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Men's Health:

Black men suffer from mostly preventable diseases

And there he was, live on CNN, talking about a topic rarely heard on national television — men's health.

As founder of the National Black Men's Health Network, Dr. Jean Bonhomme has traveled the country, speaking to small church groups and community forums, preaching about the need for men to take control of their health.

His appearance on CNN, watched by millions of viewers, was no different from when he spoke four days later at the Massachusetts Medical Society's Fourth Annual Symposium on Men's Health last June.

When asked on CNN why men don't visit doctors as regularly as women, Dr. Bonhomme's answer was right on point.

"There's been a lot of public information about breast cancer and Pap smears, but we haven't been talking about what's been happening to men," Dr. Bonhomme said. "So a lot of the public remains ignorant about what the issues are.

"In addition," he explained, "the way that males are raised is that when a boy is eight years old and he skins his knee, they tell him 'Brave boys don't cry.' And by the time he's 50 and having chest pain, he says it's just indigestion. Males have an expectation that if something hurts, don't bother with it. It'll go away by itself. Unfortunately in middle age, that doesn't work anymore."

Dr. Bonhomme is not exaggerating, particularly when it comes to African American men.

Black male death rates are higher for many leading causes of death. In Massachusetts alone, black men die from kidney disease at more than twice the rate of white men and more than three times the rate of white women. The rate of HIV infections for black men is six times higher than for white men, 15 times the rate for white women and almost three times the rate for black women.

> "Society has a great admiration for pain without complaint."
>
> — Dr. Jean Bonhomme

Incidences of heart disease and cancer, specifically prostate cancer, are significantly higher among black men. Forty percent of black men die prematurely from cardiovascular disease, compared to 21 percent of white men.

Medical troubles are not the only chronic issues facing black men. Their chances of being murdered are 13 times greater than black women, ten times greater than white men, and 28 times greater than white women.

It's little wonder then that black males are expected to die at the age of 69 years old, the shortest life expectancy of any American group. That is about six years less than white men, seven years less than black females, and 11 years less than white women.

To help close the growing health care disparities, Dr. Bonhomme established the National Black Men's Health Network, a non-profit educational organization, in 1986. Its goal is to spread the word on health care. The real tragedy, health experts point out, is that most of these diseases are preventable with early screenings or lifestyle changes.

Over the last ten years, men's health has received an increased amount of attention. Back in 1994, President Clinton proclaimed the week before Father's Day "National Men's Health Week." And more recently federal lawmakers are considering the creation of an Office of Men's Health within the Department of Health and Human Services to mirror the Office of Women's Health. That office is credited with improving the lives of countless females.

Part of the problem with men's health is federal funding. In 2000, for instance, the National Cancer Institute spent nearly $425 million on breast cancer research. The Institute spent only $190 million — less than half — on prostate cancer research. The gap is even more noticeable on spending for outreach and screening. The Atlanta-based Centers for Disease Control and Prevention spent $185 million on breast and cervical cancer programs in 2000, but only $11 million on prostate cancer.

But the larger problem, Dr. Bonhomme argues, is men themselves.

"Society has a great admiration for pain without complaint," Dr. Bonhomme told the Banner during an interview. "We like men who are high performance,

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THE ENDANGERED BLACK MALE

Death rates by race

	White		Black	
Cause	Male	Female	Male	Female
Heart Disease	231.9	149.5	245.8	137.0
Cancer	228.8	166.8	256.0	141.5
Diabetes	22.0	14.8	38.2	27.1
Kidney Disease	20.5	13.1	48.1	26.6
HIV	3.7	1.4	21.5	7.5
Homicide	2.6	0.9	25.5	1.9

Figures are age-adjusted to the 2000 U.S. standard population, per 100,000

Source: Massachusetts Deaths 2004, Center for Health Information, Statistics, Research and Evaluation, Massachusetts Department of Public Health, July 2006

A "silent killer"

A survivor explains how to beat prostate cancer

Charlie Austin is a funny man.

But when he says that he has been blessed, he is not joking.

By all accounts, Austin should have died years ago, back when he was first diagnosed with prostate cancer in 1994.

The disease was so bad that it had spread throughout his body and caused his doctor to determine that Austin's cancer was inoperable and incurable.

His chance for survival was slim. A normal measurement of PSA, a protein that is made by the prostate, is between one and four. Austin's was 650, a clear sign of cancer.

"The beast was getting ready to kill me," Austin said.

Most troublesome, at least to Austin, was that he never saw — or felt — it coming. "Prostate cancer was not even on the radar screen," Austin said. "I didn't know about it until I was diagnosed. And that's the scariest thing. It's a silent killer."

Austin is right. In general, men run a 1-in-6 chance of developing prostate cancer at some point in their lives. It is the most common non-skin cancer among men in this country and the third most deadly. More than 234,000 new cases are expected this year in the United States, with about 27,000 deaths.

For unknown reasons, African American men have the highest rate of prostate cancer in the world. According to the National Cancer Institute, from 1998-2002, the rate of new cases of prostate cancer was 272 per 100,000 males for black men versus 169 for whites. Death rates from the disease were 68.1 for blacks and 27.2 for whites, a difference of 250 percent.

> "Without Dr. McGovern's care, you would be talking with a ghost."
>
> — Charles Austin

At the time of his diagnosis, Austin was a well-respected general assignment reporter for WBZ-TV. He was in the information business, and still even he didn't know anything about the disease.

"It is now that I realize that I didn't know because I didn't ask."

The prostate is a small gland that is part of a man's reproductive system. It produces seminal fluid that nourishes and helps transport sperm. The prostate is situated in front of the rectum and beneath the bladder. Like a donut, it surrounds the urethra, a thin tube that transports urine from the bladder.

Several things can go wrong with the prostate. It can become inflamed, enlarged, or cancerous. The prostate has two growth periods. It grows to about the size of a walnut during the male's sexual maturation, and often grows again in the fourth or fifth decade. Most men in this country over the age of 50 will experience some symptoms from prostate growth.

The growth itself is not an indicator of cancer. Men commonly experience a benign non-cancerous growth of the prostate called benign prostatic hyperplasia or BPH. BPH is not cancer. It does not spread to other parts of the body or other organs.

If a tumor is not benign, it is malignant or cancerous. Malignant tumors may grow back if removed and can invade other parts of the body. Prostate cancer can spread to the lymph nodes, the bones, and other organs, if left unchecked.

And that is where Austin's doctor found it — all over the place.

Austin underwent 38 sessions of radiation therapy. In addition, Austin was injected regularly with Lupron, a new drug at the time that attacked the prostate cancer cells and prevented them from growing. "We had to stop the beast from spreading to my bones and lungs and kidneys," Austin said.

The treatments worked and Austin gives credit to Dr. Frank McGovern at Massachusetts General Hospital.

"Without his care, you would be talking with a ghost," Austin said.

Austin's experience is typical and may have been avoided had he had

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September is Prostate Cancer Awareness Month

It's no mystery!

What you should know now about the state's new Health Care Reform Law

On April 12, Gov. Mitt Romney signed the Massachusetts Health Care Reform bill, but vetoed several of its components. In early May, the state Legislature overrode the vetoes and the bill became law. The new law, which requires all Massachusetts residents over the age of 18 to have health insurance as of July 1, 2007, will have a significant impact on the state of health care in the Commonwealth. The new law has five key elements:

- *Covering the Uninsured*
- *Market Reforms*
- *Improving Health Care Quality*
- *Hospital and Physician Payments*
- *Funding*

Covering the Uninsured

Massachusetts ranks near the top in the nation for health coverage of its citizens, with only 10 percent of state residents uninsured. Still, approximately 550,000 Bay State residents lack health insurance. The new law includes three main provisions intended to help people meet the Individual Mandate for coverage:

- An expansion of Medicaid that will impact an estimated 92,500 people.
  - ➤ Expands Medicaid coverage to children in families with incomes up to 300 percent of the Federal Poverty Level (FPL), an increase from the previous level of 200 percent.
  - ➤ Expands MassHealth Essential, which provides coverage for the chronically unemployed.
- The establishment of subsidies for families and individuals with incomes less than 300 percent of FPL, which will provide coverage for an estimated additional 207,500 people.
- The creation of the Commonwealth Health Insurance Connector, an independent agency, that will sell affordable products developed by health plans, administer the subsidy program and grant waivers to individuals who remain unable to afford insurance. The Connector will facilitate the purchase of low-cost coverage for nearly 215,000 people.

Market Reforms

The market reforms address market size and product options.

- **Market Size:** Effective July 1, 2007, the small group (employers with 1 to 50 employees) and non-group or individual markets will be merged into one pool.
- **Product Options:** To support the development of lower cost products, the bill allows for network flexibility and a moratorium on all new mandated benefits through January 2008. It also permits lower-cost products for 19- to 26-year-olds, a segment of the population that has historically often opted not to buy insurance due to cost.

Improving Health Care Quality

To ensure that evidence-based guidelines and best-practice safety measures are followed and the health care provided is of the highest quality, the law will:

- Establish a 13-member Quality and Cost Council charged with setting goals that address quality improvement and cost containment, to be overseen by an Advisory Committee.
- Create a Consumer Health Information Website by July 1, 2006, which will be updated annually. The website will help consumers make more informed decisions about where to get care and contain information about patient safety and satisfaction, as well as provider cost and quality information related to specific services including obstetrical services and physician office visits.
- Tie Medicaid rate increases to a hospital's ability to meet evidence-based quality standards and achieve specific performance benchmarks. The Pay for Performance methodology gives additional incentive for all hospitals to provide the highest standards of care.

Hospital and Physician Payments

Historically, reimbursement for Medicaid services in Massachusetts has covered approximately 75 percent of actual costs, leaving hospitals and physicians looking to private payers to close the gap. To address the long-standing shortfall, overall Medicaid reimbursement will increase by $270 million over the next three years, an average of $90 million per year. Hospitals will receive 85 percent of the increase, with physicians getting the remaining 15 percent.

Funding

Since Massachusetts already pays at least $1.1 billion to provide health care for the uninsured, the additional funding requirements are expected to be modest. The bill will redirect existing funds, often accessed by emergency room patients who lack coverage, to subsidize the cost of insurance. This will enable people to access care in more appropriate settings and establish relationships with PCPs. The additional sources of funding are:

- "Fair Share" Contribution: Employers with 11 or more employees that do not offer coverage will pay $295 per year for each employee.
- Free Rider Surcharge: Employers with 11 or more employees that do not offer access to pre-tax purchase of coverage will be assessed a surcharge if their employees access "free care" worth more than $50,000.

Next month we will highlight the next steps called for by the law.

For more information visit the Kaiser Family Foundation website at www.kff.org.

Prostate Cancer

Questions & Answers

JudyAnn Bigby, M.D.
Director, Community Health Programs
Brigham and Women's Hospital

1. It is well understood that men do not visit doctors when they should, and it's often their families that suffer for it. What recommendations can you make to wives to urge their men to make timely medical visits?

Women can point to their concerns to have men who are important to them to live a healthy, active, productive and enjoyable life. If they have children or grandchildren point out that they will want to be around to see them grow up. If all else fails make the appointments for him; treat him to a visit to the doctor for his birthday or an important anniversary. In September many clinics and doctors' offices participate in the Take a Loved One for a Checkup Day campaign. Check out the Office of Minority Health's Closing the Gap website (**www.omhrc.gov/healthgap**) for more information.

2. Given the startling statistics on men's health, do you think it's time to end the myth of the Macho Man?

Maybe it's time to change the definition of what it means to be a Macho Man. Many men are very health conscious and limit their intake of fat and salt, drink in moderation and exercise regularly. They also make sure they get regular checkups. They look good, are proud of their bodies, and lead very active lives even as they pass middle age. Being Macho means being confident about whom you are and not being threatened by what others think about you. So being a Macho Man can be good for one's health when the behavior is focused on making one's self as healthy and strong as possible.

3. Initial screenings are a good first step. How important are annual checkups?

The U.S. Preventive Services Task Force, an independent panel of experts in primary care and prevention, does not recommend an annual physical or checkup because there is no evidence that they reduce illness or death. However, regular screenings for high blood pressure, HIV, colon cancer, and other preventable or treatable diseases is important. It's not good enough to have just one initial screening. Therefore, it is important to talk to your provider about how often you should get screenings depending on your age and risk factors for heart disease, stroke, cancer and other illnesses.

4. What changes to lifestyle can you recommend for men with prostate cancer? Is there a particular diet or exercise regime men should follow?

Overall men with prostate cancer should eat as healthy a diet as is possible. Concentrate on foods with high nutritional value such as fruits, vegetables, and whole grains. Some may require special attention to their diet if they receive hormone treatments which can cause loss of bone mass (known as osteoporosis) so it is important for them to eat foods with high calcium content or take calcium supplements and take Vitamin D. Men should try to lead as active a life as possible, so exercise is important and also helps to keep bones strong, decrease stress, and improve sleep.

PROSTATE SCREENING 101

- *Get screened before you have symptoms*
- *Start screening at age 45 if you are African American or if your father or brother has had prostate cancer*
- *If prostate cancer is found and treated early, the 5-year survival rate is almost 100%*
- *Once prostate cancer has spread to distant parts of the body, the 5-year survival rate is about 33%*

Source: American Cancer Society, Cancer Facts and Figures 2006, Atlanta: American Cancer Society, 2006

RISK FACTORS

Some men are more likely than others to develop prostate cancer due to certain risk factors. A risk factor is a condition or characteristic that may increase the chance of developing a disease. In prostate cancer there are four major risk factors.

Race

For unknown reasons, prostate cancer is more common in African American men than in white men. In Boston, death rates from prostate cancer for black men are more than twice that for white men.

Family History

A man's risk of prostate cancer increases if his father or brother also had prostate cancer.

Age

Men typically get prostate cancer later in life. In this country, most men with prostate cancer are older than 65. Black men, however, often are diagnosed in their forties or fifties.

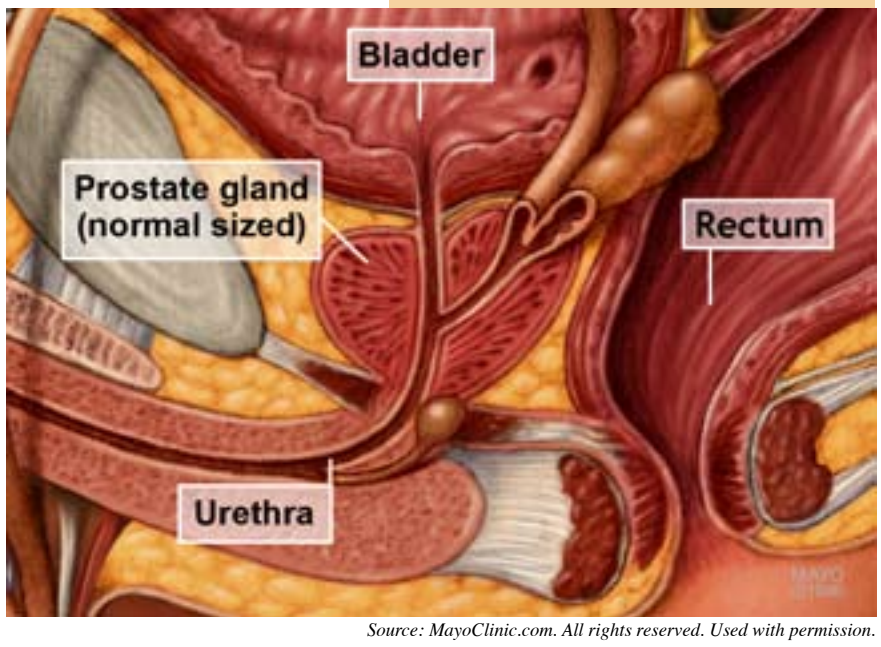
Diet

Some studies have established a link between prostate cancer and diets high in animal fat or meat and low in fruits and vegetables.

SIGNS AND SYMPTOMS

- **Inability to urinate**
- **Frequent urination, especially at night**
- **Difficulty starting or stopping the urine flow**
- **Weak or interrupted urine flow**
- **Pain or burning during urination**
- **Blood in the urine**
- **Frequent pain in the lower back, pelvis, or upper thighs**

Source: "What You Need to Know About Prostate Cancer" National Cancer Institute, September 2005



Source: MayoClinic.com. All rights reserved. Used with permission.

The prostate, a walnut-sized gland in the man's reproductive system, is situated below the bladder and in front of the rectum. When enlarged, it squeezes the urethra, causing difficulty in urination.

NO INSURANCE? NO DOCTOR?

NO PROBLEM!

- **Mayor's Health Line**
  (800) 847-0710 • (617) 534-5050

Men's Health Partnership
(Sponsored by The Massachusetts Department of Public Health)

- **Whittier Street Health Center**
  (617) 989-3028 • (617) 989-3211
- **Caritas Carney Hospital**
  (617) 296-4000 x 5202
- **Latin American Health Institute**
  (617) 350-6900 x 107

FREE SCREENINGS AND SUPPORT GROUPS FOR MEN

Date	Activity	Institution	Address	Time	Tel. No.
9/15	PSA DRE	NE Shelter for Homeless Veterans	17 Court Street Boston	1-5 PM	617-632-6694
9/19	Prostate Cancer Support Group	Boston Medical Center	88 East Newton Street	6 PM	617-638-4178
9/20	PSA DRE	Whittier Street Health Center Take a Loved One to the Doctor	1125 Tremont Street Roxbury	9 AM-5PM	617-427-1000
9/28	PSA DRE, Urinalysis	The Barron Center for Men's Health Mount Auburn Hospital	330 Mount Auburn Street Cambridge	10 AM - 3 PM by appointment	617-499-5722
9/30	PSA DRE	BeanTown Jazz Festival	Columbus Avenue between Burke Street and Mass. Avenue	11 AM - 3 PM	617-747-2261
9/30	PSA	Martha Eliot Community Health Fair	75 Bickford Street Jamaica Plain	1 PM - 4 PM	617-971-2317
10/5	Prostate Cancer Support Group	Beth Israel Deaconess Medical Center	185 Pilgrim Road Boston	7 PM	617-625-4875
10/11	Prostate Cancer Support Group	Prostate Health Education Network (PHEN) / Dana-Farber Cancer Inst.	44 Binney Street, Smith Bldg. Rm. 304	5:30 - 7:30 PM	617-632-4860
10/13	PSA DRE	Greater Love Tabernacle Church	101 Nightingale Street Dorchester	6 - 9 PM	617-740-9480
10/23	PSA DRE	Brothers Deli & Restaurant	1638 Blue Hill Avenue Mattapan	6 - 9 PM	617-298-5224

Subject to change. Please call to confirm times and dates. Additional listings are available at www.baystatebanner.com.

diseases

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play sports and have good paychecks. The football player who keeps playing or the baseball player that gets hit hard and doesn't flinch is revered."

Unlike women, many of whom start regular appointments with gynecologists in their teens and receive other screenings while there, men often delay monitoring their health until after their early twenties or when their employers provide health insurance.

Black men in particular are more likely to have an irregular connection with a doctor, and thus fail to have routine checkups and seek medical attention only during an emergency. By then, it's often too late to provide any real help.

The problem was underscored six years ago in a study sponsored by the Commonwealth Fund, a private nonpartisan foundation that supports independent research on health. Only 58 percent of men said they saw a physician within the past year. Less then 20 percent said they would seek help promptly if in pain or sick, 24 percent said they would delay seeking help, and 17 percent said they would delay going to the doctor for a week or more.

Health officials say that several factors contribute to the relatively poor state of black men's health: lack of affordable health services, poor health education, cultural and linguistic barriers, poverty, jobs that don't provide health insurance and insufficient medical and social services that cater specifically to African American men.

Dr. Bonhomme strongly suggested that men should start visiting a doctor as early as possible. "Men need to get base lined at a young age," said Dr. Bonhomme, explaining that an initial checkup provides a comparison point for future checkups. "If for most of your life your blood sugar was at 100 and all of a sudden, it soars to 200, then we have a problem. The idea of what's normal varies from individual to individual."

When men do seek health care, social taboos or embarrassment can prevent them from candidly discussing health issues with their doctors. And lifestyle plays a large role in preventive health. "Eighty percent of the way we die is related to the way we choose to live our lives," Bonhomme says.

Take the HIV/AIDS crisis. Although African Americans represent only 13 percent of the U.S. population, they account for 40 percent of the roughly 945,000 AIDS cases diagnosed since the start of the epidemic 25 years ago. In 2004 alone, African Americans accounted for about half of the new cases. Compared to all American men, black men are five times more likely to die of HIV/AIDS.

Though not the leading cause of death, the homicide rate for black males is staggering. Statistics show that over the course of a lifetime, a black male has a 1 in 30 chance of being murdered, compared to white males who have a 1 in 179 rate. Homicide ranks 13th in leading causes of death overall, but for black men of all ages, it ranks 5th and is the second leading cause of death for black males between the ages of 15 and 24.

Given the enormity of the problems, it's surprising then that more attention is given to sexual dysfunctions.

On CNN, Dr. Bonhomme had another straightforward answer.

"I think that the decline in erectile ability that occurs is more linked to disease than it is linked to actual age," Dr. Bonhomme said, "because what increases with age is a frequency of diseases that can impair sexual performance, specifically the frequency of diabetes, the frequency of hypertension, the frequency of cholesterol."

"These diseases can disturb the circulation that enables a man to get an erection," Dr. Bonhomme continued. "And what men need to realize is that if they are losing the ability to perform sexually, it could be an indication of something much more global going on with their bodies. And they need to be checked out."

Dr. Bonhomme went on. "We need to make it a priority to make time for ourselves. We need to get proper exercise, we need to get proper rest and we need to pay attention to proper diets. We need to make our health a priority because it not only affects us, but the people who care about us. When we become disabled, who has to take care of us?"

Austin

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regular physical exams. Austin became so upset over his lack of knowledge that he has committed the rest of his life to spreading the word.

For the last several years, Austin has worked with Minister Don Muhammad and the Nation of Islam as well as Rev. Michael Haynes of the 12th Street Baptist Church to talk about his experience.

Charles Austin

Because of his efforts, Austin earned the attention of several prestigious medical organizations. In fact, one of them, Massachusetts Prostate Cancer Coalition, named an award after him to be given to an individual with courage, determination, good humor and devotion to public education.

Not so surprisingly, Austin received the first award for "Outstanding Service in Prostate Cancer Awareness."

"I'm just glad I'm not being honored posthumously," he said during the ceremony before choking up. "You have no idea what this means to me."

Austin said that it would mean even more if everyone knew their PSA count, especially black men. Every black man should talk to his doctor about whether he should get the test.

The PSA test — measured by a simple blood test — is just one recommendation. The other is a digital rectal exam where a clinician inserts a lubricated, gloved finger into the rectum to feel for hard or lumpy areas in the prostate.

As Austin tells the story, a lot of men are antsy about those exams. "They need to get over it," Austin said. "The alternative, well, there is no alternative. You can't get a real cure started until it is properly diagnosed."

Austin should know. He is 62 years old now, and has survived not only prostate cancer, but two aneurysms and a stroke as well. Austin's cancer is in remission but he still must undergo annual exams.

It's a life-long battle.

He also made another point. "Before anyone even gets an exam, they should know how to pronounce the name of the disease," Austin said. "It's pros-TATE. Not pros-TRATE. You don't want to be prostrate with a bad prostate."

It was his own little joke, but Austin laughed and laughed.