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# Developing a men's health program

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**Introduction:** Many healthcare disparities exist between men and women due to differences in lifestyles and health seeking behaviors. Such differences lead to higher mortality and lower life expectancy in men. The field of urology has the unique opportunity of acting as a gateway to men's overall health, where a urologist can diagnose medical diseases in patients and refer them to the appropriate specialist. In this review article we discuss the need for men's health programs and our experience with creating such program in Philadelphia.

**Methods and materials:** In this review article we outline our experience with creating a men's health program to serve the diverse Philadelphia population.

*We discuss the healthcare needs and demographics of our geographical area.*

**Results:** We identify factors essential for the success of our men's health program such as: developing a business model, drawing support from our institution, identifying key medical specialties to include in the program, assigning patient navigators and integration of electronic medical records.

**Conclusion:** Men's health program provide tailored care for male patients that best suits their needs and healthcare seeking behaviors. The success of such programs requires commitment from physicians from many medical specialties to provide holistic care.

**Key Words:** men's health, program, urology

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## Introduction

We recognize the healthcare needs and utilization patterns of men are dissimilar to the needs of women. Men have a higher mortality rate and worse health outcomes compared to their female counterparts. World Health Organization (WHO) data in 2012 showed that men were more likely to die younger than women in every country surveyed, with some countries showing a male death rate twice as high as females. Also, men have a lower life expectancy than women worldwide, and this life expectancy gap is projected to broaden overtime.<sup>1</sup> In the United States, men die 5.4 years earlier than women and have a 43% higher all-cause death rate.<sup>2</sup> This discrepancy in mortality is secondary to modifiable (diet, exercise, healthy behavior, occupational exposure, substance use) and unmodifiable risk factors (genetics). Research into differences between female and male behaviors found that males are more likely to engage in harmful activities such as smoking, drug and alcohol use, and medical care avoidance.<sup>3</sup> One driving force for such risky health behaviors is the societal construct of masculinity. Such standards promote risk-taking,

avoiding healthy behaviors, and putting work ahead of all other responsibilities.<sup>3</sup> Encouraging positive societal peer pressure can encourage men to live healthy lives and develop healthy habits. Houle et al showed that men with positive peer pressure from family and co-workers are more conscious about their health, develop healthy habits, and improve interpersonal relationships.<sup>4</sup>

Men view their healthcare needs from a different perspective than our female counterparts; whereas women tend to focus on prevention, men tend to focus on repair. Though women visit the doctor 150% as often as men, men cost the healthcare system more than women because they seek care at more advanced stages of disease. Reasons for this disparity are many, including male perception of a strong, unbreakable self-image, attitudes towards financial and family responsibilities, and denial. Twenty-five per cent of men have acknowledged they would wait as long as possible before seeking care for a specific problem.<sup>5</sup> Men tend to have a higher mortality risk due to cardiovascular, pulmonary and infectious diseases. Additionally, men demonstrate a higher disposition towards behaviors such as smoking, alcoholism, substance abuse, unsafe sex, and other high risk behaviors leading to intentional and unintentional injuries. Avoidance is especially common in men ages 20 to 40. In this age range, men are twice as likely as women to die from any cause.

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Differences in behavior between men and women lead to discrepancies in healthcare needs and utilization. Healthcare avoidance behavior prevents men from seeking screening tests which can diagnose diseases in their early stages and reduces healthcare cost.<sup>1</sup> The unique healthcare seeking behavior of men requires targeted outreach and health programs to meet their health needs. Programs which target specific groups of men have been shown to be effective if the information is perceived to be individualized and if the medical staff fosters autonomy and shared decision-making.<sup>6</sup> Robinson et al examined the efficacy of targeted men's health program and note that an important factor for success is the personalization of information to make it relatable to men at different stages of their health journey. This personalization can be achieved by including: resources to support men's social interactions, encouraging support from peers, promoting ownership over information, and providing support for shared decision-making.<sup>6</sup>

Even though many studies have examined the need for a Men's Health Program, few studies outline the process of developing one. In this article, we will discuss our experience with creating a Men's Health Program at Thomas Jefferson University Hospital to serve the diverse population of Philadelphia and the Greater Delaware Valley.

## Urology as a gateway to health

Urology may be viewed as the portal into overall male health.<sup>7</sup> Men are more likely to see a urologist for sexual and urinary dysfunction than see their primary care physician for routine healthcare visits. A urology office visit should be seen as an opportunity to evaluate a man for risk factors such as cardiovascular disease and diabetes which can be discovered during workup of erectile dysfunction.<sup>7</sup> Recognizing the need for an organized approach to Men's Health, The American Urological Association (AUA) established a Committee on Male Health with the goal "to promote lifelong male health, wellness, and disease prevention through integration of expertise from urology and other healthcare specialties."<sup>8</sup> The committee then developed the AUA Men's Health checklist as a guide to men's health based on age. The checklist includes age based recommendations for health maintenance, health screening and cancer screening to be utilized by urologists and primary care providers.<sup>8</sup>

## Our population

According to the 2017 US Census, the Greater Delaware Valley ranks as the eighth largest in the nation,

numbering 7.2 million people. The city of Philadelphia, the region's economic center, has 1.6 million residents.<sup>9</sup> Data would support a city-wide incidence of erectile dysfunction of 120,000 and a regional incidence of 450,000 men.<sup>10</sup> The Olmstead County Survey found 17% of men age 50-59, 27% of men 60-69, and 37% of men 70-79 years of age have symptomatic BPH which deserves diagnosis and treatment.<sup>11</sup> The American Heart Association estimates nearly half of Americans have heart disease. CDC data from 2015 showed that 10.8% of adults older than 20 years of age living in Pennsylvania suffer from diabetes, 28.6% suffer from obesity, and 37.9% suffer from heart disease.<sup>12</sup> With such prevalence of urological and non-urological conditions, it is necessary to address the healthcare needs of our population in a holistic approach that ensures patients' compliance. Prior to the creation of our health program, Philadelphia and surroundings lacked a multidisciplinary Men's Health Program.

Many different types of men's programs exist. Some are devoted entirely to the diagnosis and management of erectile dysfunction; other programs focus on research. At Thomas Jefferson University, the goal was to develop a multidisciplinary program which focuses on a comprehensive approach to Men's Health, emphasizing Urology, Cardiology, Endocrinology, Primary Care, Sports Medicine, and Sleep Medicine. Each department at our institution offers a full complement of subspecialists who are able to respond to an individual patient's needs, regardless of complexity. For example, within the Urology section of the Program, we offer care in reconstruction, erectile dysfunction, infertility, voiding dysfunction, and oncology. Using the AUA Men's Checklist as a guide, we developed baseline diagnostic studies for new patients enrolled in the program.

## Birth of the men's health program

A needs assessment targeting the Greater Delaware Valley was performed with the assistance of a consulting group. The analysis included the volume of patients, established competitors, and insurance demographics. A business plan was developed in strong collaboration with University administration. Of note, our administration provided invaluable support throughout the program's creation, and continues to help insure its success.

Cooperating physicians in each of the key areas were identified who would represent the perceived areas of greatest patient need, i.e. erectile dysfunction, voiding dysfunction, cardiovascular disease, diabetes, sleep apnea, sports related injury prevention and

management, and primary care. A central location was identified which would facilitate "one-stop shopping" for patients, and facilitate physician interaction. Our facility conveniently offers outpatient surgical, radiologic and pharmacy services as well.

A Patient Navigator was determined to be essential to programmatic success. The role of this individual is manifold, including coordinating patient intake, identifying specific patient needs, scheduling same-day appointments, monitoring patient follow up, maintaining the patient database, coordinating marketing efforts, and community outreach. Internal marketing through the University Intranet introduced the program to the Jefferson community. Individual departments of medicine and surgery, including subspecialties, were supplied with patient information brochures. Referring physicians were invited to introductory lectures given by the participating physicians. These doctors also gave lectures focusing on their area of expertise in relation to Men's Health at community events in the Philadelphia region. Other modes of external marketing included newspaper articles and social media outlets. These featured physicians affiliated with the program targeting audiences to raise awareness of pertinent medical issues, highlighting the benefits of our Men's Health program.

### Incorporation of electronic medical record

Integration of the University Electronic Medical Record (EMR) is an essential element for the Men's Health Program. The EMR must allow the patient to be enrolled regardless of the portal of entry. At Jefferson, patients may be scheduled directly by patients through a universal call-in number (1-800-JEFFNOW), through the patient navigator, or from individual physician offices. Additionally each physician is empowered to nominate patients electronically. The EMR is also instrumental in following patients as they move through the system. For example, a patient seen in Urology, determined to need evaluation by Endocrinology, is referred via the EMR. The patient's intake note from the initial physician is read by the consulting physician and the primary healthcare professional. In turn, the consultant's recommendations are transmitted to all involved, as well as pertinent diagnostic studies. Communication amongst providers is thereby accomplished; the patient is included as well in the information exchange. The EMR also allows patients to email directly with the treating physicians, allowing for timely and effective communication. The EMTR also enables the patient to view their diagnostic results.

Programmatic success may be calculated several different ways. The EMR enables determination of raw

patient numbers managed, and their demographics. Patient satisfaction studies may be incorporated as well through after visit surveys. It also allows for collection of pertinent financial data, including downstream revenue attributable to the program. Data for academic research and publication may be captured as well.

### Conclusion

The development of a successful Men's Health program mandates defining programmatic goals. It requires a robust infrastructure which includes a strong commitment from providers, marketing, informational technology and financial/investment support. The rewards to be gained include increased patient volume, greater downstream revenue, but most importantly, an increase in patient awareness ultimately yielding improved long term patient outcomes. □

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