

# ***MEN'S HEALTH PROJECT***

***REPORT & RECOMMENDATIONS***

***Charles S. Albano  
Final Report  
New Hampshire Graduate School  
Community and Economic Development  
January 1, 1993***

CHARLES S. ALBANO  
FINAL PROJECT REPORT - MEN'S HEALTH  
NEW HAMPSHIRE GRADUATE SCHOOL  
COMMUNITY AND ECONOMIC DEVELOPMENT  
JANUARY, 1993

The attached report represents the culmination of eighteen months of work. The achievements attained so far reflect my personal and professional interests in the subject of men's health. The graduate experience provided me the forum to cultivate a hypothesis, and then offered the tools to transform it into a working program. The philosophy of Community and Economic Development gave the issue of men's health an expanded meaning. Not only is it important for men to be healthy for their own sake, but also for their families and the community at large. Attaining and maintaining the health of men is a community and economic issue. Health issues for men range from traditional issues of preventing diseases, seeking care early if sick, drug abuse, violence, mental health, A.I.D.S. prevention, to discrimination due to gender, economic status and race. If men are not well, either physically or mentally, or die prematurely, then they do not have the opportunity to reach their fullest potential, thus compromising their contribution to the community both socially and economically.

The impetus for this report is the result of a proposal that I made in January, 1992 to the Concord

Hospital C.E.O. The proposal essentially outlined the potential of a men's health service. The proposal discussed the health issues facing men, emphasized another innovative community service provided by the hospital and the probability that the hospital would not lose money if a health service for men were to be established. The hospital C.E.O. and Senior Vice Presidents agreed to sponsor the writing of a full report as a first step in developing a new service line for the hospital.

The report not only includes the research but, contains elements of a business plan that discusses market share, marketing, and finance, as well as a set of recommendations for developing the services. The report and recommendations have been accepted and are in the implementation stage.

#### PROJECT STATUS TO DATE:

- \* The hospital has conducted a prostate cancer screening. This was a three (3) day community health screening and proved to be well received by the community. Plans are underway for other male specific health screenings.

- \* The hospital has established an internal work group to evaluate current health services provided by the hospital, with the intention of expanding services to men.

\* A market analysis is currently being conducted.

\* The community education department is restructuring it's service menu to target males.

\* Advertising is being focused to a new consumer group, men.

\* Current health services involving education and health screenings are being "repackaged" to address men's health needs.

As the driving force behind this project I have truly enjoyed watching the enthusiasm build with the hospital staff as the program has evolved. The hospital, the community and the community of men will all benefit from the program. The next milestone for this project will be the first annual men's health conference currently being planned. I would expect that the issue of improving the health of men will gain much needed publicity and exposure. This will enable policy makers, community leaders and men to recognize the importance of becoming health consumers.

I would like to thank all of those at New Hampshire College for their support and guidance and especially my classmates for their support and feedback involving this issue.

Mr. Richard Warner  
Concord Hospital  
Concord, New Hampshire

April 7, 1992

Dear Richard,

Please find enclosed the Men's Health Report. I apologize for it's length, but as I discovered, the issues of Men's Health are many faceted. Each section of the report could have been much longer or more in depth, but I felt it was important to take a "broad brush" approach in order to expose the complexity of the issue of providing health services to men.

In essence I firmly believe that with a well planned approach Concord Hospital has the opportunity and organizational foundation to add a valuable community service. I also believe that you can have access to an untapped financial market as well.

Thank you for the opportunity and the organizational support to research this important issue.

In good health,



Charles S. Albano

REPORT OUTLINE

I	MEN'S HEALTH SERVICES.....	-1-
II	LITERATURE SEARCH.....	-6-
III	HOSPITAL BASED MEN'S HEALTH SERVICES.....	-14-
IV	PROSTATE CANCER SCREENING.....	-19-
V	AMERICAN MEDICAL ASSOCIATION SURVEY.....	-22-
VI	HEALTHY PEOPLE: 2000.....	-27-
VII	HEALTH RISK SURVEY.....	-30-
VIII	MEN'S HEALTH FOCUS GROUP.....	-34-
IX	REPORT RECOMMENDATIONS.....	-38-
X	FOOTNOTES.....	-41-

EXHIBITS

This report is prepared for Concord Hospital. No part of this report may be reproduced without the expressed written consent of the author, Charles S. Albano.

I. THE ISSUE OF MEN'S HEALTH

Beginning after World War II and more recently during the last fifteen years, Americans have paid great attention to the prevention of disease and injury. They have changed their diets, wear seat belts, exercise and practice safer sex. The Federal Government, Universities and health related organizations have studied and promoted the concept and philosophy of prevention. Preventing a disease or injury will save employers and insurance companies money as well as reducing unnecessary human suffering and expense. A highly visible example for the prevention argument is the value of good prenatal care. One dollar spent on early and quality prenatal care will save a minimum of eight dollars in related hospital costs for treatment if a poor birth outcome occurs. Over a lifetime, hundreds of thousands of dollars are spent on hospitalizations and educational costs as well as lost taxpayer contributions may be the result of not investing in good prenatal care.

The emphasis on prevention of disease and injuries has not necessarily been equally distributed. The vast majority of Federal funds have specifically been directed toward programs to improve the health of women and children.



The male, whether adult or adolescent, has been left virtually alone to deal with health care issues. There are no organized men's health clinics or "hot lines" to get help, information or services. A "network" of information does not exist. There is no common bond, or environment to share information as women have either through their pregnancies or their children. To compound the problem, men generally take care of themselves last in the family when it comes to their health.

*MEN WILL KNOW WHEN IT'S TIME FOR THEIR CAR'S OIL CHANGE, BUT DON'T KNOW WHEN IT'S TIME FOR THEIR NEXT PHYSICAL.*

The American male ego does not allow a place for seeking help or information when it comes to THEIR health. Men have not been educated about the value of prevention. They tend to seek care only when they are sick, injured or dying. Men by nature are a high risk population, emphasized by their work and societal values. Research shows for example, that males and especially adolescent males are risk takers and are injured three times more often than women. By the nature of our societal norms and health program emphasis, women are more connected to the health care system.

THE PROPOSAL

In order to balance our focus and equalize our efforts to improve the health of men, we need to develop and implement educational and medical services for men. The decade of the 1990's should be dedicated to improving access to health care and information for men. The concept of prevention, education and services for men is a by-product of the very successful women's health programs that emerged during the 1960's and early 1970's. Programs and services for women include, for example:

- \* Women's health clinics
- \* Cancer screening
- \* Family planning programs
- \* Prenatal care
- \* Women, Infant and Children clinics (WIC)

These prevention programs have been very successful in reducing teen pregnancies, detecting cancer while it is still curable, reducing the spread of sexually transmitted diseases and reducing the nation's infant mortality rate. Although these programs have been vitally needed, comparable services for men do not exist.

The changing role of the American male is so complex and so diverse that specific attention and planning

needs to take place in order to improve the health of men, as well as to capture the male health market in the 1990's. As men start to demand preventative health services and seek education as women did in the 1960's and 1970's the health care industry must be prepared to respond in a positive and creative fashion.

Men are at risk of dying earlier and having costly hospitalization stays because they are not educated about good health practices and lack the commitment to good health that women have traditionally made. Patrick Walsh, M.D. and Chairman of Urology at Johns Hopkins University School of Medicine, thinks the problem of men not taking better care of their health may have something to do with our being inadequately educated about our own bodies and unaware of how they function. "Why for example don't we go on a regular basis for an exam that can help detect prostate cancer? Most men do not even know they have a prostate in the first place, despite the fact that prostate cancer is the number one cancer among men. Seeking help, especially when it is health related is not a trait of today's male."

Education, encouragement and access to health care for men is critical in order to change attitudes on receiving appropriate health services. The concepts and philosophies of prevention have worked for women and can work for men. The following report represents the findings

and recommendations based on a search of the literature, a review of data, surveys, National Health Objectives, questionnaires, focus group information, Concord Hospital health screenings, a C.D.C. community health risk assessment, and reports from the American Hospital Association and the Gallup Poll organization.

## II. Literature Search

The issue of men's health is poorly chronicled. Men's health issues are not clearly defined as women's. There are volumes of documents, journals and reports discussing women's health issues, both current and historical. There are Federal and State programs specifically created to improve access, care and services to women. There are programs that are clinical, hospital or community based that not only provide women's health services, but offer advocacy in the forms of financial and political support. My research concludes that specific men's health information regarding health services is difficult to locate, often buried in reports or data banks that are non-specific to males. However, the literature search that was concluded, and by no means exhaustive, provides some insight into men's health issues.

A literature search was conducted to enhance the understanding of specific issues that could lead to developing an approach to reducing certain risk behaviors, improve access to care and provide education that would be prevention orientated.

A Case For Health Education

From the data we find in general that men have higher incidences of some diseases than women. We also find that men generally know that certain behaviors lead to poor health. That men would like to know how to take better care of themselves but lack the knowledge, commitment, resources and support to do so. Social habits greatly contribute to poor health. "Social habit comparisons show that a higher percentage of men than women are overweight, are moderate to heavy alcohol consumers, smoke (although women are catching up) and are treated for sexually transmitted diseases. Men are twice as likely as women to commit suicide and one in three of them will develop a heart attack or stroke before retirement.[1] These facts reveal a need for more effective male health education. Half of all strokes and one fourth of all coronary deaths are preventable in people under the age of 70. Less than one half of hypertensive people are treated or followed up.

Health education will play a critical role in improving the health of men, and should be a major component of any men's health program. But exposure to health education and information and changing behavior may be very different. Health is a multifaceted concept, which includes, social, mental, emotional, spiritual and physical

health. Wellness is the intergration of the components of health into a meaningful whole; high level wellness is achieving a balance in this integration. Balance means that, as people work to improve one aspect of their health, they also need to work on improving others. Based on data from the Gallup Poll questionnaire, the focus group, and the CDC health risk assessment, male attitudes toward prevention and understanding of health and wellness are in need of education, and reinforcement.

### Behavior

In the article, "Why Do Women Live Longer than Men?" by Ingrid Waldron,<sup>2</sup> she concludes that, "Male mortality exceeds female mortality in seven major causes of death: coronary heart disease, lung cancer, emphysema, motor vehicle and other accidents, cirrhosis of the liver and suicide. Together these causes of death account for three quarters of the sex differential in mortality in contemporary U.S. A third of the differences between male and female death rates may be due to men's higher cigarette smoking via coronary heart disease, lung cancer and emphysema. One sixth may be due to a greater prevalence of the aggressive, competitive coronary prone behavior pattern among men." Aggressive competitiveness, working at hazardous

jobs, drinking alcohol, and especially smoking (men had an earlier start than women) are linked to attitudes and behaviors that have been fostered in men and more socially accepted. Waldron concludes, "That sex differences in behavior are more important causes of higher male mortality than are any inherent sex differences in physiology." Men need to change their attitudes and behaviors in order to improve their health.

#### Physician/Male Patient Relationship

When the marketing of men's health services are developed, and men eventually seek access and information, the most critical issue of provider - patient relationship will need to be addressed in order for the hospital to serve and retain patients. It is at this juncture that the provider and patient need to establish good communication and repaire. Based on the questionnaire and focus group responses, men do not feel comfortable with physicians. Patients need to be educated to ask questions. More time should be spent in visits to improve comfort level, educate clients on the disease entity or screening procedure. This establishes an important role the physician plays in improving a male's ability and desire to communicate regardless of social/demographic factors. Women tend to ask



more questions of doctors than men and engage in more verbal behavior.

Roter [3] found, "that most patients make few attempts to gain information from doctors although they can be trained to increase information - seeking attempts." The length of interaction between patient and doctor provided a significant factor in relation to information seeking communication behavior. Questionnaire and focus group respondents clearly indicated that they did not know their physician, and those who did often felt uncomfortable with asking questions because they did not know them well or the discussion was centered on a specific condition.

The lack of communication between doctor-patient is noted in many studies. "In order to establish a better dialogue that includes the discussion of prevention, a better doctor-patient relationship must be fostered.[4] Not enough research exists to offer the reasons why men and male physicians sometime create barriers between each other. It may develop from men wanting to "control" the situation, homophobia, or feeling that based on cultural teaching they simply can not open up to another male for a variety of reasons.

The doctor-patient relationship and the patient's perception of involvement in medical care is critical to improving health. Patients who actively participate in his or her own care often leads to improved disease control and an improved relationship with the physician. Although there are many factors that affect a patients involvement in his or her own care and how much control they want or desire - such as age, and extent of disease - the overwhelming evidence suggests that physicians can take a more proactive role in communicating with their patients. Patient satisfaction will certainly lead to enhanced questions and create a better attitude toward education, treatment and prevention strategies.

### Health Screening - Prevention

During the last 15-20 years prevention of diseases has been the focus of the public and private health sectors. Public health, insurance companies, and hospitals have all recognized the social and economic costs associated with prevention. However, little is known about how much preventive care is really provided.[5] In a Rand Health Insurance Experiment to determine the amount of selected components of preventive care received by a sample of non age specific population in the United States it was found that only 1% of the study received tetanus immunizations for preventative purposes, ie. unrelated to trauma. Based on the sample size and associated factors, 30% of the group should have received this immunization. Three percent 3% received influenza vaccine compared to a recommended 8% of the sample size, and less than 1% of adults aged 45-65 had sigmoidoscopies. It was also pointed out that physicians did not perform cancer screening tests because of forgetfulness, disliked performing the procedure and lack of time.[6] It was recommended that physicians make use of non-preventive visits to provide preventive care. Although there is an increased cost associated with prevention, costs could be reduced through mass screening techniques and more efficient use of non-preventive visits. It was concluded

from this study that preventive procedures are under utilized for both males and females. Prevention will depend on the physician to engage in providing that forum for discussion and the patient's demand for information.

### III. HOSPITAL BASED MEN'S HEALTH SERVICES

The literature search produced very little in regards to specific men's health services. However the Health Care Advisory Board which collects data and does research for hospitals provided a description of six hospital based men's health programs. The following information may provide a foundation to develop a men's health service line within Concord Hospital. In summary, each hospital did the following:

1. Conducted extensive market research in order to determine the number of men who would utilize a men's health service.

2. Men's health services are physician referral and informational.

3. Men's health services programs offered men a wide range of health services including:

- Routine physicals

- Urology

  - Sexual dysfunction

  - Prostate dysfunction

  - Vasectomy

- Dermatology

- Impotence support groups

Stress management

Parenting courses

Arthritis care

Fitness assessment

Health promotion

C.P.R.

Lower your cholesterol

Relaxation

Smoking cessation

Weight loss

Health Screenings

Blood pressure

Cholesterol

Colorectal

Heart check

Orthopedics

Addictive behavior services

Sexual behavior services

Pulmonary programs

Gastrointestinal programs

#### 4. Staffing

Men staff all services since the research suggests men feel more comfortable talking to other men. Some hospitals have a "hot-line" number which are also staffed by men.

Men's health service programs are staffed by a men's health program manager or a physician referral service director.

#### 5. Marketing Strategy

Newspapers, and television advertizing were used to market it's men's health services. Some programs are considering a direct mail campaign. T.V. was used to educate, while radio and newspapers were used to inform about the sevice.

#### 6. Successful Programs

Each program has considered it's effort successful. Although all started after 1988, not every program had sufficient data to clearly determine success. For those who had collected data, they determined the male market was broader than expected and that revenue generated by the men's health service program is SEVEN times greater than the direct cost. That it is both an effective marketing and referral generating tool for the hospital.

The following client profile represents the target group which has been the most successfully addressed by the hospitals.

Client Profile

Annual income - \$35,000

Age between 35 and 54 years old

Commercially insured

Employed in a white collar position

Has not recently visited a physcian

Married

In working with Dennis Cavagnaro from marketing, and using the hospital integrated data base system, he was able to provide a comparable client match for both the hospital primary and secondary markets.

Men 1990,	35-54	25-50k	35-54Married	White Collar
Primary	15118	5661	10059	11540
Secondary	<u>25455</u>	<u>9475</u>	<u>16545</u>	<u>18637</u>
TOTALS	40573	15136	26604	30177



The primary and secondary service areas identified above represent a virtually untapped market. Of the one male specific screening that Concord Hospital conducted in 1991 (this will be discussed in more detail later), 240 men were screened and 175 men were turned away due to an unexpected high demand. Using the client profile, only a small fraction of men participated in this one screening, when compared to the potential market. This suggests that a much larger market may exist for this and comparable services.

IV PROSTATE CANCER SCREENING

On September 23, 24, and 25, of 1992 Concord Hospital in conjunction with Concord Urology conducted a free prostate cancer screening. This screening and it's findings are important for a number of reasons.

1. This has been to the best of my knowledge, the only male specific health screening or intervention that Concord Hospital has undertaken.

2. That health and financial implications may be significant.

A total of 240 men were screened. One hundred and seventy-five (175) were turned away due to the unanticipated interest and demand. Approximately 1/3 to 1/2 of those calling to make appointments for the men were either wives or a significant other female. The following data represents the results collected to date.

Abnormal DRE+abnormal PSA 10

Follow-up

2 normal 1 cancer

0 biopsy positive 3 no results

3 biopsy negative 1 made no follow-up contact

Abnormal DRE + normal PSA 18

Follow-up

2 biopsy negative 3 normal upon follow-up

0 biopsy positive 6 made no follow-up contact

7 did not know yet

Abnormal PSA + normal DRE 42

Follow-up

14 normal 6 made no follow-up contact

6 abnormal 2 made no follow-up

14 did not know yet

Follow-up to determine final disposition of their tests were made through a letter and if necessary up to three (3) phone calls. In total 28 men had abnormal DRE's. This approximates the national percentage of 10%. A total of 52 men had abnormal PSA results. This represents 22% of the group screened. As all patients did not fully participate in the follow-up component of this effort or did not at the time of follow-up have the results, certain conclusions can still be formulated.

1. The demand for the service was demonstrated by the large number of men who participated (240)

2. The demand for this service was also demonstrated by the large number of men (175) who were turned away or directed somewhere else.

3. Even without an intensive advertising effort there was a tremendous response.

4. Although a financial analysis has not been completed at this point, it can be safely suggested that the care, treatment and follow-up testing generated a positive financial benefit. Services that included but were not limited to MRI, bone scans, ultra sound, x-ray, hospitalizations and any surgery generated income for Concord Urology and Concord Hospital. Further study needs to be completed to substantiate actual financial results of this screen. Cost factors including staff time for organizing the screening and follow-up need to be considered, to give a balanced view of total costs.

In conclusion, the screen demonstrated not only an interest but a demand by men to seek care. Concord Hospital should complete the financial analysis of this effort as well as giving serious consideration to offering another prostate screen. The demand is obvious and this may demonstrate a similar interest in other services. The results of this screen are significant from a financial, humanistic and public relations perspective. This was for all intent and purposes a win - win situation for all involved.

AMERICAN MEDICAL ASSOCIATION SURVEY

In two (2) recent Gallup surveys conducted for the A.M.A. of 500 men and 300 physicians, "the lack of information about common diseases and failure to discuss them with doctors could be hurting the health of men over age 50".[7] Five diseases were highlighted which tended to be embarrassing or "unmentionable" by older men. By not discussing their symptoms or concerns, treatment and cures were made that much more difficult. Only one in four reported symptoms to their physicians even though they had visited their doctor during the past year.

Men with sexual dysfunction, depression, prostate cancer, colorectal cancer and prostate enlargement do not realize there are effective medical treatments for these conditions. Many men suffer in silence. "Doctors must be more active in inquiring about symptoms, and patients need to be more open in discussing them. It is the doctor's job to actively seek the diagnosis", said Dr. Robert Butler, Chairman of the Department of Geriatrics and Adult Development, at the Mount Sinai Medical Center in New York.

The survey found men were generally uninformed about common health problems or warning signs of, for example prostate cancer or colorectal cancer, the number 2 and 3 cancer killers of men over age 50, after lung cancer.

The survey identified that a high percentage of men who suffer symptoms never mention them to their doctors:

- More than half of older men who experience sexual dysfunction do not tell their doctors, according to three out of four doctors who were surveyed.
- More than half of men with symptoms of depression do not discuss them during a doctor's visit, the surveyed doctors said (nearly two out of three agreed).
- Prostate cancer symptoms are never discussed by more than half of the men experiencing them, according to one in three doctors surveyed.
- Even a highly prevalent condition like prostate enlargement or a serious disease like colorectal cancer is not discussed by more than half of men suffering symptoms, one quarter of surveyed doctors believe.
- Embarrassment was the chief reason for not discussing sexual dysfunction or depression. Threat to masculinity was the second reason most often cited.
- For colorectal or prostate cancer, they gave embarrassment as the key reason. Fear or denial was mentioned second.

The Gallup survey also reported:

Impotence

Impotence affects an estimated 25 million American men, as many as one in four by the age of 65. In the survey, one in five did not know medical treatment is available for impotence.

### Prostate Disease

Prostate cancer occurs during the lifetime of one in 10 American men and prostate enlargement is one of the most prevalent health problems in older men. Approximately 75 percent of men over 50 develop some symptom of prostate enlargement.

### Colorectal Cancer

Colorectal cancer is the third leading cancer killer among men, although new cases of the disease are declining. Over 60,000 men will die this year. Men over age 50 are at greater risk than women.

### Suicide

Older men have the highest rate of suicide. The overwhelming majority of these men suffer from a major psychiatric illness, usually depression or alcoholism. A recent survey by the American Association for Retired Persons showed that 20 percent of those who have committed suicide have seen a physician within 24 hours, 41 percent within one week and 70 percent within a month.

The report concludes that men can improve their health status if they are provided education and access to early treatment. Good communication between doctor and patient, regular checkups and health screenings will greatly enhance a man's ability to avoid and/or successfully overcome a potentially deadly disease.

V. HEALTHY PEOPLE: 2000

When the U.S. Department of Health and Human Services released the report, Healthy People 2000, it launched a national health promotion and disease prevention strategy for the nation. Through well documented objectives the nation has a clear and concise plan to improve the health and well being of its citizens. Healthy People 2000 is the third in a series of national strategies initiated in 1979 with the publication, Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention and was expanded in 1980 with Promoting Health/ Preventing Disease: Objectives for the Nation. In each publication the emphasis is squarely placed on preventing disease through changes in personal behavior. In Healthy People 2000, specific prevention strategies and objectives are categorized by age group. For this report adults aged 25 through 64 will be reviewed.

Many of the leading causes of death for people between 25 and 64 are preventable. Adults have the greatest opportunity to modify their behavior, in order to have a healthier lifestyle. "Behavioral changes have saved many adult lives in the past two decades. For example, the declines by more than 40 percent and 50 percent respectively, in coronary heart disease and stroke death rates



since 1970 are associated with reduced rates of cigarette smoking, lower mean blood cholesterol and increased control of high blood pressure. (1)

Cancer has become the leading cause of death for people 25 through 64. Cancer, intentional injuries, stroke, chronic liver disease and cirrhosis have all been associated with risk factors related to life style.

Lung cancer is the most common and most preventable cancer in both men and women. Lung cancer incidence has risen 12 percent for white males since 1975.

Colorectal cancer is the second leading cause of death due to cancer.

Oropharyngeal cancer cancer of the mouth and throat accounts for approximately .13 percent of all cancer deaths in 1987.

Heart Disease and Stroke Although cancer has exceeded heart disease as the leading cause of death, and heart disease has declined in recent years, coronary heart disease still kills more than 500,000 Americans each year. Another 1,250,000 people suffer non-fatal heart attacks each year. About 20 percent of those who die from heart attacks are between 25

and 65 and most are between 55 and 64. The majority of people who died of a stroke were between 55 and 64. (2)

In New Hampshire, the ten leading causes of death accounted for 84 percent of all deaths for males.[9] These were:

- 1) Diseases of the heart
- 2) Malignant neoplasms
- 3) All accidents
- 4) Suicide
- 5) Perinatal period
- 6) Chronic obstruction, Pulmonary  
Disease
- 7) Cerebrovascular disease
- 8) Infectious and parasitic disease
- 9) Congenital anomalies
- 10) Diabetes

In relation to years of life lost due to "premature death", the leading categories of death in New Hampshire are:

- 1) Heart disease
- 2) Unintentional injury
- 3) Suicide
- 4) Chronic obstruction, pulmonary,  
disease

Accidents, chronic obstructions, pulmonary

disease, cancer and heart disease, were considered the most critical underlying conditions or contributing causes of death in 1989.

In leading causes of death by age group in New Hampshire, it was found that males between the ages of 25 and 34 had a 4 to 1 ratio in death by accidents and a 5 to 1 ratio in death by suicide compared to women. In men aged 35 to 54, there was a 4 to 1 ratio of men to women in death by disease of the heart and all accidents. And in men aged 55 to 64, men had a 3 to 1 ratio of death by heart disease.

In Healthy People 2000, for the adult population, patient education and counseling is recommended to combat these diseases. Increased awareness by the public and health professionals is essential in order to promote the use of prevention services. Hospitals provide patient education services and community health promotion programs, and can be a leader in achieving this objective for the nation.

Another related national objective is to provide clinical preventive services. These refer to disease prevention and health promotion services - screening, counseling, delivered in a health care setting. Unfortunately, preventive services are usually not covered by health insurance and therefore serves as a barrier to care. Additionally, problems in the delivery of preventive services, "include uncertainty among health care providers

about which services to offer, practice organization characteristics that are not conducive to delivery of preventive services, (e.g., lack of time, too few allied health professionals, and limited access to medical records systems organized for prevention) and inadequate knowledge among consumers to create the necessary demand."

A specific objective in Healthy People 2000 targets an increase to at least 90 percent of hospitals, H.M.O.s and large group practices to provide patient education programs and for hospitals to offer programs specifically directed at the health needs of their community. Patient education services include planned and coordinated inpatient and outpatient educational activities.

It is clear from the objectives for the year 2000, that hospitals have a very specific role to play in not only education but in providing health screening and clinical services. Specifically, special outreach efforts toward men, due to their risk factors will be critical to help reduce premature death and morbidity. Targeted efforts for blood pressure and colorectal screening, and routine screening, immunization and counseling, appropriate for their age needs to be greatly increased if men are to reduce the prevalence of certain disease entities. Providing health education in both the larger community and doctor to patient encounters is critical to improving the health and well being of men.

## VII HEALTH RISK SURVEY

The Centers for Disease Control (CDC) completed a Health Risk Assessment survey for the years 1987 - 1991. A stratified sample of 5,280 New Hampshire residents were asked questions by telephone about their health.

The following represents highlights of the findings. The findings should be used to target certain socio-demographic categories of men in order to assist in improving their health.

### Routine Check-up in Past Year:

42% of married men did not have a routine check-up.  
78.9% were attended by a family practice physician.  
Divorced and never married men were the highest non-compliant.

Smoking:

Men with less than 12 years of education were the largest group of smokers.

26% of all men smoke.

Acute Drinking:

27% of all males were considered at risk.

60% of at risk drinkers were between 25 and 44 years old.

Life Style:

50.9% of all men were considered to have a sedentary life style.

Men 25 to 44 yers of age, with 13+ years of education, and incomes between \$20,000. to \$35,000. were considered in the high risk target group.

Obesity:

25.9% of all men considered at risk due to their weight. Men aged 35 - 44, with 13+ years of education and incomes between \$20,000. to \$35,000. were considered in the high risk target group.

Dietary Fat:

Higher educated, higher income men have more fat in their diet.

Cholestrol Check:

39.3% of men have not had their cholestrol checked. Target group would be ages 25 to 35, 13+ years of education, married.

Based on these findings a clear marketing strategy could be directed toward men in particular risk categories. This "targeting" approach by risk category could be used for both marketing and health education. Additional statistical information follows:

Routine Check-up in Past Years

Married	Divorced	Widowed	Never Married.	Men	Women
---------	----------	---------	----------------	-----	-------

Those Answering NO:

42% (640)	50.8% (120)	24.1% (19)	51.3% (213)	992	768
				44.2%	25.5%

Those Answering YES:

57% (875)	49.2% (116)	75.9% (60)	48.7% (202)	1253	2232
				55.8%	74.4%

Smoking

Current male smokers	26.3	(593)
Current female smokers	24.4	(730)

By Education (Current Smokers)

Males:

Less than 12 yrs.	More than 12 yrs.	13+
41.9%	31%	20.2%

Females

31.7%	30%	18.5%
-------	-----	-------

Acute Drinking:

Males:

Not at risk	72.8%
At Risk	27.2 (601)

Females

Not at risk 92% (2738)

At risk 7.5% (222)

Life Style- Sedentary Life style

	Males	Females
Not at Risk	49.1 (1096)	49.5 (1461)
At Risk	50.9 (1134)	50.5 (1492)

Target Group at Risk Males 25 - 44 with 13+ years of education (51%) of all at Risks (between \$20,000 - \$35,000.)

Obesity

	Men	Women
Not at risk	74.1 (1650)	77.2% (2167)
At risk	25.9 (577)	22.8 (639)

Target 35 - 44 yers old, 13+ years of education, \$20,000. to \$35,000.

Dietary Fat

Less educated/lower income- less fat in diet (sign)

Males have almost 50% more fat in their diet than women!

Routine Check-up

	Males	Females
Within past year	55.9% (1252)	74.4 (2218)
Within past 2 yrs.	16.0 (359)	11.7 (350)

Target

Unmarried men, with 12 or less yrs. of education, 35 - 44 years old, lower income.

Type of Doctor-Last routine check up

	Men	Women
Family Practice	78..9%	54.1%
Internist	9.6	12.5
Specialist	7.0	5.2
Other	4.4	2.0
Ob/Gyn		26.2!



VIII. MEN'S HEALTH FOCUS GROUP

The following report represents a summary of a structured discussion within a Focus Group format. Eight men participated in this four hour session. The purpose was to gain insight on the attitudes that men have as it pertains to their view of health care for themselves. The Focus Group occurred on January 15, 1992. Participant backgrounds included age distribution between the late twenties to the late fifties, from self-employed and unemployed, to low and high income.

Based on the responses to the questions posed to the group, the following attitudes were quite prevalent:

Men feel a tremendous amount of stress through their personal and work environments.

Men are quite aware of the major causes of death, even within certain age group breakdowns (25-34, 35-54, and 55-64) but they were not aware of good health practices to prevent these diseases. They expressed a sincere desire to want to know more about prevention, but did not know how to access that information. Coupled with the view that physicians were "not educators" and are difficult to talk to, only compounds the problem of poor communication. That when they went to the doctor - it was for a specific "issue" and there were no other discussions beyond that specific problem. There was not enough time to be educated. The atmosphere was not relaxed or in a "user friendly" environment. Men expressed the concern that they don't know

their doctors at all. This followed closely to statements that, "medicine is a business" and not personal.

Although the majority of past medical interventions they experienced were viewed as positive, in retrospect, they could have been more meaningful if there was a better dialogue between physician and patient. A barrier to care for themselves appeared to be a male unwillingness to talk, male to male about personal and sensitive issues. The environment was not conducive to establishing a more personal relationship.

The major obstacles that inhibit men from obtaining health care seem to center on cost and work obligations. This followed by the attitude that they could "get through pain" better than women. "How would it look if we were always going to the doctor". This behavior was attributed to learning how to deal with pain from their sports experience. This waiting pain out attitude was also attributed to the need to be in "control" of the situation.

In general the men expressed the knowledge that regular or routine physicals were important to avoid becoming sick. But they felt frustrated by their inability to be able to talk about their health issues. (The Focus Group was the first opportunity they ever had to discuss health issues with other men). They all acknowledged that personal health issues were very difficult to talk about, especially with

other men. This was reflected in their inability to communicate with male physicians.

Although men wanted more education, and knew they should get routine physicals, cost was a major consideration in following through.

The group felt the best way to educate them on good health practices was to have it required by employers. This would mandate a "group process" that would eliminate a "singling out" which apparently made them feel uncomfortable. They also expressed the need to be educated early (in school) about men's health issues, and to have the doctor be a better educator, take some time to get to know their patients, that repetative and informative media presentations would work if they were "hard hitting".

When asked if any of them ever went to a preventative health check-up or screening- all responded "no". When asked why, they were not aware of needing to go for certain check-ups at specific age intervals.

In conclusion, the discussion resulted in the following summary:

- That men would attend a reduced cost or free clinic.
- That media messages need to be specifically directed toward men.
- That physicians need to make more of an effort to get to know and understand their male patients as well as their health history. Physicians need to understand that it is difficult for men to be open regarding sensitive issues. That a psychology exists that inhibits good communication between male patient/male physician.
- That men may react more positively to prevention and or routine physical exams if they are conducted in groups, particularly in a work setting, or a health screening atmosphere.

Disclaimer

Information collected through a focus group is not considered to be scientific in nature. Conclusions were made as a result of discussions based on a set of predeveloped questions. (Exhibit A)

### IX REPORT RECOMMENDATIONS

The following recommendations are drawn from the previous sections of this report. Each section attempted to highlight a critical issue or set of issues that were identified by the research.

In general, Concord Hospital has two broad goals: to provide community services and to maintain its financial viability. It is from this combined view that these recommendations should be considered.

- 1) Concord Hospital should conduct additional male specific health screenings. The prostate screening conducted in September of 1991 substantiates consumer interest and demand.
- 2) Extensive market research should be conducted to assess community/consumer interest in a men's health service line.
- 3) Financial analysis of past screening (prostate) needs to be completed and future pilot screenings need to be structured to clearly determine cost-benefit. Hospitals providing men's health services have determined they have significantly enhanced revenue through a men's health service line.
- 4) Concord Hospital should take a progressive approach in providing community leadership concerning men's health services and/or education. National

health objectives stated in Healthy People 2000, emphasized the significant role of the community hospital in providing care and services to all members of the community.

Education and services focusing on male specific health concerns will provide Concord Hospital with high visibility and securing the market share with this emerging consumer group.

5) Concord Hospital should develop an internal "work group" to assess men's health services that could be provided, and how they would be delivered. Physician, nursing, marketing, community education and the women's health service should be represented as a minimum.

In addition to the specific recommendations, any effort needs to be sensitized to the following issues:

1. Cultural barriers exist that inhibit men from seeking health/medical care.
2. Age specific groups of men need to be targeted based on the recommended periodicity schedule of care.
3. Routine physical exams should be offered in a "user friendly" environment, sensitive to male clients. Clinics or screening settings should be easily accessible as it relates to time (evenings more convenient) and location (work site).

4. Special emphasis should be placed on unemployed males and those who are uninsured.

5. If a men's health service line is established a "hot line" among other features should be considered.

If Concord Hospital proceeds in a carefully planned approach, providing information to men so they become health consumers, both physicians and the hospital, as well as men, can benefit from this effort.

May 17, 1992

Mr. Richard Warner  
Concord Hospital  
Concord, New Hampshire

Dear Dick:

With the report on Men's Health completed and after my presentation on May 14, I offer the following suggestions for consideration. I make these suggestions based on the assumption that Concord Hospital sees the potential of pursuing the development of a mens's health focus or service line.

1. Written comments be provided from those who originally reviewed the report. Comments should be centered on what elements of the report could serve as a foundation for program development as well as suggestions as to what could be added to enhance the report.

2. The report should be given to other key staff within the organization for review and comment.

3. After a review of comments and suggestions were considered and where appropriate changes were incorporated in the report and then approved by the hospital, I would develop "Phase II" of the project.

4. Establish a work group to determine:

- \* The services to be provided
- \* The educational messages
- \* The structure of the delivery system
- \* The target population

5. Conduct extensive market research to determine what services men want.

\* Utilize Gallup Survey, American Hospital Association data and report information to enhance market research.

6. Develop program goals and objectives.

7. Develop a "Pilot" program service line.

- \* One year project
- \* Limited service and educational messages
- \* Quarterly/bi-monthly screenings
- \* On going educational messages

8. Conduct a program evaluation that includes but is not limited to:

- \* Cost effectiveness
- \* #'s of clients served
- \* #'s of clients educated



In addition to developing Phase II of the project which would develop recommendations into actions, I could also create support from the medical community for men's health services, as well as provide technical assistance/consultation to whatever efforts were appropriate.

I look forward to proceeding with the project.

In good health,

Charles S. Albano

C  
Enc.

ds