

**CDC Million Hearts<sup>®</sup> Initiative & Men's Health Network**  
**State of Men's Heart Health Webinar**  
**Transcript**  
**June 3, 2013**

**Janet Wright—Million Hearts Initiative**

Good afternoon, and welcome to the State of Men's Heart Health Webinar, cosponsored by the Million Hearts Initiative and the Men's Health Network. My thanks to the Men's Health Network for their relentless work to support better overall health and wellness among America's boys and men, and for cosponsoring this webinar.

Reaching the Million Hearts goal of preventing one million heart attacks and strokes by 2017 will mean that gyms and parks, auto parts stores and barber shops, workplaces, and homes all over America will be full of men whose hearts were protected from harm. We are here today to shine a light on men's heart health. Every June, we celebrate National Men's Health Month, and Father's Day, and take advantage of the opportunity to urge the men in our lives, our fathers, husbands, brothers, sons, friends, and colleagues, to take good care of their health, because they're important to us, their families, and to our country's well-being.

Unfortunately, men as a group have a shorter lifespan than women, and are less likely than their female counterparts to get recommended preventive health screenings, to seek medical care, and in some cases, to take medication as prescribed. For these reasons, we've gathered an outstanding panel of Million Hearts supporters to share the latest data on men's heart health and ways for men to get and stay heart healthy.

You'll hear all of our speakers address the importance of every member of the team, adding a unique contribution to our nation's heart health. And then we'll open the lines for questions. It's now my pleasure to introduce Dr. Tom Frieden, director of the Centers for Disease Control and Prevention, with the latest statistics on men's heart health.

**Thomas Frieden—Centers for Disease Control and Prevention**

Thank you very much, Janet, and welcome, everyone, especially Salvatore Giorgianni from the Men's Health Network, Justin Sparkes from INTEGRIS [Family Care Clinic in Edmond], Oklahoma, and we'll be hearing from Roosevelt, a heart attack survivor who's part of CDC's Tips From Former Smokers Campaign.

We look forward to hearing what you have to say about heart disease and heart health, and what I'd like to do is share with you some of the most recent information. The bottom line is that too many men have some form of cardiovascular disease and are at risk for having a heart attack or stroke. We need to change that, and we can change that.

Every year, we look at the data, in coordination with partners such as the American Heart Association, and we compile statistics on heart disease, stroke, and other cardiovascular diseases. More than one out of every three adult males in our country has some form of cardiovascular disease. Many—too many—have had a heart disease or a stroke, and more than 1,000 men die every day from a cardiovascular disease. Men develop heart disease young, and heart disease often strikes without warning.

Two of the key risk factors for heart disease are smoking and high blood pressure. Smoking is somewhat well understood as a cause of cancer, but less well understood as a cause of heart disease and stroke. A

substantial proportion of heart attacks and strokes in this country are related to smoking, and a not-insignificant number are also related to exposure to secondhand smoke.

In terms of high blood pressure, this is one of the strongest risk factors for heart disease and stroke, and that's why, in the Million Hearts program, we have a strong focus on blood pressure control. We realize that, in our health system, under-recognition of high blood pressure is too common, and undertreatment is also too common. But, fortunately, we have a good sense of what can be done to improve this picture. When doctors and other health care providers, systems, public health departments, communities, and patients work together, focus on heart health, and use available tools, we can drive down the risk and prevent heart attacks and strokes.

The Million Hearts approach to prevent a million heart attacks and strokes over 5 years is to reduce the need for treatment on the one hand, and improve the quality of treatment on the other. In order to reduce the need for treatment, the first thing is to reduce tobacco use. Tobacco use remains the leading preventable cause of death in this country. It kills more than 1,000 people a day. And tobacco use can be controlled. Most Americans who've ever smoked have already quit. Most Americans and most American men who continue to smoke want to quit. So there's a lot we can do to reduce smoking and support smokers who want to quit.

Reducing sodium reduces your risk of high blood pressure, heart attack, stroke, and other serious health problems, and eliminating trans fat can significantly reduce heart attacks. Each of these three things—tobacco control, sodium reduction, and trans fat elimination—would reduce the number of people who need treatment in our health care system.

But it's also crucial to improve the quality of treatment in the clinical system, and we think that can be done in three key ways: focus, information, and innovation. The first is focus, focusing on what we call the ABCS: aspirin for high risk people, blood pressure control, cholesterol management, and smoking cessation support. A-B-C-S. Focusing every month on how every provider is doing for every one of their patients on these four key issues—particularly on blood pressure—can make an enormous difference, and we've seen small and large providers in urban and rural areas, in private and public practices, in HMOs, fee-for-service, Medicare Advantage, many different formats, dramatically increase their numbers by focusing.

The second is health IT—which makes a huge difference—to track patient care over time, set reminders that alert the team when patients need more support to get their blood pressure under control, or other key interventions.

And third, clinical innovations, especially getting the whole health care team involved. Doctors, nurses, medical assistants, dieticians, pharmacists, and office managers can all play a crucial role in helping to identify patients with high blood pressure or high cholesterol. They can provide support for patients, encourage them to come back to care, identify when they have not followed up for care, and take action to help patients who may benefit from more support in managing medications or eating healthy or being physically active.

Million Hearts will mean that 4 million fewer Americans will smoke, and 10 million more people in this country with high blood pressure will have it under control—and that is a tremendous impact. We can do that—we can improve men's health—by focusing on the ABCS for every patient at every visit, by maximizing the use of health IT with alerts, reminders, and tracking progress over time, and through team-based care—getting doctors, nurses, medical assistants, dieticians, pharmacists, office managers, and others to work together.

Each of these interventions can make a difference, and Million Hearts is a crucially important example of how public health and clinical care can work together as a team to improve health and achieve a common goal of protecting and improving health—in this case, heart health. I think that by doing this, we will succeed at reaching our goal of preventing a million heart attacks and strokes over 5 years.

**Janet Wright—Million Hearts Initiative**

Thank you so much, Dr. Frieden. We'll pause here for any questions about the statistics or about the Million Heart strategies to improve those statistics.

Dr. Frieden, there is a question: Should the results of the Cochrane meta-analysis on the negative effects of sodium restriction limit our recommendation of severe sodium restriction, or, what amount of sodium do you recommend?

**Thomas Frieden—Centers for Disease Control and Prevention**

What we know is that the higher the consumption of sodium, the higher the risk of high blood pressure, and the higher risk of heart attacks and strokes. About 90% of Americans consume more than 2,300 milligrams of sodium a day, and reducing our sodium consumption to 2,300 milligrams a day would have significant health benefits. There's some debate about whether further reduction would have further health advantages, but that's somewhat of a moot question, because virtually no one gets below 2,300.

What the Cochrane review found, I think, was something rather different. It found that it's difficult for individuals to control their sodium intake. So it doesn't mean it's hopeless. You can try it. But really, if we're going to get our societal consumption of sodium down to 2,300, it's going to take changes in our food environment. It's going to take the kind of initiatives that Walmart has undertaken. Walmart has committed to a 25% reduction in sodium in their stores within 5 years. That kind of reduction will make it easier for people to eat healthier, be healthier, live longer, and avoid heart attacks and strokes.

**Janet Wright—Million Hearts Initiative**

Thank you so much. It looks like we have no other questions at this time. Again, we thank you, Dr. Frieden. And now I'm pleased to introduce Dr. Sal Giorgianni, who will talk about the important role that pharmacists play in working with men to reduce their risk for heart attack and stroke.

**Salvatore Giorgianni—Men's Health Network**

Good afternoon, all. Thank you so much for inviting and having Men's Health Network, the largest and oldest of the men's health advocacy groups in the United States, be a cosponsor of this very important webinar, particularly as it is really the kickoff of Men's Health Month in June. I'm here to deliver one particular, very powerful, and very important message, and that is that pharmacists can have a profound effect and a profound impact on the cardiovascular health of men in their communities and the cardiovascular health of women in their communities as well. But it's Men's Health Month, so we'll focus on the guys today.

The sad fact is, as Dr. Frieden pointed out, cardiovascular disease is still the leading cause of morbidity and mortality of U.S. men, and the other part of that is the sad fact that most of that is avoidable and manageable. We as pharmacists all recognize the impact cardiovascular health has, not by just looking at the statistics, but by knowing the number—the dozens, the hundreds—of prescriptions for cardiovascular medicines that come through our pharmacies and that we fill every day for dozens of patients.

We all recognize that compliance with cardiovascular medications in particular—because these are mostly silent diseases—is very, very poor. We see what high percentage of prescription drugs, including those from e-prescriptions, are never picked up at our pharmacies. We also know how adherence for

many of these cardiovascularly important medications drops off precipitously after just 3 or 4 months of treatment, and that is a shame, and we can have an impact on those numbers.

Just to dispel a little bit of a rumor, there was a recently a little bit of a misperception. There was a recent study published in *Drug Topics* that I thought was particularly intriguing, which looks at the adherence and compliance to prescription drugs by men and women. We see that the guys apparently are better compliers with getting prescriptions filled and maintaining themselves on prescription medications once they're there. We're not sure of the reasons for this, but some of us suspect that it's because men take much, much longer to commit to therapy; it takes a long time to get them into the doctor's office to treat a condition, but once they make that commitment, they tend to stay on it. But nonetheless, we can have an impact on the overall compliance and adherence rates for most medications.

It's been proven time and time again that pharmacists can have a profound impact on adherence and compliance and understanding of medications by their patients. The Asheville study is probably the grandfather of all the studies that showed how pharmacist intervention and counseling of patients can have a real important impact on their ability to stay on medications. And a recent publication by the American Pharmacists Association Foundation showed that adherence and compliance can approach numbers of upwards of 90% with intensive pharmacist maintenance and interactions with patients.

The Surgeon General's report from Dr. Regina Benjamin, published in 2011, did a wonderful analysis of the literature and practices that show how pharmacists—particularly community pharmacists—as part of the health care team approach, along with physicians, nurses, and other clinicians, have a strong role to play in medication adherence and compliance. And anyone interested in looking at how that data plays out and Dr. Benjamin's recommendation to have pharmacists more integrally involved in the process of care, I would urge you to take a look at that very important report.

Counseling for adherence and compliance is not something foreign to pharmacists. We're all trained in it. We know that it only takes a few minutes. But sometimes I think pharmacists believe that doing it does not have an impact, and I think that that's not correct. Compliance counseling, even in a busy community pharmacy, can have a very important impact on patients' perspectives on medications.

The American Public Health Association (APHA) is partnered with Million Hearts and supports pharmacists becoming part of this public health initiative. But often, pharmacists don't really know how to become involved in these sorts of large programs, and what I would like to do now is offer some tips about how pharmacists can identify patients, work with their patients, and enhance their compliance and adherence, as well as their knowledge about cardiovascular health.

In the busy pharmacy, where some pharmacies are doing 800 prescriptions a day, it's sometimes hard for the pharmacist to make time to talk with all of the patients there. But what I'm suggesting to you is, in order to help reach the goal of the Million Hearts campaign, pharmacists in the community just take a little bit of a different approach. Take a little focus on those men and women who have cardiovascular medications. Build a relationship with the local providers in your community, who will also help identify opportunities to speak in local community events—with physicians and nurses and other clinicians—about cardiovascular health.

Pharmacists are very, very well-recognized by the public for their knowledge of medications, and having pharmacists present alongside of other clinicians is a good opportunity to begin to engage patients in engaging the pharmacists.

One of the things you can do is take a look at the wonderful information on the Million Hearts site and on the Men's Health Network site and look for materials that you can use to start your own mini-Million

Hearts within your communities. Pharmacists have a very prominent role in most of their communities, and going out and speaking at community events is just one way that you can do that.

Develop some targeted educational programs and screening programs. You can take advantage of some of the months, the themed months—for example, June’s Men’s Health Month. Do some programs specifically for men in the community, in assisted living facilities, at men’s service clubs, such as Rotary. Or look at the Great American Smokeout. It’s coming up in September. That’s certainly another area or another time that you can focus on a theme and go present and talk with patients at the counter, have signage in your pharmacies, and have literature available to them on smoking cessation.

Next May, Mother’s Day, certainly you can have a campaign targeted to women. We don’t want to forget about women’s heart health. But certainly look at these theme months that you can tag along some programs within your own pharmacy to do.

Another idea that I have for you in your busy pharmacy is, have your pharmacy tech red flag—just take a little red sticky note or a sticky flag—attach it to the prescriptions that are new and refilled for some of the medications that are used to treat high blood pressure or dyslipidemia. Then take a moment to come out from behind the counter. Go out from behind the counter and talk to the patient. The mere fact that the pharmacist is being proactive and going out and talking with the patient about their medications—the importance of taking it, maybe give them a brochure from Million Hearts or Men’s Health Network on heart health—will have a huge impact, because when the pharmacist does that, it shows that they really care, and it shows that it’s very important for the patient to pay attention here.

When patients come in to pick up their medications, take 2 to 3 minutes. That’s all it really takes, is just 2 to 3 minutes for some of these flagged patients, to have a discussion about how they’re doing. Ask them how they are going with their blood pressure medication. Ask them if they have a blood pressure goal that they want to reach. Ask questions about their current medication, their current blood pressure readings, if they have a home monitor, if they use that monitor, how often they use that monitor. Reinforce why they’re taking the medications and the importance of the medications.

I talk with so many patients when I’m doing medication therapy management who say, “I don’t have that condition anymore. I was at the doctor, and my blood pressure is just fine. I don’t have a problem anymore. My cholesterol is great. I don’t have that problem anymore.” The misperception on the part of the patients about why they need to continue to take medication for these silent killers when their numbers come back okay—I can’t stress how important it is to constantly remind patients that this is an ongoing treatment need.

Always reinforce the importance of eating well, particularly for pharmacists who practice in the communities where there are food products being sold. In some cases, I’ve heard of pharmacists working together with the store managers to help have healthy eating days, where they go out and they talk with their patients about healthy eating products. Certainly that is another way pharmacists can be involved and have a profound impact on their patients.

Now, if we don’t think that we can have an impact in our daily jobs and increase the satisfaction that we have in our practices, just think of this little back-of-the-envelope calculation I did. Based on the approximately 62,000 community pharmacies in the United States, if every community pharmacy on every corner of America changed behavior of just one patient—just one patient every month—and achieved appropriate blood pressure control in just one patient every month during the years of the Million Hearts campaign, we’d have an impact on over 1.6 million individuals. Talk about being able to have an impact and advance the public health. We certainly have a role to play. Thank you.

### **Janet Wright—Million Hearts Initiative**

Thank you so much, Dr. Giorgianni, for sharing concrete ways that pharmacists can assist men in managing medications. And you've given us yet a new number to shoot for. I love that. We'll now hear from Dr. Justin Sparkes of INTEGRIS Men's Health Clinic in Edmond, Oklahoma, about nontraditional ways they're reaching out to men.

### **Justin Sparkes—INTEGRIS Family Care Clinic**

Thanks for having us on. What we've been doing here at INTEGRIS is, we've been doing our men's health programs since 2004, so in our ninth year of this. And so, by trial and error, we've found many of the roadblocks that other people have found nationwide. We've had a few innovative ways to get around some of these things.

In Oklahoma, we have a good community spirit. But we have a problem with smoking, obesity, and sedentary lifestyle, and it really comes through in our statistics being higher than the national average for all of these things, as well as diabetes. One of the things is, guys just aren't going to the doctor. They're the same way nationwide—they're saying they're too busy working, et cetera, et cetera. Once we get them in, we do pretty well with them.

One of the things that we have done with our Men's Health University, starting back several years ago, is we originally started with them at our large medical centers, and we quickly learned that the people that already know where our hospitals are already have a beeline to them. They're already trained to go there.

We started putting them in more community-based venues and started seeing a much better response. As we started this out, we saw these numbers doubling every year, '94, '95, '96, '97—every year they were doubling—until we got to a critical mass that we could really appropriately take care of during our men's health forums and screen, which is about around 1,000 for us. And then we started to break our Men's Health University efforts and our different men's health efforts into different venues. By 2009, we were having our African-American Men's Health Summits. We were doing Prostate for Pancakes, which was another men's health outreach.

We found that these things created momentum all of their own. And again, as you'll see the statistics on these slides that I'm putting up, we were finding that we were probably even further behind when we were doing the direct to the public than what even our research was showing as far as national statistics.

Through these outreach efforts, we are able to get a lot of enthusiasm through our provider base. I am employed by INTEGRIS. It has a large employee primary care base. And what we have found is that this is an untapped niche. And we've known this for years, and we have become more and more aggressive about being involved in this. Our new providers—providers that want to ramp up their practices—they show up and they talk, just showing up, showing that they care, counseling people one on one.

The word spreads like wildfire through the public that, okay, here's somebody that is willing to listen and listen and understand men's health the way that the patient wants to receive the men's health, not the way that the provider wants to provide it, which is a huge key in having a receptive patient. They're our best recruitment for improving our really poor statistics in Oklahoma, because men will come and say, "Nope, this isn't so bad. Come on in, and they'll take good care of you, and explain things in a way that you'll understand, and explain the need for it, and show you where the goals are, and walk you all the way through it."

You touch one life, and they're very likely to touch many more. And that's what we've seen. Now we have our Hispanic health fairs; you'll see the information in front of you. We're always finding that, although there's not a high number of abnormal glucose, that's very misleading, because the way these

markers are set for us, those are probably undiagnosed diabetics. So when you're looking at a 10% on abnormal glucose, you're talking about a 10% undiagnosed diabetic attendance to these fairs. When you look at the risk factors involved for that, that's a huge number. That's a very low-hanging fruit to intervene on, and has some very good health outcomes with a very minimal amount of effort. So we've seen that these things are fantastic, being involved in the community and taking the information simply to the patient.

We also run these fairs as much as we can on weekends and after hours. What we have found is that it doesn't do us any good to have a world class presentation while people are at work. Our patients' spouses and partners, wives, daughters, mothers, are the ones that get them into these; overwhelmingly, that's what our statistics or responses show—that it's not the guys coming for the guys' sake. Usually, they're asked by somebody that cares about them to go, and they're not going to take off work to do it. It's not quite that much of a priority until it's explained to them that there is a problem.

And you'll see these numbers continue to show that the interventions are there. Again, our smoking rates are much higher, and it doesn't take much to sit down and talk one on one to these patients, and tell them the risks and the benefits, and all of our five interventions for smoking; it only takes about 5 minutes. As these things are designed, they will be very receptive to these.

### **Janet Wright—Million Hearts Initiative**

Great. Thank you, Dr. Sparkes. Having Million Heart supporters like you and INTEGRIS help at the community level set us on course to achieve the goal of preventing a million heart attacks and strokes by 2017. For our final perspective today, we're going to hear from Roosevelt, a former smoker who was featured in 2012 by the Tips From Former Smokers educational campaign, to show all of us the consequences of smoking. Initial results of that campaign shows that, during 2012, calls to the 1-800-QUITNOW line doubled, and visits to [www.SmokeFree.gov](http://www.SmokeFree.gov) tripled.

We had hoped to have Roosevelt with us on the webinar today, but learned this morning that he couldn't join us. However, we do have him on video talking about his experience, and he also shared thoughts with us recently about how health care professionals and systems can better engage with their male patients. We'll go over those, that advice that he gave us, following a peek at the video.

[Video from website]

### **Janet Wright—Million Hearts Initiative**

We asked Roosevelt what it was like working with his doctors, nurses, pharmacists, dietician, and others about improving his heart health. His answer: "It's always been a struggle. I've met with all of these types of health care professionals. They've given me good information, but I still struggle. My biggest problem is that I can't get my cholesterol as low as they would like. I would like to take more affordable drugs, generic medications, but they've told me that the generic drugs are not recommended for me. I don't have high blood pressure, but my cholesterol is still a problem."

We next asked him what motivates him to stay healthy today, and here's his answer: "It's my family, my grandson, and my kids. That's a very motivating factor for most males. When my wife, mom, or sister talks to me about what I should be doing to be healthy, it's out of sight and out of mind, but when the little ones come to you, that strikes a chord. I'm glad that kids are getting information earlier and bringing it home, not during high school, but during elementary school."

And finally, we asked him if there was anything that a health care professional could do or say that would help a man stay on course to achieve his blood pressure or cholesterol or tobacco goals and improve his heart health. And his answer: "I'm a visual guy. I think it would be good to be more visual with patients

and show them what the effects of not taking care of your health are. I'm 150% more likely to pay attention if you show me what happens to someone who isn't taking care of themselves. It would also help to see someone who looks like me, rather than someone who looks like a doctor or a nurse."

We thank Roosevelt for sharing his experience so that we as health care professionals better understand how we can work with men and others who want to improve their heart health.

We have time now for a few questions from people who are listening to the webinar. And I see a long list of questions. Let's start with this one: How can we motivate men to be compliant with their health care? Getting back to that adherence factor. And I'd open that up to both you, Dr. Giorgianni, and Dr. Sparkes.

### **Salvatore Giorgianni—Men's Health Network**

If I could take a stab at this first, one thing that struck me in Roosevelt's commentary is, "I'm having trouble meeting the goal that they, the health care providers, have for me." And one of the techniques that I find is so, so effective with people when I'm counseling them, or talking with them and doing medication therapy management reviews with them, is pointing out their successes.

We as health providers set goals for people. To most of our patients, these seem like unachievable goals. Many of them try very, very hard. And, as we know, men are very goal-oriented. They want to achieve. They want to be successful. They want to make it happen. That's the nature of many, many men.

So one suggestion I have that is very powerful in my own work is to find something, anything, even if they just take their blood pressure once a week, that they're doing right. Reinforce it. If they've lost 5 pounds, reinforce it. If they've gotten to 90% compliance, reinforce it. If they're even there to pick up the prescription, reinforce that as a good behavior. We can always find something that our patient's doing right to help them move it along. And it goes back to that old adage, nothing succeeds like success.

### **Janet Wright—Million Hearts Initiative**

Thanks so much. And Dr. Sparkes, anything to add there?

### **Justin Sparkes—INTEGRIS Family Care Clinic**

Make it relevant to the patient. Always review the goals. I think that the number one thing there is, we as health care providers become kind of this big blur of nameless, faceless entity, telling people what to do. And you've got to make it personal. For Roosevelt, you know, you do respond, and you take every opportunity to say, "Yeah, this is about you being there for your grandkids."

And you personalize it, and you review the goals, because lots of times, it is to the patient—as providers, we have all these facts and figures and medicines and interventions all memorized. To a patient, it's like drinking out of a fire hose, and we forget how overwhelming it is from the patient's perspective.

So I think that you have a lot of responsibility for improved communication to break these things out piece by piece, because usually, these things are not nearly as daunting when they're taken as one at a time. And the other way I respond to that is, you have to be very careful about making it relevant to the patient, take some extra time and explain; whereas we may understand the in-depth pathophysiology of all these diseases, you have to explain them. What is a cholesterol plaque? Why is this important? Where are we going in terms of goals? This is why watching this part of your cholesterol panel is so important.

When patients are able to give it back to you and explain back to you what you've explained to them, then these things become so much more attainable, because the understanding is there.

### **Janet Wright—Million Hearts Initiative**

Excellent. Thank you. And I think we have a question from the phone. Can we go to that one now?

**Audience Member**

I just wanted to say that I thoroughly agree with the physician that was talking about getting your pharmacist involved. I work for Indian Health Service. We have PharmDs, they're called, and we have like four talking rooms where they can bring the patient in the room, in privacy, and talk to them about their medications. They've even started setting up clinics. Our plans down the road here shortly are going to have them get involved with the Million Hearts campaign with me. I'm a certified diabetes educator. And really monitoring people's blood pressures and hypertension and heart disease. We did get a small grant, so we are able to give out some blood pressure units for patients to take home and then bring back in, so we can check their readings. Pharmacists are a very important part of your team, and I just wanted to agree with the physician that was talking about that. Thank you.

**Janet Wright—Million Hearts Initiative**

Terrific. Well, thank you. Regarding screening programs, would you screen customers that have no family doctor for whom it might be difficult to obtain follow-up or prescriptions? I'll just ask you to both speak on the importance of connecting individuals to care as soon as a screening program identifies a medical issue.

**Salvatore Giorgianni—Men's Health Network**

From the pharmacy perspective, yes, I think screening programs, particularly screening programs that involve student pharmacists or other student health care providers and other venues, are an extremely important way to get outreach to the public.

The next thing is, pharmacists and the pharmacies, they generally know who provide indigent care in their communities, free clinics, the community health center clinics at low or no cost. Pharmacists know which providers in their geographic area provide that sort of voluntary care.

So I certainly think you should be screening them. The first step is awareness and understanding. The next step is getting them somewhere. Pharmacists are in a unique position, because they can refer them to so many other facilities, and they know who those folks are.

**Justin Sparkes—INTEGRIS Family Care Clinic**

What you're going to hear more and more over the next coming years, medicine is a team approach, and you're going to have, as we do, these health fairs. They are excellent venues to get people plugged into dieticians and diabetic educators. We get that ball started with some blood pressure screening, cholesterol screening, PSA screening for prostate cancer (back when it was less controversial), fecal blood screenings.

And the whole idea is that, as you set up a screening, moving back to the original question, you need to know what you're going to do with your abnormals. You create a pathway to care, and you make sure that that pathway that you create can handle the volume that you're going to march down it. Again, it's a synergistic approach: hospital systems, private clinics. People want access to these patients. The patients want access to care. And that initially starts with a screening. So I think absolutely you create the screening, and then keep in mind: What are you going to do with those people that need to move, that need to be triaged to that next level of care? But absolutely, it's a team approach. You get them in, you get people screened.

**Janet Wright—Million Hearts Initiative**

Fantastic. Thank you. There's a great question about how we can connect the dots. So if a health care professional prescribes a medication, how can that health care professional be notified if the individual

patient doesn't pick up the medication or perhaps doesn't refill? How can we help close that loop, Dr. Giorgianni?

**Salvatore Giorgianni—Men's Health Network**

I do a lot of medication therapy management these days, and certainly for Medicare Part D beneficiaries, part of the process when you interview a patient who is eligible for these MTM interventions—and there are lots of other health plans now that have seen the value to keeping patients on medication, which are also participating—is when you find a patient who is not complying, and pharmacists know this. They know who picks the stuff up. They know when there are significant gaps. The benefit plans know about it as well.

Part of the MTM procedure is to notify the physician, saying, “Hey, look, patient XYZ has had significant gaps in their medication refill rates. You might want to talk with them about adherence and compliance.” And the next part of the process is, during the MTM discussion with the patient, to talk with him about the importance of compliance and adherence.

And one of the big factors, as I mentioned during my monologue, was this notion that so many patients have that when the disease is under control, they're cured. And that's, I think, an easy intervention, to talk with them about why that's simply not the case. So pharmacists also, by going out and speaking with physicians, they develop a rapport with the practitioners that I think can be utilized for the benefit of patients.

The program that the Indian Health Service is doing now is a very, very important one, and I'd like to thank that individual for bringing it up. Every pharmacist is trained in patient counseling based on the Indian Health Service approach to patient counseling, which began a couple of decades ago. And it's so, so easy for pharmacists to do that with patients, and then make the next jump, which is have the pharmacists talking with the physicians a little bit about it.

**Janet Wright—Million Hearts Initiative**

Terrific. So I think this question is for Dr. Sparkes. The questioner was very impressed with the community outreach approach, and wants to know how such screening programs were funded.

**Justin Sparkes—INTEGRIS Family Care Clinic**

We had a little bit of grant money, initially. Now we keep track of some of the revenue that we get from the patients that come in from these, and that actually helps fund them. But I work for a not-for-profit, and so that is very much part of our duties, and one of the reasons I work for a not-for-profit is that it does fund—I believe we had \$25 million at last count that we used in public education and outreach. It's a large amount of money, but we also fund many others; we have a Women's Health Month (started off as a Women's Health Day). And the men's health awareness has grown steadily over the years.

We fund it, but we're also able to recapture some of that revenue that we bring in from those encounters from the people that do need to be triaged to that next level of care. And there is some public sector money available as well that is utilized.

**Janet Wright—Million Hearts Initiative**

Terrific. Thank you. There is a question about how a clinic might become associated with Million Hearts, and we've got that information at [MillionHearts.HHS.gov](http://MillionHearts.HHS.gov). Happy to have the clinic pledge in support or even become an official partner. There are examples of that partnership on the website, and there's a contact web address also.

So one more great question: How will health care reform impact treatment and cost for prescriptions for men?

**Salvatore Giorgianni—Men’s Health Network**

I guess my candid reply is that we don’t know. We would hope that health care reform and the outreach for access to health care reaches men as well as women. We’re hoping that more men will be brought to health care, but I think just having access is just part of the motivation, part of the equation for men. As was alluded to earlier, men need to be encouraged. They need to have a goal. They need to have clarity.

One thing that I think would help dramatically is if there were—as they navigate our program for health care navigation into the benefits to the ACA—specific materials developed for men; that, I think, would help dramatically. But as yet, I simply don’t know, but I’m hopeful that it’ll be a positive.

**Justin Sparkes—INTEGRIS Family Care Clinic**

I mirror every bit of that. We’re very, very hopeful that it will be a positive. One of the things I can tell you that has changed in my own backyard is INTEGRIS has formed the first clinically integrated network in Oklahoma, and what we’ve already done, even with this program in its adolescence, is we’ve decreased a lot of redundancy. What we all understand about health care is it costs too much money, and we all agree about that.

But we’re going to be drawing from more hands in a smaller bucket. And we can’t have the redundancies, so we need more clinical efficiencies; pharmacists on the team going, “Hey, why is this a name brand?” Physicians becoming more aware of name brand prescribing, or duplicate office visits.

And as we talk about medication compliance, I do not have a more powerful tool than getting a patient in front of me and going, “You know, I didn’t get a call for refills on this. You’re behind on the lab monitoring for this for possible side effects, et cetera, et cetera” and having those repeated office visits. But we don’t need to have an office visit with the cardiologist, the pulmonologist, the general internist, the et cetera, et cetera, all for the same problem, all monitoring the same medication. You know, we can cut down some of that redundancy.

And therefore, free up some money; free up some resources as well, which (the time resources and the education resources) are every bit as valuable as the actual monetary assets attached to them. And therefore, with that more efficient practice globally, use our resources that we already have in place and further the development of them by exponentially reaching out there to the more people that are going to be in front of us in the very near future.

**Salvatore Giorgianni—Men’s Health Network**

I’d offer one additional comment here. Thank you for saying it, Dr. Sparkes. I think it prompted a thought about talking with patients and the cost of medications. One of my evolving views is, while certainly cost is an impediment for some individuals, it isn’t for all individuals. I think the impediment is that they don’t see the value of the medications. I hear many, many people—many seniors in particular—telling me, “I’m on too many medications. I’ve got to get off of these things. It’s just too much medicine for me.”

So I think we as pharmacists not only can portray and give accurate information about the cost of medications, the use of medications, but also we have to be enthusiastic about the importance of medications. So many folks believe that taking medicine now is a bad thing, or it’s a sign of weakness; particularly guys feel that taking medications is a crutch, that they don’t need to be or shouldn’t be on these medicines. I think we, in our attitude towards the medicines and medications we dispense every day, can transmit a positive or negative message to our patients about these being crutches or very, very important, useful therapies.

**Janet Wright—Million Hearts Initiative**

That's a perfect lead in to another terrific question here that gets at the language that we use. It says, "In rural America, the comment regarding men's health is that we as providers see men for their last sports physical in high school and then their first heart attack at 45." ("Isn't it a good idea to partner with others to provide health information at worksites and in other places?" I would imagine the questioner would add.) "Men are also very sensitive to having providers speak over their heads in terms of medical language." So the question is, do we need to develop a better communication with our male patients?

**Salvatore Giorgianni—Men's Health Network**

Thank you for that question. The Men's Health Network is at the forefront of talking about that. A basic tenet of public health is that you have to deliver messages to the targeted audience in a style and rhetorical manner that's relevant to them, and I think we've done a really fabulous job developing a lot of materials targeted to certain populations. But I think we're lagging behind in developing materials, methods, approaches, rhetorical styles, imagery, that are relevant to boys and men.

One of the dilemmas in America is that there is no identifiable men's doctor for the majority of men and boys. So yes, the comment about the doughnut hole, if you will, between the 16-year-old who comes out of the pediatrician's practice and then the 55-plus-year-old who runs in to the urologist's practice is a real dilemma.

So Men's Health Network is trying to work with, in particular, family physicians to try and get them to look at how they do everything in their practices to become attractive to men and make good, comfortable environments for men. We're working with health systems and hospitals and clinics—particularly free clinics and public health clinics—to see how they can relate to men.

We've developed a training program for practitioners on how to talk with men better. We have community health educator training programs that we've developed, all with the purpose of helping health professionals relate better to the guys between 16 and 55.

**Justin Sparkes—INTEGRIS Family Care Clinic**

I agree completely.

**Janet Wright—Million Hearts Initiative**

Thank you, Sal. Terrific. I think we'll try to squeeze in one more question here. We know that heart attacks affect men about 10 years before they hit women. Are there any studies indicating what age men usually start to take high blood pressure medications or need high blood pressure medications?

**Justin Sparkes—INTEGRIS Family Care Clinic**

Yeah. You start screening in your thirties and you screen all the way along. But as people advance to their thirties and into their forties, what we're finding is that, as we have our patients presenting in their forties, we're already behind on watching the development of high blood pressure. We've watched, through the different evolutions of our studies, that our criteria for what we call high blood pressure have done nothing but go down.

You go back historically, and that was a much higher number than where we called high blood pressure and where we started treating. Now there's of course entities called pre-hypertension, and what you do to treat those, what interventions—and I'm not just talking about pharmacotherapy—but what lifestyle interventions, when you start telling a patient, "I am prescribing exercise and a low sodium diet, and this specific diet for you to do." And yes, we want our patients, even in their thirties, to be watching for that. And certainly, by the fortieth birthday, we'll be treating many of them.

### **Salvatore Giorgianni—Men’s Health Network**

One perspective that Men’s Health Network likes to talk about a lot in our presentations and outreach is the fact that men—and this has been documented in study after study after study, the latest one being from the American Academy of Family Physicians and the American Osteopathic Family Physicians Association—simply wait “as long as they possibly can” to go to seek health care—for any disease, really, even if they’re in pain. It’s amazing to just even understand that men wait as long as they possibly can to go seek health care.

One of the objectives here is to get past this “I’ll go it alone, I’m a strong guy, and I can play hurt, and I’ve just got to get up, shake it off, and go on with my life” that men have, that’s acculturated in them when they’re young children, so that they go to seek health care earlier on. I’m not aware of any particular number when high blood pressure starts to evolve, but I do see that the trends, particularly with high obesity, for both cholesterol screening as well as blood pressure screening are going down, in both men and women. And that’s just alarming.

### **Janet Wright—Million Hearts Initiative**

Well, the hour has come to an end. We do have some existing questions. We’ll be distributing those and issuing some answers. I want to thank all of our speakers today for their insights and commitment to helping us reach the goal of a million prevented heart attacks and strokes. The audio and the slides from the webinar will be available on the Million Hearts website. That’s [hhs.millionhearts.gov](http://hhs.millionhearts.gov). And a very happy Men’s Health Month to you, and Happy Father’s Day.

*Note: Time limitations did not allow speakers to respond to all submitted questions during the webinar. The following responses were provided in written form after the conclusion of the webinar and are provided here for your reference.*

#### **Question:**

When it comes to getting a receptive audience, do the providers have to be male?

### **Justin Sparkes—INTEGRIS Family Care Clinic**

The speaker does not have to be male; it simply makes for a quick rapport. It’s important to remember that you will often have a small window of time in which these audiences will be receptive to your messages.

### **Salvatore Giorgianni—Men’s Health Network**

I do not know of any data that strongly suggest that men prefer male providers. In fact, some information suggests that for certain conditions, such as mental health and sexual health, men prefer female providers. Most importantly though, in every study of patient provider preferences and attributes, patients generally want to have someone who pays attention, is perceived as having the patient’s best interests at heart, and is compassionate in his/her approach.

**Question:** What type of blood pressure reading is recommended—inactive, active, or average (ranges)?

### **Justin Sparkes—INTEGRIS Family Care Clinic**

Due to the circumstances of the screenings we conduct—often at “health fairs”—we create an “assembly line” and therefore use resting vital signs.

**Question:**

After my coronary artery bypass graft (CABG) surgery, there were many surprises. I would have appreciated being more informed about what to expect post-surgery. What new communication and education programs are planned to ensure that patients are aware of the implications of such a major surgery?

**Justin Sparkes—INTEGRIS Family Care Clinic**

Both NHLBI and the American Heart Association have resources for individuals who have CABG surgery about what to expect afterward and how to continue to improve heart health:

- [www.nhlbi.nih.gov/health/health-topics/topics/cabg/after.html](http://www.nhlbi.nih.gov/health/health-topics/topics/cabg/after.html)
- [www.heart.org/HEARTORG/Conditions/More/CardiacRehab/Cardiac-Rehab\\_UCM\\_002079\\_SubHomePage.jsp](http://www.heart.org/HEARTORG/Conditions/More/CardiacRehab/Cardiac-Rehab_UCM_002079_SubHomePage.jsp)

**Question:**

I agree with the comments on the effects a pharmacist could and should have as an educator. Do we see a boundary to this strategy being the view of a pharmacy as an errand instead of a health care provider? I understand that may not be the case for all patients, but is this something that has been noticed, where patients or customers don't know that they can take advantage of their pharmacist as a resource, and how do we work around this?

**Salvatore Giorgianni—Men's Health Network**

A little-known fact is that federal and state laws and regulations require that patients be counseled by a pharmacist when picking up their prescriptions, but the patient has to ask for the consultation. Unfortunately, not enough has been done to let the public know that the pharmacist is available to counsel them. The good news is that several pharmacy provider companies are looking for ways to free up pharmacist time from the required administrative process of filling a prescription to interact more with patients, and this is great to know. Also, many more independent pharmacies are being opened around the country, and these practitioners build their business and practice models on "high-touch" and concierge-like services for patients. So, as the types of pharmacies evolve, patients have a greater ability to go to pharmacies, chain or independent, where the kinds of services they need are provided. Pharmacy organizations have also been working hard to obtain provider status for pharmacists. Right now, all services that pharmacists provide must be billed under the dispensing fee structure, which usually is under \$3 per prescription. Providing a reasonable reimbursement structure for cognitive services for pharmacists, over and above the fee for essentially handling the mechanics of dispensing a prescription, will provide opportunity for consumers to have an even broader selection of practitioners to help them understand and effectively and safely use their medications.

**Question:** The problem we have in regards to Dr. Giorgianni's current comments is that men's health researchers are producing these materials but we are disaggregated and not unified. I think there needs to be better integration with men's health researchers to get the info organized and then disseminated to the practitioners.

**Salvatore Giorgianni—Men's Health Network**

I very much agree that having a proper forum for dissemination of research regarding men and health would be of great benefit to all stakeholders. There are few publications in the peer-reviewed medical literature that focus on comprehensive men's health. The *American Journal of Men's Health* is one of those few publications. I look forward to the day when more health information sites and CE offerings have specific categories for men's health.

**Justin Sparkes—INTEGRIS Family Care Clinic**

What we know is that we now need to provide better health care to more people with less money to do it. So yes, integration will be not just be appreciated, but will be mandatory. We also need to avoid

duplication of efforts. The Men's Health Network is also trying to provide information to practitioners on research and practices regarding men's health: [www.menshealthnetwork.org](http://www.menshealthnetwork.org). They have also developed the "Dialogues on Men's Health" series, which provides valuable and timely information. We also provide a forum for this information at the American Public Health Association (APHA) annual meetings. As the Men's Health Caucus of APHA grows, we will have increased opportunities to present more information to the public health community and other stakeholders.

**Question:**

My experience as a health coach is that listening is the best way to get in touch with what motivates a particular person. Are there training programs on listening skills for health care professionals?

**Salvatore Giorgianni—Men's Health Network**

A number of active listening/coaching/motivational interviewing resources are available for health care professionals. Check with your professional association for specific recommendations.

**Justin Sparkes—INTEGRIS Family Care Clinic**

Listening skills were part of training during medical school and residency, but it is important to continue to develop those skills over time. Effective communication is a modality in itself.

**Question:**

APHA is a decent forum for this collection, but our efforts kind of revert back to center after the conference. We need to make our collaboration intent lasting.

**Salvatore Giorgianni—Men's Health Network**

I agree. The Men's Health Caucus of APHA is quite new—approved by APHA leadership in 2010 and beginning organizational meetings in 2011. Our priorities have been to focus on building a robust presence and information dissemination at the annual meeting and to establish ourselves within APHA and with APHA leadership. We have done well in this regard, and I am confident that over the next several years, as the caucus builds capacity, leadership, and ability to garner financial and logistical support from APHA and others, we will have a presence that extends well beyond the APHA annual meeting. The APHA Men's Health Caucus has been working with other groups to augment our ability to better share information with stakeholders. One example is our collaboration with the Men's Health Network on the "Dialogues on Men's Health" program series. The work of this men's health brain trust group is broadly disseminated and has been very well received. Much of the information is available at [www.menshealthnetwork.org](http://www.menshealthnetwork.org).