

# 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<sup>1</sup>. 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<sup>2</sup>. 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<sup>3</sup>. 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<sup>(a)</sup>**
- **By age 36, women outnumber men<sup>(a)</sup>**
- **By age 100, women outnumber men 8 to 1<sup>(a)</sup>**
- **Of the 9 million older persons living alone, 80% are women<sup>(b)</sup>**

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<sup>4</sup>. 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<sup>5</sup>.

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<sup>6</sup>.

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<sup>1</sup>:

<u>Cause of Death</u>	<u>Men</u>	<u>Women</u>
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<sup>7</sup>. Nationally, the health system is laden with inequities for men of color<sup>8</sup>. Constituting 30 percent of the men in the United States, men of color experience deep disparities and have the lowest life expectancies of all.

*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<sup>9</sup>.

**“A black male will die before just about anyone else, man or woman, of any race”<sup>ii</sup>.”**

*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)<sup>10</sup>.

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<sup>11</sup>.

<b>LIFE EXPECTANCY AT BIRTH, 1998</b>	
<b><u>CLASSIFICATION</u></b>	<b><u>LIFE EXPECTANCY</u></b>
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<sup>12</sup>.

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<sup>13</sup>. However, this presents enormous implications for health 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<sup>14</sup>. 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<sup>15</sup>. 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<sup>16</sup>. 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<sup>17</sup>. 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:

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.

### 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<sup>18</sup>. 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<sup>19</sup>.

Through collaboration, Alameda County Public Health will pursue male-specific research in its search for answers to the perplexing problems in the deteriorating condition of men's health in the San Francisco Bay Area region. Improved research and data systems will be developed to assist in understanding patterns of health care

utilization among men, particularly among subgroups. Kaiser Research Institute has been targeted as one research collaborator. Children's Hospital, University of California, Berkeley and the University of California, San Francisco are also potential research collaborators.

- **Public policy:** The Public Health Department plans to work with multiple levels of government to establish clear priorities for the health of men in light of apparent disparities. Policy agendas will include a broad perspective of health that incorporate the effects of social determinants. Community involvement and participation in formulating the agenda will be an essential component and outlined in the planning process.
- **Health Impact Assessment and Evaluation:** A formal assessment has not yet been conducted by the Public Health Department specifically focused on men. Therefore, launching of the Office of Urban Male health will involve the preliminary process of conducting a thorough needs assessment to identify regionally-specific issues. To further define research questions, data sources, and methods, a Needs Assessment Work Group will be established. The overarching research questions driving the Needs Assessment may likely include:
  - How many men, particularly reentry men, are at risk, and where are they located?
  - What are needs, barriers, risks and protective factors for prevention or intervention?
  - What are the best methods to reach and serve the most at-risk concentrations of under served men?

Further, the county is planning to work with external evaluators to develop an Evaluation Plan that is well tailored to fit a regional scope. The nationally recognized evaluation firm, Applied Survey Research is a target collaborator.

## 2. Public & Private Partnerships

Due to the immense scope of targeting patients by gender, individual health care professionals, health care institutions, and the government will need to collaborate to stop the needless wastage of male life. The Alameda County Public Health Department plans to spearhead this type of collaboration for the State of California.

Because many community organizations are attempting to serve the complex needs of males with inadequate resources, the Office of Urban Male Health will assist in building networks to pool resources. It will provide coalition-building support to organizations serving men as follows:

- **Regional Coordination:** The county will build upon its existing complex network of subcontracted health providers to coordinate agencies to reduce institutional barriers in delivering effective male health services. Through this network, the Office of Urban Male Health will encourage a movement to foster change at the community level through coalition building. This type of community involvement will allow for more efficient and tailored interventions. Regional coordination will focus primarily on Alameda County-based organizations and encourage linkages to other Bay Area counties that share mobile target populations.
- **CBO Capacity Building:** Any successful strategy will build upon existing structures and organizations to increase their ability to address the needs of the target population. Because many community organizations are attempting to serve the complex needs of males with inadequate resources, the Office of Urban Male Health plans to facilitate training and refer technical assistance resources to increase the capacity of service providers and the community (faith organizations and neighborhood boards).
- **Cross-County Collaboration:** Because of the thousands of ex-offenders that are released each year into California's communities, they present an unprecedented burden to public health resources. Alameda County is currently in the process of creating a cross-county collaboration with Los Angeles County to address shared statewide issues and increase participation from host counties of prisons. Additionally, because of the integrated nature of the 9-county San Francisco Bay Area, Alameda County plans to encourage cross-county relationships to consider shared target populations which are mobile across counties (such as commuters or homeless persons). For example, in bordering Contra Costa County, 40% of workers commute to outside counties and an estimated 55% of commuters receive health services outside of their resident county<sup>20</sup>.

- **Public Awareness:** Alameda County will work with partner organizations and professionals to increase public and institutional awareness regarding men’s developmental sex- and gender-specific health factors and correlated issues. This will involve public education and improving public understanding of the issues in order to create a public will for policy change. This will be conducted primarily through a media advocacy campaign to raise awareness; and include targeted dissemination of information.

### 3. The Continuum of Care

The Office of Urban Male Health will eventually transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that improve community health. The goal is to deliver the same “standard of care” to everyone in need on a consistent basis (evidence-based) and eliminate the differences in treatment. This will be accomplished in part through the potential implementation components listed below and result in these outcomes of practice:

- A transformation of public health department practice.
- Development of a collaborative regional model.
- Creation of a regional media advocacy campaign.
- Changes in institutional practices and public policies.
- Increased public and official support for public health.

#### INCREASED ACCESS

Men with health problems are less likely than women to have had recent contact with a doctor, regardless of income or ethnicity. This reluctance to seek treatment means that men often do not obtain medical attention until a disease has progressed. Malignant melanoma provides a good illustration of this typical delay: deaths from the disease are 50% higher in men than in women, despite a 50% lower incidence of the disease in men. More effective treatments for male-specific diseases (as well as other diseases that particularly affect men) are vital, but the impact of treatment will remain limited so long as the majority of men remain outside of the healthcare system<sup>21</sup>.

- **Passport Model:** This model is an innovative design of the Alameda County Public Health Department which involves expanding public coverage for men. This program would be launched as a first priority to increase access for target males. By providing men with a “passport” to a comprehensive health facility, they can visit the facility for a certain amount of times using their “passport” for access. This model includes the provision of multiple incentives to encourage involvement from under served men.
- **One Stop Model:** Offering complete health care at one time is critical for many people. The “one stop shop” philosophy would be incorporated in the establishment of male clinics that provide male-focused clinical services. The county can work with various subcontracted health providers to assess their feasibility to provide this resource.
- **Education:** A major source of the health disparities between men and women is education about health care. Early intervention, community outreach and case management are important approaches to solving the men’s health care crisis, but they can only bear fruit when a concerted effort is made to end disparities in the levels of health education. Boys and men who are educated in the value of preventive health care will be more likely to take an active and leading role in society, support health activities and participate in health screening. The Office of Urban Male Health initiative includes the launching of an education campaign within and beyond the public health department to reduce multiple information barriers. A major education campaign would include, but not be limited to, brochure development and distribution that is culturally sensitive & language specific, use of community outreach networks and health fairs, and media partnerships.

Additionally, the education campaign would include increasing awareness and education for providers. This would involve:

- Supporting health care institutions in identifying barriers to utilization by men
  - Including men's educational training in curricula for providers
  - Incorporating the meaning of manhood and gender roles into health education materials and curricula
  - Teaching health care providers to recognize high risk behaviors in men.
- **Outreach:** Ultimately, men must be encouraged to take a proactive role in their own health care. The Office of Urban Male Health would coordinate agencies to conduct outreach to males through an area-strategic process. Target approaches include Peer-to-Peer, health events, development of male-specific outreach materials, and the establishment of workplace health programs to name a few. Community Health Advisors can also target specific neighborhoods and work at San Quentin State Prison (80% of inmates are released in Alameda County) prior to re-entry.

## GENDER-SPECIFIC APPROACH

- **Male-Friendly Health Services:** Some researchers perceive the health profession as bearing a substantial responsibility for men's delay in seeking treatment. Training in medical school has been imbued with a "macho" male culture that makes it harder for physicians to empathize with their male patients. Primary care clinics may also be male-unfriendly places. The reception staff is usually female and most have little men's health information on display. There is a need to change the way health services present themselves to men; this could enable men to make more use of nurse-led services, pharmacists, occupational health services, and online sources of health advice<sup>22</sup>. For example, a successful initiative in Australia resulted in the increased use of health services by men after the introduction of health centers with separate entrances for men and women<sup>23</sup>. The Office of Urban Male Health will work with providers to identify tactics to create male-sensitive environments.
- **Male-Specific Curriculum:** Men need to increase their knowledge of the basic behaviors and activities that can reduce their burden from diseases attributed to crosscutting risk factors. The Office of Urban Male Health will spearhead the development of male-specific wellness curriculum that encourages healthier lifestyle decisions for males and their families. This will assist in promoting awareness of and early detection of diseases that adversely affect men.

## CASE MANAGEMENT

- **Models of Case Management for Males:** In the United States, it is estimated that one half of male deaths each year could be prevented through changes in personal health practices<sup>24</sup>. A component of the Office of Urban Male Health is to advocate for case management models for males. These would be tailored to men by employing male case managers from clients' neighborhoods and who have similar backgrounds. Additionally, the Office will advance training resources to support providers to serve men with complex health problems.
- **Workforce/Health Access model:** Many reports have highlighted the disadvantage in employment faced by many under served men. The county has already worked with community-based organizations in the development of a workforce/health access model that assists men to develop career skills and continue their education so that they become productive and responsible citizens while also receiving health case management.

## BEHAVIORAL INTERVENTION & SOCIAL DETERMINANTS

Many under served men tend to suffer more from the basic social and economic conditions linked to poor health, including poverty, income inequality, low educational attainment, unemployment and housing discrimination<sup>25</sup>. Yet, current approaches to men's health have concentrated mainly on both physical and social pathologies and the pathogenic (environments which foster pathologies). Broader causal factors of ill-health are often overlooked. A lack of understanding of these social, political, psychological and cultural factors (often referred to as the "social determinants of health") leads not only to an increase in male health problems; it also makes effective health promotion and treatment of existing health problems difficult. The Office of Urban Male Health will introduce a new perspective on men's health and move towards a population-health approach that responds to the needs of specific sub-populations of men.

The Institute of Medicine published a report recommending programs for future behavioral interventions focusing on population-level prevention strategy. These strategies have been developed by the county to focus on the population in general versus a specified group. Non-population-level strategies have aimed research at creating knowledge about health and disease focusing on the individual rather than the social or environmental risk factors. The county's "Framework for Change" plan to reduce health disparities incorporates Institute of Medicine's recommendations for prevention interventions and will be coordinated with the goals of the Office of Urban Male Health.

Lastly, other components of implementation currently under consideration include:

- Supporting men in their ability to pay child support through health resources
- Providing domestic violence interventions for men
- Promoting men's emotional wellness through promotion of positive fatherhood programs
- Paternal inclusion in mandated maternal programs at state and local levels

#### 4. SUSTAINABILITY

Fiscally, the Alameda County Public Health Department manages a budget of over \$95 million, with 600 employees and 200 service contracts with non-profit and public agencies. The department's budget includes over \$12 million in Federal funding and \$28 million in State funding. In addition, \$2.5 million annually is received from private foundations.

Due to the vast unmet need for public health resources in the county, the department requires new sources of funding to launch the Office of Urban Male Health initiative. Once initial costs are met during the 3- year pilot period, the ongoing cost of conducting the program will be minimal and realistically sustained. The county will build upon its existing complex network to coordinate agencies and increase efficiency in delivery of care.

**Strategic Fund Development** – Currently, the county is working with a development consulting firm to map out a Development Plan that will take into account its growing population and its strong economic base (technology, imports, and professional services, including one of the largest financial districts outside of San Francisco). Highlights include:

- *Local Foundation Support* - Leveraging the interest of current investors in Alameda County;
- *Donor Development* - Utilizing business networks to access the extensive private sector donor base and potential in-kind business support;
- *Collaborative Funding Applications* - Coordinating efforts among partners to collaborate in proposals;
- *Partner Funding* - Leveraging partner fundraising abilities and supporting their capacity to serve the target populations;
- *Regional Development Resources* – Centrally coordinating development efforts and funding research resources for community-based organizations, encouraging increased development activity regionally; and
- *Faith Based Development* – Encouraging a coalition of faith-based organizations in collaborative fund development to support their efforts with re-entry populations.

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## NATIONAL LEADERSHIP

Implementation of the Alameda County Office of Urban Male Health demonstration initiative has the potential to inform policy and link single issues to broader debates for national significance. While the State of California is overwhelmed with fiscal crisis, Alameda County Public Health seeks to fill the vacuum in male health leadership. Developed by a diverse team of men and health practitioners, the male health initiative is design to transcend the Office of Women's Health model by focusing on major institutional practices and paradigms that integrate health delivery efficiently for women, children, and men. Acknowledging how the health of each sex is influenced by socio-cultural dynamics between the sexes, the county maintains long-range plans to develop a "Maternal/Paternal-Child" health approach to care delivery that enhances the family structure.

- By developing cross-county communication and collaboration in the San Francisco Bay region, the Office of Urban Male Health spearheads regional strategies for a massive, mobile population that lives and accesses health care across county lines.
- By collaborating with Los Angeles County and encouraging participation with host counties of state prisons, the Office of Urban Male Health takes a major step in guiding statewide efforts and attempts to confront an imminent public health burden (650,000 inmates will return from prison to communities across America annually) by assessing its impact on community.
- By focusing on urban males, the county narrow the national focus to factors related to modern urban environments (such as industrialization, toxic waste, crime, housing and transportation).

Nationally, only six states have a formal mechanism to address the issue of men's health. This mechanism is either a program on men's health or, in some states, a staff person dedicated to addressing men's health. At the county level, only one other county (eastern) in the United States is known for developing a comprehensive multi-level approach for men. Alameda County plans to break new ground for the west.

## MAKING VISION A REALITY

Establishment of Alameda County Office of Urban Male Health will help the Public Health Department in the management of continual change by providing the systematic structure, neither static nor reactionary, required for such a large region and network of agencies towards change. With support from the private funding community, the objectives of the initiative will enable the county to coordinate interventions across multiple levels.

Goals will be launched from a dynamic, perpetual quality assurance standard that will catapult collaborators toward their mission to create an inclusive health care system. Additionally, the Office of Urban Male Health is expected to become a useful support mechanism for community agencies and other organizations to guide and inspire their efforts.

- *Vision:* All males, regardless of their age, social economic status, ethnicity, and physical and mental ability are entitled to the same "standard of care." Therefore, the vision of Alameda County Public Health is to strategically plan for a community where males are healthy, active, productive, and supportive members of their families and community. To realize this, the county seeks to change social norms, build community capacity, and create an environment where caring, compassion, and the health of men and boys can flourish. Through the Office of Urban Male Health, this environment will become an attainable reality for all partners involved.



## ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT *BACKGROUND*

The Alameda County Public Health Department (ACPHD) has led community initiatives that have laid the conceptual and programmatic foundations for the national agenda in support of healthy children, adults, and communities in many areas—addressing homelessness, infant mortality, environmental health, emergency medical response, and community revitalization. Almost a decade ago, ACPHD began to promote a new vision of “community-driven public health” that recognized the County’s community assets—its community organizations, neighborhood groups, spiritual institutions, businesses, schools, individuals and families—as the very cornerstones on which public health is built. In viewing the people who live in Alameda County as the most important resource for developing healthy communities, the Department sought to address within its delivery system the social, economic, and environmental factors that impact public health.

During the past two years, the ACPHD has begun to prepare a series of detailed city- and neighborhood-focused Community Health Profiles and “Briefing Books” that analyze a range of small-area health indicators, demographic, and other data. Most recently, the Department published a Countywide Health Status Report containing comparisons to Healthy People 2000 and 2010 Objectives plus an in-depth review of the health of the community. Proceeding from these assessments, ACPHD has begun a MAPP (Mobilizing for Action through Planning and Partnership) strategic planning process.

### KEY STAFF & LEADERSHIP



**Arnold Perkins, Ph.D., Public Health Department Director** has served as Director since 1994. He was formerly the Director of the Alameda County Alcohol & Drug Department, Program Officer of the San Francisco Foundation, Coordinator of the Alameda County Homeless Program, and Faculty/Administrator at both California State University Hayward and Antioch University West. Mr. Perkins has many leadership roles at the Center for Disease Control and has been acknowledged for outstanding contributions by multiple local institutions.

**Anthony Iton, M.D., JD, MPH, Health Officer** was previously the Director of Health & Social Services for the City of Stamford, Connecticut where he developed the local protocol for prophylaxing postal employees after exposure to anthrax spores. He has also worked as an HIV disability rights attorney, a health care policy analyst, and as a physician and advocate for the homeless at the San Francisco Public Health Department. Dr. Iton received his medical degree from Johns Hopkins and his law degree and master’s degree in Public Health from the University of California, Berkeley.



**IMPLEMENTATION TEAM:** Michael Shaw, title, Phil Palmer, title, and Arnold Chavez, title are responsible for the program development and coordination of the Office of Urban Male Health.

**RESOURCES:** Alameda County Public Health has a unique set of resources that enable it to create a successful original program including:

- A budget of over \$95 million, with 600 employees and 200 service contracts with non-profit and public agencies
- Trained personnel to design, produce, and implement creative health outreach programs
- Working relationships and a proven track record in health services
- Established workplace programs that can be expanded or enhanced to promote specific health goals
- Federal and state relationships that provide vehicles for the promotion of specific health messages
- A large body of medical advisors
- A regional network of health educators and screening personnel that can provide services in any part of the county
- A promotional design and printing team that produces creative, quality printed materials

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