

- “Marketing” Disease Prevention and Screening to Cultural Communities:
Best Practices and Lessons Learned from Cleveland Clinic

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Cleveland Clinic

Minority Men's Health Center

Established 2003



U.S. Minorities Increasing Population

- Minorities:
 - AA
 - H/L
 - A
 - NA
 - PI
- 1970: U.S. Minorities 12.3% population
- 2006: 30%
- 2050: Projected 50%

Health Disparities in AA's

- Compared to general population, each year:
 - 44% more AA's die from Cancer
 - 30% more AA die from Heart Disease
 - 180% more AA die from Stroke
 - 4x > incidence Kidney Disease
 - AAs 5-8 year shorter life expectancy than white

<http://www.cdc.gov/cancer/dcpc/data/race.htm>

<http://www.kff.org/minorityhealth/index.cfm>

Cancer Mortality Trends Among Men by Race/Ethnicity: Progress

Among white men in U.S.
1999 to 2008, deaths from—

- Colorectal cancer down significantly 3.0% per year.
- Lung cancer down significantly 2.0% per year.
- Prostate cancer down significantly 3.4% per year.
- Melanoma of the skin up significantly 1.0% per year.

■ Among black men in U.S.
1999 to 2008, deaths from—

- Colorectal cancer down significantly 1.9% per year.
- Lung cancer down significantly 2.8% per year.
- Prostate cancer down significantly 3.7% per year.
- Melanoma of the skin remained level.

Why Healthcare Disparities?

- Reasons:

- Multifactorial

- Patient and Provider Factors
 - Culture Competency/ Communication
 - Education/ Health Literacy
 - Historical Factors/ Distrust/ Racism/ Stereotyping/ Bias
 - Socio-Economic
 - Lack of health insurance
 - Lack of Access
 - Environment/ Nutrition
- Lack of Diverse Healthcare Workforce
- Genetics/ Biologic/ Diff. Response to Medications
- Lack of Minority Patients in Research Trials
- Sub-specialization in Medicine & Lack of Awareness of Disparities

Health Disparities Solutions: Multifaceted

- Cleveland Clinic MMHC
- Best Practices & Innovative Solutions/Strategies/ Programs*

Solutions: Step 1

**Health Provider:
Recognition,
Acknowledgment of Causes of
Health Disparities**

Cleveland Clinic Journal Medicine Special Series 2012: Addressing Disparities in Health Care

Guest Editor: Charles Modlin, MD, MBA

NEW SERIES: ADDRESSING DISPARITIES IN HEALTH CARE

SERIES INTRODUCTION

Addressing disparities in health care

Many factors contribute to health care disparities in racial and ethnic minorities

IN THE UNITED STATES, minority populations are rapidly increasing. In 1970, minorities—ie, African American, Hispanic, Asian, and Native American—accounted for 12.3% of the US population, but they now account for 25%. And this growth is expected to continue, so that by 2050 one of every two Americans will be African American, Hispanic, Asian, Pacific Islander, or Native American.¹

Also, while advances in medicine over the past several decades have reduced death rates from cancer and coronary artery disease and have contributed to a longer life expectancy for Americans, minority populations have not benefited equally from these improvements.² In fact, the growing minority populations suffer from disparities in health care compared with white patients: minority patients have a higher incidence and burden of disease, and poorer health outcomes, contributing to shorter life expectancy.

Clearly, there is an urgent need for physicians, other health care providers, health systems, and medical researchers to increase their awareness of disparities in health care and their impact on patients, as well as on the US health system and the US economy. Now more than ever, we need to equip ourselves to more effectively engage minorities and to deliver culturally competent health care that improves outcomes in our minority patients.

A MULTIFACTORIAL PROBLEM

Disparities in health care are often thought to be the result of poverty and a related lack of access to quality health care. But clinical experience and research show that this is overly simplistic. In fact, disparities result from a variety of factors. Patient-related factors can include culturally related beliefs,¹ dietary preferences, and health-seeking behaviors (perhaps influenced by a distrust of doctors, researchers, and the health care system), in addition to poor health literacy. Physician-related factors include poor cultural competency, which leads to poor communication with the patient. Other factors are a continuing lack of representation of minority patients in clinical research trials, as well as biologic factors.³

TAKING ACTION

In view of the disparities in health care that affect racial and ethnic minorities, and the many factors underlying the problem, the US Department of Health and Human Services launched the initiative *Healthy People 2020*, a continuation of the previous 10-year *Healthy People* initiatives. *Healthy People 2020* calls for health providers and health systems to devise effective ways to eliminate health disparities.⁴ It outlines high-priority health issues, sets 10-year goals for improving the health of all Americans, and suggests specific actions to take to address health disparities.⁴

On another front, in 2010 the National Institutes of Health formally established its National Institute of Health and Health Disparities, which funds research into the pathogenesis of health disparities in racial and ethnic minorities.⁵ Clearly, racial, ethnic, and cultural factors need to be considered for

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- Modlin CS. Addressing Disparities in Health Care Cleveland Clinic Journal of Medicine January 2012 vol. 79 (1): 44-45.

Disparities in prostate cancer in African American men: what primary care physicians can do.

Wu I, Modlin C. Cleveland Clinic Journal of Medicine May 2012 vol. 79 (5): 313-320

ADDRESSING DISPARITIES IN HEALTH CARE

 **EDUCATIONAL OBJECTIVE:** Readers will educate their African American male patients about prostate cancer and screen them for it.

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Disparities in prostate cancer in African American men: What primary care physicians can do

■ ABSTRACT

African American men have a higher incidence of prostate cancer than white men, and also a higher rate of death due to prostate cancer. Although both biologic and socioeconomic factors may be to blame, better screening in this population may help to close the gap.

■ KEY POINTS

African American men have the dual disadvantages of being less likely to receive adequate care and also, possibly, of having biological differences that make them more prone to prostate cancer and more-aggressive cancer.

Prostate-specific antigen (PSA) cutoff levels have not been officially modified according to race, but we believe primary care physicians should have a lower threshold for referring African American men who have a suspiciously high PSA level for further urologic evaluation.

A healthy lifestyle, with a low-fat diet, healthy body mass index, and daily exercise, may decrease the risk of prostate cancer, among other benefits.

Primary care physicians, who are often the gatekeepers to care, play a key role in educating and screening their patients.

PROSTATE CANCER is the most common cancer affecting American men. In 2010, an estimated 217,730 men were diagnosed with it and 32,050 died of it.¹ African American men are disproportionately affected, with a prostate cancer incidence two-thirds higher than whites and a mortality rate twice as high.¹ Owing to such disparities, the life expectancy of African Americans is several years shorter than that of non-Hispanic whites.²

For the primary care provider, who is often the first access point for health care in the United States, it is important to understand what mechanisms may underlie these differences and what can be done to narrow the gap.³

■ WHAT IS THE CAUSE OF THESE DIFFERENCES?

Many studies have looked into the causes of the higher incidence of prostate cancer in African American men and their higher mortality rate from it. The disparity may be due to a variety of factors, some socioeconomic and some biologic.

Poorer access to care, or lower-quality care? A study of US servicemen who had equal access to care showed that African American men had a higher rate of prostate cancer regardless of access to care and socioeconomic status.⁴

However, the 2002 Institute of Medicine report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, found evidence that racial and ethnic minorities tend to

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SOLUTION: Step 2

Vision, Commitment &

Institutional/Individual-Belief that You

Can Make A Difference



The Cleveland Clinic Foundation

MINORITY HEALTH
MENtor

A Publication of The Cleveland Clinic Glickman Urological Institute No. 1 2004

Dear Friends,

Welcome to the first issue of our newsletter devoted to improving the health of minority men.

This newsletter will inform you about community events as well as the activities and services available to you at the Cleveland Clinic Glickman Urological Institute Minority Men's Health Center.

Our goal is to be your mentor on the road to improved health, but we cannot do this without you.

We encourage you to take advantage of the screening services, patient education and community outreach that will be available to you through the Minority Men's Health Center.

In addition, be aware of the lifestyle choices you make that increase your risk for prostate cancer, high blood pressure, diabetes, kidney and heart disease. To reduce your risk for these diseases, avoid a diet high in fat and salt, don't smoke, get regular exercise, and see a physician or health care professional on a regular basis.

We hope this newsletter is helpful to you. Please share it with your family and friends.

Charles Modlin, M.D.
Oluranti Adesammi, M.D.
Co-medical directors,
Minority Men's Health Center

Minority Men's Health Center Established

On June 30, 2004, The Cleveland Clinic took a bold step. It became one of the first major medical centers in the country to create a Minority Men's Health Center.

Housed in the Glickman Urological Institute, the new Center is dedicated to eliminating racial and ethnic inequalities in health. It intends to accomplish this goal with a team of physicians and other health professionals who are culturally competent. In other words, these medical professionals are sensitive to the differences that exist between racial and ethnic groups and know how to address them. They also know the importance of patient education and community outreach. Finally, they are committed to advancing research of health problems in minorities so that more effective treatments can be developed.

We far too long, the disease concerns that are unique to minority men have not been addressed. These facts cannot be disputed:

- African-American men are 66% more likely than Caucasian men to develop prostate cancer. African-American men also are more likely to suffer serious complications from the disease and, ultimately, to die from it.
- In addition, African-American men have higher rates of high blood pressure.

The Minority Men's Health Center will initiate a number of community outreach efforts designed to educate and benefit minority men.

We are committed to helping minority men gain access to the services they need. For more information, please call 216/444-6400.



Retired U.S. Congressman Louis B. Stokes (left) was a special guest at the dedication of the Minority Men's Health Center. Mr. Stokes is pictured with Congresswoman Stephanie Tubbs Jones and Charles Modlin, M.D., co-medical director of the Health Center.

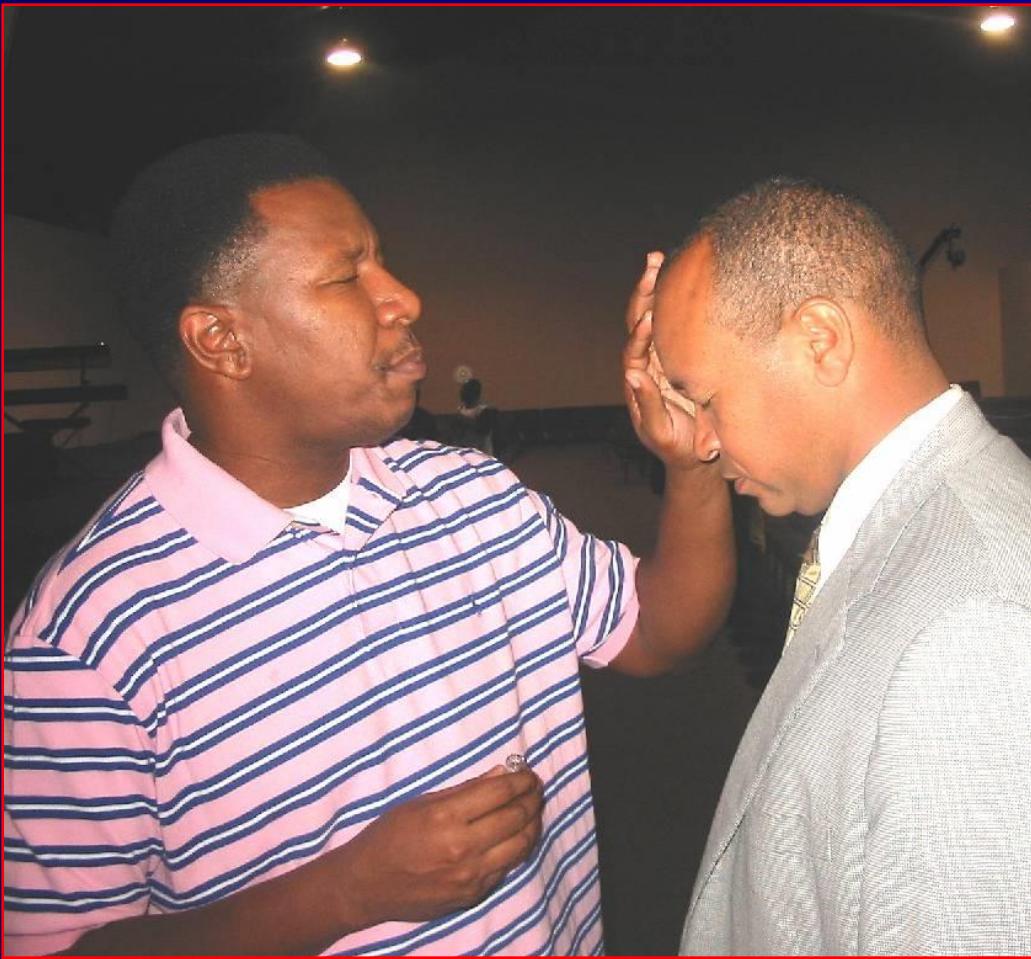
Solutions: Step 3: Health Provider Cultural Competency & Sensitivity

- All providers must become sensitive to traditions, values, attitudes of ethnic groups
- Cultural--strongly influences quality of communication

Step 5: Community Trust-Building

- Key Lesson:
- Trust most important prerequisite for healthcare providers success in promoting health in AAs

Become Part of the Community: Build Trusting Relationships



Solutions: Step 6

African American Physician Leadership, Visibility & Availability:

Very Important To The African American Community

re story | feature story | feature story | fea

"With early detection, more and more cancers can be cured."

—Charles Modlin, M.D.

Spring Screening

Annual checkups help ensure early cancer detection—and cures

Case in Point

In general, by age 50, men should get screened for prostate and colon cancers, and women for breast and cervical cancers. Smokers should be screened for lung cancer. Some cancers exhibit no or very subtle symptoms until they are in advanced stages, so screenings help with early detection. Also, because of the higher rate of cancers among African Americans, due to more prevalent risk factors, screenings for prostate cancer should begin by age 40, Dr. Modlin adds. Those risk factors include genetics, lack of accessible and affordable healthcare, smoking, dietary habits, and environmental issues. Early screenings also are warranted for anyone else with such risk factors, he says.

"Historically, if you were told you had cancer, you thought it was your death sentence," says Charles Modlin, M.D., director of the Cleveland Clinic Glickman Urological Institute at Huron Hospital. "But that doesn't have to be the case today. With early detection, more and more cancers can be cured. We have more sophisticated diagnostic tools, treatments and surgical techniques. And a lot of money can be saved in healthcare costs."

Get involved

It is essential that patients play a more active role in maintaining their health, Dr. Modlin says. "Patients need to become empowered, knowledgeable and proactive. They need to understand the role and benefits of screenings, the risk factors for cancers, and the tests involved, and have knowledge about the diseases."

During screenings, an individual's medical and personal information is gathered for use by physicians to

determine whether more in-depth examinations are needed for a potential medical problem. People need not be fearful about screenings because of concerns about a cancer diagnosis, he says.

Only a few decades ago, cancers we're discussed in hushed tones among patients, physicians and family members. Many feared cancer was contagious, given a lack of knowledge about causes and lack of effective treatment. Those days are over,

Dr. Modlin says, "Many types of cancer can be 100 percent curable if detected early," he says.

The American Cancer Society recommends that all men, beginning at age 50, have an annual prostate screening. African-American men should begin at age 40. To schedule a screening, contact your primary care physician. If you do not have a physician, please call Medline at 440.312.4533 or go to www.huronhospital.org.

Screening Process

In preparation for your annual screening, be sure to locate detailed information about your family's medical history to help your physician understand your healthcare needs.

www.clevelandclinic.org/hwc | spring 2007

www.clevelandclinic.org/hwc | spring 2007

Charles Modlin, M.D., urges patients to play a more active role in maintaining their health.



Teambuilding: Step 7

- Dept. Urology
- Dept. Nephrology
- Medicine Institute
- Cleveland Clinic Interdepartmental Clinical Collaborations
- Wellness Institute
- Dept. Pastoral Care Services
- Dept. Social Work
- Pharmacy
- Division of Nursing
- Nutrition Services
- Institutional Services (Pt. Education, OPSA, Sponsored Research, etc.)
- Corporate Communications
- Governmental & Community Relations
- Diversity
- Bioethics
- Biostatistics
- Cleveland Clinic Lerner College of Medicine
- Lerner Research Institute



Volunteerism



Partnership Building: Step 8

Churches
Fraternities/ Sororities
Community Organizations
Corporate Partnerships
Policymakers



100 Black Men
Walk to Better Health

United
Pastors in
Mission

Cleveland Clinic

Please join us in making Cleveland a healthier place.



100 Black Men Walk to Better Health

Join the Cleveland Clinic along with 100 Black Men of Greater Cleveland and the United Pastors in Mission in a walk to greater health for Black men.

Men from all over the Greater Cleveland area will be walking to the 6th Annual Minority Men's Health Fair, hosted by the Minority Men's Health Center and Charles Modlin, M.D., of the Cleveland Clinic. By becoming involved you are raising awareness for an often overlooked problem - disparities in minority men's health.

WHO:
The Glickman Urological & Kidney Institute's Minority Men's Health Center, Cleveland Clinic, 100 Black Men of Greater Cleveland, United Pastors in Mission

WHAT:
A Walk to the Minority Men's Health Fair. The fair will include free preventative screenings for prostate cancer, heart disease, diabetes, lung health, and more.

WHEN/WHERE:
The walk is scheduled to begin 4:30 p.m. at the Antioch Baptist Church, located at 8869 Cedar Ave (corner of 89th and Cedar). The walk route will run from 89th to Carnegie and Euclid to E. 100th street.



The 6th Annual Minority Men's Health Fair will run from 5 p.m. to 8 p.m. April 10, in the Lobby of Cleveland Clinic's Erie Building, also known as the A Building, located on East 190th Street between Euclid and Carnegie Avenues.

To register for the fair, visit www.clevelandclinic.org/mmhc. If you have a question, call 216.444.1286.

Facilitated Patient Access & Navigation:

Step 9:

Preventive Health Screenings & Health Education



**MEN! Minority
Health Fair,
April 9, 5-7 p.m.
You're Invited!**

Charles Modlin, M.D., Cleveland Clinic
Glickman Urological Institute (left)

"Every Life Deserves World Class Care"



Annual Minority Men's Health Fair



Only Source of Health Assessments for Many Men



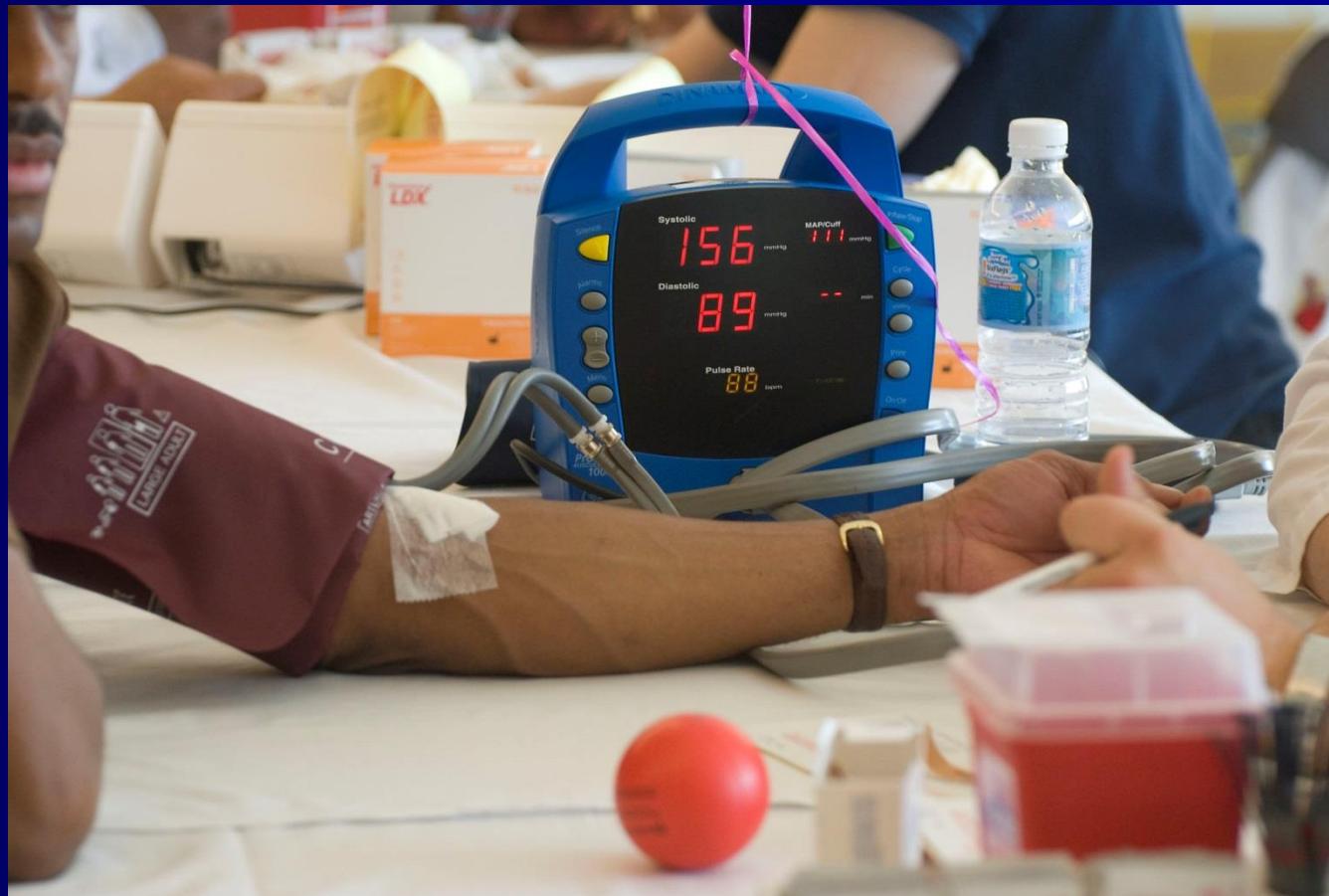
All Socioeconomic Groups



Early Detection of Disease



Early Detection of Medical Conditions



Interdepartmental Collaborations



Hands-On Health Assessments Enhance the Patient Experience





Minority Men's Health Fair

- The Community Appreciates Our Efforts

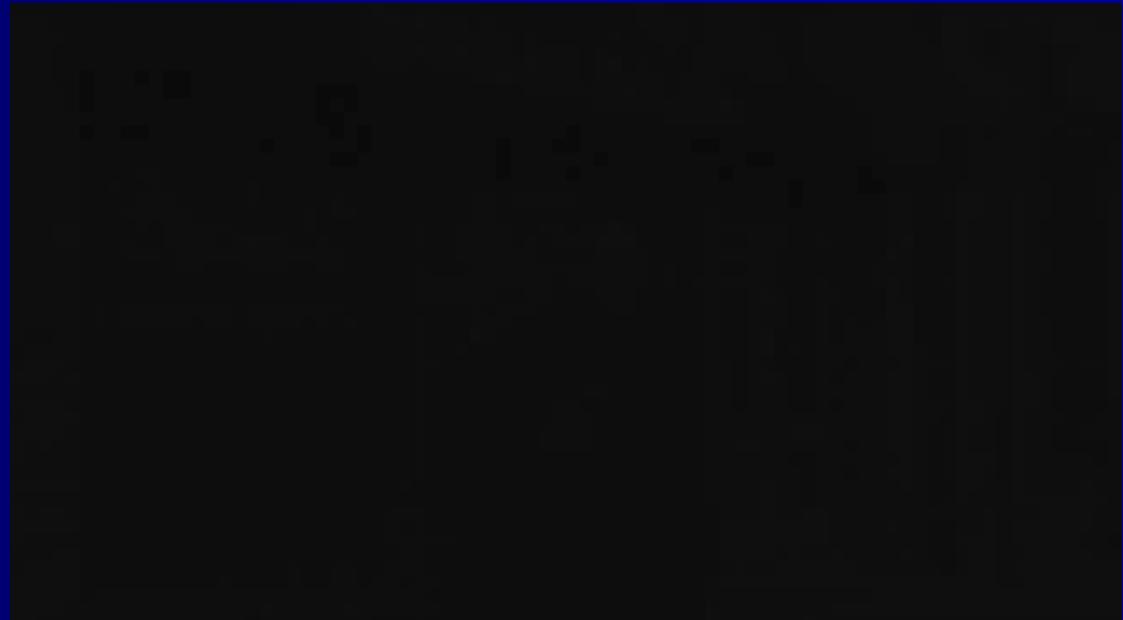
Health Fair Video:

Google: Cleveland Clinic Minority Men's Health Fair Video

- Courtesy Mr. Greg Lockhart

- Frame By Frame Video Productions

<http://www.youtube.com/watch?v=3L4zEnecs9M>



Solutions: Step 10: Dedicated Health Literacy Education

- Promote/ Improve Health Literacy
 - Increase awareness of preventive health
 - Promote healthy lifestyles
 - Promote awareness of family medical history



Solution: Step 11:

Communications

Health Disparities Public Media Campaign

- Cleveland Clinic Corporate Communications
- TV
- Radio
- Print Media

Step 12: Community Empowerment

2012 Minority Men's Health Center Community Health Advocates



Step 13: **Promotion & Celebration of Family** **Support Systems and Awareness of** **Family Medical History**

