

2027-28 Policy Agenda

Men's Health Caucus of the American Public Health Association



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OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

Acknowledgments

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MEN'S HEALTH CAUCUS

Introduction

Since 2011, the Men's Health Caucus (MHC) has produced policy agendas to spur greater government action in support of men's and boys' health. Better men's health benefits not only men, but also families, communities, and society as a whole. Our advocacy stands alongside calls for policies to improve outcomes for women, girls, and other groups.

These policies are intended to support the wellbeing of those born biologically male and/or those who identify as men and boys. Our priorities are a mix of national, state, and local policy (many apply to all levels). We call for universal policies that address issues affecting men and boys broadly, and for policies that address disparities faced by specific populations. With this agenda, we aim to build on recent momentum, which has led to increased awareness and commitment to policy action. In the coming years, we intend to work with policymakers and advocates to implement these recommendations.

Priority I:
Establish coordinating bodies and overarching plans to drive targeted policy action for men and boys across branches of government

Purpose and Rationale:

Creating policy infrastructure through strategic plans, offices, commissions, and other government bodies helps to identify priorities, coordinate work across agencies, provide or catalyze funding, measure progress, and maintain momentum despite political transitions. Without these mechanisms in place, work can be dispersed and disorganized, diminishing impact and sustainability. Pushing the policy levers below help transform commitments into sustained action, with accountable actors in place to plan, track, and continue advancing men's and boys' health priorities across administrations.

Priority Policy Actions:

A. Legislatively created coordinating bodies

1. Establish dedicated offices of boys' and men's health with allocated staffing and funding to establish clear objectives, coordinate efforts, and track progress.
2. Launch and sustain commissions, councils, task forces, and other such entities to develop or retool policies and programming to benefit boys, men, and fathers.

B. Executive actions

1. Launch and sustain targeted initiatives within executive offices to coordinate efforts across government and community partners.
2. Collaborate with public and private partners to institutionalize efforts that improve boys' and men's health, so they continue beyond term cycles.

C. Public-agency-based initiatives

1. Utilize intra- and inter-agency collaboratives to infuse a "men's and boys' health in all policies" approach into existing and prospective programming.
2. Create, fund, and staff stand-alone initiatives to address issues disparately impacting men and boys, and to engage this population more effectively.

D. Integration of targeted priorities within plans for population health

1. Expand objectives for men and boys to represent holistic health needs within population health plans, including *Healthy People*, state, and local health plans.
2. Ensure that when goals are monitored within plans, that data-driven progress is measured across all men and within diverse subgroups.

Priority II:
Expand access to preventive, behavioral, and trauma-informed health services and standards for men and boys.

Purpose and Rationale:

Given poor health outcomes and many barriers to help seeking, we must do everything possible to make health services accessible, engaging, and responsive to the needs of men and boys. Removing financial obstacles, formalizing best practices, increasing engagement through trusted peer messengers, establishing "Well-Man" annual preventive visits starting in adolescence, and offering care responsive to men's and boys' needs will contribute to increased healthcare utilization and provision of informal support. All this will serve to prevent, identify, and treat conditions before they become emergencies.

Priority Policy Actions:

A. Establish service guidelines

1. Create a men's standard of care counterpart to the Women's Preventive Services Initiative (HRSA supported 2016-26) and Women's Initiative for Screening and Health (HRSA forecasted for 2027).
2. Establish standards of care for men and boys within professional licensure, certification, and managed care contracts.

B. Encourage service utilization and remove barriers to care

1. Implement Medicaid expansion within states that have not yet implemented to get more men covered.

B. Encourage service utilization and remove barriers to care

2. Establish and require full coverage for annual "Well-Man" preventive care visits, comparable to "Well-Woman" visits covered under the Affordable Care Act.
3. Use Section 1115 "reentry waivers" to support pre-release enrollment and continuity of care for men transitioning from incarceration back to communities.
4. Eliminate cost sharing for prostate cancer screenings (with shared decision- making included) and follow up tests.
5. Launch public outreach and marketing campaigns to engage men and boys through targeted strategies in health prevention and intervention services.

C. Engage men and boys where they are

1. Expand Certified Community Behavioral Health Clinics, mobile, street-based care, and telehealth parity laws.
2. Resource care and programming offered at workplaces, barbershops, sports leagues, online forums, and other places frequented by men and boys.
3. Support services responsive to men's and boy's needs in schools (including through school-based health centers) and in senior support services (including senior living facilities).
4. Implement peer-to-peer men's and boys' programs to foster connection and improve outcomes (e.g., men's peer recovery support and Men's Sheds).
5. Integrate men's health programming within federally qualified health centers.
6. Enhance fatherhood services alongside maternal and child health services, including through integrated approaches (e.g., men's health checks within perinatal care pathways; offices of family health).

D. Reduce preventable risks

1. Strengthen the Occupational Safety and Health Administration (OSHA), OSHA-approved state plans, and related policy that prevent workplace injury and death.
2. Implement targeted suicide prevention, including establishing men and boys as priority population, public health campaigns, and other on/offline resources.
3. Support development of clinical assessment tools responsive to the needs of men and boys, to prevent missed diagnoses, including for depression and anxiety.
4. Expand trauma-response services, restorative justice, violence interruption, diversion, and other programs that are supportive versus punitive.

Priority III:
Equip the health system with providers who are responsive to men's and boys' needs

Purpose and Rationale:

A key driver of health service utilization is satisfaction with care. An important determinant of this is trust that providers will be responsive to individuals' needs. Having a workforce that is representative of populations served and well trained in what works best for a particular group are both imperative. Toward this end, we need targeted health and human services workforce policies that support providers to better recognize and respond to the needs of men and boys. We also need more men – broadly speaking and especially from subgroups that are extremely underrepresented – to enter and thrive within these professions. This is particularly true within fields like mental health and nursing, where men make up a small percentage of providers.

Priority Policy Actions:

A. Establish data driven need to inform workforce planning

1. Document underrepresentation of men in workforce assessments as a particular workforce shortage in need of targeted policy action.
2. Include goals to increase men's representation and corresponding activities within health workforce plans.

B. Support training for health professionals to better serve men and boys

1. Encourage educational institutions, licensure, and accreditation boards to identify and address gaps in preparing health providers to serve men and boys.

B. Support training for health professionals to better serve men and boys

2. Offer training to better serve men and boys, within public agency workforces as well as contracted and other community providers.
3. Implement, evaluate, and institutionalize continuing education and clinical practice training resources on optimally serving men and boys.
4. Establish a paternal component in or alongside HRSA's Maternal and Child Health Workforce Development initiative.
5. Fund grant programs for targeted professional development, including creation of Centers of Excellence to help establish evidence-based training resources.

C. Targeted workforce recruitment and retention

1. Offer public funding and launch agency initiatives to address men's health workforce shortages using models for women in STEM careers.
2. Use career and technical education (CTE) to encourage boys and young men to pursue health careers where they are underrepresented (e.g., use Perkins V funding for CTE programs to prepare men for health occupations like nursing where they constitute less than 25% of those employed).
3. Adopt recruitment and retention strategies responsive to men's needs within health career pathway programs that are not successfully engaging them (e.g., adapt public sector programs that support bringing more men into teaching to engage more men in behavioral health careers).

D. Provide sustainable funding for health and human service professions that are engaging men and boys by meeting them where they are

1. Expand funding, including through Medicaid reimbursements, for peer recovery coaches, violence intervention specialists, and community health workers.

Priority IV:
Advance and disseminate research, evaluation, and quality improvement (QI) measures to improve men's and boys' health

Purpose and Rationale:

We need a sustained evidence and measurement infrastructure for men's and boys' health, with dedicated leadership, funding, and capacity to identify disparities, set priorities, and track progress. There is no federal office coordinating men's health research, nor is there a male-specific measure of recommended preventive care. To defend appropriations and maximize impact, we need more targeted research to evaluate effectiveness and continually improve services.

Priority Policy Actions:

A. Build research capacity

1. Establish a statutory, appropriately funded focal point for men's and boys' health research in the National Institutes of Health (NIH) Office of the Director.
2. Track and increase levels of men's and boys' health research funding.
3. Fund targeted congressionally directed research programs besides the Department of Defense Prostate Cancer Research Program.
4. Commission a national longitudinal cohort study of men's and boys' health, (models are Australia's Ten to Men study; the U.S. Women's Health Initiative)

B. Require sex-disaggregated data and measurements

1. Amend NIH policy on Sex as a Biological Variable to require analysis and reporting of outcomes by sex, with justification required for non-collection and/or non-reporting.
2. Require research, surveillance, and QI initiatives to report by sex and separately by gender identity, stratified by other variables (e.g., race and geography).
3. Add sex to the reporting mandate for the Agency for Healthcare Research and Quality (AHRQ) National Healthcare Quality and Disparities Report.
4. Publish data dashboards and reports on men's and boys' health, tied to strategic plans, with targeted objectives and measurable indicators of success

C. Conduct more regular reviews of preventive service findings and grades

1. Require U.S. Preventive Services Task Force (USPSTF) to review recommendations and disclose the age and adequacy of cited evidence base.
2. Fund AHRQ evidence reviews to update men-specific preventive service topics.

D. Enhance evaluation and quality assurance

1. Direct the Centers for Medicate and Medicaid Services to add men-specific and sex-stratified measures to the Medicaid Adult Core Set, and HRSA to add men's preventive care measures to the Uniform Data System.
2. Require sex stratification in Medicare Advantage and Part D plan star ratings and Marketplace Quality Rating System reporting.
3. Petition the National Committee for Quality Assurance to open a measure development cycle on men's and boys' health.
4. Fund a national technical assistance center for men's and boys' health programming, with open access to evaluated programs.

Concluding Call to Action

The MHC invites policymakers and advocates across the country to take concerted action to advance this agenda. Through our collective efforts, we will enhance wellbeing and improve outcomes for men, boys, families, and communities. Please contact us to collaborate on building a healthier future for us all.

Together we are stronger

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