The Status of Men's Physical Health: A Cause for Concern for the Commonwealth of Massachusetts

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Men's health status in the United States and Massachusetts is a hidden cause for alarm, but is increasingly becoming a concern for policymakers [1]. Most of us already know that men die earlier than women; the current estimate is that women's average age at death in the U.S. is 83, whereas it is 78 for men. However, what most people do not know is that the life expectancy gap between men and women has increased from one year in the 1920s to more than 5 years today [2]; therefore, this gap is not inevitable. Nonetheless, this gap also exists across the Western world, such that in no Western country does the life expectancy of men even come close to the life expectancy of women [1].

Of course, the direct victims of this health crisis are the men themselves, but this issue also affects the family members the men leave behind and the State in which the men die. According to the Census Bureau, the ratio of men to women in the early retirement years (ages 65-69) is 85 men per 100 women, and this ratio gets worse as the years go on. In addition, more than half of elderly widows who are living in poverty were not poverty-stricken before their husbands died. Thus, federal and state governments end up absorbing the enormous costs that the premature death and disability of men incurs, including the costs of caring for dependents who were left behind [2].

THE PROBLEM

Gender is the strongest and most consistent predictor of health and longevity [3]. Research that compares men and women on health outcomes consistently finds that men die earlier than women and that they have higher rates of disease, particularly heart disease and cancers [1, 4-6].

For example, in the United States, mortality statistics indicate that not only do men die 5.4 years earlier than women, but they have a 43% greater age-adjusted death rate than women, and die at higher rates from 14 of the 15 leading causes of death, except for Alzheimer's disease [4]. In addition, although heart disease is the leading cause of death for both men and women, 3 out of every 4 persons under the age of 65 who die of heart disease are men [7], and men have a 1 in 2 lifetime risk of developing cancer, compared to 1 in 3 for women [8].

Moreover, "men are at greater risk than women of developing nearly all major diseases that can affect both sexes" [1]. If we exclude people over the age of 75 (when women greatly outnumber men), men are almost twice as likely to die as women across almost all major disease states, including diseases of the circulatory system, mental disorders, lung cancer, liver disease and cirrhosis, and traffic accidents [1].

THE CAUSES

Biological differences between men and women do influence some of these differences in health indicators, but the explanatory power of biology is small. Health scientists increasingly believe that modifiable health behaviors, such as diet, exercise, substance use, use of social support, safety practices, and management of stress and anger are the most important contributors to health. In fact, research shows that 50% of mortality and morbidity are due to health behaviors, such as smoking, alcohol use, and not getting checkups or preventive screenings [9].

Thus, the majority of these gender differences in health are due to lifestyle differences that are modifiable. For example, higher rates of lung cancer in men reflect men's higher rates of smoking, and greater deaths due to liver cancer and cirrhosis reflect their higher rates of alcoholism. The fact that 75% of people who die from heart disease before age 65 are men reflects the fact that men get less cardiovascular exercise and eat fattier diets, along with smoking and drinking more.

Men are also less likely to delay seeking healthcare when problems emerge, which has been shown in studies assessing gender differences in healthcare seeking among people with HIV/AIDS, emotional problems, and chest pain, and is particularly acute among younger men [1].

Hundreds of empirical studies consistently show that men are more likely than women to engage in almost every health risk behavior that increases their risk of disease, injury, and death [3]. These include:

- Men visit physicians less often and use fewer health care services than women, even when they have health problems. Because they do not receive regular or timely health care, their health problems are often serious when they do seek help.
- Men are less likely than women to have regular cholesterol, blood pressure, or cancer screenings, or to do regular self-exams.
- Men are less likely to stay in bed for either acute or chronic conditions, or to persist in their treatment regimen for more major health problems (e.g., taking prescribed medications, eating the right foods).
- Men take fewer steps to protect themselves from the sun – they are less likely to seek out shade, apply sunscreen, or wear protective clothing, and 2 out of every 3 deaths due to melanoma are to men.
- Men eat less fiber and fewer fruits and vegetables, which is associated with higher risks of cancer and heart disease.
- Men consume more salt, saturated fat and dietary cholesterol, are less likely to limit their intake of red meat, and are more likely to eat convenience and restaurant foods.
- Men are more likely to be overweight and obese, but are less likely to take steps to lose weight.
- Although men are slightly more physically active than women, women are more likely to engage in the types of physical activities (i.e., regular moderate aerobic activity) that reduce health risks, whereas men are more likely to engage in physical activities (i.e., infrequent, strenuous activity) that put them at risk for injury and death.
- Men are more likely than women to use and abuse tobacco, alcohol, anabolic steroids, and other drugs or substances, and to begin using them at an earlier age.
- Men are more likely than women to engage in a broad range of risky and physically dangerous activities, such as riding a bicycle or motorcycle without a helmet, driving recklessly (e.g., tailgating, running red lights, speeding), drinking and driving, and not wearing a seatbelt.
- Men are more at risk for STDs because they are more likely to be sexually active, begin sexual activity early in life, have more sexual partners, have sex under the influence of drugs or alcohol, and be nonmonogomous.
- Men are more likely to be both the perpetrators and victims of violence, aggression, and homicide, and to be involved in criminal behavior.
- Men have fewer sources of social support, and smaller, less intimate support networks than women do.

- The highest risk occupations are almost exclusively held by men – for example, timber cutting, fishing, mining, construction, truck driving, farming, foresting, police officers, firefighters — therefore, men account for 94% of all fatal injuries on the job and are exposed to more chemical hazards.

WHY IS MEN'S HEALTH A CONCERN FOR MASSACHUSETTS?

Rarely is the question posed as to why men engage in more health-risk behaviors; all too often, we accept men's shorter lives as inevitable, natural, or inherent. However, policymakers in Massachusetts need to be concerned about men's shorter life span, more severe disease states, and riskier health behaviors because they cost hundreds of billions of dollars per year in lost productivity and health care costs.

A straightforward means to improve men's health and reduce costs would be to increase men's health-promoting behaviors. This task needs to be tackled at many levels, not just with the family doctor, especially given that men delay or avoid seeing their family doctor. Even when men do go to the doctor, they receive less physician time than women do; they are provided with fewer and briefer explanations, less advice about changing risk factors, and less instruction on self-exams [3], and on average, they ask their doctors no questions. Thus, we cannot rely on just the family doctor to tackle this problem.

Action is required at the state level. All areas of policy — particularly health, social, education, employment, crime, and housing policies — should address how men's lifestyles and behavior influence their long-term health needs [1]. And we need to think about how to start these initiatives early because boys, too, are encouraged and raised to engage in behaviors that increase their health risks [3]. Many health risk behaviors, such as physical activity, smoking, and poor dietary habits, become ingrained relatively early in life and carry through into later adulthood [10].

HOW DO WE MODIFY MEN'S HEALTH-PROMOTING BEHAVIORS?

Research by Mahalik has sought to determine why men engage in health risk and health-promoting behaviors. Examining men's general health behaviors, as well as heart healthy behaviors specifically, Mahalik's research and others have consistently found the following results.

Men's Masculine Socialization Influences Their Health Risk Behaviors

More traditionally masculine men consistently report greater health risk behaviors and fewer health promoting behaviors [11-16]. Traditional masculinity is defined as the importance of winning, emotional control, risk-taking, violence, dominance, being a playboy, self-reliance, endorsing the primacy of work, needing power over women, having disdain for homosexuals, and the pursuit of status.

In fact, in the U.S. and other places around the world [14, 15], traditional masculinity has been shown to be related to fewer health-promoting behaviors and more health risks for men, including:

- coronary prone behaviors [17]
- difficulty with managing anger [14]
- eating less fiber and fruit [15]
- neglecting health screenings [14]
- not consulting a health care provider when having unfamiliar physical symptoms [15]
- not following physicians' orders after a coronary event [18]
- not going to health care appointments [14]
- not seeing health care providers after warning signs of a heart problem [19]
- not seeking help for emotional difficulties [14]
- not wearing sunscreen or protective clothing in the sun [14, 15]
- taking risks generally, and risky behavior with automobiles and sexual practices specifically [14]
- unhealthy alcohol use [14]
- violence and aggression [11, 14, 16]

Moreover, research reports that more traditionally masculine men are four times more likely to die from coronary heart disease [20], suffer more severe heart attacks, and delay seeking treatment longer for cardiac problems [19].

Overall, men's notions of and adherence to traditional masculinity is antithetical to health beliefs and behaviors. In other words, health risk behaviors may be manifestations of how some men construct masculinity. Men are socialized to adopt masculine ideals that may put their health at risk. Men are reinforced for adopting behaviors and attitudes consistent with traditional masculine norms, and punished or shamed when they do not conform to traditional masculine norms [14].

Thus, men may take – or not take – certain actions based on their understanding of the world (e.g., ignore pain because they are told to be tough, refuse help because they are told to be self-reliant). For example, when a boy at age 8 scrapes his knee, he's told, "Big boys don't cry." That teaches him not to listen to what his body is telling him. What's going to happen when that boy is 50 years old and having chest pain? [15].

The man who constructs masculinity as being a risk-taker may engage in high-risk behaviors such as smoking, excessive drinking, or refusing to wear a seatbelt. The man who constructs masculinity as putting work ahead of all other responsibilities may not make time for self-care. Similarly, the man who constructs masculinity as being self-reliant may never seek help from health care professionals [13].

- ***Implication 1. Health promotion efforts for men need to address men as men,*** particularly since more traditionally masculine men will view general health promotion efforts as not relevant to them.
- ***Implication 2. Health promotion efforts should be framed in ways to help men be more effective as men*** (e.g., help them to be stronger, help them to live healthier lives so they can be more effective fathers and husbands, help them be more productive and successful at work). Interventions could focus on changing men's unhealthy beliefs by focusing on the illogic of their current beliefs and linking a health-promoting belief to masculinity – for example, "I don't want to have the health problems my father had. I want to be energetic at work and home, and eating a healthy diet can help with those concerns."

Men's Normative Beliefs About Other Men Influences Their Health Behavior

When men perceive that other men engage in health promoting behaviors, they are more likely to report engaging in health promoting behaviors. Conversely, when men perceive that other men are engaging in health risk behaviors, they are more likely to report engaging in health risk behaviors. Women's health behaviors, on the other hand, have no influence on men's health behaviors [13].

Perceptions of other men's health behaviors may be communicating social proof about health behaviors which then guide their own health behaviors. These perceptions provide information about how individual men should act – or not act – in terms of the health behaviors they adopt. Perceptions of normative health behaviors in other men exert a particularly powerful influence on the health behaviors that individual men adopt [13].

A more distal group influence may be men's perceptions of the health behaviors of typical men in their country. Men may observe an action-hero who does not get medical attention after a bloody fight, or men in burger commercials eating 'man-sized' triple-patty cheeseburgers and conclude that these are normative health behaviors for men in his country. If perceived as normative for males in one's country, men would be more likely to adopt those health behaviors [21].

- ***Implication 3. It is important that men see other men engaging in health promotion efforts.*** This could be in the media, in their family, at the workplace, or in other public arenas (e.g., sporting events).

One particularly effective way of achieving this goal may be through social norms campaigns, the utility of which has been shown in work on alcohol, drug, and tobacco use and abuse [21]. This work has shown that people tend to overestimate the extent to which their peers engage in such maladaptive behaviors; however, when presented with campaigns that give them accurate information about their peers' behaviors, it has the effect of lowering the rates of use/abuse of these substances.

Similarly, there is evidence that men tend to view other men as engaging in more health-risk behaviors than men actually do, and therefore, social norms campaigns can educate men about the health-promoting behaviors men actually engage in. Overall, we need to portray health-promoting behaviors as normative and masculine, and health risk behaviors as aberrant.

Men are Deterred by Barriers to Engaging in Health-Promoting Behaviors

Men demonstrating high conformity to traditional masculine norms report less health-promoting behaviors when they believe there are barriers to engaging in those behaviors. Examples of such barriers include no access to fruits/vegetables or blood pressure screenings; doctor's exams being perceived as too invasive, embarrassing, or expensive; unsupportive family/friends; the perception that low-fat foods do not taste good; or that such behaviors interfere with one's regular schedule [12].

Thus, when men experience barriers to health promoting behaviors, they are less likely to engage in those health behaviors. Missing work, or not being able to leave work to make physician's appointments that are typically scheduled from 9 to 5, are prominently identified as barriers for men [12].

- ***Implication 4. Bring health promotion efforts into workplaces and structure health promotion efforts to be available outside of the working day.*** Health screening at work, particularly ones where top-level male employees are participating, would help reduce barriers to health-promoting behaviors. Moreover, healthcare providers should be given incentives for having office hours outside of the normal business hours.

Men's Cultural Backgrounds Can Inhibit Health-Promoting Behaviors

Men's cultural background may inhibit participating in health promotion efforts, and can play a significant role in the association between their health behaviors and masculinity.

For example, among men from various African nations, having a sexually transmitted disease is viewed as a badge of honor, confirming manhood for African men [22]. Moreover, ignoring self-care is associated with masculinity [14] because real men do not get sick [23].

A particularly prominent example is with Latino men. Latino men (41.3%) are less likely than both African American (59.4%) and White (56.9%) men to get screened for prostate cancer [24], even though prostate cancer is the most common cancer diagnosis among Latino men in the United States [25]. Therefore, they are 3.7 times more likely to be diagnosed at a later stage than non-Latinos [26].

In a qualitative study of Latino men and their thoughts on prostate cancer screenings [27], particularly the digital rectal exam (DRE), Latino men talked about masculinity in terms of being in control of their health behaviors and having a sense of invulnerability to illness, and they remarked that health care is not necessary in the absence of symptoms.

They talked about friends who avoided the DRE in order to maintain a heterosexual masculine identity; in other words, getting the DRE was viewed as a homosexual act: "In the majority of Latino countries, the concept of the macho man and the idea of turning around and of someone inserting a finger, honestly, is something that one does not tell [others]...It's almost the worst thing that could happen to you as a man." [27]

One man said that his friend remarked about getting a DRE: "Oh, NO, they are going to insert a finger and I will no longer be a man." Thus, Latino men have difficulty talking about the DRE seriously because it interferes with their sense of manliness and sexuality [27].

- ***Implication 5. Health promotion efforts must address cultural barriers such as misinformation or stigma.*** We need to especially target working-class and men with low levels of formal education and acculturation because they are more likely to espouse such maladaptive masculine notions. Educational materials need to be multilingual, presented at low literacy levels, and include pictures to enhance the material's appeal. As with health-promotion campaigns for the larger culture, educational materials should target perceptions about health and masculinity and reframe them in a way that makes health-promoting behaviors masculine [27].

WHAT IS BEING DONE IN THE FEDERAL GOVERNMENT, OTHER STATES, AND MASSACHUSETTS

There is no centralized national effort to promote awareness, prevention, and research efforts on men's health needs. The federal government is also not reaching out to men and engaging them in the healthcare system in the United States [2]. This lack of effort stands in stark contrast to the various offices and promotions located within several federal agencies that have been established for women's health.

On a State level, a handful of states have established State Commissions on Men's Health. These include:

- Georgia (http://www.georgia.gov/00/channel_title/0,2094,31446711_40095489,00.html),
- Louisiana (http://www.legis.state.la.us/boards/board_members.asp?board=793), and
- Maryland (http://fha.maryland.gov/pdf/cdp/mens%20health.pdf and http://www.dhmh.state.md.us/hd/mensrepmat.htm).

Again, the very few states that have such State Commissions on Men's Health stand in stark contrast to the number of states that have such commissions for women's health. Overall, the goal of these State Commissions on Men's Health is "to identify, assess, and develop strategies for men and boys, including community outreach activities, public-private partnerships, and coordination of community and state resources, to:

- Encourage an awareness of men's health needs;
- Examine the causes for, and recommend solutions to low participation in medical care;
- Develop strategies to lower the suicide rate among boys and men; and
- Examine the causes of work site deaths and injuries and develop strategies to enhance work site safety" [2].

In Massachusetts, we have a Massachusetts Commission on the Status of Women; however, we have no State Commission on Men's Health. We do have a Men's Health Partnership in Massachusetts that is part of the Department of Public Health.

Men's Health Partnership programs are located in health centers, hospitals and community-based agencies statewide. The primary goal of the Men's Health Partnership is to serve the preventive health needs of men in the community ***who are uninsured or underinsured***, by offering free screenings for prostate cancer, heart disease, diabetes and stroke, and then to link men to medical care following the screening. Thus, it is limited in its scope to address the health-promoting behaviors of all men in Massachusetts.

Therefore, we do not have any comprehensive Massachusetts State policies or programs to address the health-promoting needs of men in this state.

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