

A photograph of three elderly men sitting on a green park bench, playing a game of chess. The man on the left is an older Asian man with white hair and glasses, wearing a brown coat and a light-colored scarf. The man in the middle is a Black man with a grey beard, wearing a maroon jacket and a checkered flat cap. The man on the right is an older white man with a white beard, wearing a dark jacket and an orange flat cap. They are all smiling and engaged in the game. A wooden chessboard with pieces is placed on the bench between them. The background shows a park setting with trees and grass.

NATIONAL DIABETES
PREVENTION PROGRAM
AUDIENCE PROFILE

MEN

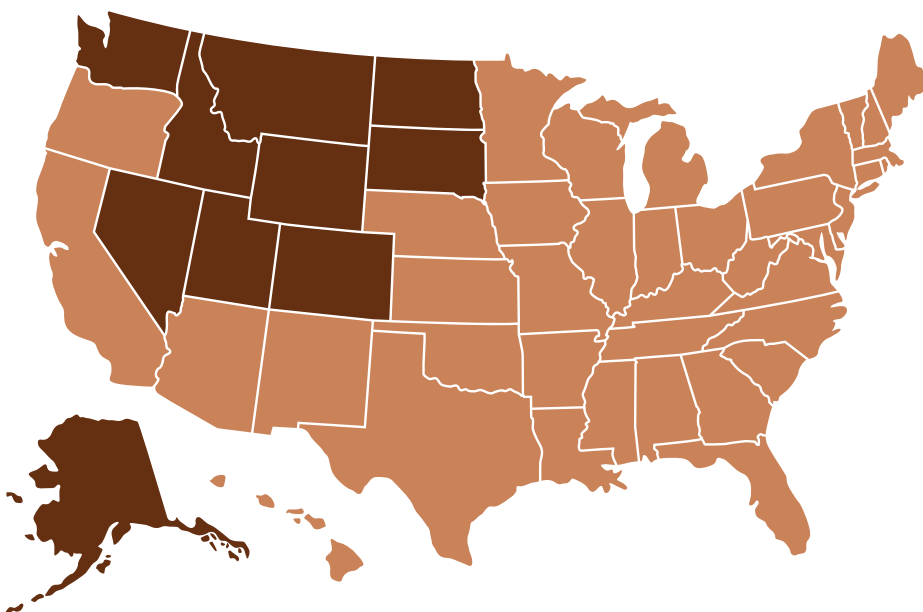
NATIONAL 
DIABETES
PREVENTION
 **PROGRAM**

INTRODUCTION

To successfully engage your population of focus, it is important to have a clear understanding of their culture, beliefs, and barriers to health. This audience profile includes information about the nuances to consider when reaching men, based on a review of various research studies and taking into consideration lessons learned through past experiences working with this group. This document is not an in-depth research report or analysis, as it is meant to provide a general understanding of various factors that may affect your audience's availability, interest, and/or commitment to your National Diabetes Prevention Program lifestyle change program (LCP). Use the questions listed at the end of this profile to validate and expand on the information provided for your local program's market.

MEN IN THE UNITED STATES

Culturally, men are a diverse group, and earning their engagement in health programs and interventions can be challenging. However, there are overarching commonalities that may be helpful to understand. According to the 2020 U.S. Census, men currently make up 49.5 percent of the population.¹



States where men make up more than 50 percent of the population:¹

ALASKA	NORTH DAKOTA
COLORADO	SOUTH DAKOTA
IDAHO	UTAH
MONTANA	WASHINGTON
NEVADA	WYOMING



OVERVIEW OF THE MALE AUDIENCE

Men in the United States are less likely to experience poverty than women across all racial and ethnic groups.² In 2021, 29.4 percent of men aged 25 and older had completed a high school diploma or GED as their highest level of education.³ Women had median weekly earnings of \$971, or 83.4 percent of the \$1,164 median weekly earnings for men.⁴ Men are also more likely to have workplace-sponsored health insurance and to be the primary subscriber in the household. Long hours spent at work are often perceived by men as a barrier to seeking health care and participating in health promotion and wellness activities.



PREVALENCE OF DIABETES AND PREDIABETES⁵

Among Americans aged 18 and older in 2019, men had a higher prevalence of diabetes (12.6 percent) than women (10.2 percent) and that of the general population (11.3 percent). A higher percentage of men had prediabetes (41.9 percent) than women (34.3 percent); however, only 17.4 percent of men were aware they have this condition.

- Adults with family income below the poverty level had the highest diabetes prevalence for both men (13.7 percent) and women (14.4 percent) in 2019.
- For both men and women, the prevalence of diagnosed diabetes was highest among American Indian or Alaska Native persons (14.5 percent), followed by non-Hispanic or Latino Black or African American persons (12.1 percent), persons of Hispanic or Latino origin (11.8 percent), non-Hispanic or Latino Asian persons (9.5 percent), and non-Hispanic or Latino White persons (7.4 percent).
- In 2019, diabetes prevalence varied significantly by education level, which is an indicator of socioeconomic status. Specifically, 13.4 percent of adults with less than a high school education had diagnosed diabetes, compared with 9.2 percent of those with a high school education and 7.1 percent of those with more than a high school education.



RISK FACTORS RELATED TO PREDIABETES AND DIABETES

People who have overweight (body mass index [BMI] of 25 or greater) or obesity (BMI of 30 or greater) are more likely to develop type 2 diabetes, high blood pressure, and high levels of blood fats—which are all risk factors for heart disease and stroke.⁶ High blood pressure, high levels of blood fats, physical inactivity, smoking, too much alcohol, and family history are also risk factors for prediabetes and diabetes, heart disease, and stroke.⁵

Heart disease is the leading cause of death for men of most racial and ethnic groups in the United States, killing 382,776 men in 2020—that’s about 1 in every 4 male deaths. In men, the risk for heart disease starts to increase around age 45.⁷

Stroke is also a leading cause of death in men, and major risk factors include high blood pressure and diabetes. Men are more likely than women to have certain types of stroke at younger ages. Half of men (50.4 percent) have high blood pressure, and 4 out of 5 do not have their blood pressure controlled. African American men and Hispanic or Latino men have a higher risk for stroke.⁸

UNDERSTANDING THE MALE AUDIENCE

Men often describe themselves in terms of strength, intelligence, and self-reliance. Concepts of masculinity are consistent across cultures, and traditional views of masculinity may have a negative effect on health behaviors. As an example, men may see programs that offer nutrition advice as designed for women, given the perception of food preparation as a task often completed by women. The sense of masculinity may also contribute to a man’s desire to project an image of strength and health and avoid presenting with illness, which may be viewed as a weakness.⁹

STRENGTH



Several qualitative studies have found that men, even those who consider themselves healthy, often prefer not to think about or discuss their health because of the possibility that others will perceive them as being unhealthy.² Some men will actively avoid sharing information that would jeopardize internal narratives of strength by exposing weakness, even in health care scenarios.

KNOWLEDGE



Men often report frustration with health promotion activities, stating that the information shared is “common sense,” and therefore it is not necessary for them to participate in programs to learn what they already know. Participation in health education and promotion activities is often perceived by men as an indication that they are the opposite of knowledgeable or intelligent.

SELF-RELIANCE



Men generally desire to be self-reliant, and this aspect of masculinity discourages information seeking and participation in health care services. Men often portray themselves as risk-takers, with the consequences of behaviors and choices not being considered.

These and other aspects of masculinity can create challenges when navigating health promotion activities or health-related conversations. Traditional gender roles may also affect men’s perceptions of their role in lifestyle behaviors. For example, in many cultures, taking care of health matters is the responsibility of the women in the family. Women often schedule family health care appointments, seek health information, and make lifestyle decisions such as food selection and preparation for the family.¹⁰



BUILDING RELATIONSHIPS WITHIN THE MALE AUDIENCE

TRUSTED SOURCES AND INFLUENCERS

Men tend to seek and trust health information from their partner, spouse, and family. Men may also trust information provided by persons who represent their view of masculinity, particularly sports figures, businessmen, and those in traditional occupations that highlight male strength and heroism such as police officers, members of the military, and emergency personnel.

It is also important to understand the role of loved ones in providing health services to men. Because women are the primary health care decision maker and caregiver in many families, it is suggested that you conduct outreach to mothers, spouses, sisters, daughters, and other female relatives of the men you are interested in enrolling in the LCP.

OUTREACH WITH THE MALE AUDIENCE

Given that men have been underrepresented in the National Diabetes Prevention Program, it is both necessary and beneficial to reach and engage men in your LCP. Engaging male influencers to conduct outreach and act as supportive role models for other men is a great way to start the conversation regarding perceptions around health. Men are a heterogeneous group with varying health information needs and preferences, so a one-size-fits-all approach may not be successful. The approach will require tailoring for the specific male audiences you are trying to reach.

HEALTH PROMOTION STRATEGIES

Two-way support between program staff and male participants can lead to positive results once men are engaged in your program. Men often prefer to receive support in their decision-making process from persons they trust, such as people in their own community and other men.¹¹ There also may be a benefit to promoting the peer support available in the program, as positive peer interaction among men can be a significant benefit in health promotion. In one study, male respondents suggested that diabetes prevention programs be led by male coaches and incorporate physical activity in the form of competition to better engage male participants.¹²

To reach men who do not have social connections that form a larger support system, consider utilizing male role models to engage potential participants and promote your program. This strategy can be key in encouraging men to seek information and support. Programs offered in the workplace may increase accessibility for men and deliver positive health outcomes in promoting health and preventing chronic illnesses such as type 2 diabetes.



Your marketing plan can enhance opportunities to reach and engage men when you:

- Meet men where they are and make accessing messages and information as convenient as possible.
- Address barriers related to program location and class times.
- Include involvement of family members such as spouses, siblings, and children.
- Promote healthy behaviors that are practical and relate to men's lived experience, to maximize retention in your LCP. For example, focus on the ability to work most productively when in good health. Also, focus on the benefits of good health in terms of supporting the family and community.
- Use influencers such as male sports figures and other men in positions of success and strength to champion your diabetes prevention messages.
- Encourage men to either attend programs with their spouses or attend all-male programs if desired.



MEDIA TRENDS

When choosing the most effective and cost-efficient channels to promote your program with men, you are encouraged to do additional research for specific media trends in your local market area. Overall, men subscribe to community newspapers at a higher rate than they do for national publications. Tailored radio ad placements may be an important channel to reach male commuters who are members of racial and ethnic minority groups.

Tailoring digital and social media messaging to men's day-to-day experience can also go a long way to reaching and engaging this audience. Community strategies such as promoting the program through sports teams and events, at barbershops and retailers frequented by men, and at out-of-home settings accessible to men who commute to work may be successful in reaching the male audience.

SEEKING HEALTH INFORMATION

Often, men don't want to waste other people's time; therefore, they may feel frustrated when receiving information they believe they could have accessed on their own, or they are given information that isn't actionable.² This scenario can apply to many health-related situations.

Men often seek health information from their spouse and other family members before consulting health care providers. When men do seek health information and health care services, they may state they are doing so with the goal of protecting and providing for their family rather than for their own benefit.

Men tend to use preventive health care services less frequently when compared to women.¹³ There are many factors at play, including masculine norms and male hesitation and reluctance to seek care.





Some common reasons that men often cite for not accessing health care include the following:

- They may find it inconvenient and indicate that they don't have time.
- It's not masculine to seek professional help.
- Men may not be motivated to deal with health-related issues, particularly preventive health care.
- Men may be less likely to modify their lifestyle behaviors now to help prevent a particular health condition in the future.

CONSIDERATIONS FOR MESSAGING

- Provide messaging and health information that is tailored, relevant, and personal.
- Focus on the “actionable strategies” shared in the program. Men often prefer action items to discussion.
- Frame messaging around how your program can help to “fix” a specific problem.
- When providing messaging specific to men online, information should be useful and practical, and it should highlight the value your program will add to their lives.¹⁴
- Men respond to supporting information such as data; thus, messaging that provides data, possible consequences of inaction, and proven strategies may be the most appealing.

FOR ADDITIONAL INFORMATION ABOUT WORKING WITH THE MALE AUDIENCE, PLEASE VISIT THE RESOURCES BELOW:

General Health

[National Center for Health Statistics: Men's Health](#)

Diabetes and Prediabetes

[Diabetes and Men](#)

[Prevent Type 2 Diabetes](#)

[Living Well With Diabetes](#)

QUESTIONS TO HELP GUIDE AND INFORM DIABETES PREVENTION PROGRAM EFFORTS WITH THE MALE AUDIENCE

COMMUNITY BACKGROUND

- ☐ What is the demographic background of your local male population? (e.g., population percentage, age, country of origin and birth, language, socioeconomic status, immigrant and refugee status)
- ☐ What is the level of food insecurity among your local male population?
- ☐ What percentage of men in your community has diabetes or prediabetes?
- ☐ What are the cultural backgrounds and language differences among men in your community?
- ☐ Within your community, are there groups that work with male audience members such as coalitions, mutual aid societies, chambers of commerce, or community or faith-based organizations?

HEALTH CARE AND HEALTH INFORMATION-SEEKING BEHAVIORS

- ☐ Where specifically do male audience members go for health care services?
- ☐ How accessible is health care within the community, especially for men?
- ☐ Are health information-seeking behaviors the same or different for men when compared with women in the community? If they are different, how?
- ☐ Who are the trusted sources for health information within your local male population? Are health sources different or the same as other trusted sources?

TRUSTED SOURCES

- ☐ Who are the trusted thought leaders (e.g., community influencers, religious leaders) in your local community—specific to men in the community or in general?
 - ☐ Community-based organizations?
 - ☐ Faith communities? Health care providers? Vocal advocates?
- ☐ Who are the leaders and champions or gatekeepers for men? With whom do you need to collaborate?
- ☐ How can you use these trusted sources to help you market and promote your LCP among men in your community?

MEDIA HABITS

- ☐ Which media channels—including social and digital media—are most popular or preferred among male audience members in your community?
- ☐ What relationships do you have with these media outlets? Who do you need to reach out to?
- ☐ What infrastructure does your organization have to use popular social and digital channels? What media channels do you need to strengthen?

MESSAGES

- ☐ Are your messages culturally sensitive? Do they reflect cultural humility?
- ☐ Are the language(s) and literacy level appropriate for the male audience you are trying to reach?
- ☐ Do you have images that will resonate with men in your community? You will probably need to find new images for each language that you use.
- ☐ Are you working with community organizations or groups that will be able to assist with message development for your marketing materials?

BARRIERS AND BENEFITS TO THE NATIONAL DIABETES PREVENTION PROGRAM

- ☐ What are the specific barriers to promoting the National Diabetes Prevention Program LCP in the local male population?
- ☐ How will you work to mitigate these barriers?
- ☐ What LCP benefits are meaningful to male audience members? How can you work these benefits into your marketing materials?
- ☐ What does your LCP offer the men in your community that other disease prevention programs or events do not—or cannot—offer?

REFERENCES

1. U.S. Census Bureau. QuickFacts, United States population. July 1, 2019. Accessed May 6, 2022. <https://www.census.gov/quickfacts/fact/table/US/PST045219>
2. Center for American Progress. The basic facts about women in poverty. August 3, 2020. Accessed July 5, 2022. <https://www.americanprogress.org/article/basic-facts-women-poverty/#:~:text=Women%20experience%20higher%20rates%20of%20poverty%20than%20men.,of%20the%20federal%20poverty%20line>
3. U.S. Census Bureau. Census Bureau releases new educational attainment data. February 24, 2022. Accessed July 5, 2022. <https://www.census.gov/newsroom/press-releases/2022/educational-attainment.html>
4. Bureau of Labor Statistics. Usual weekly earnings of wage and salary workers: Third quarter 2022. U.S. Department of Labor. Accessed December 20, 2022. <https://www.bls.gov/news.release/pdf/wkyeng.pdf>
5. Centers for Disease Control and Prevention. Prevalence of prediabetes among adults. National Diabetes Statistics Report. Updated December 29, 2021. Accessed June 30, 2022. <https://www.cdc.gov/diabetes/data/statistics-report/prevalence-of-prediabetes.html>
6. Centers for Disease Control and Prevention. Health effects of overweight and obesity. Updated July 7, 2022. Accessed July 10, 2022. <https://www.cdc.gov/healthyweight/effects/index.html>
7. Centers for Disease Control and Prevention. Men and heart disease. Updated July 12, 2022. Accessed July 15, 2022. <https://www.cdc.gov/heartdisease/men.htm>
8. Centers for Disease Control and Prevention. Men and stroke. Updated June 7, 2022. Accessed July 15, 2022. <https://www.cdc.gov/stroke/men.htm>
9. Jackson MC, Dai S, Skeete RA, et al. An examination of gender differences in the National Diabetes Prevention Program's Lifestyle Change Program. *Diab Educ*. 2020;46(6):580–586. <https://doi.org/10.1177/0145721720964585>
10. Kaiser Family Foundation. Women, work, and family health: Key findings from the 2017 Kaiser Women's Health Survey. March 13, 2018. Accessed July 15, 2022. <https://www.kff.org/womens-health-policy/issue-brief/women-work-and-family-health-key-findings-from-the-2017-kaiser-womens-health-survey>
11. Gavarkovs AG, Burke SM, Petrella RJ. Engaging men in chronic disease prevention and management programs: A scoping review. *Am J Men's Health*. 2016;10(6):NP145–NP154. <https://doi.org/10.1177/1557988315587549>
12. Gary-Webb TL, Walker EA, Realmuto L, et al. Translation of the National Diabetes Prevention Program to engage men in disadvantaged neighborhoods in New York City: A description of power up for health. *Am J Men's Health*. 2018;12(4):998–1006. <https://doi.org/10.1177/1557988318758788>
13. Novak JR, Peak T, Gast J, Arnell M. Associations between masculine norms and health-care utilization in highly religious, heterosexual men. *Am J Men's Health*. 2019;13(3):1557988319856739. <https://doi.org/10.1177/1557988319856739>
14. Perju-Mitran A, Budacia AE. Gender differences in modeling the influence of online marketing communication on behavioral intentions. *Procedia Economics and Finance*. 2015;27:567–573. [https://doi.org/10.1016/S2212-5671\(15\)01034-5](https://doi.org/10.1016/S2212-5671(15)01034-5)

NATIONAL
DIABETES
PREVENTION
 PROGRAM