

FOR THE RECORD

U.S. Senate Committee on
Health, Education, Labor and Pensions

The State of Chronic Disease Prevention

October 12, 2011

Statement of

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Men's Health Network Addresses the Forgotten Partners in the Fight Against Chronic Disease

Chairman Harkin, Ranking Member Enzi and Members of the Committee, we welcome this opportunity to express our support for a broad-based effort that addresses chronic disease and promotes prevention, but also express our concerns for the forgotten partners in the fight against chronic disease, and in the quest for prevention...men and boys.

Males More Likely to Die from Chronic Disease

The facts are shocking. Males are born frailer, live sicker and die younger than their female counterparts. At conception, males outnumber females 115 to 100, yet at birth that ratio is 105 males to 100 females. At age 34, there are more women than men, and at the early retirement years of 65-69, there are 85 men for every 100 women, leaving many women to retire alone and in poverty.

Chronic disease plays a major part in this decreasing ratio.

Men are more likely to live with and die from diseases of the heart and cardiovascular system, cancer, and diabetes, yet little is done to reach out to them and engage them in preventive care. As you can see from the accompanying charts this is true across all racial and ethnic populations.

The failure to address men's basic health needs such as education and prevention is systemic across all federal, state, and local government health entities. A study on State Public Health Departments done by Williams and Giorgianni¹, and published in the American Journal of Men's Health (SAGE) found shocking disparities in health programs across 49 states. The purpose of this study was to examine state initiated, funded and promoted public health programs for men and boys in order to provide policy makers and other stakeholders with an evidence based blueprint to help identify strategies to reduce health disparities. This study found that there were significantly fewer resources dedicated to males when compared to females. In addition, very few states had health information that was specific for men and boys. This is shocking as men have a lower life expectancy than women and have higher death rates in 9 out of the top 10 causes of death. The authors concluded that there was a need for better planning, resourcing, and outreach geared towards men and boys.

The cost of health disparities in men to the US society, as well as local and states governments is also astounding. A study by Brott et al², accepted for publication in the December 2011 issue of the American Journal of Men's Health found that the burden to

¹ Williams and Giorgianni, S. (2010). Survey of State Public Health Department Resources fro Men and Boys: Identification of an Inadvertent and Remediatable Service and Health Disparity. American Journal of Men's Health. *December 2010 vol. 4 no. 4 344-352*

² Brott, A; Dougherty, A; Williams, S.T; Matope, J.H; Fadich, A; and Taddelle, M. (2011). American Journal of Men's Health. To be issued: *December 2011*

society of the failure to address men's health exceeds \$142 billion per year, a substantial portion of which can be attributed to chronic disease. This figure does not include the cost of lost productivity nor does it include direct medical payments.

There are cost- and life-saving actions that Congress can take:

- The ACA provided for the establishment of an Office of Indian Men's Health, yet two years later that office is yet to be established. This office is critical as American Indian/Alaska Native men are at particular risk, with little hope for help on the horizon. The sad state of Indian Men's Health is reflected in a life expectancy for males of 56 years in two counties in South Dakota.
- The ACA also provided that HRSA develop an expanded prevention program for women, resulting in the implementation of an annual Well-woman visit and other services. However, no corresponding prevention services were developed for men.

Men's Health Network, Women Against Prostate Cancer, and the Veterans Health Council have met with Administration officials and requested that they implement prevention services for men that mirror those recently enacted for women, including an annual Well-man visit which is critical for the early detection of chronic disease in men and boys. A copy of that request is found at the end of this statement.

- With the expected flood of new enrollees in Medicaid, many of whom are projected to be suffering from at least one chronic disease, or showing indication of developing a chronic disease, we suggest that a Welcome to Medicaid Physical, modeled after the comprehensive Welcome to Medicare Physical, be implemented to catch medical conditions while they can be more easily treated, and before the individual's condition deteriorates.
- Establish an Office of Men's Health at HHS to coordinate the limited activities that government is presently undertaking, while encouraging the private sector and state and local health departments to develop health outreach programs geared towards men and boys.

Men's Preventive Services: Proposed Guidelines

Men's Health Network Veterans Health Council

September 2011

The additional preventive services for women, initiated by the passage of the Affordable Care Act, and developed by the Health Resources and Services Administration (HRSA) with the assistance of the Institute of Medicine, are a great step forward for the health and wellbeing of women and girls.

We submit that there needs to be a preventive services package for men, and that those proposed services have the ability to enhance or compliment the services for women, and that some of the proposed services have a direct positive impact on women's health and wellbeing.

Preventive services for men should include:

Chlamydia – Chlamydia screening for all sexually active male adolescents and men.

- (Existing recommendation for women: Screening in non-pregnant women ages 24 under or older women at an increased risk. USPSTF (US Preventive Services Task Force) grades this recommendation with an A)³

Why screen men?:

- Effect on women: The CDC reports that "Women are frequently re-infected if their partner is not treated"⁴
- Chlamydia can be a silent disease, meaning it may or may not present with symptoms.²

Effectiveness of the test:

- Existing tests are just as effective for detecting chlamydia in men as it is in diagnosing chlamydia in women.
- New screening test for men: British Medical Journal (BMJ) evaluated a new rapid urine screening test for the Chlamydia bacteria in men.⁵
 - This test is non invasive, highly sensitive, specific, rapid and inexpensive³

³ USPSTF A and B Recommendations. August 2010. U.S. Preventive Services Task Force. <http://www.uspreventiveservicestaskforce.org.uspstf/uspsabrecs.htm>

⁴ "Chlamydia CDC Fact Sheet" *Sexually Transmitted Diseases* 17 Aug 2011. n. pag. *Center For Disease Control and Prevention*. Web. 6 Sep 2011.

⁵ Elpidio-Cesar , Nadala, Beng Goh, et. al. "Performance evaluation of a new rapid urine test for chlamydia in men: prospective cohort study." *British Medical Journal*. (2009): n. page. Web. 6 Sep. 2011. <<http://www.bmj.com/content/339/bmj.b2655.abstract>>.

- Great possible tool to help identify the bacteria in men to curb the spread of the bacteria

Gonorrhea – Gonorrhea screening for all sexually active male adolescents and men.

- (Existing recommendation for women: Screening in all sexually active women, including those that are pregnant, for gonorrhea infection if they are at increased risk for infection. USPSTF (US Preventive Services Task Force) grades this recommendation with a B)¹

Why screen men?:

- Effect on women: Gonorrhea passes from partner to partner, meaning that a women who has been treated for gonorrhea is highly likely to be re-infected by her partner who has not.
- Long term consequences of not treating men include: Untreated gonorrhea can cause epididymitis, a painful condition of the testicles that can result in infertility. In addition, studies suggest that presence of gonorrhea infection makes an individual three to five times more likely to acquire HIV.⁶

Effectiveness of the test:

- Men may know within a few days if they are infected – but this infection can have a latent period of months or possibly not show symptoms at all, during which time he is likely to infect his partner.⁴
- Testing for gonorrhea is proven effective and could potentially curb the spread of the infection⁷
 - Possible tests to use: Gram Stain, NAAT

Prostate Cancer – Screen men who are known to be at very high risk, including those exposed to Agent Orange, African-Americans, and men who have a family history of prostate cancer.

Why screen these men? Lifetime risk for the general population is 1 in 6 or 16 percent⁸, but, the risk increases when the patient is African American, has a family history of prostate cancer, or has been exposed to Agent Orange.

⁶ Trends in Reportable Sexually Transmitted Diseases in the United States, 2004, National Surveillance Data for Chlamydia, Gonorrhea, and Syphilis. Centers for Disease Control and Prevention.

<http://www.cdc.gov/std/stats04/trends2004.htm> 6 Sept., 2011

⁷ "Gonorrhea CDC Fact Sheet." *Sexually Transmitted Diseases* 04 apr 2011. n. pag. *Center For Disease Control and Prevention*. Web. 6 Sep 2011.

⁸ "SEER Stat Fact Sheets: Prostate." *NCI Surveillance Epidemiology and End Results* n. pag. *National Cancer Institute*. Web. 6 Sep 2011.

- Effect on women: When a loved one is diagnosed with prostate cancer the entire family feels the impact of the disease. Tens of thousands of wives, mothers, sisters, and daughter are devastated by the emotional, physical, spiritual, and economic impacts of prostate cancer each year.
- Agent Orange: According to the US Department of Veteran Affairs Agent Orange exposure is linked to the occurrence of prostate cancer in Vietnam Veterans.⁹
- African-Americans: Higher incidence and mortality rates in African-Americans⁶
 - Incidence Rate 156 /100,000 All Men vs. 233.8 /100,000 Black Men
 - Death Rate 24.7 /100,000 All Men vs. 54.2 /100,000 Black Men
- Family History: Risk of developing prostate cancer more than doubles with family history of father, uncle, or brother having prostate cancer ¹⁰
- The earlier a potential problem is caught the better the prognosis. Therefore the suggested routine screening for men at high risk can catch potential prostate cancer earlier which can induce earlier treatment (if treatment is found necessary) and potentially increase life span and the quality of life for the patient.
- According to the National Cancer Institute (NCI) if prostate cancer is caught in localized (confirmed primary site) or regional (spread to regional lymph nodes) the 5 yrs survival rate is 100%⁶

Effectiveness of the tests:

- Two screening procedures PSA (prostate specific antigen) and DRE (digital rectal exam) provide guidance to diagnosis.

Well-man Visits – For all adult males.

- (Existing recommendation for women: HRSA. Well-woman visits. Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. This well-woman visit should, where appropriate, include other preventive services listed in this set of guidelines, as well as others referenced in section 2713. Annual, although HHS recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.)¹¹

⁹ "Agent Orange: Prostate Cancer." *Public Health* 08 Jul 2011. n. pag. *US Department of Veteran Affairs* . Web. 6 Sep 2011.

¹⁰ "What are the Risk Factors for Prostate Cancer?" *Prostate Cancer* 17Jun 2011. n. pag. *American Cancer Society*. Web. 6 Sep 2011.

¹¹ *Women's Preventive Services: Required Health Plan Coverage Guidelines*. August 2011. <http://www.hrsa.gov/womensguidelines>

- Well-man preventive care annual visit for adult men to obtain the recommended preventive services that are age and developmentally appropriate. This well-man visit should, where appropriate, include other preventive services

Why a Well-man visit?

- Effect on women: Women now bear the burden on being the health information specialist and caregiver for the family. This is particularly burdensome where the man knows little or nothing about his own health, typical among the population. In order for her to be successful in addressing the health condition of her family, the male members must learn something about their own health needs. They are unlikely to do so unless the messages are from a health professional during a medical visit.
- Men are notoriously lax in addressing their health needs, and generally do not know what those needs are. Well-man consultations will inform men of their health needs and encourage men to become proactive instead of reactive with their health.

HPV vaccine – For all males aged 9 through 26 years.

- (Existing recommendation for females: CDC recommends that all girls who are 11 or 12 years old get the 3 doses (shots) of either brand of HPV vaccine to protect against cervical cancer.)¹²

Why vaccinate boys and men?

- Effect on girls and women: Genital HPV is a common virus that is passed from one person to another through direct skin-to-skin contact during sexual activity.¹³

HPV is passed on through genital contact—most often during vaginal and anal sex. HPV may also be passed on during oral sex. Since HPV usually causes no symptoms, most men and women can get HPV—and pass it on—without realizing it. Rarely, a pregnant woman with genital HPV can pass HPV to her baby during delivery. Very rarely, the child can develop juvenile-onset recurrent respiratory papillomatosis (JORRP).¹⁴

The various forms of this virus can cause cancer and warts in both sexes.

¹² Vaccines and Preventable Diseases: HPV Vaccine - Questions & Answers. *Center For Disease Control and Prevention*. <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm> 6 Sept., 2011

¹³ Sexually Transmitted Diseases (STDs), HPV Vaccine Information For Young Women - Fact Sheet. *Center For Disease Control and Prevention*. <http://www.cdc.gov/std/hpv/stdfact-hpv-vaccine-young-women.htm> Web. 6 Sept., 2011

¹⁴ Sexually Transmitted Diseases (STDs). *Genital HPV Infection - Fact Sheet*. *Center For Disease Control and Prevention*. <http://www.cdc.gov/std/HPV/STDFact-HPV.htm> Web. 6 Sept., 2011

- There are more than 40 types of HPV that are passed on through sexual contact. These types can infect the genital areas of men, including the skin on and around the penis or anus. They can also infect the mouth and throat.¹²
- What are the health problems caused by HPV in men? Most men who get HPV (of any type) never develop any symptoms or health problems. But some types of HPV can cause genital warts. Other types can cause penile, anal, or oropharyngeal cancers (cancers of the back of throat including base of tongue and tonsils). The types of HPV that can cause genital warts are not the same as the types that can cause cancer.¹²
- Are there ways to lower my chances of getting HPV? A safe and effective HPV vaccine (Gardasil) is available to protect males against the HPV types that cause most (90%) genital warts and most anal cancers. The vaccine is available for boys and men, ages 9 through 26 years.¹⁵

Effectiveness of the vaccine: The vaccine is as effective in boys and men as it is in girls and women.

Why doesn't CDC recommend HPV vaccinations for boys and men?

- Quote from the CDC web site: CDC did not add this vaccine to the recommended immunization schedules for males in these age groups because studies suggest that the best way to prevent the most disease due to HPV is to vaccinate as many girls and women as possible.¹⁶

Why is this flawed policy?

- Assuming that all girls and women will be vaccinated before their first sexual experience with a partner is simply unrealistic. Vaccinating boys/men *and* girls/women is the only way to insure that the transmission through sexual contact comes to an end.
- This policy ignores the substantial benefit to boys/men. Those benefits include protection against penile, anal, and oropharyngeal cancers (cancers of the back of throat).⁹

¹⁵ HPV and Men CDC Fact Sheet." *Sexually Transmitted Diseases* 25 Aug 2011. n. pag. *Center For Disease Control and Prevention* . Web. 6 Sep 2011.

¹⁶ Vaccines and Preventable Diseases: HPV Vaccine - Questions & Answers <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm> *Center For Disease Control and Prevention*. Web. 6 Sep 2011.

Age Adjusted Death Rates by Sex and Race: 2007

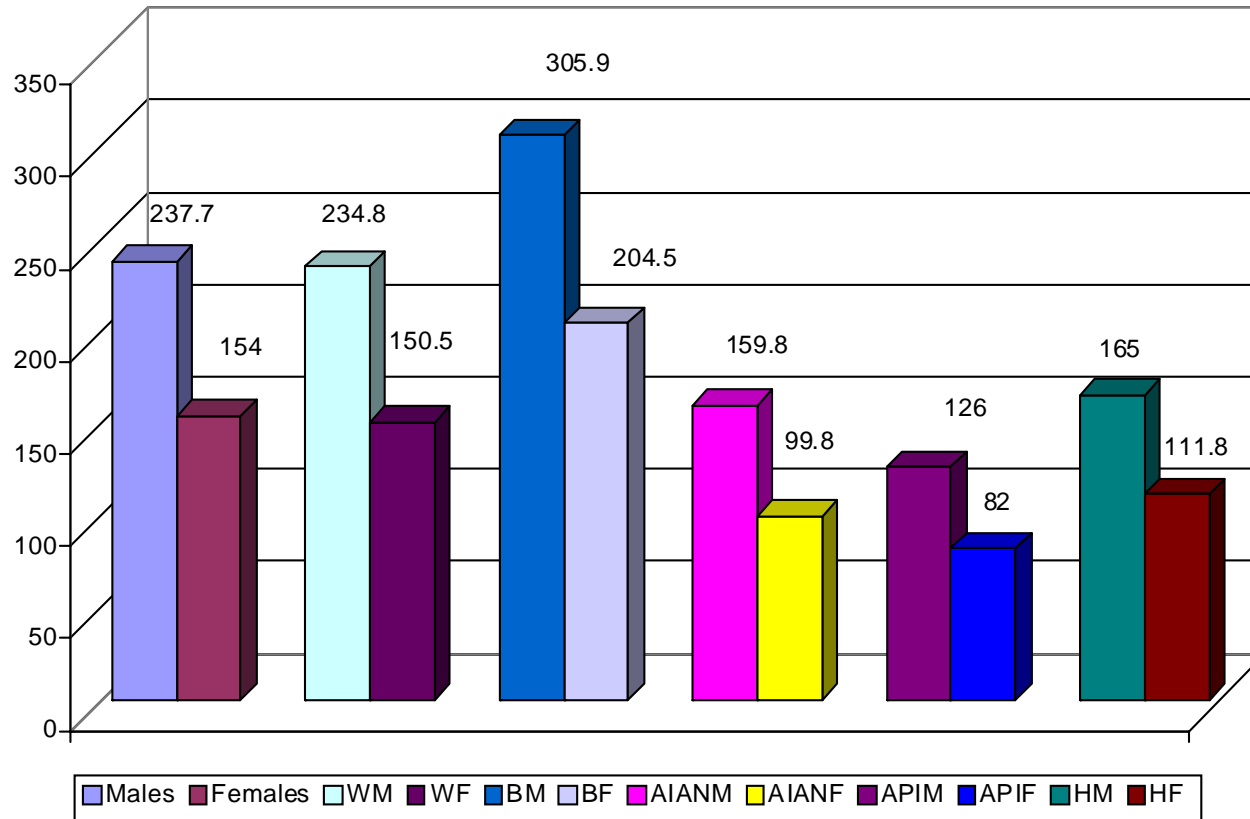
National Vital Statistics Reports

Volume 58, Number 19 May 20, 2010

Deaths: Final Data for 2007

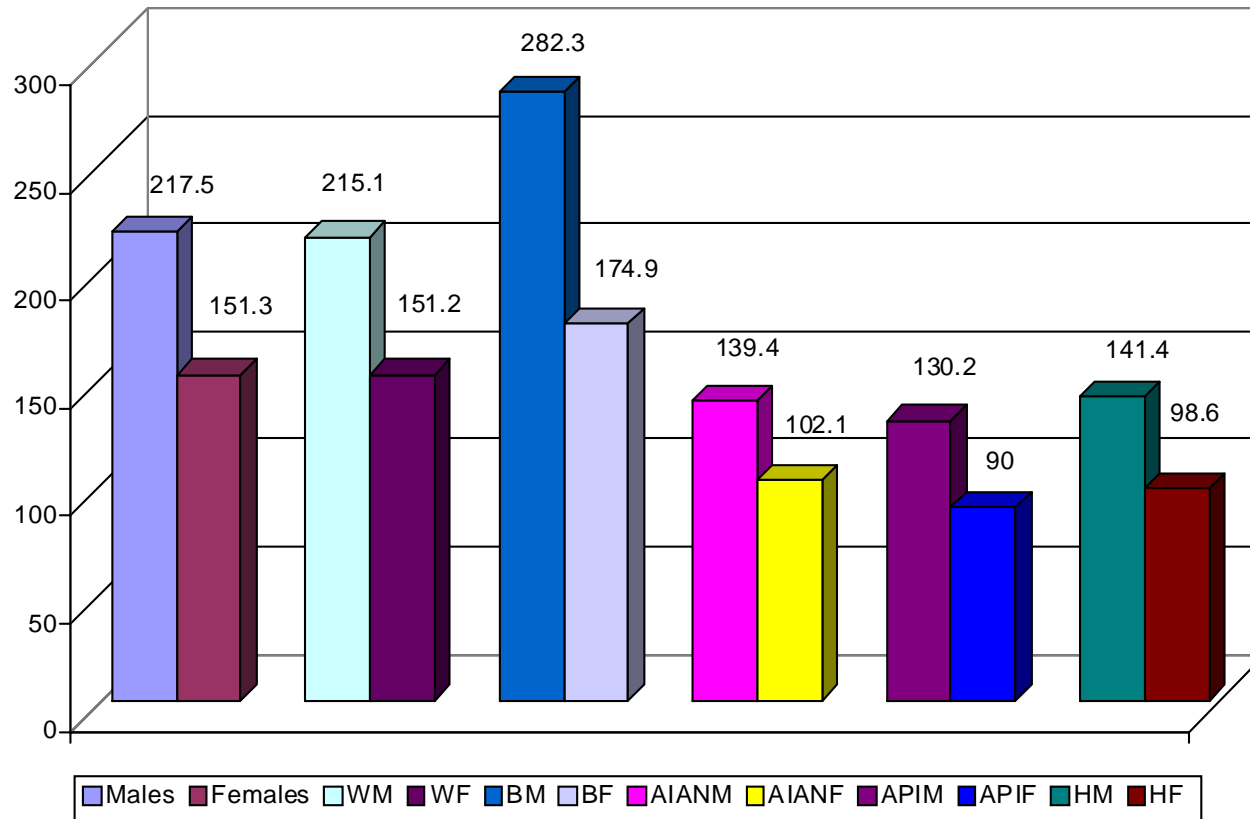
by Jiaquan Xu, M.D.; Kenneth D. Kochanek, M.A.; Sherry L. Murphy, B.S.; and Betzaida Tejada-Vera, B.S.; Division of Vital Statistics

Heart Disease:
 Age Adjusted Death Rates by Race and Sex: 2007
 Source: CDC, National Vital Statistics Report, Vol 58, No. 19, May 2010



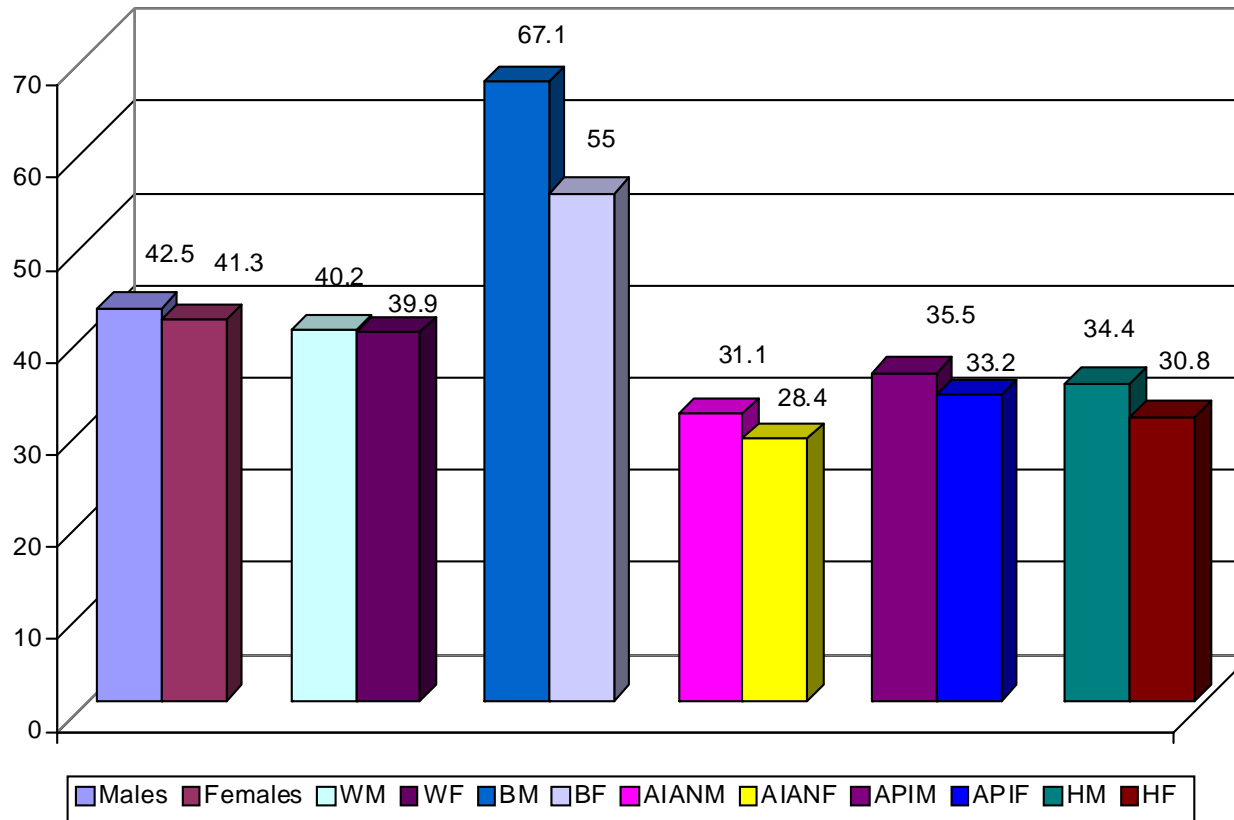
WM – White Male	BM-NH – Non-Hispanic Black Male	AIANM – American Indian/Alaska Native Male	APIM – Asian Pacific Islander Male	HM – Hispanic Male
WF – White Female	BF-NH – Non-Hispanic Black Female	AIANF – American Indian/Alaska Native Female	APIM – Asian Pacific Islander Female	HF – Hispanic Female

Cancer:
 Age Adjusted Death Rates by Race and Sex: 2007
 Source: CDC, National Vital Statistics Report, Vol 58, No. 19, May 2010



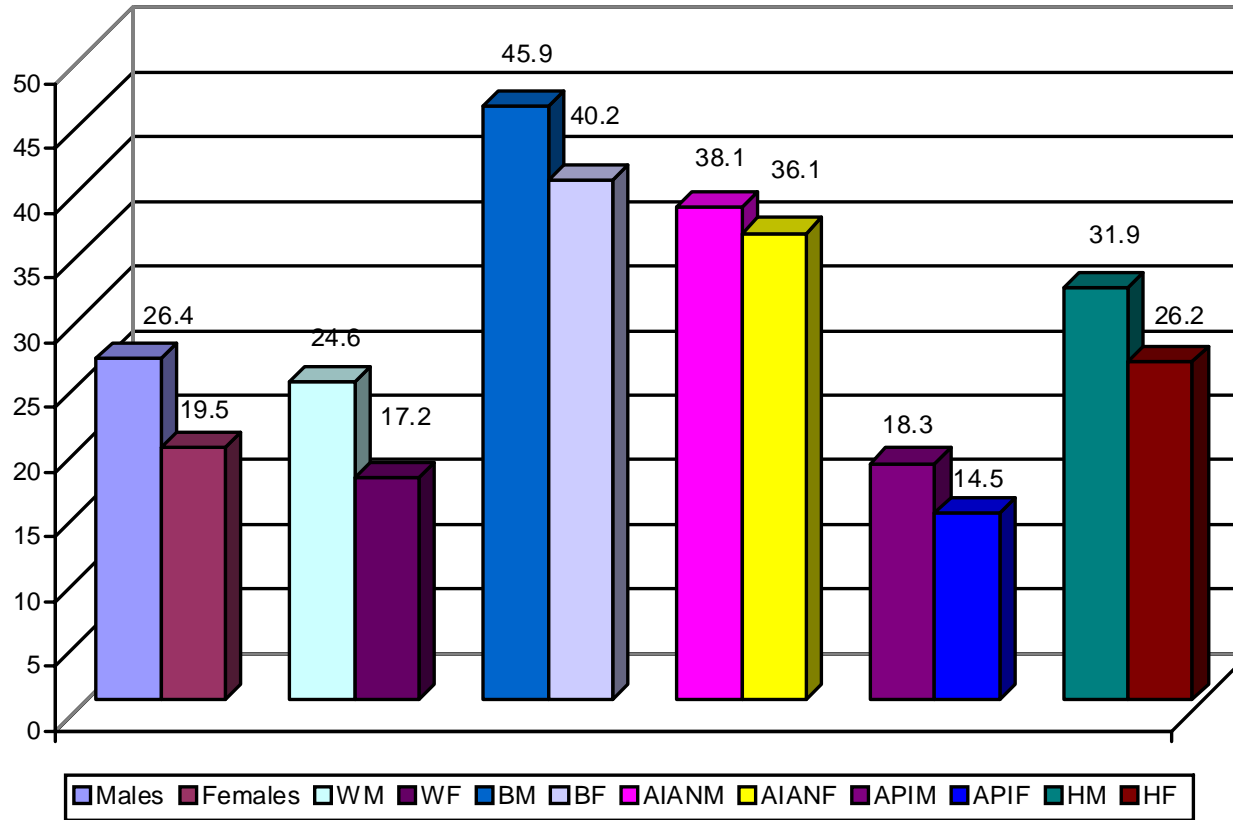
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Cerebrovascular Disease:
 Age Adjusted Death Rates by Race and Sex: 2007
 Source: CDC, National Vital Statistics Report, Vol 58, No. 19, May 2010



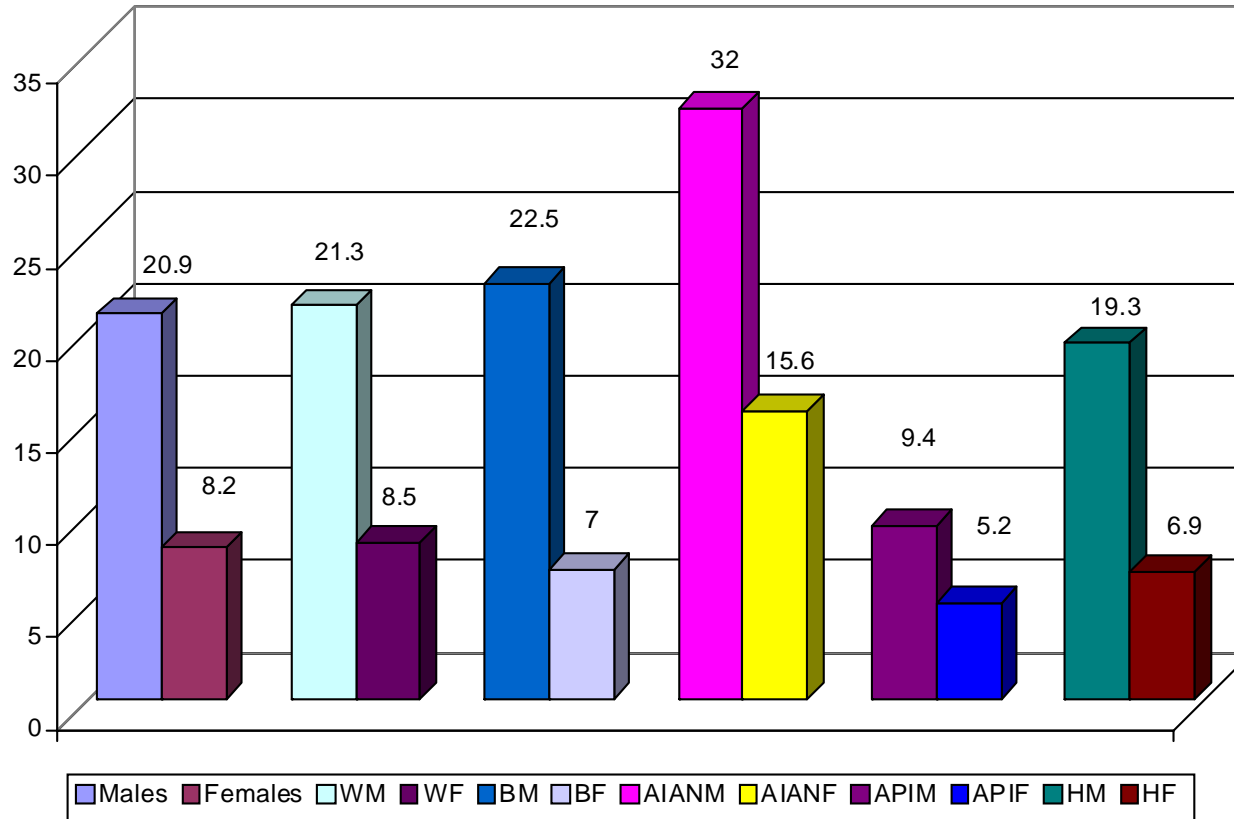
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Diabetes:
 Age Adjusted Death Rates by Race and Sex: 2007
 Source: CDC, National Vital Statistics Report, Vol 58, No. 19, May 2010



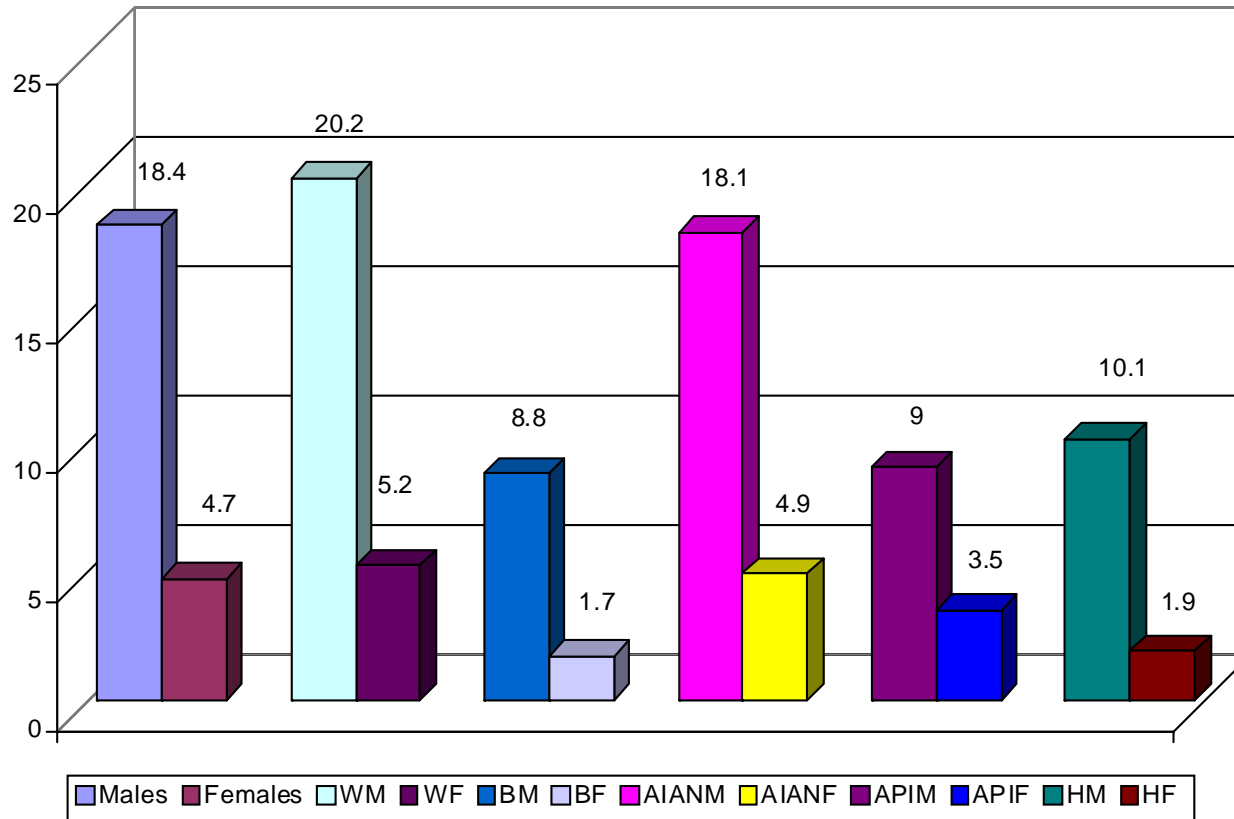
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Motor Vehicle Accidents:
 Age Adjusted Death Rates by Race and Sex: 2007
 Source: CDC, National Vital Statistics Report, Vol 58, No. 19, May 2010



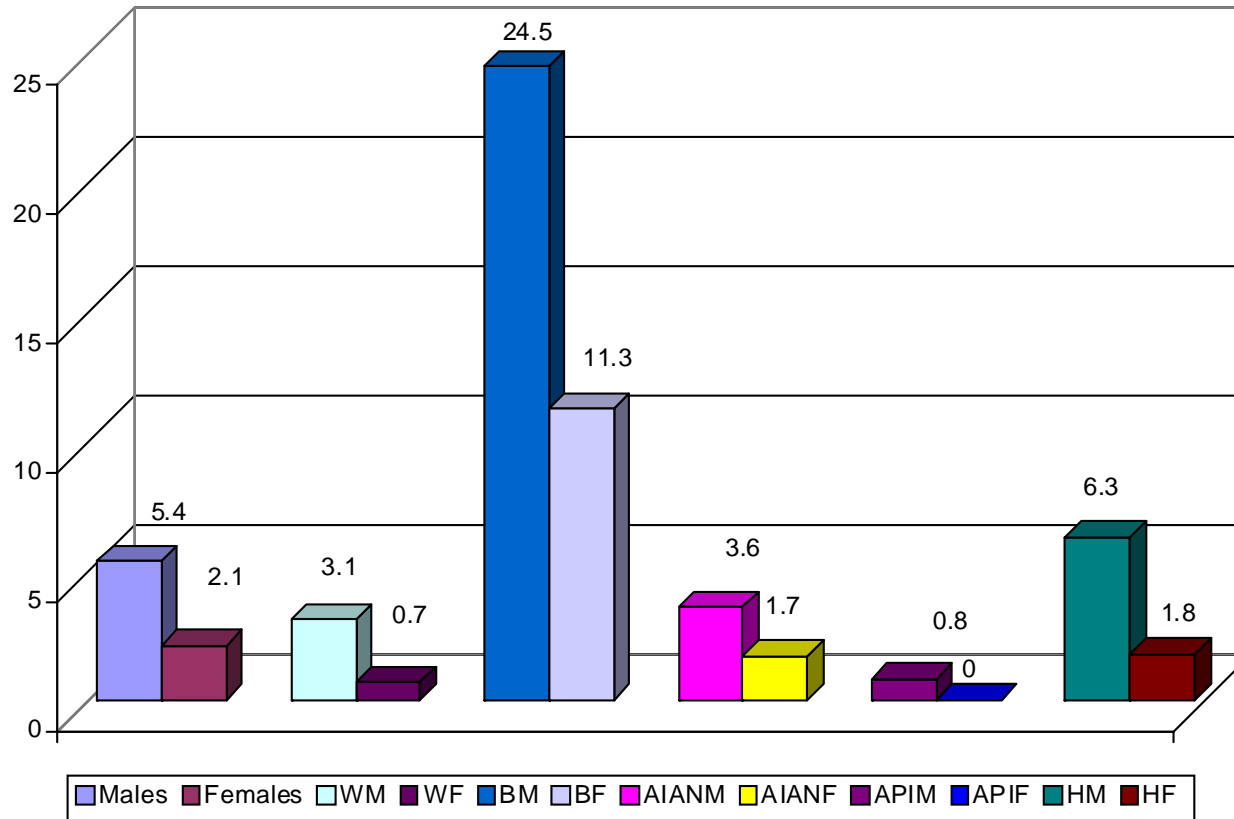
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Suicide:
 Age Adjusted Death Rates by Race and Sex: 2007
 Source: CDC, National Vital Statistics Report, Vol 58, No. 19, May 2010



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WF – White Female	BF-NH – Non-Hispanic Black Female	AIANF – American Indian/Alaska Native Female	APIM – Asian Pacific Islander Female	HF – Hispanic Female

HIV:
 Age Adjusted Death Rates by Race and Sex: 2007
 Source: CDC, National Vital Statistics Report, Vol 58, No. 19, May 2010



WM – White Male	BM-NH – Non-Hispanic Black Male	AIANM – American Indian/Alaska Native Male	APIM – Asian Pacific Islander Male	HM – Hispanic Male
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