

Prostate Cancer: “Real Men” are Checking it Out in South Carolina

By Houkje Ross

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Gardenia Ruff is on a mission to improve the health status of minorities in South Carolina. As the director of South Carolina's Office of Minority Health, she is excited about the attention minority health issues are receiving across the state. Ruff continues to work on many issues, and decided to tackle prostate cancer because of a lack of emphasis in general on male health issues and the limited number of initiatives that are culturally competent.

In 1998, funding from the federal Office of Minority Health enabled Ruff to develop the Prostate Cancer Health Communication and Education Initiative for African American males in South Carolina. Within the last decade, prostate cancer has become a major health problem in South Carolina. Statistics from the Centers of Disease Control and Prevention and the American Cancer Society, hospital discharge data, and death certificates show that the state has one of the highest rates of prostate cancer mortality in the nation.

Several organizations in South Carolina have set out to educate and screen African American men for prostate cancer but, “they have not taken into consideration the need to seek community involvement in the development and implementation of acceptable educational programs for the target population,” according to a summary of the initiative.

Ruff's project, which did seek community involvement, developed a health education guide poster and other educational materials that work for African American communities in her state. The message, “Real Men Get It Checked,” confronts masculinity issues while encouraging men to get prostate screenings.

Success Comes from Listening to the Community

The initiative has been highly successful, in part because Ruff and her staff made a point of gaining an understanding of African American attitudes, beliefs, and knowledge about health and prostate cancer. Outreach materials, tools, and methods were all developed based on what the African American community told the South Carolina team.

With one urban and one rural county represented, the initiative used focus groups to gather information on definitions of health, early exposure to health messages, sources of health information, and knowledge of prostate cancer and screening methods.

Focus group participants, who included both men and women, were asked to develop messages that would encourage men to participate in early screening. Initially, the community resisted participation in the focus groups. Many African Americans are tentative when it comes to discussing cancer and sexuality. But once a well-respected community member facilitated the process of recruiting members and word spread, participation was no longer a problem.

The focus groups determined that clear, to-the-point messages should be used when conducting outreach to African American males. A trusted messenger and a comfortable and familiar setting also play a large part in how well

African American males respond to outreach. Threats to masculinity, denial, fear of impotence, death, and rectal exams all were cited as barriers to screening. The focus group results revealed:

- African American males had no clear definition of health. Being pain free, however, was associated with good health.
- Media sensationalism, hysteria, and mixed messages about health contribute to a lack of trust in the African American community.
- Unnatural food production (i.e. steroid injections, food additives) and preparation was associated with cancer.
- Rural respondents were more likely to perceive a correlation between soil, ground water, air pollution and cancer. Lack of consumption of home-grown vegetables was also associated with the increase in cancer.
- Cancer is not discussed because cancer always means death.
- Doctor and hospital visits were not a part of early family rituals.
- Women expressed frustration in men's lack of cooperation in scheduling and following through with doctor's visits, and over men's unwillingness to learn about diseases that can have a devastating effect on the individual as well as the entire family.
- A lack of knowledge of the location and function of the prostate was evident, particularly in the rural male group ages 21-39.

“We have had an overwhelmingly positive response from those who participated in the prostate education. Both the men and women found it to be very useful. Ten years ago this would not have happened,” said Ruff. “We accomplished what we set out to do; we reached our target population,” she said. Palmetto Baptist Hospital, one of the largest teaching hospitals in the state, has adopted the model Ruff and her staff developed.

The hospital gave grants to 30 churches throughout the state, which will use the “Real Men Get it Checked” prostate cancer information materials. Many organizations have expressed an interest in using the posters and materials Ruff's office developed; other organizations want to adapt the materials for colorectal screening. “I would estimate that as many as 12,000 people could be reached through the church grants,” said Ruff.

Other states can use South Carolina's model, but Ruff says they should still conduct focus groups to fine-tune the model to their target population.

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