

IGH 2010:
Of Boys and Men: The State of the Science
on Boys' and Mens' Health

“Men's Health: Connecting the Dots”

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Vancouver, BC, Canada



WHO Madrid Statement, 2002

‘to achieve the highest standard of health, health policies have to recognize that women and men, owing to their biological differences and their gender roles, have different needs, obstacles and opportunities’



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Healthcare through the Male Lens

‘Most of what we currently understand about men’s health is fragmented and diffuse. It is fragmented by the individual disciplinary lenses through which we view men’s health as epidemiologists, health educators, medical anthropologists, nurses and physicians, psychiatrists, ethnographers, psychologists, public health workers, social workers and sociologists. These individual lenses enable us to deeply understand very specific aspects of men’s health. However, they also often limit the ways in which we conceptualise and understand men’s experiences more broadly.’

Courtenay et al. IJMh, 2002

Global Life Expectancy Stats (2009 est.)

Country	Men	Women	Gap
Canada	78.3	82.9	3.9
Israel	78.5	82.8	3.7
Afghanistan	43.9	43.8	0.1
Australia	78.9	83.6	4.7
Brazil	68.8	76.1	7.3
UK	77.2	81.6	4.4
Namibia	52.5	53.1	0.6
Singapore	78	81.9	3.9
United States	75.6	80.8	5.2
Russia	61.8	72.6	10.8
Niger	57.8	56	-1.8



Alternate Health Indicators

Health expectancy:

disability and functional dependence-free,
life expectancy

Potential Years of Life Lost:

number of years lost because of dying at
an early age

Health Expectancy at Birth

Life
Expectancy

Loss of
Healthy years

USA	65.7	63.8 - 67.5	76.4	10.7
Italy	69.5	68.4 - 70.8	80.6	11.1
UK	68.3	66.8 - 69.7	76.8	8.5
Japan	71.2	69.9 - 72.5	79.6	8.4
China	60.9	59.5 - 62.5	70.5	9.7
France	68.5	67.4 - 69.5	78.6	10.2
Germany	67.4	66.0 - 68.7	76.6	9.2
Singapore	66.8	64.3 - 69.0	78.1	11.3
Sweden	70.1	68.7 - 71.6	79.2	9.2
Switzerland	70.4	68.7 - 72.1	79.3	8.8

“male-female health-survival paradox”

There is a remarkable discrepancy between the health and survival of the sexes: men are physically stronger and have fewer disabilities, but have *substantially higher mortality at all ages* compared with women

“Men: Good health and high mortality”

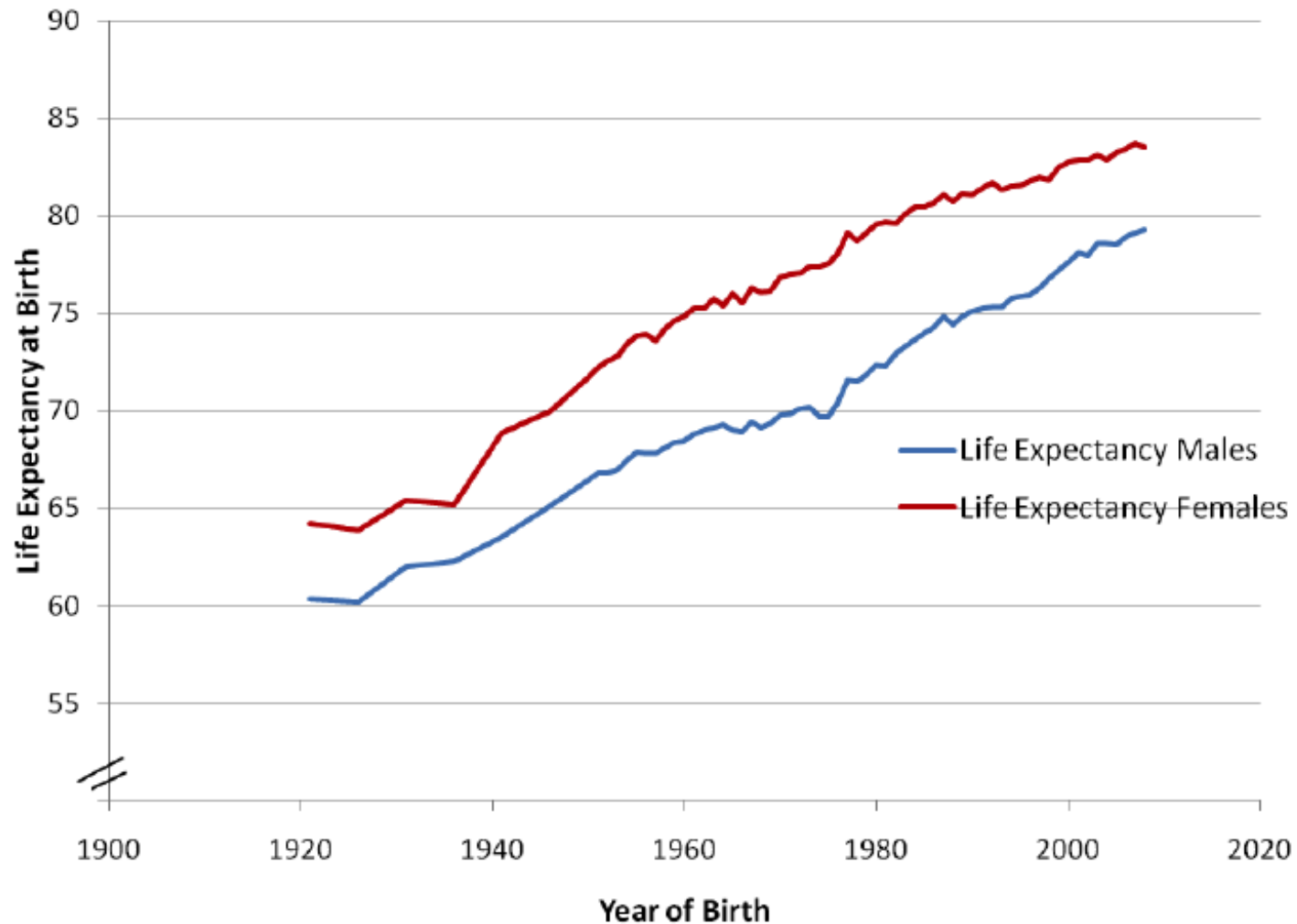
Oksuzyan et al; Aging Clin Exp Res. 2008

A Roadmap to Men's Health: **Current status, research, policy and practice**

*A commissioned population health based report
for the Men's Health Initiative of B.C.*

January, 2010

Life expectancy at birth (BC)



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What is causing the average *life expectancy gap* between genders?



‘a population-level murder mystery’



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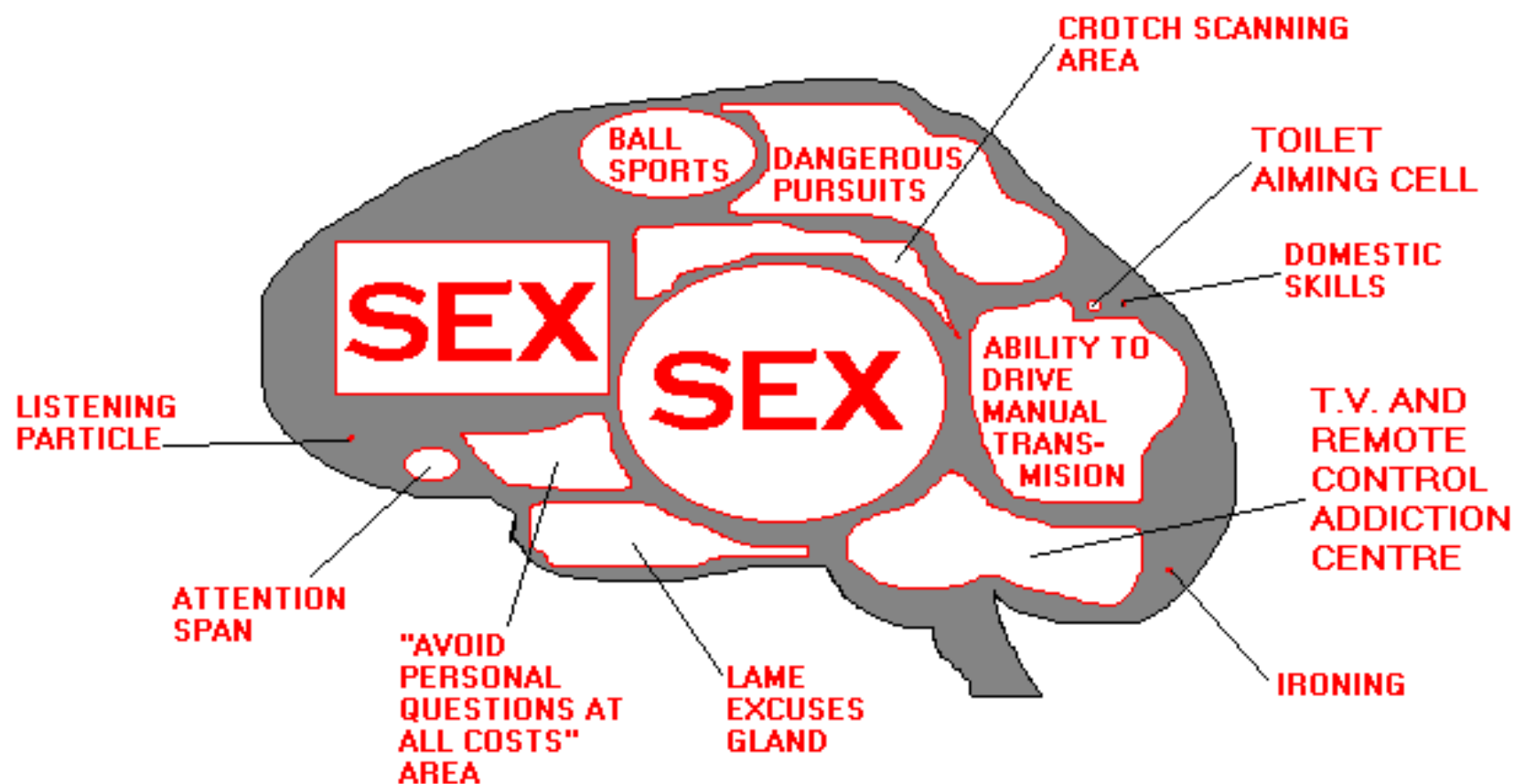
The Report: A Roadmap for Men's Health

- Domains of Male health:
 - » *Male-specific conditions* (e.g. prostate problems, testicular cancer, hypogonadism, ED)
 - » *Male-risk conditions* (for which being male is a risk factor)
Cardiovascular Disease/ Suicide/ Motor Vehicle Accidents/
Osteoporosis/ Lung Cancer/ HIV
- Healthcare database and Systematic academic & gray literature review concerning key areas of male health
- Recommendations: Knowledge Transfer strategy, research, clinical, policy

Report Framework: The possible factors contributing to the life expectancy gap

- *Biological Factors*
 - hormonal, brain structure, other physical differences
- *Environmental Factors*
 - riskier jobs, less social support
- *Behavioural Factors*
 - higher risk-taking, avoidance of health care, refusal of preventive lifestyle (exercise, nutrition, etc.)
 - Traditional masculine role

THE MALE BRAIN



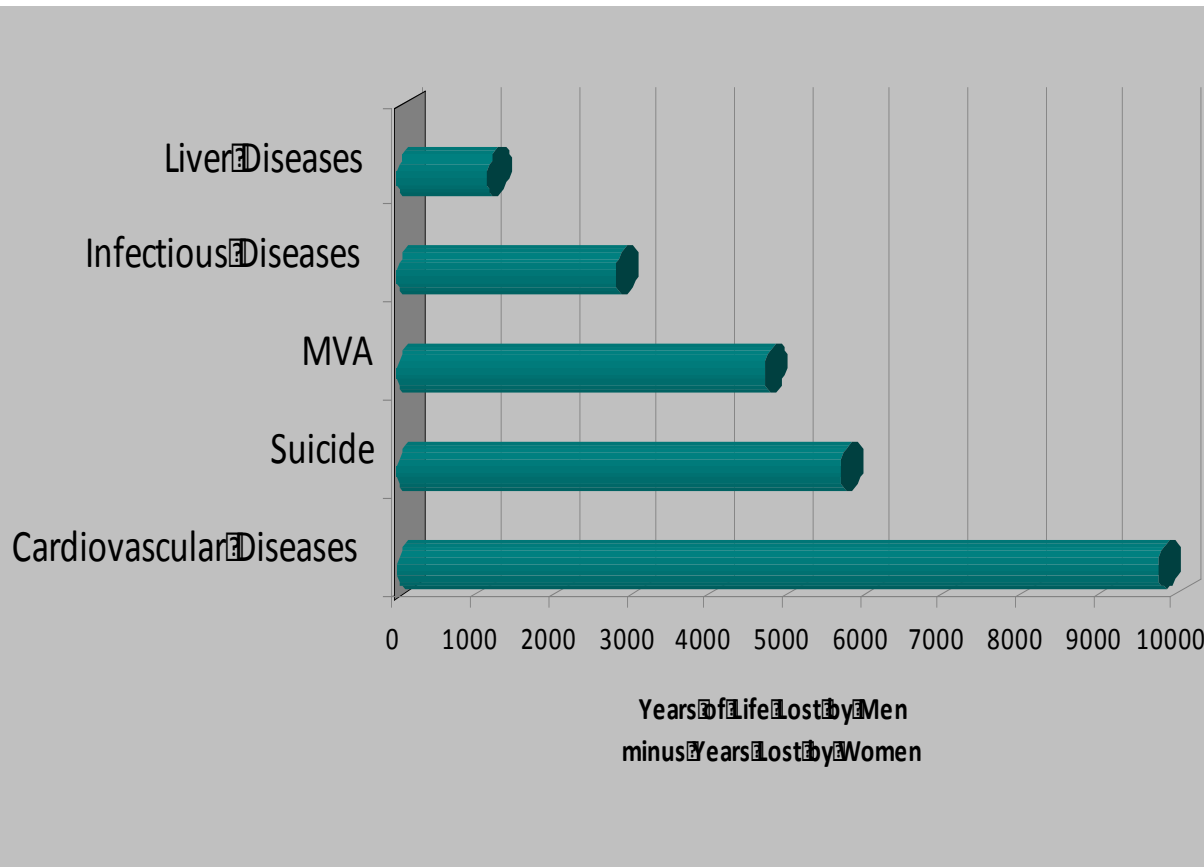
FOOTNOTE: the "Listening to children cry in the middle of the night" gland is not shown due to its small and underdeveloped nature. Best viewed under a microscope.

“Having a Y chromosome should not be seen as possessing a self destruct mechanism”

Rutz. JMHG, 2004

- *Blaming the Victim*
- *Undervaluing positive male traits*
- *Alienating men in whom we seek to instill healthier behaviours*

PYLL: Which conditions cause men to die before women?



The Big Three:

- **Cardiovascular Disease**
- **Suicide**
- **Motor Vehicle Accidents**



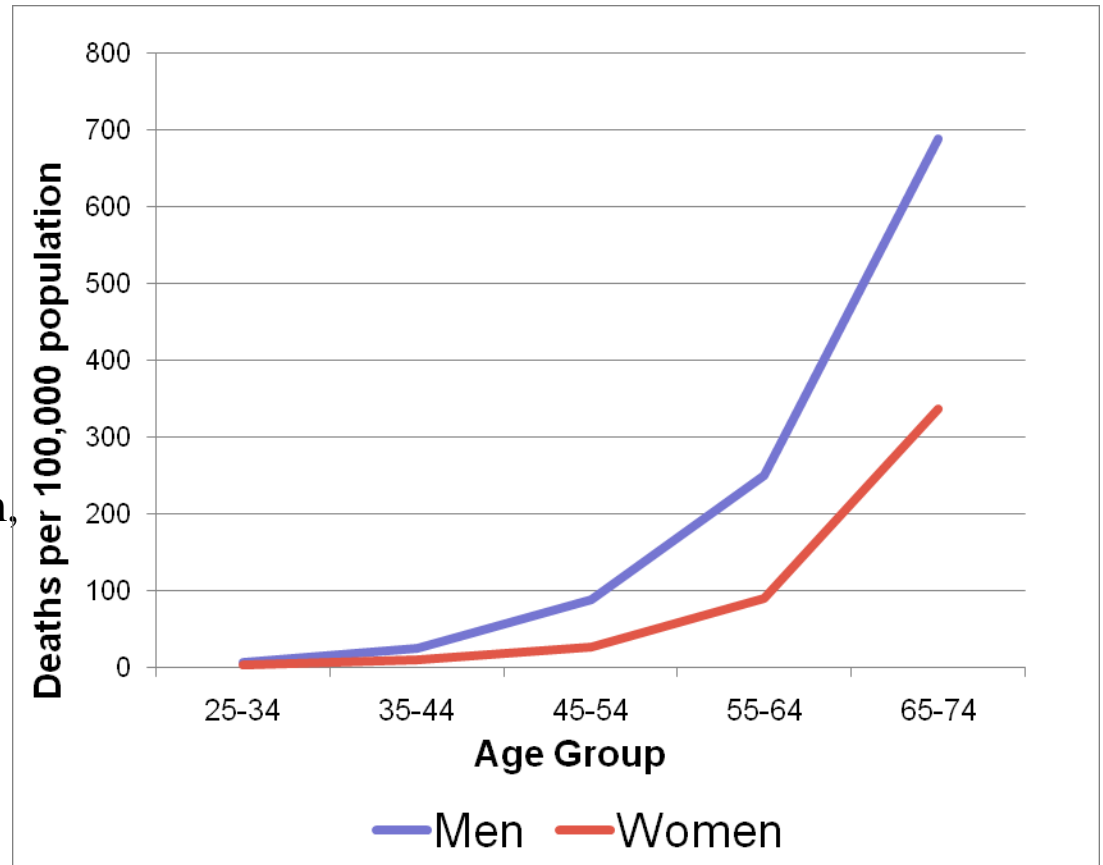
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Cardiovascular disease

- Strikes men more often and earlier than women
- Does estrogen protect the heart?

Factors in gender difference:

- Poor nutritional habits (high sodium, low fruit & vegetable intake)
- Overweight
- Poor anger management?



Deaths by CVD

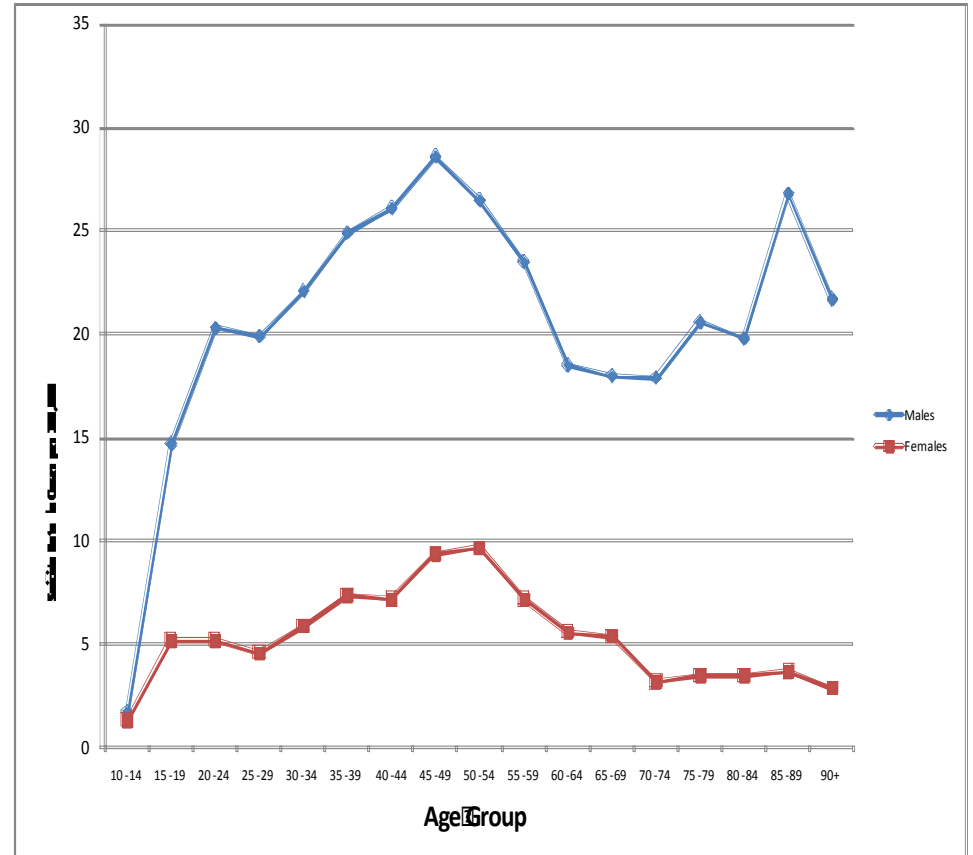


Suicide

- Men carry out suicide 3-4 x more than women/ Highest rate in middle-age

Factors in gender difference:

- Willingness to use lethal methods
- Reluctance to talk about emotional distress or seek help for it
- Higher levels of alcohol use
- Greater tendency to move quickly from thought to action



Deaths by Suicide

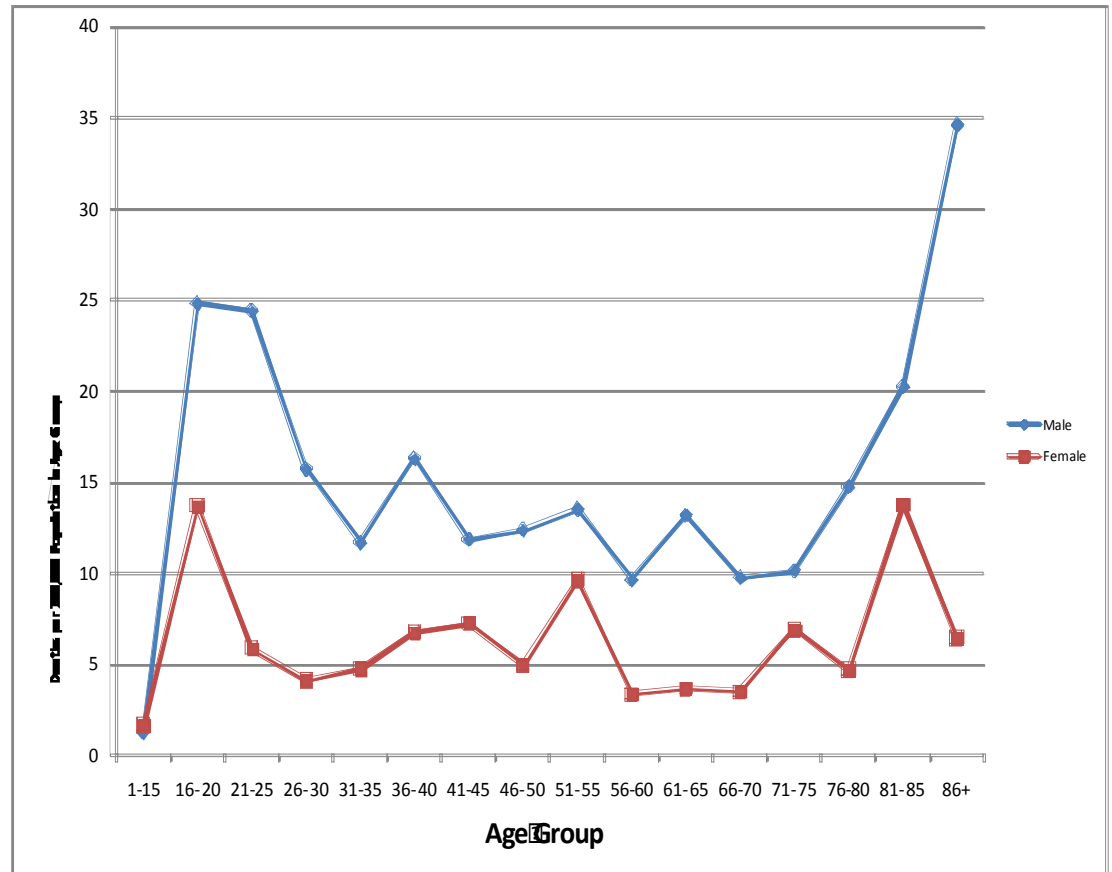


Motor Vehicle Accidents

- High proportion of deaths in the late teens and 20s
(= many years of life lost)

Factors in gender difference:

- High levels of risk-taking
(speeding and reckless driving)



Deaths from MVAs



Healthcare through the Male Lens

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Courtenay et al. IJMH, 2002

MHIBC

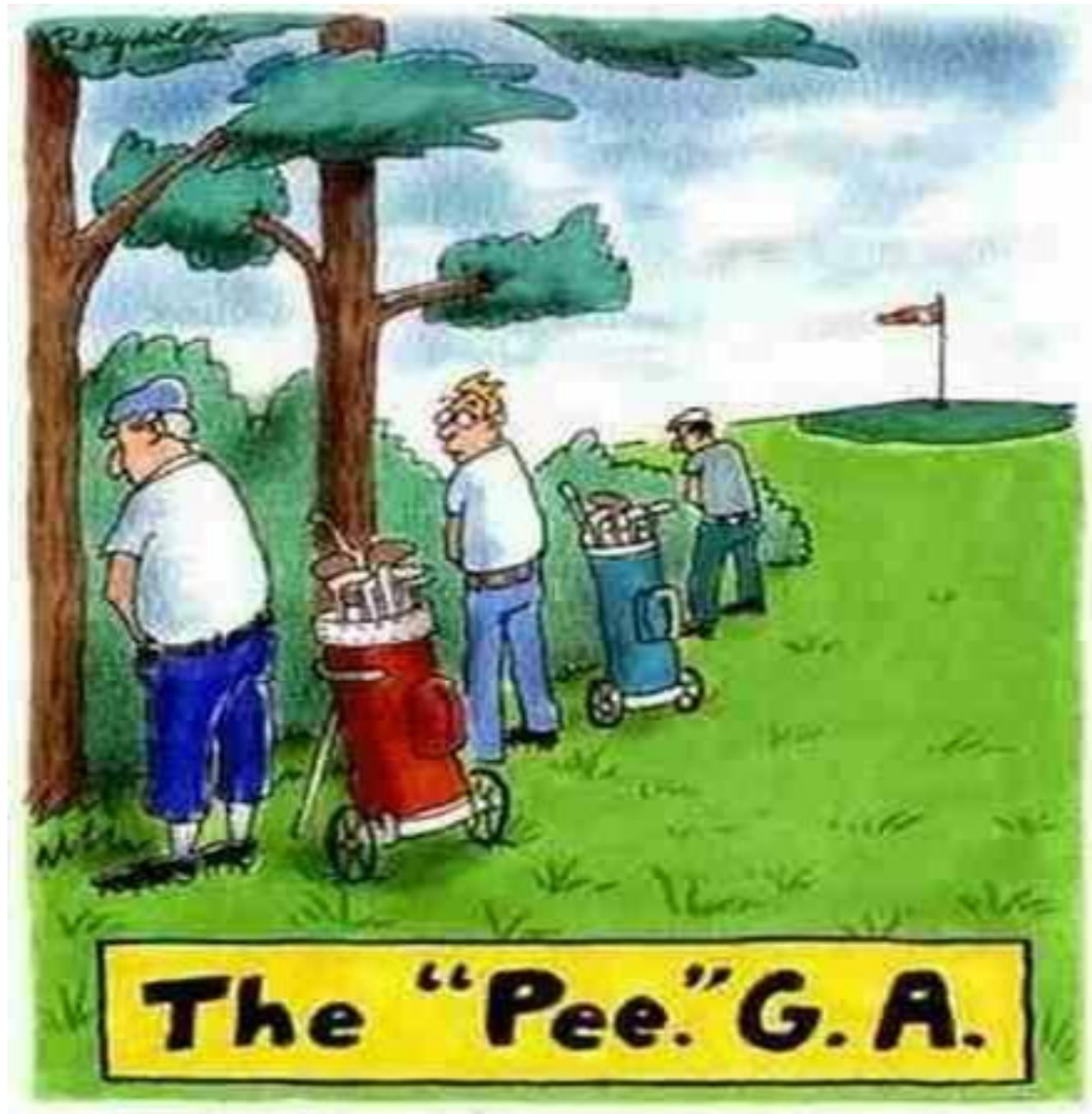
An “umbrella” initiative, a “brand name” and a “single point of contact” dedicated solely to the pursuit of excellence in male health

“Connect the Dots”



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Men's Health: "more than a prostate and penis"



The Dots:

Foci of excellence

Create a network in which experts in diverse fields and communities can communicate, share standards, discuss research opportunities, partner in grant applications and interrelate electronically

The “sum of the whole will far exceed the individual parts”

The Dots:

Education, prevention, early diagnosis and future health outcomes

By helping men understand their individual and unique vulnerabilities, they will have the option of modifying their behaviour to prevent future problems and they will see the connection between risk awareness, early diagnosis and better outcomes in managing their eventual illnesses

The Dots:

Multiple male health issues

Linkages between behaviour, lifestyle, diet, activity, environment, workplace, employment opportunities, availability of social services and the various illnesses that impact males predominantly, across all age groups.

Linkages between physical illnesses – for example cardiometabolic and erectile function, or testosterone deficiency and depression, bone health, cardiac status or overall mortality

The Dots:

Different regions: geographic and societal

The males of various socioeconomic status, races, ethnicities and geographies will have to be connected through a common policy

These dots are diverse and unique but the system needs to adapt to be able to communicate with each and every one in their own way, and address their unique needs

The Dots:

Male health care sectors

The variety of biopsychosocial issues which affect men have different features and requirements when addressed in the greater community, in the acute care institutions or in chronic care facilities.

Standards of care and best practices need to be disseminated (developed where absent) within the context of our healthcare system, to connect men's health issues as they move through these various health sectors.

The Dots:

Male health and wellbeing of other groups

The approach to community health is not an “either-or” question, but rather a ‘both-or neither’ issue.

Men’s health policies and ultimately improved health outcomes must be connected as a co-equal partner to women’s health, children’s health and minority health.

Failure to address the health needs of any of these groups impairs the ability to fully serve the others

Healthcare research through the Male Lens

‘To consider masculinity as dependent on innate biologic factors is to misunderstand the basis of genetics. But to consider masculinity as a purely social construct with no physiologic basis is scientifically dangerous.’

Treadwell. In: The Making of Masculinities: The New Men's Studies; Brod H., ed. (1992)

As researchers, educators and healthcare administrators plan the healthcare policies of the future, a male lens must be applied to help to bring the “dots” into focus

Disciplines working together To OPTIMIZE Male Health

- Women's health
- Medicine
- Nursing
- Pharmacy
- Social work
- Physical therapy
- Law, ethics
- Public Health
- Statistics/epidemiology
- Health economics
- Computer Science
- Digital media production
- Marketing /Advertising
- etc



