

Missing in Action:
A Review of State, Federal and International
Sources of Information on Men's Health



The Partnership for Male Youth

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Suggested Citation

Barbour, Dennis J, Sonnenberg, Patrick (2021) Missing in Action: A review of state, federal and international sources of information on men's health. Washington, DC. The Partnership for Male Youth.

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About The Partnership for Male Youth



Founded in 2013, The Partnership for Male Youth is a broad-based partnership of leaders and organizations from a range of disciplines that deal with issues that impact the health of adolescent and young adult (AYA) males. Our disciplines include medicine, psychology, education, and juvenile justice, among others. All of our work is informed through the involvement of young males themselves. The Partnership's mission is to work with and on behalf of adolescent and young adult males to optimize their health and ensure that they thrive. The Partnership strives for a world in which adolescent and young adult males are valued as assets and where their health and wellbeing are promoted.

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Introduction

In recent decades there has been a rise in attention devoted to men's health and men's health initiatives, particularly to health behaviors, lifestyle choices, societal factors, and gender socialization (Garfield, 2008). Despite this, in the US, men continue to lag behind women in many areas of health, notably life expectancy and health care use, and are more likely to engage in risky health behaviors with higher rates of steroid, alcohol, and tobacco use; these inequities are compounded and complicated by other factors such as race, class, and sexuality (Garfield, 2008). Brott et al. estimated that premature death and morbidity in men costs federal, state and local governments in excess of \$142 billion annually. Additionally, it costs employers roughly \$340 billion annually in direct medical payments, lost productivity, and decreased quality of life (Fadich et al. 2018, citing Brott et al. 2011). And, although the number of male coronavirus cases is similar to the number of female cases, globally men have a higher risk of death from Covid-19 (Global Health 5050, 2021). Another study found that in 2020 American men saw the largest decline in life expectancy since World War II as it dropped by 2.2 years (Aburto et al. 2021).

The Partnership for Male Youth (PMY) is the only US national organization whose sole focus is on the health and wellbeing of adolescent and young adult (AYA) males, or males between the ages of 10 and 25. PMY has undertaken this study because the genesis of the men's health problem lies in adolescence. By the time most American adolescents reach the age of 13 they've stopped seeing a pediatrician – over 80% of all pediatric visits are by children under 13 (Bocian et al., 1999). Less than half of AYAs have primary care visits within the last year (Rand & Goldstein, 2018). Males are less likely than their female counterparts to seek care (Lau et al., 2014; Callahan & Cooper, 2004; Fortuna, Robbins, & Halterman,

According to the US Centers for Disease Control and Prevention, adolescent and young adult males are at higher risk than their female contemporaries for:

- Certain eating and body disorders
 - Certain sexually transmitted infections, including HIV
 - Violence and trauma, including homicide
 - Abuse of certain substances
 - Certain mental health conditions, including ADHD and autism spectrum disorders
 - Completed suicide
 - Accidental injury (CDC, YRBSS, 2020)
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2009). Females have a relatively seamless transition with age with gynecologists accounting for 23-42% of AYA female preventive visits (Rand & Goldstein, 2018). For males, however, there is no similar continuity of care. On the whole, with the exception of episodic school exams, sports physicals and visits to the emergency room, once they leave the pediatrician's office AYA males are left outside of our health care system, a pattern that extends into adulthood. In the intervening years they suffer from a number of illnesses and disabilities that are caused by a lack of preventive care

In contrast to the US, attention to men's health has materialized more in the EU, Australia, Brazil and other countries, and US policy can be informed by these efforts. Overall, in the US, not much is being done to report on gender health inequities. Little US work has been done in the area of policy advocacy on behalf of men's health, which contrasts with the wealth of policies, programs, and networks for women's health.

The purposes of this research are: 1) to determine which, if any, significant policies and programs exist at the US state and federal levels that can serve as models for advancing men's health in the US, as evidenced by their websites; 2) to examine international efforts to advance men's health that can inform policy change in the US; and 3) to make recommendations for policies and programs based on those findings.

To do this, we review available online information on men's health at the state and federal levels and recommendations for men's health that have been issued internationally.

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US Findings

For the US, we examine federal health agencies, state health departments, state legislation, academic endeavors and the private sector to scope out men’s health initiatives. Though there have been relatively few initiatives, we document ones that can serve as examples for other states. We draw on Williams and Giorgianni (2010) and Fadich et. al (2018) who sought out to document similar initiatives and realities. They examined state public health departments to identify resources for men and boys. Ultimately, they found health disparities and highlighted the need for more men’s health outreach and resources. We find some different results now. For example, some states that had men’s health coordinators or offices in 2010 no longer exist, whereas other states have added them since then. In addition, though they report whether states have men’s health sites, we have not found the simple existence of a men’s health site as useful or indicative that the state has any sorts of initiatives or policies to address men’s health inequities. We aim to expand these understandings to document useful initiatives. Their research also utilized a survey methodology of state public health departments; rather than contacting and surveying each health department, our methodological approach instead includes examining all the resources, pages, and initiatives that are available on their websites.

International Findings

We also examine international efforts that address men’s health inequities abroad, and these reports and initiatives help to inform recommendations for change in the US.

Our recommendations are based on both of these sources of information, although they rely heavily on the recommendations of international bodies.

Social, political, economic, and cultural factors of our society shape our lives and health, and often affect our opportunities and privileges in society, including access to health care and one’s health outcomes (Griffith, 2012). In this way, we aim to take an intersectional approach to men’s health, as do the international recommendations that we studied. Legal scholar Kimberlé Williams Crenshaw coined the term “intersectionality” to describe how identity factors such as gender, race, and class overlap and intersect (Crenshaw, 1991). Intersectionality helps illuminate larger societal and social hierarchies that determine ways that power and privilege are unevenly distributed based on these intersecting factors. Race, ethnicity, sexuality, ability, and other identity factors are crucial determinants of men’s health and resources, although these factors are rarely integrated into health policies, practices, and studies (Griffith, 2012). Consequently, we aim to take an intersectional approach that is more in tune to these political, social, and economic

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realities that affect health resources and outcomes for all, as well as in tune with international efforts to address men's health. For example, when we advocate for men's health initiatives, we advocate for ones that are cognizant and inclusive of the unique needs of all men.

As this is a report addressing men's health, it is also important to highlight our terminology and the difference between sex and gender. Sex (e.g. male, female, intersex) refers to biological characteristics such as chromosomes, hormones, and sex organs, whereas gender (e.g. man, woman, transgender) refers to social identification, factors, and socialization and is often described in terms of masculinity and femininity (Mikkola, 2019). Gender is understood to be fluid, meaning one's identity can change over time or, depending on one's setting, one's gender identity expression can also change. Many of the state and federal agencies use both "men" and "male" interchangeably, which is certainly problematic, and this lack of distinction can have significant consequences in terms of inclusivity and understanding. As these agencies are often lacking in terms of men's health equity initiatives, they are also lacking in terms of modern understandings of gender. Throughout this paper, we employ the term "men" to be more inclusive and cognizant of gender fluidity, trans men, and the social factors that influence gender socialization, gender identity and expression, and masculinity.

Methods

This research examines men's health initiatives on a state and federal level, as evidenced by their websites. US private sector and global and international reports and initiatives are also examined. All data was collected between May and July 2021, and this analysis reflects what was publicly available online between these months. On the federal level, this included examining the websites and online resources from the Center for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the US Department of Health and Human Services (HHS), the Health Resources and Services Administration (HRSA), and the US Congressional Men's Health Caucus.

On the state level, we examined all fifty states, along with DC, Puerto Rico, and the Virgin Islands.

For each, we reviewed the state's health department website, state legislative and general assembly website, and academic articles relating to men's health in each state.

We included academic articles to illuminate any broader health initiatives that are being done academically which could intersect with state initiatives. For the state health department websites and general assembly websites, we first navigated the home page and examined the headers and navigation menus to see if there were any relevant health pages or legislation. As health department sites in particular cover a vast amount of topics, it is common for the navigation menu to not be particularly useful when looking for something as specific as men's health. Thus, we would first explore all pages that could potentially have men's health information, such as if the site had a women's health or a health equity page. If there was no men's health page in the navigation menu, that did not mean that there was no men's health page at all. Thus, regardless of whether there was one

in the menu itself, we also used the search feature for each site. Searches primarily were related to “men’s health,” “male health,” “testicular cancer,” and “prostate,” as we quickly noticed a pattern that if there were any resources, often they were related to prostate health. The same held true for navigating general assembly sites. For the most part, bills are not listed by topic but rather by year, so the search feature was particularly necessary here. Key word searches were the same, as it appeared to be true that if there was legislation related to men’s health, it was regarding prostate health. With regards to academic articles, similar key word searches were used, but as we sought to look at research being done on state levels, the searches would also include individual state names.

On the global level, many countries and regions have been publishing men’s health reports and initiatives in order to highlight gender health disparities and to improve the health status of men overall. As these goals align with our own, we have also reviewed some of these key reports, particularly from Australia, the EU, WHO Europe, Ireland, and Brazil. We particularly look at what is being done in each country with regards to men’s health, what data is being collected, what is done with the data, and what their key policy and social recommendations include.

Originally, for our US state reporting, we sought to include some sort of scale or rating system in order to compare various states in terms of their men’s health equity initiatives or lack thereof. However, most states had very little to offer not only in terms of men’s health pages and resources, but also social and health initiatives for the myriad of health disparities that men face. To further complicate the matter, if a state had a good health page, resource, or health initiative, they often only had one of these, and having a scale or rating system did not seem to be an accurate way to compare each state.

Limitations re: State Data

Our state data and analysis are based on what is reported and reflected on each state’s health department website. If they have any health initiatives or Men’s Health Office, for example, that should be listed on the site. However, there is a possibility that they do not always list everything on their site. The same holds true for the Men’s Health Caucus – very little is laid out on the site. Some state health department websites and state legislature websites did not have great search capabilities, and among all the states, their health and legislative sites were laid out quite differently. One way to streamline men’s health initiatives could certainly be to create a common site format to invoke some sort of parallelism among each state.

Another major limitation would be that states are often reporting based on sex, with no relevant and necessary discussion on sex, gender, gender roles, or gender socialization. In general, the reports are not very intersectional, particularly ignoring the health disparities and needs of non-cisgender, non-straight, and non-white men. States could also do a better job at including transgender men in their reports and initiatives.

Much appears to have changed since the comparable state level studies were published in 2010 and 2018. Our methodologies differed slightly from Williams and Giorgianni (2010) and Fadich et al. (2018) and it is hard to tell if and/or how the pandemic has affected resources and initiatives devoted to men's health.

Results

Unfortunately, based on our research, very little is being done overall on either the US state or federal levels to advance men's health in a cohesive, coordinated fashion. On the other hand, on a global level, reports from Australia, the EU, WHO Europe, Ireland, and Brazil accomplish such by going much in depth, particularly in terms of policy and legislative recommendations. In this way, they serve as gold standards for what the US can emulate, and serve as the basis for the recommendations we make

Federal Agencies

The Centers for Disease Control and Prevention (CDC), which collects so much health data, has limited discussion of gender health inequities reflected in their data (Centers for Disease Control and Prevention, 2021). The NIH has some links that are directly related to men's health, but they are primarily related to reproductive health, erectile dysfunction, and mental health; in addition, their men's health page is only a few short paragraphs (National Center for Complementary and Integrative Health, 2019). Both the Department of Health and Human Services and the Health Resources and Services Administration have limited discussions of men's health (in)equity, and often if they do have any links to resources, they simply link to a different federal health agency, such as the CDC (U.S. National Library of Medicine, 2018). Highlighting a few of these health disparities, such as reproductive health and erectile dysfunction, are certainly good starting points, but they do not capture the many other health disparities that can be found in collected and reported data. The U.S. Department of Health and Human Services established an Office on Women's Health in 1991, and the office has its own site. While most information and resources on the site are related to women's health, there are also a few articles and blog posts related to men's health (Office on Women's Health, n.d.).

Federal Legislation

On the federal legislative level, there exists the bipartisan US Congressional Men's Health Caucus. They have been in existence since 2007 and sponsor periodic briefings on men's health issues. In 2006 and 2007 bills were introduced in the House to establish an Office of Men's Health within the Department of Health and Human Services (DHHS); however, our research did not find that any substantive action was taken on the measures. In 2000 a similar measure was introduced in the Senate; again, however, our research did not find that any substantive action was taken on that bill. In the private sector many advocacy organizations have taken up the cause. These include Men's Health Network, which has drafted a model bill.

US State Health Departments

Results for state health departments are similar to federal initiatives, although there are some states that do have some initiatives and data. However, in 2016, 47 (92%) state public health agencies had a website that contains information specifically related to women's health, compared to 18 (35%) that had a website with information specifically covering men's health (Fadich et al., 2018).

If a state does have any information or resources related to men's health, it is often very brief. In addition, it is often not that descriptive or informative; for example, some states report the top causes of death for men but offer no discussion as to why these disparities exist or provide any gender-specific resources for these causes of death. In addition, several state health departments report health data on their websites, though gender breakdowns are only sometimes included. Furthermore, even if gender is included, none of the state health departments that included gender in the data include any sort of discussion on any of the gender health disparities reflected in the data. Some states may include men's health resources, but ones that simply link to or draw on CDC data rather than provide state-specific data or resources.

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Private Sector

In the private sector, Men's Health Network (MHN) does publish State of Men's Health which provides individual state reports that supply statistics for age adjusted death rates for the top causes of death and other men's health statistics (Men's Health Network, n.d.). Since 2008 MHN has also conducted surveys of state public health departments to identify resources available to males, females, mothers, and fathers on the state level. (Williams and Giorgianni, 2010; Fadich et al. 2018). As discussed below, the Center for Research on Men's Health at Vanderbilt University in Tennessee has released a regular Tennessee state men's health report card, in 2010, 2012, 2014, 2017, and 2020 (Vanderbilt Institute for Medicine and Public Health, 2021). Finally, the Men's Health Caucus of the American Public Health Association has published a national policy agenda. (American Public Health Association, n.d.)

US State Findings

The following 13 states have a men's health page on their state health department site: Alabama, Arizona, California, Florida, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, Oklahoma, Oregon, and Washington. However, of these, only four (Alabama, Illinois, New York, and Washington) have resources that are gender-specific. For example, California's state health department has no gender specific resources on their men's health page, and the other eight states' men's health pages have

anywhere from a few sentences to just a few paragraphs with no resources. There are 10 other states/districts that do not have a men's health page but do have some small men's health resources – Hawaii, Indiana, Kentucky, Minnesota, Nebraska, Nevada, Pennsylvania, South Carolina, West Virginia, and Washington D.C. These short resources are pretty limited to info pages or documents on prostate cancer, testicular cancer, and osteoporosis. The remaining states have no men's health pages or useful resources.

Fadich et al (2018) found that there were 14 (27%) states that had a men's health office, coordinator, and/or website in 2016; however, we found no evidence of any of these on their state health department websites in 2021: Arkansas, Kansas, Maryland, Massachusetts, Michigan, Montana, Nebraska, Nevada, New Hampshire, Ohio, Pennsylvania, Texas, Virginia, and Washington D.C. It could be that these states have eliminated these offices and positions, or that it still exists but there is nothing on their websites to reflect its presence; regardless, state health departments could be more transparent about their health coordinators and services. On the other hand, seven states that were not reported to have had men's health offices, coordinators, or websites in 2010 have since added them: Alabama, Arizona, California, Mississippi, Missouri, Oregon, and Washington (Williams & Giorgianni 2010). Given men's health disparities, it is noteworthy that in the past decade we have seen an overall decrease in men's health offices/coordinators/websites. Though we did not directly contact each state health department, these health sites should report whether they have a men's health office or coordinator.

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There are several good initiatives in individual states, and we have outlined them below:



Hawaii: In 2003, the Hawaiian legislature passed a bill to establish a Commission on Fatherhood which provides a multitude of resources and programs for fathers (Hawaii Department of Human Services, 2021). The commission seeks to engage fathers, increase fathers' involvement in their children's lives, raise public awareness, recommend policies and practices, and educate and train men. Furthermore, they help advise state agencies and make recommendations on policies, programs, and services relating to families and their children. As a result, children will face fewer risks of behavioral, emotional, or health problems. They have also published reports on their fatherhood programs and initiatives in 2015 and 2019. We found that Hawaii was the only state that had a fatherhood initiative, and it has been very active over the past couple decades.



Illinois: While Illinois has few resources on their Men's Health page, they do provide a very useful chart that shows what tests and exams boys, adolescents, middle-aged, and older men should have done (Illinois Department of Public Health, n.d.). There are a few other states that have a similar resource to this, although Illinois' seems to be the most descriptive and useful and can be an example for other states to follow. For instance, Kentucky also has a similar chart, though it is much less comprehensive and informative.



Maine: Though Maine does not have any men's health page or legislation related to men's health, they did release a gender report in 2010 that highlights gender disparities among both men and women (State of Maine Department of Health and Human Services, 2010). Most states, if they have any sort of resource or analysis of gender disparities, report on the genders separately (i.e. by having a Women's Health page and/or a Men's Health page), whereas Maine's report is actually comprehensive in gender disparity comparisons. Of all the states, Maine appears to be the only state to have a report of this nature, and though not specific to solely men's health, it is a starting point for understanding how gender can affect one's health, well-being, and access to resources.



Minnesota: Minnesota has a document from 2019 on Boys and Young Men, and even though the document is short, it was one of the only resources we found that is directly and explicitly related to young boys' health (Minnesota Department of Health, 2019). The document covers why focusing on the health of boys and young men is important, along with the ways boys are disproportionately affected in terms of the criminal justice program, racial profiling, education, trauma and mental health, and reproductive health. While the report is only five pages, it provides a good starting point for future research and program development.



Nebraska: From 2006 to 2013, Nebraska released annual reports that had data divided by gender into men's and women's health and highlighted their gender health initiatives (Nebraska Department of Health and Human Services, n.d.). Unfortunately, since then, the annual reports have only included data and discussions on women's health. When men's health was included in the reports, however, much more of the focus was on women's health and women's health initiatives. Regardless, the exclusion of men's health after 2013 is noteworthy.



Nevada: In 2017, Nevada released a 20-page report called "Snapshot of Men's Health" that examines causes of mortality and morbidity for men in Nevada, along with behavioral risk factors and access to health care and health screenings (Nevada Division of Public and Behavioral Health, 2017). Nevada was one of the only states to use state-specific and state-collected data rather than relying solely on national data. Like most states, the focus on mortality and morbidity is a good starting point, and this report can and should be used as an example for other states.



New York: While not inherently gender specific, New York does have over 20 reports on HIV/AIDS, and some of the reports focus on gay men and men who have sex with men (New York State Department of Health, 2016). Not only are many of these reports comprehensive and useful in terms of data collection, but they also have in-depth discussions of stigma and resources. This practice of including more information about stigma would be useful in many men's health initiatives in general, as part of gender socialization and masculinity may

stigmatize or discourage men for seeking medical care in general. These reports are also a good example of inclusivity in health initiatives, as these reports tend to be more inclusive of various gender identities and sexualities that are also affected by HIV/AIDS beyond solely cisgender men.



Ohio: Though Ohio does not have a men’s health page on their state health department website, the department’s website does link to the Ohio Men’s Action Network. According to the Ohio Men’s Action Network website, they were co-founded by the Ohio Department of Health (Ohio Men’s Action Network, 2021). They work to engage boys and men in efforts to reduce sexual violence, intimate partner violence, and sexual exploitation. They also seek to create tools and resources to assist in these efforts by developing local programming. This was the only initiative we came across that actively seeks to engage men in reducing sexual violence. Initiatives like these could be better highlighted on the state health department website.



Pennsylvania: Pennsylvania released a 51-page report in 2017 on Prostate Cancer. Though many states do have resources and/or pages related to prostate cancer, this report is by far the most in-depth, especially in terms of data reporting, recommendations for screenings, treatment, survivorship, education, and policy, along with implementation strategies (Pennsylvania Department of Health, 2017).



Tennessee: While it appears that, from its website, the state has done nothing in terms of health initiatives or policies related to men’s health, the Center for Research on Men’s Health at Vanderbilt University in Tennessee has released a regular men’s health report card, in 2010, 2012, 2014, 2017, and 2020 (Vanderbilt Institute for Medicine and Public Health, 2021). The report cards are great in terms of data collection and policy and health recommendations. However, the lack of any evidence of initiatives, programs, and legislation at the state level shows that little, if anything, has been done over the past decade in which they have been collecting and reporting these gender health disparities. Furthermore, many of the health disparities that have been covered in the reports have actually worsened over the past decade, which further emphasizes the urgency and necessity of more programs and policies.

Overall, each of these states have had a good initiative or report, particularly focusing on fatherhood, adolescent health, HIV/AIDS, reducing sexual violence, and prostate cancer resources. All these initiatives are starting points which each state could have. However, in terms of legislation, almost nothing has been done. A dozen states had legislation related to prostate cancer and prostate cancer screenings. Otherwise, almost all the other legislation was in relation to establishing a men’s health office or task force or simply in recognizing men’s health week or month. However, the legislation that recognized men’s health week/month did nothing else beyond simply recognizing the week/month. The only other significant legislation among all 50 states was the establishment of the Commission on Fatherhood in Hawaii.

Academic Resources

As part of our methodology, we also examined academic resources related to men's health in each state, particularly to see what was being done in academia and see if there was any overlap with state health initiatives or funding. While there was often state-specific academic research for many states, the only research that appeared to have some sort of overlap or interaction with the state was the men's health report cards in Tennessee. However, academic research in general is a starting point as well for states to further develop men's health care initiatives.

International Efforts

On a global level, we examined reports from Australia (Victorian Government Department of Health, 2010; Australia Men's Health Forum, 2019; Australian Government Department of Health, 2019), the EU (European Commission, 2011), WHO Europe (World Health Organization Regional Committee for Europe, 2018), Ireland (Devine & Early, 2020), Brazil (Spindler, 2015), the Pan American Health Organization (Pan American Health Organization, 2017), Quebec Province (Quebec Province, 2017) and the Global Action on Men's Health (Global Action on Men's Health, 2021). These reports go much more in depth than any of the ones in the US, particularly in terms of policy and legislative recommendations. In this way, they serve as a great example for what the US can implement, and the recommendations go much further than any we found in the US – from creating paid paternal leave to addressing systemic inequities that affect men's health. However, their methodology differed slightly from ours, particularly those that aimed to compare dozens of countries with vastly different political, economic, social, and cultural realities. Though these reports were also mostly based on sex rather than gender, most of them did include discussions of masculinity and gender socialization, digging much deeper into social and structural factors at large that address one's health, which is often completely neglected in reports in the US. Still, there is much room in the US and abroad to be more inclusive for transgender men, non-binary individuals, and gender fluidity, even in men's health reports. As the focus of our research is the already existing policies, programs, and initiatives across the US, we rather draw on these international reports to inform our own recommendations, which we lay out in the next section.

These reports go much more in depth than any of the ones in the US, particularly in terms of policy and legislative recommendations.

The international reports we examined provided several key recommendations to improving men's health. These recommendations are more applied, and many extend beyond health department and legislative initiatives. They are starting points not only for initiatives, but also for more research that can be done in these areas.

- **Improving boys' education:** Boys should be taught early on how to maintain a healthy lifestyle and good health habits. Boys' education and wellbeing can also be ameliorated by addressing anxiety

disorders and childhood traumas, including intergenerational trauma, bullying, abuse and violence, and stress from poverty (Australia Men's Health Forum, 2019; Australian Government Department of Health, 2019). Intervening early on in addressing these traumas is essential for boys to continue to develop in a healthy manner, and more emphasis should be placed on these mental and psychological health services. In addition, education about consensual and safe sex is critical, including information regarding HPV vaccination and HIV/AIDS (Australian Government Department of Health, 2019).

- **Increasing men's participation in health care:** One of Australia's reports (Victorian Government Department of Health, 2010) details some ways that can encourage men to participate more in physical and mental health services, including reducing wait times, displaying men's health and wellbeing on posters in waiting rooms, marketing services to men, providing health care providers with more recognition of men's attitudes and indicators of emotional distress, normalizing help-seeking, and helping men reconstruct a valued sense of self. It is also necessary to increase men's engagement with services and build men's knowledge and awareness of health issues (Victorian Government Department of Health, 2010). This could include programming and discussion groups, including for those in the education system.
- **Increasing health promotion:** Federal and state governments and communities can promote a healthier society by addressing discrimination and marginalization, reducing tobacco use, promoting road safety, and creating positive notions of masculinity (Victorian Government Department of Health, 2010).
- **Increasing economic and social participation:** Supporting men's participation in employment, education, and social connections can help bolster men's mental health and sense of worth (Victorian Government Department of Health, 2010).
- **Focus on prevention:** Prevention efforts to keep people healthy can include early diagnosis and intervention, and it must be a life-long approach that is tailored to each age group. This extends beyond individual responsibility and to the general environment and community (Australian Government Department of Health, 2019).
- **Develop cross-government and cross-sector partnerships:** Action can build upon already existing initiatives, creating partnerships and collaborations among all levels of government. Examples from Australia (2019) include collaborative efforts between "health-education, health-employment,

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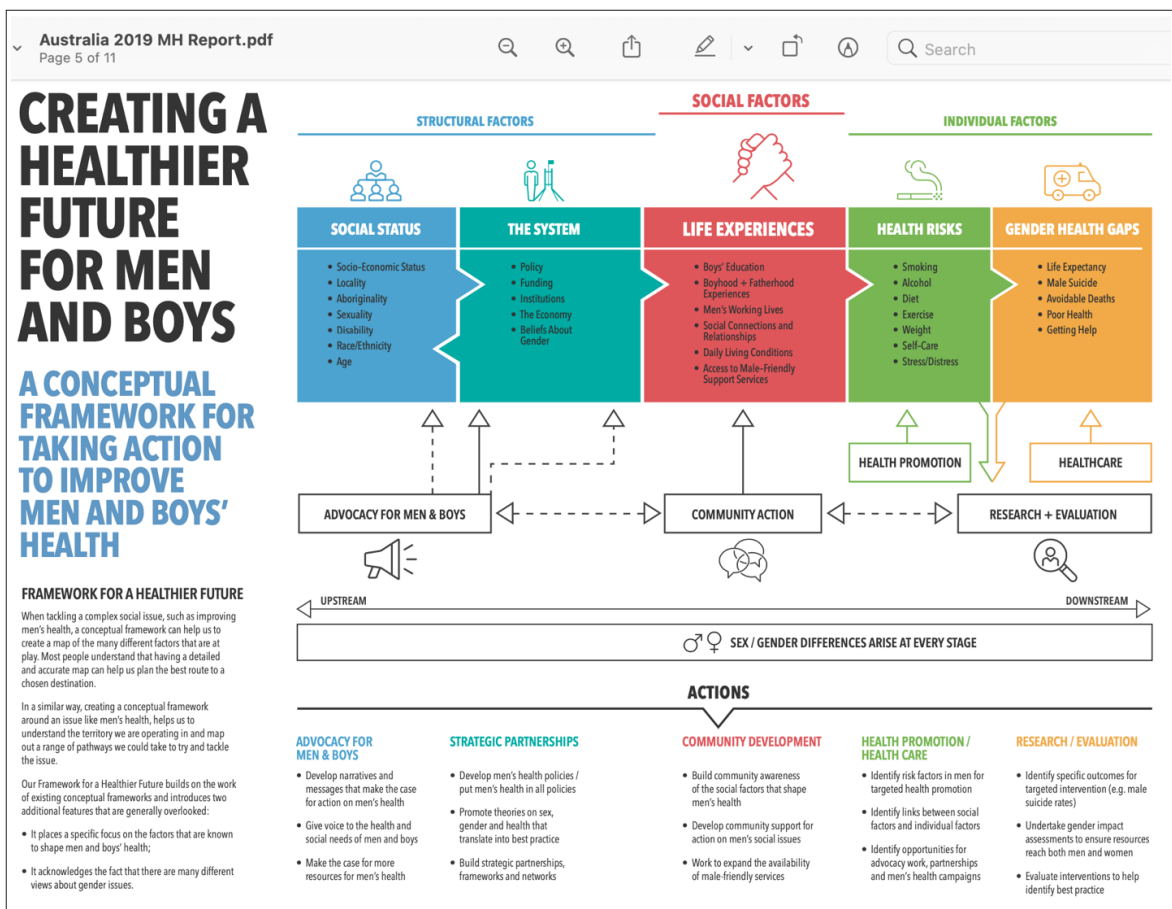
Federal and state governments and communities can promote a healthier society by addressing discrimination and marginalization, reducing tobacco use, promoting road safety, and creating positive notions of masculinity

health-justice, health-finance, and health-industry.” Some good examples of organizations and non-profits to partner with can include ones that are active in fatherhood, in engaging men in care, in reproductive health, and in violence prevention efforts (World Health Organization Regional Committee for Europe, 2018).

- **Draw on the EU’s Roadmap for Equality:** The Roadmap for Equality between men and women includes several priority areas for action: “equal economic independence for women and men, reconciliation of private and professional life, equal representation in decision-making, eradication of all forms of gender-based violence and trafficking, elimination of gender stereotypes, and promotion of gender equality in external and development policies” (European Commission, 2011). Addressing all gender health disparities – men’s health, women’s health, transgender health, and non-binary health – is essential in ensuring equity for all.
- **Fatherhood and childcare:** Policies and initiatives should focus on the critical role men play in children’s lives, and recommendations include sharing parental responsibilities, achieving gender equity in both paid and unpaid childcare, and addressing institutional biases that perpetuate gender-based discrimination in health care and child serves (World Health Organization Regional Committee for Europe, 2018). This also includes ensuring both maternal and paternal leave policies, neither of which are currently mandated in the US.
- **Divesting from punitive and harmful institutions:** Rather than funding intuitions such as policing or the carceral system, which often perpetuate harm and toxic displays of masculinity, funding should rather be redistributed to health care services to improve one’s health and well-being, particularly mental and psychological health support services. This can be tied to engaging men in violence prevention efforts, particularly ones that address gender violence and intimate partner violence while promoting the role that men can play as active agents of change to challenge violence normalization (World Health Organization Regional Committee for Europe, 2018).
- **Meet men where they are:** Policies and programs should meet men where they are, including workplaces, barbershops, and sports clubs (Global Action on Men’s Health, 2021). This will also help make sure these programs meet local and community health needs, which may certainly vary by place.
- **Addressing all areas of society that affect one’s health and well-being:** The international reports include several infographics that show various social and political aspects of society which inherently

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influence one’s health and well-being. On a societal level, initiatives with the greatest amount of impact include “improving access to meaningful employment, a living wage, quality healthcare, affordable housing, educational advancement, nutritional food, clean water, effective sanitation” (Devine & Early, 2020). Community-level initiatives can include screening programs, health safety at work, creating green spaces, and making smoke-free public spaces. Individual-level initiatives include healthy eating, increasing physical activity, and reducing smoking and drinking rates (Devine & Early, 2020). These examples are broad and cover so many areas of society, but addressing all of these is vital to improve men’s health equity and well-being. A helpful infographic from the Australia Men’s Health Forum (2019) report can be found below, which outlines the structural, social, and individual factors that affect men’s and boy’s health, along with concrete actions that can be taken at all these levels:



Australia Men's Health Forum (2019)

Recommendations

One of our goals was to determine what programs exist at state and federal levels to address men's health, as evidenced by their websites, along with identifying agencies that could serve as pressure points for policy change and recommendations for change. Another goal was to examine recommendations from international bodies that could serve as templates for changes in the US. After examining federal health agencies, state health departments, state legislation, and international efforts, it becomes clear that very little is being done to address men's health disparities in the US and men's health in the US also lags behind the wealth of policies, programs, and networks for women's health. The US significantly lags behind other Global North countries in addressing these disparities. Because it can learn from the recommendations of these bodies, our recommendations are based in part on their recommendations. These are certainly not the only changes that need to be made, but they are needed in the contemporary moment if we wish to reduce men's health disparities and inequities. **As Ireland's Men's Health Report (Devine & Early, 2020) points out, men's health is influenced by policy, economic, environmental, educational, and social factors, and all recommendations must be attuned to the ways in which these factors influence health disparities and realities.**

- **Existing models:** Over the past decade, there have been a few important initiatives in various states that we have outlined: the Commission on Fatherhood in Hawaii, an age and test chart in Illinois, a Boys and Young Men report in Minnesota, HIV/AIDS initiatives in New York, the Ohio Men's Action Network addressing sexual violence, men's health report cards in Tennessee, and various gender reports in Maine, Nebraska, Nevada, and Pennsylvania. These initiatives could serve as examples for other states.
- **Data collection and discussion:** For gender health disparities, collecting data is certainly a good place to start. While the CDC does collect some data, most states, as evidenced by their websites, fail to collect and publicly report state-specific gendered data. Although there are a few states that publicly report state-specific gendered data, there is little discussion regarding the health disparities that are apparent in the data. More discussions of this data can then be used to influence and advance policy change on both the state and federal levels. The World Health Organization (2008) created several recommendations for agencies that are collecting gendered data, including an analysis of sex-disaggregated health data, incorporating gender analysis and planning in operational planning, and creating national strategies to address gender issues in health policies and programs (Victorian Government Department of Health, 2010). Overall, data collection can be through the creation of a National Men's Health Research Initiative.

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- **Full transparency:** State health departments and state legislatures should work to ensure that their websites are accessible to the general public, including formatting and layout that makes these offices, programs, and reports apparent and ensuring search features are working and useful. Often, if there are data reports or programs, they are hidden or unnecessarily complicated to find. When reporting on gendered initiatives, these agencies should be transparent about them.
- **Men's Health Caucus:** Perhaps one of the most important pressure points for policy change, the Men's Health Caucus, has potential. As they have direct involvement in policy, there is value in supporting and extending their work, especially on the Senate side of the Capitol.
- **Federal legislation:** Although a US Office of Men's Health, to mirror the Office of Women's Health, has been advocated for many years, little progress has been made toward its enactment into law. In addition to this initiative other creative efforts should be considered, such as a National Commission on Men's Health, that could lay out a roadmap for how the US and state governments could do more to advance men's health.
- **State of men's health in the US:** Such a study should be initiated and supported, using existing international reports as models.
- **Intersectional programming and initiatives:** Rather than treating gender as a single axis, data collection, programs, and initiatives could take an intentionally intersectional approach that addresses the needs of various groups and identities, especially with regards to sexuality, gender identity, age, race, socioeconomic status, and immigration status. Collecting and reporting data of men and women is certainly good, but it does not paint the whole picture of health realities. These identity factors could be integrated into health policies, practices, and studies (Griffith, 2012). This inclusion would help illuminate the unequal distribution of power, income, goods, and services that can often lead to inequitable access to health care and education (European Commission, 2011). Interrogating this unequal distribution can help inform how to address broader economic, social, cultural, and environmental elements that affect men's health.
- **Mental health:** Most of the programming and initiatives in the US are very focused on physical health and prostate and testicular cancers. However, another component of health, as evidenced by international reports, is mental and psychological health. There still exists much stigma in mental health services in the US, and masculinity can be a discouraging factor for seeking help or care. More resources and funding are essential for mental health, but this must also come with social and cultural change that reduces stigma in seeking mental health care services. This can also include addressing masculinity as a social construct and the socially encoded roles for men which often discourage them from appearing vulnerable or seeking health care.

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