Moderator- Hello, and welcome to Public Health Live, at the breakfast broadcast. I will be your moderator today. Before we get started, I would like to ask that you fill out your online evaluation. Continuing education credits are available after you take a short test. Your feedback is helpful for future programs. We want to know what topics are of interest to you and how we can best serve your needs. We will take questions later. 800-452-0662 or you may send your questions by fax at any time. The fax number is 518-426-0696. Today we will be talking about men's health. Our guest today is Joseph from Siena Colleges Social Work program. It is a pleasure having you.

Joe- I am delighted to be here to talk about men's health.

Moderator- Begin by giving us a sense of your background and how you came to this subject.

Joe- It has been a lifetime development. I have always been involved in health care, working in various fields. I was also a consultant and health education teacher. I was always involved in men's health activities or men's movement activities. I explored general studies and began to dig in my research into this and realized that there needed to be a lot more dialogue about men's health because very few people were talking about it 15 years ago.

Moderator- How does the health of men relate to the community as a whole?

Joe- The idea of community is key. A community is made up of all of us. There is one thing that the women's health movement has taught us and the gay men's health movements and the consumer health movement is that we need to look of the person behind the patient. There is something I like to share with people that is to optimize of community health, we need a four-prong approach, almost a four-legged stool. We need to emphasize minority health and children's health. As a country, we have been doing a fair job with that. Much more to do, but it has the attention it needs. The fourth-component men's health has been under-attended. We have to shore that up. As the co-founder of a national men's association for health says if you fail on any one of those four components, it affects the other three, affects the community.

Moderator- Is it fair to say if you could be successful with men, you will have learned what it takes to be successful with just about any hard to reach group?

Joe- I think that is a fair assessment.

Moderator- What are some of the problems we see in terms of achieving men's health?

Joe- Well, the current era of men's health has evolved since the year 2000. There were earlier initiatives and research, but we really were not coming into this until the last decade. If you look to the statistics on mortality, morbidity, injury rates, and so on, you find that men suffered much more than women in terms of the top 15 causes of premature death and all the high risk behavior one can engage in whether it is smoking, not wearing a helmet or seat belt and so on. The most disturbing thing for me is that at every single age, males at a higher risk of death than females. We not only live these riskier lifestyles, we all know that men avoid preventive care. Unfortunately, this has been going on far too long.
Moderator- When did these issues began?

Joe- Well, I should say men began as boys. As a culture, we need to do a better job of emphasizing a healthier, nurturing relationship with our boys as children. One cannot discuss men's health without discussing what boy's behavior is doing to their health and well-being. Recent studies have shown that even with childhood injuries, again, in every category at every age group of childhood, boys have high rates of injuries, fatal and non fatal, than girls do. It is much more than just biology.

Moderator- take this through the factors that bring a higher rate of injury to boys. How can it be changed?

Joe- That is a large question. We need a lot more cultural awareness as to the emphasis we give the boys. We teach them the rules of manhood in many ways through the institutions and media, through family life and so on. Those rules of manhood still tell boys that to be a real man, you have got to be tough.

Moderator- What does the idea our definition of manhood have to do with it? What is your sense of that?

Joe- Actually, you can go through a simple test, the common dictionary. If you want to look up the word man and manly, you'll see words that set the behavior's I am talking about, where a man is supposed to be gritty and a two-fisted, and daring, and able to live life at the edge. That is in the dictionary. The dictionary is one of our reference books as a culture that says this is what we collectively believe in. We want boys and men who are tough. Yet, by raising boys in to that format, that traditional masculine socialization that goes on, we are also teaching them to not really pay attention to their bodies, their well-being, to their emotional health in a nurturing way. That has a price to pay later on.

Moderator- How do we define what is the men's health issues as opposed to a general health issue?

Joe- To help our listeners, there is a handout as men's health a to z. I have probably about 100 categories of issues that one could address as a men's health issue. Just taking the alphabet, it includes everything from alcohol addiction to anger management, everything from blood pressure to baldness, everything from cancer and cardiovascular disease to circumcision. We need to look broadly at a man's life and to fight what ever portal we can to help address the man's need to begin to take better care of his well being. If not only for himself but for his family, his workplace, his community.

Moderator- If we look at the overall health of an individual, what factors come into play?

Joe- Well, there are many different ways. The document for 2010 gives a good starting place. It identifies the 10 health indicators that our government has been looking at in the last decade to improve the health of the United States. Again, if you look at those 10 leading health indicators and compare that with statistics, men are at higher risk in every single one of those categories. Again, mortality, morbidity, injury risks, the lack of resiliency and safety. It is disturbing when you break down the numbers.

Moderator- Are certain groups more vulnerable or at higher risk in terms of others?
Joe- Certainly. We can look at various subgroups of men. That is what I urge health professionals to do. I speak to them in classroom situations. They need to break down who we are talking about. I am talking in general terms about men raised in the United States, and I have internalized a fair amount of traditional male conditioning. Yet, men are not all the same. We come in all shapes and sizes. It is important to narrow down the specific subgroup of men that you are working with to understand what their needs are.

Moderator- There are very vast issues to tackle.

Joe- I am raising a large challenge. As a culture and as a health care system, we need to better understand men as fully embodied individuals, not just biologically but also psychologically, emotionally, socially, culturally. You need to really understand the person behind the patient again. There is a saying I use in my classroom that comes from a physician, about a century or so ago who said, ask not what disease a person has, ask who has the disease. I think it is critical for us to tune in better to who this man is in front of me. The second point is when we talked about a boys, we need to teach them to care about their bodies in a different way. You do not have to be tough. You can also take care of yourself. And that when you are in pain, you do not have to run away from it. We need to teach males how to nurture themselves much better, and that will reflect in self-care skills throughout life.

Moderator- That is an incredible goal, but how do we achieve that?

Joe- It is challenging the other four components. That is why we accepted principles in health care. If we can attend to cultural competency with men and integrate a thorough understanding of male psychology, then we will be better prepared to language materials and language and delivery, our pitch, in a much more male-compatible way and developing better and better practices out of that process. Some are doing this today.

Moderator- In essence, you're speaking about cultural competence, is that correct?

Joe- Cultural competency is what will acknowledge as a condition in health care. We mean truly grasping the individual you are trying to engage. With men, it is important. It applies to women also. But in this study, we talk about men. It is important to understand the power of culture, the power of psychology. I am sure in your life as well as everyone else's, we've all been giving good advice we have ignored. We have given good advice to others who have ignored it. The reason why we do that is much more beyond that just what the object to the value of the advice is. It is who we are. It is the essence and needs we have that overrule could help the lives. And the more we can understand that it is important to realize, this person I am trying to serve comes with all that interplay of culture and social and economic, emotional, and ethnic backgrounds, so I need to know who they really are.

Moderator- are certain in a greater risk than others, and who are they?

Joe- When I am talking with individuals of men's health, I am always humbled, and I need to say that I am one man. I am a middle-aged, white, American man. I can talk about the statutes that apply to most men in the United States, but we come in all shapes and sizes and varieties. Within that, we have to be
sensitive to realize that men that are marginalized, traumatized, and also isolated are the most in need. Men that are marginalized are the poor men, disabled men, gay men, and the like. That applies to anyone in our culture. We need to highlight this risk factor. There also men that have been traumatized in life. Those men that have been abused, and we recognize that child abuse takes place with males, too. We are currently creating a lot of combat war veterans, men that have been traumatized by what is going on in the middle east such that we are operating generations to come of men that will have difficulty with relationships, jobs, falling into addiction, and homelessness so that looking at male constituents and thinking about the men who are marginalized and who have been traumatized. And also, who are the men that are isolated? The information tells us that married men are healthier than single men. Widowed men have high risk factors. They are the highest risk for suicide in the United States, surprisingly. Men that are unemployed and laid off become much more at risk. If we look to the labor statistics about what has been going on in the country recently, they tell us 80% of the layoffs have been with men. So that all of the sudden, that risk factor needs to be recognized.

Moderator- Are there organizations dedicated to men's health to identify not only larger groups of men but also these subgroups we were talking about earlier who are at higher risk?

Joe- Well, we have come a long way, although we're still in the early stages of creating a men's health field. Viewers might be interested to know that 1989 the first men's health clinic was created in the United States. That is not very long ago. It ran about 10 years. Since then, we have seen the development of a number of organizations; the men's health network located in Washington, D.C. is one of the premier advocacy educational organizations in the United States. The national Brackman's Health Association in Atlanta has been key in coming up with initiatives for African American men. They partner with universities such as Morehouse. They have done wonderful stuff. Internationally, it has been catching on where we now have an international organization. We do have centers that are now developing the archives and research information we need to rely on.

Moderator- What about boy's health specifically? Do these organizations address that?

Joe- Not as much. Men's health has been the moniker that has been carried in recent years. There is more attention to boy's health, but nobody is focusing on it enough. Boys become men, so you have to look developmentally and say if we want to help men when they are 50 and 60 not have the illness and injuries they have, we have to back up and looked upstream. There is a lot of attention being given to college men now. There are a couple national programs that are stars in what they're doing. That comes out of the information people can actually look up. The first journal in the United States that ever had an issue in men's health was the journal of American College Health. So they were ahead of the trend. But that was only in the year 2000. So we are still in the early stages of this evolution of awareness of men's health. There are other journals that have been created to focus specifically on this. There is the American journal of men's health, international journal of men's health, and those are identified on the slide. But one has to dig deeply to discover the information you need. In terms of the journals, the first national mainstream medical journal that ever did an issue on men's health was only in the year 2003, just six years ago.
Moderator- speaking about digging deeper and try to access more information on men's health, where else can people identify information on men's health, some of the statistics.

Joe- One of the handouts today is a bibliography. I encourage people to look at that and realize that there are textbooks now on just about every male issue you can think of. There are major works on man's experiences, living with prostate cancer and more obscure issues such as men and anorexia. So the books are around. There is an exponential growth in websites with men's health. There are governmental and non-governmental organizations to have many web portals that are very rich and last in terms of the data.

Moderator- So there is a growing body of work related to the field, and the field seems to be growing. You talked about greater focus and attention and now being given toward preventative health as it relates to college-aged men.

Joe- Yes, we're learning and growing. The conversation is taking place more and more. That is why I am grateful for this opportunity because it has not been public for a long time.

Moderator- How is men's health perceived in relation to masculinity? We have the definition earlier in terms of what it means to be a man as it relates to the dictionary. What challenges does this present?

Joe- Imagine if I asked you if you'd be willing to give up some of your femininity to be healthier. That would be a tough question. Yet, that is exactly what men perceive to be the health care request. Because traditional male masculinity is inherently harmful or risky to our physical and emotional health. So to be a real man means that I have to keep a tough exterior. I have to be strong. I have to not reveal my vulnerability. And I have to hold back my emotional life. We know through studies that, over time, that compromises one's state of well-being. Unfortunately, the public health message we usually give goes like this -- please notice something about your body that is not working normally. Be concerned about it. You get a practitioner to work in partnership to resolve it. Everyone would agree that is a standard and sensible public health message but if you re-enter that to a man's mind, what it says is, pay attention to your body and notice what is wrong. Well, we do not really know much about our body. It is difficult for us to identify what is not working right. The next piece is to be concerned about it. And concern speaks of being afraid to the traditional masculinity says you're not supposed to show fear, let alone admit it. The other thing is to work together get someone to solve the problem. There is the traditional male rules to do it alone and be self-reliant and a tough it out. We need to find a way of making the language is different to be much more compatible with a guy's form of living in the world.

Moderator- Are you suggesting that masculinity at times could be synonymous with unhealthy living?

Joe- Absolutely. Every man listening will recognize the statements they her growing up, do not cry, be tough, suck it up, walk it off, do not show fear, endure paint, the list goes on and on. In our cultural need to have capable, competent males who can do some of the tough work in that life, we give them rules which are narrow and limiting. Such that they do grow up with these rules of manhood, as they are often referred to, such that they are boxed in. Because if I am supposed to be tough and hold it in and bear the pain, how do I reach out and say to someone, I hurt, I am in trouble, and I need help. It is difficult to cross that line. Health officials need to find a way to invite men over the threshold.
Moderator- Are our health care practitioners and the physicians of being able to gain entry into that area of cultural competence and a communications?

Joe- We are, and particularly with communication. There is a standard communication technique it goes like this. If a man is in your office and you know he has to be in during paying because the condition he has, if you ask the man straight out, does it hurt, he will say no or say that I can take it. Instead, you alter the message by saying, you know, most men that I work with complain about having a lot of pain with this condition. I am impressed with how you have endured the pain, but how about we work together and take the edge of a little bit? I do not know if you can hear the difference. It speaks to that sends a traditional masculinity that says I affirm your toughness, strength, and your ability to endure pain. But now let's work together.

Moderator- How else can masculinity did in the way or interfered with men having access, gaining access to proper health care?

Joe- Well, we know the humorous thing that men not asking for directions. There is a reason for that. Part of that traditional masculine conditioning its internalized to the point where we're not supposed to seek help. And to let our guard down, to admit I do not know and cannot solve this, I cannot fix this, I do not know where to turn, creates the sense of shame within a man. And psychologists know the dynamics of shame and very well. It is a powerful, psychological reaction. So help-seeking which is the fundamental behavior we need health care consumers to have, and that is a challenge for men. To be able to simply pick up a telephone and say I am hurting and need help, makes them confront his sense of -- if I am to become healthier, I am going to have to act in a way that says to me I am less manly. And that is a very tough edge. Of course, it goes on unconsciously with men. But the help their community needs to make a conscious within ourselves so we can work with a man in a way that helps to engage them without shaming them more.

Moderator- Much of what we have focused on are those areas of men's physical health. How about men's mental health?

Joe- Emotional breakdown is even harder for men to deal with. They strike that level of vulnerability that men have walled off for a long time. Yet, men have their unique ways of dealing with anger and emotions and sadness, and they are ways that were very different than women. Just appreciate that there is a difference, that men and women are different. While we do share some reactions in the patterns of reactions, there are unique gender patterns. In particular, I think depression and it is a very illustrate of. There is a wonderful sight by the national institutes of health care, and there was a program called real men, real depression, the first national men's depression campaign. In that, they have a very conformed presentation on how to work with men well culturally. They have stories of a firefighter, a foreign military officer, and the traditional tough guy. They say, I got to a time in life where I cannot take it anymore. I represent a real traditional man and, not but, and I am struggling. Depression is something that is very real. About 6 million men will have a depression. There was a breakthrough book about a decade ago, 1997, a psychologist wrote a book about the depression in men that describes our hidden depression. And that we show depression in ways that are not typical. We do not cry as much or get
moody or angry. Will get more risky with our lives and do more extreme things. That is often a cover for depression. The title of the book is called "I do not want to talk about it." That captures the essence of the dynamic ferment.

Moderator- Earlier, you touched upon the high significance of suicide rates among men, particularly those who are widowed. How do suicide rate is differed among men and women? What do think interviews to this?

Joe- It is important to look through the data to see what it tells us. If we tried suicide rates by gender, we will see that for females, the suicide rate remains relatively flat throughout a woman's lifetime. Yet, if we tried suicide rates among men, it literally increases throughout the entire life span. Elderly men are the most at-risk for suicide in the United States. When we come by in the realization that men present depression differently, we can then realize that the mental health system needs to be sensitive and aware as to how men are presenting themselves to be able to do early intervention and prevent that negative outcome of suicide. Statistics tell us that women attempt suicide more often, but men successfully commit suicide far too often and with much more fatal means.

Moderator- We are going to shift gears and talk to the communication and health literacy and cultural competence and the link between those. When we talk about the interpretation of health messages for men, how does health literacy go into this?

Joe- Again, held literacy is it fundamentally accepted core principle in health care these days. I have done focus groups with men and about health issues for many years and have spoken to hundreds of men. The messages that you need to sound like me, look like me, keep it simple, keep it straight. I get that from every man I talked to. That is informative. So if you want to really carry out the idea of how to talk about health and literacy successfully with men, you have to realize that men use language in a way that you can hear, understand it, and get inspired to ask. Guys have a hard time hearing and translating. In particular, we just do not know that much about our bodies to begin with.

Moderator- How well do men know their bodies? Why is this? You know, it is it because this information is not presented to them? And men are boys before they are men. When do they begin learning about their bodies and gaining information pertaining to their bodies and their selves?

Joe- Incredibly, it too often is when you're middle-aged and having symptoms. I have spoken with a lot of practitioners of this that I have had so many male patients come in with a far advanced condition, who had not seen a physician beyond sports physical or maybe a job physical. Those are fairly simplistic screenings. One of the problems is that we're not driven into the health care system biologically the same way girls are. We do not have to really attend to our bodies as a vehicle to produce a baby and to really absorb all the cultural signals to nurture yourself and be healthy for your future role as a mother as girls get. With men, we just do not know. And a working principle when working with men is presume they know less than you think they know. That is a safer place to start. That happens with simple conversations with men. If you ask men, are you aware of prostate cancer and information about prostate disease and so on, they will say of course because it is on a tv and the radio. Then as a follow-up question. Do you know where your prostate is? A lot of men scratched their head and really do not. Ask
the next question. Do you know what a prostate is for? The vast majority of men will have absolutely no idea. They know it can be a source of cancer and it can kill them, but they do not know where it is or what it does. Likewise, if you ask women if they could give you a general understanding of the menstrual cycle, a very intimate, core, biological reaction that identifies you as a woman, most can explain that. The counterpart for a man is the ability to have an erection that identifies a man that gives them a sense of identity. Then ask men, how does an erection happen? And they will say they do not. They think about it. It happens. But they just do not understand of the male anatomy. It is important for practitioners to take every step to teach us about our bodies because we really do not know.

Moderator- Are you suggesting that society interprets the male body differently in terms of a much more superficial way as opposed to anatomically?

Joe- I think so, yes. I think there has been a societal blind stop around that women have been addressed because of their nurturing role in the world. Men have been addressed as somebody who will go out and do the tough work and traditionally die earlier. Men have less of the life expectancy as women, and that has been true since the early 1900's. Culturally, we do get a difference and the urgency to the physical and emotional well-being of men versus women.

Moderator- What messages do men best respond to?

Joe- Well, it might be better to flip that around and say, what does not work with men? What does not work with men is being afraid. We know that fear is not an effect or motivate of behavior change. With men, it works less well. Also terms like wellness and longevity. They do not work that well with men. Men want to hear things that speak more to who they are and the here and now. Most guys in my focus group say when a doctor talks to me, I say, what is in it for me now? If the message is to stop smoking, you might gain so many years of life at the end of your life, it has less of an impact on a man and his ability to perform his life right now. Men can hear messages that have to do with safety, strength, sex, and stories. It is important to have those kind of reference tools available as a health care practitioner. Because men are complex, and we do have a lot of positive qualities. I have talked about the negative traditional male socialization, but men are created a compassionate, loving, and fun. But it is that the cultural baggage that we carry has put a lot on the shelf.

Moderator- It is so interesting because you would think that a man, particularly a man who is a father, would be motivated by the message of longevity in terms of living longer and having a better quality of life, to be around for his children or grandchildren. But that does not seem to resonate.

Joe- Well, I would say that makes complete sense to me. And I am also hearing it from a woman. Whereas a man might say, well, I do not know about that, but I want to be able to keep up with them playing basketball. He is starting to get better and may beat me soon. Again, it is a sense of performance. Psychologists tell us that women have a sense of relationship and nurturing as forms of how you develop in life. Men are raised with a sense of performance. I have got to do what I have got to do now. They measure themselves on how the perform on a daily basis almost. That is why I agree with you, but men hear it differently.
Moderator- So if we want men to become more attentive to their own bodies and their health, those four essences again.

Joe- This is the fun stuff actually. It is complex and challenging to address the real information for men's health. There's tremendous opportunity for creativity and innovation. Let's take strength. Men want to feel strong. They want to feel they can handle life. If you would get standard marketing on television, I think there is one example for our viewers. You would get this advertisement for Advil. It says, take control of the pain. Take the one that has the strength. Take Advil. Even in that message, one can hear male words, strength, control. They want to conquer something. That is speaking to a guy. If we watched media with a cynical eye, we would hear how effectively marketers use our gender psychology in trying to sell us something. The health care system needs to take gender psychology and learn from that and sell as health in a way that we will buy it.

Moderator- We talked about some of the challenges that masculinity presents in men's health. Let's talk about the positive attributes of men's health as it relates to masculinity.

Joe- Men need to be around for a long time. We need men in our lives. We need to be successful, competent, caring, husbands and fathers and brothers and uncles, and big brothers, workers, president, astronauts, and anything else a man can do. So helping men to reach in and identify that they have much more to offer than the narrow the images that society gives them and that the health care systems can help them be safer and be healthier for the long run, it is vital that men learn to recognize that, as a society, we celebrate men. We affirm men. Because if they feel welcome to buy society, and if they feel welcome by the clinic door and by the practitioner in the examining room, they will begin to open up. Surprisingly, when I had men in the focus group and a close the door, it takes very little to get them talking. They are ready, but they need that welcoming invitation.

Moderator- What is another example of a message than the work to get a man into the doctor's office?

Joe- Ok, here is one that has worked for me in the past. I was asked to consult on a prostate screening program some years ago. They were not having a lot of success with having been coming in to get screened. The theme they there were using was, get a screen for prostate cancer, a silent killer of men. I looked at that and thought, that is not guy talk. That is health care system talk. I urged them to trust me and rephrase it. We call it, “care for your prostate, the vital sex organ.” That got their attention. First, it got rid of fear. It did not allude to death or cancer. It talked about the care of your prostate. And it gave them information about their anatomy. It says to them that the prostate is part of your sexual machinery which is exactly what it is. Even in a simple one-for is a statement, you can turn the words into a guy's framework and teach them something and get their attention and inspire them to take action. That is how we can refer to strength, safety, and a sense of sexuality as a wonderful hook to get a guy in the door. We cannot help them if they stay away.

Moderator- Absolutely. Recently, I saw a column that discussed emasculation in relation to cancer treatment. What about that?
Joe- It is a wonderful series. It is important. One reason is because it tells us -- let me start this again because I want to be clear. Because of male isolation, we do not talk to one another about what is going on in our inner selves. Guys do not talk about health care problems. So we do not understand how universal our experience may be. Stories such as this story about this man's journey with prostate cancer tells men very candid information. As the client and says, it uses the language. The hormone shots said my sex drive lower than the stock market and give me hot flashes. Where do men ever hear that kind of personal story, not from one another. In any kind of health promotion campaign for men, one needs to build in the images, but faces, the boys, and the stories of men who have been there before. Because of that of vulnerability thing and the shield they have to hold up, no man wants to be the first one in line to say yes, I have got this. They want to be able to say that I have got it also, and I am one of you.

Moderator- Can you suggest other examples of designing messages specifically for men?

Joe- Sure. We have a concern in the United States about obesity and a diet. There are nutritional stories on the media every day of the week. Yet, if you want to reach men and encourage men to eat more healthy, what might work? Again, look a safety, strength, stories, and sexuality. Sexuality would work. Men want to be able to say yes, I can father children. We fathered children by having healthy sperm. Studies tell us that we have a healthier sperm when we eat a healthier diet. That is the hook. If men eat more vegetables, studies show that their fertility potential has improved. That is important because fertility is another one of those subjects with men where males are the call so problems in infertility equals two women, but men do not talk about that either. So send the message that is in fighting and informative to men at the same time. It does not take a lot. But it's something we're not used to.

Moderator- Share another example.

Joe- We often talk about cancer in the United States in individual ways. Prostate cancer, sun cancer, lung cancer. We think about the fact that men did not come into the health care office very often, so we have to sit when I get them in the door, I have got to talk about cancer head-to-toe, a cancer a to z. I have got to talk about prostate cancer and testicular examinations. We want to talk about sun protection, smoking and lung cancer. Sort of the one-stop shopping note. In all likelihood, he will not be back as often as a female patient would. So we have to take advantage of his time in the health-care system and use those communication skills. And language things in a way that do not trigger his sense of shame and vulnerability.

Moderator- Ever since the introduction of a little blue pill, erectile dysfunction has been a prominent men's topic and has received a great deal of attention. Is erectile dysfunction really that important when it comes to men's health?

Joe- Absolutely. I think the Viagra phenomenon which is now just over a decade old has been a tremendous positive thing in men's health care. First and foremost, it pulls the veil off of one of the most difficult subjects men can have. Because to not function sexually strikes the core of a man's sense of himself. Through the introduction of Viagra, millions of men were able to come out of the closet. It was deeply personal. And is served their partners also. Erectile function is also currently looked at as the primary indicator of all sorts of concerns for men including depression, stress, and the list is growing.
Giving attention to a man that says this is part of who you are. It is important, and I will recognize that. And this will help us help take better care to you. So looking at the whole world, the whole issue of erectile functioning is critical for men.

Moderator- When we talk about messaging and language in communication, it helps to see messages beyond the massive promotions we have seen throughout the commercial media. Where else are we seeing messages regarding erectile dysfunction and making that link for men?

Joe- We are seeing more creative projects and health initiatives taking place. There is an example of a successful campaign in California where you look at that image and regardless of the words on the slide, you do not need to read anything to know what it is talking about. So the reference to do erectile function is very powerful and primal for a man and gives the message across in a very few words and directly which is exactly what the men tell me they need.

Moderator- We now have the men's health week which is terrific. Does the focus of men's health week change from year to year?

Joe- Last month was Men’s Health Week for the 16th year in a row. Yet, many health practitioners do not know it exists. We have to have more promotion. And the website I have on the slide will lead people to that. This was going through Congress in 1994 when advocacy was taking place and the concern was realized that men's health was a crisis. In the early 90's, the life expectancy of African men had been going down year-to-year for about six or seven years. It was a crisis. Out of that came this proclamation. Each year, the website that the men's health network maintains on this gives tremendous information of how someone can link all of the aspects of men's health and do a major push within an organization and community that celebrates men, affirms men, screens men, and keeps men safer and healthier for a long time to come.

Moderator- I would like to try to get our audience in with questions. We're ready to take your calls. 800-452-0662. Fax, 518-426-0696. Joe, has the government set up any offices or laws or guidelines related to men's health?

Joe- It was a bill introduced in 2001 in congress to create an office of men's health. A comparable office to the office of women's health that was created in 1991. And depending how you categorized different offices in the government, there anywhere from five to eight national government offices devoted to women's health. We still do not have a one for men's health. But this shows the current men and families health care act which is in congress. Each year, it's more and more co-sponsors. Hopefully it will get passed very soon so that there is one office of men's health to consolidate funding, policy initiatives, research, and information.

Moderator- What does a man need to do to best support his own health?

Joe- The general message is that we need to think broadly about men, that we're more than just erectile dysfunction and cardiovascular disease and occupational injuries. We are full-fledged human beings, and our cultural conditioning has narrowed. We need to think about men as physical beings as well as
emotional and spiritual beings, as family members, as community members, and to reach into our broad human condition to find ways to help because statistics show we need help.

Moderator- We have a call coming in from an Illinois. Hello.

Caller- Hello. I am a health educator. I recently became a health educator in 2003. I have always been interested in men's health because I am and man. My biggest question and concern is that having worked a couple health departments is that they have no idea of how to fund that kind of program. We do not have health educators out there trying to educate men on these things. How can these things be resolved?

Joe- Well, you raise an excellent question. First of all, congratulations on being a male health educator. We need more. My general advice to health educators is to begin to work in a small scale to become successful. If you can begin to work more effectively with small groups of men, two, three, five at a time doing focus groups, in particular, and getting their dialogue into the conversation, then those people who control the purse strings, who are key in giving permission for certain health initiatives, they might be more willing to take a chance. But they need to know from the men themselves what they need. They also need to look at some numbers. I would urge you to get the statistics in your community and divide goes up by gender. And get the decision makers to look at the hard, cold facts of the men in their own community, maybe even within your own organization. I think that alone is three provocative and stimulating for ideas.

Caller- I hope that works because it is tough, I must admit.

Joe- It is. I say to keep your expectations low and your timeline long because this is going to be a long, difficult journey. There is so much conditioning in the health-care system and within minutes themselves that it is making it the challenge that it is, but there are successes. You'll find places that are having real successes with particular groups of men.

Moderator- Thank you for your call. We applaud you for your efforts there. Keep going. Here is another question for you which is going to require a speedy response. You talked earlier about sub-groups of men. Can you give an example of and talk about their particular problems or issues? Can you identify one or two of those seven groups?

Joe- Sure. One that may surprise the listeners, I am going to get men that are not as educated as women. We know that there is a direct correlation between more education and better health. That has been proven through studies for decades. Yet, in this country, more men than women drop out of high school. Fewer men than women go to college. Few males graduate from college. If you're in go to post-graduate programs. So looking at your particular male constituencies and identifying the risk factor is that they carry.

Moderator- Thank you. We have another call coming in from Yates county. Hello.

Caller- My name is Susan, and I will keep it brief. I was wondering if your guests had any good ideas for advertising to men the need for colonoscopy?
Joe- You can tell there is a real challenge with these listeners. There was a program in New York trying to promote men to come in for colorectal screening. One possibility, and we are all trying new ideas, is to frame this using different language. We actually have had some success in using metaphors with men in talking about whether it is a car or plumbing metaphor, but giving men a framework around which they can think about colonoscopy. I mean, I am a member of that club. It is certainly nothing that is easily won over when talking to an audience. I do not have a magic spell for you, unfortunately. I would urge you to think about how you can language it differently. A colonoscopy would serve men, why? Will it serve them now or later? Find a way to convince them of that. Try to find the male hooks that will inspire them to do something to be a better man by having a colonoscopy. It is a challenge, but that is what I would urge you to do.

Moderator- Thank you for calling in. That was a terrific question. Joe, we appreciate you being here today. This is been an incredibly informative and comprehensive presentation. Thank you so much.

Joe- My pleasure.

Moderator- Thank you. And thank you very much for joining us today. Remember to fill in your evaluations online. Your feedback is always helpful to the development of our programs, and continuing education credits are available. We're archiving our programs on iTunes as a broadcast. The archiving give you a high-quality web version of the program and will be up early next week. Our standard archive will up in about a weak or two. There will not be in august public health live, so we hope you have a healthy and happy summer. Our next program will be September 17. See you next time on public health live, the third Thursday breakfast broadcast. Thank you.