



## Men's Health: Beyond Masculinity

**T**he health of men is a glaring omission from the 2016 US presidential campaign conversations. Candidates have discussed the health of veterans, the safe guarding of Medicare, children's and women's health, and the repealing of the Patient Protection and Affordable Care Act (ACA) or Obama-Care. But for the two thirds of men who are not veterans or aged 65 years or older, the campaign trail appears silent regarding their health and health care.

The situation is sobering. When comparing the life expectancy at birth of males in the United States to that of males in 21 other highly developed countries (e.g., Australia, Canada, Japan, Sweden, the United Kingdom), males in the US have trailed for more than three decades with the lowest life expectancy. Compared with women, men are three times more likely not to have had a contact with a health care provider for five years, more than twice as likely to have never had contact with a health care provider, and more likely to be uninsured. The gender gaps in life expectancy, premature mortality rates, and use of preventive health care services are persistent and well established, with men faring worse than women on all of these metrics.

The disproportionate burden of disease morbidity and mortality shouldered by men has been supported by the epidemiological and health services literature for decades. However, the unique determinants or patterns of diseases among males across the life course have garnered relatively little policy attention, at least in part because of how we explain men's health outcomes. The policies and programs to improve men's health have located the problem as masculinity. Blaming masculinity consists in explaining men's poorer health and shorter life expectancy than women as the result of psychological traits such as men's adherence to unhealthy beliefs and norms. For example, the US Agency for Healthcare Research and Quality has had several programs aimed at

encouraging men to go to the doctor for preventive screenings and routine treatment such as "Real men wear gowns." Perhaps they have had no more poignant slogan for a men's health campaign than the ad from a few years ago that asserted that "This year thousands of men will die from stubbornness." Rather than highlighting differential rates of unemployment, gender differences in patterns of care over the life course, or the limited infrastructure of men's health programs and services, these and other efforts have suggested the problem is in men's heads. We have embraced the notion that the health of women and children is shaped by social, economic, and environmental determinants of health, but even male policymakers tend to endorse and create policies that presume that men's health is largely a result of men's poor choices and unhealthy behaviors.

Still, there is reason for optimism. The ACA has increased health care access to millions of men via Medicaid expansion. The ACA has the potential to have a greater impact on men's health if southern states with greater proportions of uninsured, unemployed, poor, and minority expand the services provided by Medicaid. Furthermore, initiatives like President Obama's My Brother's Keeper have the potential to address the social, educational, and economic determinants of health in ways that address the root causes of health inequities. Using gendered approaches to understanding the implications of educational and economic policies can help to increase the chances that men's health will be considered more than a problem of masculinity. **AJPH**

*Keith Elder, PhD, MPH, MPA  
College for Public Health and Social Justice  
Saint Louis University*

*Derek M. Griffith, PhD  
Center for Research on Men's Health  
Vanderbilt University*

*doi:10.2105/AJPH.2016.303237*

### 100 YEARS AGO

#### Occupational Mortality Experience of Industrial Workers

Organic disease of the heart . . . is responsible for 12 per cent. of all deaths in all age periods combined. . . . [T]his disease reaches its highest point in the advanced age periods, namely, 65 and over, where 20.4 per cent. of all deaths are due to it. . . . It is found most prevalent among farmers and farm laborers . . . among whom it was responsible for one death out of every six. This is not an indication of poor health conditions among farmers . . . for farmers live to a ripe old age, and organic disease of the heart is . . . primarily a disease of the older ages.

*From AJPH, July 1916*

### 50 YEARS AGO

#### Chronic Disease in Former College Students: Precursors of Suicide in Early and Middle Life

Familial, physical, sociocultural, and psychological characteristics emerged as correlates of subsequent suicide. . . . The role of the father assumed special prominence in the male suicide background, since paternal deprivation was a significant element and the loss of the mother was not. Professional status of the father also seemed to contribute either a deprivation of paternal guidance or the creation of a difficult model for emulation by the son. Substitution of guidance for the loss or absence of a father may constitute an effective and important preventive measure which college and other social agencies are capable of providing.

*From AJPH, July 1966*