Closing the Gap

Florida Department of Health

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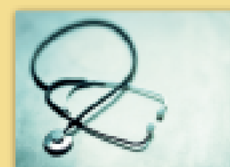
A Publication that addresses Racial and Ethnic Health Disparities

PROSTATE CANCER: HOW WELL ARE MEN GETTING THE MESSAGE?



Nationwide, African American men are nearly twice as likely as white men to get prostate cancer, and more than twice as likely to die from the disease. African American men have a higher rate of prostate cancer, are more likely to be diagnosed at an advanced stage, have a higher mortality rate as compared with white men, and are generally less knowledgeable about the disease. There is a gap between what men know and what they should know in order to make an informed decision about prostate screening, especially with African American men.

In Florida, the prostate cancer mortality rate for non-white men is more than two and a half times that of white men. The risk of being diagnosed with prostate cancer increases with age. About 75% of the cases found are in men 65 and older. In 2003, prostate cancer accounted for 33% of all new cancer cases among all men, making it the second most commonly diagnosed form of cancer among all men in the United States.

The prostate is a walnut-size gland of the male reproductive system. Prostate cancer has no symptoms in the early stages. Other prostate conditions, including enlarged prostate and inflammation of the prostate, can affect bladder control and cause painful urination. An annual exam, including a digital rectal exam and a blood test called a prostate-specific antigen test (PSA), assists in the detection of prostate disease. To many men, a diagnosis of prostate cancer seems "equal to a death sentence" but this does not have to be the case.

In June 2003, the National Medical Association kicked off a year–long program focusing on prostate disease to address health disparities in African American men. The prostate campaign focuses on education, improving access to health care, and increasing public involvement.

see Prostate page 2

Prostate from cover

The American Journal of Public Health published prostate cancer screening studies conducted by the University of Houston. The studies revealed that even though less than 50% of African Americans and whites reported that physicians had discussed with them the advantages and disadvantages of a PSA test, more than half of both groups had heard of the test, had been told by physicians that they should take the test, or had received a test. More than 90% of African American and white men agree that regular screening would help lower the number of deaths from prostate cancer; however, many men simply put off seeking medical care until it is too late.

So the question remains, are men really getting the message? Perhaps if men would attend screening programs, they would become better informed about decision-making for PSA testing. Maybe diverse approaches are needed to develop information at different educational and cultural levels. Public health campaigns should continue to promote informal decision-making materials regarding screenings. As technology improves to detect the disease at an earlier stage, individuals should be encourgaged to participate in informal decision-making. Talking to husbands, fathers, brothers, and friends about making an appointment to see a doctor will help men get the message.

The Health Status of Men: Inequalities and Minority Men

According to recent national statistics, the average African American man doesn't seek preventive medical treatment. Beliefs about masculinity and manhood are deeply rooted in culture and supported by social institutions. These factors play a role in shaping the behavioral patterns of men in ways that affect their health. Society often expects men to project strength, individuality, independence, dominance, and to avoid demonstrations of emotion or vulnerability that could be perceived as weaknesses. These cultural orientations and beliefs often increase health risks.

The health status of men, in general, is poor when compared to women. Some groups of men have a higher health risk than others, especially men of low socioeconomic status and middle class black-men. Many factors can contribute to the elevated health risks of men, including marginal income and adverse working conditions, which can lead to poor health.

Socioeconomic status is one of the major causes of disparity in health, according to the American Journal of Public Health. Research shows that the quality of employment affects the health status of men. Unemployment and job insecurity are associated with elevated rates of stress, illness, disability, and mortality. African American and Hispanic men are employed disproportionately in jobs with higher rates of layoffs and lower rates of re-employment. African American, Hispanics, and American Indian men are over represented in lower-skilled and lower-paid occupations. They tend to be employed in jobs that have high levels of pathogens in the physical environment, such as agriculture,machine operation, and manual laborers. These jobs in general, provide low levels of income with high levels of stress.

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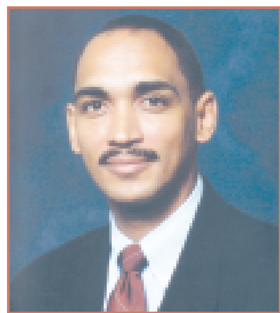
African American men face environmental, social and economic factors that contribute to late medical care or lack of medical care. A 2001 Institute of Medicine study found that even when African American and other minority men have the same income, insurance coverage, and medical conditions as white males, they receive notably poorer care. If he has health care coverage, he is still less likely than his white counterpart to go to the doctor if something is wrong. If he goes, he is unlikely to receive the same quality of care. Regardless of his income or education, on average, he will likely die before the average white male dies. A recent study of middle-class African American men revealed that although they had a low level of physical inactivity and overweight status, they had higher levels of hypertension than their white counterparts. The study also reveals that while suburban residence was associated with lower mortality risk for white men, it had elevated mortality for African American men.

A 2002 W.K. Kellogg Foundation study, "The Poor Man's Plight: Uncovering the Disparity in Men's Health," found: "from birth, a black male on average seems fated to a life so unhealthy that a white man can only imagine it." As stated by Dr. Jean Bonhomme, "It's only been in recent years that black men have lived long enough to collect Social Security."

The health status of men is linked to economics and the opportunities in society. Improving the health of future generations of men and women will require improving the socioeconomic and educational conditions, as well as improved medical treatment of minority men.

The Secretary's Commentary

On Tuesday, September 16, 2003, Secretary Rhonda Medows, M.D., Agency for Health Care Administration; Secretary Jerry Regier, Department of Children and Families; Secretary Terry White, Department of Elder Affairs, and I joined forces to inform Florida's citizens of the need for routine health checkups and the importance of healthcare access We reported on services available for mental health and substance abuse and on the rewards for keeping the elderly population independent. We also encouraged family members to take part in "Take a Loved One to the Doctor Day."



The focus of "Take A Loved One To The Doctor Day" is to remind individuals of the need for regular health checkups to prevent, diagnose and treat diseases such as diabetes, cancer and heart disease, all of which can kill if not detected early. Individual adults must take charge of their health. It is the love and commitment within a family that requires us to get those loved ones to the doctor or at least make an appointment, not only on this day but all year-round.

In 2002, Health and Human Services and its founding partner, the ABC Radio Networks, launched the campaign "Closing the Health Gap" with a series of health messages for African American communities. In 2003, the campaign expanded its focus to bring the best health information to more communities, including Hispanic Americans, Asian Americans and Pacific Islanders, American Indians and Alaska Natives. "Closing the Health Gap" is an educational campaign designed to help make good health an important issue among racial and ethnic minority populations who are affected by serious diseases and health conditions at far greater rates than other Americans.

Health Centers around the state provide free or low-cost health exams on a regular basis, not just on "Take a Loved One to the Doctor Day." We must get the word out so that individuals are aware of services in their area. Whether it's September 16 or one of the other 364 days each year, make sure you and your family are on the road to healthy living by visiting the doctor.

John O. Agwunobi, M.D., M.B.A.
Secretary, Florida Department of Health

education

New Guidelines for Hypertension

Cardiovascular disease, which includes heart disease and stroke, continues to be the leading cause of death in Florida for all racial and ethnic groups. In particular, death rates from cardiovascular disease are higher among African American men than among white men. In Florida in 2001, the cardiovascular age-adjusted mortality rate for non-Hispanic black males was 540.77 deaths per 100,000 populations. The rate for non-Hispanic white males was 377.91 deaths per 100,000 populations.

One of the major risk factors for cardiovascular disease is hypertension or high blood pressure. According to the National Heart, Lung, and Blood Institute, the relationship between blood pressure and cardiovascular events is continuous, consistent, and independent of other risk factors. Socioeconomic factors, access to care, and lifestyle may be key barriers to blood pressure control. National studies show that disparities in health care among the African American population may lead to hypertension not being diagnosed at an early stage.

In May, the National Heart, Lung, and Blood Institute (NHLBI) released new clinical guidelines for the prevention, detection, and treatment of high blood pressure. The guidelines feature updated blood pressure categories, including a new "prehypertension" level covering about 22% of American adults. The new categories are:

- **Normal: less than 120/less than 80 mm Hg**
- **Prehypertension: 120-139/80-89 mm Hg**
- **Stage 1 hypertension: 140-159/90-99 mm Hg**
- **Stage 2 hypertension: at or greater than 160/at or greater than 100 mm Hg**

These new guidelines are of particular significance to the African American community. The frequency, severity, and impact of high blood pressure are increased in African Americans. High blood pressure occurs more often in African Americans than whites and tends to occur at an earlier age. Usually hypertension in African Americans is more severe, with higher levels of stage 2 hypertension requiring multiples medications. Hypertension control rates among African Americans are at less than 50 %. Salt sensitivity is a contributing factor for hypertension among African Americans, along with somewhat reduced blood pressure responses to certain medications.

The good news is that lifestyle changes can help prevent and lower high blood pressure. To control hypertension, follow these guidelines:

- **Maintain a healthy weight**
- **Be physically active**
- **Follow a healthy eating plan**
- **Reduce sodium in your diet**
- **Drink alcohol only in moderation**
- **Take blood pressure drugs as directed.**

DOH Maternal Mortality Review Team

For the past six years, the Department of Health has been coordinating the state's team of health experts who review pregnancy-associated deaths in the state in an effort to improve the system of care for pregnant and postpartum women.

Florida's Pregnancy Associated Mortality Review (PAMR) has become a model program for identifying system factors related to deaths associated with pregnancy. The multidisciplinary team that reviews 15 pregnancy-associated deaths each quarter hopes its recommendations can be used to help prevent future pregnancy-associated deaths. (Pregnancy-associated refers to the death of a woman, from any cause, while she is pregnant or within one year of termination of pregnancy, regardless of duration and site of pregnancy. Cases are further identified as Pregnancy-Related, Possibly Pregnancy-Related, and Not Pregnancy-Related).

PAMR goals include:
Improving the identification of pregnancy-related deaths •Identifying gaps in care •Identifying systemic service delivery problems • Recommending linkages between community resources •Facilitating improvements in the system of care.

A recent review included the following recommendations:
Bereavement Support. Staff working with the maternal population should have access to regular training on the importance of providing and documenting bereavement support to families of the deceased.

Healthy Eating Tips

Flavor: A Matter of Taste

Source: From the National Center for Chronic Disease Prevention

Salt is one of the four basic taste qualities–sweet, sour, bitter, and salty. So, it is no wonder that historically salt has been the most valued flavor enhancer in our society. Despite its marked place in our kitchens, many health authorities have recommended that individuals limit their salt intake to no more than 2400mg per day. The average American consumes 4000 mg per day. It is estimated that nearly one in four Americans have hypertension and middle-aged Americans have a 90% chance of developing high blood pressure at some time during their lifetime.

Sources of Salt and Sodium in your diet

While some foods naturally contain sodium, most of the sodium in the typical American diet comes from salt added to foods during processing or preparation. Food processors add salt or other sodium derivatives during production as a preservative and for flavor. Popular foods with high sodium content include pickled foods, canned vegetables and soups, snack, cured meats, packaged mixes and frozen dinners. To moderate your sodium intake from processed food, read the Nutrition Label on food packages. Look for no added salt or low sodium versions of your favorite foods.

Know the label lingo, look for:

Sodium Free—a product that contains 5 milligrams or less of sodium per serving

Very Low Sodium—a product that contains 35 milligrams or less of sodium per serving

Low Sodium—a product that contains 140 milligrams or less of sodium per serving

Reduced Sodium—a product that the usual sodium level was reduced by at least 25%

No Added Salt, Unsalted—a product that no salt is added during processing; however this does not mean that the product does not contain sodium.

Salt, whether added during food preparation or at the table, is the most common source of sodium. One teaspoon of salt contains about 2,400 milligrams of sodium. So think before you reach for that salt shaker. Instead, jazz up food with herbs and spices. Salt-free seasoning blends provide an easy way to give great flavor without the guesswork or added salt.

Salt-Free Seasoning Guide:

Vegetables:

Asparagus—lemon pepper, onion & herb salt-free seasoning

Broccoli—Italian or multi-purpose salt-free seasoning

Carrots—garlic & herb salt-free seasoning

Corn—extra spicy or tomato, basil, garlic, salt-free seasoning

Greens—onion & herb, lemon pepper salt-free seasoning

Potatoes—garlic & herb, onion & herb, tomato, basil, garlic, salt-free seasoning

Tomatoes—Italian, extra spicy, lemon pepper salt-free seasoning

Meat, Fish and Poultry:

Beef—steak grilling blend or garlic & herb salt-free seasoning

Fish—mesquite grilling blend or lemon pepper

Lamb—garlic & herb or Italian salt-free seasoning

Pork—onion & herb, garlic & herb or mesquite grilling blend

Poultry—garlic & herb, lemon pepper, or chicken grilling blend

When experts recommend that your diet should be lower in salt and sodium, this does not mean that you have to restrict your food choices or compromise the flavor of food. Simply by altering an existing recipe using herbs, spices and salt-free seasoning blends provides satisfying, flavorful and healthier dishes.

Postpartum Headache. Postpartum discharge teaching should include education for women on the importance of alerting a health care provider if they experience a severe or prolonged headache during the postpartum period.

Healthy Start. Education needs to be provided to health care providers, such as nurses, social workers, child welfare workers, and physicians, on the availability of Healthy Start services for surviving children age birth through three. Autopsies need to be performed on women who have pregnancy-associated deaths.

Diabetes. Endocrinologists should routinely discuss the risks of pregnancy with diabetic women who are of childbearing age.

Against Medical Advice (AMA). It is important to carefully document patient's stated reasons for leaving AMA and to provide education on possible consequences of leaving AMA. Additionally, it is important for healthcare provider(s) to make a referral to Healthy Start or the local county health department when a mother and infant leave the hospital AMA.

Depression Screening. Patients should have routine screening for depression and if depressed should be referred for more in-depth assessment and services.

Mental Health Infrastructure. Efforts should be continued at the legislative and policy level to improve the mental health infrastructure in Florida, including increasing priority access to mental health services for pregnant women.

Chronic Medical Conditions. Women with chronic illnesses continue to become pregnant against medical advice. Effort should be made at the community level to reach out to these women and educate them on the risks of pregnancy, and ensure their access to family planning services.

Death Certificate. It is important to continue to promote the use of the pregnancy checkbox on the death certificate.

For additional information about Florida's PAMR process, contact PAMR coordinator, Jody Bryan, at Jody_Bryan@doh.state.fl.us or by phone at 850-245-4465.

The SISTA Project: A Model Program for HIV Prevention

Part III of Three Series by Island Coast AIDS Network

This final article will cover the methods used by the Island Coast AIDS Network (ICAN) in overcoming barriers during the implementation of the SISTA Project. Implementation of the SISTA project began by hiring and training an outreach worker and an HIV educator who were from the targeted community. After the completion of the training on the programmatic materials and the required HIV/AIDS educational updates, program staff selected sites for the street level outreach and the group level intervention (GLI). Within a week of the official start of the program, the staff was immediately encountered with barriers of community distrust; location of the site(s) for the GLI; lack of transportation to the GLI; inconvenient times selected for the GLI; child care for potential participants of the GLI and, issues of inadequate food, unemployment and housing.

Program staff met to discuss ways to overcome or reduce the effect of these barriers. The most important strategy was to involve additional community gatekeepers located within existing programs and low income housing complexes for assistance. Program staff was consistent in going back to the same sites weekly to develop trust while continuing to provide written HIV/AIDS educational materials and prevention aids, and engage community members. The staff developed additional sites for the GLI that were closer to the potential program participants, which reduced the problem of transportation to the GLI. The GLI was offered throughout the week, and rides were provided to participants as needed. In addition, child care was arranged for participants, and they were provided with referrals for food, training and housing. After potential participants were stabilized, they were able to attend the GLI. Eliminating these barriers for the participants increased the trust for staff within the community. Word of mouth was that program staff was there to help and not just force HIV/AIDS information down the community's throat.

After a review of the SISTA Project's first year, it is noted that being flexible in program implementation is of extreme importance. As you encounter a barrier, find several alternative solutions to overcome it. Use your contract manager and Bureau of HIV/AIDS personnel as resources. In the implementation of the SISTA Project, these individuals provided both encouragement and invaluable technical assistance.

Community Information Network, Inc. (CIN)

Several years ago native Pensacola businesswoman, Georgia Blackmon, envisioned a minority agency that would provide health education and information to the African-American community in northwest Florida. Ms. Blackmon got involved with the United Counties Minority AIDS Care and Education (UMAC), and determined that HIV/AIDS education and prevention would be a starting point for the group of volunteers.

UMAC was the first minority health agency in northwest Florida, and for the first time African Americans in the area realized that they could design and implement prevention programs for their own communities. When UMAC closed its doors in March 2002, it left a huge void in the community. Acknowledging the need for a minority agency to address HIV/AIDS prevention in this area, the agency's former board president, Owen Neil, along with Ms. Blackmon's vision of a minority health agency, evolved into the Community Information Network, Inc. (CIN). The commitment was made even despite the many barriers, such as the lack of funding, rebuilding community trust, and establishing a relationship with the local health department.

Their initial task was to establish a core group of individuals who were committed to the welfare of the community and be willing to work hard without the guarantee of funding. Ms. Blackmon and Mr. Neil found two incredible teammates, Pastor C. J. McMillan and Linda Wright, who were both committed to educating their community and to the agency's vision. The group acquired start-up funding from the Red Ribbon Charitable Foundation and opened the CIN office in April 2002.

The next task for the CIN team was establishing a relationship with the local health department. The CIN team realized that the support of the health department was critical; therefore, the desire to prove their abilities was very strong. Very little funding had been allocated for literature and condoms, which are necessities for providing outreach and educational services.

The most important task for CIN was gaining community support. To strengthen the agency's relationship with the community, the staff attended every event sponsored by African-American social and civic organizations in the community. After a few months, community members expected to see CIN represented at community events and began inviting the agency to conduct presentations and group sessions.

A faith program began as CIN sponsored educational workshops for pastors.They invited various clergy members to attend and asked them to sign memorandums of agreement to provide education and information in their churches. Today, CIN works with 15 active churches to provide HIV education and information dissemination. Several of these collaborating churches also provide CIN with monthly donations to support the agency's services to the community.

With limited funds and manpower for outreach and reporting, CIN chose to provide community level interventions (CLIs) and group level interventions (GLIs). In December 2002, CIN received grant funds from the Department of Health. Those funds were used to conduct an aggressive media campaign, which resulted into billboards, print ads and radio spots. The awareness campaign helped CIN gain exposure and reach a large segment of the community with their prevention message.

After hard work and commitments, CIN recently celebrated its one-year anniversary. Now the agency is ready to move to the next level of development. The attention of the board, staff and volunteers is now focused on strengthening the agency's infrastructure, broadening community events, improving program planning, capacity building and program evaluation. With the determination and commitment already shown from this organization, CIN will be celebrating anniversaries for years to come.

DIPPER Project Uses Mobile Health Unit To Target Neighborhood In St. Petersburg

The Diabetes Intervention Prevention Front Porch Empowerment Program (DIPPER) provides mobile health and stationary events at neighborhood sites that are accessible to targeted populations. DIPPER provides nutrition education to the families of diabetics and encourages them to keep daily activity logs of food intake, weight loss, glucose, and blood pressure readings. Health information is packaged for neighborhood canvassing to complete household risk assessments.

The major focus of DIPPER is to reduce the mortality rates through awareness of risk factors, education and training. In an effort to encourage a healthy lifestyle, the program offers free screenings and referrals, nutrition education, cooking, and exercise classes to the community.

HIV/AIDS Demonstration Grant

The sustainability of minority community-based organizations (CBOs) and minority AIDS services organizations impede the efforts to decrease the disparity that exists in HIV/AIDS. The lack of collaboration is also a hindrance in the success of reaching many of the targeted populations. For this reason, the Department of Health developed an initiative to provide one-on-one capacity building assistance to community-based organizations through the state of Florida.

A grant was awarded from the U. S. Department of Health, Office of Minority Heath, State and Territorial HIV/AIDS Demonstration Grant Program to provide one-on-one technical assistance to selected CBOs. Minority organizations that are targeting minority youth and men who have sex with men (MSMs) receive the highest priority. The goal of this service grant is to ensure that Florida's HIV/AIDS-focused community-based organizations improve their organizational infrastructure and sustain their organizations.

The Office of Equal Opportunity and Minority Health contracted with Central Florida Community College (CFCC), to provide the one-on-one technical assistance to the minority HIV/AIDS-focused community-based organizations. Capacity building and technical assistance is provided in the areas of Administrative Management (personnel management, staff developing, developing operating policies and procedures); Sustainability (grant research and writing assistance, leveraging resources, and developing goals and objectives); Collaboration (establishing linkages with federal and other state initiatives to include identifying of services and service areas); Fiscal Management (fiscal operations and procedures manual, accounting procedures, computer software); Program Planning and Implementation; and, Organizational Development (non-profit board development, strategic planning).

In addition to the one-on-one technical assistance, capacity building workshops were held throughout Florida by CFCC. During the months of May and June, 30 free capacity building workshops were offered in Pensacola, Ocala, Tallahassee, Jacksonville and Ft. Lauderdale. The workshops focused on Administrative Procedures, Grant Resource and Proposal Writing, Financial Management, Establishing Linkages, and Board Development. Similar workshops will be offered during the summer of 2004.

Providing one-on-one technical assistance to the HIV/AIDS-focused minority community-based organizations has helped to build stronger infrastructures, which will assist agencies in continuing to provide the HIV/AIDS services to the minority populations that have been affected disproportionately by this disease.

For additional information about one-on-one technical assistance for HIV/AIDS-focused minority community-based organization, please contact the Office of Equal Opportunity and Minority Health at Gwendolyn_Scurry@doh.state.fl.us.

Mailing/E-mail List

I would like to receive "Closing the Gap," which is a newsletter to inform individuals and communities of health disparities that exist among Florida's racial and ethnic populations.

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