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Letter to the Editor

Dear Dr. Waldrop:



Each month I find myself a bit more puzzled by the unstated but clear bias of JNP, and more so in the face of the COVID-19 pandemic and its demonstrated unequal impact on the genders. The *Journal of Nurse Practitioners* continues to quietly exhibit a perspective that disadvantages our male patients, as evidenced by the lack of parity in its column offerings. For some time, there has been a “Quality Care for Women’s Health” column, and yet a parallel column addressing men’s health remains absent.

Even prior to the pandemic, there was a need to address the issues that contribute to the lower life expectancy and lower quality of life of men compared with women.¹ There is a well-established sex gap among several comorbidities that has been highlighted during this pandemic. The absence of dedicated men’s health—related content, or little of this content, in many NP program curricula further highlights this issue in our own profession. This creates a workforce of NPs that receives little training in the unique health care needs of men and are likely to suffer from this lack of preparation when addressing male-specific health care needs, especially in the context of the epidemiologic, psychosocial, and sociologic aspects of men’s health care. Programs may rarely offer clinic sites that focus on men’s health, while maintaining consistent exposure to women’s health topics.² Although the adult-gero NP primary care competencies³ may state the importance of sexuality and gender-specific variations in the curriculum content, there are no specific competencies men’s health or men’s sexual and reproductive health.

A frequently cited definition for men’s health comes from the Men’s Health Forum of England:

A male health issue is one arising from physiological, psychological, social or environmental factors which have a specific impact on boys or men and/or where particular interventions are required for boys or men in order to achieve improvements in health and well-being at either the individual or the population level (pp. 10–11).⁴

Men’s health issues can remain overshadowed by efforts in the arena of women’s health, to the extent

that there still is not a national office for men’s health that would serve the same function as the Office of Women’s Health, which was established in 1991 within the U.S. Department of Health and Human Services. Andrology, or male-specific, services are not widely available and do not parallel the ease of access seen with women’s health and reproductive services, to the ratio or about 1:3 among *US News & World Report’s* Top 50 Ranked Hospitals for urology.⁵ Furthermore, in 2009 the Men and Families Health Care Act of 2009⁶ was introduced to the US House of Representatives, but eventually died in subcommittee, again suggesting a both a marginalized value and attention placed on the health of men. There has never been a “men’s health NP” curricula that would parallel that currently established for women’s health; Bozett and Forrester⁷ proposed such specialty NP program in 1989, citing this potential role as way to address the care and knowledge gap for men, because they recognized that care needs specific to men were going unmet.

This marginalization of men’s health issues continues on the national and global health care stage,⁸ and this position is tacitly supported by international organizations such as the Gates Foundation, which has maternal and child health strategies but none for men’s health.⁹ Due to immunological and hormonal differences, men are more vulnerable to some conditions than women, including COVID infection.^{10,11} The focus and organization around women’s health, including a focused column, can and should be applied to the arena of men’s health. Failing to recognize the healthcare need and health potential of the males in our country jeopardizes the country’s overall health and human potential and works against the health of both families and communities.

It is time for *The Journal of Nurse Practitioners*, and the NP profession as a whole, to acknowledge and correct this oversight in both training and recognition of the importance of dedicated attention to the health of men. *JNP* can serve an important leadership role and become an active part of the solution; it can address this curriculum and knowledge gap by providing content for NPs that emphasizes “Quality Care for Men’s Health.” Men’s health is a dynamic,

evolving field, and NPs must have an active role in recognizing the need for, and value of, this health effort.

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