

Advocating for Men's Health

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Optimal health care should not only be state of the art but also delivered in a context that optimizes patient understanding and participation. Health care practitioners commonly customize diagnostic procedures, patient management and patient consultations based on identified population needs and preferences. Practitioners well appreciate the validity of these special considerations for women, neonates, children, and the elderly, but few, unfortunately, readily consider men as a defined population that merits similar considerations. A review of population based stratified demographic data on morbidity and mortality provides compelling evidence that men live sicker and die younger than do women in the US. This is even more of a concern as the majority of causes of premature deaths are, by in large, preventable or manageable.

A Brief Review of Epidemiology of Men's Health Status in the US

An analysis by the National Center for Health Statistics¹ in 2006 of life expectancy for females and males presented an interesting historical perspective. In 1920 the average life expectancy at birth for women was 54.6 years and for men it was 53.6 years. By 2006, when this analysis was last completed, the life expectancy at birth for women was 80.2 years and 75.1 years for men; the gap has widened to an average of slightly more than 5 years favoring women. There are many complex reasons and hypothesis why this gap exists. Men generally engage in riskier lifestyles than do women. According to the 2006 US Bureau of Labor Statistics,² 92% of all work place and profession-related deaths occurred in males. According to the CDC,³ while the rate of diagnosed episodes of depression is higher in females, the rates of suicide for is higher for males. This higher incidence extends across several age-bands: five times higher in 15-19 year olds; almost seven times higher in 20-24 year olds; and approximately 6 times higher in those >65 years old. Homicide and death-in-combat rates are dramatically higher in men than in women.⁴ More relevant to clinicians may be that in 21st Century America, men sustain a higher rate of death due to many preventable chronic conditions than do women. (See Table 1.)

Table 1. Rates of Disease Related Deaths^{5,6}

Cause of Death <i>(per 100,000 persons)</i>	Men	Women
Heart Disease (all)	287	190
Ischemic Heart (MI)	209	127
Cancer (all)	233	160
Injury (accidental)	52	24
Brain Vasculature (stroke)	54	52
Lung Disease	52	35
Diabetes	29	23
Lung Infections	7	2
Suicide	18	4
Homicide	9	3

Influencing Factors

The reasons that underlie and drive these and other stunning facts about the health status of men in America are complex and not always very well understood or accepted. But most sociologists and those of us who study the issue agree that substantial parts of the problem are socio-biological. These are deeply rooted in how young boys and men are acculturated in our society through their lives. Even in our 21st Century technologically oriented society, men are generally viewed by themselves and others as hunter-gathers rather than caregivers. This acculturation begins very early on as young boys and men are often admonished to "Suck it up and take it like a man!" when faced with adversity or injury. It continues on through adolescence and adulthood. Male sports figures are often lionized by commentators who frequently announce admiration for that "...great athlete" who is "...playing with a broken..." At an early age, young boys and then men are acculturated to not share health or wellness issues with coworkers around the proverbial water cooler. It is often an embarrassment for men to take time off explicitly for a medical visit. In many workplace environments, including the military, men are very reluctant to openly discuss or let coworkers know about significant systemic chronic health conditions, such as hypertension, diabetes or seizure disorders, as there is, real or not, a strong perception that such medical conditions are a sign of weakness and can impinge on career paths and advancement.

Marketing and advertising do not just drive demand for products and services but also mold opinions about what people should aspire to be, what they should desire, and how they should behave. Thus, the media plays an obvious and important role in health-and-wellness acculturation for all of us. Women's health advocates have had many valid concerns in this area for decades. The advertising industry recognizes that adolescent girls and women are the optimal advertising targets for health and wellness products and services. I conducted a pilot-study about the extent of health related advertising in general-audience magazines. I found that 73% of advertising images and messages targeted women and girls. Only 19% targeted adult men, and 0% targeted boys. (8% of the ads presented neutral images and messages.) I believe that this marketing strategy has had a detrimental impact on the views of young boys on attitudes about health and wellness.

The health care system is also not particularly "men friendly". Providers and health system managers are by-products of and affected by the same deep-seated sociobiologic and cultural biases that adversely affect men's health beliefs. These biases translate in the many subtle ways in which clinicians approach male and female patients, how we instruct students, and how we establish systems and facilities for men and women. In the last 30 years, the proliferation of women's health curricula, clinics, and support programs have not been followed by a similar proliferation of men's health centered programs. Funding from state and federal sources for men's health issues has also lagged behind. A survey by the Men's Health Network in 2008⁷ found that while 33 states have an office of women's health only six have an office of men's health. Only 30% of states have any information designed for men and boys available on the state's health department web sites. Furthermore, when such resource information was made available, it was generally subsumed within the women's health information sites.

Gynecologists have taken on an important role as primary care providers for many women; however, no medical subspecialty has stepped up to the plate and engaged in a similar role for male patients. This is unfortunate and is likely to have contributed to the rather dismal record of men's engagement in the health care system. The CDC 2005 National Ambulatory Medical Care Survey (NAMCS),⁸ shows that only 61% of men versus 81% of women can identify with a regular physician, at any time. Even more revealing is in this same survey only 76% of men versus 92% of women have had a medical visit within a year. Other findings of the study showed women have twice as many primary care visits than men, and men generally wait longer to see a physician when symptoms do manifest, thus frequently complicating care.

A Call to Action

While all of these sociocultural and health system disparities make it difficult for men to present to the health care system and its practitioners, men must take responsibility for their own health care and wellness. As with the women's health care movement in the mid 1900s, policy makers, health system operators, clinicians, and families all have a role to play in helping this and successive generations of American men engage the health care system and inculcate wellness as part of a manly lifestyle.

Dr. Giorgianni is a science advisor for the **Men's Health Network** which is a source of information for the general public and for practitioners to help understand the crisis, build awareness in stake-holders and support screening and gender-appropriate patient material, much of it in bilingual formats, to assist clinicians. [<http://www.menshealthnetwork.org/>]

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