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Division of Diabetes Translation



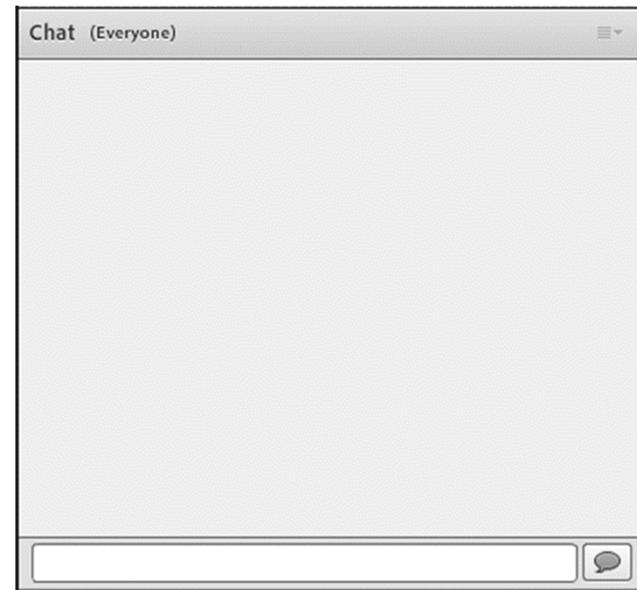
Wayne Millington, MPA
Senior Public Health Advisor
CDC, Division of Diabetes Translation



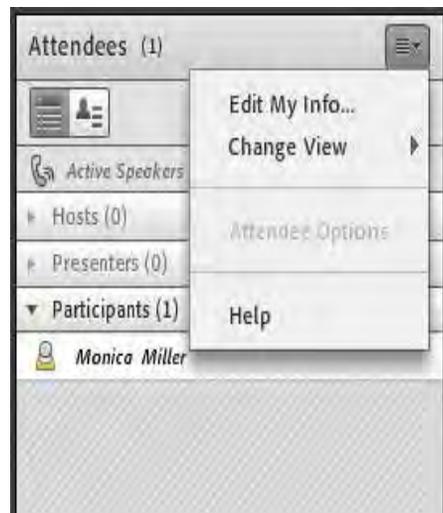
- Provides strategic direction on public health policy, program, and practice
- Develops and implements public health programs in collaboration with state and local public health organizations
- Previously served as Response Deputy for CDC's Emergency Response Center

ADOBE CHAT BOX

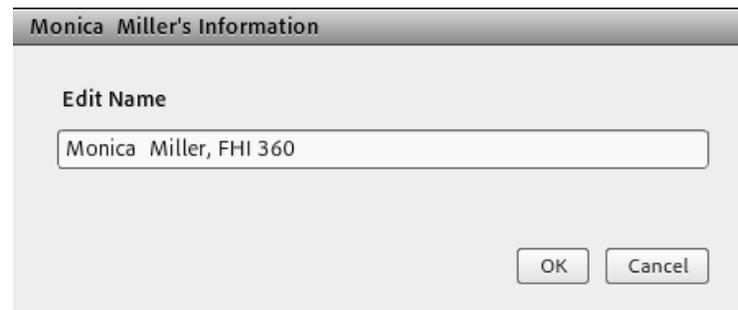
- If you have a question, please type it in the Chat Box at any time.
- We will do our best to respond to chat questions during the webinar and will follow up after the event as well.



EDIT MY INFO...TO INCLUDE AFFILIATION



If you haven't included your affiliation after your name, please do so by selecting, "Edit My Info..." from the top-right corner of the Attendees box.

A dialog box titled "Monica Miller's Information". It has a section labeled "Edit Name" with a text input field containing "Monica Miller, FHI 360". At the bottom right, there are "OK" and "Cancel" buttons.

OBJECTIVES FOR TODAY

- Recognize challenges men face in preventing type 2 diabetes or living with diabetes.
- Identify barriers for men's participation and retention in type 2 diabetes prevention and management programs.
- Identify strategies to increase men's participation in type 2 diabetes prevention program or DSMES (diabetes self-management education and support) services.

HEALTH IS A TEAM SPORT: A PLAYBOOK FOR ENGAGING MEN IN DIABETES PREVENTION AND MANAGEMENT

Featuring Guest Panelists:

Peter Simpson

Dr. Salvatore (Sal) Giorgianni

Aaron Perry

Darryl Davidson

Moderated by:

Wayne Millington, MPA

Senior Public Health Advisor

Centers for Disease Control and Prevention

Division of Diabetes Translation







Peter Simpson
Principal and Founder
xspierient

- Over 49 years of global business experience
- Consultant to the health care industry where he worked on developing psychology-based methodologies for medical market research
- Skills include:
 - strategic planning processes
 - market segmentation
 - health care marketing



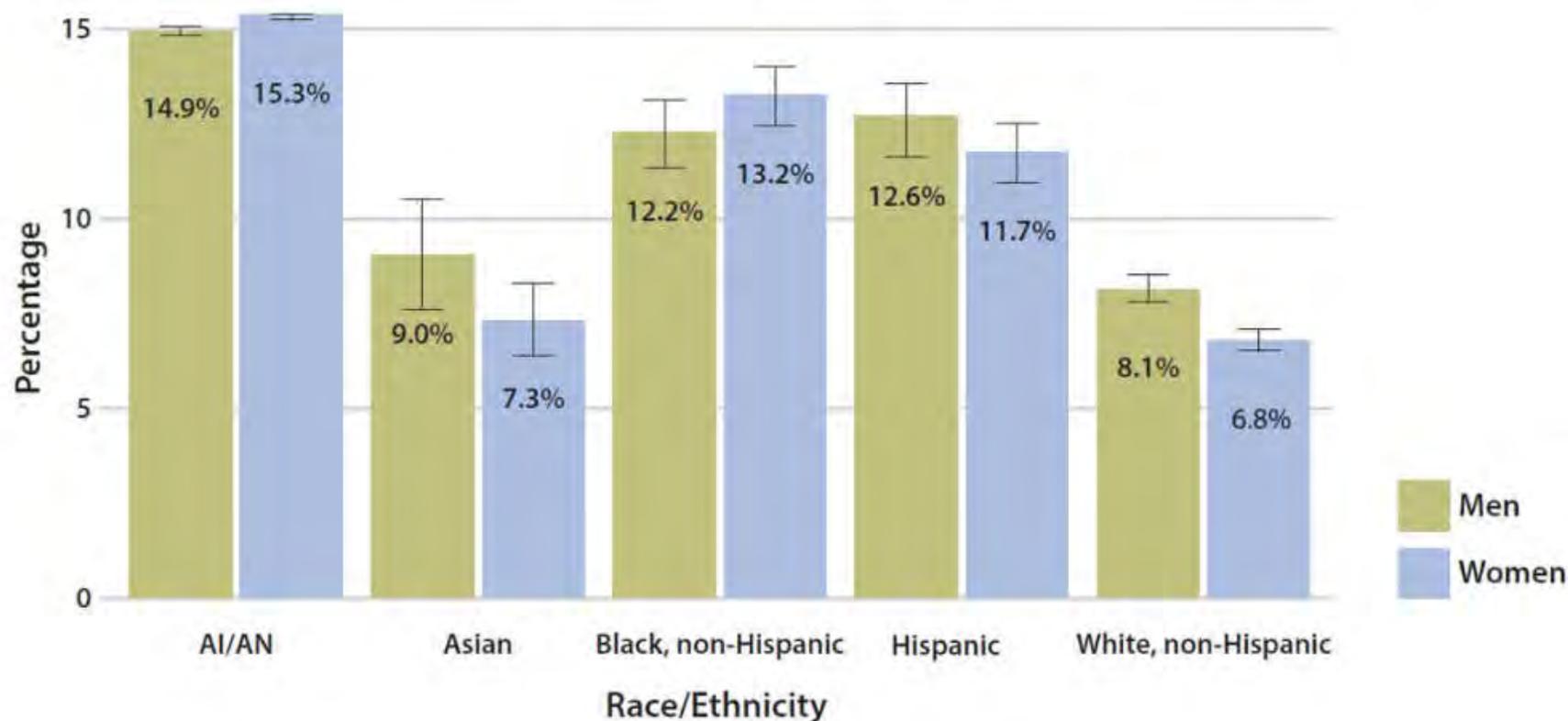
CURRENT LANDSCAPE: MEN AND DIABETES

Total: 30.3 million people have diabetes
(9.4% of the US population)

Diagnosed: 23.1 million people

Undiagnosed: 7.2 million people
(23.8% of people with diabetes are undiagnosed)

Estimated age-adjusted prevalence of diagnosed diabetes by race/ethnicity and sex among adults aged ≥ 18 years, United States, 2013–2015



Estimated age-adjusted prevalence of diagnosed diabetes by race/ethnicity and sex among adults aged ≥ 18 years, United States, 2013–2015

Data source: 2013–2015 National Health Interview Survey, except American Indian/Alaska Native data, which are from the 2015 Indian Health Service National Data Warehouse.

IS DIABETES A MALE AND ETHNIC ISSUE?

Estimated Adult Diabetes— Percentage

- Less than High School – 12.6%
- High School – 9.5%
- More than High School - 7.2%

Estimated Adult Diabetes – millions (2015)

- Women – Diagnosed 11.7
- Men – Diagnosed 11.3

- Women – Undiagnosed 3.1
- Men – Undiagnosed 4.0

Total 30.1

Prevalence by Demographics – Percentage

- Native American 15.1%
- Non-Hispanic Black 12.7%
- Hispanic 12.1%
- Asian 8.0%
- White Caucasian 7.4% (Men higher than women)

PARTICIPATION IN A NATIONAL DIABETES PREVENTION PROGRAM LIFESTYLE CHANGE PROGRAM BY GENDER

| GENDER | Frequency | Percent |
|---------------------|------------------|----------------|
| Male | 90,720 | 24.32 |
| Female | 281,701 | 75.53 |
| Not Reported | 545 | 0.15 |

Source: Diabetes Prevention Recognition Program Registry, 2019

Table 3. Estimated number, percentage, and awareness of prediabetes among adults aged ≥18 years, United States, 2015

| Characteristic | No. in millions (95% CI) ^a | Percentage (95% CI) ^b | Percentage aware of prediabetes (95% CI) ^{a,c} |
|---------------------|---------------------------------------|----------------------------------|---|
| Total | 84.1 (78.0–90.4) | 33.9 (31.5–36.5) | 11.6 (9.9–13.6) |
| Age in years | | | |
| 18–44 | 27.4 (24.5–30.6) | 23.7 (21.1–26.4) | 8.2 (5.8–11.5) |
| 45–64 | 34.3 (31.5–37.2) | 40.9 (37.5–44.3) | 12.9 (10.2–16.1) |
| ≥65 | 23.1 (21.1–25.1) | 48.3 (44.2–52.5) | 14.1 (10.5–18.6) |
| Sex | | | |
| Women | 39.5 (36.0–43.3) | 31.1 (28.3–34.0) | 14.1 (11.3–17.6) |
| Men | 44.5 (40.5–48.7) | 36.9 (33.6–40.4) | 9.4 (6.6–13.3) |

CI = confidence interval.

^a Numbers for subgroups may not add up to the total because of rounding.

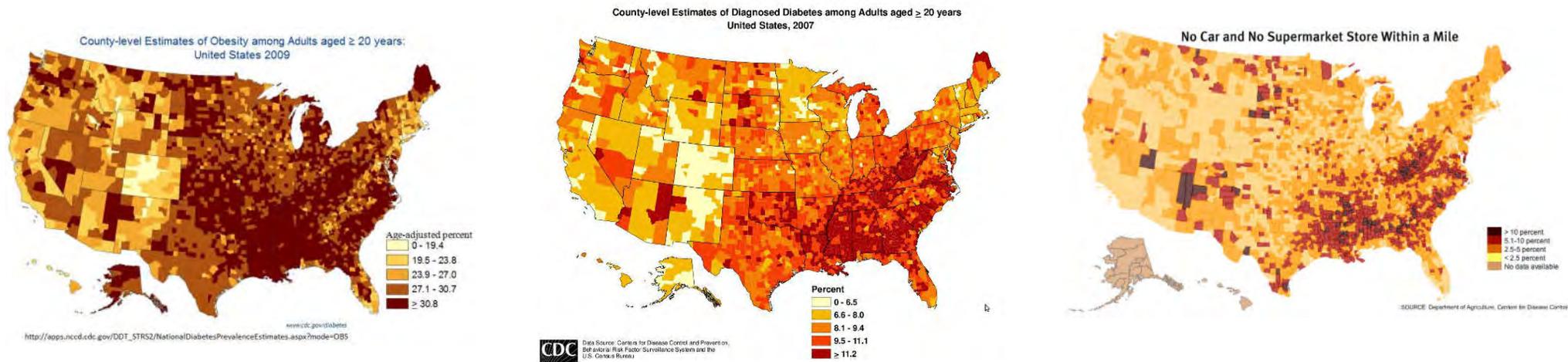
^b Data are crude, not age-adjusted.

^c Among those with prediabetes.

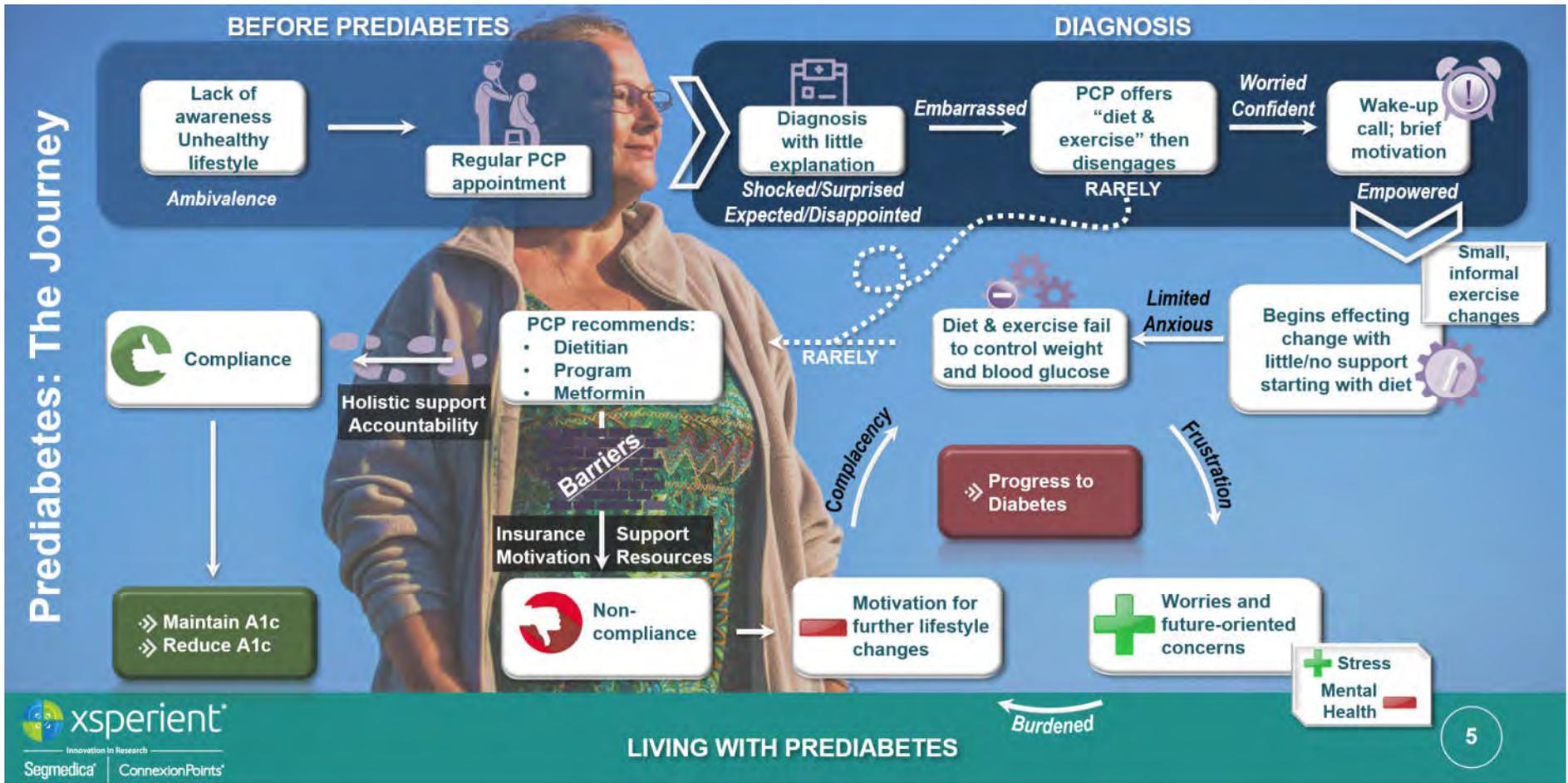
Data source: 2011–2014 National Health and Nutrition Examination Survey and 2015 U.S. Census Bureau data.

**PREDIABETES
IS THE
GATEWAY TO
TYPE 2
DIABETES**

DIABETES, OBESITY, AND FOOD DESERTS LARGELY OVERLAP



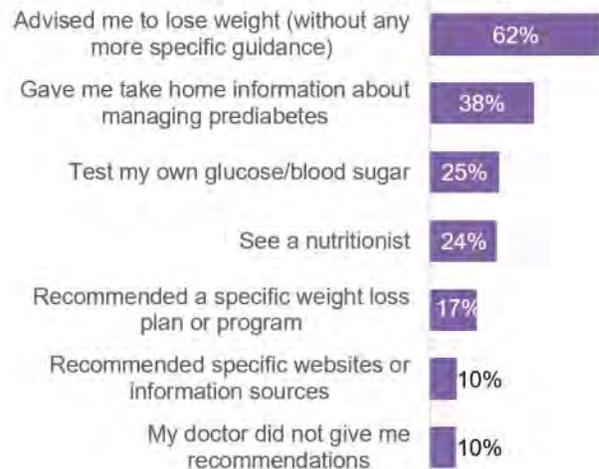
It is reasonable to suppose that prediabetes maps out in the same way.



Source: xspierent ConnexionPoints[®] Prediabetes Study 2018

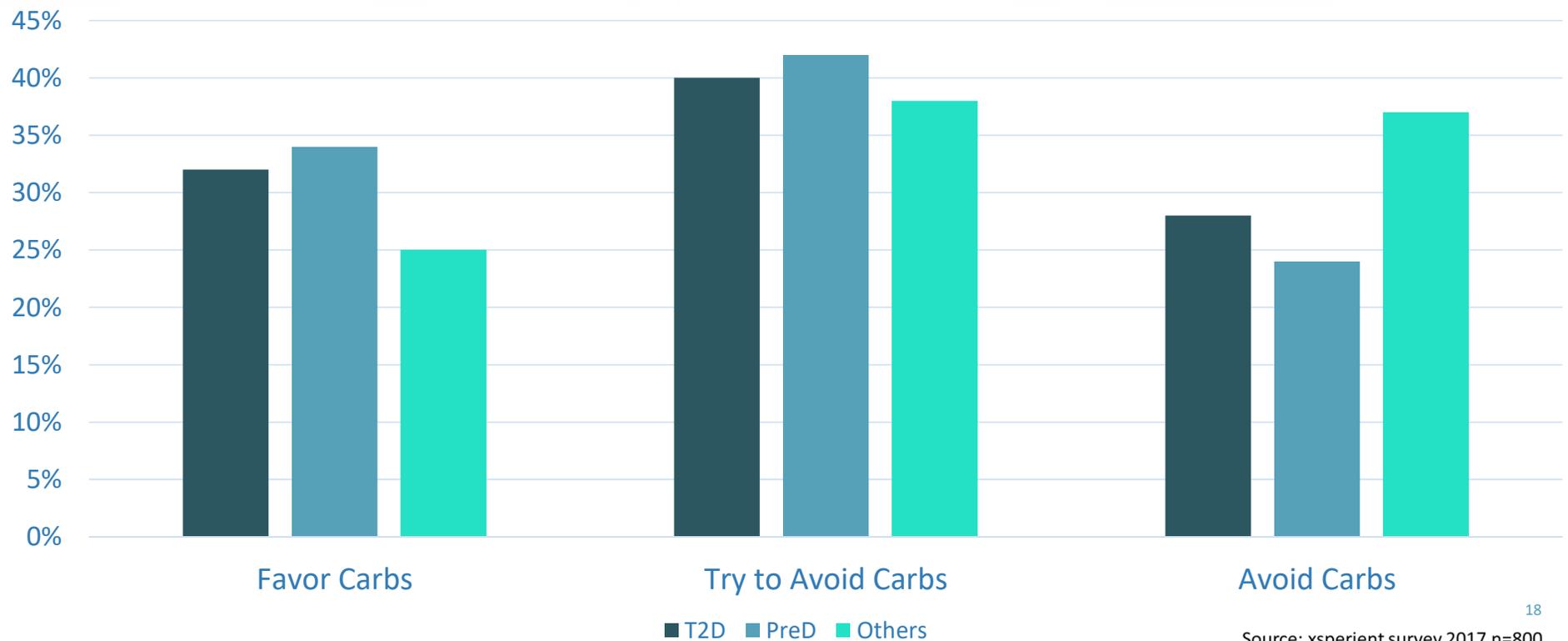
THE HEALTH CARE SYSTEM IS LARGELY INEFFECTIVE

Recommendations From My Doctor



- Only 44% of those with prediabetes say that their physician discusses it with them at every visit
- 25% say their physician discusses it with them “rarely”

DIAGNOSIS DOES NOT DRIVE BETTER BEHAVIOR



MEN AND WOMEN ARE DIFFERENT

- Men are less likely to:
 - receive an annual checkup from their primary (48% vs. 60%)
 - visit for an illness or concern (33% vs. 42%)
 - use a walk-in clinic (13% vs. 18%)
- Men spend less effort researching their physicians
- They are more comfortable taking medications (1–7 scale, Top Two Box, 30% vs. 20%)
- They have a much lower regard for the US health care system (School Scorecard assessment, rating E or F 45% vs. 25%)

Source: xspient US Health care Consumer Survey 2016 n=800 (50:50 male: female. US demographic balance, all difference significant at the 95% CI)

MEN AND WOMEN'S PREDIABETES EXPERIENCE IS DIFFERENT

- Women were more likely to report a diagnosis of obesity (51% vs 34%) and anxiety (45% vs 31%). In the last year, 19% of US adults were diagnosed with anxiety, an estimated 31% on a lifetime basis.
- Men were are more likely to know their A1C score (64% vs. 48%).
- Women were more likely to report attendance in National Diabetes Prevention Program lifestyle change programs (LCPs) (75% vs. 25%).

Source: National Institutes of Mental Health website accessed 6-15-2019
<https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml>

“It is more important to know what kind of patient has the disease than what kind of disease the patient has.”

— Sir William Osler,
1849-1919





PERSONASMART™ PERSONALITY BASED HEALTH CARE ENGAGEMENT MODEL

- ✓ People behave according to who they are, not what conditions they have or issues they face
- ✓ Our Global Health and Wellness Engagement Scale is personality-driven
- ✓ It has proven itself everywhere from acute illness through wellness behaviors to diet and nutrition



Proactive

Faces up to situations
Shares and communicates
Makes their own decisions



Seeks Normality

Want to be healthy but only deals with the wellness when they have to



Hopeful

Hopes things will turn out ok
But can be fatalistic and
Avoidance-oriented



Avoiders

Depressed, frightened
Skips appointments and treatments
Lives for each day

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Based on xspert's accumulated research in Health care, PersonaSmart™, OnTheWall™



The Transtheoretical Model of Health Care Behavioral Change is used for each of the Health Care Engagement Types.

Primary research is then conducted in the context of the target condition.

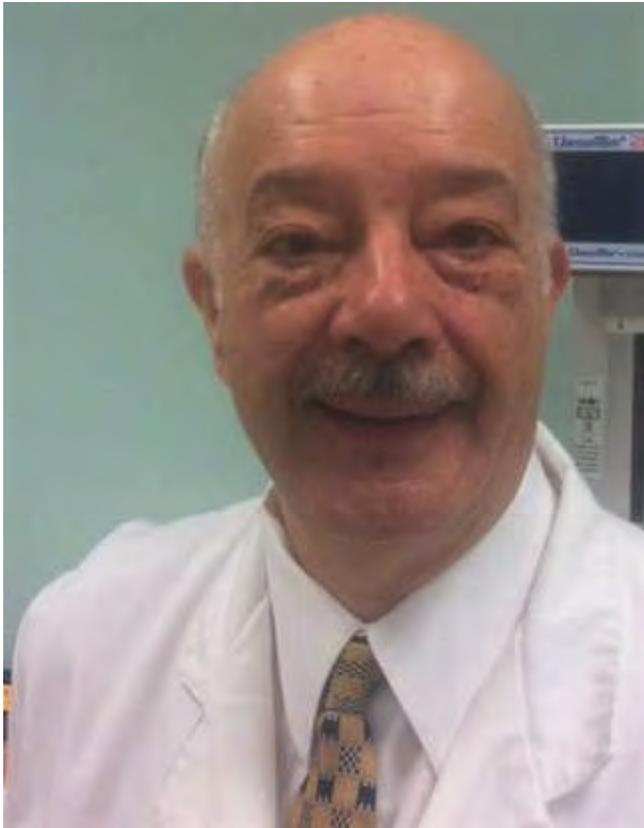
James O. Prochaska of the University of Rhode Island, and Carlo Di Clemente and colleagues developed the transtheoretical model beginning in 1977.- It is based on analysis and use of different theories of psychotherapy, hence the name "transtheoretical".

SUMMARY

- While we know these are stereotypes and may not apply to all, we should consider when engaging with men on health care, that at times men:
 - look after their cars like women look after their bodies (and vice versa)
 - deny conditions and think of obesity and diabetes as “normal”
 - seek convenient solutions
 - Clinics inside stores and pharmacies (one example being a CVS HealthHUB®)
 - Easy parking, in and out quickly



BARRIERS: MEN AND DIABETES



Dr. Sal Giorgianni, BSc, PharmD
Senior Science Advisor
Men's Health Network

- 27 years of experience at Pfizer
- Co-founder and Chair-Emeritus of the American Public Health Association section on men's health
- Practices clinical pharmacy at Viera Family Medicine and Wellness/Via Health

MEN'S HEALTH NETWORK

- Oldest and largest organization that focuses on men (founded 1992)
- Health prevention, screening, education, and advocacy.
- Mission = reach men and their families where they live, work, play, and pray
- Chapters in several state
- Board of advisors and science advisors
- www.menshealthnetwork.org
- Web takes in over 400K hits/month mostly for information



MEN AND THEIR HEALTH

- Men and boys acculturated to not think of health as their responsibility
- Hunter gatherers not caregivers (evolutionary)
- Workplace image of the “tough” executive where chronic conditions or health care visits are signs of a “weak boss” (sociological)
- Men are acculturated to disregard wellness:
 - “Suck it up and take it like a man!”
 - “Real men don’t eat quiche.”
 - “What a great athlete-he’s playing with a broken...!”

MEDIA AND MALE PERCEPTIONS OF ROLE IN HEALTH



- Action roles - predominantly men
- Men who care about health portrayed as un-cool
- Men and boys do not read about health as often or as long as women do
- Health advertising* in general audience monthly magazine images and messages targets:
 - 73% women and girls
 - 19% men
 - 8% gender neutral
 - 0% boys

*analysis of commercial health advertising-
Dr. S. Giorgianni, Presented as a scientific session at
APHA Annual Conference 2011

HEALTH CARE SYSTEM IS NOT “MEN-FRIENDLY” ...

- Providers are products of their own gender-based acculturation
- No comprehensive men’s health doctors
- No annual wellness visits covered for boys or men
- Few/superficial men’s health curricula in professional programs
- Process of exam and care predicated on relinquishing control

- Few resources and little outreach to men from federal and state agencies
 - No federal office of men’s health
 - Few state offices of men’s health—only two or three funded
 - Disparity in NIH funding for men’s health specific research

HEALTH CARE SYSTEM IS NOT “MEN-FRIENDLY” ...

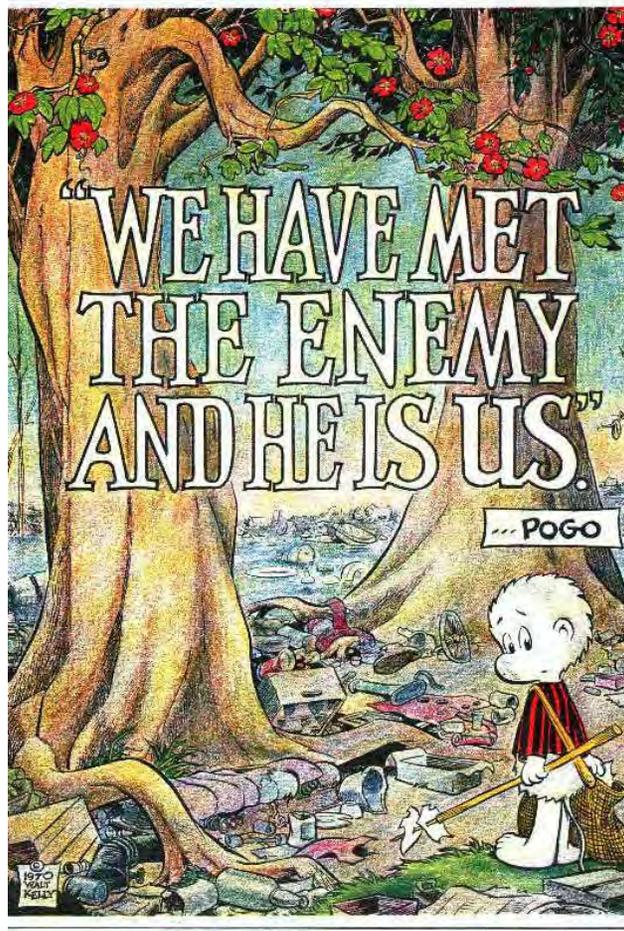
- Only 61% men vs. 81% of women can identify with a “regular physician”*
- Fewer men have regular medical visits (76% men vs. 92% women within a year)*
- Women make twice as many preventive care visits as men*
- Many so-called “men’s health” centers focus on reproductive health issues as a mainstay
- Men wait longer to see physician when symptoms occur—often complicating treatment
- Women seek care for diabetes much sooner to time of diagnosis than men do—men usually seek care only when disease has progressed to problematic symptoms.

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* CDC Use of Ambulatory Care Services By Women-1998/2004

Stigma of disease is one of the most difficult and ubiquitous barriers that needs to be addressed.

Stigma is often compounded by socioeconomic and sociocultural factors.

The Uncomfortable Truth About Boys and Men and Health...



| All | Men | Women | Ratio M/F |
|-----|------|-------|-----------|
| 21 | 26.0 | 16.9 | 1.54 |

Source: <https://www.cdc.gov/nchs/fastats/deaths.htm>

**AGE ADJUSTED DEATH RATE IN US FOR DIABETES (ALL TYPES)
PER 100,000 – CDC 2015**

PREVENTION AND AWARENESS AT EARLY AGE CAN HELP TO COUNTERBALANCE ANTI-HEALTH ACCULTURATION

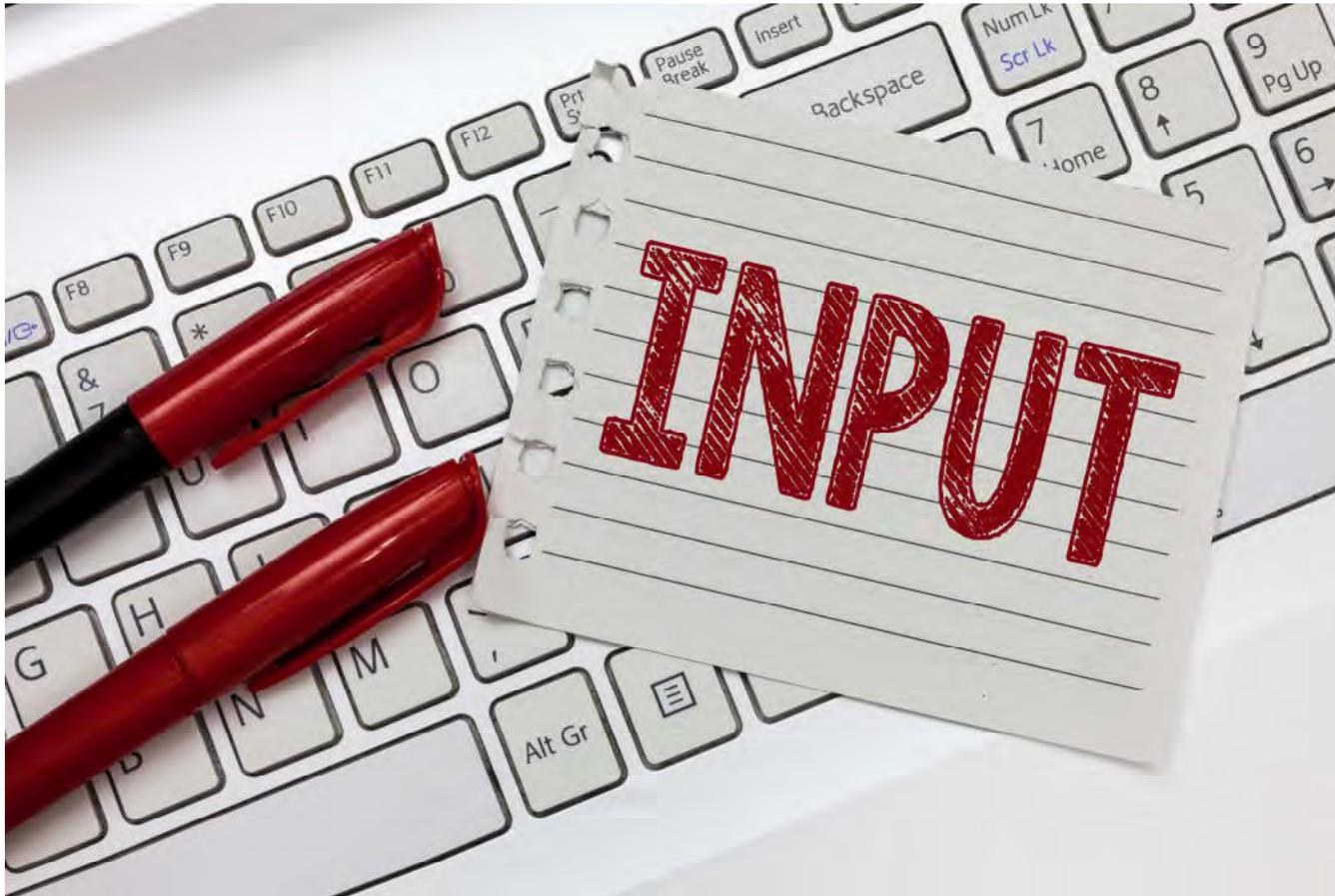
- Use sports physicals
- Implement a multi-system screening program
- Carefully approach discussions of prediabetes which may feed into stigma and inadvertently drive men away from self-care
- Use informational and educational tools **DESIGNED FOR BOYS & MEN**

AND THE MOST INFLUENTIAL OF ALL TOOLS?

Linking treatment of diabetes (or other relevant chronic disease) to the prevention or management of Erectile Dysfunction is a very effective technique.

BECOME INVOLVED AT THE COMMUNITY/WORKPLACE ARENA

- Programs specifically for boys and men (PSAs are a great draw for men)
- Integrate into places where boys go for fun (i.e. sports, community service groups, or scouting)
- Bring programs to men where they gather (i.e., the workplace, Rotary or Lions clubs)
- Use a bit of humor to reach males: this can help to diffuse the “tension” and dislike of health issues (i.e., “Prostate and Pancakes” type programs)
- Teach women to encourage boys and men to address health care (i.e. no nagging or being dogmatic, just consistent gentle persuasion)





Aaron G. Perry
CEO/Founder
Rebalanced-Life Wellness Association

- Former police officer
- World's 1st African American with type 1 diabetes to complete the Ironman Triathlon
- 2018 *Time* magazine's "The Health Care 50 – Thinking Outside the Hospital"
- Opened the nation's first Men's Health & Education Center located inside the City of Madison's largest black barbershop to improve the overall life expectancy for black males

Darryl Davidson
Men's Health Manager
City of Milwaukee



- Oversees programs, preventative education, and outreach activities related to teen males and men
- Helped establish a Men's Health Center as the entry point to address various issues that affect male health
- Member of the National Men's Health Network and founding member of the American Public Health Association's Men's Health Caucus



EXAMPLE PROGRAM: MEN AND DIABETES

UNDERSTANDING DIABETES



- Education, income, and where we live are as important to our health as our behavior, health care, and genetics combined.
- In Wisconsin, black men's life expectancy is 7 years shorter than white men.
- African-Americans in Dane County suffer higher rates of cancer, obesity, and diabetes as compared to whites.

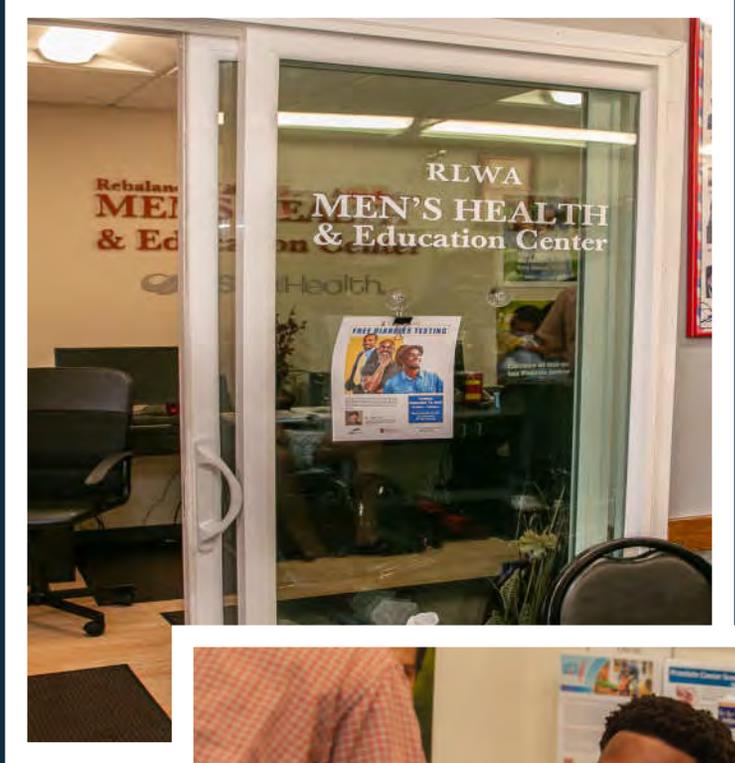
Source: Madison Dane County Public Health and The African American Wellness Project

BARRIERS

- When black men have diabetes, they are more likely to develop serious complications associated with the disease (1.5 to 2.5 times more likely to have a limb amputated).
- Fear, lack of trust, shame, and poor communication are barriers.



Source: Madison Dane County Public Health and The African American Wellness Project



THE DIABETES PROJECT: MILWAUKEE, WISCONSIN

- Trained educators in “Healthy Living with Diabetes” curriculum
- Stanford University-developed high-level evidence-based workshop for people who have diabetes
- 2-1/2 hours once a week for six weeks (with Wisconsin Institute for Healthy Aging and the Housing Authority of the City of Milwaukee)



Source: Madison Dane County Public Health and The African American Wellness Project

THE DIABETES PROJECT: MILWAUKEE, WISCONSIN



- Sustainable eye disease screening system using mobile teleophthalmology
- Partners: Medical College of Wisconsin, The United Community Center, the City of Milwaukee Well Woman Program, Carroll University and Marquette University

THE DIABETES PROJECT: MILWAUKEE, WISCONSIN

- Performed over 800 screenings and identified early stages of diabetes using eye screening as an entry point to address preventive health concerns.
- Men's Health Public Health Nurse and Health Educator trained to screen and educate clients using A1C screening at the Men's Health Centers.

Health care disparities are impacted by social determinants of health:

- education level,
- employment,
- housing,
- income level, and
- access to community resources.

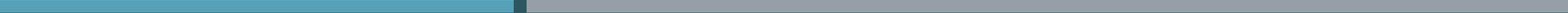
Closing gaps requires meeting people where they are and establishing relationships.



Engaging Black Men in Activities - Building Social Cohesion



- Black males focusing on healthy living.
- Black males living with chronic health conditions.
- Black males with a family history of diabetes.
- Black males with a prediabetes diagnosis.
- Black males maintaining healthy weight.



QUESTIONS?

COMMENTS?
EMAIL: DDT_DIABETESWEBINAR@CDC.GOV

CLAIM YOUR CONTINUING EDUCATION CREDIT TODAY

- This activity has been approved for continuing education. More information can be found here: https://www.cdc.gov/diabetes/ndep/pdfs/NDEP_Accreditation_Statement.pdf
- If you don't have an account in CDC's Training and Continuing Education Online (TCEO) system, you will need to start by creating one. Go to <https://tceols.cdc.gov/> to set up an account.
 - Once you have an account, you can use it for all of your future CDC continuing education activities.
- In order to receive continuing education (CE) for **SC2607-072419** - National Diabetes Education Program Webinar Series – Health Is a Team Sport: A Playbook for Engaging Men in Diabetes Prevention and Management - July 24, 2019 (Webcast), please visit TCEO (<https://www.cdc.gov/getCE>) and follow these **9 Simple Steps** (<https://tceols.cdc.gov/Home/Steps>) before **August 19, 2019**.
- If you already have an account, click the link you receive after the webinar to access this webinar in TCEO.
- Complete the post-test and evaluation. You have 60 days to claim credit for today's webinar.
- If you have questions about today's webinar, please contact DDT_DiabetesWebinar@cdc.gov. The webinar evaluation is anonymous, and we can't respond to questions included on the evaluation.

Continuing education is available for CNE, CHEC, CPH, and IACET.
If your profession isn't listed, please check with your accrediting organization about accepting IACET units or credit from one of the other organizations listed.

THANK YOU

For more information please contact the Centers for Disease Control and Prevention

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Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

