

# Healthy Aging

Focus on **Men's Health** • 2016

## Black Men: Self-directed Genocide is Everyone's Problem

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As I sweetened my morning cup of coffee, I could not help but overhear the conversation of the two men in line ahead of me. One was dressed in a white medical jacket. He seemed baffled as he

stated, "I've been up all night with surgical cases. There was no time for a break, let alone sleep. Five gunshot wounds, plus stabbings and an attempted suicide. What are people thinking these days?"

Intrigued by the conversation, I politely introduced myself as a doctor. I learned that the men were trauma surgeons. Their talk was about the violence and assaults in St. Louis, Missouri, which seemed to be worse on the weekend. When I was an intern, we called it the "Gun and Knife Club."

Things are almost the same in every major city, from Los Angeles to New York. This is especially true in lower socioeconomic neighborhoods or those with mainly minority populations. This is a topic I am very concerned about. It is linked to an additional issue I have been speaking out about at local and national conferences. That is, the crisis of having so few African-American doctors, particularly males.

Each year since the late 1970s, our nation's medical schools have admitted and graduated about the same number of black doctors. You might say the production of African-American male physicians is flatlining. There are many factors that account for this low number. Black communities have been ravaged by poverty, high incarceration rates, substance abuse and violence. These occur along with an increase in single-parent homes and underperforming public schools. All of these factors contribute to hopelessness, low self-esteem, high dropout rates and a seemingly endless cycle of black-on-black crime. Many refer to our U.S. justice system as the "New Jim Crow." Blacks now make up one million of the 2.3 million people in prisons and jails. A recent New York Times article ([http://www.nytimes.com/interactive/2015/04/20/upshot/missing-black-men.html?\\_r=0](http://www.nytimes.com/interactive/2015/04/20/upshot/missing-black-men.html?_r=0)) refers to the "1.5 million missing" black men.

African-American youth are in grave danger of self-directed genocide. Although the environment and racism also contribute, the hands that execute many of our youth are more often than not our own.

The problem is so widespread that it will take everyone's help and multiple resources to solve it. This means that the business world, educational systems, community agencies and academic health centers must be engaged. This problem is not just a black problem; it is an American problem.

Major reform is needed in our justice and policing policies, our academic institutions, government spending patterns and even in business law. Many Americans, both black and white, might feel protected by their financial affluence. However, they might discover that no one is safe from the coming crisis if we do not work now on intensive and long-term ways to save our at-risk cultures. We know that the future will include a multicultural, new society. We must remind ourselves not to forget the major problem of fewer viable black men in the society at large and the low number of black male physicians. ■

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# Prostate Cancer: What You Need to Know

Prostate cancer is the most common type of cancer in men. Each year over 230,000 males are diagnosed with prostate cancer (Men's Health Resource Center 2015). Early detection through prostate exams is important. Take time to ask your doctor these questions before you decide to get tested or treated for prostate cancer (Centers for Disease Control and Prevention 2015).

Who has a higher risk for prostate cancer?

- From the Men's Health Resource Center (2015):
  - Men over age 50 are at higher risk.
  - The greatest rate of prostate cancer is among African-American men.
  - The risk is twice as high if a father, brother or male with a close biological relationship has had prostate cancer.
  - Genetics is linked to a higher risk of prostate cancer.
  - Eating red meat and food with a high fat content and low in fiber makes a person more at risk for prostate cancer.
- From the National Institutes of Health, National Cancer Institute (2015):
  - Obesity might increase the risk of several types of cancer.

What is a PSA test?

- From the Prostate Cancer Foundation (2015):
  - The prostate makes a substance called prostate-specific antigen (PSA).
  - Some blood is drawn from an arm to measure the PSA level.
  - A digital rectal exam (DRE) can also be used to detect the presence of prostate cancer when no symptoms are present.
- From the Centers for Disease Control and Prevention (2015):
  - There are many causes of a high PSA level.



What happens next if my PSA level is high?

- You might need to have another PSA test.
- Your doctor might recommend seeing a specialist (urologist) for additional tests, such as a biopsy (Centers for Disease Control and Prevention 2015).

What are my choices if a biopsy shows early prostate cancer?

- From the Centers for Disease Control and Prevention (2015):
  - Be sure to get screened with regular PSA tests and biopsies.
  - Be sure to discuss with your physician any symptoms, such as problems urinating or blood in your urine, or any continued pain in your hips, back or pelvis.
  - Get other treatments after talking to your doctor.
  - Your doctor might recommend surgery to remove the prostate; there is also the possibility of radiation or hormone therapy.
  - Discuss the potential side effects of treatment; these can include impotence or problems with bladder control or bowels.



Wear blue to support the fight against prostate cancer. “Wear BLUE was created by the Men’s Health Network to raise awareness about the importance of male health and to encourage men to live longer and healthier lives” (Men’s Health Network 2015). You can find more information at <http://www.menshealthnetwork.org/wearblue/>.

Men’s Health Month occurs in June (<http://www.menshealthmonth.org/>). Men’s Health Month helps to raise awareness of health problems that can be prevented. Another goal is for men and boys to take advantage of early detection methods so that any diseases can be treated effectively.

(Note: This article was compiled by staff at Lincoln University Cooperative Extension’s (LUCE) Paula J. Carter Center on Minority Health and Aging [PJCCMHA]).

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# Hispanics' Health in the United States: Health Risks Vary by Hispanic Subgroup

The first national study on Hispanic health risks and leading causes of death in the United States by the Centers for Disease Control and Prevention (CDC) showed that similar to non-Hispanic whites (whites), the two leading causes of death in Hispanics are heart disease and cancer. Fewer Hispanics than whites die from the 10 leading causes of death, but Hispanics had higher death rates than whites from diabetes, chronic liver disease and cirrhosis. They have similar death rates from kidney diseases, according to the new Vital Signs.

Health risk can vary by Hispanic subgroup. For example, nearly 66 percent more Puerto Ricans smoke than Mexicans. Health risk also varies partly by whether Hispanics were born in the U.S. or in another country. Hispanics are almost three times as likely to be uninsured as whites. Hispanics in the U.S. are on average nearly 15 years younger than whites, so taking steps now to prevent disease could mean longer, healthier lives for Hispanics.

“Four out of 10 Hispanics die of heart disease or cancer. By not smoking and [by] staying physically active, such as walking briskly for 30 minutes a day, Hispanics can reduce their risk for these chronic diseases and others such as diabetes,” said CDC Director Tom Frieden, M.D., M.P.H. “Health professionals can help Hispanics protect their health by learning about their specific risk factors and addressing barriers to care.”

This Vital Signs report recommends that doctors, nurses and other health professionals:

- Work with interpreters to eliminate language barriers when patients prefer to speak Spanish.
- Counsel patients with or at high risk for high blood pressure, diabetes or cancer on weight control and diet.
- Ask patients if they smoke and, if they do, help them quit.
- Engage community health workers (“promotores



de salud”) to educate and link people to free or low-cost services.

Hispanic and other Spanish-speaking doctors and clinicians, as well as community health workers or “promotores de salud,” play a key role in helping to provide culturally and linguistically appropriate outreach to Hispanic patients.

The Vital Signs report used recent national census and health surveillance data to determine differences between Hispanics and whites, and among Hispanic subgroups. Hispanics are the largest racial and ethnic minority group in the U.S. Currently, nearly one in six people living in the U.S. (almost 57 million) is Hispanic, and this is projected to increase to nearly one in four (more than 85 million) by 2035.

Despite lower overall death rates, the study stressed that Hispanics may face challenges in getting the care needed to protect their health. Socio-demographic findings include:

- About one in three Hispanics have limited English proficiency.
- About one in four Hispanics live below the poverty line, compared with whites.

(continued on page 5)



- About one in three has not completed high school.

These socio-demographic gaps are even wider for foreign-born Hispanics, but foreign-born Hispanics experience better health and fewer health risks than U.S.-born Hispanics for some key health indicators such as cancer, heart disease, obesity, hypertension, and smoking, the report said.

The report also found different degrees of health risk among Hispanics by country of origin:

- Mexicans and Puerto Ricans are about twice as likely to die from diabetes as whites. Mexicans also are nearly twice as likely to die from chronic liver disease and cirrhosis as whites.
- Smoking overall among Hispanics (14 percent) is less common than among whites (24 percent) but is high among Puerto Rican males (26 percent) and Cuban males (22 percent).
- Colorectal cancer screening varies for Hispanics ages 50 to 75 years.
  - About 40 percent of Cubans get screened (29 percent of men and 49 percent of women).
  - About 58 percent of Puerto Ricans get screened (54 percent of men and 61 percent of women).
- Hispanics are as likely as whites to have high blood pressure. But Hispanic women with high blood pressure are twice as likely as Hispanic men to get it under control.

“This report reinforces the need to sustain strong community, public health, and health care linkages that support Hispanic health,” said CDC Associate Director for Minority Health and Health Equity, Leandris C. Liburd, Ph.D., M.P.H., M.A.

(Content reprinted by permission from Centers for Disease Control and Prevention. “Hispanics’ Health in the United States.” Last modified May 5, 2015. <http://www.cdc.gov/media/releases/2015/p0505-hispanic-health.html>.) ■

## Minority Health Statistics

By Stephen Calloway, R.Ph., Director of Pharmacy,  
Missouri Department of Social Services

The literature review statistics on minority health tell us that in the U.S., African-American men get sicker and die at a higher rate than do people from all other groups. It is known that health disparities (inequalities) exist for minority populations. These gaps include a higher rate of high blood pressure and higher death rates from heart disease and stroke. There is also a greater occurrence and higher death rates from colorectal cancer and higher rates of HIV (human immunodeficiency virus) infection. Many factors impact such poor health among African-Americans. These include discrimination; cultural, linguistic and literacy barriers; and lack of access to health care. Unfortunately, in 2004, homicide was the leading cause of death for black men aged 18 to 34; it was the fourth leading cause of death for black men aged 18 to 64.

To improve health outcomes, people from all groups need access to prescribed medications. A lack of medication adherence (whether or not people take their medicine) is a serious problem. The overall rate of adherence is around 50 percent for chronic diseases, such as high blood pressure. In a Medicaid population, blacks and Hispanics were shown to be about half as likely as whites to take their high blood pressure medications. There is some interesting data about medication compliance: married black men had a higher rate of adherence than those that were not married. At the same time, African-American women had a lower rate of medication adherence than the men. What is the reason for these differences related to gender and race? Perhaps African-American men’s spouses play an important role in helping these men to take their medicine. This also fits with the fact that married men generally live longer than unmarried men.

One way to explain the lower rate of medication adherence among African-American women is that these women are tending to the health care

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# Traditional Tamales

By Hugh Flowers

Start to finish: 6 hour • Servings: 50 tamales

### Part I

3 1/2 pounds pork shoulder or 3 1/2 pounds pork butt, trimmed of fat (or use chicken)

10 cups water

1 medium onion, quartered

hot peppers, optional

3 cloves garlic, minced

1 1/2 teaspoons salt



In a 5-quart Dutch oven, bring pork (or chicken), water, onion, hot peppers (optional), garlic and 1 1/2 teaspoons salt to a boil. Simmer covered, about 2 1/2 hours or until meat is very tender.

Remove meat from broth, and allow both meat and broth to cool. (Chilling the broth will allow the fat to be removed, if desired.) Shred the meat using 2 forks, discarding fat. Strain garlic and onions and reserve for the red chili sauce. Strain the broth and reserve 6 cups.

### Part II:

4 cups Red Chili Sauce (see recipe on next page)

Heat red chili sauce (see recipe on page 7) and add meat. Simmer covered for 10 minutes.

### Part III:

6 cups masa harina (cornmeal)

3 1/2 teaspoons salt

1 1/2 teaspoons baking powder

1/2 cup olive or canola oil

50 dried corn husks (about 8 inches long)

To make masa, put 6 cups masa harina in mixer. Mix baking powder with up to 3 1/2 teaspoons salt. Mix in olive or canola oil. Add just enough of the reserved broth to make a thick, creamy paste.

While meat mixture cooks, soak corn husks in warm water for at least 20 minutes. Rinse to remove any corn silk. Drain well.

To assemble each tamale, spread 3-4 tablespoons of the masa mixture on the center of the corn husk. Each husk should be about 8 inches long and 6 inches wide at the top. If husks are small, overlap 2 to form a larger one. If a husk is too large, tear a strip from the side.

Place about 2-3 tablespoons meat and sauce mixture in the middle of the masa. Fold in sides of husk, and fold up the bottom.

Place a mound of extra husks or a foil ball in the center of a steamer basket placed in a Dutch oven. Lean the tamales in the basket, open side up.

Add water to Dutch oven just below the basket. Bring water to boil and reduce heat. Cover and steam for about 2 hours, adding water when necessary. Remove corn husks before serving, and top with cheese and/or chili and sour cream (optional).

### Nutrition information (Amount per serving)

Calories =	138
Cholesterol =	21mg
Sodium: =	314mg
Protein: =	817g
Total Fat: =	47g
Fiber: =	2.2g
Carbohydrate =	15.9g



## An Entrepreneur's Spirit



Mr. Hugh Flowers is a retired music teacher who taught with the Jefferson City Public School System and was also a former director of the Lincoln University Choir. He is always excited to tell new acquaintances that he is a “56-year graduate of Lincoln University!”

Mr. Flowers keeps busy although he is retired by participating as a vendor with the Lincoln University Cooperative Extension's (LUCE) Farmers' Market. His “Hugh's Kitchen” booth offers various baked goods, but his most popular items are his homemade tamales.

Flowers learned how to make authentic, Mexican-style tamales years ago from a friend and hasn't stopped since! (See recipe on page 6). For more information about the LU Farmers' Market, contact Isabelle Jacome, [JacomeAlvarezM@LincolnU.edu](mailto:JacomeAlvarezM@LincolnU.edu). ■

### Part II: Red Chili Sauce (Sauce for tamale meat)

- 3 dried ancho chili peppers (stems and seeds removed)
- 4-5 dried New Mexico chili peppers (stems and seeds removed)
- garlic
- onion
- boiling water
- 3 cans stewed tomatoes
- 1 can tomato paste
- 1 teaspoon salt (optional)

Blend stewed tomatoes with tomato paste. Roast dried peppers in a dry skillet for 4 to 5 minutes, until fragrant. Then, rehydrate peppers with a small amount of hot water until soft. If desired, blend peppers with garlic and onion strained and reserved from the boiling water used to cook the meat.

Makes 4 cups.

## Minority Health Statistics (continued from page 5)

needs of other family members. These women might neglect and/or place a lower priority on their own health issues. For men, it would seem that finding a caring wife is one way to improve their health care outcomes.

It is also likely that trust is a factor in taking one's medication. Trust might also improve health care outcomes. For all groups, but especially for African-Americans, the higher the level of trust between patients and their health care providers, the more often patients took their medication as indicated. Studies imply that trust is a factor no matter what the race or ethnicity of the patient or physician. There is an important lesson here for patients and health care providers. Health care is one of the most intimate matters that humans share. Therefore, patients should seek trusting relationships with their care providers. At the same time, health care providers must communicate well and work hard to respect and earn the trust of the people they serve. ■



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# Healthy Aging

NEWSLETTER

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