Men: Untapped market waiting for a hospital just like yours

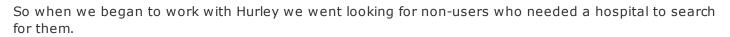
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by Andrea J. Simon

Are men and men's health part of your hospital or healthcare system's growth strategy? Should they be?

Let me share a case study that might change your mind about men's health.

I was working with Hurley Medical Center in Flint, Mich., from 2010 to 2012, helping it find new ways to grow its patient base. Its market was saturated. The three competing hospitals in Genesee County had essentially divided up the inpatient market equally. Among the three, outpatient volumes were rather similar as well.



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Serendipity is often the best research

Sometimes the best ideas come from serendipity, from an unexpected moment. For Hurley, one of its marketing folks had that a-ha moment when he realized his father could actually be typical of a new patient market space that the hospital had been ignoring--men.

So many men like his father were without doctors. While is father was a retired General Motors employee who always had insurance, he had never really had a doctor. When his dad became ill, the son realized his father was both a problem and an opportunity. Without a doctor and without a medical home or consistent continuous care, his father had no one to care about him. He could not simply rely on the emergency room doctors at the hospital.

Research makes a compelling case

We began to dig further. We dove into a wealth of research from the Men's Health Network in Washington, D.C. One key fact was that more than 90 percent of women have physicians but only 62 percent of men have doctors.

In addition, **more than half (55 percent)** of all men studiedby the American Academy of Family Physicians in 2007 **had not seen** their primary care physician for a physical exam within the past year. Worse is that across the United States, men die anywhere from five years to 10 years younger than women.

When we looked at how men and women use physicians, the disparity was even greater. Excluding pregnancy-related office visits, women make **twice as many**preventative care visits as men. Overall, women age 15 to 44 are much more likely than men to visit a doctor for any reason.

It isn't that men are healthy. Four in 10 (42 percent) men have been diagnosed with at least one of the following chronic conditions:

High blood pressure (28 percent) Heart disease (8 percent) Arthritis (13 percent) Cancer (8 percent)



Diabetes (10 percent)

But they don't go for screenings and don't stay compliant on medications.

Doctors focus on women

What is equally interesting (and maybe another reason men stay away) is that the experience of visiting a physician's office is geared for women. One Hurley doctor told us, "When I have a man in my examining room, he is an imposter. He sits on the table and tells me he is fine. Nothing bothers him ... he is a 'strong man.' Yet his wife sits there and tells me that he has been complaining and not feeling well."

From the man's point of view, that doctor's office is open when he is at work and makes him feel weak and unmanly. There is a cultural gap here.

New growth strategy awaits you

What can a hospital or a physician do to grow a patient base of men?

Hurley's strategy was to create a Men's Health Initiative consisting of a series of men's breakfasts, workshops and church events where they could get screenings, meet with physicians, and learn how to get healthy and stay that way. Hurley also organized a very successful Men's Health Fest filled with sporting events, contests and an all-day appearance by local football star and Heisman Trophy winner Mark Ingram.

The hospital focused on how to make getting healthy easier, simpler and more fun for men--a healthcare strategy designed around them.

Another example of a very innovative approach to building relationships with men is Integris Health, Oklahoma's largest health system. It developed Physician Champions and created a Men's Health University (Men-U) to educate men about their health needs.

Begin in the community

At Hurley Medical Center the community was critical to get men engaged, particularly African-American men. Begin the conversation on their terms, within their lifestyle--not as a doctor treating a patient. Go to men in their barber shops so you can engage them about their health. Or, as Hurley found, engage the pastors to actually change men's attitudes towards their health--for their own sake and for the women in their lives who very much want to grow old with them.

Can it happen for your hospital? Perhaps men in your community are waiting for you or someone else to see them as a big target audience with unmet needs waiting for someone to tailor their delivery system to them. All it needs is for someone to get started.

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