

HEALTH & SOCIETY NEWS

The Robert Wood Johnson Health & Society Scholars Program at Columbia University is a joint initiative of the Institute for Social and Economic Research and Policy (ISERP) and the Mailman School of Public Health (MSPH).

Masculinity Can Make You Sick!

Why emulating Sylvester Stallone may be detrimental to men's long-term health.

by Kristen W. Springer

HEALTH & SOCIETY SCHOLAR, COHORT 6

Men die five years earlier than women on average, despite having greater socioeconomic resources - a key correlate of good health. Among the growing population of older men, avoiding and delaying preventive and primary healthcare is an important contributor to poor health and mortality risk. Research shows that men are much less likely than their female peers to seek healthcare - even accounting for reproductive and sex-specific conditions. Among midlife adults (45-64 years old), 24% of men do not have a regular doctor, compared to 13% of women. Moreover, 70% of people who have not visited a physician in over five years are men - an unex-

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Extrapolating Is what we do when we are Meeting together

It is a new season, a new mix of perspectives and another chance to use our weekly seminar series to stir the intellectual pot and see what new can be conjured. This year, the seminar brings perspectives from anthropology, demography, epidemiology, evolutionary biology, neurogenetics, psychiatry, internal medicine, and sociology. The plan is for this diverse group to join in addressing critical population health problems with the aim of using the mix to generate broader and more creative approaches to those problems. It is our practice to assign a loose fitting theme to our seminar series each year and this year the scholars entering their second year (Cheslack-Postava, Harper, and Springer) proposed "extrapolation." As should be the case for any really good theme, the rationale for this theme is over determined. That said, one obvious issue is whether and under what conditions findings from one population or species can be extrapolated to another. Equally important will be whether and to what extent findings derived from specific operational measures or experimental manipulations can be extrapolated to the broader constructs the measures or manipulations were meant to represent. These and other aspects of extrapolation are likely critical for policy as we must be willing to extrapolate from specific findings about specific populations in order to generate policies that apply outside of the sometimes very controlled situations we study. We cannot tell for sure what will happen in our seminar this year but we like the mix of perspectives and look forward to discovering what we will create.

Other news is that the idea of our incisive, highly successful and widely disseminated Newsletter has finally diffused beyond the Columbia scene. The

form of the diffusion however was a contraband issue - an electronic insurgency that expropriated our Newsletter's template and mimicked its table of contents to produce a faux Columbia Newsletter. The motivation was a payback to one of us (Link) for what was thought to have been a mild practical joke played years ago on one of the Wisconsin Directors, Stephanie Roberts. The faux-letter is a deep and very effective skewering. Link is entirely tamed - at least with respect to Wisconsin Director Roberts and anyone she might include in her circle of caring. The premise of the faux-letter is that a pretentious Link hijacked the Columbia Newsletter because he felt he had not received sufficient attention in previous ones. As an example of this theme the letter features the same photo of the Columbia Directors as above but with Bearman's picture blocked by a red circle intersected by a line. Another section has Link responding to criticisms of blathering and lack of incisiveness by writing haikus to communicate his ideas more effectively. One of the featured haikus, entitled "Fundamental Causes," draws on Link's fly fishing passions and goes like this: "Upstream there are fish/ and there are determinants/ I have such deep thoughts." At Columbia we are not only amused, but also validated by this new and very effective use of our Newsletter format.

The annual meeting
Would be better if Gerard
Served martinis

Peter Bearman

Bruce Link

Capturing Context

In June 2009, Jim Adams, H&SS cohort 5, and Gina Lovasi, H&SS Cohort 4, in conjunction with H&SS Co-director Peter Bearman, tackled the question of context by organizing a conference titled “Capturing Context: Bridging Spatial and Network Analyses.” Held at Columbia’s School of Social Work, the conference sought to explore the idea of context in relation to two analytical tools, spatial analysis and social clustering.

Social network and spatial analytic methods are two distinct but related approaches to formally incorporating context as a focal point of study within a variety of research fields. Both seek to place individualized information into a larger context, and the conference juxtaposed these methods to investigate the non-independence of actors as important factors to be explored, rather than as challenges for analyses to overcome, whether in relationships with other social groups or when examining patterns of physical resources. The conference provided a forum for scholars to discuss their own work, the larger implications of both contextual methods, the connections between the two, and their research potential in various fields.

The Capturing Context Conference spanned two days, with keynote presentations by Tom A. B. Snijders, University of Oxford, and Robert J. Sampson, Harvard University. Submitted abstracts were organized into “Paper Panels,” around larger themes, which allowed discussion of specific papers. Topics included; why context matters; how to incorporate it into research; defining relevant context; and how it arises in the research setting.

The success of the conference led Adams, Lovasi, and Bearman to the conclusion that there was momentum for exploring the combination of social networking and spatial analysis, and that it warranted further investigation. With the journal *Social Networks*, Adams and Lovasi are working with Katherine Faust (University of California, Irvine) to compile a special issue devoted to the intersection of these two methods and their potential for researchers in a variety of fields. To learn more about the conference and special issue, please visit the Capturing Context Conference website at: www.capturingcontext.org.

About the Robert Wood Johnson Health & Society Scholars Program

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2008-2010

Keely Cheslack-Postava

Kristin Harper

Kristen Springer

Columbia University is one of six national sites of the Robert Wood Johnson Health & Society Scholars Program, designed to build the nation’s capacity for research, and action to address more effectively the complex of factors affecting health. The Columbia program supports innovative research in population health with a postdoctoral training program. This initiative involves scholars conducting edge research and exposes them to a vibrant intellectual community of over fifty faculty and researchers. In addition to some activities are reserved to Health & Society affiliates, the program also sponsors short courses for postdoctoral fellows that are open to the wider Columbia community. Periodically award grants to affiliated faculty and postdoctoral fellows for individual research and for the formation of work

Are manly men more likely to get sick

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pected trend because men are more likely than women to have health insurance.

Masculinity ideals are one likely source of men's resistance to seek healthcare. In prior research, gender scholars have suggested that "manhood" is enacted in part through health behaviors that signal invulnerability. Specifically, the stereotypical (hegemonic) Sylvester Stallone masculinity ideal of being strong, brave, invulnerable, and self-sufficient promotes health-harming behaviors including violence and high risk sports, using alcohol and drugs to excess, and avoiding health-promoting activities such as going to the doctor for preventive care.

However, this gender scholarship on masculinity and health has developed in virtual isolation from social epidemiological research on the socioeconomic status (SES) gradient in health. Further, there is a need for masculinity and health research in population-based, non-clinical samples.

To help address these limitations, I collaborated with Dawne Mouzon - one of my sociology doctoral students at Rutgers - to assess how the endorsement of hegemonic masculinity ideals affects older (65 years old) men's likelihood of receiving a flu shot, prostate exam, annual exam, or all three preventive services in the past 12 months. We sought to understand whether masculinity beliefs intersect with SES to affect preventive healthcare seeking, if they affected it all.

We analyzed Wisconsin Longitudinal Study data, a long-term study of a cohort comprised of men and women born primarily in 1939, using a masculinity scale I designed to capture the endorsement of normative hegemonic masculinity ideals (e.g. "When a man is feeling pain, he should not let it show"). We found that the quarter of men with the strongest masculinity beliefs were 50% less likely to receive all three preventive services (compared to the three quarters of men with more modest masculinity beliefs) - even after accounting for a wide array of possible confounding variables including health, marital status, and SES status. These findings were featured in national and international media including the Science Times section of the *New York Times* - spurring some interested readers to e-mail me with their personal experience of masculinity and healthcare seeking:

"As a middle aged man, more importantly as a supposed "macho" man I don't see the need to go to a doctor over trivial matters like broken bones, and other nuisances...If a bone protrudes the skin or I have difficulty breathing and I don't see marked improvement after a few weeks, then I might actually consider a visit to a nearby hospital... I've had a few really fantastic death-defying adventures. I did not emerge unscathed but that is part of the fun, being able to show those bumps and bruises, kind of like badges of courage we wear like proud warriors."

Although not about preventive health - the message in this e-mail is clear: being “manly” means not going to the doctor for “trivial” nuisances such as broken bones - let alone preventive care.

Mouzon and I also found that the relationship between masculinity and preventive care varied in dramatic ways depending on men's socioeconomic status. In contrast to the usual SES gradient in health, we found that men with strong masculinity beliefs received no health-promoting benefit from higher education. Men with higher education and strong endorsement of masculinity beliefs had a

compliance with preventive health care services - as expected based on the SES gradient. In contrast - among men with strong masculinity beliefs - increases in occupational status decreased the predicted probability of obtaining all three preventive services. In other words - men in high-status occupations had a very low probability of getting preventive care if they also held strong masculinity beliefs. These results add nuance and depth to SES gradient research by illuminating a specific example of competing cultural/social needs (i.e. masculinity) can supersede the benefit of using SES resources for health promotion.



lower predicted probability of obtaining all three preventive services compared to men with less education.

These perplexing results persisted when we measured SES using men's occupational status. Among men with low or moderate masculinity beliefs - increases in occupational status predicted increased

We also found that the subgroup of men with the lowest occupational status and strong masculinity beliefs had a relatively high predicted probability of obtaining all three preventive services. Men with strong masculinity beliefs whose current or last job was in a blue collar, stereotypical male occupation (i.e. machine operators, truck drivers, construction

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workers) had a relatively high probability of getting preventive healthcare. For these men, it appears that the potential damage caused to their masculinity belief by not performing their job is worse than the damage caused by being perceived as sick.

These results may provide insight into the paradox of men's earlier mortality despite their higher SES. Specifically, it is possible that masculinity beliefs - particularly among the highest SES groups of men - increase mortality risk. This potential conflation of high SES and increased mortality risk could help explain why the SES benefit of being male does not necessarily translate into living longer.

There are several policy and practice implications of this research. The most utopian implication requires complete dismantling of gender ideals so that the constructs of "masculinity" and "femininity" do not exist. However, a less extreme vision is to recast physician visits as a masculine activity. This idea is at the core the "Real Men Wear

Gowns" campaign by the Agency for Healthcare Research and Quality. The public service campaign shows men in hospital gowns engaging in a variety of family roles, such as fixing cars with their sons or walking their daughters down the aisle with message: "Real men know that getting tested is the way to take care of their families."

These public service campaigns are an excellent start, but my research suggests that campaigns tailored to specific groups of men - for example, blue collar and white collar workers - might be more effective. However, rigorous, population-based health analyses of situated masculinity effects are only beginning. Future interdisciplinary research examining whether and how masculinity and health behaviors vary dependent on race, ethnicity, sexual orientation, and age can further illuminate long-standing gender paradoxes as well as inform policy and practice in ways that improve men's health.

H&SS Welcomes New Program Coordinator and Associate Director

H&SS would like to welcome Danielle Lindemann as the new Program Coordinator at ISERP. Lindemann is currently a PhD student in the Sociology Department studying the sociology of sexuality. Lindemann took on the role of program coordinator following the departure of Nancy Davenport, who completed her PhD with distinction in the summer of 2009. Davenport is currently working as a post-doctoral scholar for ISERP Director, Sudhir Venkatesh, assisting with him with his work on underground economies in urban environments.

In other staff news, Gina Lovasi, Cohort 4, has accepted a position as Assistant Professor of Epidemiology at the Mailman School of Public Health and in addition, has also accepted H&SS's invitation to become the program's new Associate Director. We welcome her participation in recruitment and program planning, in addition to her ongoing intellectual contributions to the program.

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Announcements

- ♦ **Keely Cheslack-Postava**, PhD, Cohort 6, gave birth to daughter Hazel Amelia Kuniholm on Friday October 16, 2009. Hazel shares Keely's birthday, and was born 6 lb. 3 oz.
- ♦ **Kristin Harper**, PhD, Cohort 6, has been awarded a 3rd year in the H&SS program to continue her work in micronutrient deficiency and genetic mutation rates.
- ♦ **Naa Oyo A. Kwate** PhD, was recognized with the prestigious NIH New Innovator Award for Exceptional Creativity and Promise, for her research on the negative effects of multiple levels of racism on African Americans' health.
- ♦ **Peter A. Muennig**, MD, MPH, recently presented with the ASPH-Pfizer 2008 Early Career in Public Health Award, has just received funding from the National Center on Minority Health and Health Disparities for his project "A dataset for the study of the social determinants of health."

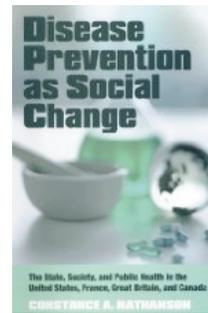
H&SS Announces Special Call for Feature Publication Seed Grant Proposals

H&SS is pleased to announce a special call for seed grant proposals to help the program strategically plan for allocation of the available research funds. The deadline for applications is December 1, 2009. Scholars and affiliated faculty are requested to submit innovative and thoughtful proposals that will help further their research agenda.

The H&SS seed grant program supports both independent research projects and pilot research that has the possibility to secure external funding. The program normally accepts applications on a rolling basis and has supported numerous H&SS scholars and faculty. We encourage scholars and affiliated faculty take advantage of this special call for proposals to develop their own research goals.

Seed grant funding may also be requested to support other activities, such as conferences or edited volumes. H&SS believes that dialogue is an important component of the academic process and uses the seed grant program to support scholars' collaborations, as well as their specific research endeavors.

If you would like to submit a proposal, or for more information, please visit the Columbia H&SS website www.chssp.columbia.edu/research/aif/sgp.html.



Disease Prevention As Social Change: The State, Society, and Public Health in the United States, France, Great Britain, and Canada

By Constance A. Nathanson
Russel Sage Foundation,
April 2009

From mad-cow disease and E. coli-tainted spinach in the food supply, to anthrax scares and fears of a swine flu pandemic, national health threats are a perennial fact of American life. Yet not all crises receive the level of attention they seem to merit. The marked contrast between the U.S. government's rapid response to the anthrax outbreak of 2001 and years of federal inaction on the spread of AIDS among gay men and intravenous drug users underscores the influence of politics and public attitudes in shaping the nation's response to health threats. In *Disease Prevention as Social Change*, sociologist Constance Nathanson argues that public health is inherently political, and explores the social struggles behind public health interventions by the governments of four industrialized democracies.



Calendar of Events

Mini-Seminars

Keely Cheslack-Postava
From scientific knowledge to assessment of risk with public policy implications
October 5 and 12, 2009

Kristin Harper
Extrapolating between normal variation and pathology
November 9 and 16, 2009

Kristen Springer
Topic to be announced
December 7 and 14, 2009

Leadership Series

Susan Rabiner(Author, edito, and literary agent)
September 24, 2009

Bruce Link and Peter Bearman (H&SS program codirectors at Columbia University)
October 27, 2009

Short Courses

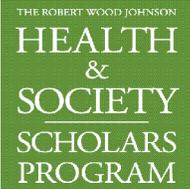
Diane Lauderdale
Sleep Epidemiology
December 8, 2009
10:00am - 12:00pm and 1:00pm - 3:00pm
Morningside Campus, Room TBA

Invited Speaker

Loic Wacquant,
Hyperincarceration and Public Health
November 9, 2009
1pm - 2:30pm

For more information about Health & Society Scholars sponsored seminars, workshops, and events, please email chssp@columbia.edu and visit our calendar events www.chssp.columbia.edu/calendar.

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