

A Health Guide for
American Indian Men



At sixty-seven years old, Fred Lynch learned something new about his body.

Brother Fred attended his church health screening to show support for the church but he intended not to go home with a handful of brochures or to get poked with a needle. He pretended not to hear the nurse who wanted to stick his finger-he checked his blood sugar before leaving home. It was okay. He smiled at the man who held up a blood pressure measurer. He nodded at the woman doing cholesterol.



Brother Fred circled the fellowship hall thinking the people with brochures and gadgets had nothing new to tell him. He planned to walk through maybe twice then go home and feed his dogs.

Wouldn't you know, the pastor loudly announced that he wanted every man to talk to the woman with information about ...a 'pro-steak'? Brother Fred went to the table where the preacher had pointed and the woman began saying that he had one of them...whatever it was called. He didn't pay attention until she said that a 'pro-state' could cause a man his age to get cancer. Brother Fred perked up. He thought, 'If I've had that pro... whatever all these years, it could have give me cancer by now.' Brother Fred rolled up his sleeve and told the woman his doctor's name.

The next week, Fred Lynch sat on an exam table at his doctor's office. He had been called to come in about the blood test at the church. His doctor rushed into the room then flopped down on a stool.

"Mr. Fred, good you had that blood draw. Your PSA is elevated." Fred slowly swung his feet and thought, 'Wonder how I got a PSA? It must have come from gettin' old.'

The doctor stared at Fred, "Do you understand?" Fred climbed off the exam table and pulled his overalls down from where they had gathered between his thighs. Then, he sat on the chair next to the sink, "Doc, I'll tell you, I know a lot of things." Fred wiped the back of his wrinkled hand across his mouth. "I know when to bait a hook and where to catch a catfish big enough to feed a crowd. Me and my dogs can run a fox 'til he decides it'd be easier just to give in to us."

Fred looked around the room at the picture of American Indians on horses and another with American Indians in a canoe. He looked down at the embroidered feather on his hat then back at the doctor, "I'm proud be an Indian man and to know a lot of important stuff. I'm also smart enough to say I don't know what you're saying but I want to know...So, tell it to me again in plain English."

The doctor nodded then explained that Fred's blood work showed he might have 'prostate' cancer but it had probably been found early. He showed Fred pictures of where the prostate is located in a man's body and he pronounced the word "prostate" until Fred could also pronounce it. Driving his faded red and mostly dented pick-up home from the doctor's office, Fred felt blessed that he had let that woman stick him with a needle at the church health screening and that his prostate cancer had been found early enough to save his life.



Mike Locklear's promise to his son Ben, forced Mike to accept the toughest challenge of his life.

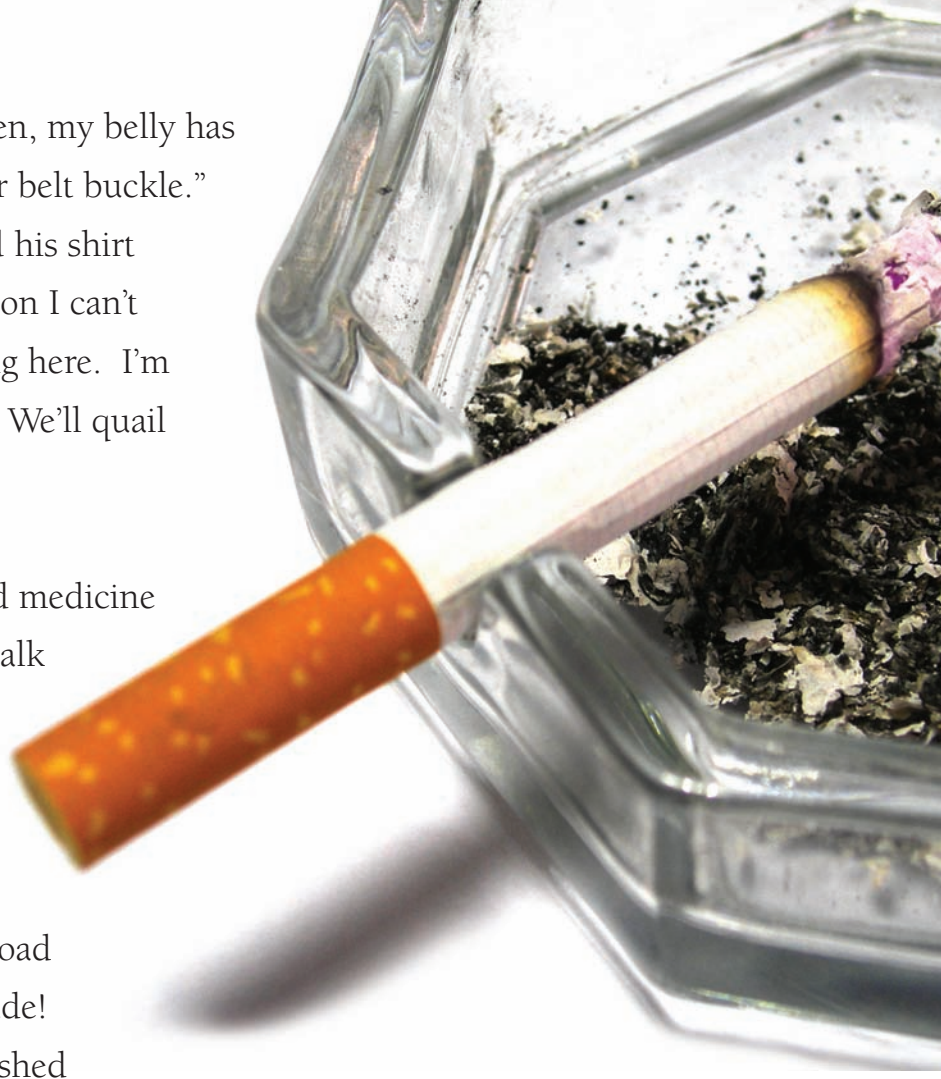
Ben drummed with guys at a powwow who sang about hunting. Back at home, Ben wanted to hunt with Mike then write his own song for the drum. Mike liked that idea; he considered how to start Ben's hunting experiences. Mike used to hunt and still had his dogs and it also happened to be quail season. So, they loaded into the cab of Mike's pick-up with its collection of drywall buckets in the bed and a sticker on the bumper which read, First Americans!

Mike gave Ben hunting advice all the way to town where they bought licenses and shells. Next morning, they were in the woods and excited, but an hour and three birds later, Mike was exhausted. He sat on a stump to catch his breath and wipe the sweat which dripped from

his graying black hair onto his neck, “Ben, my belly has hid the turquoise bear claw on my silver belt buckle.” Mike took an obvious breath and patted his shirt pocket, “These cigarettes is another reason I can’t walk through the woods and enjoy being here. I’m going to quit smoking and lose weight. We’ll quail hunt another year.”

The next week, Mike’s doctor prescribed medicine for tobacco cravings and told Mike to walk four times a week. The first morning, Mike’s knees hurt. He didn’t finish a mile. Two mornings later, water in his thermos instead of tea, Mike’s knees still hurt. He wanted to sit on the dirt road and smoke the biggest cigarette ever made! Instead, Mike kept walking until he finished his mile. Eventually, he could walk three miles four times a week without aching knees. He walked regularly and lost weight slowly. Still, quitting smoking proved to be harder to conquer than losing weight. Even with medicines, Mike wanted a cigarette when he woke in the morning and after meals. It took month after month of down-right determination and forgiving himself when he gave-in to the temptation for a cigarette, but Mike finally quit smoking. Start of next quail season, Mike and Ben were in the woods all day long. The dogs flushed covey after covey of quail.

By the end of the day, a lot of Ben’s shots had hit their mark. Mike enjoyed quail hunting with his son. Mike’s decision to lose weight and quit smoking presented one of the biggest challenges of his life. The fact that Mike succeeded at the challenge gave Mike improved health and his son hunting tales to sing about around the drum.





Heart Disease

Heart disease includes any illness that can affect the function and health of the heart. Heart disease is one of the leading causes of death among men in the United States; according to the Centers for Disease Control and Prevention (CDC), every year nearly 400,000 men die from it, including over 2,000 American Indian Men. Heart disease is especially on the rise among American Indians. The good news, however, is that heart disease can be prevented.

Heart disease can be prevented. Know your risk factors and take steps to control them!

Controllable Risk Factors

- Hypertension (high blood pressure)
- High cholesterol
- Diabetes
- Obesity
- Lack of physical activity
- Smoking

Uncontrollable Risk Factors

- Age (being 50 years old or older)
- Family history of heart disease before age 55.

The most important thing is to keep risk factors under control to reduce your risk of heart disease:

- Normal blood pressure is below 120/80 mmHg; the higher your blood pressure, the greater your risk for heart disease.

- A normal total cholesterol level is less than 200 mg/dL. LDL (bad) cholesterol should be less than 100 mg/dL, or in high risk groups, less than 70 mg/dL.

- If you have diabetes, be sure to keep your blood sugar (glucose) and hemoglobin A1c levels under control. A normal level of hemoglobin A1c is less than 7.0 percent.

- Don't smoke, and avoid being around others who smoke.

- Follow a healthy diet low in fat and salt

- Be active; any type of physical activity helps

- Maintain a healthy weight

Many effective medicines can help you control high blood pressure, high cholesterol, and diabetes; your healthcare provider can help you decide the best treatment for you.

Stroke

The Centers for Disease Control and Prevention (CDC) estimate that each year about 700,000 people will have a stroke. Of those who have a stroke, up to 14% will have an additional stroke within one year! The CDC also tells us that American Indian men have almost twice the rate of stroke than white men.

A stroke (sometimes called a brain attack) occurs when a blood clot blocks an artery or a blood vessel breaks, interrupting blood flow to an area of the brain. When blood flow to the brain is interrupted and no oxygen reaches the brain, the cells begin to die causing brain damage. When brain cells die during a stroke, abilities controlled by that area of the brain are lost. These may include the ability to speak, to move (paralysis), or to remember things.

The risk for stroke increases with age; after the age of 55 your stroke risk doubles for every decade. Some risk factors for stroke cannot be controlled, such as age, gender, and family history.

Uncontrollable Risk Factors

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Controllable Risk Factors:

High blood pressure - High blood pressure is the number one risk factor for stroke, and 1 in 3 American Indians suffer from high blood pressure. You can prevent and control blood pressure with drug therapy and/or lifestyle modifications (for example, < 140/90 or if you have diabetes < 130/80).

Diabetes - American Indians suffer from diabetes at a higher rate than whites. To decrease stroke risk, it is important that diabetes is controlled.

High cholesterol - High blood levels of cholesterol can

increase the risk of atherosclerosis, which leads to blockage of blood vessels and contributes to stroke risk. It is important to have your cholesterol levels measured by a physician. If your levels are high, diet and/or medication can be given to control blood cholesterol.

Smoking - Cigarette smoking doubles the risk of stroke!

Among other things, smoking damages the blood vessel walls (speeding up the process of atherosclerosis), raises blood pressure, and makes the heart work harder. Women who smoke have special concerns. If a woman smokes, takes oral contraceptives, and has a history of migraines, her risk for stroke is increased dramatically! Within 5 - 15 years of quitting smoking, the risk of stroke decreases to that of someone who has never smoked. So, it's worth it to get help to quit now.

Heart disease - Heart disease rates are on the rise among American Indians. People with heart disease are at greater risk of stroke than those without it. You can reduce your risk for heart disease by adopting some of the healthy lifestyle changes discussed in this booklet, such as quitting smoking, eating healthy, exercising, and decreasing stress.

Obesity & Overweight - More than half of U.S. adults are overweight and more than 30% are obese. Regular physical activity and proper diet can help decrease the obesity.





Prostate Cancer

The National Cancer Institute estimates that one in six men will be diagnosed with prostate cancer at some point during their lifetime, and more than 30,000 men living in the United States will lose their lives to it each year. In North Carolina, more than 7,000 men develop prostate cancer each year, and approximately 1,000 men will die from it. For American Indian men, prostate cancer is the most common type of cancer and the second leading cause of cancer death.

Risk Factors

The exact cause of prostate cancer is unknown; however, research shows that men with certain risk factors are more likely to develop it. These risk factors include:

- Age (being over age 50);
- Family history (especially having a father, son or brother with prostate cancer);
- Diet (eating high fat foods); and
- Race (African American and American Indian men are at higher risk than White men)

Symptoms

Many men with prostate cancer may not experience symptoms early on. When symptoms occur they can include:

- Urinating frequently, especially at night;
- Having blood in the urine;
- Difficulty urinating; and
- Experiencing sexual problems.

There are screening tools available that can detect prostate cancer. These include:

- Digital rectal exam (DRE): the doctor feels a portion of the prostate for abnormalities in size or shape; and

- Prostate specific antigen (PSA) blood test: detects the level of proteins released by the prostate; if PSA level is high, further testing can determine the reason.

Healthcare providers should offer both PSA and DRE tests every year to all men over age 50. For those at high risk, testing may be recommended as early as age 40 – 45. A man's prognosis is dependent upon several factors, including the stage of the cancer at the time of diagnosis. Getting screened is essential because it allows for early detection, improving the chance of survival.

Control and Treatment

There are various treatment options, including surgery, external or internal radiation therapy, hormone therapy, cryotherapy (destroying cancer cells with extreme cold), or chemotherapy. We do not yet have any foolproof methods of preventing cancer; however, current research suggests we should get informed, eat a diet rich in fruits and vegetables, exercise regularly, and GET

Testicular Cancer

According to the National Cancer Institute (NCI), though less common than prostate cancer, testicular cancer is most often found among younger and middle-aged men - ages 15 to 39 years.

Risk Factors

- Undescended testicle(s) - when the testicle(s) do not descend into the scrotum, which usually happens between ages 1-2 years;
- birth defects affecting the testicles, penis, or kidneys; and personal or family history of testicular cancer. Some research has suggested a potential link between men who have had a vasectomy (a procedure to cut or tie off the two tubes that carry sperm out of the testicles), but more evidence is needed to confirm this risk factor.

Most testicular cancers are found by men themselves; all men should do monthly self exam and see their doctor if they have:

- lumps, swelling or enlargement
- pain or discomfort,
- enlargement or heaviness of the testicle or scrotum,
- dull ache in the back or groin, or fluid in the scrotum.

Tests

There are three common tests used to diagnose testicular cancer:

- Blood tests to determine levels of tumor markers (higher levels are present with cancer),
- ultrasound (creates a picture of the scrotum and testicle so it can be better seen), and
- biopsy (tissue from the testicle is examined to determine whether cancer is present).



Treatment

The three treatments main treatments for testicular cancer:

- surgery,
- radiation therapy,
- and chemotherapy.

Surgery to remove the cancerous testicle is the primary treatment for almost all stages and types of testicular cancer, in early stages this may be the only treatment needed. Lymph nodes from the groin are sometimes also removed, depending on the stage of cancer. Following surgery, your doctor may recommend radiation (uses energy beams to kill cancer cells) and/or chemotherapy (uses medications). It is important to know that you may experience infertility as a result of either therapy. Remember! Monthly self exams and regular physicals with your doctor are your best ways of detecting and treating a problem early.

Diabetes

Diabetes is the 4th leading cause of death for American Indians, according to the Centers for Disease Control and Prevention (CDC). The Association of American Indian Physicians states that American Indians are 4.3 times more likely to die from it than other Americans.

Diabetes is a disease in which the body is unable to produce and/or utilize insulin appropriately to transfer glucose (sugar) from the blood into the cells and use it for energy. Insulin is a hormone that helps the body's tissues absorb glucose and regulates how much glucose the body makes.

Risk Factors

- being overweight,
- family history,
- sedentary lifestyle,
- being a member of a high-risk ethnic group such as American Indians and Latinos, and
- having high blood pressure, and having high cholesterol or triglycerides.



THERE ARE TWO FORMS OF DIABETES:

Type 1: occurs when the pancreas is unable to produce insulin and usually appears in lean children or young adults.

Type 2: occurs when the body becomes less sensitive to insulin, which makes the body use insulin less effectively; it most often occurs in overweight or obese individuals.

Type 2 diabetes accounts for 90-95% of all cases.

Uncontrolled diabetes can lead to many problems and eventually death. Other key facts to know about diabetes include:

- High levels of glucose in the blood damages blood vessels and causes death of cells in the body.
- Diabetes is linked to heart disease, and is a leading cause of kidney disease and the need for dialysis.
- Diabetes can also cause blindness and nerve damage, and
- Can lead to infections such as ulcers which may eventually lead to amputations.

Control and Treatment

Controlling your diabetes earlier will lead to a better quality of life and protect your body from the effects of the disease.

Change your diet – Avoid foods and beverages high in sugars and carbohydrates. Ask your doctor about a diabetic diet and food preparation course near you.

Exercise and lose weight – Losing weight can actually help you control your glucose better, and it may mean you take less medicines.

See your doctor regularly – There are a number of safe medications and insulin available and proven to help control diabetes; it is important to develop a good action plan between yourself and your doctor.

HIV/AIDS

Since the 1980s, AIDS has killed more than 25 million people worldwide, and over 1,600 American Indians/Alaskan Natives have died from AIDS since the epidemic began (Centers for Disease Control and Prevention).

HIV/AIDS is a health problem that many people do not understand, and risk factors for this condition are more common among ethnic minority groups. AIDS is the deadly consequence of being infected with the HIV virus. The HIV virus is transmitted from one person to another by:

- **Blood transfusions,**
- **High risk sexual contact - unprotected sex, many partners,**
- **Sharing contaminated hypodermic needles**

HIV/AIDS weakens the immune system, which increases the risk of developing other illnesses. A person can have the HIV virus for as long as 10 years and have no symptoms; however at any time after infection the virus can be transmitted to other people.

Major forms of transmission among AI/ANs are from high risk male to male sexual contact and injection illegal drug abuse.

Treating and preventing HIV/AIDS in these communities is complicated by higher rates of poverty among AIANs.

While there is no cure for HIV/AIDS, medications are available to reduce the rate that the disease progresses.

How To Reduce Your Risk

Personal responsibility is critical in preventing the spread of HIV. It is essential to:

- Know your HIV status: people who engage in risky behaviors (unprotected high-risk sexual contact, injection drug use) should be tested regularly for HIV.



According to the Centers for Disease Control and Prevention, American Indians/Alaskan Natives (AI/ANs) have the 3rd highest rate of HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) among the 5 major race/ethnic groups in the US.

- Become knowledgeable about the virus and its related disease states.
- Abstain from risky sexual behavior or practice safe sex by using a latex condom, especially if you do not know the HIV status of your partner.
- It is important to remember that all risk sexual contact can place you at risk for HIV - getting tested is essential to know your partner's and your status.
- Refrain from injecting illegal drugs, and never share a needle with anyone.

Depression



If you or someone you love is suffering from depression, you/they should see a doctor immediately. You should feel free to discuss these sensitive and confidential issues honestly to ensure you receive the best care possible.

Some possible treatment plans for depression include talk therapy, or discussions with a trained professional to understand the causes of depression in life. Sometimes medication is needed, or a combination of the two.

Depression is a serious medical illness that affects about 30 million American adults of all races and ethnicities. The National Institute on Mental Health (NIMH) states that depression can be caused by many things, including major life changes, stress and anxiety; there are also many unknown triggers for depression.

Depression is a type of illness known as a mood disorder, meaning that it significantly alters your thoughts and your mood. Many people think that depression is “in the imagination” and that a depressed person should “get over it.” However, depression is a real condition that is caused by changes in the chemicals in the brain. Most importantly, it is not the victim’s fault that he or she suffers from the disease, and having it does not make him or her “weak” or “crazy.”

According to NIMH, Common symptoms of depression include:

- Persistent sad, anxious, and/or “empty” mood;
- Feelings of hopelessness and/or pessimism;
- Feelings of guilt, worthlessness, and/or helplessness;
- Loss of interest or pleasure in hobbies and activities
- Decreased energy, fatigue, and/or feeling “slowed down”;
- Difficulty concentrating, remembering, and/or making decisions;
- Insomnia, early-morning awakening, or oversleeping;
- Appetite changes with weight loss or weight gain;
- Restlessness and/or irritability;
- Mood fragility, such as crying easily and/or inappropriately;
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain; and
- Thoughts of death or suicide or suicide attempts.

Generally, at least 5 of these symptoms are present in clinical depression but people experiencing any of these symptoms persistently should be screened.

Colorectal Cancer

Colorectal cancer, or CRC, is the third most common type of cancer in the United States, claiming over 50,000 lives each year. Colorectal cancer is cancer of the colon (large intestine) or the rectum. It primarily affects people aged 50 or over.

Common symptoms

- change in bowel habits;
- blood in the stool;
- narrower stools than usual;
- abdominal discomfort;
- frequent gas, pains, or indigestion;
- unexplained weight loss;
- fatigue; and
- nausea and vomiting.

CRC frequently develops from polyps (abnormal growths), so it can often be detected early with

screening tests. Screening enables your doctor to remove the polyps before they turn into cancer or to treat cancer early if it has already formed. Common screening tests include:

- Fecal Occult Blood Test (FOBT): Detects blood in the fecal matter;
- Digital Rectal Exam: Doctor inserts a gloved, lubricated finger into the rectum to palpitate any nodule or abnormal area;

- Barium Enema: Liquid containing the chemical barium is inserted into the rectum and covers the lower gastrointestinal tract, and X-Rays are taken to look for polyps or other abnormalities; and
- Colonoscopy: Exam of the rectum and entire colon using a thin lighted tube called a colonoscope. This is done while the patient is under sedation.

Studies have shown that you can reduce your risk of developing CRC by:

- increasing physical activity,
- eating fruits and vegetables,

- limiting alcohol consumption, and
 - avoiding tobacco.
- Also, screening is critical for reducing your risk of developing or dying from CRC.

- The current recommendation is that all persons aged 50 and older should get a colonoscopy every 10 years.

Persons who are at higher risk include those

with family or personal history of CRC, those with polyps, and those with other colon diseases such as ulcerative colitis or Crohn's disease. These persons should talk to their doctor about having the screening tests done more frequently and starting at an earlier age.



Dr. Ronny Bell

In September 2007, Dr. Ronny A. Bell was named Director of the Maya Angelou Center for Health Equity. He is a native of Robeson County, North Carolina, and is an enrolled member of the Lumbee Tribe of North Carolina. Dr. Bell is also a Professor in the Dept. of Epidemiology, Division of Public Health Sciences at Wake Forest School of Medicine (WFSM). Dr. Bell received his bachelor's degree in public health nutrition from the University of North Carolina at Chapel Hill, his Masters degree in epidemiology from Wake Forest School of Medicine, and his PhD in nutrition from UNC-Greensboro. Dr. Bell has been a part of Wake Forest School of Medicine for 16 years.





A General Guide to Health for American Indian Men has been developed by The People's Clinic of the Maya Angelou Center for Health Equity at Wake Forest School of Medicine.

Visit our website at www.wakehealth.edu/MACHE or call 1-877-530-1824.

Sources: Center's for Disease Control and Prevention, National Institute of Mental Health, American Heart Association, American Diabetes Association, National Center for Health Statistics, and the CDC Office of Minority Health.

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