



Men's Health
July 16, 2009

Guest Speaker

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Special Thanks to

- NYS Association of County Health Officials
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“To optimize community health outcomes, we need to focus on a 4-way approach:

- children’s health
- women’s health
- minority health
- men’s health.

A failure in any one will cause failures in the other three.”

Dr. Jean Bonhomme,
National Black Men’s Health Network, Atlanta GA,
J of Men’s Health & Gender (4):392 (2006)

The Problem

- Men are consistently less engaged in health care
- Men regularly avoid preventive care
- Males are at a higher risk of death *at every age*
- This has been true for a long, long time, and won’t change anytime soon

It Starts With Boys

- Boys’ overall injury death rate is 2x that of girls
- Boys’ rates of injury (fatal & nonfatal) are higher for all childhood age groups, and all injury categories

Borse, NN, et al. (Dec 2008). *CDC Childhood Injury Report: Patterns of Unintentional Injuries among 0-19 Year olds in the United States, 2000–2006.*



“MAN - noun. an adult male person”
-Dictionary

“MANLY - adj. masculine, brave, strong, courageous, macho, virile, tough, potent, red-blooded, two-fisted, daring, unflinching, heroic, gritty, fearless, aggressive, chivalrous, muscular.”

-Thesaurus

antonyms: effeminate, wimpy, feminine, weak.

A “men’s health issue” is...

“... a disease or condition unique to men, more prevalent in men, more serious among men, for which risk factors are different for men, or for which different interventions are required for men”

Davidson & Lloyd, *Promoting Men’s Health*, 2001, p68



Healthy People 2010 Top Leading Health Indicators

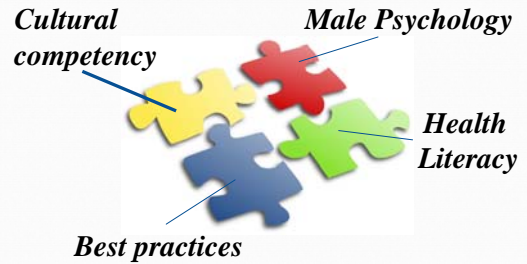
- | | |
|-------------------------------|-------------------------|
| • Physical Activity | • Mental Health |
| • Overweight and obesity | • Injury and Violence |
| • Tobacco Use | • Environmental Quality |
| • Substance Abuse | • Immunization |
| • Responsible Sexual behavior | • Access to Health Care |

The Goal



- We need to better understand men -- biologically, culturally, and psychologically
- We need to foster an improved relationship between men and their bodies, and men and health care

Key pieces to the solution



Cultural Competence...with Men

“be aware of the complex and powerful nature of culture and male psychology on male behavior; and integrate this into health initiatives for more gender-appropriate, masculine-compatible, effective services; delivered to diverse male constituencies”



Men at Greater Risk:

- Poor
- Gay
- Widowed/unmarried
- New immigrants
- Unemployed/single/retired
- Less than college educated
- Live in disadvantaged communities
- Non-custodial dads




Men at Greater Risk:

- Men of color
- Combat veterans
- Disabled
- Elderly
- Rural




Men's Health Organizations:

- Men's Health Network (1992, Washington DC)
- National Black Men's Health Network (1987, Atlanta)
- Int'l Society for Men's Health (Europe)



Men's Health Journals:

- *Am Journal of Men's Health* premiered March 2007
- *Journal of Men's Health* premiered May 2004
- *Inter'l Journal of Men's Health* premiered Jan 2002



The Challenge

- Traditional male behavior which is medically "un-healthy," is positively reinforced culturally
- Public health advice is commonly in a "feminine form," and often heard by men as:
"becoming healthier = becoming less manly"


Act tough	Don't cry	Play to win	Suppress emotions, except anger
Be daring; take risks	Take it like a man	Beware: all men are competitors	Stay in control
Don't complain about pain	Presume to know how to fix everything	Don't act like a woman	Don't ask for help

Building blocks of traditional, unhealthy masculinity

HELP-SEEKING: a Dilemma for Males

- Goes against the norms of masculinity
- Can trigger shame, delays in seeking help, negative peer pressure


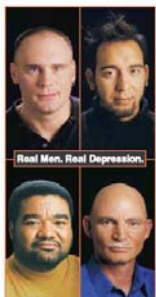
"Disease marginalizes men by destabilizing their conception of masculinity."



Tremblay & L'Heureux (2005). IJMH, 4(1):55-72

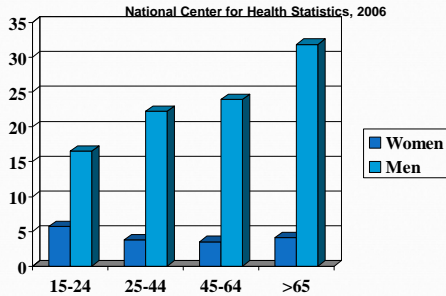
Men & Mental Health

- 6 million men with depression
- 26,000 male suicides/yr
- Male symptoms are more covert

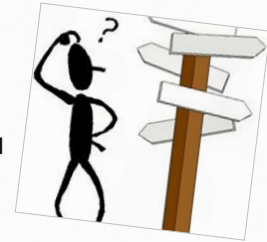
It takes courage to ask for help. These men did.

Suicide rates in US per 100,000/yr by sex and age group



Health Literacy

“The capacity to obtain, process & understand basic health information in order to make appropriate, informed health decisions.”



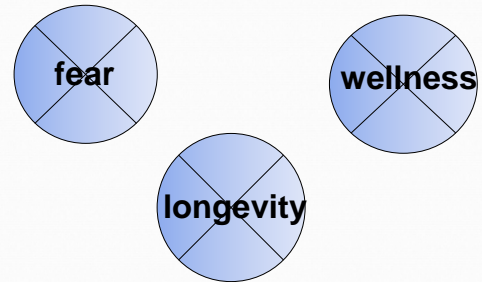
Healthy People 2010

Men tend to have little understanding of male anatomy & physiology



We must teach men about their bodies.

What Doesn't Work With Men?



What Works Better?

STRENGTH ←
SAFETY ←
SEX ←
STORIES ←



Positive Attributes of Masculinity

- Decisive
- Compassionate
- Tender
- Hard-working
- Creative
- Romantic
- Talented
- Strength
- Fatherhood
- Wisdom
- Playful
- Action-oriented
- Courageous
- Humorous
- Loving



**“Take control of the pain...
...Take the one that
has the strength to beat it...
...take Advil.”**

**Get screened
for
Prostate
Cancer:
a silent killer
of men**



**Care of your Prostate:
A
Vital Sex Organ!**

Love in the Time of Prostate Cancer

NY Times editor Dana Jennings writes each week about his experiences coping with prostate cancer.

“Now I wear man-pads for incontinence, and haven’t had a full erection in 7 months. Most nights, I’m in bed by 10. The hormone shots, have sent my sex drive lower than the stock market, shrunk my testicles, and given me hot flashes ...” 02-09-09



Improve the odds of fathering children – cut down on “manly foods”!



**Better sperm =
more fruits + veggies
vs
red meats & high fat
diet**

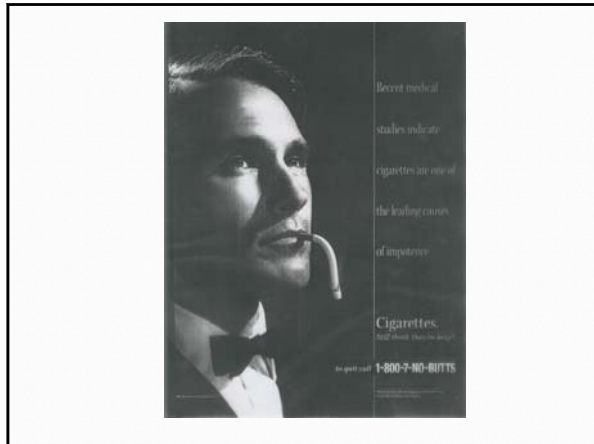
Mendiola J, et al (2009). Food intake and its relationship with semen quality: a case-control study, *Fertility and Sexuality*, 91(3):812-818.

**Defend
yourself
against
cancer!**



Erectile dysfunction

- Beyond the impact on a man’s sex life, ED is a *primary* indicator of a host of concerns:
 - Heart disease
 - Hypertension
 - Diabetes
 - Depression
 - Drug side-effects
 - Stress
 - Substance abuse
 - etc
- Practitioner’s **MUST** ask about it, to do a thorough screening of men’s health.
 - Acknowledge normalcy
 - Minimize shame
 - Save lives
 - Improve quality of life



**16th Annual
June 15-21, 2009**

Since 1994!

**Men and Families
Health Care Act of 2009**

“To amend the Public Health Service Act to establish an Office of Men's Health in the Dept of Health and Human Services”

Originally introduced 2/14/2001; has 40+ co-sponsors.
There are 5 offices of women's health in DHHS
<http://www.menshealthpolicy.com/OMH/bills.html>

**Use a “Whole Man” Model of
health and well-being**

- Physical
- Emotional
- Spiritual
- Occupational
- Social
- Family
- etc

Contact

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Men's Health Issues: "A- to - Z"

- A** - addictions; anger management; alcohol use; AIDS/HIV
- B** - baldness; blood pressure
- C** - cancer; cardiovascular health; caregiver stress; cholesterol; circumcision; condom use; communication skills
- D** - depression; diabetes, disability; drug use
- E** - eating disorders; enhancer drugs; erectile dysfunction
- F** - fertility; fitness; friendships; failure
- G** - gay men's health needs; grief; gun safety
- H** - health literacy; hormone replacement therapy
- I** - incarceration; income; insomnia; insurance
- J** - "joyless striving:" chasing false ideals and "shoulds" of manhood
- K** - knowledge: understanding male anatomy & physiology to allow men to better monitor and care for their bodies and health over a lifetime
- L** - libido: sex drive normally varies with aging, illnesses, stress, medication, etc
- M** - male "menopause" (andropause); muscle dysmorphia ("reverse anorexia")
- N** - nutrition
- O** - occupational health & safety; osteoporosis
- P** - penile concerns (implants, priapism, Peyronie's Disease); plastic surgery; prostate disorders
- Q** - "quick action" - men tend to deny, dismiss, deaden, or delay treatment for pain or other abnormalities and injuries
- R** - relationships: male friendships, intimate partners, and physician-patient
- S** - safe sex; stress management; sleep apnea; social isolation; suicide; sports (training, safety, first aid); spirituality; scrotal conditions
- T** - testicular self-examination; testosterone levels
- U** - UV protection: (outdoors: work & play, & tanning booths)
- V** - vasectomy; violence: (relationship, workplace, recreational)
- W** - work-a-holism; workout-a-holism
- X** - "X" chromosome: genetic factors in male disease
- Y** - "whY?": living a self-examined life; question the choices, goals, and rules of manhood you live by.
- Zzzz** - sleep: (quality and quantity)

MALE HEALTH & WELLNESS - References & Resources (sampling)

Male Health – General

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Male Health – online

- Male Health Institute. www.malehealthcenter.com . Articles/Q & A from 1st men's health center in the US.
- Mayo Clinic - Men's Health Center www.mayohealth.org [click on "men"]
- Men's Bibliography www.anu.edu.au/~a112465/mensbiblio/mensbibliomenu.html
An extensive compilation (1000s) of references on men's health and other male issues.
- Men's Health Network Advocacy, lobbying organization for legislative reform
PO Box 770 Washington, D.C. 20044. www.menshealthnetwork.org
Also, www.nationalmenshealthweek.com, which promotes National Men's Health Week
- National Men's Resource Center Extensive resource on widely varied men's concerns. www.menstuff.org
- Newspaper archives (e.g.): www.nytimes.com/pages/health/menshealth/index.html
- New South Wales Health Department. Moving Forward in Men's Health. A comprehensive strategic planning policy statement; Publication #(HSP) 980078; NSW: Sydney, AU
www.health.nsw.gov.au/policy/hsp/men/men.pdf

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[Note: listing is updated regularly; but internet addresses may change, and books may become out-of-print.] Rev: 10/07

Male Health Promotion Strategies

Don't	Do	Comment
Treat men and women the same	Conduct gender-specific needs assessments	Perform male-specific data analysis (quantitative), and conduct male-specific focus groups and surveys (qualitative).
Scare men	Challenge them	Fear-based motivations for significant and lasting behavior change are not very effective, and even less so with men. They are socialized to not admit or reveal fear - privately or publicly.
Just ask men to go to health care	Take health care to men	Go to where men are: " <i>Work</i> " (partner with: health/wellness depts, EAPs, unions, trade groups, etc); " <i>Play</i> " (fitness clubs, union halls, diners, etc); " <i>Community</i> " (parishes, barber shops, men's service clubs, etc)
Shame/blame men for their harmful health practices	Affirm masculine values (privacy, control, self-reliance, toughness, competition), while offering new information they lack	Risky male health behavior is often the same that validates them as men. They can't easily consider trading manhood for health. Be patient in expecting men to change. Personal psychology and culture are very strong forces.
Just focus upon distant disease prevention or life expectancy as primary motivators	Emphasize performance in the here-and-now	Male esteem is based upon the capacity to perform, to succeed (at work, at play, at home, in bed, etc)...today, not in the future.
Assume men are knowledgeable about their bodies	Regularly teach basics of male anatomy & physiology	Males are raised with little emphasis on health literacy. They relate to their bodies from the outside (size/strength vs function).
Stick to a bio-medical model	Use a "whole man" approach that emphasizes male quality of life	Men's mental, emotional, and spiritual needs are also under-served. Seek their help in designing masculine-compatible health programs.
Treat all men alike	Customize program messages to specific male sub-groups	Male diversity = urban, rural, gay, bi, straight, boys, teens, adults, elders, farmers, office workers, immigrants, athletes, tradesmen, disabled, racial minorities, varied interest groups, etc. Each has its own elements of: language, customs, values, beliefs, stories, history, and expectations.