

# Q&A: Understanding men's health risks: Why many avoid the doctor's office

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Data has consistently shown that men are reluctant to seek medical care despite the fact they generally face higher mortality rates and shorter life expectancies than women across most causes of death.

But why are men statistically more likely than women to skip a doctor's visit? Juan J. Andino, MD, MBA, a urologist at the Department of Urology at UCLA Health who specializes in [men's health](#), [sexual medicine](#), and male fertility, weighs in on the topic.

**Q:** Studies indicate that men avoid routine health care. What are some of the most common reasons you encounter in your practice for why men skip regular check-ups? How frequently does this include the stigma of reluctance to seek care?

**Dr. Andino:** Most [chronic conditions](#) are "silent" before they put patients at risk. Elevated cholesterol, [high blood pressure](#), diabetes, obesity, and infertility can all occur in the background of everyday life.

Stigma likely plays a role in the conditions I evaluate in the office and treat in the operating room. Sexual function and fertility are things that highlight personal, and for many patients, it can feel taboo to discuss outside the home or a relationship. This, I argue, is an equally important part of overall health because it is not only crucial to the quality of life, many medical and [chronic health problems](#) may contribute to [sexual dysfunction](#) or male infertility, but if a patient has not been evaluated—they may not know. They won't be able to address these issues.

**Q:** What are the long-term risks associated with avoiding routine health care?

**Dr. Andino:** Without knowing there is a health risk, it is impossible to begin discussing changes that may be as simple as dietary and exercise recommendations. There is a challenge in that there are few guideline-based recommendations for routine health care in men—as opposed to women, who are established early in life with OB/GYN doctors for health maintenance screenings like pap smears.

**Q:** How can we break from this stigma, and what are its consequences?

**Dr. Andino:** A component of stigma, culture, and environment affects this. Many chronic conditions are initially asymptomatic, and costs to patients and reimbursement to providers do not incentivize preventative care. Much of what contributes to overall health happens outside of the [health system](#)—if a person works three jobs and spends most of their day at work or commuting, then it may be hard to find the time to exercise and access nutritious meals.

The consequences are what we see as trends across the country—rising rates of obesity, diabetes, and chronic conditions.

**Q:** Hispanic/Latino men seem to underuse primary health services. What societal or [cultural factors](#) contribute to this trend?

**Dr. Andino:** This is a very complex question. A fantastic [report](#) from the Pew Research Center a couple of years ago tries to address it.

The first and likely most important aspect is being underinsured or uninsured. California is leading the way in this space, recently ensuring that undocumented immigrants can also qualify for state-sponsored insurance (Medi-Cal). However, even with these insurance plans, access to care is not straightforward—due to poor reimbursement, more and more health systems either restrict the proportion of Medi-Cal patients they can see or do not take this insurance altogether. After all, if the costs of providing care are higher than what you are being paid by insurance, facilities close, and no patients can get care, putting additional strain on surrounding clinics and hospitals.

Beyond this, [language barriers](#), limited use of interpreter services, and cultural differences in presenting or receiving information likely also contribute to access to care issues.

**Q:** How can the health care system better accommodate and address the needs of Hispanic/Latino patients?

**Dr. Andino:** Improved insurance coverage is a start—whether Medi-Cal, employer-sponsored, or using the Covered California state marketplace. Once patients can access care, health systems must continue developing best practices for language-concordant care.

UCLA Health is actively working on this—ensuring interpreters are offered and used when patients' preferred language is Spanish and confirming that doctors and providers take proficiency tests if they want to conduct a visit in a language other than English.

Lastly, accessing care without driving to a specific location and taking time off work can help meet people where they are. I do a lot of telehealth because if I don't need to do an exam or a procedure to make a medical recommendation, it is much easier for patients to make an appointment and plan their health.

**Q:** How can breaking the stigma around sexual and reproductive health lead to better outcomes for Hispanic/Latino men?

**Dr. Andino:** As a fellowship-trained urologist, I refer many men to primary care doctors because I diagnose conditions that contribute to fertility and erectile function problems. For instance, obesity and diabetes can be developing for years until I see a patient with erectile dysfunction who now needs medications to achieve intimacy.

Machismo makes it hard for Latino men to talk about these problems. Portrayals in media rarely highlight how age and medical issues can impact sexual and reproductive health. However, by having honest conversations in the office or via telehealth, we can address this stigma and improve our quality of life.

**Q:** What message do you have for men who may feel embarrassed or reluctant to seek help for health issues?

**Dr. Andino:** You are not alone. Your coworkers, neighbors, and [family members](#) have or will go through similar things, but they keep it to themselves. Find a doctor you feel comfortable with to discuss these issues.

When it comes to male infertility and sexual health, such as erectile dysfunction that no longer improves with medications or penile curvature that is bothering patients or partners, please reach out to UCLA's Men's Clinic. I am happy to do an initial telehealth consultation to remove the barriers of time off work, driving, and parking. I only require the following steps to be taken in person when medically necessary.

**Q:** How can primary care doctors and specialists work together to improve health outcomes for Hispanic/Latino men?

**Dr. Andino:** By leaning on each other for expertise and building a network of doctors who can provide cultural and language-concordant care. Most importantly, doctors and providers must know their limitations and when to ask for help. I routinely refer patients to PCPs or ask them to follow up regarding chronic issues that impact urologic health while also communicating my recommendations to their offices. But I also lean on other urologists, endocrinologists, sleep medicine doctors, radiation and medical oncologists, interventional radiologists, and Reproductive Endocrinology and Infertility docs (OB/GYNs specialized in female fertility) to provide the best care for patients and couples.

Provided by University of California, Los Angeles

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