

2nd Annual Prostate Cancer Forum An Educational Initiative for

Welcome and Program Overview

Dr. Elisabeth Heath

Mr. Virgil Simons

Mr. Bob Johnson - 100 Black Men of Greater Detroit

Dr. Elisabeth Heath

This is your opportunity to mingle with doctors who are experts in prostate cancer, both clinically and in research, and who are dedicating their time and energy to eradicating the disease. It is important to understand the breadth of the problem, and we have to work together in a multi-pronged approach to defeat prostate cancer.

Mr. Bob Johnson

I have been the chief executive at four major hospitals that largely served the uninsured/under-insured and those who were reasonably disadvantaged in the market place. Along the way, I have come to appreciate the relationship between race, poverty, lack of health insurance and socioeconomic factors that drives healthcare and healthcare disparities, which are really part of a bigger picture.

In the 1990s, 100 Black Men of Greater Detroit developed a prostate cancer public awareness campaign, and in 2009 we hosted an event at Ford Field where we focused our efforts on families even though our target was primarily men. In 2010, we hosted a health-screening event, and our whole purpose was to elevate the importance of health to men and their families while also providing a service that helped to identify whether they had elevated PSAs or elevated blood pressure, glucose or cholesterol in order to get them to think about the need to see a physician. We wanted to not only make them aware but also encourage them to develop a relationship with a physician. This past Friday, we had a health education forum to provide information to people so that they had an opportunity to learn more about prostate cancer and the factors that affect men's health. Finally, this past Saturday, we held our second annual event, which brought together around 400 people, and 54 men got their PSAs checked. Men are starting to get the idea that they need to know more about their health, and the only way they can do it is to start somewhere along the path. We believe these types of events help to connect men with primary care physicians in addition to educating them about their health.

Getting back to healthcare disparities, to me they are just a part of societal disparities, and when we look at the U.S. healthcare system, we have to ask some fundamental questions. Why do we in the U.S. have less people covered as a percent of the population with healthcare coverage and insurance? Why do we have worse outcomes particularly for racial and ethnic minorities, and what can we do about it?

In my judgment, we aren't going to solve healthcare disparities until we solve the problems of disparities in educational attainment, home ownership, and family wealth along with reducing the populations in prisons, ensuring that there is greater professional attainment and improving the general family income of people. Absent that, people are concerned with issues of survival versus those things that would improve their health.

In closing, in the State of Michigan roughly 40% of African American men do not live to be 65 years-of-age, which is a stunning statistic. We have to do something about longevity and improvement of health status. What is required to change the trajectory? What is required for people to be able to take advantage of benefits and services and give them the opportunity to live more comfortably? What can we do to help not only individuals but also communities to improve their health status? We must answer these questions and take action.

Mr. Virgil Simons

Sixteen years ago, I was treated for prostate cancer, and as a marketing professional I looked at it as an opportunity for business development because what I saw, being at that point in my life a successful corporate executive and having access to the best standard of care, was I still wasn't getting what I felt was acceptable interaction between medical professionals and myself. If my resources didn't enable me to get that, what about the average person on the street who didn't have anywhere near the resources? We started at that point to create a movement that was about empowering, educating, and giving patients and their families the ability to make changes in their lives regarding one of the most important things they may come across.

Most patients and many doctors don't know what they don't know. We go into a situation and are confronted with it for the first time, and we have no frame of reference. What is PSA? What is prostate cancer? How do I deal with it? How do I deal with healthcare professionals? What can they do for me, and what can I do for myself? In many cases, the doctors don't know how to effectively interact with patients and guide them in making informed choices.

I have my own theory about men and their participation in the medical system. When women enter into puberty, they are automatically ushered into the company of women, and they are educated about health. This continues through their lives where women talk about those things that are important to them. Men, on the other hand, enter into puberty, get their first erection, and that is how they measure their health for the rest of their lives. "If I can get it up, I must be okay." We have to start breaking down the paradigms. A man is not conditioned to take control of his health and be responsible for it. In the past 15 years in which The Prostate Net has been in existence, we have begun to change that. Our mission is to be about change and empowering people to make changes for themselves.