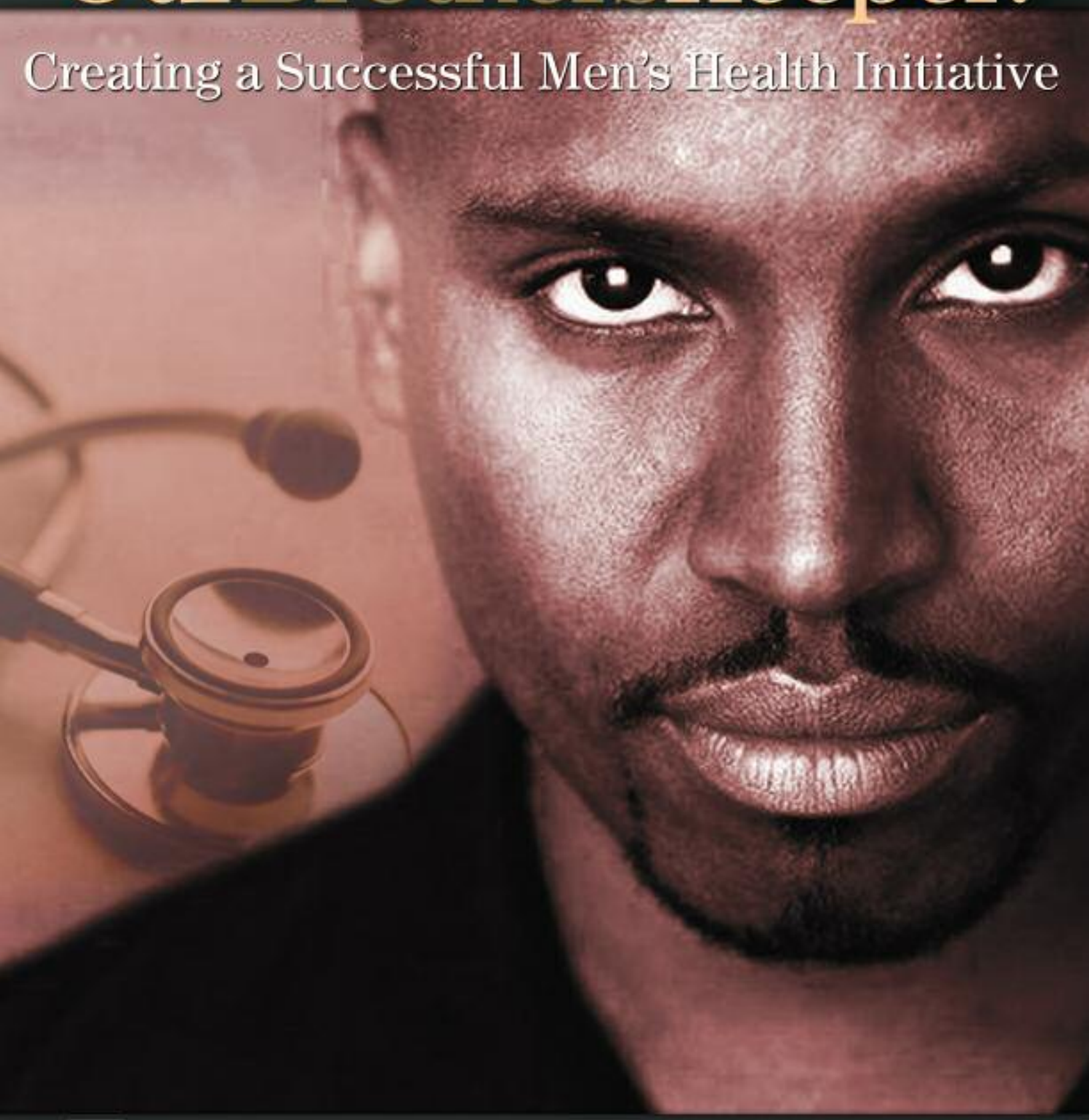
Our Brothers Keeper:

Creating a Successful Men's Health Initiative



A National Medical Association Community Health Guide

Our Brother's Keeper

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Community Health Guide

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Our Acknowledgements

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National Medical Association Men Health Participates List

The NMA thank the following organizations for their participation in the NMA Men's Health Initiative and gratefully acknowlege the contributions of the following organizations:

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Men's Center
Men's Health Network
Montgomery Times
National Alliance of State & Territorial AIDS Directors
National Association of Black Social Workers
National Association of Urban Based HMO's
National Black Nurses Association
National Library of Medicine
National Heart, Lung & Blood Institute
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INTRODUCTION

The National Medical Association's (NMA) Men and Families Health Initiative was launched with funding from the W.K. Kellogg Foundation to address the disparate health issues among African American men and their families.

This guide highlights the significance of men's health and calls attention to the plight men of color face when they try to access medical care. It also serves as an action plan for advocates, health professionals, and families to take a hands-on approach in assuring that their fathers, husbands, sons, brothers, and other men in their lives are empowered to live longer and healthier lives.

More attention needs to be directed towards men's health and its far-reaching implications. The NMA strives to empower men to address their own health issues proactively, without fear, and in a culturally sensitive and literate environment.

The NMA, a 501(c)(3) organization, is the largest and oldest national organization representing 30,000 African American physicians and health professionals in the U.S., Puerto Rico, and the Caribbean, and the millions of patients they serve.

Through its membership, professional development, community health education, advocacy and research efforts, the NMA is committed to improving the health status and outcomes of African Americans, minority, and disadvantaged people. Although throughout its history, the National Medical Association has focused primarily on health issues related to African Americans and medically underserved populations, its principles, goals, initiatives and philosophy encompass all sectors of the population. Today, more than 100 years after its birth, the NMA has become firmly established in a leadership role in medicine and serves as a catalyst for parity in medicine.

The NMA's membership is comprised of physicians in primary care specialties, as well as all other medical and surgical sub-specialties, academic and military medicine, and medical administration. NMA members serve significant numbers of racial and ethnic minorities, and they practice in primarily urban or rural areas. A disproportionately high number of patients served by NMA members are poor, uninsured, underinsured, or beneficiaries of Medicaid or Medicare.

DIAGNOSIS OF THE PROBLEM

From birth to the grave, black men suffer disproportionately from preventable disease and death. Although death rates for both African Americans and Whites have declined nationally for several of the leading causes of death (heart disease, cancer, diabetes, and cirrhosis of the liver), the "disparity gap" between black and whites is wider today than it was 50 years ago.

MEN'S AGE-ADJUSTED DEATH RATES-2002

Rates per 100,000 of population

White	829.0
African American	1,083.3
Latino	629.3
Asian/Pacific Islander	474.4
American Indian/Alaska Native	677.4

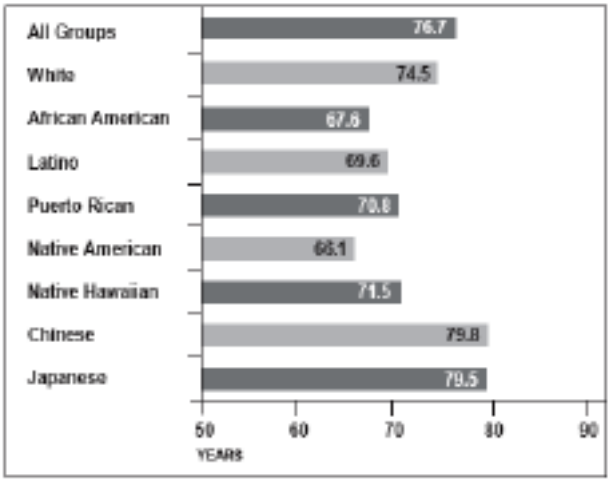
Source: Kochanek, Kenneth D. et al. Deaths: Final Data for 2002. National Vital Statistics Report. Vol. 53(5).

The widely publicized Institute of Medicine (IOM) report, *Unequal Treatment: What Healthcare Providers Need to Know About Racial and Ethnic Disparities in Health-Care,* underscores the position that health disparities exist, and the gulf between ethnic groups is widening. Minorities are overwhelmingly represented on registries of lower-cost health plans that actually give physicians incentives to limit services. This leaves little time for in-depth patient interactions and obscures the factors that contribute to strong doctor-patient relationships.

Furthermore, although the federal government has both recognized the problem and initiated major changes in public health policy, these implementations have yet to close the "quality gap." The IOM affirmed this issue in another report, *Leadership by Example: Coordinating Government Roles in Improving Health Care Quality.* All things being equal, black men and other men of color still receive inferior treatment. For example, they get referred less often for routine and medically necessary procedures. By the time they do get the attention they need, they often must undergo more drastic procedures, like amputations due to uncontrolled diabetes.

Life expectancy for African American men is seven years shorter than for all other American men. African American men die at a disproportionately high rate of HIV/AIDS, a rate about five times higher than for White men. Approximately 40 % of African American men die prematurely from cardiovascular disease, compared with 21 % of white men. Unfortunately, minority men—even those who are in poor health—are much less likely than other groups to access the medical services available to them.

Life Expectancy of Men, 1999



Ref: Rich, John A., and Marguerite Ro. 2002. *A Poor Man's Plight: Uncovering the Disparity of Men's Health.* Battle Creek, MI: W.K. Kellogg Foundation.

Men of color must overcome multiple barriers to quality health care: racial barriers, lack of insurance or inadequate coverage, poverty and inadequate education, as well as the lack of culturally competent providers in their own communities. For example, African American (46 %) and Latino men (28 %) are more likely to be uninsured than White men (17%). Among poor men, nearly 59 % of black men and 73 % of Latino men have no insurance. More than three-quarters of white men obtain health coverage through their employer, while only two-thirds of black men and half of Latino men receive employer-based coverage.

During the 21st Century, the nation's demographics will change. Minorities will comprise nearly 50 percent of the United States population. Combined with growing concerns about the impact of Medicaid and Medicare reform, HIPAA, tort reform, and potential budgetary cuts for other federally funded health programs, the nation must make a priority of improving the health status of underserved racial and ethnic minorities.

Recent years have yielded unprecedented advances in biomedical research, disease diagnosis, and health care delivery. However, for the aforementioned reasons, these innovations have not often benefited men of color. Rather, African Americans and other minorities continue to encounter historically rooted barriers to good health.

Some research has established that blacks and other minorities may have different responses to treatments, such as drug therapy, than their white counterparts. Research in this area is relatively new, and the scope of such "targeted" therapy is not known. But in such cases as these, providing different kinds of treatment on the basis of race is surely justifiable. In addition, studies suggest that minority patients-particularly men-will put off seeking help for their conditions and in some cases, a few will reject treatment. Even so, *Unequal Treatment* concludes that although many issues factor into health care disparities, prejudice and stereotyping by medical care providers lie at the root of the problem and are as much to blame.

Education, however, lies at the root of the solution to the quality gap in care. First, providers and patients must recognize the problem exists and understand its implications. Secondly, providers need comprehensive cross-cultural experience to provide competent care as the nation's demographics change. Men of color find considerable difficulty finding doctors who "speak their language" and understand the cultural context from which they seek care. Providers need to be able to interact with a diverse group of people, and be sensitive to their unique circumstances. Finally, patients need to be equipped to navigate a broad and complex health system, manage their health and lifestyles proactively, and demand the full range of services they require.

Although the concept of men's health as a distinct area of medical attention is a relatively recent development, it already has far-reaching implications for taking care of men. The point was a central topic in the W.K. Kellogg Foundation report, *A Poor Man's Plight: Uncovering the Disparity in Men's Health*.

Men play a critical role in families as fathers, brothers and sons, providing care and support to other family members. As members of the workforce, they are employers and employees whose health and well-being greatly affect productivity and economic well-being. Improving the health of men through early detection of male health problems and timely treatment of disease can result in reduced morbidity and mortality resulting in benefits for men, families, and society.

This guide is a discussion of how health care providers and men themselves-along with grassroots, community, and professional organizations, can positively impact health disparities and revolutionize how we care for African-American men.

TREATMENT

Racial disparities in patient care, while deep-rooted, can also point to current time constraints and high patient loads as a cause. Providers feel too rushed to meet all of the educational, clinical, and psychological needs of their patients. Likewise, patients experience care that may seem uncoordinated, impersonal and unsupportive. This often leaves patients feeling incapable of addressing their health needs.

Health Coverage of Men Ages (18-64), 1997

	Uninsured	Job-Based Insurance	Medicaid
Latino	48%	45%	6%
African American	28%	58%	8%
API	28%	62%	3%
AIAN	27%	55%	7%
Non-Latino Whites	17%	75%	2%

Adapted from Rich, John A. and Marguerite Ro. 2002. *A Poor Man's Plight: Uncovering the Disparity of Men's Health.* Battle Creek, MI: W.K. Kellogg Foundation.

Nothing short of a comprehensive restructuring of this nation's health care system can resolve this issue. The NMA supports this restructuring including policy, funding and health care practices, with a particular focus on increasing the number of, and enhancing the role of community-based programs. These programs would be founded on partnerships with men, their families, their health care providers, their local civic leaders, health advocates, and professional organizations. In this structure, all community members operate with the same mission: helping the medically underserved gain greater access to medical care, thus preventing and surviving the diseases that under the current system overwhelm them.

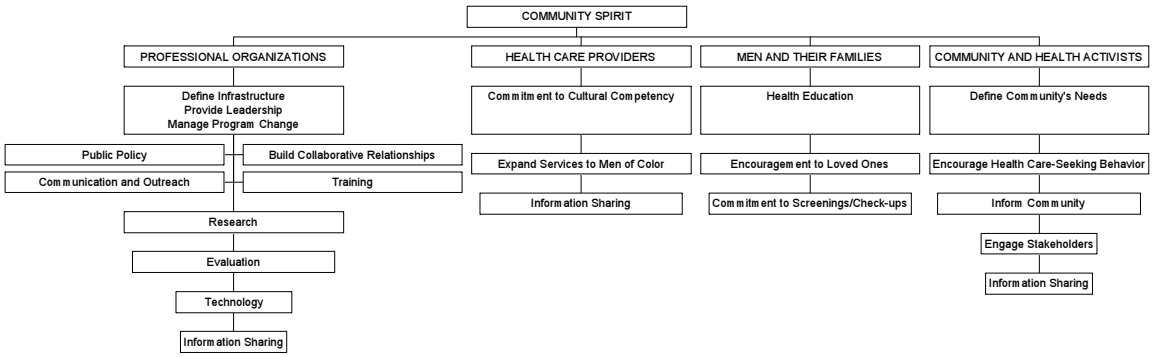
Empowering men, their families, and their communities can positively impact health disparities. However, the road to equal access and treatment starts, with education of all members of the public. Men's health initiatives need to first enlighten men of their risk of the leading causes of death, promote healthier lifestyles, and encourage moderation in diet, increases in exercise, less risk-taking behavior, and making health care a regular habit.

Public education and community partnerships would teach health care providers with a new perspective on the "language" of their patients, and provide awareness needed in this new era of health care delivery as they deal with a more diverse patient population base. This component of enhancing men's health is essential to the initiative's success. Some of the bias and prejudice that pervades health care is unconscious, and many doctors are unaware of how extensive health disparities truly are. This lack of knowledge essentially perpetuates disparities in care.

To help expose biases, and bring together caregivers, patients and community members, we propose the following community health model, which defines roles, structures and activities aimed at improving men's health. In addition, we have constructed three modules for addressing health issues.

Community Health Model

The community model illustrated below provides self-regulation, strong communication and outreach, research for continual improvement, as well as innovative use of technology. It provides continuity of care, placing responsibility and accountability among appropriate community members and leaders. For the long-term, a community health model will ultimately save billions of dollars that would have been required later when patients don't seek or receive quality primary care services.



Community Spirit. It has been stated that a healthy community is a form of a living democracy: people working together to address what matters to them. The work of delivering care to disadvantaged men and their families can be overwhelming, demanding an array of experience, people who know the health concerns of the community, and people who can mobilize for change. Partnership, thus, is the fundamental ethic of a community-based approach to health care. And this all leads to community spirit, the "social glue" which keeps health care and other initiatives together.

Professional Organizations. Given their unique positions, organizations like the NMA can serve as the catalyst for forming community-based health care programs. Professional organizations can also provide technical and managerial support.

Define Infrastructure: With thousands of medical experts within its fold, the NMA and other professional associations provide a basic framework for community-based men's health initiatives. These professional associations then help the community determine viable needs, provide input on realistic options and actions, and manage program change.

Public Policy: Professional organizations can garner support and attention from local, regional, and national elected officials. They must advocate on behalf of men's health issues:

- Briefings from city hall to Capitol Hill
- Convening joint conferences and developing publications on men's health
- Focusing efforts to assess congressional health policy
- Influencing and write legislation aimed at closing the disparity gap
- Influencing the expansion of Medicaid to allow for more services to men
- Exploring options for expanding insurance coverage to poor men, including those who don't have children and those who don't live with their children
- Ensuring the permanence of the U.S. Department of HHS/Office of Minority Health
- Ensuring reliable streams of funding to aid initiatives at all levels
- Removing barriers that prevent greater numbers of men of color from becoming educated and entering health care professions

Collaborative Relationships: Venues exist to connect and broaden the outreach of community-run programs:

- Access Head Start and Parent Teacher Association networks to reach parents
- Tap into community centers and other recreational outlets
- Gain support from fraternities and other Greek letter organizations on college campuses to spread the men's health agenda at their conferences and publications to spread the men's health agenda
- Engage US Department of Veteran's Affairs and Department of Defense Communicate about access for men of color
- Interact with prisons to assist detained and soon-to-be-released men get care
- Network with churches to test plans and disseminate information
- Join forces with emerging male health commissions
- Explore ways to frame issues of men's health for business owners
- Target pharmaceutical companies to fund efforts
- Form alliances with other groups for a more holistic care model for men of color
- Encourage health care systems and providers to mandate cultural sensitivity training, which can be offered through a local initiative to demonstrate the effectiveness of public and private health partnership

Communication and Outreach: Tools are also available to help with building awareness of health initiatives.

- Corporate-funded public service announcements
- Connect African American cultural icons such as Russell Simmons, P. Diddy, or other entertainers and athletes who are known for their political activism to begin a pop culture campaign for men's health
- Work with Magic Johnson Threaters to create men's health messages that can be played in movie theaters nationwide

- Collaborate with youth celebrities for health campaigns in high schoolsand other venues to reach this target population
- Employ April (National Minority Health Month) to broadcast special messages
- Publish culturally appropriate and health literate men's health information such as brochures and fact sheets for the public with targeted messages for health care professionals

Training: Local community leaders typically do not have the resources of professional organizations, but each partner has something to offer and something to learn. Professional organizations contribute by:

- Developing prevention programs that encompass fitness, nutrition, and sexual and mental health and incorporating them into outreach services for men
- Offering seminars or certification sessions to teach health care workers to recognize bias in all forms and providing them with community-specific cultural competence
- Expanding the training for the men's health initiative to focus on black Americans, Africans, Afro-Caribbeans, and non-white Hispanics as well understanding the variability of ethnicity and culture of all who fall under the heading "men of color"

Research: The community initiative must conduct research and develop data. The best data comes from patients themselves, the community clinics they use, and their providers. In addition to concentrating on disparities, research should monitor quality of care, access to care, and the efficacy of the community health program. Professional organizations also can provide invaluable resources.

Evaluation: Community health programs must ensure that the evaluation process is effective. By monitoring progress, partners are held accountable for their actions or lack of action and the overall program can be continuously refined for improvement. To evaluate:

- Establish priorities for improving heath of men in community programs
- Define success for each community
- Collect quality data from all stakeholders
- Conduct both qualitative (i.e., observations, in-depth interviews, and focus groups) and quantitative (i.e., statistics) analyses to determine whether the program is meeting its agenda

Technology: The increasing use of technology to facilitate community health programs is a promising avenue of exploration. Through data collection from each of the partners, a community health initiative can:

- Build and maintain databases
- Improve efficiency of case management
- Facilitate sharing of information
- Provide a reservoir of community statistics that help build primary research and build new bodies of knowledge on health disparities

Health Care Providers. Front line providers support of community health initiatives can significantly impact these efforts. As shifts emerge in the health care arena, career success may hinge on providers' ability to care for diverse groups of people. Adequate healthcare begins with understanding the direct connection between the delivery of care and disparities. The necessary steps are:

Commitment to Cultural Competence. Providers need to participate in formal training but also take recommendations from community leaders on relating to patients from the community:

- Respond to your patient's language and culture
- Participate in training to understand the complexity of men's attitudes toward getting health care, and how disadvantages of race and ethnicity compound those attitudes

- Acquire experience with underserved and disadvantaged groups such as, substance abusers, ex-offenders, homosexuals, unemployed, homeless, and mentally ill patients
- Recognize how your personal viewpoints may create barriers with patients

Expanding Services.

- Treat conditions for all patients based on the best available resources
- Find avenues to improve the health literacy (i.e. Ask Me 3) of patients so that they understand treatments, medicine labels, and insurance forms
- Empower patients. They should be equal partners and capable of managing their health in collaboration with providers
- Pursue technology and telemedicine as a way to supplement care

Men and Their Families. As heads of households, employers and employees, men comprise the centerpiece of a community health initiative. They should not be passive consumers of health care and information, and should be responsible for their own health. And through a commitment to education and lifestyle changes, they can become healthy role models to the next generation.

Health Education. Health education from community leaders and professionals must not only target the individual but also caregivers. Men should be provided information that is detailed and specific, enabling them to feel as though they have mastered a skill.

Men must take the initiative to learn and digest health education and then modify their behavior. Providers, professional organizations, and community leaders must take opportunities to educate underserved men in an array of circumstances. They must define their messages in ways that are palatable to men and present them in settings wherever these men are likely to be a willing audience.

Encouragement from Loved Ones. A clear message also must go out to all those who come into contact with a brother, father, and son. Close friends and family should use every possible opportunity to encourage him to live healthier and to get a check-up regularly. This includes partnering with them to learn about their risk of the leading causes of death and disease.

Screenings and Check-ups. The first step for men is to participate in health screenings and check-ups. They then need to follow through with prevention and treatment for any conditions.

Community and Health Activists. As mentioned, the credibility afforded to local leaders is an important advantage in beginning a community health program. Their roles are extensive:

Define Needs. Local leaders are in tune with behaviors of men in their communities and are in a prime position to assess the needs their neighborhoods have in terms of targeted health care for men. Some well-documented assessments have yielded the need for:

- Men's Health Clinics
- Adolescent Health Services
- AIDS/HIV Counseling
- Full Service Mental Health Care
- Improved Case Management
- Male Outreach Workers
- Reproductive Health Education
- Improved High School Health Education

Encouragement of Health Care Seeking Behavior. Community leaders also gain a measure of legitimacy when they encourage people to change their behavior-precisely because they come from the same neighborhoods and share common experiences with the people they are trying to help.

Inform Community. Through focus groups and town-hall discussions, community leaders become the bridge between the broader-scope work of professional organizations and the down-to-earth needs of the people. They can use such forums to discuss the urgency of the men's health crisis and empower people toward fixing a community problem.

Engage Stakeholders. Local community leaders are also in a position to rally other groups to support health care initiatives. They can form linkages with churches, school systems, civic organizations, and even local businesses and elected officials to increase awareness of the issues and share resources.

Information Sharing. The lifeline of community health initiatives is the free flow of information. Providers share data about the numbers, racial composition, and conditions of their patients. Professional organizations can use that data and design community-specific best practices guides, disparities research, marketing tips, training manuals, and funding strategies. Community leaders keep the program operating smoothly by sharing the concerns of the constituents and determining when program strategies are not working.

Three Modules for Health Seeking Success

Collaborative health programs can be extraordinarily complex undertakings. The following are three adjunct modules that complement the overarching community health model and help program leaders effectively manage change and encourage improvement.

LEARNING MODULE

A learning plan initiates each partner to the scope of the project. The phases of this module are:

I. Selecting team members who will work in the community and specify capacity. Special efforts need to be made to encourage men to work, training those who don't have specialized outreach experience.

II. Initial research to gain an understanding of the program and the issues being studied. For example, a community with a large elderly population will want to have outreach workers familiar with stroke, heart disease, Alzheimer's, as well as Medicare policy.

III. Convening several educational sessions with technical input from providers and professional organizations. At these sessions, exchange ideas to fine-tune the mission and operation of the program.

IV. Between each session is an *action period*, during which community leaders develop and test components of the overall program.

CARE MODULE

To guide the delivery of care, community health programs can proffer additional guidelines that complement the overarching community health model for delivery of care. The care module assures that patients receive evidence-based care and enables them to proactively participate in their health. The module has four components:

1. Self-management support
2. Decision support
3. Clinical Information systems
4. Patient Care System Design

Care Module Checklist

Self-management

- Use self management tools that are evidence based for effectiveness.
- Set and document self-management goals collaboratively with families.
- Train providers on how to help patients with self-management goals.
- Follow up and monitor self management goals.
- Use group visits to support self management. Access community resources to achieve self-management goals.

Decision Support

- Utilize evidence based guidelines in the care delivery system.
- Establish linkages with primary care providers that have access to additional support.
- Provide skill oriented interactive training programs for all staff in support.
- Educate patients about guidelines.

Clinical Information System

- Establish a registry of patients.
- Develop processes for use of the registry, including designating personnel for data entry, assuring data integrity, and registry maintenance.
- Use the registry to generate reminders and care-planning tools for individual patients.
- Use the registry to provide feedback to care team and leaders.

Patient Care System Design

- Assign roles, duties, and tasks for planned visits to a health care provider.
- Use cross-training to expand staff capability.
- Use planned visits in individual and group settings.
- Designate staff to be responsible for follow-up by various methods, including outreach workers, telephone calls, and home visits.
- Use community health worker programs for greater outreach.

IMPROVEMENT MODULE

In addition to the care module, planners may want to implement an improvement module with the community model's evaluation process. This module is based on three fundamental questions:

1. What are you trying to accomplish?

This question helps to focus on specific actions or elements of the community model or care module, and to define which patients and providers will participate. The plan for improvement, should be concise, time-specific, and measurable.

2. How do we define success?

Planners will need specific ideas of what success is and how it is measured. In addition, data is needed to specify the impact of changes to the program. Eventually, this question leads to the formation of best practices, which can be shared with other groups.

3. What changes can we make that will result in any improvement?

The PDSA (plan, do, study, act) cycle is a trial-and-learning method to discover effective and efficient ways to effect change. The study component in particular is key to learning what change leads to improvement. It compels the team to learn from the data collected, to look at effects on other part of the program, on patients and workers under different conditions.

THE PROGNOSIS: COMMUNITY RESULTS

Men's Deaths by Leading Causes of Death, 2002

	African American	Latino	White
1. Heart Disease	48,264	18,824	372,088
2. Cancer	32,627	12,235	249,867
3. Stroke	7,828	3,003	52,959
4. Chronic Lower Respiratory Diseases	4,341	1,625	55,409
5. Accidents	8,612	7,698	58,467
6. Diabetes	5,207	2,779	28,110
7. Influenza/Pneumonia	2,769	1,398	25,381
8. Alzheimer's	959	474	15,874
9. Kidney Disease	3,427	937	15,850
10. Septicemia	2,703	744	11,919
11. Suicide	1,633	1,651	23,049
12. Chronic Liver Disease/Cirrhosis	1,622	2,437	15,278
13. Hypertension	1,717	385	5,719
14. Homicide	6,896	2,635	6,282
15. Pneumonitis	760	282	7,954

* HIV/AIDS is a leading cause of death for African American and Hispanic men, although it has declined as a cause for other groups.Source: Kochanek, Kenneth D. et al. Deaths: Final Data for 2002. *National Vital Statistics Report*. Vol. 53(5).

There have been several incarnations of community-based health care models around the country. Each experience is replete with various challenges and successes:

The African-American Men's Health Study represents the first published attempt to develop and evaluate the impact of a culturally appropriate, community-based, HIV risk reduction intervention designed to change high-risk sexual behaviors among African American homosexual and bisexual men in the San Francisco Bay area. The men who participated in the program greatly increased their safe-sex practices. Rates of unprotected anal intercourse fell from 45% to 20% at an 18-month follow-up evaluation. Comparatively, men who attended only one session showed only slight rates of behavior change, and men who attended no sessions showed no change in risky sexual behavior. A detailed program description was published in the journal *AIDS*, Vol. 10(3):319-325. A training manual for replicating the program is available at http://www.caps.ucsf.edu/projects/AAMHS3manual.html.

The Kellogg Foundation, through its Community Voices organization, provided funding for the **Delta Community Partners in Care,** a Clarksdale, Mississippi, program in a predominantly African American area. In the program, 25 % of participants had no health insurance and 40% lived in poverty. The program is developing a comprehensive men's health delivery system. Planners are developing male-dedicated entry points using outreach and case management, allocating specific days in three participating primary care clinics for male services, and conducting community-wide screening and education.

Visit http://www.communityvoices.org/Uploads/SavingMensLivesFINAL_00108_00035.pdf for more information.

The **Family Van Program** was launched from a community-based mobile health services model of care, providing "outreach" and "inreach" for Boston's most vulnerable populations to get screenings, self-care education, management, referrals and follow up. In addition to helping the medically underserved, the program's evaluation process helped providers identify the social elements of health disparities and better understand behavior and lifestyle issues that affect the health and well-being of urban communities. Learn more about the program at http://www.familyvan.org.

RESOURCES

Numerous tool sets have been developed as nonprofits and municipalities around the country recognize the incredible potential that community health care models have to save time and money and lives.

- **A Community Tool Box: Overview and Gateway to the Tools,** http://ctb.ku.edu/index.jsp, is an enormous repository of information intended to help planners walk through various approaches to community health, overcoming obstacles, and improving outcomes.
- The American Public Health Association offers an online booklet that contains information on community health partnerships that focuses on communication, media outreach, and coalition building. **Eliminating Health Disparities: Communities Moving from Statistics to Solutions, A Planner's Guide.** The guide is a part of a larger health disparities database for community leaders. The content is available online at http://www.apha.org/NPHW/solutions/.
- The **Kellogg Foundation** has information documenting numerous programs it has funded. Access the information at http://www.communityvoices.org/PolicyBriefs.aspx.

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