The UNC Men’s Health Program

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Fried Symposium
June, 2017
Objectives

- Men’s Health? Really? Why?
- Who @ UNC?
- Why here at UNC?
- What is it?
What is Men’s Health?
Figure 1. Percent distribution of the 10 leading causes of death, by sex: United States, 2014
The Increasing Significance of the Decline of Men

Thomas B. Edsall  March 16, 2017

- Articulates duality of inequity in our society
  - Men dominate C-suite, male hegemony persists in our society
  - Women faced with wage inequities
- But on the other hand, men are…
  - Dropping out of the workforce
  - Abusing – and dying – more from opioid abuse
  - Dropping out of college more, and graduating less, than women
  - Adapting their skills to the new workplace less than women
- And boys from single parent families are…
  - More likely to have disciplinary problems
  - Less likely to graduate from high school
  - Less likely to contribute to job market
  - More likely to father children out of wedlock
  - More likely to get divorced
Cycle of Poor Men’s Health is Accelerating

- Men’s health is better if men are married and employed
  - Lower alcoholism, substance abuse, suicide

- Crucial part of boy’s development is during the “terrible twos”
  - Bonding and social skill development

- Illustrates the complexity of men’s health
  - Social determinants of health
  - Womb-to-tomb approach
  - Should first entry to male adult health really be erectile dysfunction?
  - How can that be changed to prevent causes of early mortality for men, and its effects on their families, communities, and the economy
  - LGBTQ too!
Why Men’s Health?

Epidemiology
- Longevity difference
- 9/10 top causes of mortality more common in men
- Male health affects families and society
  - Increased risk of entering poverty in widows/children

Gender-based health research imbalance
- Women >> Men

Time to address this trend
- Research
- Education
- Clinical Care
Our mission is to improve men’s health in NC and beyond by establishing at UNC the nation’s premier Men’s Health Program to benefit families, communities and society.

- Novel interdisciplinary approach
- Designed to increase men’s engagement and improve health of men
- Patient-centered holistic approach
- Anchored by primary care and urology
- First of its kind in North Carolina
- Sustainable through evidence-based profitable procedures and extramural research and grant funding
What is the Men’s Health Program?

**Leadership**
Establish leadership to effectively develop and implement the program.

**Clinical Care**
Launch two comprehensive clinics offering integrated care with nearby specialists, directed at improving the health care and preventative health behaviors of men.

**Scientific Research**
Build infrastructure for a dedicated scientific research program that will secure external research funding.

**Community Outreach**
Develop a series of mobile health events for men in communities across NC offering free screenings, education and referrals to community providers.
Why UNC?

**Excellence in Clinical Care**
- Top 20 nationally for Best Hospitals for urology and cancer care*
- 14 urologists and 53 cancer physicians named prestigious Best Doctors in America**
- Recognized excellence in the care of prostate cancer, sexual health and infertility with a new training fellowship in men’s health
- Collaboration among primary and specialty care for men’s health, including urology, diabetes, cardiovascular disease, stroke, psychiatry and orthopedics

**Renowned Research and Teaching**
- #2 in the nation for family medicine*
- #1 public school of public health in the nation*
- Recognized expertise in community engagement and outreach
- Recognized expertise in study of health disparities and inequities
- Top 20 urology residency program in the nation*

**National Leadership**
- Past president of the American Society for Men’s Health and editor of the Textbook of Men’s Health
- Chair of national task force on health disparities in boys and men
- Leader in presidential initiatives designed to improve outcomes among socially vulnerable males
- White House Fellow faculty member serving on working group to address social determinants of health

**Best Doctors in America, 2015-2016 and 2014-2015 rankings, respectively
How this will work

- **Port of Entry: Bring them in**
  - Telemedicine appointments
  - Health fairs
  - Pop up clinics at corporate campuses or sporting events
  - Upside down clinics

- **Diseases that bring men in**
  - Metabolic Syndrome: Know your numbers
    - BP, blood sugar, cholesterol, waist circumference
  - Men with erectile dysfunction
  - Men with “low T”
  - Men with spouses who make them go

Sanchez et al, Transl Androl Urol 2017
The ED/Metabolic Syndrome Connection

- **Chief complaint: Erectile Dysfunction**
  - ED is a sign of cardiovascular disease
    - Manifests an average of 39 months prior to symptomatic heart disease
    - Even this short window can be exploited to improve men’s health
  - ED more common in smokers
  - ED more common in obese men

- **Chief Complaint: Low T**
  - Hypogonadism associated with increased risk of all-cause and vascular mortality
  - Treating low T may improve lean body mass and BMI
  - Hypogonadism strongly associated with metabolic syndrome

…treat the penis = treating the person
Future state

• Medical home for men
  • Several points of entry
  • Drive men to PCP preventatively
    • Men don’t have regular checkups like women see ob/gyn
  • Recognize preventative risk
    • Include behavioral interventions once a man is engaged
      • Smoking
      • Preventative cardiology
      • Cancer screening
      • Diet and exercise
      • Mental health
      • High risk behaviors (guns, opioids, etc)
  • Research every aspect of male engagement in their health
## Who @ UNC?

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Field</th>
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<tbody>
<tr>
<td>Culley Carson, MD</td>
<td>Urology</td>
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<tr>
<td>Brian Frerking</td>
<td>Med Foundation of NC</td>
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<tr>
<td>Carol Lewis</td>
<td>Health Innovation</td>
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<td>Wizdom Powell, PhD</td>
<td>Public Health</td>
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<tr>
<td>Eric Wallen, MD, FACS</td>
<td>Urology</td>
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<tr>
<td>Ed Campion, MD</td>
<td>Orthopaedics</td>
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<tr>
<td>Kevin Carneiro, DO</td>
<td>PM&amp;R, Spine Center</td>
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<td>Mary Margaret Carroll</td>
<td>Med Foundation of NC</td>
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<td>Lowry Caudill, PhD</td>
<td>UNCCH Board</td>
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<td>Anthony Charles, MD, MPH</td>
<td>Surgery</td>
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<td>Mike Cohen, MD</td>
<td>Infectious Disease</td>
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<td>Bubba Cunningham</td>
<td>Athletics</td>
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<td>Shelly Earp, MD</td>
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<td>Terry Magnuson, PhD</td>
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<td>Roger Perry</td>
<td>UNCHC Board</td>
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<td>Raj Pruthi, MD, FACS</td>
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<td>Rick Steinbacher</td>
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<td>Rick Stouffer, MD</td>
<td>Cardiology</td>
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<tr>
<td>Brad Vaughn, MD</td>
<td>Neurology</td>
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<tr>
<td>Anthony Viera, MD, MPH</td>
<td>Family Medicine</td>
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*Bold represents core working team members*