OFFICE OF URBAN MALE HEALTH

Regional Approaches to Male Health Disparity
- A National Demonstration Initiative-

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- CONCEPT PAPER -

SUMMARY: The Alameda County Public Health Department proposes to launch the Office of Urban Male Health: a national demonstration initiative to address health disparities for men and boys. The Office will coordinate a public-private partnership to redress inequities in health care services that have historically placed the health of males at risk. By coordinating outreach and awareness efforts on a regional level, promoting preventative health behaviors, and providing central resources for providers of men's health services, the county will pilot regionally-specific policies and programs that address a combination of risk factors that are distinctive to males in modern urban environments.

The Office of Urban Male Health will be charged with reducing the premature mortality of men and boys in Alameda County by focusing on the following goals:

1.) To develop strategies, policy recommendations, and programs that are designed to increase healthcare access and advance a continuum of care for underserved men and boys;

2.) To improve health outcomes for men in specific disease areas, including but not limited to: prostate and testicular cancers, cardiovascular diseases such as high blood pressure, stroke, and heart attacks, depression, suicide, and diabetes; and

3.) To study local health problems unique to men, or which predominately affect men, and make appropriate recommendations.

Highlighted components include cross-county collaboration, capacity building for community-based organizations, expansion of public coverage for men through a "passport" model, and developing male-friendly health services.

The simple fact is that, every year, hundreds of men suffer and die needless--and entirely preventable--deaths.
- Representative Cunningham, address to Congress, June 2000.

THE FUTURE OF MEN: A SILENT CRISIS IN PUBLIC HEALTH

Men are at serious risk in a crisis that has been brewing for decades. They get sicker faster than women. They die younger. They vastly outnumber women as victims of violence and on-the-job accidents. They are reluctant to see a doctor, and when they finally try to, they face barriers to care. – Henrie Treadwell, Ph.D., W.K. Kellogg Foundation

Men's Health is an essential component of building a complete and inclusive health care system and achieving optimal overall health in American communities and the nation as a whole. However, there is an ongoing and increasing crisis in the health and well-being of American men[1]. Alarming statistics demonstrate that the health of males at every age is at great risk. In the United States, male deaths outnumber females in 14 of the top 15 causes of death[2]. All of these top 15 causes are in the domain of primary care – one of the most serious health problems in America today.

Due to multiple factors, including poor health education and a paucity of male-specific health programs, men's health and well-being are steadily deteriorating. This deterioration is best illustrated by the life-expectancy gap. In 1920, the life expectancy difference between men and women was one year. Yet, by 1990, that gap increased to seven years with men having a higher death rate for each of the top 10 leading causes of death[3]. Mortality has been consistently higher for men than for women at all ages. In recent decades, however, this discrepancy has become even more pronounced at certain stages of life. For example, when age is taken into account, twice as many men die from heart disease than women. Forty (40%) percent more men die of cancer than women. By age 75, men die of cancer at nearly twice the rate of women. Yet, cancer education and prevention are seriously lacking for men.

- **115 males are conceived for every 100 females**(a)
- **By age 36, women outnumber men**(a)
- **By age 100, women outnumber men 8 to 1**(a)
- **Of the 9 million older persons living alone, 80% are women**(b)

a) New York Time Magazine
b) Meeting the Needs of Older Women: A Diverse and Growing Population, The Many Faces of Aging, U.S. Administration on Aging

Although boys start life with some numerical leverage, during each subsequent year of life, mortality rates for males exceed those for females, so that by age 36, women are in the majority[4]. Between the ages of 15 and 19 years, males are about 2.5 times more likely to die of any unintentional injury, 5.0 times more likely to die of homicide or suicide, and 10.6 times more likely to die from drowning[5].

Advancements in the health of women can be attributed to the proliferation of women's health offices in various agencies at multiple levels of government and community services. On a national and local level, the Office of Women's Health model (established in 1991) has improved the quality of life for many women and helped to save thousands of women's lives. However, the lack of parallel development for a male health agenda has led to a shortfall in male-specific resources.

In recent years, men's health has become a key concern, not only to national policy leaders, but also to the Alameda County Public Health Department. The county acknowledges the differences between men and women with regard to access to health information and willingness to seek medical advice. It stresses the needed importance to address health issues from a gender perspective. For example, osteoporosis, menopause, and depression are conditions more often associated with women. However, in recent years, incidence of osteoporosis in men has increased, symptoms of male climacterium have been identified, and depression has become more prevalent[6].

A gender-based approach to health recognizes that, in addition to different reproductive health needs, women and men have different risks for specific diseases and disabilities, and differ in their health-related beliefs and

Men have a higher death rate for every one of the top 10 leading causes of death[i]:

Cause of Death	Men	Women
Heart Disease	166.9	93.3
Cancer	141.1	105.5
Injuries	43.0	17.0
Stroke	26.6	23.6
COPD*	25.9	18.1
Diabetes	15.2	12.3
Pneumonia/flu	16.3	11.0
HIV Infection	9.2	2.2
Suicide	12.2	4.0
Homicide	11.3	3.2

* Chronic Obstructive Pulmonary Disease

behaviors. In the United States, an estimated half (50%) of men's deaths each year could be prevented through changes in personal health practices. Yet, men and boys are more likely than women and girls to adopt unhealthy beliefs and engage in risk-taking behavior, and less likely to adopt health-promoting behaviors.

STATISTICAL OVERVIEW

(New York Times Magazine, March 2003)

- **As teenagers, boys die at twice the rate of girls.**
- **Men have a higher death rate from pneumonia and influenza than women.**
- **American men are twice as likely to die from parasite-related diseases.**
- **Men have fewer infection-fighting T-cells and are thought to have weaker immune systems than women.**
- **Stroke, cancer, diabetes, and accidents kill men at a higher rate than women.**
- **Men ages 55-74 are twice as likely as women to die of heart disease.**
- **Men suffer hearing loss at twice the rate of women.**
- **Men account for 84 percent of suicides among people 65 and older.**

BURDEN ON MINORITY MEN

The average life expectancy of African American males is 65.2 years (U.S. Congress, 1991: 20) – not long enough to collect social security or Medicare.

The deaths of men of color account for much of the reported gender difference in mortality. Men are systematically excluded from public health insurance programs and men of color are least likely to have private coverage[7]. Nationally, the health system is laden with inequities for men of color[8]. Constituting 30 percent of the men in the United States, men of color experience deep disparities and have the lowest life expectancies of all.

"A black male will die before just about anyone else, man or woman, of any race[ii]."

African American Men: A grave set of health concerns face African-American males specifically: a group known to suffer extremely high rates of heart disease, cancer, homicide, alcoholism, drug abuse, HIV disease, and unintentional injuries. In the United States, the difference between the life expectancies of African American men and Whites exceeds the difference between the life expectancies of women and men. In 1998, the age-adjusted death rate for males of all races was 1.6 times that for females. The age-adjusted death rate for the black population was 1.5 times that for the white population. Age-adjusted death rates are two to three times as high for black males as for white females, regardless of the standard population used[9].

Homicide: In 1998, men of color represented 70% of deaths in the U.S. by homicide. Homicide is the leading cause of death for young African American men ages 15-34 and the second leading cause of death for Latino men in the same age group. An African American male has a 1 in 29 chance of being murdered, compared to rates for Black females (1 in 132), White males (1 in 179) and White females (1 in 495)[10].

Economic and ethnic differences among men also contribute to risks associated with specific health behaviors. For example, while one in four U.S. men smoke cigarettes, the ratio among Laotian immigrant men is nearly three out of four. Men also have very different experiences within various systems of health care based on their ethnicity and socioeconomic background. For example, African American men are less likely to receive surgery for glaucoma, to be prescribed a potentially life-saving drug for ischemic stroke, or to have mental health conditions diagnosed; and they are more likely to be denied insurance authorization for emergency treatment than are White men[11].

LIFE EXPECTANCY AT BIRTH, 1998

CLASSIFICATION	LIFE EXPECTANCY
White females	80.0
Black females	74.8
White males	74.5
Latino males	69.6
Black males	67.6
Native American males	66.1

Source: National Vital Statistics Report, Vol. 48, No. 11, July 24

Fundamentally, mounting data shows men of color are most likely to suffer chronic conditions that, left untreated, cost billions more than simple preventative and primary care.

Criminal Justice System: Ninety-four (94%) percent of inmates are men. In the United States, men of color are disproportionately confined in correctional institutions. Forty-two percent (42%) of U.S. jail inmates are African American and 15% are Latino. Statistics for state and federal prison inmates are similar. At present, according to the U.S. Department of Justice, one in four African American men and one in six Latino men will enter prison at least once in their lives[12].

Incarcerated men face victimization at the hands of other prisoners or guards, including assault and rape. Health services are often inadequate, unavailable, and viewed with mistrust. The prohibition on cruel and unusual punishment in the Eighth Amendment to the U.S. Constitution obligates prison officials to provide care for serious medical needs. In practice, institutions are able to limit care to emergencies and treatment of acute conditions[13]. However, this presents enormous implications for heath conditions and for the general community once men re-enter society.

After release, this group is less likely to find employment. The inability to obtain meaningful employment after release often results in difficulty meeting child support needs and further sanctions, including health insurance. For those needing health or social assistance immediately, an important barrier is the time it takes to finalize their enrollment in various public benefit programs[14]. This alienation from meaningful work and lag in receiving services may lead individuals back into criminal activities in order to survive, which invariably leads to re-incarceration, injury, or death.

ALAMEDA COUNTY: ADDRESSING REGIONAL NEED

The Region: The San Francisco Bay Area region includes three major counties: San Francisco County, Contra Costa County, and Alameda County. Alameda County is one of the most ethnically, sexually and economically diverse areas in the United States and one of the most important regions in the State of California. Encompassing 738 square miles, the county's nearly 1.5 million residents inhabit 14 principal cities as well as 5 unincorporated areas. The county's various regions are isolated geographically from each other, and range in wealth disparity and prevalence of health risk factors. Men and boys account for approximately 49 percent of Alameda County's population. As of the census of 2000, the racial makeup of the county was 48.79% White, 14.93% African American, 0.63% Native American, 20.45% Asian, 0.63% Pacific Islander, 8.94% from other races, and 5.63% from two or more races. Nineteen percent (18.97%) of the population was Hispanic or Latino. Eleven percent (11.00%) of the population was below the poverty line.

The Alameda County Public Health Department has begun the process of accurately documenting racial/ethnic and socioeconomic differences in health as well as developing a framework for reducing health disparities in the county. However, the real challenge will be in changing the social and economic conditions that actually cause these inequities, as affected by policies both within and beyond the public health sector. Highlights from the *Alameda County Health Status Report 2003* profile many of the pronounced sex disparities in Alameda County as follows:

Alameda County Health Status Report 2003 Highlights:

- Males die at an earlier age and have significantly higher death rates and hospitalization rates than do females for almost all the indicators examined.
- Males had higher death rates in every age group than females.
- Males were twice as likely to die from injuries as females. They were also more likely to be hospitalized for injuries.
- Over three-quarters of suicide victims were male.
- The male homicide rate was nearly five times higher than the female rate. The same is true of hospitalizations for assault.
- African American males under age 15 were hospitalized for asthma at a rate four times higher than Latino males and five times higher than White or Asian males.
- Overall, males died from coronary heart disease at a rate nearly 50% higher than the female rate. The coronary heart disease death rate was substantially higher among African Americans than among other racial/ethnic groups.
- Nearly 80% of AIDS cases are males resulting in a Public Health State of Emergency.

Currently, within the Alameda County Public Health system, because men do not fall within the cohort of the maternal-child health structure, they are seldom targeted for program specific funding. When men do receive services, programs are seldom coordinated or comprehensive enough to manage their gender-specific risk factors. Many men, especially minority men, obtain health services at three points of entry – **the military, emergency wards, or the correctional system**. Because the county lacks the financial means to provide targeted and coordinated health opportunities for males, when they obtain services at these or other entry points, it is usually during a crisis, thereby increasing their vulnerability.

This broad spectrum of issues demonstrates that the area of men's health is highly complex. However, the potential for improvement of men's health is great. As part of its commitment to meet the health needs of the medically underserved, the Alameda County Public Health Department proposes to examine and focus on similarities and differences among men in physical and mental health; in health care experiences; and in the mechanisms that mediate health status, health care utilization, and health behavior with specific emphasis on gender and its intersection with culture, sexual orientation and ethnicity through the Office of Urban Male Health.

THE ALAMEDA COUNTY OFFICE OF URBAN MALE HEALTH
Advancing Progressive Solutions

On May 8, 2003, Senator Michael Crapo (R-ID) introduced Senate Bill 1028, "Men's Health Act of 2003." This legislation would establish an Office of Men's Health within the Department of Health and Human Services. This past February 1, 2005, the 109th CONGRESS was presented with a bill to amend the Public Health Service Act to establish an Office of Men's Health (cited as the `Men's Health Act of 2005'). These bills are a direct response to the "silent health crisis" affecting America. Although men continue to suffer from preventable diseases and experience poor health outcomes needlessly, they are half as likely to visit physicians than women. The growing disparity in male longevity and an increasing recognition of health factors has focused national attention on programmatic and legislative responses to this crisis.

The Alameda County Office of Urban Male Health is needed to coordinate the fragmented men's health prevention, awareness, and research efforts now being deliberated by the federal government. Since 1900, human life expectancy has increased by 30 years[15]. According to the Center for Disease Control, only 5 of those years can be attributed to curative medicine; the remaining 25 years are due to public health and prevention measures[16]. As a nation, we spend about $1.3 trillion each year on health care. Less than 2% of our health care expenditures are for population-based prevention activities[17]. Although there are some programs in place for early detection of disease and secondary prevention, there is little attention paid to preventing disease in the first place (primary prevention).

The Alameda County Office of Urban Male Health, similar to the Office of Women's Health, will coordinate outreach and awareness efforts on the regional level, promote preventative health behaviors, and provide a vehicle whereby researchers and providers of men's health can network and share information. It will assist the county to pilot regionally specific policies and programs which address a combination of risk factors and are distinctive to men in modern urban environments.

Through a gender-specific health approach, Alameda County Public Health will go beyond physiology to explore how socio-cultural, psychological, and behavioral factors influence the physical and mental health of men and boys – as well as how these factors interact with and mediate men's biological and genetic risks. In tracking these factors through data collection and research, the county will attempt to explain exactly why they occur, and to develop appropriate intervention strategies.

WHY MEN ARE AT HIGH RISK

- Men make ½ as many physician visits for prevention.
- A higher percentage of men have no healthcare coverage.
- Men are employed in the most dangerous occupations, such as fire fighting, construction, and fishing.
- Society discourages healthy behaviors in men and boys.
- Research on male-specific diseases is under funded.
- Men may have less healthy lifestyles including risk-taking at younger ages.

Centers for Disease Control and Prevention and the National Center for Health Statistics, 1998.

Innovation: Currently, little is known about men's gender-specific health care needs. This Concept Paper outlines precepts for developing a new theoretical paradigm and implementation model that offers direction for public health, social scientists and practitioners in the nascent field of men's health. Planning will include efforts to advocate interdisciplinary approaches that explore how biological, socio-cultural, psychological, and behavioral factors interact to mediate the physical and mental health of men and boys. The county plans to apply social structural analyses, examine geographic and cultural contexts, integrate recent theory and research on masculinity, and develop approaches that integrate dynamic intersections of various social factors in urban environments. The county recognizes that the nature of men's health requires a new public health model that integrates micro and macro health determinants at regional, community, and individual levels.

OFFICE OF URBAN MALE HEALTH -- INITIATIVE PRIORITIES

The Alameda County Office of Urban Male Health will be charged with reducing the premature mortality of men and boys in Alameda County by focusing on the following goals:

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2. To improve health outcomes for men in specific disease areas, including but not limited to: prostate and testicular cancers, cardiovascular diseases such as high blood pressure, stroke, and heart attacks, depression, suicide, and diabetes; and

3. To study local health problems unique to men, or which predominately affect men, and make appropriate recommendations.

TARGET POPULATION: MEN IN URBAN ENVIRONMENTS

Health issues of under served men exist within a societal context that is complex and layered. On one level, issues of gender—the meaning of manhood and masculinity within our culture—complicate men's health. At another level, issues of race and ethnicity—notions of race as biology rather than an understanding of the socially constructed nature of race and racism—contribute to disparities in health. At yet another level, there is the tension between the structural barriers men face within the health system and beliefs about the individual's responsibility for healthy behaviors to preserve health. These layers are interrelated and represent essential factors in determining a set of strategies to improve the health of various subgroups.

Alameda County Public Health will focus on men as a population group, while also acknowledging the various under served subpopulations of men. A preliminary target population includes grouping men into overlaying sectors of age, ethnicity and social status as follows:

- **Youth/Adolescents**
- **Seniors**
- **Men of Color**
- **Re-entry Men**
- **Homeless Men**

Men's Health – A Definition

"Conditions or diseases that are unique to men, more prevalent in men for which risk factors are different for men, or for which different interventions are required for men"

- British Health Development Agency

PLANNING & IMPLEMENTATION
INSTITUTIONAL TRANSITIONS: A COMPREHENSIVE APPROACH

Establishing the Alameda County Office of Urban Male Health would improve the health of males by developing, centralizing, and coordinating a comprehensive men's health agenda throughout the county health system and beyond. This male agenda would encompass health care prevention, service delivery, research, public and health care professional education, and career advancement of under represented men in health professions. The initiative design also includes cross-county collaboration to handle the statewide risk factors affecting re-entry populations.

Historically, policy formation and program design have rarely taken into account the expectations and health experiences of men and boys. Further, traditional approaches have tended to depict males and their behaviors as pathological[18]. Alameda County Public Health proposes to remove any semblance of a blaming attitude directed toward patients and move away from the pathology-oriented, disease-based medical approach to men's health.

1. The Male Health Agenda

The Alameda County Public Health Department plans to set an agenda to prioritize male health within both the broader policy community and government. This will involve inclusion of multiple stakeholders to affect how policymakers or policy itself will characterize the problem.

- **Planning:** Preliminary planning for the Office of Urban Male Health has evolved over the past two years primarily through the efforts of Public Health managers that work directly with local service providers, community-based organizations and the faith-based community. Managers met with multiple agency directors and integrated years of "lessons learned" from regional efforts.

  The formal planning process will provide a forum for scientific, provider and public input for men's health solutions. The planning process will be designed to ensure participation from critical community stakeholders and to keep the focus centered on males. The participatory planning approach will be utilized in order to encourage commitment from stakeholders and lead to greater program effectiveness, impact and sustainability. This approach helps ensure that neighborhood efforts are resident-driven, which can be a powerful tool for mobilizing resident participation in implementation. To facilitate the planning process, the public Health Department will host a series of planning workshops to:

  - Identify additional care based organizations that should be invited to participate
  - Establish community-wide goals for implementation
  - Identify any new sources of data to be used in developing a formal Needs Assessment
  - Discuss innovative methods of improving the success of outreach programs
  - Develop a plan for training service providers and meeting training requirements
  - Delineate potential barriers to the success and how they will be addressed

- **Strengthening Public Health Infrastructure:** Building the capacity of the Public Health Department to increase its effectiveness in serving men will likely involve advancements in training, gender-specific cultural competency, changes in the flow of information, and an increase in institutional awareness. The Office of Urban Male Health will work internally with management to facilitate long-term transition.

- **Research:** The idea that men have specific health needs, experiences, and concerns related to their gender as well as their biological sex is relatively new. Despite increasing awareness of these issues and significant advances in clinical knowledge of conditions, like erectile dysfunction and prostate cancer, there has been relatively little evidence-based research showing how men's awareness of health can be increased, how risk-taking behaviors can be reduced, or how health visits can be encouraged. In addition, the psychosocial aspects of male health are still not accepted or even understood by many health practitioners and policymakers[19].

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