

Establishing an Office of Men's Health

Federal Level: Toward Establishing an Office of Men's Health

On May 8, 2003, Senator Michael Crapo (R-ID) introduced Senate Bill 1028, "Men's Health Act of 2003." This legislation would establish an Office of Men's Health within the Department of Health and Human Services for the purpose of promoting men's health in the United States. This bill is a response to the "silent health crisis" affecting America's men. Compared to women, men have shorter life expectancies and are less likely to visit physicians. Men continue to suffer from preventable diseases and experience poor health outcomes needlessly. The high costs of premature death and disability are borne by all – men, their families, their communities, and ultimately the nation.

Setting a Precedent: The Office on Women's Health

In 1991, the Office on Women's Health in the Department of Health and Human Services (DHHS) was established to improve the health of American women. To achieve this mission, the Office was directed to advance and coordinate a comprehensive women's health agenda throughout DHHS. This agenda encompasses health care prevention, service delivery, research, public and health care professional education, and career advancement for women in the health and science professions.

In addition, the 10 DHHS Regional Offices have a women's health coordinator. Offices of Women's Health have also been established at the Centers for Disease Control and Prevention, the Food and Drug Administration, and the Health Resources and Services Administration. In 1992, the position of Associate Administrator for Women's Services was created at the Substance Abuse and Mental Health Service Administration, and in 1993, an Office of Research on Women's Health was created at the National Institutes of Health.

As a result of these efforts, the Federal Government currently allocates almost **\$70 billion** on cross-cutting programs to address women's health.

State Level: Offices of Women's Health and Offices of Men's Health

Most states (39 out of 50) have either an Office of Women's Health or a program/staff person focused specifically on women's health. Having an office or a program dedicated to women's health assures that there is a focal point for women's health; attention is directed toward addressing health issues and concerns that may affect women differently from men; and resources are dedicated toward redressing the inequalities in research, health care services, and education that have adversely affected the health of women.

In comparison, only six states have a formal mechanism to address the issue of men's health. This mechanism is either an office or program on men's health or, in some states, a staff person dedicated to addressing men's health.

Progress in Georgia

In 2000, the Georgia Legislature created a Commission on Men's Health through House Bill 1235. This Commission was charged with:

- Developing strategies, public recommendations, and programs, including community outreach and public-private partnerships that are designed to educate Georgia's men on the benefits of regular physician check-ups, early detection and preventive screening tests, and healthy lifestyle practices;
- Focusing on improving health outcomes for men in specific disease areas, including but not limited to: prostate and testicular cancers, cardiovascular diseases such as high blood pressure, stroke, and heart attacks, depression, suicide, and diabetes;
- Monitoring state and federal policy and legislation that may affect the areas of men's health;
- Recommending assistance, services, and policy changes that will further the goals of the commission; and
- Submitting a report of its findings and recommendations under this chapter to the Governor, the President of the Senate, and the Speaker of the

