace events across the United States. At these events, MHN provides cholesterol,

blood pressure, blood sugar, PSA (prostate specific antigen), testosterone and body mass index screenings for men, a comprehensive self-assessment exam, and access to a health educator and literature related to men's health and well-being. The Time Out for Men's Health website is found at: www.timeoutformenshealth.org

Advocacy.

MHN is active on the state and federal level and is a leader in the international men's health movement. Accomplishments include agency awareness of men's health needs in several states, development of men's health awareness periods in over 45 states, and prostate cancer initiatives in several states.

National Men's Health Week / International Men's Health Week.

One of the MHN's proudest accomplishments was advocating for the Congressional passage of National Men's Health Week. Sponsored by Senator Bob Dole and Congressman Bill Richardson, NMHW was signed into law by President Clinton on May 31, 1994, and is recognized each year as the week leading up to and including Fathers Day. Each year during this time, MHN asks that the Governors of each state declare a Men's Health Week in their state. Governors, public health officials, and health activists are encouraged to use this event to focus media attention on men's health needs.

MHN has assisted with the development of an international movement to recognize Men's Health Week, coordinating activities with health experts and activists around the globe. MHN also hosts the web sites for these initiatives (www.menshealthweek.org and www.internationalmenshealthweek.org or www.imhw.org)

Cancer Education and Awareness.

MHN is honored to participate in a number of prestigious efforts in the fight against cancer, including the National Dialogue on Cancer / C-Change, One Voice Against Cancer, and the National Prostate Cancer Coalition.

C-Change / National Dialogue on Cancer.

Former President George Bush and Barbara Bush are co-chairs of the National Dialogue on Cancer, now formally known as C-Change. C-Change is a forum that brings together the principal leaders of key national cancer organizations, agencies and institutions, plus central figures from other public, private and non-profit entities, to foster and support efforts to overcome cancer. Participants in C-Change include the heads of federal and state governmental agencies, private organizations, such as pharmaceutical companies and the motion picture industry, and nonprofit groups whose missions relate to cancer research, control and/or patient advocacy. Other individuals with a deep concern about cancer and who have achieved prominence in the entertainment, news and other industries or endeavors also are engaged in the C-Change. There are about 150 Dialogue participants.

One Voice Against Cancer.

One Voice Against Cancer is an unprecedented coalition of over 40 major cancer organizations supportive of increased research efforts at NIH and NCI and increased support for the prevention, awareness, and early detection programs at CDC. In addition

to the Men's Health Network, member organizations include the American Cancer Society, American College of Obstetricians and Gynecologists, American Foundation for Urologic Disease, American Urological Association, Association of American Cancer Institutes, Association of Community Cancer Centers, Cancer Research Foundation of America, Coalition of National Cancer Cooperative Groups, Colon Cancer Alliance, Colorectal Cancer Network, Foundation for the Children's Oncology Group, Hadassah, Intercultural Cancer Council, Kidney Cancer Association, Leukemia & Lymphoma Society, National Coalition for Cancer Research, Oncology Nursing Society, Pancreatic Cancer Action Network, and the YWCA.

¹ Physician's Weekly, September 3, 2001

² 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 : pages 12 & 15

³ Men's health needs a heartfelt change, June 17, 2001, The News and Observer, Raleigh, NC