



Men's Health

In the United States, COVID-19 incidence rates, hospitalizations, and mortality rates vary greatly across populations and are often higher among male adults, the elderly, populations with lower socioeconomic status (SES), minority populations, and those residing in certain geographic areas.^[1,2] A range of factors, including the overlap of SES, pre-existing health status, race, and geography make some populations more vulnerable to COVID-19 mortality rates and other outcomes, but the gender gap is not easily explained.^[3]

...there is one very large gap that cannot be easily explained by these factors: the gender gap in COVID-19 mortality rates."^[3]



Emerging Issues in Preparedness^[4]

As the United States prepares to address a range of emerging issues related to preparedness, communities can also become impacted in several ways. As reflected in the Healthy People 2020 national objectives, stakeholders can:

- Plan for the increased prevalence of emerging and re-emerging infectious diseases
- Incorporate Disaster Risk Reduction as an approach to preparedness
- Focus on health disparities and variations in preparedness across geographies, communities, and demographics
- Analyze how demographic trends are changing the vulnerability of populations during public health emergencies
- Increase opportunities for public-private partnerships
- Protect against threats to Electronic Health Record systems
- Identify how to take advantage of trends in technological innovation
- Increase transparency and flexibility in supply chain management

Background Information (Populations with Low Socioeconomic Status Characteristics)

Healthcare access & affordability

Although men do care about health issues, male adults with health problems are more likely to not have a recent physician visit or contact, which results in advance disease upon diagnosis. There are also differences in how men from different socioeconomic population groups access and respond to information.^[5] For example, adherence to patriarchal masculine characteristics, such as independence or self-reliance, may be potential barriers to men accessing and utilizing healthcare services in a timely way.^[6]

Increased utilization of clinical preventive services by men will require efforts that build understanding and awareness, implement private and public-sector policies, and expand the uptake of effective community-based strategies among low-resourced communities and low-income populations (including the newly unemployed and uninsured).

Healthcare insurance status/Employment status

Men experience disproportionate morbidity and mortality outcomes due to lack of healthcare insurance coverage or lack of awareness about the availability of preventive healthcare services covered by health insurance, including Medicaid.

Many preventive healthcare services, such as screenings for cardiac issues, diabetes, and various cancers, can detect conditions associated with COVID-19 complications. Understanding the use of health care services of men who are younger than 65 is important for identifying those at risk for or diagnosing those with a chronic condition before they become eligible for Medicare. Expanding Medicaid to include low-income men below the age of 65 is associated with increased use of preventive health care, especially among those with chronic conditions.^[7]

Men who work in low-income jobs are less likely to have access to the resources and benefits that would allow them to stay healthy and financially secure throughout the pandemic. Less than 33% of low-income workers possess paid leave, compared to 94% of those in the top 10% of income.^[8] Further, insurance linked to employment may not be reliable as approximately 9.2 million workers in the United States are at risk of losing their employer-provided health insurance during the coronavirus pandemic.^[9]



Low-income workers (including male adults) are more likely to be exposed to COVID-19 and other contagious illnesses because they are more likely to be employed in jobs that place them in close contact or at greater exposure with the public. An unintended consequence of jobs that lack paid sick leave and have limited health insurance coverage is that workers may continue to work even if they are ill. Combined, these factors increase the risk of contracting and spreading COVID-19 among co-workers and customers and bringing it home to families.

Underlying medical conditions

The leading causes of mortality among men represent many of the risk factors for serious COVID-19: heart disease, cancer, chronic lower respiratory diseases (including chronic obstructive pulmonary disease), stroke, and diabetes.^[10] In addition, exposure to discrimination among racial and ethnic minorities increases the risk of hypertension, inflammation, and other health conditions now shown to be risk factors associated with COVID-19 complications.^[11] As the pandemic goes on, increasing attention is being paid to the psychology of individuals at higher risk. For example,

- **Social vulnerability** focuses on pre-emergency social and economic factors within communities that create a lack of capacity associated with preparing, responding, and recovering from disasters or emergencies. Social vulnerability creates populations that are more susceptible to suffering disproportionately.
- **Allostatic load** comprises the exposures that can cause repeated or chronic stress and create wear and tear on the body, leaving individuals susceptible to diseases and conditions. Illness, housing instability, death or illness of a close loved one, limited opportunity to make one's own decisions, and exposure to a threat that can affect individual and community resiliency all contribute to allostatic load.^[12]

Where Low SES Populations-Live, Work, Play and Learn

Residing in low SES communities over one's life can have a cumulative effect on biological wear and tear, particularly in men. Community-level socioeconomic characteristics, such as poverty and poor environmental conditions, are associated with some chronic conditions, including cardiovascular illness.^[13]

The psychosocial aspects of low-income communities are affected by the COVID-19 pandemic in different ways and need special attention. A stigmatized community may tend to delay medical care and conceal or omit important medical history. These behaviors increase the risk of community transmission.^[14]

Social determinants at the local or neighborhood level may affect individual outcomes (especially among low-income and minority populations) through both a direct and an indirect path. The direct path operates through chronic exposure to social stressors associated with chronic disease, including hypertension, elevated cholesterol, insulin resistance, etc. The indirect path operates through the neighborhood environment, such as the effects of food deserts on diet and physical health.^[15]

RESOURCES

- American Lung Association. Lung cancer screening insurance coverage and other resources. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/saved-by-the-scan/resources>
- American Lung Association. State cessation coverage. <https://www.lung.org/policy-advocacy/tobacco/cessation/state-cessation-coverage>
- American Lung Association. Expanding smoke free communities: community success stories <https://www.lung.org/policy-advocacy/tobacco/smokefree-environments/expanding-smokefree-communities>
- American Thoracic Society, American College of Chest Physicians. For my lung health. <https://formylunghealth.com/>
- Association of Community Cancer Centers. Improving care coordination: Improving Lung Cancer Care. <https://www.accc-cancer.org/projects/improving-care-coordination/overview>
- CDC. COVID-19 Resources: Social vulnerability index, community mitigation framework and strategies, PPE burn rate calculator, cloth face coverings. <https://www.cdc.gov/coronavirus/2019-ncov/>
- CDC. Tips From Former Smokers Campaign Resources. <https://www.cdc.gov/tobacco/campaign/tips/index.html>
- CDC: Cancer and Men. <https://www.cdc.gov/cancer/dcpc/resources/features/cancerandmen/index.htm>
- Centers for Medicare and Medicaid Services. Marketplace coverage and coronavirus. <https://www.healthcare.gov/coronavirus/> and <https://www.healthcare.gov/get-coverage/>
- Community Health Advisor (HealthPartners Institute and National Commission on Prevention Priorities). <http://www.communityhealthadvisor.org/cha3/>
- Emory University's COVID-19 Health Equity Interactive Dashboard <https://covid19.emory.edu/>
- Kaiser Family Foundation. State data and policy actions to address coronavirus - maps and data. <https://www.kff.org/coronavirus-covid-19/>
- National Cancer Institute. Coronavirus: What people with cancer should know. <https://www.cancer.gov/contact/emergency-preparedness/coronavirus>
- National Cancer Institute. Organizations that offer free cancer support services. <https://www.cancer.gov/about-cancer/coping/adjusting-to-cancer/support-groups>
- United States Department of Agriculture. COVID-19 federal rural resource guide. <https://www.rd.usda.gov/coronavirus>

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