

Men's Health

Why You Need To Act Now!

By Brigette Settles Scott, MA and Kerrita McClaughly
Closing the Gap, Men's Health • September/October 2001

Prevention plays an important role in determining how well and how long a man lives. But for many men, going to the doctor is not something they like to do, and despite the often-fatal consequences—men frequently don't seek routine medical intervention.

"There is an extreme reluctance to acknowledge medical problems regardless of age. Often, men's approach to their body is: if I don't see it or sense it, it must not be there," said Dr. Lyle Ignace, an internist at the Gallup Indian Medical Center in Gallup, New Mexico.

Men are less likely than women to engage in a variety of preventive and self-care techniques, which contributes to men's increased risk of disease. They are less likely to restrict their activities or stay in bed to treat both acute and chronic conditions, and they are less likely to properly manage a major health problem.

Yet, many of the illnesses that kill men are either preventable or treatable with early detection and intervention.

"Preventive medicine is crucial to the strategy of a long and healthy life," said Dr. Donald Ware, attending physician in cardiology and internal medicine at Brotman Medical Center, a Tenet Hospital Systems facility in Culver City, California.

Fear and Distrust

It has been well documented that men visit physicians less often than women and they utilize significantly fewer health care services. "One reason minority men tend to not go to the doctor is because of their perceptions of their role in society. They feel that they need to work for the benefit of the family. By not valuing themselves and their health enough to remain healthy, they die sooner, and become disabled more often than they have to," said Dr. Ware. We need to teach men that if they take care of themselves, then they can continue to provide and remain an important part of their family's future," he added.

Other reasons why minority men don't seek medical help are as varied as the diverse cultures they represent. For example, fear continues to exist within the African American community that has many of its roots in the Tuskegee Experiment and its historical context.

Other groups, such as Native Americans, tend to distrust "modern" medicine because, culturally, it's alien to their way of thinking and lifestyle. In the Hispanic community, macho attitudes force men to reject medical intervention as a sign of weakness. This fear and distrust also contributes to the wide gap between the life expectancy of White men and minority men.

Diseases At-A-Glance

According to the National Center for Health Statistics' *Health, United States, 2001*, the ten leading causes of death in men are heart disease, cancer (including lung and prostate), stroke, accidents and unintentional injuries, lung

disease, diabetes, pneumonia and influenza, suicide, chronic liver disease and cirrhosis, and kidney disease. These diseases significantly affect minority men, which in turn, have contributed to their low life expectancy rates. For example, the average life expectancy for African American males is 67.6 years, which is almost seven years less than White men (averaging 74.5 years) and over 12 years less than White women—averaging 80 years.

"The fatality rates are high for minority men because they die from diseases that are usually more advanced by the time they are diagnosed, and there are often frequent cases of co-existing medical problems that add to the mortality rate," said Dr. Ware. Among the top ten leading causes of death, those that have the greatest impact on minority men include:

Heart Disease

Although heart disease is the leading cause of death and disability among all Americans, it takes a significant toll on minority men. According to the American Heart Association's 2001 Heart and Stroke Statistical Update, among Asian American and Pacific Islander men, cardiovascular disease accounts for 36.1 percent of all deaths. They were second only to White males—where cardiovascular disease accounts for 39.2 percent of all deaths. The disease also adversely affects African American males—where cardiovascular disease accounts for 34.2 percent of all deaths, and who experience an earlier onset of the disease, experience the disease more severely, and have higher rates of complications. While Hispanic males had the lowest percent of total deaths from cardiovascular disease at 27.9 percent, they continue to face significant health challenges that are directly related to heart disease (e.g., high incidence of hypertension, elevated cholesterol, and diabetes).

Cancer

Lung cancer is the deadliest cancer in men. According to the American Cancer Society, tobacco smoking is by far the leading cause of lung cancer. More than 80 percent of lung cancer cases are caused by smoking—with the remainder largely attributed to passive exposure to tobacco smoke. According to the American Heart Association, the greatest incidence of smoking occurs among American Indian/Alaska Native men (42%) and, smaller percentages of African American men (29%), Hispanic men (25%), and Asian/Pacific Islander men (18%) are also smokers.

Colorectal (colon and rectum) cancer and prostate cancer are also common, but when caught early are highly treatable. Skin cancer is the most common cancer among men next to prostate cancer. Melanoma, the developing cancer with the greatest increase in incidence since 1973, kills nearly twice as many men as women.

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Leading Causes of Death in Minority Males

Health, United States, 2001. National Center for Health Statistics

African American Males	Total deaths 145,726	American Indian/Alaska Native Males	Total deaths 6,091
Diseases of the heart	37,528	Diseases of the heart	1,302
Malignant neoplasms (all cancers)	32,839	Malignant neoplasms (all cancers)	949
Unintentional injuries	8,709	Unintentional injuries	888
Cerebrovascular diseases	7,891	Diabetes mellitus	323
Assault (homicide)	6,204	Chronic liver disease and cirrhosis	299
Human immunodeficiency virus (HIV)	5,476	Cerebrovascular diseases (stroke)	236
Diabetes mellitus	4,759	Suicide	232
Chronic lower respiratory diseases	4,502	Chronic lower respiratory diseases	197
Nephritis, nephrotic syndrome, nephrosis (kidney diseases)	3,010	Pneumonia and influenza	147
Certain conditions originating in the perinatal period	2,909	Assault (homicide)	178
Asian/Pacific Islander Males	Total deaths 18,345	Hispanic Males	Total deaths 58,005
Diseases of heart	5,160	Diseases of heart	13,554
Malignant neoplasms (all cancers)	4,636	Malignant neoplasms (all cancers)	10,670
Cerebrovascular diseases	1,490	Unintentional injuries	6,572
Unintentional injuries	978	Cerebrovascular diseases	2,808
Chronic lower respiratory diseases	715	Assault (homicide)	2,399
Diabetes mellitus	523	Diabetes mellitus	2,336
Suicide	468	Chronic liver disease and cirrhosis	2,144
Pneumonia and influenza	463	Chronic lower respiratory diseases	1,547
Nephritis, nephrotic syndrome, nephrosis (kidney diseases)	296	Human immunodeficiency virus (HIV)	1,507
Assault (homicide)	229	Suicide	1,429

Note: Only the top ten leading causes of death are shown - total death numbers include all causes of death.

Prostate cancer is second only to lung cancer in killing men, and African American men develop prostate cancer at a higher rate than men in any other racial or ethnic group. Black men have a 60 percent higher incidence rate of the disease than White men, with Asian American and Native American men having the lowest rates, according to the National Cancer Institute.

Lung Disease

Lung disease (e.g., chronic bronchitis, asthma, emphysema) kills more than 100,000 Americans annually, with nearly twice as many men as women dying from the disease each year. It is one of the leading causes of death and disability for minority men. Smoking causes approximately 80 to 90 percent of lung disease cases, and a smoker is 10 times more likely than a non-smoker to die of the disease.



Stroke

Stroke is the third leading cause of death, behind heart disease and cancer. It is also the leading cause of serious, long-term disability, and accounts for nearly 1 out of 15 deaths in the U.S. Minority men face a higher risk of fatality from stroke than their White counterparts. And, compared with Whites, young African-Americans have a two to threefold greater risk of stroke.

Diabetes

Type 2 diabetes accounts for 90 to 95 percent of diabetes cases, and is nearing epidemic proportions due to an increased number of older Americans, and a greater prevalence of obesity and sedentary lifestyles. Approximately 7.5 million or 8.2 percent of all men in the U.S have diabetes, however, more than

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one third of these do not know it. With its complications—blindness, amputations, heart attack, stroke and impotence—diabetes is the seventh leading cause of death in America. Although diabetes affects all racial and ethnic minority groups, according to the National Institutes of Health, American Indians have the highest rates of diabetes in the world.

Homicide

Men are victims in four out of five homicides. For African American men, who are victims of homicide seven times more often than White men, homicide is the fourth leading cause of death, and the number one killer for those ages 15 to 24.

HIV Infection

The rate of HIV infection among minority men is a growing concern, with minority youth being at an increased risk. Males account for 9 out of 10 deaths due to HIV infection. The virus is the third leading cause of death for Hispanic males ages 25 to 44, and is the second leading cause of death among African American men of the same age. Today, one of the most at-risk groups contracting HIV is young African American and Hispanic men-who-have sex-with-men (MSM).

According to the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report from June 1, 2001, the prevalence of HIV among African American MSM (aged 18-22) is almost 15 percent, and among Hispanic gay men, the figure is closer to 7 percent.

Suicide and Depression

Males are four times more likely to die from suicide than females. Of growing concern, between 1979 and 1992, suicide rates for Native Americans were about 1.5 times the national rates. There were a disproportionate number of suicides among young male Native Americans during this period with males between 15 and 24, accounting for 64 percent of all suicides by Native Americans.

While minority men tend to have higher morbidity and mortality rates for these chronic diseases, there is hope. Many of these diseases are either preventable or treatable. Many health researchers contend that health behaviors are among the most important factors influencing health, and that modifying health behaviors is probably the most effective way to prevent disease. Regular medical exams are critical to the early detection of many potentially fatal diseases, but the willingness to take subsequent action, and the availability of care for newly diagnosed problems must also be present. ❖

