

THE ROLE OF PHARMACISTS IN CLOSING THE GAP IN HEALTH DISPARITIES: FOCUSING ON OUR MEN

Angela M.. Hill, Pharm. D, CRPh, FAACP
Professor & Associate Dean of Clinical Affairs
Project Director, WE-CARE
University of South Florida

Disclosures

- I have no financial disclosures to disclose.

GENDER EQUALITY

Learning Objectives

By the end of this lecture, the participant should be able to :

- Explore the causes of gender-related health disparities.
- Describe the impact of gender-related health disparities on therapeutic outcomes.
- Discuss strategies to eliminate gender-related health disparities.

- Explain how pharmacists and other health professionals can close the gap of health disparities.

National Negro Health Week

- Started by Booker T. Washington at the Tuskegee Institute in 1914

"Without health, and until we reduce the high death rate, it will be impossible for us to have permanent success in business, in property getting, in acquiring education, or to show other evidences of progress."



Comment on Gender Disparities

- Gender disparities exist in healthcare, clinical practice, research, education, the workplace, politics, and every other walk of life.

<https://www.healthline.com/health/gender-bias-healthcare>



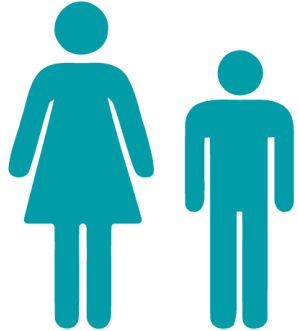
Question

Which of the following health issues are leading causes of death for men?

- A. Suicide
- B. Smoking
- C. Obesity/Overweight
- D. Alcohol Use
- E. All of the above

HEALTH

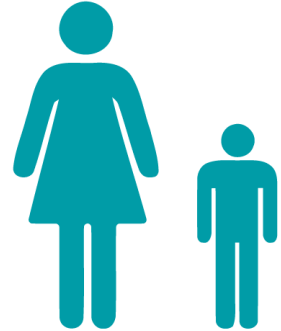
Percentage of population with a **disability**



23.0% **19.7%**

Percentage

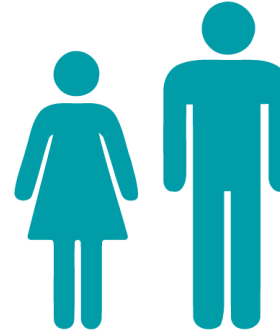
People being treated for **mental health problems**



16% **10%**

Percent aged 16+

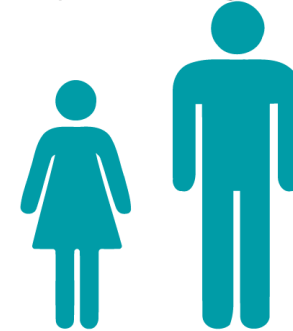
Smoking prevalence



18% **21%**

Percent of people aged 16+

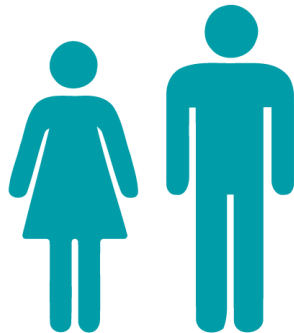
Alcohol use - max daily consumption above guidelines



34% **45%**

Percent of people aged 16+

Obese or overweight



56% **63%**

Percent of people aged 16+

Suicide rates



4.3 **18.0**

Rate per 100,000. Age 15+

Infant deaths under age of one year



2.5 **3.9**

Rate per 1,000 live births

Children in need (looked after or on child protection register)



8,690 **10,605**

Number

Facts About Men's Health

30%

Men are more likely to die from heart diseases at an earlier age

70% of development and learning disabilities affect boys

41%

Men are at a higher risk of dying from liver diseases

80%

of spinal cord injuries occur in young men



Men live 4.4 years less than women

The last 11 years are spent in poor health



Men make up 56% of the work force

94% of workforce fatalities are men

Only 30% of men's overall health is defined by genetics

Alcohol kills 6 times more men than Women

TOP 3 REASONS OF MEN'S REDUCED LIFESPAN ARE CARDIOVASCULAR DISEASE, SUICIDE & CAR ACCIDENTS

Source: "A Roadmap to Men's Health: Current Status, Research, Policy and Practice published by Men's Health Initiative of British Columbia



<https://www.facebook.com/researchmedics>

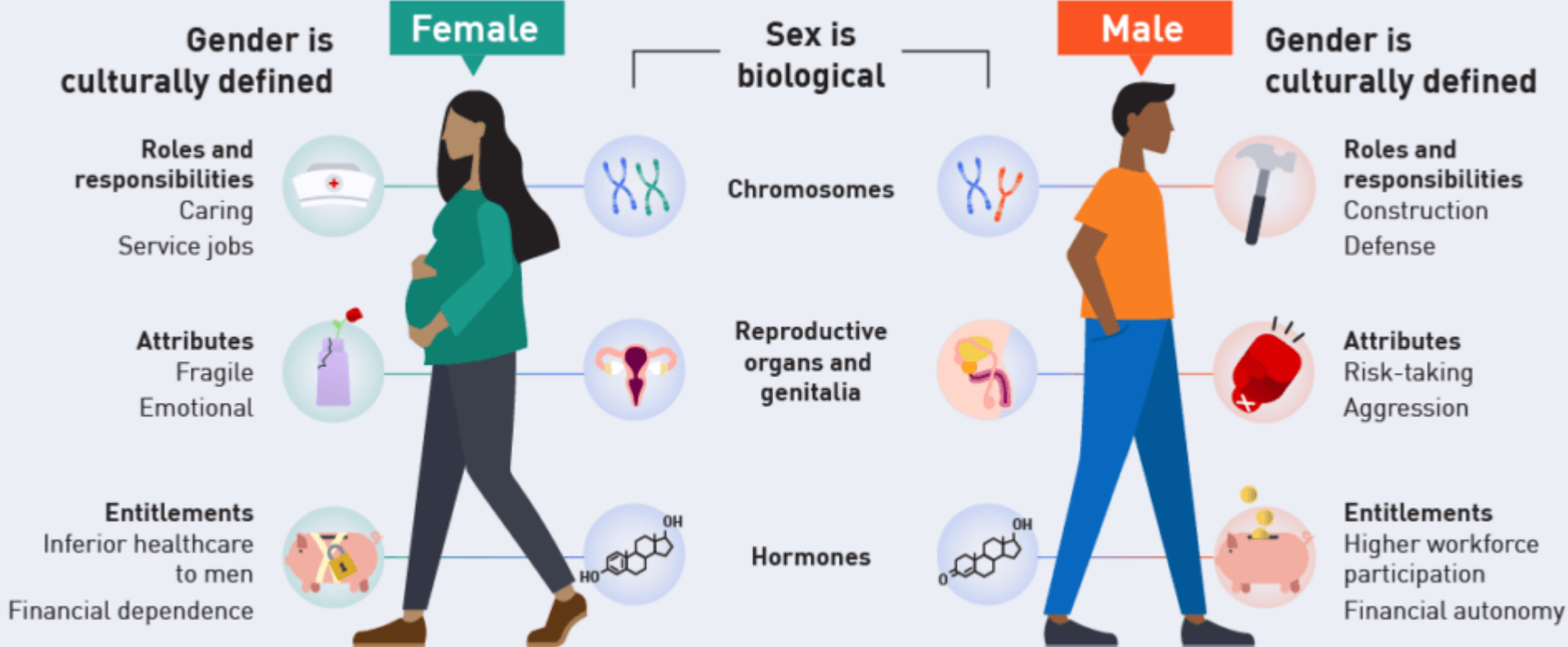
<https://twitter.com/researchmedics>

World Health Organization Definition of Health Disparities

- Gender is a social concept
- Gender norms vary across societies and reflect the values, beliefs, customs, religions, of the society.
- Gender ≠ Sex

<https://bit.ly/427aFgQ>

Sex vs Gender

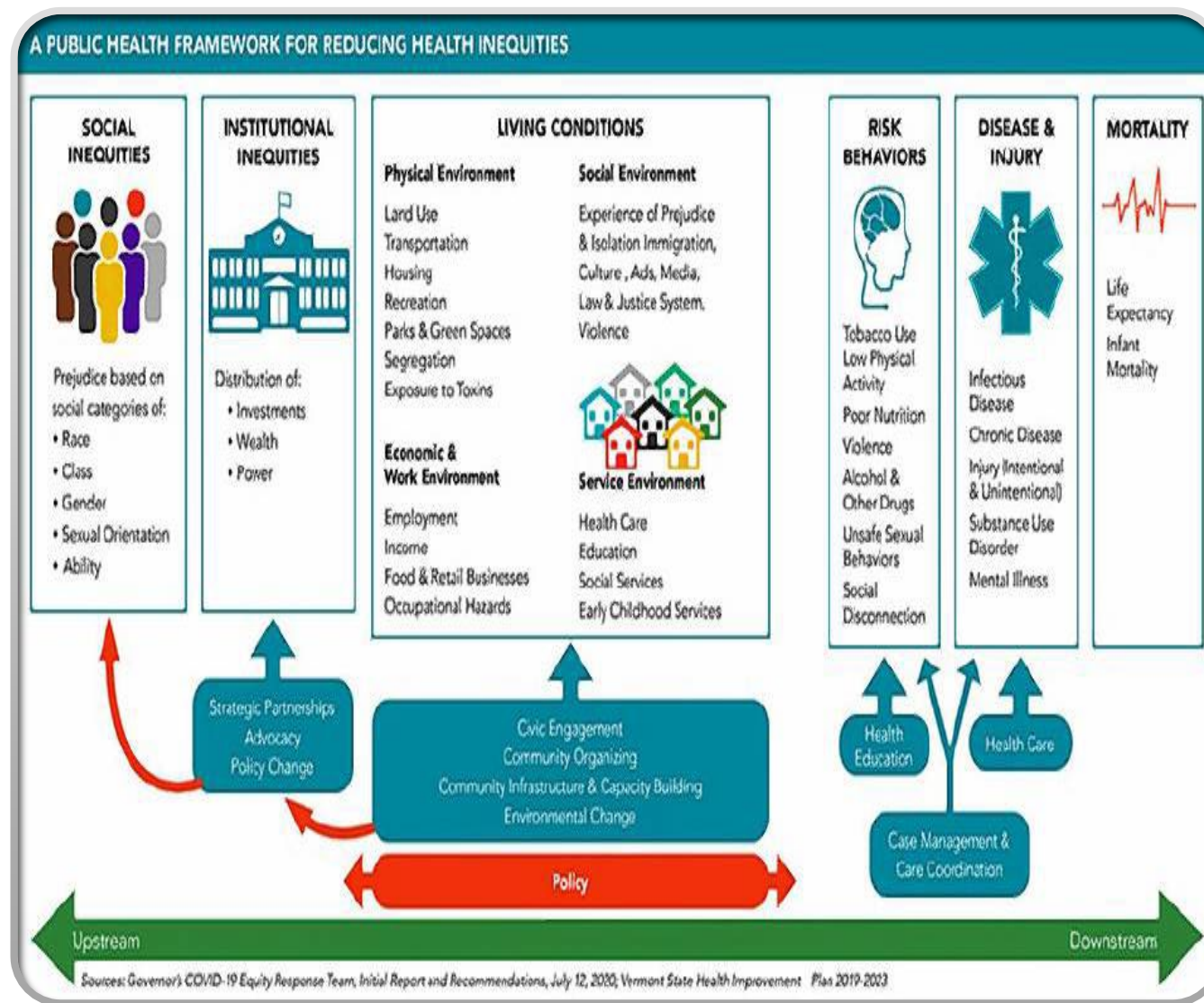


THE LANCET

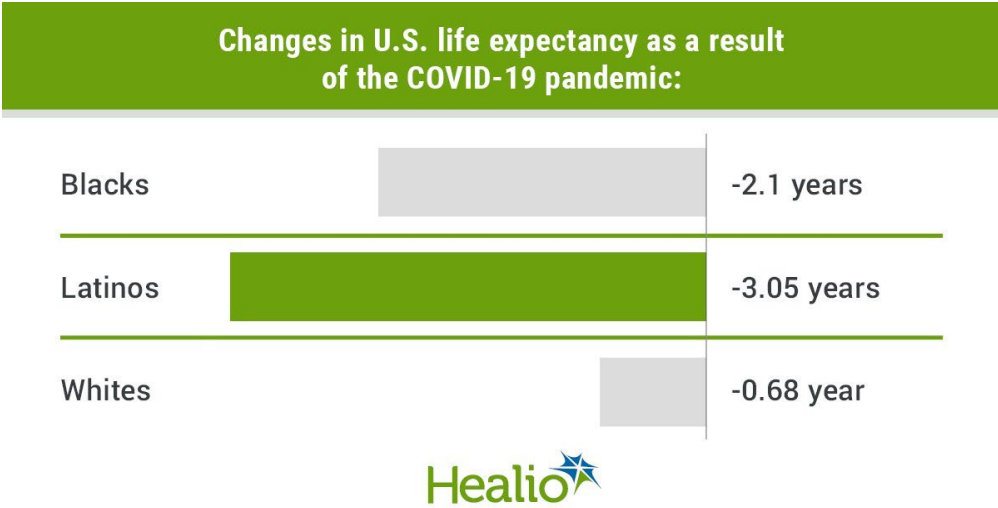
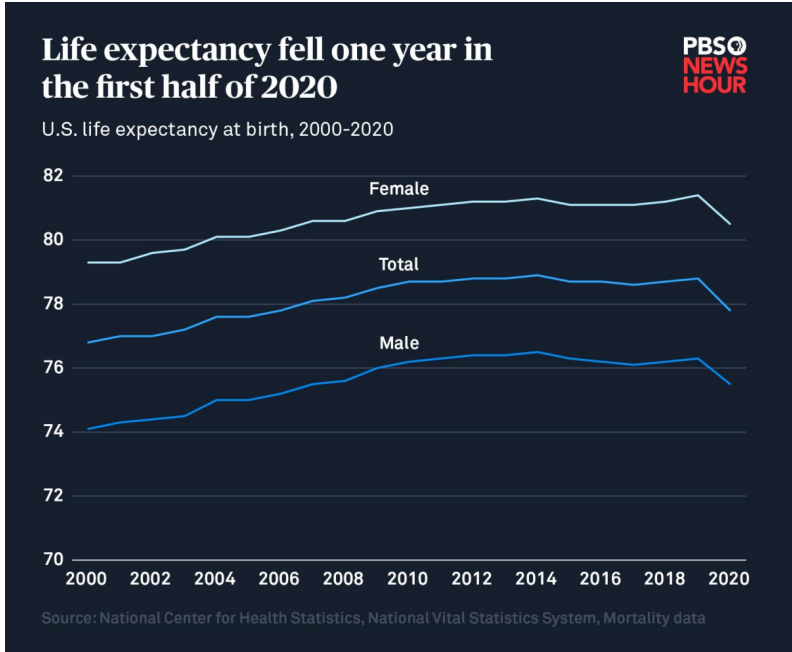
Source: Lancet Series on Gender Equality, Norms and Health. Paper 1, 2019

Pandemic Uncovers Health Inequities

• <https://www.concordmonitor.com/Pandemic-Unmasks-Racial-Inequity-in-Health-Care-39980739>



The Impact of the Pandemic on Life Expectancy



<https://bit.ly/3OgZxbw>

Gender Differences in Life Expectancy

<https://yhoo.it/3PRV6ml>

Health Equity Initiatives

- Cancer Care
 - Lung
 - Prostate
 - Breast
 - Colon Cancer
- Alzheimer's Disease
- COVID Care
- Mental Health

WE-CARE



U.S. Cancer Health Disparities

Adverse differences in numerous measures of cancer burden exist among certain U.S. population groups. Examples of disparities in cancer incidence and death rates include:

MORE THAN TWICE	African American men have a prostate cancer death rate that is more than twice that for white men.	51% MORE LIKELY	Adolescents and young adults (ages 15 to 39) with head and neck cancer who have no insurance are 51 percent more likely to die from their disease than those who have private insurance.
20% MORE LIKELY	Hispanic children are 20 percent more likely to develop leukemia than non-Hispanic white children.	35% HIGHER	Men living in the poorest U.S. counties have a colorectal cancer death rate that is 35 percent higher than that for men living in the most affluent U.S. counties.
TWICE AS LIKELY	Asian/Pacific Islander adults are twice as likely to die from stomach cancer as white adults.	70% MORE LIKELY	Bisexual women are 70 percent more likely to be diagnosed with cancer than heterosexual women.
TWICE AS LIKELY	American Indian/Alaskan Native adults are twice as likely to develop liver and bile duct cancer as white adults.		

Adapted from American Association for Cancer Research (AACR) Cancer Disparities Progress Report 2020

Why Do U.S. Cancer Health Disparities Exist?

Complex and interrelated factors contribute to cancer health disparities in the United States. **The factors include, but are not limited to, differences or inequalities in:**

ENVIRONMENTAL FACTORS

- Air and water quality
- Transportation
- Housing
- Community safety
- Access to healthy food sources and spaces for physical activity



SOCIAL FACTORS

- Education
- Income
- Employment
- Health literacy



CULTURAL FACTORS

- Cultural beliefs
- Cultural health beliefs



BEHAVIORAL FACTORS

- Tobacco use
- Diet
- Excess body weight
- Physical inactivity
- Adherence to cancer screening and vaccination recommendations



CLINICAL FACTORS

- Access to health care
- Quality of health care



PSYCHOLOGICAL FACTORS

- Stress
- Mental health



BIOLOGICAL AND GENETIC FACTORS



New Estimates of Americans with Alzheimer's Disease and Related Dementias Show Racial and Ethnic Disparities

Number of Americans with Alzheimer's Disease Expected to Increase

Percentage of Adults Aged 65 and Older with Alzheimer's Disease by Race and Ethnicity



296249A



www.cdc.gov/aging

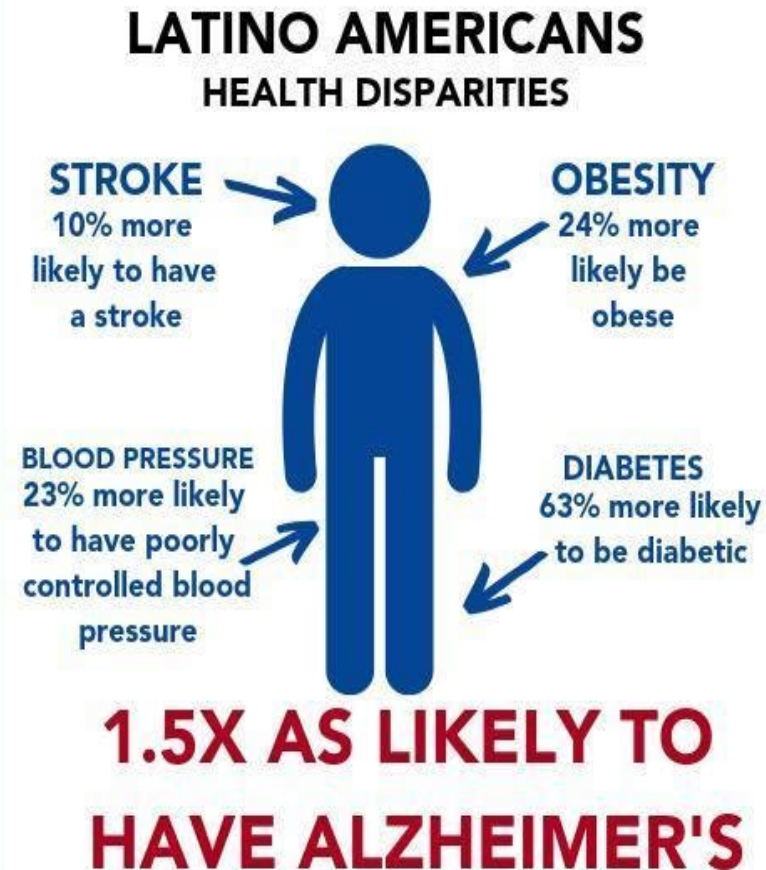
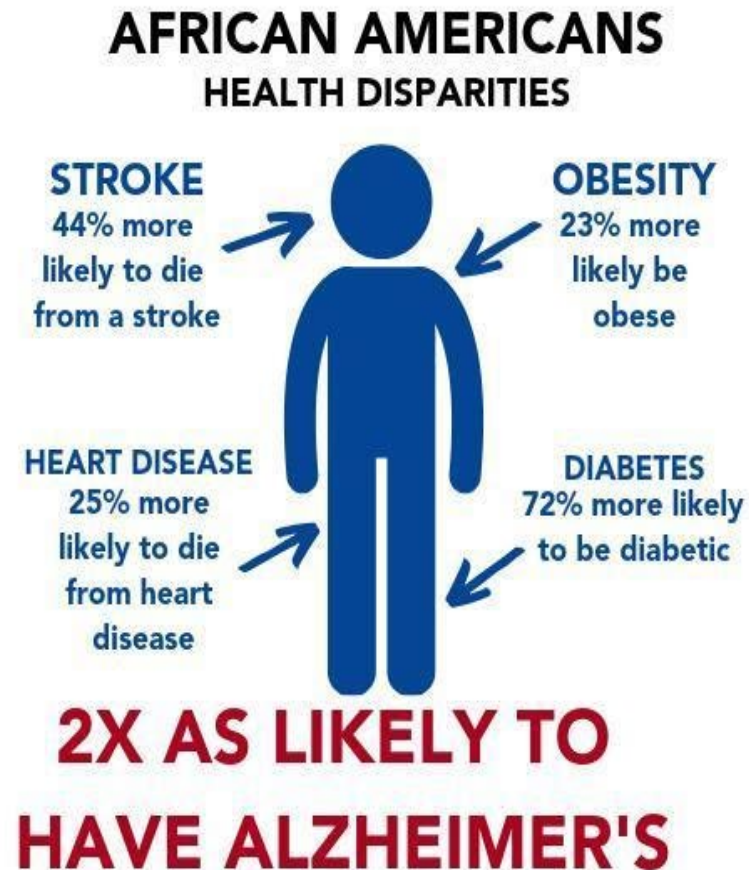
Centers for Medicare and Medicaid Services, 2014

Alzheimer's Disease Projected to Nearly Triple by 2060



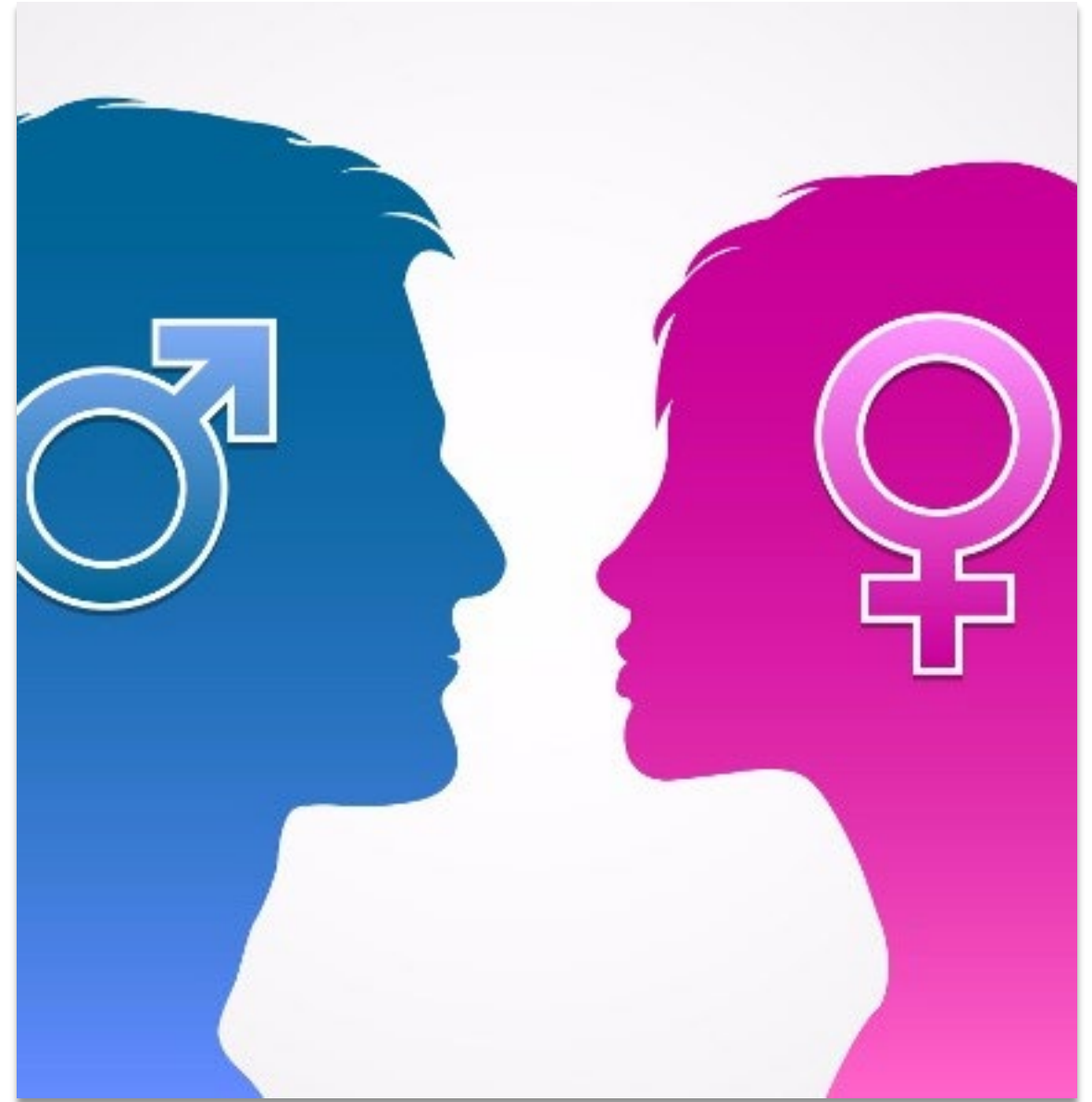
Census Population Projections Program, 2014 to 2060

Racial and Ethnic Health Disparities with Alzheimer's disease



Gender Disparities in Mental Illness

- Compared to men, women are 50% more susceptible to depression, generalized anxiety disorder, panic disorder, phobias and insomnia, hypothesized to be as a result of internalizing their feelings and emotions.
- Men are more susceptible to externalizing their feelings and emotions, which result in alcoholism, aggression, and substance abuse.
- file:///C:/Users/angel/Downloads/The_effectiveness_of_essential_fatty_acid,_B.10.pdf



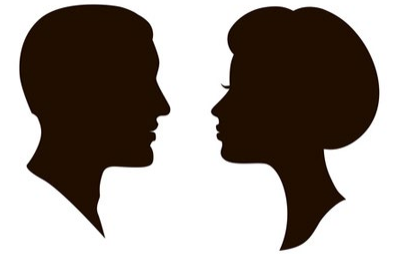
Differences in Symptoms of Depression Between Genders

Men

- Use more illicit drugs
- Use more alcohol
- Eat less/lose weight
- Become more irritable
- Be more prone to anger
- Take unnecessary risk
- Behave aggressively
- Acknowledge apathy
- Successfully complete suicide

Women

- Guilty
- Sad
- Hopelessness
- Eat more/gain weight
- Sleep more
- Attempt suicide more



<http://bit.ly/3kvDhcPdepressioninmenadnwomen>

Symptoms of Depression

More Common in Men	More Common in Women
Blames others	Self-blame
Anger	Sadness, apathy, worthlessness
Paranoia	Anxious, frightened
Creates Conflict	Avoid conflict
Restlessness and agitation	Slows down, nervousness
Compulsiveness	Procrastination
Insomnia	Over sleeping
Becomes controlling	Difficulty maintaining boundaries
Shame	Guilt
Fear of failure	Problems with success
Over status-conscious	Assumes low status
Self-medication through drugs	Self-medication through food
Overuse of Internet/TV/Email	Withdrawal

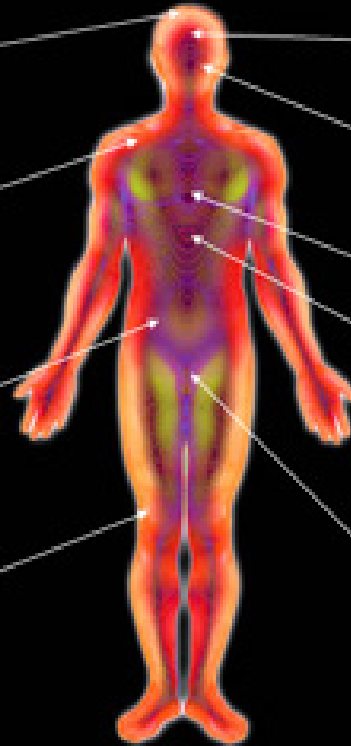
Effects of Stress

Hair: Excessive hair loss & baldness

Muscles: Neck & shoulder pain, musculoskeletal aches, lower back pain

Digestive tract: Diseases of the digestive tract including gastritis, stomach ulcers and irritable colon

Skin: Outbreak of skin problems, such as eczema and psoriasis



Brain: Insomnia, headaches, irritability, anxiety & depression

Mouth: Oral ulcers & excessive dryness

Heart: Cardiovascular disease & hypertension

Lungs: Exacerbate asthmatic conditions

Reproductive organs: Menstrual disorders and recurrent vaginal infections in women & impotence and premature ejaculation in men

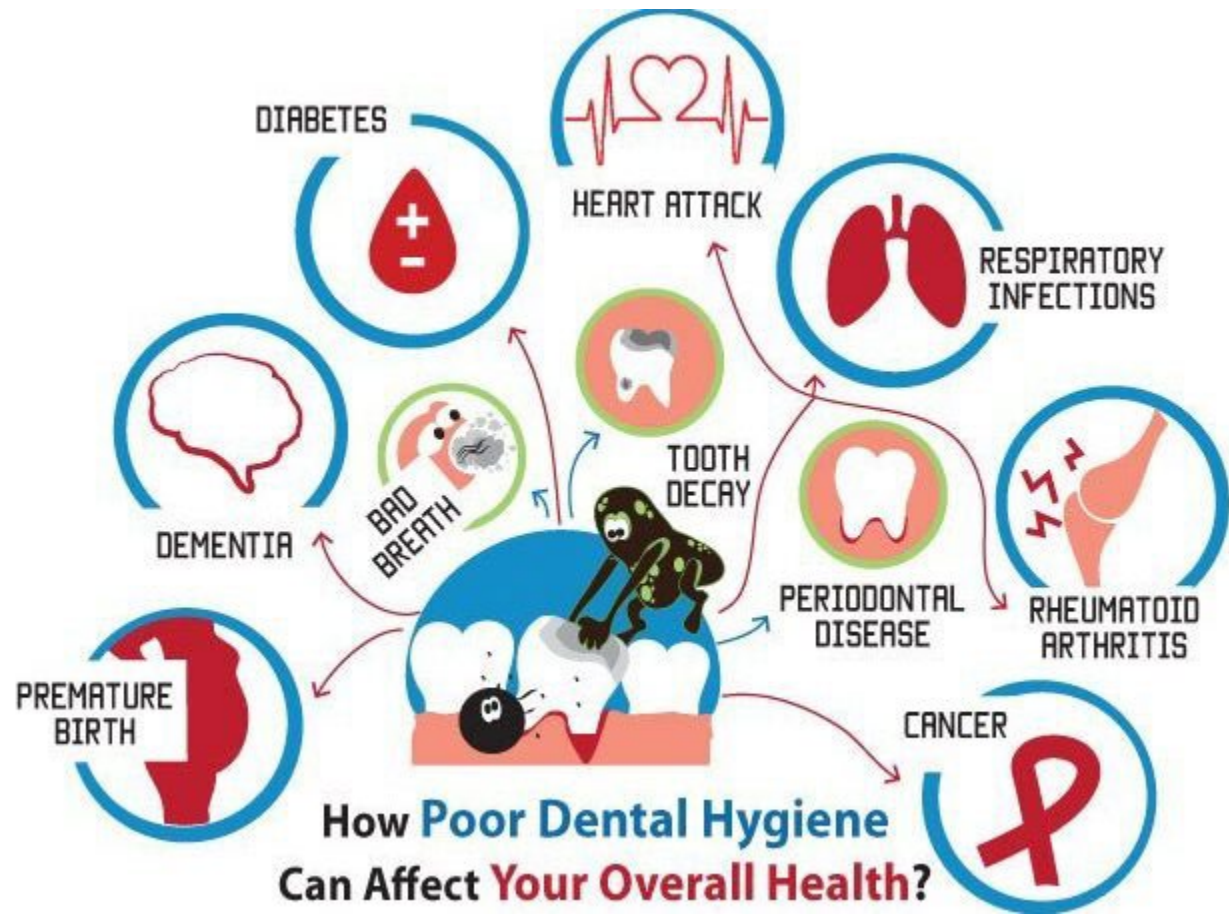
Which gender has the greatest likelihood of completing suicide?

A. Male

B. Female

Suicidal Rate in Men vs Women

- 15% of depressed individuals commit suicide
- Suicidal rate in men is 4x that of women



Gender Differences in Oral Health



- Men visit dentists less frequently compared to women and when they do, the reason is often because of an acute problem and not for disease prevention.
- Women are more likely to adhere to recommended treatment following a dental check-up (Periodontology, 2011).
- When assessing access to dental care, approximately 20% of women, as opposed to 15% of men, “did not receive dental care due to cost” (Ioannidou, 2017).

Lipsky, Martin S., et al. "Men and oral health: a review of sex and gender differences." *American journal of men's health* 15.3 (2021): 15579883211016361.

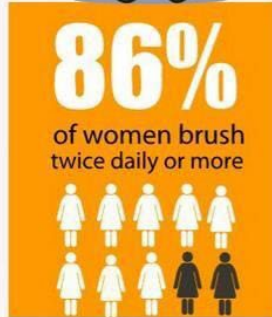
Gender Differences in Oral Health

- Men disproportionately develop periodontal diseases due to a combination of biological and gender related reasons including immune system factors, hormone differences, poorer oral hygiene behaviors, and greater tobacco use.
- There is a male to female ratio of 2:1 for oral cancer, largely attributable to more tobacco use, heavier use of alcohol, and longer sun exposure.
- Minority men experience a disproportionate burden of oral health disparities because of both their gender and race/ethnic identities.

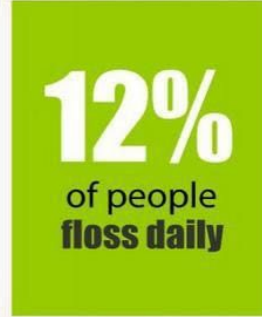
Lipsky, Martin S., et al. "Men and oral health: a review of sex and gender differences." *American journal of men's health* 15.3 (2021): 15579883211016361.



DENTAL FACTS ORAL HYGIENE




It has been found
that brushing
for most people removes
plaque between
28-53%




It is recommended to

BRUSH	SEE A DENTIST	FLOSS	REPLACE YOUR
2X A DAY	2X A YEAR	1X A DAY	TOOTHBRUSH
			3 TO 4X A YEAR

 **PEOPLE WITH
DENTAL INSURANCE
ARE MORE LIKELY TO
VISIT THE DENTIST
THAN THOSE WITHOUT
DENTAL INSURANCE**

**TONGUE CLEANING
WITH A TONGUE SCRAPER**
IS PROVEN TO HELP
REDUCE HEART
ATTACKS, PNEUMONIA
PREMATURE BIRTHS
DIABETES, OSTEOPOROSIS
& INFERTILITY IN MEN



**FLOSSING ONCE A DAY
CAN INCREASE YOUR LIFE
EXPECTANCY BY 6 YEARS**

**TRY TO KEEP YOUR TOOTHBRUSH
AT LEAST 2 METERS FROM A TOILET
BECAUSE BACTERIA AFTER FLUSHING
CAN TRAVEL UP TO THIS DISTANCE.**



WHY DO GENDER DISPARITIES OCCUR?

Potential Contributors to Gender-Related Health Disparities

- Discrimination
- Racism
- Implicit Bias
- Social Injustice
- Poverty
- Social Determinants of Health
- Maternal Health
- Gender-related perceptions of health prevention, treatment, & utilization of health care services
- Cultural perceptions of health
- Diet and Lifestyle Practices
- Disparities in research
- Unemployment

What are Implicit Biases?

- Describes the attitudes or stereotypes that contribute to our understanding, actions, and decisions.
-Kirwin Institute, 2020

Characteristics of Implicit Biases

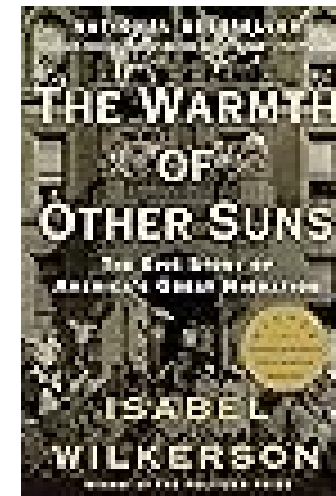
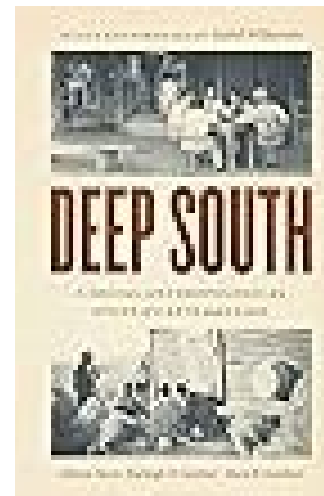
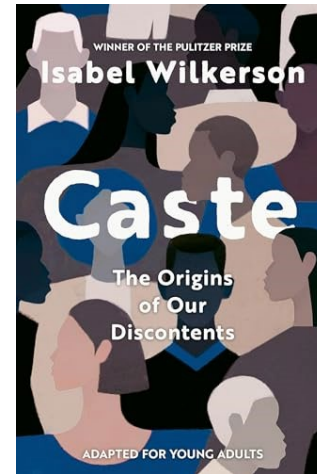
- Pervasive, unconscious & subconscious

- Contribute to our feelings about people based on race/ethnicity, age, & appearance
 - Favorable & unfavorable assessment of people
 - Favor groups that we belong to

- Shaped by direct and indirect messages (Kirwan Institute, 2020)

Contributors to f Implicit Bias

- Slavery
- Jim Crow
- Civil Rights Movement



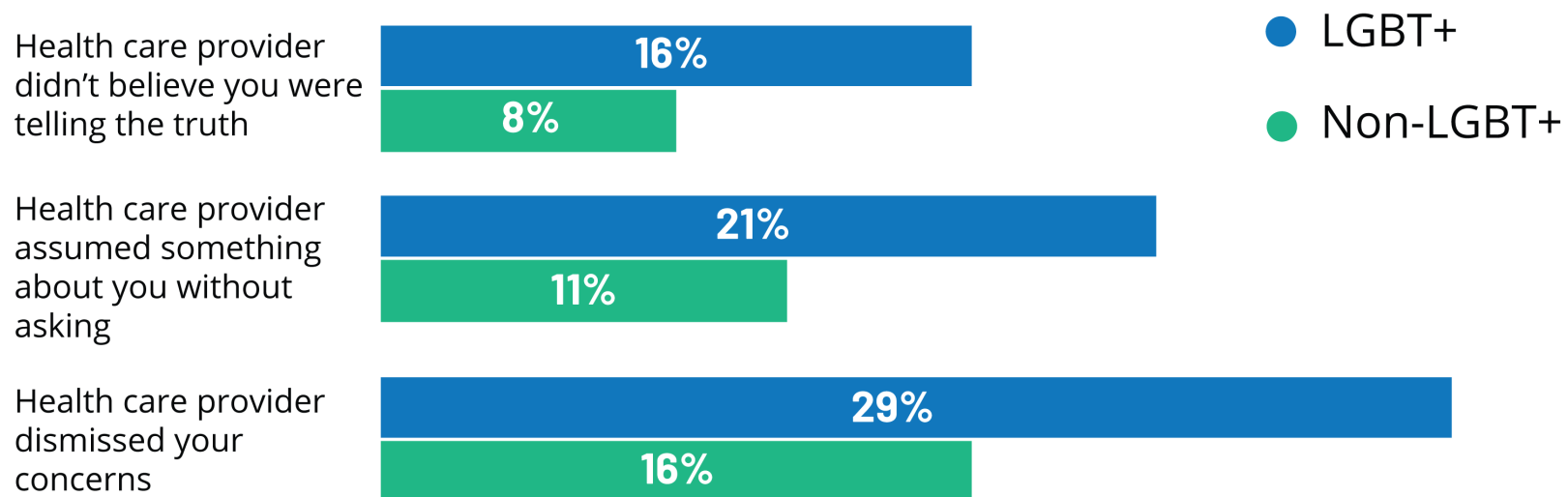
Examples of Social Injustices

- Gender pay gap
- Income inequality
- Climate change
- Food insecurity
- The refugee crisis
- Universal Healthcare
- Poverty
- Gender-based violence
- State violence
- Threats to the trans community
- Eroding democracy
- Political extremism
- Cybersecurity services
- Reproductive rights
- Racism

[15 Social Justice Issues We Must Address | Human Rights Careers](#)

Larger Shares of LGBT+ Adults Report Negative Experiences with Their Providers Compared with Non-LGBT+ Adults

Thinking about your health care visits in the last two years, did you experience any of the following, or not?



<https://bit.ly/42iHUoT>

Implicit Bias in Healthcare Delivery & Access

- Substantial attention has been paid to the possibility that unconscious (implicit) bias among health care professionals contributes to health disparities.
- Unequal Treatment, by the Institute of Medicine, concluded that unrecognized bias against members of a social group, such as racial or ethnic minorities, may affect communication or the care offered to those individuals.

Source: Blair, Irene V et al. "Unconscious (implicit) bias and health disparities: where do we go from here?." The Permanente journal vol. 15,2 (2011): 71-8. re offered to those individuals.

Implicit Bias in Healthcare Delivery & Access

- Implicit biases of concern to healthcare professionals are those that operate to the disadvantage of those who are already vulnerable.
 - E.g. minority ethnic populations, immigrants, the poor, low health-literacy individuals, sexual minorities, children, women, the elderly, the mentally ill, the overweight and the disabled, but anyone may be rendered vulnerable given a certain context.
- The vulnerable in health-care are typically members of groups who are already disadvantaged on many levels.
- Work in political philosophy, such as the De-Shalit and Wolff concept of 'corrosive disadvantage', a disadvantage that is likely to lead to further disadvantages, is relevant here.

Source: FitzGerald, C., Hurst, S. Implicit bias in healthcare professionals: a systematic review. BMC Med Ethics 18, 19 (2017).

Health disparities in men have been influenced by all of the following except:

- A. Implicit bias
- B. Gender bias
- C. Social injustice
- D. Disparities in clinical research
- E. All of these have contributed to health disparities in men.

What is Cultural Humility?

- A self reflective and discovery process toward understanding yourself and your relationship to others toward building trustworthy relationships (Yeager & Baurer-Wu, 2013).

Implicit Bias and Cultural Competency in Healthcare Delivery

Cultural competence is a behavioral construct consisting of actions in response to the demands of cultural diversity, awareness, and sensitivity.

Demonstration of behaviors in practice that help to bridge the differences and barriers that often occur when people of diverse cultures interact and communicate.

The process of developing cultural competence is dynamic over time in response to changing diversity environments and experiences, acquisition of new awareness (knowledge and insights) and skills, and growing sensitivity to self and others.

- Source: Schim, Stephanie Myers, and Ardith Z Doorenbos. "A three-dimensional model of cultural congruence: framework for intervention." *Journal of social work in end-of-life & palliative care* vol. 6,3-4 (2010): 256-70.



Implicit Bias and Cultural Congruent Practice in Healthcare Delivery

- **Culturally congruent practice** is providing care to a patient while being aware and inclusive of their cultural values, beliefs, and practices.
- Health professionals need to be culturally competent so that they can provide care for their patients with respect to their cultural practices.
 - It is important to include culturally congruent care to make sure the patient's needs are met.
- Providing culturally congruent care includes being constantly aware of one's self and reflecting on situations.
- Principles include being self-aware of current competence level and finding areas to grow.
 - Providers interacting with refugee populations, FGM, religious, ethnic or marginalized populations. Conditions with illness, sickness or death e.g. birth and death doulas
Source: Culturally Congruent Practice: Definition & Principles. (2020, November 6).

Retrieved from <https://study.com/academy/lesson/culturally-congruent-practice-definition-principles.html>.

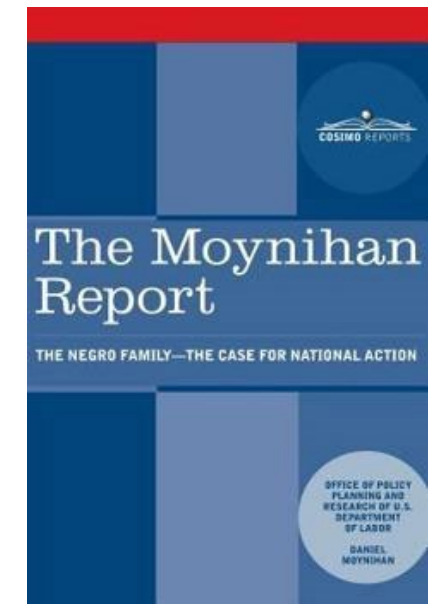
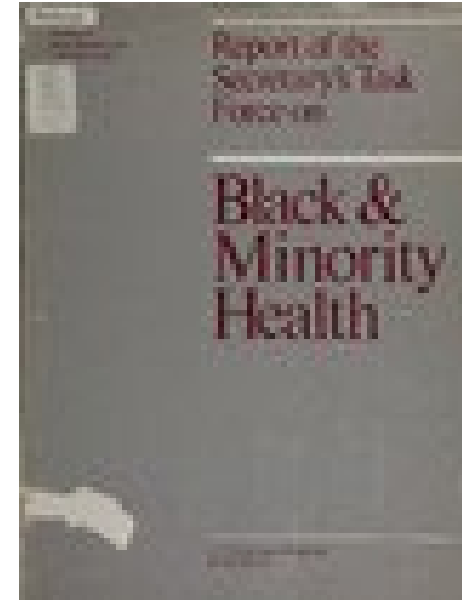
Social Determinants of Health



Key Papers Noting Health Disparities

- These landmark papers highlight the connection between slavery and the Jim Crow era and social determinants of health and health outcomes in the Black community.

https://journals.lww.com/familyandcommunityhealth/citation/2015/10000/social_determinants_of_men_s_health_disparities.1.aspx



What were the health outcomes of the Flint, Michigan water crisis?

Nobody has responded yet.

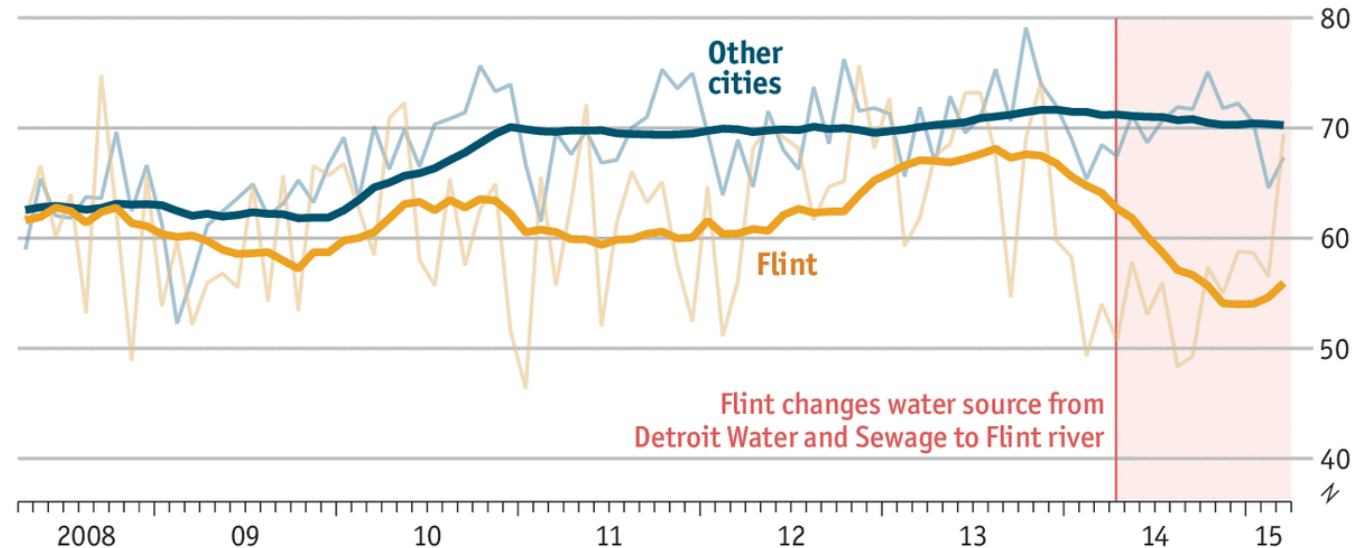
Hang tight! Responses are coming in.

Health Impact of Flint Michigan Water Crisis

Lead in the water

Michigan, births per 1,000 women
Aged 15-49

— Monthly data multiplied by 12
— 12-month moving average



Source: "The Effect of an Increase in Lead in the Water System on Fertility and Birth Outcomes: The Case of Flint, Michigan" by D. Grossman and D. Slusky

GENDER DISPARITIES AND RESEARCH

Introduction

- Background/Clinical Trial Participation among US Adults
 - Clinical Trials are necessary for evaluating new treatments and advance the standard of care for patients.
 - Unfortunately, many clinical trials close prematurely due to inadequate accrual, which may result in wasted resources . Missed opportunities for advancing science and reduced public trust.
 - In 2020, **41%** of Americans reported not knowing anything about clinical trials
 - Health care providers are the first place a patient should and could go to get information on a clinical trial
 - Certain populations, including older individuals , racial/ethnic minority groups individuals with comorbidities, lower SES and residents of rural areas are often underrepresented in clinical trials

Barriers to Participation

- What are the common barriers that prevent minorities from participating in clinical trials?
 - Unwillingness to participate/mistrust
 - Lack of opportunity /unawareness
 - Medical ineligibility
 - Lack of flexibility in childcare or employment
 - Language barriers
 - Access Issues
 - Social determinants of health

Historical Events that Have Led to Mistrust by BIPOC

- Henrietta Lacks
- Tuskegee Syphilis Study
- The Sterilization of Latino patients in California
- Human Experiments at Holmesburg Prison (1950s-1970s)
- The Cold War and Project MK-Ultra



How Does Medical Mistrust Contribute to Health Disparities?

Historical events
fuel current
mistrust

Minority patients
might miss out on
advances in care

Mistrust and past
experiences delay
routine care

Biases can lead to
populations
mistrusting health
providers

Work **has to** be
done to actively
win back trust.

ALZHEIMER'S DISCRIMINATES

Illustrating Alzheimer's disproportionate impact on the African American community



5.2 million

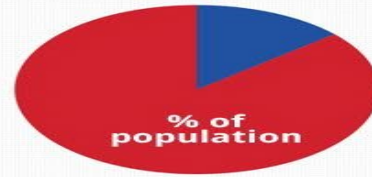
Americans have Alzheimer's Disease.



1.1 million

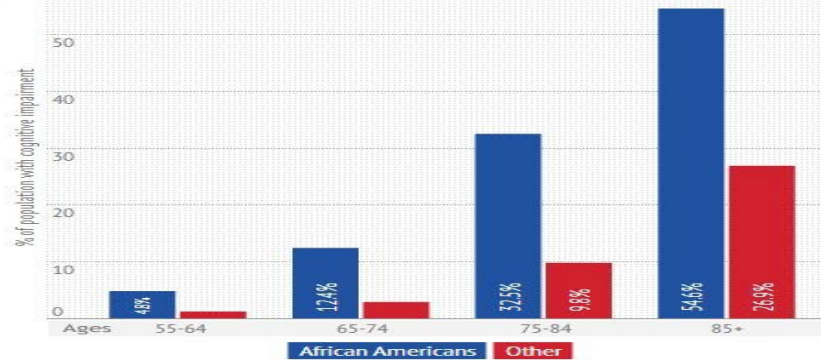
of them are African American.

African Americans make up 13.6% of the US population but bear 33% of the nation's total costs for Alzheimer's & other dementias



African Americans Other

The prevalence of cognitive impairment is 2-3 times higher among African Americans than among non-Hispanic Whites



Yet only **5%** of clinical trial participants are African American

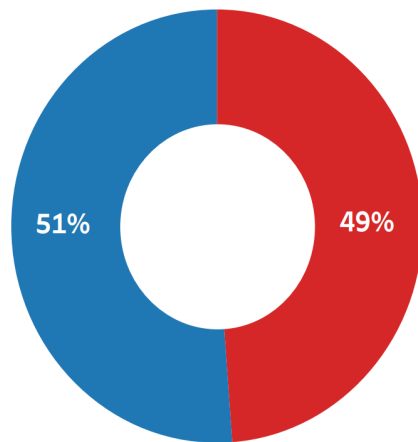
African American Network Against Alzheimer's

Stand up. Speak out. Overcome.

Learn more at:
www.AfricanAmericansAgainstAlzheimers.org

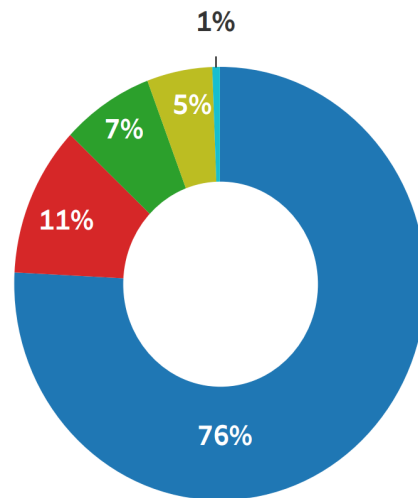
Current State of Participation in Clinical Trials: FDA Snapshots

Sex Distribution



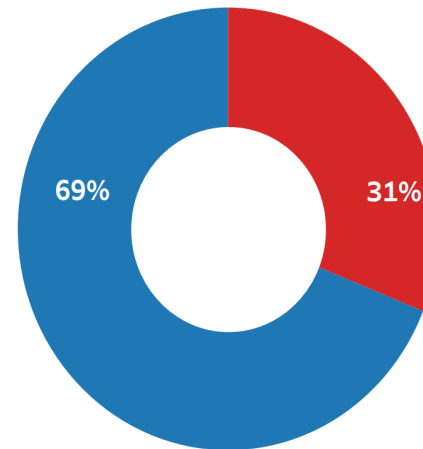
Female ■
Male ■

Race Distribution



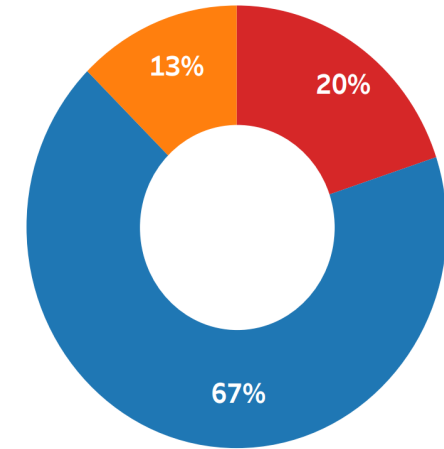
White ■
Asian ■
Black or African American ■
Other ■
American Indian or Alaska Native ■

Age Distribution



< 65 Years ■
>= 65 Years ■

Ethnicity Distribution



Hispanic or Latino ■
Not Hispanic or Latino ■
Missing ■

Consequences of Gender Bias

- Diseases go unnoticed because of gender stereotypes
- Medical mistrust
- Children and family wellbeing
- Mental health impacts



How do we correct this issue as health professionals?

Schedule of Activities for National Negro Health Week in 1914

http://minority-health.pitt.edu/archive/00000541/01/National_Negro_Health_Week.pdf

Day	Activity
Sunday- Mobilization Day	Focused on health sermons during church services and popular mass meetings.
Monday- Home Hygiene Day	Distributed pamphlets and presented lectures and demonstrations for adults and children on the importance of personal and household cleanliness.
Tuesday-Community Sanitation Day	Presented educational activities promoting safe water, food and milk supplies, waste disposal, clean streets, safe wells, and destruction of swamp breeding grounds of insects
Wednesday-Special Campaign Day	Concentrated on the specific health problem identified in the community needs assessment conducted by the Health Week Central Committee.

Schedule of Activities for National Negro Health Week in 1914

http://minority-health.pitt.edu/archive/00000541/01/National_Negro_Health_Week.pdf

Day	Activity
Thursday- Adult Health Day	Emphasized annual health examinations for adults through health education programs with men's and women's organizations and clinics operated by the local medical society.
Friday-School Health Day	Promoted health education programs and school-based health services . The education programs utilized essays, songs, games, and plays focused on good health habits and parental improvements were heavily emphasized. School cleanup activities were organized
Saturday-General Cleanup Day	Focused on cooperative large scale cleanup activities and inspection of community health campaign results. Collecting data and taking pictures for reports and newspapers was a key activity
Sunday-Reports and Follow-up Day	Focused on community gatherings through church and large civic meetings.

Strategies to Consider for Addressing Gender Health Disparities

Cultural
competency and
humility training

Implicit bias
training

Inclusivity
practices

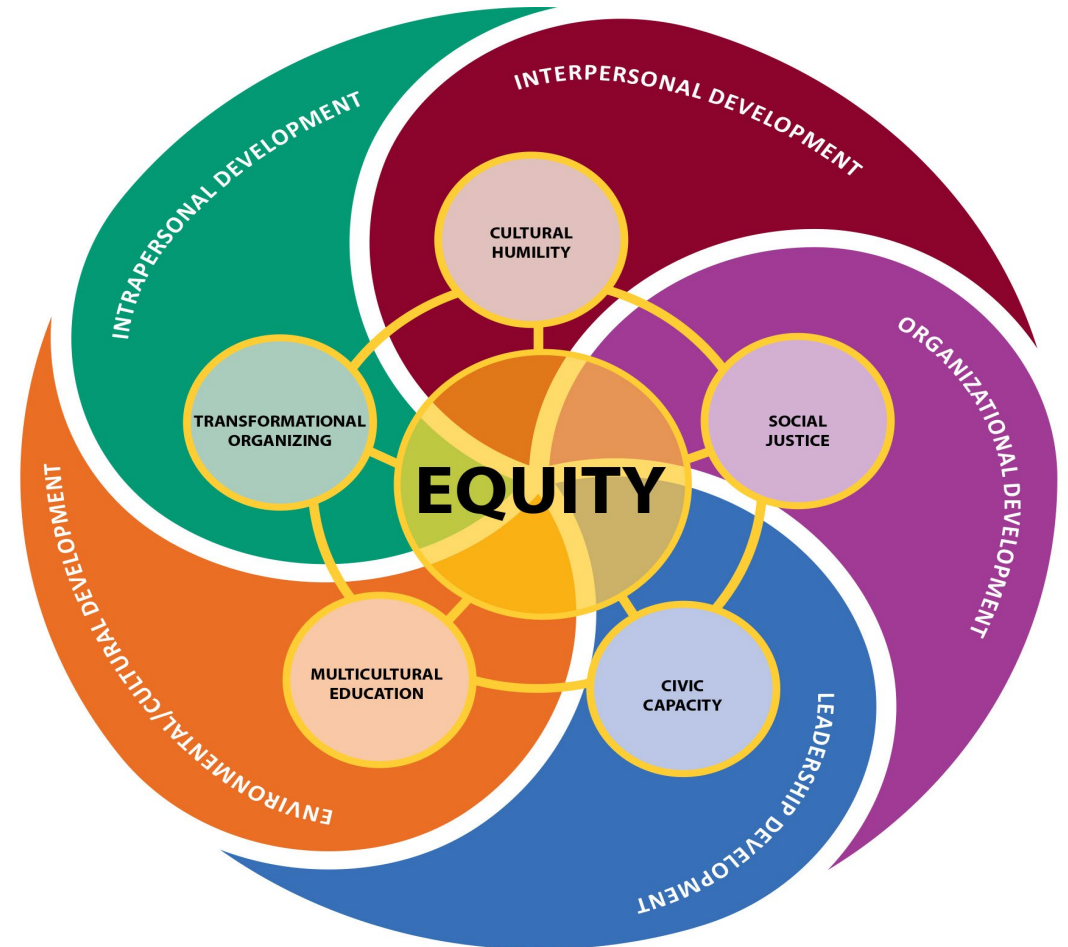
Increase Diversity
in health care
environments

Increase Diversity
in research
recruitment

Increase Diversity
in researchers

Strategies to Consider for Addressing Gender Health Disparities

- Optimize mHealth
- Advocate
- Engage the community
 - Education
 - Volunteerism
 - Offers services as health professional



American Diabetes Association Launches Campaign for Health Equity

Updated: 8/14/21 12:00 am

Published: 8/17/20

♥ 32 readers recommend

By Lorena Bergstrom

ADA's #HealthEquityNow focuses on ensuring that all people with diabetes have the right to health, quality care, and medical resources; the Health Equity Bill of Rights lays out ten basic rights for people with diabetes or prediabetes

The American Diabetes Association (ADA) recently launched a [campaign](#) to address [health inequity](#), encouraging people with diabetes to make their voices heard. The [#HealthEquityNow platform](#) aims to ensure that all people with diabetes – especially underserved populations who are at risk – have access to health resources and care. The program is a call to action for healthcare leaders and policymakers, in response to the [major health disparities](#) exposed by the [COVID-19 pandemic](#) and recent protests over [racial injustice](#). It empowers people to speak out, share important information, and advocate for policy changes. Watch the campaign's video [here](#).

Share this article



Health Equity and Accountability Act of 2022

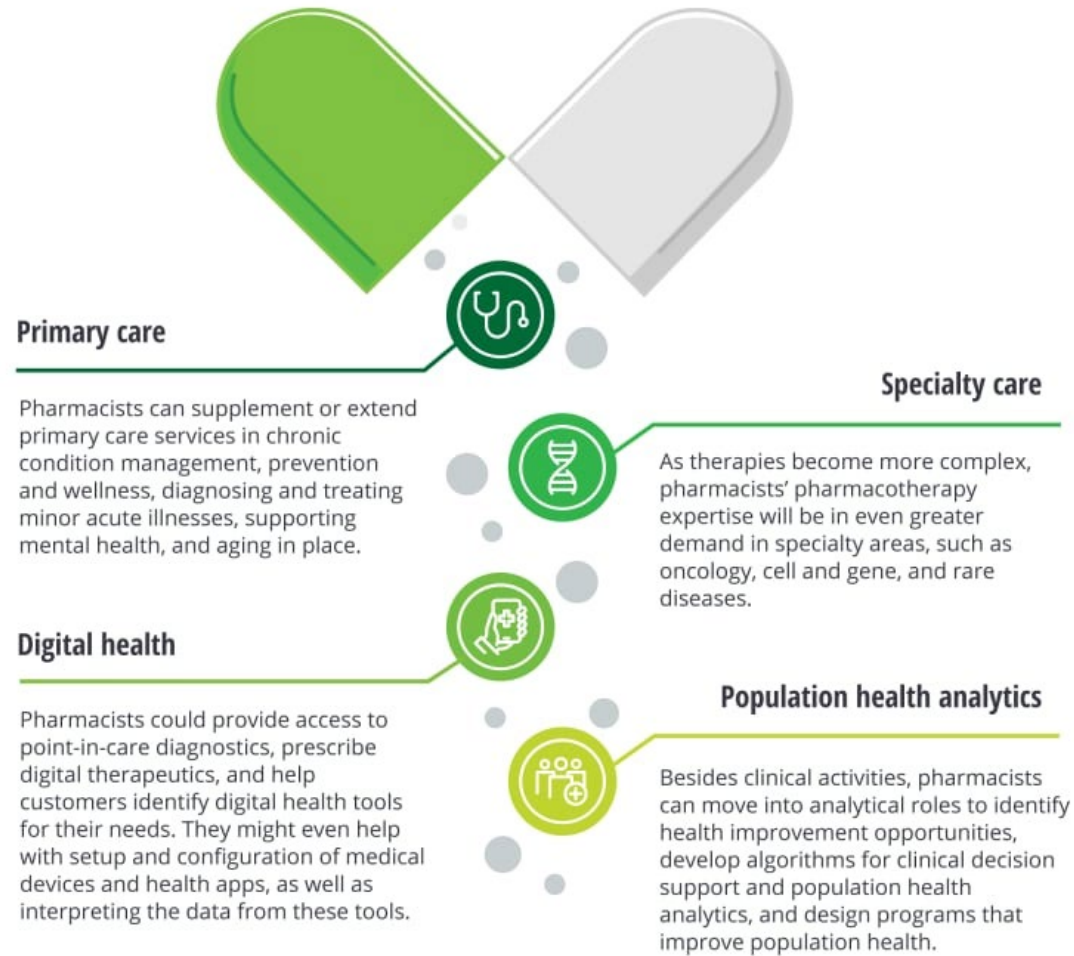
- **Summary: H.R.7585 — 117th Congress (2021-2022)**[All Information](#) (Except Text)
- [Listen](#)
- There is one summary for H.R.7585. [Bill summaries](#) are authored by [CRS](#).
- **Shown Here:**
Introduced in House (04/26/2022)
- **Health Equity and Accountability Act of 2022**
- This bill directs the Department of Health and Human Services (HHS) and others to undertake efforts to reduce health disparities.
- For example, the bill (1) requires more detailed reporting of demographic and health disparities data, including related to public health emergencies; (2) directs certain components of HHS to support health workforce diversity; and (3) increases access to culturally and linguistically appropriate health care.
- The bill also modifies eligibility and other requirements for Medicare, Medicaid, private health insurance, nutrition assistance, and other programs to reduce health disparities among vulnerable populations. The bill includes specific provisions with respect to
 - noncitizens;
 - maternal, infant, and child health;
 - mental and behavioral health;
 - specified conditions that disproportionately affect racial and ethnic minority groups, such as certain cancers, HIV/AIDS, kidney disease, and diabetes;
 - investments in communities facing health and other inequities; and
 - nondiscrimination in the provision of services in federally supported health programs.
- Additionally, the bill (1) revises health information technology programs to address health disparities, and (2) supports health impact assessments and other efforts pertaining to environmental justice and social determinants of health (i.e., nonmedical factors that influence health outcomes, such as income and educational attainment).
- The bill also requires various studies and reports on issues related to health care and health disparities, including a report by the Government Accountability Office on health workforce diversity.
- —

PHARMACISTS CAN EFFECTIVELY CONTRIBUTE TO PUBLIC HEALTH BY -



FIGURE 1

Opportunities for pharmacists to contribute to public and population health around

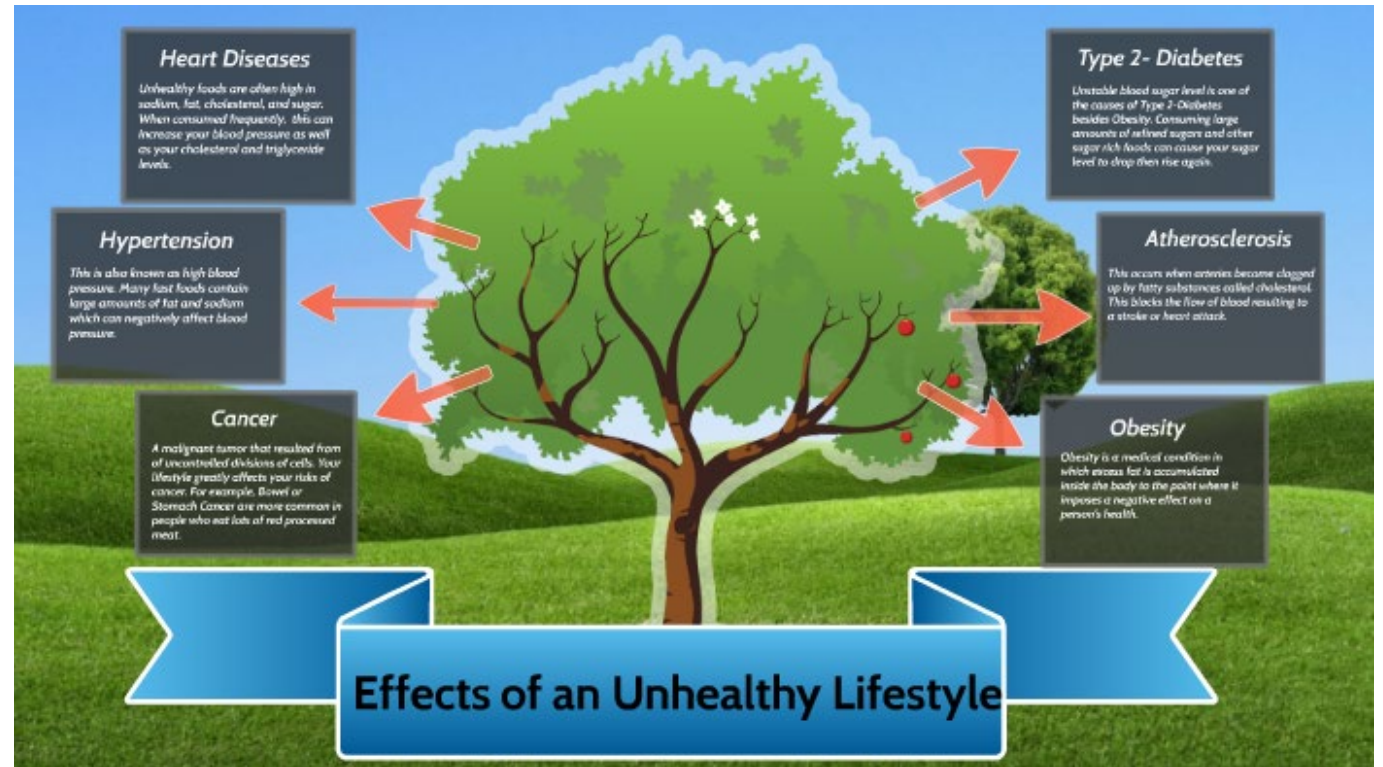


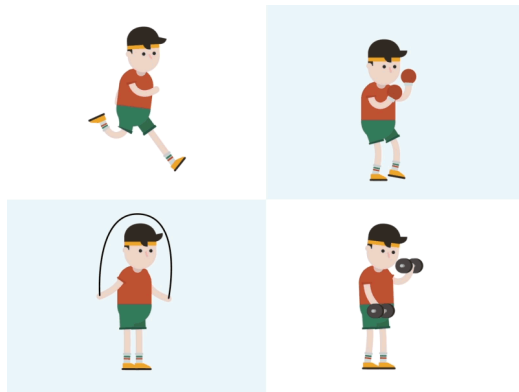
Source: Deloitte analysis.

Impact of Lifestyle Practices on Life Expectancy

People who smoke, don't exercise, eat poorly, and drink alcohol are three times more likely to die from cardiovascular disease and nearly four times more likely to die of cancer, a new study finds.

<https://wb.md/3NBOYNA>





- Men completing 150 min per week of moderate-to-vigorous activity had lower prevalence of depression.
- Increased moderate-to-vigorous physical activity above 150 min per week further reduces depression prevalence.
- Substituting one hour of vigorous for moderate activity reduces odds of depression symptoms by 32%.
- Promoting physical activity is a low cost, low stigma intervention to improve male mental health outcomes.

Currier D, Lindner R, Spittal MJ, et. al. Physical activity and depression in men: Increased activity duration and intensity associated with lower likelihood of current depression. *Journal of affective disorders*. 2020 Jan 1;260:426-31.



Benefits of Walking

- Improved cardiovascular health
- Weight loss
- Reduces sugar cravings
- Reduced arthritis pain
- Better digestion
- Boosting the immune system
- Vitamin D protection
- Stress reduction
- Combats cancer
- Improves brain health

Healthy People 2020

- Healthy People 2020 provided a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans.
- Healthy People 2020 contains 42 topic areas with more than 1,200 objectives.
- A smaller set of Healthy People 2020 objectives, called Leading Health Indicators (LHIs), have been selected to communicate high-priority health issues and actions that can be taken to address them.

<https://www.healthypeople.gov/2020/Leading-Health-Indicators>

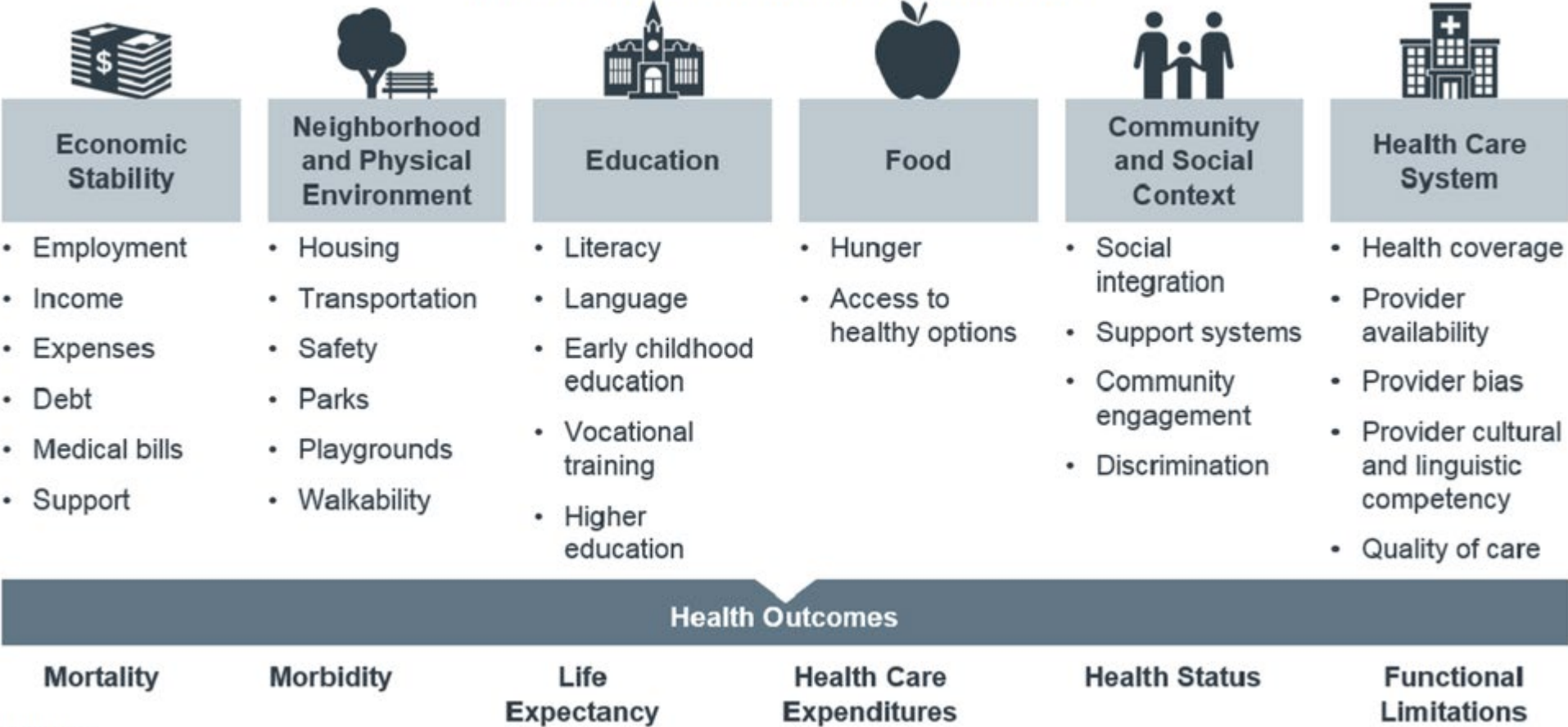
Health Literacy in HP 2030

- For the first time in the initiative's history, the Committee specifically considered health literacy in its decisions throughout the development of Healthy People 2030.
- One of the initiative's overarching goals demonstrates this focus: "Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all."
- Health literacy defined as
 - Personal Health Literacy
 - Organizational Health Literacy

Health People 2030 LHIs by Lifestage

All Ages	Infants	Children & Adolescents	Adults and Older Adults
<ul style="list-style-type: none"> • Children, adolescents, and adults who use the oral health care system (2+ years) • Consumption of calories from added sugars by persons aged 2 years and over (2+ years) • Drug overdose deaths • Exposure to unhealthy air • Homicides • Household food insecurity and hunger • Persons who are vaccinated annually against seasonal influenza • Persons who know their HIV status (13+ years) • Persons with medical insurance (65+) • Suicides 	<ul style="list-style-type: none"> • Infant Deaths 	<ul style="list-style-type: none"> • 4th grade students whose reading skills are at or above the proficient achievement level for their grade • Adolescents with major depressive episodes (MDEs) who receive treatment • Children and adolescents with obesity • Current use of any tobacco products among adolescents <p>https://bit.ly/3bnTotB</p>	<ul style="list-style-type: none"> • Adults engaging in binge drinking of alcoholic beverages during the past 30 days • Adults who meet current minimum guidelines for aerobic physical activity and muscle-strengthening activity • Adults who receive a colorectal cancer screening based on the most recent guidelines • Adults with hypertension whose blood pressure is under control • Cigarette smoking in adults • Employment among the working-age population • Maternal deaths • New cases of diagnosed diabetes in the population

The social determinants of health



Source: Kaiser Family Foundation

Political & Civic Engagement

- Use the power of the vote to get politicians to support health-related issues.
- Modify policies to drive equity in health care funding.
- Increase awareness of health issues in the community.

INITIATIVES TARGETING MEN'S HEALTH



- Faith-based 6-month weight loss intervention for men 35-74

Components

- (a) tailored goals/ messages (via SMS text message)
- (b) self monitoring (via wearable device (Fitbit) and SMS text messages),
- (c) small group training and education
- (d) educational and community-based information and resources.

[Health Prom J of Aust - 2020 - Smith - Equity gender and health New directions for global men s health promotion.pdf](#)

[Mighty men: A faith-based weight loss intervention to reduce cancer risk in African American men - ScienceDirect](#)

HARVESTING HOPE

*A Decade of Cultivating Well-Being
in Black Men and Boys*

The Young Black Men, Masculinities, and Mental Health (YBMen) Project marks its 10th Anniversary with a special celebration.





Week 1, participants are introduced to the YBMen group and oriented to the style and format of the intervention. This is to get participants acclimated to the social media group and build an online “community”.

Week 2, participants receive content on Black masculinity and are familiarised with the idea that multiple masculinities exist for men beyond rigidly defined gender roles.

Week 3, participants receive mental health education and awareness materials to increase their mental health literacy.

Week 4 covers “social support,” “well-being” and “coping” to teach participants about topics related to their social support, well-being and coping strategies.

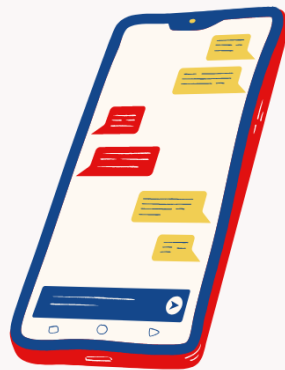
Week 5 concludes the program with a review of content from previous weeks and participants’ plans for moving forward.

National Resources

- National Alliance for Mental Illness FaithNet
- <https://www.nami.org/Get-Involved/NAMI-FaithNet>
- American Psychological Association
- <https://www.apa.org/topics>
- PTSD Consultation Program
- <https://www.ptsd.va.gov>

National Resources

TEXT
MDMINDHEALTH
TO 898-211



Sign up to receive support,
information, and resources for
staying connected.



Online Resources to Support Mental Health

- Better Help (world's largest online therapy service): www.betterhelp.com
- ReGain (Couples' therapists trained in relationship counseling): www.regain.us
- Faithful Counseling (licensed counselors specifically for Christians): www.faithfulcounseling.com
- Teen Counseling (specialists in counseling who help teens flourish): www.teencounseling.com
- Calmerry (Budget-friendly online therapy at home and on the go): www.Calmerry.com
- TalkSpace (speak to licensed counselors with a simple, secure app): www.try.takspace.com
- PRIDE Counseling (professional therapy for the LGBTQ community): www.pridecounseling.com
- Online-Therapy.com (Complete cognitive behavioral therapy toolbox): www.online-therapy.com
- HealthSapiens (24/7 virtual access to behavioral therapists & Medical professionals): www.healthsapiens.com

Mobile Apps that Support Mental Health

- Standard meditation app: [Insight Timer](#)
- Meditation apps for breathing: [INSCAPE](#), [iBreathe](#), [Breathe+](#), Pause Breathwork
- Apps for quick meditation: [Oak](#), [Whil](#), [Simple Habit](#)
- Meditation apps for spirituality: [Mindfulness with Petit BamBou](#), [Waking Up](#), [Prana Breath](#)
- Meditation apps for a budget: [The Mindfulness App](#), [Sattva](#)
- Meditation apps for beginners: [Meditation Studio](#), [Let's Meditate](#), [Happy Not Perfect](#)
- Guided meditation apps: [Breeth](#), [Headspace](#), [MyLife Meditation](#)
- Meditation apps for sleep: [Calm](#), [Buddify](#)

Resources for addressing mental illness

- <https://www.borislhensonfoundation.org/>

BREAK THE SILENCE • BREAK THE CYCLE

“
No one should have to suffer in silence.
Support The COVID-19
Free Virtual Therapy Campaign.

Taraji P. Henson

**TEXT
NOSTIGMA
TO 707070**

YOUR DONATION WILL PROVIDE FREE VIRTUAL THERAPY
TO THOSE IN NEED DURING THIS UNPRECEDENTED TIME

the boris
lawrence
henson
foundation
break the silence • break the cycle



Workgroup Enhancing Community Advocacy and Research Engagement

WE-CARE



Workgroup Enhancing
Community Advocacy and
Research Engagement



WE-CARE: Achieving Health Equity

Kevin B. Sneed, PharmD

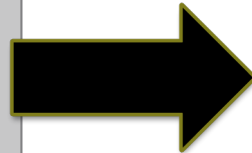
Senior Associate Vice-President/ USF Health
Dean and Professor, USF College of Pharmacy
WE-CARE Founder



WE-CARE Overview

WE-CARE Mission

To advocate for and oversee research activities within the community (underrepresented, minority and medically underserved) in the Tampa Bay area.



Objectives

Empower underrepresented communities

Provide oversight, protection, and advocacy for community participants involved in research

Create and enhance research opportunities for underrepresented communities

Enhance and expand trust between academic and clinical institutions and the community

Strengthen the relationship between researchers and the community

YOUR CHECKLIST FOR HEALTH SCREENINGS BY AGE



Most people know to visit the dentist once every six months, but when was the last time you were screened for skin cancer? If you can't prevent a disease, catch it early. Use our guide to check what tests to discuss with your doctor at each stage of your life.



Age Group	Male Screenings	Female Screenings
20s	<p>SKIN EXAM Yearly</p> <p>TESTICULAR EXAM Yearly</p> <p>EYE EXAM Every 1-2 years</p> <p>BLOOD PRESSURE SCREENING Every 2 years</p> <p>HEARING TEST Every 10 years</p>	<p>SKIN EXAM Yearly</p> <p>PELVIC EXAM Yearly</p> <p>EYE EXAM Every 1-2 years</p> <p>BLOOD PRESSURE SCREENING Every 2 years</p> <p>PAP SMEAR Every 3 years</p> <p>HEARING TEST Every 10 years</p>
30s	<p>SKIN EXAM Yearly</p> <p>TESTICULAR EXAM Yearly</p> <p>BLOOD PRESSURE SCREENING Every 2 years</p> <p>BLOOD GLUCOSE TEST Every 5 years</p> <p>CHOLESTEROL SCREENING Every 5 years</p>	<p>SKIN EXAM Yearly</p> <p>PELVIC EXAM Yearly</p> <p>BLOOD PRESSURE SCREENING Every 2 years</p> <p>THYROID STIMULATING HORMONE Every few years</p> <p>PAP SMEAR Every 3 years</p> <p>BLOOD GLUCOSE TEST Every 5 years</p> <p>CHOLESTEROL SCREENING Every 5 years</p>
40s	<p>CHOLESTEROL SCREENING Yearly</p> <p>SKIN EXAM Yearly</p> <p>TESTICULAR EXAM Yearly</p> <p>BLOOD PRESSURE SCREENING Every 2 years</p> <p>BLOOD GLUCOSE TEST Every 3 years</p> <p>PROSTATE EXAM If high risk of prostate cancer</p>	<p>CHOLESTEROL SCREENING Yearly</p> <p>MAMMOGRAM Yearly</p> <p>PELVIC EXAM Yearly</p> <p>SKIN EXAM Yearly</p> <p>BLOOD PRESSURE SCREENING Every 2 years</p> <p>BLOOD GLUCOSE TEST Every 3 years</p> <p>BONE DENSITY TESTING Every 3 years</p> <p>OVARIAN SCREENING Every 3 years</p> <p>PAP SMEAR Every 3 years</p>
50s	<p>CHOLESTEROL SCREENING Yearly</p> <p>BLOOD PRESSURE SCREENING Every 2 years</p> <p>BLOOD GLUCOSE TEST Every 3 years</p> <p>COLONOSCOPY Every 3 years</p> <p>TESTICULAR EXAM Every 3 years</p> <p>PROSTATE SCREENING Every 3 years</p>	<p>CHOLESTEROL SCREENING Yearly</p> <p>CORONARY SCREENING Yearly</p> <p>FECAL OCCULT BLOOD TEST Yearly</p> <p>MAMMOGRAM Yearly</p> <p>PELVIC EXAM Yearly</p> <p>BLOOD PRESSURE SCREENING Every 2 years</p> <p>BLOOD GLUCOSE TEST Every 3 years</p> <p>BONE DENSITY TESTING Every 3 years</p> <p>OVARIAN SCREENING Every 3 years</p> <p>PAP SMEAR Every 3 years</p> <p>COLONOSCOPY Every 10 years</p>
60s +	<p>CHOLESTEROL SCREENING Yearly</p> <p>CORONARY SCREENING Yearly</p> <p>BLOOD PRESSURE SCREENING Every 2 years</p> <p>BLOOD GLUCOSE TEST Every 3 years</p> <p>COLONOSCOPY Every 3 years</p> <p>HEARING TEST Every 3 years</p> <p>PROSTATE SCREENING Every 3 years</p> <p>TESTICULAR EXAM Every 3 years</p> <p>HERPES BOOSTER Once</p> <p>PNEUMONIA Once</p>	<p>CHOLESTEROL SCREENING Yearly</p> <p>CORONARY SCREENING Yearly</p> <p>FECAL OCCULT BLOOD TEST Yearly</p> <p>MAMMOGRAM Yearly</p> <p>PELVIC EXAM Yearly</p> <p>BLOOD PRESSURE Every 2 years</p> <p>BONE DENSITY TESTING Every 2-3 years</p> <p>BLOOD GLUCOSE TEST Every 3 years</p> <p>COLORRECTAL SCREENING Every 3 years</p> <p>OVARIAN SCREENING Every 3 years</p> <p>PAP SMEAR Every 3 years</p> <p>COLONOSCOPY Every 5 years</p> <p>HERPES BOOSTER Once</p> <p>PNEUMONIA Once</p>

Disclaimer: This is an approximate timeline, and does not represent a complete list of possible health screenings. The age and frequency of screenings may change based on your personal health risks and family history. Talk to your doctor to determine which medical tests are right for you.

Closing Thoughts...

- What else can we do??

Question

Which of the following health issues are leading causes of death for men?

- A. Suicide
- B. Smoking
- C. Obesity/Overweight
- D. Alcohol Use
- E. All of the above

Question

Which of the following health issues are leading causes of death for men?

- A. Suicide
- B. Smoking
- C. Obesity/Overweight
- D. Alcohol Use
- E. All of the above

Question: Health disparities in men have been influenced by all of the following except:

- A. Implicit bias
- B. Gender bias
- C. Social injustice
- D. Disparities in clinical research
- E. All of these have contributed to health disparities in men.

Question: Pharmacists can assist in closing the gap in health disparities for men by doing which of the following?

- A. Encouraging good oral health practices
- B. Educating the public about the importance of health prevention
- C. Promoting health literacy
- D. Promoting political and civic engagement
- E. All of these efforts would assist in closing the gap in health disparities for men.

WE-CARE



Workgroup Enhancing
Community Advocacy and
Research Engagement

Angela M. Hill, Pharm.D., CRPh

ahill2@usf.edu

813.974.2551

WE-CARE (Workgroup Enhancing Community Advocacy Research and Education) is the community outreach arm of the Taneja College of Pharmacy at the University of South Florida. Our mission is to close the gap of health care disparities by being a resource for education on health issues that are plaguing diverse populations and to bridge the gap between clinical researchers and the lay community. For further information about WE-CARE, please check out our website at [Overview | USF Health](#) or feel free to contact us at: TCOP-WE CARE@usf.edu.

WE-CARE collaborates very closely with community agencies to provide services for the community. Thanks to REACHUP, Inc., WE-CARE has an eLibrary of *free* virtual workshops on various topics related to our mission and invite you to check it out at:

https://www.youtube.com/playlist?list=PLEi_ZAAM7ILMaRiasroWa6dbywDgASgLS

Check out our video:

<https://usf.box.com/s/sogsir6hqoqfvciafsqosr4tb9u3un6o>

**Make sure you're using Google Chrome to preview the video.*

**If you are interested in receiving a copy of our Mental Health Resource Guide, please reach out to Dr. Hill @ TCOP-WE CARE@usf.edu.*