

## STATEMENT OF POLICY

### Men's Health

#### Policy

The National Association of County and City Health Officials (NACCHO) encourages government involvement in men's health activities so that existing government health networks can be utilized to increase the health and well-being of men and boys. NACCHO will support and encourage national, state and local efforts to secure access and remove barriers to health care for men and their family members and to seek to fill gaps where resources are lacking. NACCHO will also advocate for more prevention research, especially as it relates to the etiology of men's health issues, with a particular focus on racial, ethnic and socioeconomic disparities in health outcomes.

#### Justification

Male morbidity and mortality from preventable causes is substantial, with significant and alarming disparities among subpopulations of men based on race, ethnicity and socioeconomic status.<sup>1,2</sup> Racial and ethnic minority men, especially African Americans, are even more at-risk for dying from certain causes, including injuries, chronic diseases, and infectious illnesses.<sup>3</sup> There are definable behavioral, psychological, developmental, genetic, and other risk factors for poor health outcomes that are specific to men and subpopulations of men and for which interventions exist.<sup>4</sup>

On average, men die 6 years younger than women and suffer higher mortality rates for the top 10 causes of death. The Office of Men's Health was created to coordinate the fragmented men's health awareness, prevention, and research efforts now being conducted by federal and state government.<sup>5</sup>

Risk factors for poor health outcomes are discernable and manifest early in life and result, if left unaddressed, in the current outcomes and disparities characterizing men's health<sup>6</sup>, and the health issues affecting men extend well beyond traditional definitions of health to include violence, injury and other risk taking behaviors<sup>7</sup>. Much remains to be learned through biological, epidemiologic, social science, ethnographic and other research modalities about the multifactorial etiology and interventions related to men's health outcomes<sup>8,9</sup>, and can be discovered through preventive research.

#### REFERENCES

<sup>1</sup> World Health Organization. World Health Report 2001: Annex Table 2. Geneva, Switzerland: WHO: 2001. Downloaded September 27, 2002 from [www.who.int/whr/2001/main/en/annex/index.htm](http://www.who.int/whr/2001/main/en/annex/index.htm).

<sup>2</sup> Bartlett, E., Ph.D. An Open Letter to Editor Mary Northridge, PhD RE: The Neglect of Men's Health. Rockville, MD: 2002.

<sup>3</sup> CDC Office of Minority Health, Highlights in Minority Health, June 2005

<sup>4</sup> Alan Guttmacher Institute. In Their Own Right: Addressing the Sexual and Reproductive Health Needs of American Men. New York, NY and Washington, DC: 2002.

<sup>5</sup> Office of Men's Health Resource Center

<sup>6</sup> Men's Health Network. Media Fact Sheet on the proposed Office of Men's Health at the Department of Health and Human Services. Washington, DC. Downloaded December 20, 2002.

<sup>7</sup> Boston University Wellness Center. Health Updates: Men's Health. Downloaded 1/9/03 from [www.bu.edu/wellness/healthupdates/health.html](http://www.bu.edu/wellness/healthupdates/health.html).

<sup>8</sup> Fletcher, R. Why We Need to Research Men's Health. Downloaded 1/09/03 from [www.boysed.net/sum95/whyres.htm](http://www.boysed.net/sum95/whyres.htm).

<sup>9</sup> Sacks, G. Men's 'Silent Health Crisis' Cries Out for Men's Health Act. Downloaded 1/09/03 from [www.glennjsacks.com/mens\\_silent\\_health.htm](http://www.glennjsacks.com/mens_silent_health.htm).

*Proposed by Community Health and Prevention Committee*

*Adopted by NACCHO Board of Directors February 27, 2003*

*Updated January 2006*