APRIL- JUNE 2016 QUARTERLY NEWSLETTER

Men's Health & Minority Health Month

This quarter, the Office of Minority Health recognizes Minority Health Month in April and Men's Health Month in June. For Minority Health Month in 2016, the theme is *"Accelerating Health Equity"* a focus that emphasizes achieving equal health status for all populations. This is an area that the OMH is involved in through its daily activities including strategic planning and partnerships. Achieving health equity is a central component of eliminating health disparities in Oklahoma. During Men's Health Month, the OMH spotlights the Oklahoma Integris Health System men's health initiative that includes preventive screenings, health forums, health fairs and physical exercise. Specific emphasis is placed on men's health in the Hispanic, African American and Native American communities. The OMH interviewed Mr. Mike Chavez of Integris who will provide a background and perspective on the Integris initiative and the health status of males, Hispanics and minorities.

Male Health Fast Facts

- *Males overall have lower life expectancy. Lower for racial and ethnic minority males.*
- *Males typically do not see a physician regularly because of cultural norms of masculinity.*
- *Suicides and depression are also significant behavioral health issues among males.*

Male Health - Background

The condition of male health is most evident in national and local health status reports that show that men overall are the likeliest to have the most severe cases of chronic health conditions (i.e., cardiovascular disease, strokes, cancer, diabetes, etc.); unintentional injuries (i.e., occupational injuries); homicides (i.e., African American males); behavioral health challenges (i.e., depression and suicides among Native Americans); and even among infants, infant mortality strikes males at higher rates than female infants. Statistics and societal norms indicate and anticipate that males (will) die earlier and at a higher rate than women.

Men's health is typically described in terms of men's lack of awareness or lack of adherence to health protocols regarding preventive health screenings, nutrition, and physical exercise that contribute to their overall poor health status. Men's cultural norms regarding strength, toughness, virility and showing no weakness among family, friends and society, (i.e., *Machismo* among Hispanic men) represent the attitudes of delaying or declining preventive health screenings and involvement in the health care system until health symptoms or other life-threatening situations are too severe to ignore. Finally, most states provide limited resources in terms of policy, programs and funding that prioritize the health of men.

Male health in Oklahoma mirrors the poor health nationally (U.S.) and in part, exceeds the poor health status as cited in the low life expectancy rates of all populations in the state. Specifically, males overall are expected to live shorter lives in the state by an average of 5 years in comparison to females. For African Americans and Native Americans, the lower life expectancy is highlighted by a slighter larger gap (6 years) between males and their female counterparts. Based on available data, African Americans and its male population have the lowest life expectancy both nationally and locally. *(Source: Male Health Network, The State of Men's Health, Oklahoma, 2016).*

The leading male health issues that contribute to the lower life expectancy and higher mortality and death rates include cardiovascular disease, cancer, lung disease and diabetes. Among racial and ethnic males, prostate cancer, unintentional injuries and suicides have drawn considerable attention as these significantly impact the African American and Native American populations respectively. *(Source: Male Health Network, The State of Men's Health, Oklahoma, 2016; OSDH Injury Prevention Service, Violent Deaths in Oklahoma, 2004-2010, March 2016)*

MALES	US/(FEM)	OK/(FEM)
•WHITE	•77/ (81)	•73/ (78)
•BLACK	•72/ (78)	•70/ (76)
•NATIVE AM	•79/ (84)	•71/ (77)
•HISPANIC	•80/ (85)	•Not Available
•ASIAN	•84/ (89)	•Not Available

Research has shown that lower life expectancy of men has larger societal consequences as poor male health and mortality impacts family support systems with wives and families struggling with poverty due to loss of income, increased medical/health costs, and loss of social and emotional support to the family. The OMH supports Men's Health Month and encourages men and young males, especially racial and ethnic populations prone to disparate health conditions, to take steps in embracing healthy lifestyles and adhering to health protocols. This includes eating better, eliminating tobacco use, exercising, taking preventive health screenings and eliminating involvement in at-risk behaviors.

Male Health Spotlight – Mike Chavez

MIKE CHAVEZ

Community Benefits Specilaist Integris Health Systems Oklahoma.

Involved in Hispanic, African American and Native American male health initiatives.

What is your role in the men's health program at Integris and how long have you been associated with the program?

I assist the Director of Community & Employee Wellness with development, planning, implementation and evaluation of all health education and outreach. I began as an intern in 2012 in all aspects of community wellness, Hispanic health initiatives and men's health in general. This included providing assistance in the coordination of these health initiatives. I have since transitioned into my current position as Community Benefit Specialist.

What health concerns led to the need for the men's health university/initiative?

We see that a large segment of men have only a limited amount of time and contact with their physician and the health care system as a whole. They fail to get their routine checkups and ignore their symptoms and illnesses until it is too late. With that said, we see the statistics with all races and ethnicities being disproportionate to women. We see that cancer, heart disease and other conditions related to obesity remain high compared to their female counterparts.

What are the specific health concerns impacting Hispanic men? African American men? Do you target populations outside of these groups?

We try to target all male populations. Regarding the Hispanic men, we have developed a men's health group that meets quarterly with men's health presentations that largely includes discussions on prostate health and for fun, a health bingo component that incorporates basic male health information and recommendations into the game. Sporting themes are also utilized as part of enticement for all male populations. Typically we begin

with contacting the Hispanic faith based organizations in terms of connecting with the Hispanic population and in providing the facilities for the events. These quarterly presentations are communicated in Spanish as well. For the African American community, we partner with the East Zion Men's District in Northeast Oklahoma City which has grown tremendously that originally began with an African American male health summit that is now held annually. This initiative has now transitioned to include an obesity prevention program where we incorporated both physical activity and nutritional components into the program.

We have also recently made inroads into the Native American community through our partnership with the Cheyenne Arapaho tribe in Concho, who reached out to us in need for men's health information and programming for their population. We have actively pursued this partnership.

What are the areas most targeted by Integris in promoting male health and male health month?

We want men to be especially aware of two numbers: cholesterol and blood pressure that we believe if reduced would make a vast difference in their lives. This however, does not diminish the need to emphasize other critical numbers related to screenings (i.e., prostate, glucose, etc.). During men's health month Integris sets up tables at its facilities statewide to educate and promote men's health. These activities are supported with outreach specialists housed at these statewide sites.

What is your understanding of health disparities and minority health?

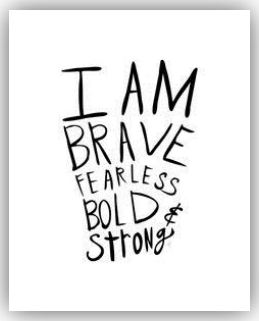
Health disparities are in my opinion, inequalities that exist in certain populations in terms of not benefitting from the same health status of other groups. This involves insurance coverage, access to health care and quality of care. Populations vary and are inclusive of race, ethnicity, immigrant status, disability and income. Regarding minority health, I believe its central focus is eliminating health disparities among those populations most vulnerable to various social and economic barriers to optimal health and prosperity. Significant health disparities exist nationally, statewide and locally.

What can the Office of Minority Health do to assist you in your efforts in promoting male health? Hispanic health?

Simply to continue the partnership that has been developed over the years where information and resources have been shared that promotes minority health, male health and any information that best highlights the need to address and improve the health status of minority and underserved populations. We both have common goals.

Are there barriers (cultural, systematic, financial, etc.) impacting the availability, access or motivation in seeking health care services for Hispanic men? How would you address that barrier?

Yes. This plays a significant role in Hispanic men. On a cultural level it involves "machismo", a term that describes strong male pride, fearlessness and lack of weakness. Males are focused on being the sole (or primary) bread winners (wage earners) and want to be viewed as being strong by family and friends. In terms of health, showing no weakness is best symbolized by men ignoring health symptoms, diseases and doctor visits.



What outcomes have you seen that could be attributed to your participation in improving men's health?

The improvement outcomes in our community comes at a slow pace as evidenced through our CHIP. The needle moves very slowly but with some programs we can see a glimpse in changing the outcomes and improving the health of the participants. For example, the African American obesity program (*Challenge Yourself Health & Fitness*) in Northeast Oklahoma City, an area with the most severe poor health outcomes in the metropolitan area, has shown some success in reducing the body mass index, weight circumference and blood pressure of its participants. For the Hispanic population, we've incorporated our weight loss challenge through *Gane Perdiendo* (Weight Loss Challenge) that has shown similar results. As previously mentioned, most of our program activities and statistical information highlighting our health priorities and progress are available through our Community Health Improvement Plan that can be accessed on line or at Integris sites.

Do women play a role in Hispanic men's health? If so, how?

Women play an enormous role in Hispanic culture for both family and men's health. We had a prostate health lecture recently and the majority of the attendees were actually women who brought home the information to their men and encouraged them to get checked. This is also true for African American and Native American populations. In consideration of the cultural norms among males, a woman's role in men's health must be strategically managed to assure that men can express themselves more freely among other male peers in venues where critical health information is shared.

Male Health - Resources and Links

INTEGRIS HEATLH OKLAHOMA

- Mike Chavez (405) 644-6861
- *www.Integrisok.com*

OSDH PERINATAL & REPRODUCTIVE HEALTH DIVISION

- Tony Fleshman (405) 271-4476
- *https://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Perinatal_and_Reproductive_Health_/*

Male Health – OMH Activities

The OMH provides services and linkages for the male population through a variety of mechanisms to enhance resource opportunities, improve health and promote fatherhood. Males receive language assistance services through verbal interpretations, which cover areas ranging from physical health, mental health and periodically, non-health related topics. The OMH also (1) partners with the Injury and Prevention Service to help fathers learn the protocols of installing child seats for their children that

promotes and ensures child safety; (2) provides inforamtion for male participants in the OMH ommunity baby shower iniative that promotes the health of mothers, expecting mothers, and their children in the task of reducing the disproportionate infant mortality rates among minority families, and (3) provides support to male health issues through its partnership with the Integris male health initiative through health fairs and seminars focusing on male health.

Minority & Health Observances 2016

This quarter, the Oklahoma OMH also recognizes the national Minority Health Month in April 2016. The theme for 2016 highlights achieving health equity among all populations. The OMH supports this theme through its daily activities in partnerships within the agency and with other organizations committed to eliminating the barriers to achieving optimal health for underserved populations. Other special observances for this quarter are highlighted below:

April 2016

- **Minority Health Month**
- **National Infant Immunization Week (12-23)**

May 2016

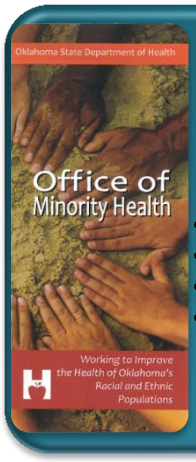
- **Cinco De Mayo (5)**
- **Mental Health Month**
- **National Stroke Awareness Month**
- **National Women's Health Week (8-14)**
- **National Asian & Pacific Islander HIV/AIDS Awareness Day (19)**

June 2016

- **Men's Health Month**
- **Men's Health Week (13-19)**
- **World Sickle Cell Day (19)**
- **National Cancer Survivors Day (5)**

OMH Contact Information

The OMH always welcomes partnership opportunities with local communities and minority health advocates for the common goal of improving Oklahoma's health. For further information on activities, resources and partnership opportunities, please contact:



Oklahoma Office of Minority Health

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