Men's Health

Satellite Conference and Live Webcast
Wednesday, April 21, 2010
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Produced by the Alabama Department of Public Health
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Faculty

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What Is Health Disparity

- **The persistent gap in health status between disadvantaged social groups (the poor, racial and ethnic minorities, or others who have experienced social disadvantage or discrimination) and more advantaged social groups**

What Is Health Disparity

- **In the United States, health disparities, or inequalities, are well documented in minority populations**
  - **For example, African Americans and Hispanics have higher incidence and mortality rates in almost every disease**
    - **Stroke, cardiovascular disease, cancer, diabetes, obesity, etc.**

Nomenclature and Definitions

- **Disparity versus inequity**
  - **Different versus unjust**
  - **Trends in usage** **"In and Out"**
- **Multiple definitions**
- **Failure to achieve highest health potential given age and state of science**

Concern or Contentment

Importance

- Men's health is a relatively new concept
- Minority men and health "crisis"
- Utilization of health services

Crisis

Death Rates for Men per 100,000	
Overall	924.8
Hispanic	675.6
White	922.8
Black	1241

Crisis

Life Expectancy	
Overall	78.1 years
White women	81 years
Black women	76.9 years
White men	76 years
Hispanic Men	73 years
Black men	70 years

Leading Cause of Death

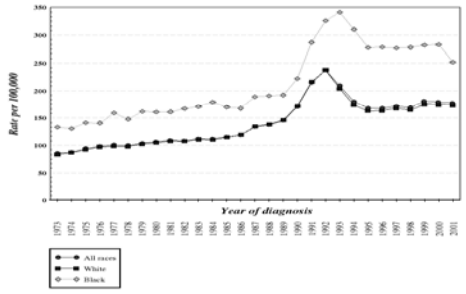
Black Males, All Ages	Percent*
1) Heart disease	24.8
2) Cancer	22.2
3) Unintentional injuries	5.9
4) Stroke	5.2
5) Homicide	4.7
6) Diabetes	3.8
7) HIV disease	3.3
8) Chronic lower respiratory diseases	2.8
9) Kidney disease	2.4
10) Influenza and pneumonia	1.9

Important

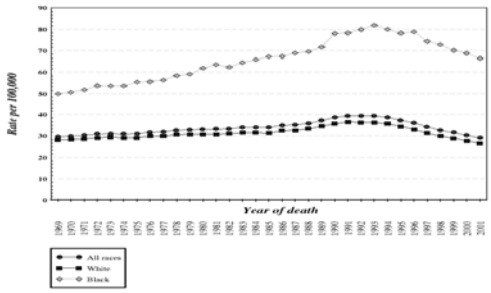
- Studies have shown that the treatment offered to AA men with PrCA is systematically different from that offered to EA men

(Jones et al 1995; Harland et al 2001; Schapira 1995; Desch 1996).

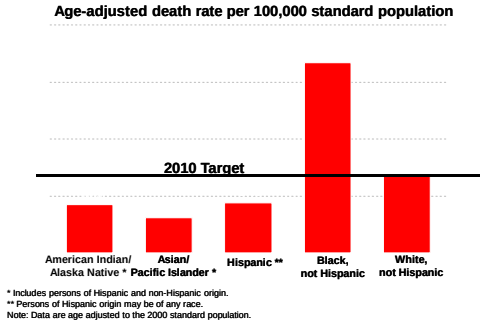
Prostate Cancer Incidence in US: to 2001



Prostate Cancer Mortality in US: to 2001



Prostate Cancer Mortality: by Race/ethnicity



* Includes persons of Hispanic and non-Hispanic origin.
** Persons of Hispanic origin may be of any race.
Note: Data are age adjusted to the 2000 standard population.

Prostate Cancer

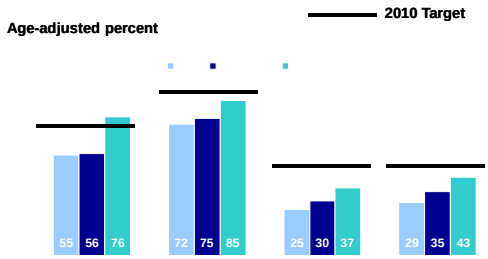
- The gap in the age-adjusted death rate for PrCA between white and AA men has widened since 1975 (50.29 vs. 55.1 per 100,000) to 2002 (25.6 vs. 63), and has been between 1.87 to 2.47 times higher for AA men
- AA men and conservative treatment

Prostate Cancer

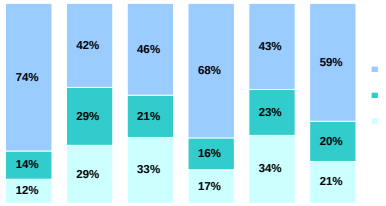
- Pain avoidance versus cure
- Health care provider preference, patients' healthcare access, and other variables may impact PrCA management choices

Early Cancer Detection Procedures by Income Level

- I 95% confidence interval
- Exam includes sigmoidoscopy, colonoscopy, or proctoscopy



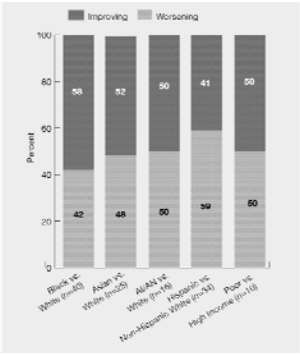
Poverty Status of the Nonelderly Population by Race/Ethnicity



- NOTE: Individuals who reported more than one race group were categorized as "Two or more races." Nonelderly includes all individuals under age 65. FPL = Federal Poverty Level. The FPL for a family of four in 2005 was $19,971.

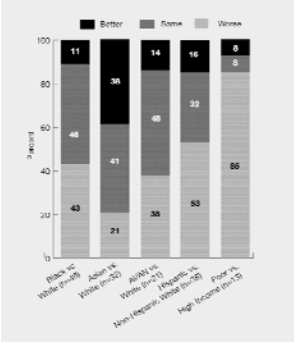
AHRQ Core Quality Measures

Change over time

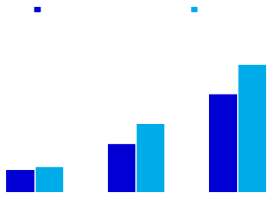


AHRQ Core Quality Measures

Current state



Hypertension Is More Prevalent in Black Men than in White Men



Error bars indicate 95% confidence intervals. Data are weighted to the US population.
Hajjar and Kotchen. *JAMA.* 2003;290:199-206.

Importance

- **Prevalence of HTN for AA men exceeds national rate**
- **Rates even higher for Southern and older AA men**
  - **Earlier onset and delayed treatment**
  - **Stage 3 HTN**

Importance

- **Severe outcomes**
  - **Stroke mortality, heart disease mortality, and end stage renal disease**

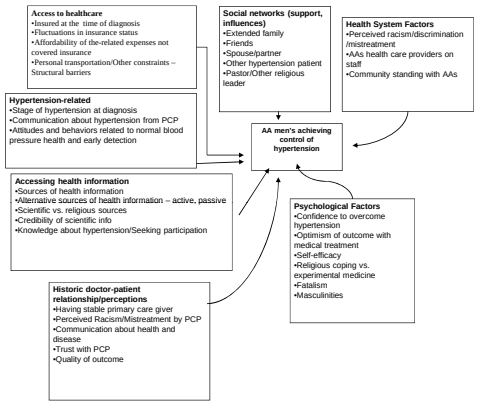
Significance

- A previous study on HTN outcomes and mortality by Dennison et al (2207) of poor urban African American men found education/counseling intervention improved blood pressure (BP) control in the population

Significance

- However, the study did not examine the influence of trust and perceived discrimination on BP control or medical adherence
  - Southern AAs are more likely to report perceived racial barriers to care
  - AA men and discrimination

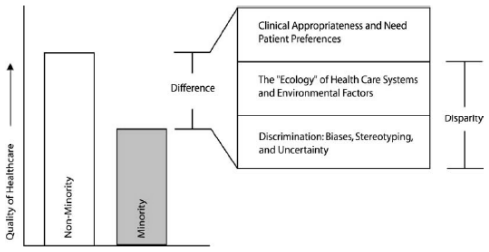
Conceptual Framework: Factors Influencing African American Men's Achieving Control of Hypertension



Potential Cultural Influences

- Appropriate mistrust of the medical system
- Appropriate mistrust of physicians
  - Lack of race concordance[1]
- Differences in risk behavior
- Differences in preferences

Health System and Disparities



Differences, Disparities, and Discrimination: Populations with Equal Access to Healthcare.
SOURCE: Gomes and McGuire, 2001

Self Advocacy

- Participatory visits are associated with positive health outcomes
- Patients who self-advocate gain maximum benefit from the medical encounter
- Changing health care climate-teaching self advocacy

Significance

- Increasing numbers of people are accessing health information, little is known about whether and how they use this health information to advocate during the medical encounter

Data and Analytic Sample

- 2000-2001 household component of the Community Tracking Study (CTS)
  - –Nationally representative study to track changes in the health care system and their effects on people
  - –Target Population: civilian, non-institutionalized adult population in the contiguous U.S. (n=59,725)

Data and Analytic Sample

- Analytic sample
  - –14,527 men aged 18-65= who had at least 1 provider visit in the preceding 12 months

Dependent Variables

- Sought health information
- Health information mentioned to the physician by the patient
- Physician used imparted health information to order tests, procedures, or prescriptions

Main Explanatory Variables

- Health Information
  1. Internet
  2. Friends
  3. TV or Radio
  4. Books/magazine/other source
  5. Health care professional/health care organization

Main Explanatory Variables

- Race/Ethnicity
  1. White
  2. African American (AA)
  3. Hispanic

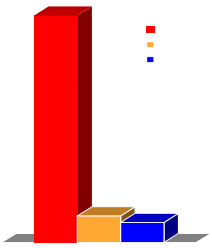
Control Variables

- Age
- Marital status
- Rural living
- Education
- Employment
- Federal Poverty Level
- Insurance
- Usual source of care
- Perceived Health Status
- HMO Enrollment

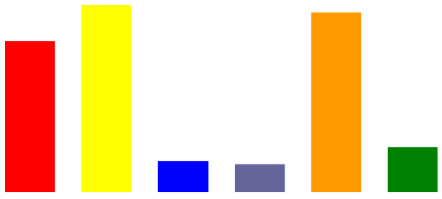
Analysis

- Descriptives (frequencies)
- Binomial logistic regression (SUDAAN)
  - Account for complex survey design
  - Odds ratios and 95% confidence intervals

Race and Ethnicity



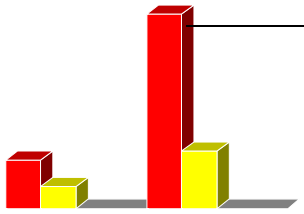
Selected Characteristics of Respondents



Selected Characteristics of Respondents

Dependent Variables

- Mentioned Info to Physician
- Physician Ordered Tests



Of the 23% who mentioned information to the physician n=1261), 45% perceived that they got tests ordered

Sought Health Information

Characteristic	Odds Ratio	Confidence Interval	P value
Race			
White (ref)			
Black	1.05	(0.90-1.22)	0.539
Hispanic	1.13	(0.96-1.32)	0.147
Health Status			
Excellent (ref)			
Poor	1.65	(1.46-1.86)	<0.001
Good	1.3	(1.19-1.42)	<0.001
Employment status			
Yes (ref)	1.16		
No		(1.03-1.31)	
		0.015	
Educational Level			
College graduate (ref)			
< high school	0.33	(0.27-0.39)	<0.001
High school	0.43	(0.39-.048)	<0.001
Some college	0.64	(0.57-0.71)	<0.001

Sought Health Information and Mentioned to Doctor

Characteristic	Odds Ratio	Confidence Interval	P value
Race			
White (ref)			
Black	0.59	(0.41-0.84)	0.003
Hispanic	0.85	(0.59-1.22)	0.374
Health Status			
Excellent (ref)			
Poor	1.84	(1.49-2.26)	<0.001
Good	1.61	(1.38-1.88)	<0.001
Employment status			
Yes (ref)	1.26		
No		(1.0-1.59)	0.051
Educational Level			
College graduate (ref)			
< high school	0.51	(0.38-0.69)	<0.001
High school	0.68	(0.55-0.84)	<0.001
Some college	0.82	(0.67-1.01)	0.067

Perceived Test Ordered from Information

Characteristic	Odds Ratio	Confidence Interval	P value
Race			
White (ref)			
Black	1.32	(0.71-2.47)	0.386
Hispanic	3.57	(2.13-5.99)	<0.001
Health Status			
Excellent (ref)			
Poor	0.84	(0.59-1.18)	0.308
Good	0.96	(0.71-1.29)	0.776
Employment status			
Yes (ref)	1.22		
No		(0.85-1.75)	0.279
Educational Level			
College graduate (ref)			
< high school	1.79	(0.99-3.23)	0.055
High school	1.29	(0.96-1.74)	0.096
Some college	1.05	(0.75-1.46)	0.783

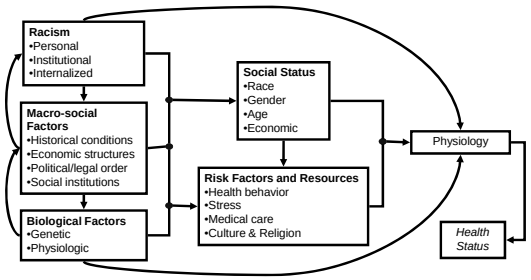
Summary

- **Self-advocacy differs by race/ethnicity**
  - **African American men less likely to mention health information to physician however Hispanic men more likely to perceive test ordered from health information compared to white men**

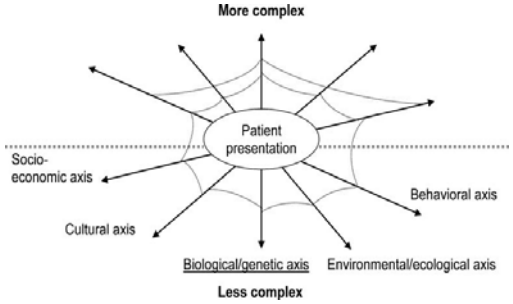
Conclusions

- **While obtaining health information is associated with self-advocacy, this may not be enough among minority men, especially African Americans**

Williams-Jones Model of Health Disparities



Important to Remember: Men Complex Patients (particularly AA)



Examples of Contributors to Differential Medical Treatment and of their Consequences, by Patient Complexity Component Vector

Vector	Sources of increased complexity along the Vector	Specific consequence
Socioeconomics	Lack of health insurance	Difficulty affording treatment
	Lack of transportation	Difficulty accessing providers
	Low educational attainment	Inability to navigate complex systems
Culture	Race/ethnicity	Care that is not culturally sensitive
	Language	Communication barriers
	Communication	Distrust, perceived discrimination
Biology/ genetics	Multiple comorbidities	Medication interactions
	Genetic variability	Cannot achieve recommended targets
	Cognitive impairment	Inability to follow recommendations
Environment/ ecology	Pollution	Exposure to toxins
	Neighborhood violence	Inability to exercise
	Lack of public transportation	Inability to buy healthy foods
Behavior	Smoking tobacco	Cardiovascular, pulmonary disease
	Unhealthy diet	Obesity
	Lack of physical activity	Diabetes

UAB Minority Health and Health Disparities Research Center

- **The MHRC is a comprehensive research, education, and outreach center focused on eliminating the health disparities of racial and ethnic minorities and underserved populations locally, regionally, and nationally**

UAB Minority Health and Health Disparities Research Center

- **This mission of advancing health equity is achieved through**
  - **State-of-the-art research**
  - **Training and career development**
  - **Community outreach**
  - **Dissemination of information**

MHRC Research Program

- Stimulate interdisciplinary research to understand the underlying causes of health disparities and test innovative interventions to eliminate them

MHRC Research Program

- Leverage and expand available resources to help MHRC members compete effectively for external funding in health disparities research
- Disseminate evidence-based interventions to clinicians and communities

MHRC Training Program

- Provide training and career development opportunities for minority students and investigators
- Train and develop a cadre of investigators with expertise in health disparities research

MHRC Training Program

- Through partnerships with Historically Black Colleges and Universities, the MHRC has built a pipeline of minority scholars and healthcare professionals

MHRC Community Outreach Program

- Serve as the link between UAB and the surrounding communities
- Expand the existing partnerships with minority communities and organizations, health care providers, state agencies, and grassroots groups

MHRC Community Outreach Program

- Implement health education and promotion programs in low-income communities
- Develop healthy communities from within by empowering people to prevent disease and stay healthy

MHRC Community Outreach Program

- ***Building Healthy Communities*** **has served more than 11,000 people in 12 Alabama counties and 8 Birmingham communities through health screenings, health talking circles, neighborhood events, and programs for nutrition and physical activity**

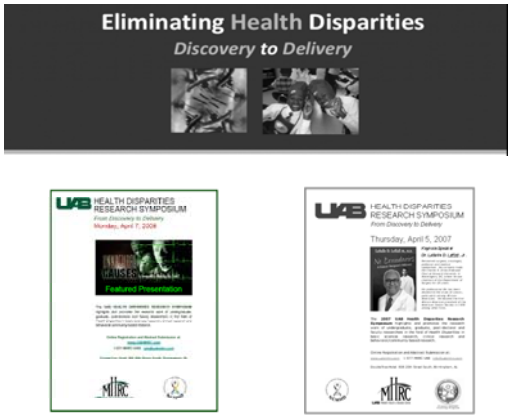
WALK and Healthy Happy Kids

- **WALK a community-based program for physical exercise accessible to low-income people, has more than 3,000 participants organized in teams**
- **Healthy Happy Kids, an after school program for nutrition and physical activity, has served more than 500 children in 9 schools in the Greater Birmingham area**

WALK and Healthy Happy Kids

Eliminating Health Disparities Discovery to Delivery

- **Understanding and addressing the root causes of health disparities requires interdisciplinary approach**
  - **Biologic**
  - **Socioeconomic**
  - **Behavioral**
  - **System**
  - **Policy**



Recruitment and Retention

- **Assist with recruitment and retention of minority participants into research studies**
- **Train volunteers as patient navigators and community health leaders**

Philanthropic Fundraising

- **The annual MHRC Gala held in September has an average of 600 attendees and raises an average of $300,000.**
- **Casino Royale, the annual fundraising event of the Minority Health Young Professionals Board, is held in June and benefits the Healthy Happy Kids program**

Philanthropic Fundraising