Derek Griffith, Chair of the 2014 Tennessee Men’s Health Report Card and Director of the Institute for Research On Men’s Health at Vanderbilt University, opened by defining the scope of men’s health issues and presenting an overview of the 2014 Tennessee Men’s Health Report Card findings. He pointed out that the 2014 Report Card looks at data differently than in past editions: the health outcome data for cause of death has been age-adjusted, data for Hispanic men has been included, and regional variations as well as both positive and negative trends in the data over the past six years have been added. As the Progress Report that prefaces the Report Card describes, there are many areas where men’s health outcomes are slowly but steadily improving, although men in Tennessee are often far from national health objectives (Healthy People 2020), and continually in lowest quartile of most state health ranking systems.

The other striking findings of the Report Card are the continuing disparities in outcomes among men by race and ethnicity. Black men continue to have higher rates of death from most forms of cancer (those identified in the Report Card specifically were prostate, colorectal and lung), heart disease, stroke, diabetes, kidney disease, HIV/AIDS, and homicide. Black men also have much higher rates of new cases of HIV and sexually transmitted infections. But there are disparities for White males too: higher rates of death from suicide, unintentional accidental deaths including poisoning from prescription drugs, motor vehicle accident deaths, chronic lung and chronic liver disease. Hispanic men, who tend to be a younger, working population, do not demonstrate high rates of deaths from chronic illnesses or cancers, with the exception of colorectal cancer. However, their grades are lower for chronic liver disease, motor vehicle accidents, and suicide, and death rates of kidney disease (not graded) are on the rise. Additional maps and graphs of the trends are available on the new Report Card website: http://TnMensHealthReportCard.vanderbilt.edu.

The distinguished panel of Memphis-based Report Card Advisory Panel members (Rev. Kenneth Robinson, MD; Kenneth Ward; Stephen Edge MD, and Paul Juarez) joined by Tene Franklin, Director of the Office of Minority Health for the Tennessee Department of Health, talked about the fact that in Memphis/Shelby County, the challenges of dealing with the disparities noted in the Report Card are primarily linked to poverty, race and place, and also the problem of connecting men to on-going routine health care. The source of disparities may in some cases be in part genetic, and are without doubt influenced by poor health behaviors, but options for improving health behavior are limited in parts of the city and county. These limitations include access to affordable, fresh, unprocessed foods, or to safe and affordable places for recreation are non-existent. Likewise, connecting to a medical home and receiving annual physical exams and related screenings, or getting to and affording specialty care when needed to follow-up on abnormal screenings, continues to be a challenge. State pre-emption laws make it difficult for Memphis to move forward with policies that can have an impact on health behaviors.
and outcomes, such as a higher tax rate on cigarettes or restructuring of the educational system to enable young men to have better options for careers, income, and health.

There was positive news as well: efforts to educate and encourage more positive health behaviors are beginning to reach inner-city neighborhoods, and collaborations are developing in Memphis that show significant promise to tackle some of the chronic conditions in meaningful and consistent ways. Examples discussed together by the group included “Health in the Hood” activities at LeMoyne-Owen University to reach out to their neighbors, and the city-wide” Living Life Under Pressure” collaboration among Healthy Shelby, Healthy Memphis Common Table, American Heart and Stroke Association, Methodist Healthcare, Baptist Health Care, Saint Francis Healthcare, Christ Community, the Church Health Center, Region One Health, local Health Departments and KROC Memphis. Memphis is also blessed with abundant undergraduate and graduate healthcare and public health student resources. A new initiative of the Center for Health Disparities, Equity and the Exposome at UTHSC called IMMEmphis, which enables neighborhood level mapping of health indicators and health resources to enable targeting of interventions. Paul Juarez was able to debut the Memphis Health Equity Map site for those attending: [http://immemphis.com](http://immemphis.com).

The second half of the afternoon invited more focused input from attendees on the following questions:

- What in your experience/opinion are the best venues for reaching men (where they live? Work? Learn? Pray? Or play/hang out (sports venues, barbershops, bars, barbeques, tailgates...))
- Who are the key intermediaries for reaching men in these settings and who needs to be brought into these discussions of men’s health?
- What are feasible action steps that could be taken over next 2-5 years to actually “move the needle” towards healthier outcomes for men in Memphis/Shelby County?
- What types of supports are needed to take these steps. Who might take leadership?

Those attending chose three major topic areas to discuss in smaller groups:

Making an impact on disparities related to

- chronic illnesses
- youth violence and mental health
- access to health care

During Report Back, the following suggestions and recommendations were made:

- Approach men by life stage...they are at very different places and face very different challenges depending on whether they are in 18-34 age group, 35-54, or 55+. Messaging also needs to be very targeted and specific.
Listen to the men in the community. Use methodology of community-based participatory research to bring men together to talk about their health, the barriers they face to living healthier lives, the strategies that they would engage with over the long haul. Women wanted men to help prepare scripts that had a chance to be listened to when they tried to encourage husbands, sons, brothers, fathers, uncles to take better care of themselves.

Talk to urban legislatures about pushing for ability to make city-based public health policies that are different from those for more rural areas of the state.

Focus on overcoming the disconnect between men and a regular source of health care. Use figures men respect—be in elders in their congregations, sports figures, political figures—to help them recognize the need for well exams, and not waiting until something is broken to fix it. Find incentives to encourage men to get that annual physical—free ticket to see a favorite sports team might be one approach.

Learn what employers are doing across the city when it comes to workplace health, coverage, screening, wellness.

Enable men who are working to uniformly have protected time to seek health care and specialty care. Whether that is guaranteeing a minimum amount of sick time pay, or getting specialty practices to expand hours, many present knew that getting time off work was an issue for many men in many jobs in the area.

Push the Governor to approve a Tennessee plan that will allow men and women who are currently ineligible for subsidies on the Marketplace (earn under 100% FPL) to be covered in Tennessee.

Train more men to be lay health facilitators or champions in their workplaces or fraternities or congregations or sporting events. This is a role embraces by women, but men need to be the ones encouraging men...not necessarily to be buff and fit, but to understand how to minimize risk and what health care screening and treatment can do to improve their outcomes.

Police in Memphis recently took initiative to submit an Office of Minority Health grant to curb youth violence. Even if this initiative is not funded, maintain and build upon that partnership to enable safe escorts, clean-up days, conversion of vacant properties for safe recreational use.

Work with the Grizzlies and college sports teams to consider discounted tickets as an incentives for men—and their health providers—to ensure men are getting regular checkups, adult vaccines, BP, diabetes, prostate, and colorectal and other regular screens.
- Build on Living Life Under Pressure Kick-Off Event. Consider purchase of movable blood pressure monitors that could be stationed strategically in neighborhood barbershops and “manned” by people who could connect men with care if readings were concerning. Approach professional associations of barbers, develop awards for collaboration.

- Plan now for next Fathers’ Day to develop a parallel campaign to “Give your Mom a mammogram”.

Attendees were asked to please let the Report Card team know of their efforts so that we can share that information via the Tennessee Men’s Health Report Card website with others across the state. The Report Card team also requested feedback via a survey that can be taken on-line via the website http://TnMensHealthReportCard.vanderbilt.edu.