



PUBLIC POLL FINDINGS AND METHODOLOGY

Men who have primary care doctors are more likely to have a better understanding of key men's health issues

A majority of men report they try and stay healthy for their families

Topline Findings

Washington, DC, March 2, 2022 — A recent Ipsos poll conducted on behalf of MDVIP among men aged 20 years and over, shows that a majority of men try to stay healthy for their families and the people who count on them. Many report that their spouse or partner encourages them to see a doctor and that their spouses and partners play a key role in their overall healthcare, just behind in importance to their primary care physician. The majority of men report having a primary care physician, and those who do are better informed about men's health issues. However, many they do not ask their doctor about important health related topics. The poll also shows that men do not perceive many barriers to improving their personal health. While some men report that there are no barriers to improving their overall health, some say their health is not something that is currently worrying them, and others say they find themselves to be healthy. When asked several health care knowledge questions, nearly all men received a below average score on the "quiz" specific to men's health care needs.

Detailed Findings

1. Four in five men say they try to stay healthy for their family and/or for the people who depend on them (79%). This is especially true of those aged 55 and older (84%), but younger men ages 20-34 (72%) and those aged 35-54 (79%) also frequently report this. Men who have children living in their household (86%) are more likely to say this than men who do not (76%).
 - Forty-five percent of men say they have gone to the doctor because their spouse or partner insisted on it. Men aged 20-34 (53%) and those aged 35-54 (51%) are more likely to say this than their counterparts who are 55 years or older (32%). Men with children in their household are also more likely to agree (65%) compared to those without (37%).
 - Seventy-eight percent of men say their spouse/partner/significant other plays an important role in helping them achieve their health and wellness goals, with 46% saying their spouse/partner/significant other is *very* important in helping them achieve their health and wellness goals. There are no significant differences among age groups.
 - Nearly nine in ten men (86%) say that their primary care doctor plays an important role in helping them maintain their health and wellness goals. Forty-seven percent report that their primary care doctor is *very* important in this aspect of their life. Older men are more likely to say that their primary care doctor plays an important role: 93% of men age 55 and up agree, and 61% say their primary care doctor is *very* important. This compares to 76% of men age 20-34 who say their primary care doctor is important for their health and wellness goals, but just 31% say they are *very* important.
 - Men reporting that they want to stay healthy for their families and those who depend on them are more likely to say they always or often partake in healthy activities than men generally, like eating a healthy diet (81% and 76% respectively), staying up to date on recommended vaccinations (80% and 75% respectively) completing an annual physical exam (74% and 69% respectively), getting the recommended amount of sleep (72% and 68% respectively), getting enough weekly exercise (69% and 64% respectively), and being aware of and understanding their important key health indicators, like body mass index, blood pressure, etc. (65% and 60% respectively).



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2. Men who have a primary care doctor have different health habits/concerns than those without a primary care physician. Eighty-one percent of men report they currently have a primary care doctor, and this is especially true of men aged 35-54 (81%) and men aged 55 and up (93%), compared to 62% of men aged 20-34.
 - The most concerning health condition for all men surveyed is COVID-19 (57%), followed closely by heart disease (56%). Arthritis (53%), cancer (53%), and diabetes (52%) are also concerning for most men. Men with a primary care doctor are significantly more likely to report that they are concerned about these health conditions than men who say they do not have a primary care doctor: COVID-19 (60% and 45% respectively), heart disease (59% and 44% respectively), arthritis (55% and 43% respectively), cancer (54% and 46% respectively), diabetes (54% and 42% respectively).
 - Men in the 35-54 age group are more likely to be concerned about all health conditions and diseases than men age 55 and over. A majority of younger men are also more likely to be concerned with mental health and emotional well-being, sexual health and function, sleep disorders, and obesity, compared to about one in three men over age 54 who share the same concerns.
 - Those who have a primary care doctor are more likely to have discussed health issues with a doctor. Fifty-eight percent of men with a primary care doctor say they have discussed losing/gaining weight with a doctor, compared to just 35% who do not have a primary care doctor. Half of men with a primary care doctor (49%) have discussed sleep habits with a doctor, while just 36% of those without a primary care doctor have discussed sleep habits. Thirty-nine percent of men with a primary care doctor have discussed incontinence or frequent urination with a doctor, while just 28% of men without a primary care doctor have done the same. Two in five men with a primary care physician also report having discussed sexual health/staying sexually active with their doctor, compared to just 29% of those without a primary care physician.
 - Men who have a primary doctor are also more likely to report having specific screenings, lab work or exams performed by a doctor. Those who have a primary care doctor are more likely than those who do not have a primary care doctor to say they have had an annual physical exam less than five years ago (90% and 47% respectively), blood pressure screening (87% and 45% respectively), prostate-specific antigen test (60% and 22% respectively), an electrocardiogram or EKG (61% and 31% respectively), a colonoscopy (51% and 19% respectively), a full-body skin check (47% and 23% respectively), stress/anxiety/depression screening (42% and 28% respectively) and a lung function test (41% and 26% respectively). Those who have a primary care doctor are also more likely to report having had a dental exam (84% and 55% respectively), a vision exam (89% and 59% respectively), and a hearing test (54% and 32% respectively). Those with a primary care doctor and those without a primary care doctor are equally likely to report that they have had a test for a sexually transmitted disease (32% and 29% respectively).
 - About one-third of men report having taken vitamin D supplements at least once in their life (32%), followed by 29% who report having taken blood pressure medication, and 28% who say they have taken cholesterol medication. Older men are more likely to report having taken vitamin D supplements, blood pressure and cholesterol medication. Men with a primary care doctor are also much more likely to report taking these medications/supplements than men without a primary care doctor.
 - Just one in fifteen men report taking prescription medication for erectile dysfunction (8%). One in twenty men report they take medication for hair loss (5%), testosterone replacement therapy (4%), medically prescribed cannabis (4%) and over the counter testosterone boosters (3%). Men who have a primary care doctor are more likely to report

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taking medication for hair loss than those without, but there are no significant differences between the two groups for the other medications/supplements listed.

3. Men do not report many barriers to taking better care of their health. One in five report that they are not worried about taking better care of their health (22%), 21% say they already consider themselves to be healthy, and 22% report there are no barriers to taking better care of their health.
 - Lack of motivation is the most frequently reported barrier for men (21%).
 - One in five men report that they are concerned about the financial cost of taking better care of their health (18%), and this is especially true of younger men age 20-34 (26%) and those age 35-54 (21%) compared to men age 55 and older (9%). Men of all racial and ethnic groups report equal levels of concern.
 - Sixteen percent of men say they put their family's health before their own, and 14% say they are too busy taking care of their family or home.
 - Thirteen percent say they do not have the time because of their career or work obligations.
 - Fourteen percent report they do not know where to start or what to do, and 8% say they do not have the resources they need.
4. About one in five men report they have made a telehealth appointment during the COVID-19 pandemic, and 13% say they delayed medical treatment because of the pandemic. About one in ten said they had difficulty reaching or scheduling an appointment with their doctor, and 11% said they went to an urgent care facility/retail clinic instead of their regular doctor.
 - Men who have a primary care doctor are more likely to report having received the COVID-19 vaccine (66%) compared to those that don't (42%), that trend continues with the flu shot (39% and 17% respectively).
5. The MDVIP survey included a series of questions to understand how informed American men are when it comes to men's health facts. Grades were assigned based on the number of correct answers each respondent scored on the quiz. No man earned an 'A' (90% or higher) or 'B' grade (80%-89%), while only 1% scored a 'C' (70%-79%) and 5% obtained a 'D' grade (60%-69%) – leaving over nine in ten (94%) with a failing grade (0%-59%). The average quiz score was 30% - or 13.7 correct answers out of a possible 45.
 - On average, men with a primary care doctor received a higher score (14.4) than those without a primary care doctor (11). Those who want to stay healthy for their families and those who depend on them scored 14.4 on average as well. Those who say they went to the doctor because their spouse insisted on it earned a 15.6 score. There are no significant differences among age groups, with men of all ages scoring equally poorly on the quiz. However, men earning \$100,000 or more annually (14.7) received a higher score than those earning less than \$50,000 annually (12.6). Men with children also received a higher score (15.8) than those without (12.9).
 - Men incorrectly point to heart disease as the second leading cause of death for men in the U.S., behind cancer. However, 68% of men correctly assert that more than 80% of premature heart disease and stroke is preventable through lifestyle changes. A plurality of men (45%) indicate they are unsure whether most major heart attacks happen among men with normal cholesterol levels, which is true. Two in five men know that it is not dangerous to exercise after recovering from a heart attack (43%). Nearly half of men admit they do not know whether or not erectile dysfunction is a warning sign of heart

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- disease (49%). Most men did not know the warning signs for heart disease (belly fat, ankle swelling, gum disease, etc.)
- Nearly half of men incorrectly assert that to lose one pound of weight they need to burn 2,500 more calories than they take in (46%). Men are evenly split on whether they believe that men need animal protein to effectively build muscle mass – 32% say true, 30% say false, and 38% do not know. Most men correctly responded that it is false that men need less cardiovascular exercise than women because of more muscle mass in men (57%).
 - Men are unsure (43% don't know) whether male pattern baldness is passed down from the mother's side of the family (it is not), but 45% correctly answer that more than 50% of men over the age of 50 are impacted by male pattern baldness.
 - Forty-seven percent of men say they don't know whether men with low testosterone usually need testosterone replacement therapy, and a similar percentage (46%) say they don't know whether erectile dysfunction is most often caused by low testosterone (both statements are false). Nearly half of men (49%) correctly say that men's testosterone levels peak around age 18 before declining throughout the remainder of their lives. Two in five men (40%) are also aware that men have a biological clock, and their fertility starts to decline in their 40s. Forty-six percent of men are also aware that any form of physical exercise can increase a man's testosterone levels.
 - Nearly half of men know that dementia is not a normal part of age (49%), while just one third (35%) of men say they know that exercise can enlarge parts of the brain, and just 27% know that lack of sleep can reduce the size of your brain. Half of men (50%) believe the myth that the average person only uses 10 percent of their brain capacity.
 - Two in five men know that men are more likely than women to die by suicide (39%), and 42% correctly assert that headaches, chest heaviness and digestive issues can be a sign of depression in men.
 - More than half of men incorrectly believe that prostate cancer is the most common form of cancer in men (54%), and the same percentage incorrectly believe that an enlarged prostate increases the risk of prostate cancer. When it comes to colorectal cancers, 60% of men correctly know that men of average risk for the cancer should begin regular screenings at age 45, but 62% incorrectly believe that a colonoscopy can help detect colorectal cancer but not prevent it. Men age 45 and older are more likely to be aware that men of average risk for colorectal should begin regular screening at age 45 (73%), but 21% say they do not know. A majority of men admit they do not know whether men are more likely than women to develop and die from skin cancer (52%).
6. Comparing the MDVIP's Women's Health Survey from March 2021 to the MDVIP's Men's Health Survey, there is almost no difference in the number of men (81%) and women (85%) who report that they have a primary care doctor. However, there are some key differences in perception and experience. Both men and women perceive their overall health to be good or excellent (84% each), but men are more likely to say their health is excellent (26%), compared to women (18%). Women are far more likely to have reported seeing a physician's assistant or nurse practitioner than a doctor (59%) compared to just 45% of men. Men and women are equally likely to report having a doctor order lab work or tests for specific ailments/metrics.
- Men and women are also concerned at the same rate for nearly every major medical condition, with COVID-19 being the most concerning for both men and women. Women are more likely to report being concerned with cancer (60%) than men (53%) as well as their mental health and emotional well-being (54% of women and 49% of men). Men are more likely to say they are concerned with diabetes (52%) than women (45%).



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- Men (30%) are more likely to say they have avoided going to the doctor because they didn't want them to find anything wrong, compared to 23% of women. Embarrassment about health issues is more prevalent with men, with 30% saying they felt too embarrassed to bring up certain health issues with the doctor, compared to just 24% of women. Men are also more likely to say they did not understand the information the doctor told them (26%) compared to women (15%).
- Men and women were equally likely to fail their respective health "quizzes". In fact, the same proportion of women and men received failing grades (94%).





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About the Study

These are the findings from an Ipsos poll conducted November 18-23, 2021 on behalf of MDVIP. For the survey, a sample of 1,026 adult men ages 20 and over from the continental U.S., Alaska and Hawaii was interviewed online in English.

The sample for this study was randomly drawn from Ipsos' online panel (see [link](#) for more info on "Access Panels and Recruitment"), partner online panel sources, and "river" sampling (see [link](#) for more info on the Ipsos "Ampario Overview" sample method) and does not rely on a population frame in the traditional sense. Ipsos uses fixed sample targets, unique to each study, in drawing a sample. After a sample has been obtained from the Ipsos panel, Ipsos calibrates respondent characteristics to be representative of the U.S. Population using standard procedures such as raking-ratio adjustments. The source of these population targets is U.S. Census 2019 American Community Survey data. The sample drawn for this study reflects fixed sample targets on demographics. Posthoc weights were made to the population characteristics on gender, age, race/ethnicity, region, and education.

Statistical margins of error are not applicable to online non-probability polls. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error and measurement error. Where figures do not sum to 100, this is due to the effects of rounding. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll has a credibility interval of plus or minus 3.5 percentage points for all respondents. Ipsos calculates a design effect (DEFF) for each study based on the variation of the weights, following the formula of Kish (1965). This study had a credibility interval adjusted for design effect of the following (n=1,026, DEFF=1.5, adjusted Confidence Interval = +/-5.0 percentage points for all respondents).

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