

Addressing Men's Health Needs:

*States Can Strengthen Health,
Families, and the Economy*

*by Tanya Alteras and Sharon Silow-Carroll
The Economic and Social Research Institute*

“

One man, incarcerated under a DUI charge, met a Denver Health Men's Health Initiative (MHI) Community Health Worker while in prison. This man, who had spent over half his life behind bars, visited the MHI office after being released. He was referred to a primary care health provider, who provided blood pressure medication and a prescription for Prozac. Shortly thereafter, this man enrolled in a local health coverage program, continued to visit the primary care provider regularly, and had a part-time job at a local newspaper. The man credited the MHI worker for helping him change his life.

”



The Economic and Social Research Institute is a nonprofit, non-partisan organization that conducts research and policy analysis in health care and in the reform of social services. ESRI specializes in studies aimed at improving the way health care services are organized and delivered, making quality health care accessible and affordable, and enhancing the effectiveness of social programs. For more information, see www.esresearch.org

SEPTEMBER 2005

Tanya Alteras, MPP is a Senior Policy Analyst at the Economic and Social Research Institute. Ms. Alteras specializes in examining issues of access to health care for the underserved within Medicaid, SCHIP, and other public programs; financing and organization of health care reform proposals; and strategies for leveraging private dollars to stretch limited public resources in the delivery of health care and health insurance coverage. Her recent projects include studying best practices in patient-centered care and oral health care for the underserved, analyzing the state strategies and motivations behind coverage to adults without dependent children, examining early experiences of the Trade Act of 2002 Health Coverage Tax Credit, and focusing on public and private sector activities toward increasing access, enhancing quality, and improving outcomes.

Sharon Silow-Carroll, MBA, MSW is Senior Vice President at the Economic and Social Research Institute (www.esresearch.org), a non-profit, non-partisan health policy research organization based in Washington, D.C. Ms. Silow-Carroll's areas of expertise include health care reform strategies and meeting the needs of vulnerable populations. Her recent and current projects include: assessing state efforts to stretch limited health care dollars; reviewing community-based programs to expand health coverage to low-income workers; examining local initiatives to enhance access to oral health care; and identifying best practices in consumer-centered care for underserved populations. She is author of numerous reports and articles analyzing public and private sector initiatives aimed at enhancing access, containing costs, and improving quality of health care. (e-mail: silow@optonline.net)

Addressing Men's Health Needs:

*States Can Strengthen Health,
Families, and the Economy*

*by Tanya Alteras and Sharon Silow-Carroll
The Economic and Social Research Institute*

A Community Voices Publication
National Center for Primary Care
Morehouse School of Medicine

Community Voices, a program of the National Center for Primary Care at the Morehouse School of Medicine (www.msm.edu/ncpc), is targeted at ensuring the survival of the safety-net providers and strengthening community support services. For more information on Community Voices publications, please visit, www.communityvoices.org.



Addressing Men's Health Needs: States can Strengthen Health, Families, and the Economy

The Problem: Men's Health is not Viewed as a Priority; Communities and States are Paying for it...

- **There is little regard paid to men's health...**

- Tens of thousands of men die each year from preventable causes.¹
- Men in general have a lower life expectancy than do women; men of color have the lowest life expectancy of all.²
- Men outnumber women by a ratio of 5:4 in terms of AIDS-related deaths. In addition, men are twice as likely as women to die from suicide, homicide, and cirrhosis of the liver.

- **...and their limited access to care and use of health services.**

- Men use primary care facilities less often than women; they have higher rates of hospitalization and longer hospital stays than women; and they incur higher in-patient and out-patient costs.³ The societal costs in terms of lost productivity are even greater.
- Men are less likely than women to have a usual source of health care, or to visit a physician. While 88 percent of men with public or private coverage have a usual source of care, the proportion of men without coverage who have a usual source of care is only 46 percent.⁴

- **There is little to no attention paid to men in dialogue pertaining to the uninsured problem in this country.**

- Males make up more than half of the uninsured. Among uninsured adult men approximately 70% are employed.⁵
- Overall, African-American men are nearly twice as likely and Latino men are more than three times as likely to be uninsured as Caucasian men.⁶
- Men are not afforded mandatory access to the country's largest publicly funded coverage program, Medicaid. In addition, most states do not cover adults without children via Medicaid or state-funded programs.⁷

¹ "Saving Our Men: A Wake-Up Call to End America's Silent Health Crisis," W.K. Kellogg Foundation

² Men on average live 5.4 fewer years than women. Black men on average live six years less than white men. ("Saving Our Men: A Wake-Up Call to End America's Silent Health Crisis," W.K. Kellogg Foundation).

³ Denver Health Community Voices Annual Report

⁴ Ibid.

⁵ Based upon CPS Data for Reference Year: 2004

⁶ Ibid.

⁷ Meyer, et al., "Health Care Access for Men," W.K. Kellogg Foundation, August 2003.

- **As a result, states, communities and individuals are paying a heavy price for the failure to meet the primary care health needs of men.**
 - The neglected health needs of low-income men create a tremendous burden on the health care system – primarily safety net facilities funded heavily by states. For example, an estimated \$74,513 could be saved on a person if his hypertension were controlled before it became severe.⁸ This reflects inappropriate and avoidable spending that states can barely afford in the current fiscal climate.
- **A national-level strategy must be seriously considered for addressing what has become a health care crisis for low-income men. While there is a movement for creating a federal office of men’s health⁹, it has not found widespread support. At the same time, there are also few statewide initiatives aimed at this population. Much of the work being done is at the community level, but communities need more support in order to continue, and hopefully expand these important efforts.**
- **For more statistics on men’s health and the issues facing them, see the Men’s Health section of the Community Voices website, at <http://www.communityvoices.org>.**

Solution: Eliminate Barriers to Men Receiving Necessary Health Care

Enhancing access to appropriate, primary and preventive health care for low-income men will reduce inappropriate and unnecessary spending, and improve productivity.

A number of Community Voices¹⁰ sites around the country have implemented programs specifically targeting the physical and mental health care needs of low-income men. These community-based programs use one or some combination of direct care delivery, case management, and information gathering on how to best identify and reach out to the male population in the community.

The programs share the same mission: to create a sustainable, effective, and community-based approach to getting men the care that they need, even if it means going outside of the traditional boundaries of the health care system.

The goals are to:

- **Increase access to health care services for poor men;**
- **Increase enrollment of eligible, uninsured men into publicly funded coverage and care programs;**
- **Manage the primary care needs of this population in order to improve health and reduce inappropriate and unnecessary spending on in-patient care; and**
- **Work toward creating a model of comprehensive care for men within the current health care system.**

⁸ Ibid.

⁹ S.B. 1028, “The Men’s Health Act of 2003,” Crapo (R-ID), May 8, 2003.

¹⁰ Community Voices (www.communityvoices.org) is a program of the National Center for Primary Care at the Morehouse School of Medicine (www.msm.edu/hcpc) targeted at ensuring the survival of safety-net providers and strengthening community support services.

Below are descriptions of successful examples of these models **Establishing Health Care Sites Specifically for Men**

Men's Health Initiative (MHI), Denver

- **Denver Health Community Voices, located at the Denver Health Medical Center, developed the Men's Health Initiative (MHI), which includes the following:**
 - Outreach conducted by male Community Health Workers (CHW), who also assist in enrolling eligible men in available coverage programs, refer them to specialty care, and assist in patient navigation of the health care system;
 - Case management of uninsured men with chronic conditions;
 - Increased availability of community-based health screenings through the hospital's family health centers and acute care clinics;
 - "Inreach" to incarcerated men prior to their release, to help them link to care and health coverage upon their re-entry into our communities;
 - Collaboration with community-based organizations;
 - Establishment of an Office of Men's Health, which centralizes information on the subject and serves as a community resource.
- **Denver Health conducted "It's Not Your Time to Die" and "Live Healthy" education campaigns, designed to encourage men to take advantage of the services being offered by the MHI.**
- **As of June, 2005, 3179 men are enrolled in the program and are receiving care management from the initiative's two designated community health workers and one social worker.**

One man, incarcerated under a DUI charge, met a Denver Health Men's Health Initiative (MHI) Community Health Worker while in prison. This man, who had spent over half his life behind bars, visited the MHI office after being released. He was referred to a primary care health provider, who provided blood pressure medication and a prescription for Prozac. Shortly thereafter, this man enrolled in a local health coverage program, continued to visit the primary care provider regularly, and had a part-time job at a local newspaper. The man credited the MHI worker for helping him change his life.

Financing

- **Denver's Men's Health Initiative was originally funded through the W.K. Kellogg Foundation's Community Voices program. It continues to fund some of its work through that program, as well as through other local sources, grant funds from other organizations, and Denver Health.**

Business Case

- **A Return on Investment analysis conducted of the Men's Health Initiative's Outreach and Case Management Program found that men who were enrolled in the program showed an increase in primary and specialty care visits, and a decrease in urgent care, behavioral health, and inpatient visits.**
- **These changes in utilization patterns accounted for a total *decrease in charges to the health system of \$300,000 during an 18 month period. That includes a reduction in uncompensated care charges by \$206,485, despite almost 1,500 additional primary care encounters.***
- **After calculating the cost of employing the CHW program staff, purchasing medical supplies, and arranging for patient transportation, the analysis found that *every \$1 invested in MHI saves the hospital system \$3.68, or more than \$200,000 annually.***

Men's Health Center, Sandtown-Winchester community, Baltimore

- In June 2000, the nation's first full-service primary care facility to provide health care at no charge to uninsured men opened in the Sandtown-Winchester community in Baltimore County, Maryland.
- The Men's Health Center provided care to more than 4,000 patients in its first year, and motivated other communities to open similar settings, including two additional clinics in Baltimore, and a clinic in Rochester, New York.
- The center provides physical exams, screenings for blood pressure, diabetes, tuberculosis, sexually transmitted diseases, and prostate cancer.
 - In addition to primary care, it also provides oral health care, substance abuse and domestic violence prevention counseling, parenting skills training, job training, nutrition education, and other social services.
 - The men-only aspect reduces embarrassment or feelings of inadequacy that some men feel when seeking care, and allows the center to focus on male-oriented outreach and education, as well as clinical issues pertaining largely to men.

Financing

- Funding for the clinic was provided by the W.K. Kellogg Foundation (through Baltimore's Community Voices program), the Robert Wood Johnson Foundation, TANF block grant funds, and the Baltimore City Health Department.

Business Case

- By providing culturally sensitive, timely, and appropriate care in a supportive environment, the city would save significantly on uncompensated care delivered in ERs and hospital inpatient settings. The cost of setting up and running the clinic would also be offset by savings in mental health care, drug-related spending, such as rehabilitation and other treatment, and outlays in the legal system.

At the Men's Health Center in Baltimore, one man was diagnosed with high blood pressure after going in for a dental check up. Without the health center as a point of access, this dangerous condition would have remained undiagnosed and untreated, as it does for countless others around the country.

- "Building Healthy Families, One Man at a Time," – coined by a coalition of organizations supporting the clinic — refers to the ripple effects of improving men's health, by improving family health and relationships, and productivity.



Lessons Learned

Through experimentation and evaluation of the programs described above, the following lessons were learned that should help shape future efforts to address the men's health crisis:

- **It is important to conduct focus groups with men of color to determine their needs, as well as their perceptions about barriers to accessing care.**
 - Focus groups conducted by Denver Health with African American and Latino men found different non-economic reasons for why they tended to avoid seeking care, often rooted in language and cultural issues.
 - Fears due to previous negative experiences with the health care system (either individual, or population-wide, as in the Tuskegee experiments) need to be acknowledged and addressed before progress can be made.
- **Individuals who are so disenfranchised from the health care system will need intensive care management and other non-health care based supports in order to use the system appropriately and achieve desired health outcomes.**
- **Providing culturally sensitive care in a welcoming environment, and focusing on behavioral health, substance abuse, and primary care, can reap large dividends for safety net providers and subsequently for communities.**

What State Policymakers and Administrators can do

How your state can promote men's health clinics, outreach, and care management for low-income men...

- **Recognize (and share with colleagues) the importance of providing appropriate, primary health care to low-income men, and the positive impact such care can have across families, communities, and ultimately the state's economy.**
- **Gather county public health directors, leaders of major safety net institutions (e.g., hospitals, community health centers), heads of major community-based organizations and/or coalitions, faith-based organizations, pharmaceutical companies, and other organizations such as local chapters of 100 Black Men, to:**
 - Acknowledge the problem;
 - Present models for addressing problem, such as those described in this briefing;
 - Begin collaborative process of discussing and developing solutions appropriate for your state;
 - Consider possible funding strategies for planning and development and operations; options include:
 - existing state and/or county public health funds;
 - contributions by hospitals and health systems that will benefit from reduced uncompensated emergency room and inpatient care;
 - federal Disproportionate Hospital Share funds;¹¹
 - federal grants such as the HRSA State Planning/Pilot Program grants, which could be used by states to create demonstration projects aimed at improving access to care for poor men.

¹¹ Georgia Indigent Care Trust Fund (ICTF) is one example of how Disproportionate Share Hospital (DSH) funds are being used to provide primary care to underserved populations. The Hospitals which receive money from the ICTF use 15 percent of their share to deliver primary care services via different mechanisms. States that have a funding stream such as the ICTF could establish men's health as a priority area. (see www.cmwf.org/usr_doc/784_Silow-Carroll_stretching_uncompensated.pdf)

- Acknowledge that different regions (e.g., urban versus rural) may require different models or strategies;
- Nurture collaboration and facilitate “buy in” from and among stakeholders.
- **Establish a state-wide Office of Men’s Health to facilitate and support state and community-based men’s health programs on an ongoing basis. Functions should include:**
 - Promoting men’s health clinics, providers, case workers and community health workers through provider education/ promoting awareness about men’s issues and emphasizing care management at existing community health centers and clinics that serve low-income men; creating scholarships for educating community health workers; developing outreach programs with community-based organizations to reach men where they are – e.g., barber shops, gyms;
 - Serving as a clearinghouse for communities seeking information on how to improve men’s health in their areas;
 - Acting as a liaison among the various state agencies for whom this issue is relevant, including the department of health, human resources, labor, and insurance.
- **Meet with Medicaid administrators and policymakers to explore the possibility of expanding Medicaid coverage to poor, uninsured men; or if that is not feasible, developing a state-financed program similar to the Washington Basic Health Plan, which covers all individuals up to a certain income level, regardless of family status.**
- **When developing a program (either Medicaid expansion or a state-only program), allow for male-focused outreach, case management, facilitated enrollment, and clinical services to be reimbursed at an adequate level (above uncompensated care) to promote and spur innovative delivery of such care among safety-net systems. States can also pursue funding for case management, outreach and enrollment under Medicaid through the targeted case management and Medicaid administrative activities budget lines, allowing for some reimbursement of these services when applied to service delivery for men.**
- **Provide incentives to employers to provide health coverage to low-wage workers.**

To learn more about improving access to care for men...

For more information about Denver’s MHI, contact Benny Samuels, Denver Health Office of Men’s Health, 303-436-4182.

For more information about Baltimore’s Men’s Health Center, contact Sherry Adeyemi, Baltimore City Health Department, Director, Health Program Planning and Evaluation, 410-396-4502.

For more information about the Community Voices program and Men’s Health initiatives, contact: Henrie Treadwell, Ph.D., Director, Community Voices and Men’s Health Initiative, Morehouse School of Medicine, National Center for Primary Care, 404 756-5740, E-mail: htreadwell@msm.edu

Barbara Sabol, Program Officer, W. K. Kellogg Foundation, (269) 969-2276, bjs@wkkf.org

Also see: www.communityvoices.org

Ro, Marguerite, et. al., A Man’s Dilemma: Healthcare of Men Across America: A Disparities Report, A Community Voices Publication September 2004, http://www.communityvoices.org/Uploads/Mans_Dilemma_00108_00085.pdf

Community Voices Men's Health Initiative Contacts

Mrs. Sherry Adeyemi

Project Director
Baltimore City Health Department
Epidemiology, 3rd Floor
210 Guilford Avenue
Baltimore, MD 21202
Phone: 410-396-4502
Email: sherry.adeyemi@baltimorecity.gov

Courtney Grey

Medical Director
Boston Public Health Commission
1010 Massachusetts Ave.
Boston, MA 02118
Phone: 617-534-2268
Email: courtney_grey@bphc.org

Elizabeth Whitley, Ph.D.

Project Director,
Denver Health
777 Bannock St., MC 7779
Denver, CO 80204
Phone: 303-436-6000
Email: liz.whitley@dhha.org

Ms. Marie Mitchell

Director, Teen Services Program
Emory Grady Health System
80 Jessie Hills Jr. Drive
Box 26061
Atlanta, GA 30303
Phone: 404-616-6080
Email: mmitchell1@gmh.edu

Ms. Lela Keys

Project Director
Northwest Mississippi Regional
Medical Center
Delta Community Partners in Care
P.O. Box 1218
Clarksdale, MS 38614
Phone: 662-624-3484
Email: lbkeys2@bellsouth.net

Leda Perez

Project Director
Collins Center for Public Policy
150 SE 2nd Avenue, Suite 709
Miami, FL 33131
Phone: 305-377-4484
Email: leperez@collinscenter.org

Rahn Dorsey - Evaluator

Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138
Phone: 617-492-7100
Email: rahn_dorsey@abtassoc.com

Barbara K. Krimgold – National

Networking Convener
Senior Project Director
Center for Advancement of Health
2000 Florida Ave. NW
Suite 210
Washington, DC 20009-1231
Phone: 202-387-2857
Email: bkrimgold@cfah.org



Community Voices: HealthCare for the Underserved is working to make health care available to all. With eight sites across the country and managed by the National Center for Primary Care at the Morehouse School of Medicine, Community Voices is helping ensure the survival of safety-net providers and strengthening community support services. Launched in 1998 by the W.K. Kellogg Foundation, the sites are part of a national effort to sort out what works from what does not in meeting the needs of those who receive inadequate or no health care.

Community Voices is an initiative of the National Center for Primary Care at Morehouse School of Medicine
720 Westview Drive SW
Atlanta, GA 30310
Phone: (404) 756-8914 • Fax: (404) 752-1198
www.communityvoices.org

Supported by the W.K. Kellogg Foundation

561-MM