Topics in Men's Health

Across a broad range of indicators, men report poorer health than women. Although men in all socioeconomic groups are doing poorly in terms of health, some especially high-risk groups include men of low socioeconomic status (SES) of all racial/ethnic backgrounds, low-SES minority men, and middle-class African American men."

—David Williams, PhD, MPH

Overview

- Men's health is a new focus in medicine and public health research
- As a result, information underdeveloped on
  - Health concerns specific to men
  - Recognition of men's care and communication needs
  - How to address these gendered differences

Learning Objectives

- Outline health problems specific to men
- Discuss myths and realities about men's health
- List the gender-based differences that affect doctor-patient communication
- Acquire knowledge of particular health needs of special populations

Why Men's Health?

- Life expectancy shorter than women (70.8 years vs. 79.1 years)
- More likely to die at earlier ages from:
  - Chronic diseases (heart disease, CA, stroke)
  - Communicable diseases
  - Injuries (both accidents and homicides)
- Highest-income men have mortality rates equal to those of the poorest women (Rieker and Bird 2000)

Myths about Men and Men's Health

- Don't care about their health
- Are emotionally insensitive and don't express worries and emotions
- Easily access medical care (more often employed with health insurance than women)
- Don't need regular medical care because they have fewer health issues that need constant monitoring than women

Realities about Men and Men's Health, 1

- Men are concerned about their health and …
- Often feel unable to talk about their health concerns until it is too late

  (Banks, 2001)

Realities about Men and Men's Health, 2

- Men are at greater risk for mortality from leading causes of death,
- But have much more limited contact with physicians and all components of the health care system

  (Sandman et al 2000).

Realities about Men and Men's Health, 3

- Problems are more severe among men who feel Label because of their
  - Sexuality
  - Ethnicity
  - Age or social status

  (Cooper-Patrick et al, 1999; Boston Public Health Commission, 2002).

Men's Access to and Utilization of Care

- Men are less likely to have a regular doctor for sick and health maintenance visits
  - Up to one-third of men do not visit the doctor yearly compared to less than 10% of women (Sandman et al, 2000)
  - Men aged 18-29 are least likely to regularly see a doctor
- More men begin to visit the doctor more by age 45, but a gap in utilization between men and women continues past age 65

Risky Behaviors & Physician Counseling

- Commonwealth Fund Survey found that few men are counseled on health behaviors like smoking, diet, and exercise
- Only 14% who visited a physician received advice on STDs and sexual health (Sandman et al, 2000)
- Physician inquiries about family medical history are often infrequent, even for men at increased risk for cardiovascular disease or prostate cancer

Ten Leading Causes of Death in Men

- Heart disease
- Cancer (lung, prostate, colorectal, skin)
- Stroke
- Accidents and unintentional injuries
- Lung disease
- Diabetes
- Pneumonia and influenza
- Suicide
- Chronic liver disease and cirrhosis
- Kidney disease

Case Study: Heart Disease

- Leading cause of death and disability among all Americans
  - Men are more likely to die from heart disease
- Men's overall lack of connection to the health care system and to preventive services contributes to their higher mortality.

Case Study: Lung Cancer

- The deadliest cancer in men
  - Nearly 89,200 deaths in 2002 or 31% of all cancer deaths among men
- 80% of mortalities attributed to tobacco smoking
  - Despite higher mortality among men and strong association with smoking, only 30% of men in the Commonwealth Fund Survey were counseled about smoking cessation

Prostate Cancer

- Most commonly diagnosed cancer among men
  - ACS estimates about 198,100 new cases and 30,200 deaths in 2002
- Highest risk with family history and African-American race
- Highly treatable with early detection
  - Screening tests like PSA (prostate-specific antigen) are unproven in their benefits and effectiveness
  - "PSA debate" remains unresolved

Research shows that men, Compared to Women…..

- Have less healthy diets
- Have higher blood pressure and do less to control it
- Sleep less
- Engage in more criminal activity
- Have smaller social networks and less intimate and active social relationships
- Men make 150 million fewer doctor visits every year t
- Young men commit suicide 5x as often as young women

Source: Menshealth.org/Will Courternay' s Research

Communication Gap

- Men were less satisfied than women with the amount of time spent with physicians:
  - 18% of men rated their physician as "fair" or "poor" in this regard
  - 20% of men aged 18 and older felt uncomfortable discussing their feelings with a doctor (Commonwealth Fund Survey, 2000)
- Female patients report feeling more comfortable disclosing emotions and concerns to physician, especially when physician is female (Roter and Hall, 1997)

Communication and Shared Decision-Making

- Factors involved in shared decision-making
  - Involvement in treatment decisions
  - A sense of control over one's medical care
  - Feeling of responsibility for one's health and care
- Continuity of care is important
  - Shared decision-making increases with duration of the doctor-patient relationship

Communication and Shared Decision-Making

- Male patients were found to have less participatory visits with their providers than females
  - College-educated and non-Latino white men had more participatory visits than high-school educated and ethnic minority men (Kaplan et al., 1995)
- Male patients often participate more actively with a female physician (Roter et al. 1997; 2002)
  - Female providers often exhibit more partnership-building techniques, offer more information, and engage in more emotionally positive conversation than their male peers (Roter et al. 2002)

Focus Group Results

- The results of the focus group indicated that participants viewed exercise and adequate rest as the major contributors to optimal health, and they viewed longevity as the primary indicator of a healthy lifestyle.

Focus Group Results

- Interestingly, none of the men in the focus groups mentioned the use of tobacco or overuse of alcohol as contributors to poor health, and only one participant mentioned routine health check ups as a way to maintain good health.

Focus Group Results

- When asked whether there are any benefits to seeing a doctor for a routine check up when one does not feel sick, early detection of disease was most often mentioned as a benefit.

Focus Group Results

- However, more men talked about the barriers to seeing a doctor, including cost/lack of health, fear of getting “ bad news”, satisfaction with fairs and emergency room visits for “ checkups”, and pride or a “macho” attitude the impede their willingness to see a doctor for routine checkups. Lack for transportation was not cited as a barrier among the men in these groups.

Focus Group Results

- When asked questions related to their health beliefs, most men shared the belief that one can have a serious illness without symptoms; most believed they were least “ somewhat likely” to develop cancer in their lifetimes; about half of the participants said they believe early detection is important in curing disease; all said they believe some cancers can be cured; and all but one participant said they would want to know if they had a serious health condition.

Focus Group Results

- The focus groups further revealed that there is a lack of awareness of community health centers as a source of primary care for uninsured men.
- When asked where they might go for healthcare if they were uninsured. Most mentioned Phoebe, while others complained that they would still be charged for care at Phoebe facilities

Focus Group Results

- Most of the participants were generally positive about their past experiences with the healthcare system.
- While a few expressed limited confidence in doctor's ability to accurately diagnose and treat illnesses, none of the men expressed any other causes of distrust of the healthcare system.

Marketing and Promotion Campaign

- Men may be more likely to go to see the doctor if they are asked by a family member, particularly a female.
- Men may be more likely to respond to “macho” media images and messages, such as references to taking care of their car, than other traditional health messages.

Marketing and Promotion Campaign

- Men may be more likely to see a doctor if they are told that they do not have to have insurance and that care is convenient and affordable.
- Men may be more likely to take better care of their health if they hear about or talk to other men who have had similar experiences

Marketing and Promotion Campaign

- For radio ads, men may respond more favorably to a female's voice or the voice of children than to a man's voice.

Sex-Related Differences in Health Care Need

- Men suffer from higher rates of mortality at all ages for all leading causes of death (O' Dowd & Jewell, 1998)
- Physicians should address characteristic male behaviors during medical encounters
  - Unlikely that mortality differential attributed to biological traits alone
  - Men may respond to stress with independent or aggressive behaviors, thereby increasing disease risk

Gay men, 1

- HIV/AIDS and other STDs are affecting the health of gay and bisexual men
- HIV/AIDS are often treated as the only health issues important to address in this population
- Gay and bisexual men need thorough evaluation for diseases common in all men, such as heart disease and cancer
- Smoking, alcoholism, and other drug use may disproportionately affect gay and bisexual men, and should be considered as well

Gay men, 2

- Mental health issues are particularly important for many gay and bisexual men:
  - Up to 1/3 of gay and bisexual individuals have attempted suicide (Office of Minority Health, 2001)
  - Low self-esteem and depression are common.
- Mental health problems can stem from the daily discrimination from society and family
- Efforts are needed to make the health care setting more comfortable for gay/bisexual men

Adolescent Boys, 1

- Most common causes of mortality among adolescents males
  - Accidents
  - Homicide
  - Suicide

Adolescent Boys, 2

- Physicians caring for adolescent boys should pay special attention to:
  - Abuse and violence (at home, school, work)
  - Risky behaviors (sexual practices, substance abuse)
  - Emotional support
  - Access to care
- Confidentiality is key
  - Unless young men trust the provider and the environment, they are unlikely to seek advice

Sexuality in Older Age

- Sexuality is often overlooked as a quality of life issue in older adults
  - Providers may see age and sexual decline as synonymous (and inevitable)
- Providers often feel uncomfortable discussing sexual function with older men
  - Erectile dysfunction ranges between 52% in men aged 40-70 to >95% in men over 70 with diabetes
  - Sexual history taking still integral to patient interview regardless of patient's age

Race/Ethnicity, 1

- Minority men often receive inadequate health care and have poorer health status than whites (Office of Minority Health, 2001)
- Disparities in care by Minority group are also strongly related to socioeconomic status
  - Black and Latino men are less wealthy and educated as a whole than non-Latino white men
  - This creates limitations in knowledge, financial resources and health care access

Race/Ethnicity, 2

Barriers to adequate health care include

- Fear or distrust, based on previous experiences of health care or governmental agencies
- Provider-patient cultural disjunction
- Language
- "Macho" attitudes
- Provider discrimination

Black Men, 1

- Life expectancy for black males is 67.6 years, nearly 7 years less than for white males in U.S.
- Black men suffer from higher rates of many diseases, including prostate cancer and stroke
  - Mortality is higher from many diseases because of later stage at diagnosis and existence of co-morbidities
  - Middle-class Black men experience higher rates of hypertension, stress, and suicide than Black women of equal SES (no protective effect of SES)

Black Men, 2

Barriers to adequate health care include

- Lack of trust created by historical and current social discrimination against blacks
- Doctor-patient miscommunication over cultural practices and beliefs about disease causation and treatment
- Inadequate community outreach targeting black men

Latino Men

- Latinos are largest ethnic minority group in US
  - Less likely to receive preventive care than whites (46% of low-income Latino men are uninsured)
  - 37% of Latino men with heart disease die prematurely (compared to 21% of White men and 40% of Black men)
- Language & cultural barriers present significant challenges for prevention, diagnosis and treatment
  - Beliefs about disease causation and treatment create communication and trust gaps
  - "Machismo" may make men reluctant to discuss private and sensitive health concerns

Socioeconomic Status

- Education, family income, health insurance status, exposure to environmental health risks, and lack of access to resources for healthy living all adversely affect health status
  - 25% of men with incomes of $16,000 or less had a disability that prevented full participation in school, work and activities, compared to only 7% of men making over $50,000 (The Mass. Commonwealth Fund Survey)

Knowledge and Resource Limitations

- Lack of education hinders many men from gaining knowledge needed for informed, health-related decision making
- Men who do not qualify for Medicaid often become the "working poor": they work full-time but receive no health benefits from their employer

Low SES, Stress and Health

- Poor economic circumstances can create a feeling of powerlessness in individuals
  - Limited income and opportunity viewed as barriers to achieving life goals
  - Personal responsibility and self-direction may not develop with subsequent negative effect on health behaviors
- Perception that failure is inevitable can have direct physiological effects (Fremont &Bird, 2000)
  - Immune and cardiovascular function are adversely affected by chronic social stressors

Implications and Suggestions

- Lack of attention to men's health creates gaps in health status, health care access & quality
- More emphasis should be placed on addressing:
  - Negative health behaviors characteristic of men
  - Challenges specific to improving the health of marginalized groups (ethnic minority, low-income, gay, and older men)
  - Need for health-related resources for all men
- Increased attention to men's health will dispel myths, positively change health care and health behaviors, and improve men's health status

Clinical Communication

Male Cancer Screening

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