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UROLOGICAL DATA

The men's health center: Disparities in gender specific health services among the top 50 "best hospitals" in America

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Abstract *Objective:* Gender-specific integrated health services have long existed in the arena of women's health care, but men's health centers (MHCs) have only recently emerged as a novel practice model. Here, we seek to evaluate the prevalence and format of MHCs found in the leading academic medical centers in the United States.
Methods: The US News & World Report's Top 50 Ranked Hospitals for Urology was used as our cohort. Data were gathered on the presence of MHCs and types of providers and conditions treated. An equivalent search was performed for women's health centers (WHCs).
Results: Sixteen of 50 (32%) promoted some type of MHC, compared to 49 of 50 (98%) offering a WHC. Eight of the top 15 ranked institutions (53%) had an MHC compared to eight of 35 (23%) remaining programs. Six of 16 MHCs incorporated providers from a variety of medical disciplines, including urologists, internists, endocrinologists, cardiologists, and psychologists, while another six of 16 MHCs were staffed solely by urologists. Eight of 16 provided services for exclusively urologic issues, four of 16 offered additional services in treatment of other medical conditions, and four of 16 did not specify.
Conclusion: A considerable disparity exists between the prevalence of gender-specific health services, with WHCs being much more numerous than MHCs. All but one leading institution

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had WHCs compared to less than one-third having MHCs. Our findings also highlight the heterogeneous nature of men's health programs, as they exhibit great variability in program type and focus, yet are all being marketed under the "Men's Health" banner.

1. Introduction

Major strides have been achieved over the past several decades in the establishment of women's health as a discipline based upon a gender-specific approach towards health care delivery. Unfortunately, the counterpart field of men's health has remained comparatively underdeveloped. Nevertheless, significant health disparities exist between men and women that illustrate the necessity for the provision of male-focused gender-specific care. In general, morbidity and mortality across the spectrum of disease is known to be higher in men than women. Recent United States Centers for Disease Control and Prevention statistics indicate a notably higher male death rate (886.2 male deaths per 100,000 population versus 634.3 female deaths per 100,000 population) and a life expectancy for men (76.2 years) that is about 5 years shorter than that of women (81.1 years) [1]. These discrepancies are likely reflective of a combination of both male lifestyle choices, increased risky behavior, and susceptibility to disease [2]. Men, being typically more averse to seeking medical care than women, are known to underutilize health care resources, with up to 80% of men declining to see a physician without prompting by a spouse or partner [3,4]. In a national comparison of ambulatory care usage between men and women in the US, the rate of primary care visits made by women was 58% higher than that of men, and the rate of visits to outpatient subspecialty departments made by women was 40% higher than that of men, even after excluding women with solely pregnancy-related diagnoses [5]. When coupled with the sociologically masculine tendencies to prioritize self-sufficiency and to adopt riskier lifestyle behaviors [6], the reluctance of men to access the health care system can contribute towards poorer long-term health outcomes.

Among the obstacles that have impeded the establishment of men's health as a universally recognized specialty is the lack of a formal definition for both the composition of the field itself, as well as the identity of the providers serving as its specialists. One of the more frequently cited definitions of "Men's Health" originates from the Men's Health Forum of England, which posits that:

> "A male health issue is one arising from physiological, psychological, social or environmental factors which have a specific impact on boys or men and/or where particular interventions are required for boys or men in order to achieve improvements in health and well-being at either the individual or the population level [7]."

The innate breadth in definitions such as this naturally leads to ambiguity in delineating the boundaries of men's health, which in turn obfuscates the determination of which types of physicians should be responsible for providing this directed care. Today, without a men's health specialist, urologists often end up filling this role by default [8], publicly perceived as the "man's doctor" insofar as the obstetrician-gynecologist serves as the specialist for females. Not all men's health issues are urological in nature, however, with many relevant male health issues fall under the domain of primary care and medical subspecialists, such as cardiologists or endocrinologists. Considering the extent of specialty overlap inherent in such a broad spanning field, questions arise as to who is chiefly responsible for overseeing the practical implementation of men's health as a distinct specialty in today's practice environment.

Perhaps in response to the increasingly realized need for specialized, male-focused health care delivery, recent times have seen the emergence of men's health centers (MHCs) as a novel practice model conceptualized to fulfill this need. While many of these MHCs are still in the process of getting established, in theory, such centers could allow for the centralized provision of integrated, comprehensive, gender-specific health care for men. This additional benefit represents the major strength of MHCs in attracting male patients by offering continuity of care among multiple specialties under a unified location. The ultimate goal would be to enable convenience of access to care and improve streamlined care ultimately leading to an increase in utilization to health care by males.

The purpose of our study is to evaluate the prevalence and practice formats of MHCs found amongst the leading academic medical centers in the US. By examining the variation between the different MHCs, while also assessing the availability of concurrent women's health services at the same institutions, we hope to gain valuable insight into the state of this newly emerging practice model.

Based on the ambiguity found within the field of men's health, we hypothesized that there is considerable variation in formats and practice patterns among MHCs established in the US. We expected to see a diversity of different specialists and generalists involved in providing men's health care, resulting in vastly varied setups between the centers. We also suspected WHCs were far more common than MHCs in the US.

2. Materials and methods

To form our study's cohort of academic medical centers, we utilized the US News & World Report's annually published "Best Hospitals" rankings, and selected the Top 50 Ranked Hospitals for Urology [9]. We elected to use the urology category of rankings, as the majority of men's health offerings have been traditionally concentrated in this area.