

Barriers of Prevention and Education of Prostate Cancer in Rural America

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GENERAL INFORMATION:

What is the Prostate?

- A glandular organ in males that is located inferior to the bladder and on the originating end of urethra. ¹
- A valuable aid in the genitourinary system, serving many functions including – production of semen, hormones (prostate specific antigen, i.e. PSA), and passive urine retention. ¹

What is Prostate Cancer (CA)?

- A malignancy that is found in men, generally in 4-6th decade of life, which leads to global mortality increase. If detected early, mortality decreases. ²

What are predisposing factors of Prostate Cancer?

- There are several risks for development of prostate CA, including: advanced age, genetics, diet, obesity and even race (>15% higher rate in African Americans). ^{2,3}

What are signs and symptoms of Prostate Cancer?

- Patient presentations vary.
 - Early detection requires screening and is frequently asymptomatic. ⁴
 - Late signs and symptoms are not limited to– regional lymphadenopathy, metastasis to other regions of body (MC lower back), elevated PSA. ⁴

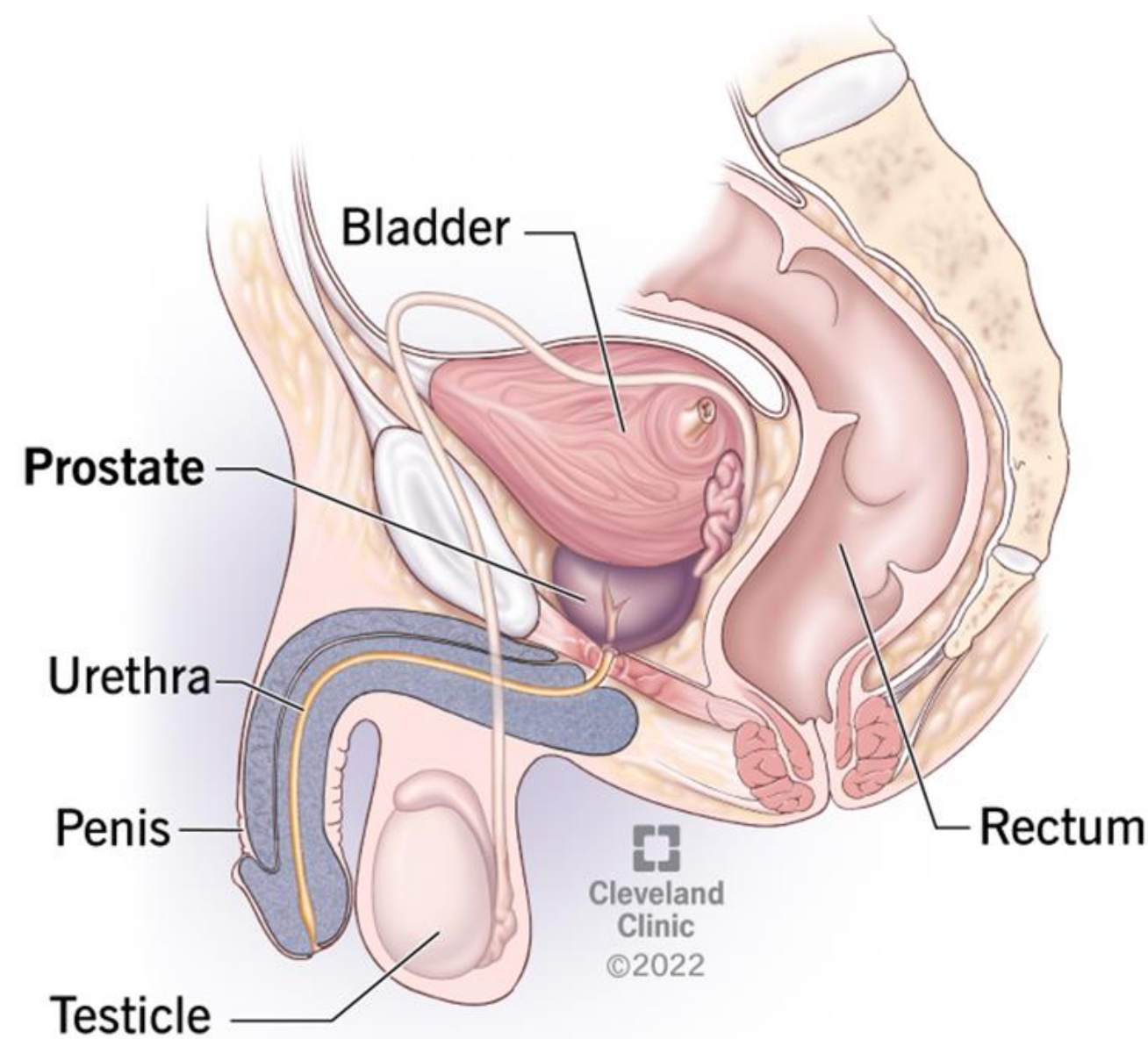


Figure 1 – Image of Prostate Anatomy ⁵

RURAL VS URBAN DEFINITION AND RESOURCE COMPARISON:

What is a rural community vs an urban community?

The US Census Bureau defines rural as an area that is not urban. Urban is defined as ≥5,000 people or ≥2,000 housing units in defined region or area. ⁶

RURAL RESOURCES

Less access to:

- Healthcare professionals (facilities, specialists and, resources).
- Education and screenings.
- Cultural motivation (Cynicism and distrust in health institutions).

URBAN RESOURCES

More access to:

- Healthcare professionals (facilities, specialists and, resources).
- More publicity and attention to educational resources and clinics/screenings.

CONTINUED SPECIFIC HEALTH: (POPULATION WHOLE)

Main Barriers of Prostate Cancer Acknowledgement

- The topic of prostate health is considered sensitive or taboo to patients.
- Lack of education of prostate cancer as a risk to overall health/well-being.
- Limited access to specialty healthcare services, i.e. Urology and Oncology.
- Lack of trust in the healthcare system within the community/culture.

BARRIER 1 – PROSTATE HEALTH IS A “SENSITIVE TOPIC”

- This is regarded as a sensitive topic for most males. Men tend to take conversations about their general health through a skeptical lens...making conversations about the prostate nuanced and challenging for both patient and provider. ⁷
- It has been reported that men can view this conversation as uncomfortable or embarrassing. *“...in, I think it goes back to that manhood type thing for the most part, we are uncomfortable discussing, talking about and deny it...”*
- Quote from patient in study, Oliver 2007 ⁴

BARRIER 3 – LIMITED ACCESS

- Most counties in the US do not have appropriate specialist care, i.e Oncologist and Urologist. ⁹

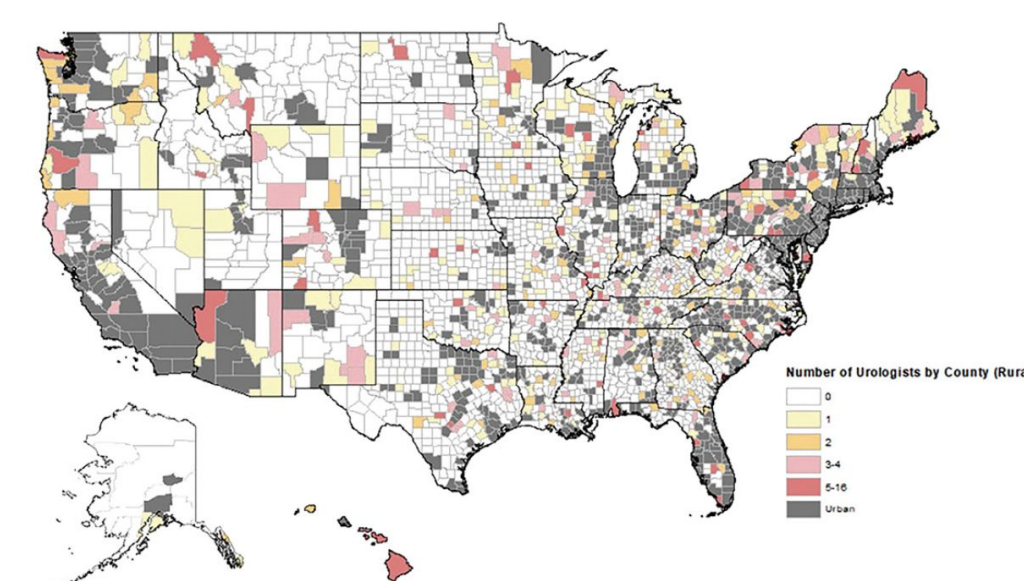


Figure 2 – Distribution of rural urologists by county (2020) ¹⁰

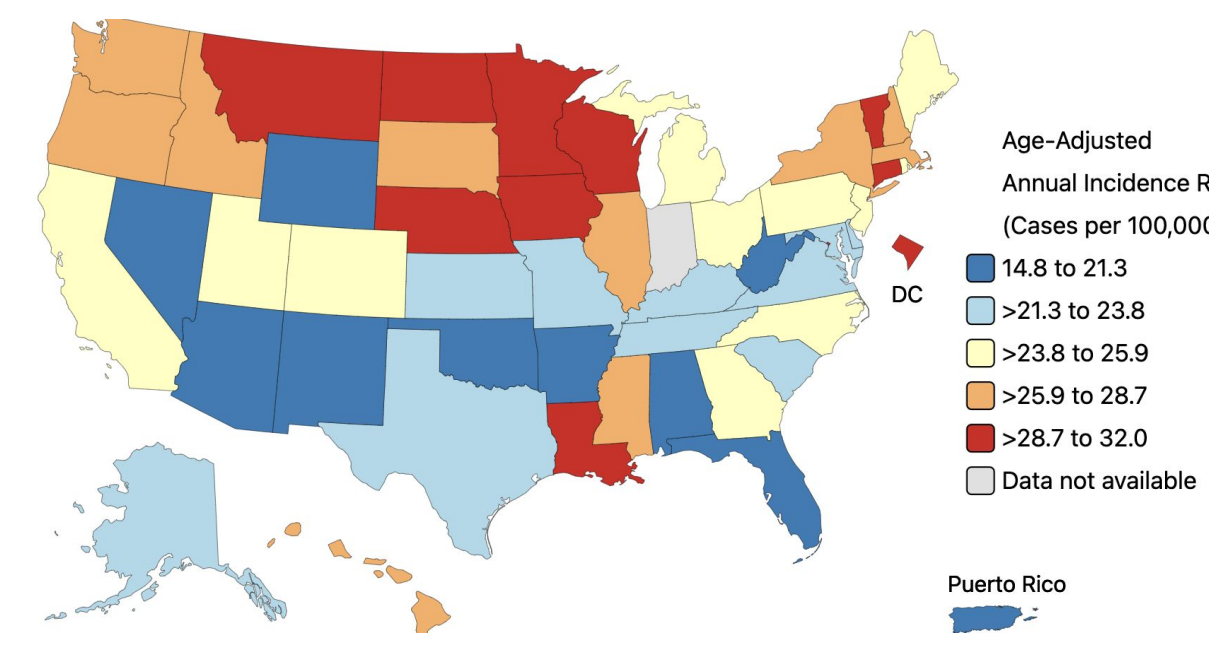


Figure 3 – Incidence rates of last stage prostate cancer in the US ¹¹

“Barbershops are an ideal setting to reach older African-American men in rural areas where there is a shortage of health care providers and limited health information about cancer screenings for African-American men. Barber health advisors might play a significant role to increase informed decision- making among their customers by encouraging them to have a conversation and ask questions during their medical visits with a family physician”

- Quote from patient in study, Luque 2015

INTERVENTIONS FOR IMPROVEMENTS:

- Seek NIH/NSF or Rural Target Grant Funding**
 - Goal – Conduct a 10-year observation and survey focusing on:
 - Observation using medical records for trends: Patient participation in healthcare for screening, examination, follow-up and treatment patients’ awareness of risks of developing disease, recognition of symptoms, means of detection, knowledge of treatment options and risks for delays.
 - Survey of patient awareness of the risks, knowledge of resources and outcomes.
 - Recruitment:
 - Local preventive family and internal medicine practices for medical records, PH/CMS reporting of demographics/data
 - Survey (qualitative data) focusing inquiry: Knowledge, Confidence, Compliance, and Outcomes.
- Objective Data Collection:**
 - Prospectively collect data for measures of detection and treatment outcomes, following trends with initiatives/implementation.

Outreach:

- Open forums in community centers, consistent with diverse cultural focus. Using healthcare teams to aide in building relationships, trust, and patient engagement.
- Provider workshops raising awareness of barriers to patients and community, with support for patient centered education and resource extension (CMS Rep)
 - Provider/Community recruitment and engagement.
 - Focus on education & advocacy, including “winning hearts and minds”.

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BARRIER 2 – KNOWLEDGE/EDUCATION

- A study in a rural area in the US showed that approximately 40% of men did not know the resources available to them. ⁸
- Lack of patient centered education limits:
 - Implementation of prevention strategies. ⁸
 - Recognition of early signs and symptoms, in turn reducing proper care in a timely manner, including referrals to specialists.

BARRIER 4 – LACK OF COMFORT AND TRUST:

- Fear in the healthcare system is a barrier for most patients, especially men. ⁴ Specifically, those at greater risks, i.e. African American population, often due to historical lapses in ethical practice (ex. Tuskegee Syphilis Study). ⁷
 - Patients to make justifications for not seeking medical care until they feel that it is necessary, which is often too late for preventive efforts, leading to discovery in late-stage disease. ⁴

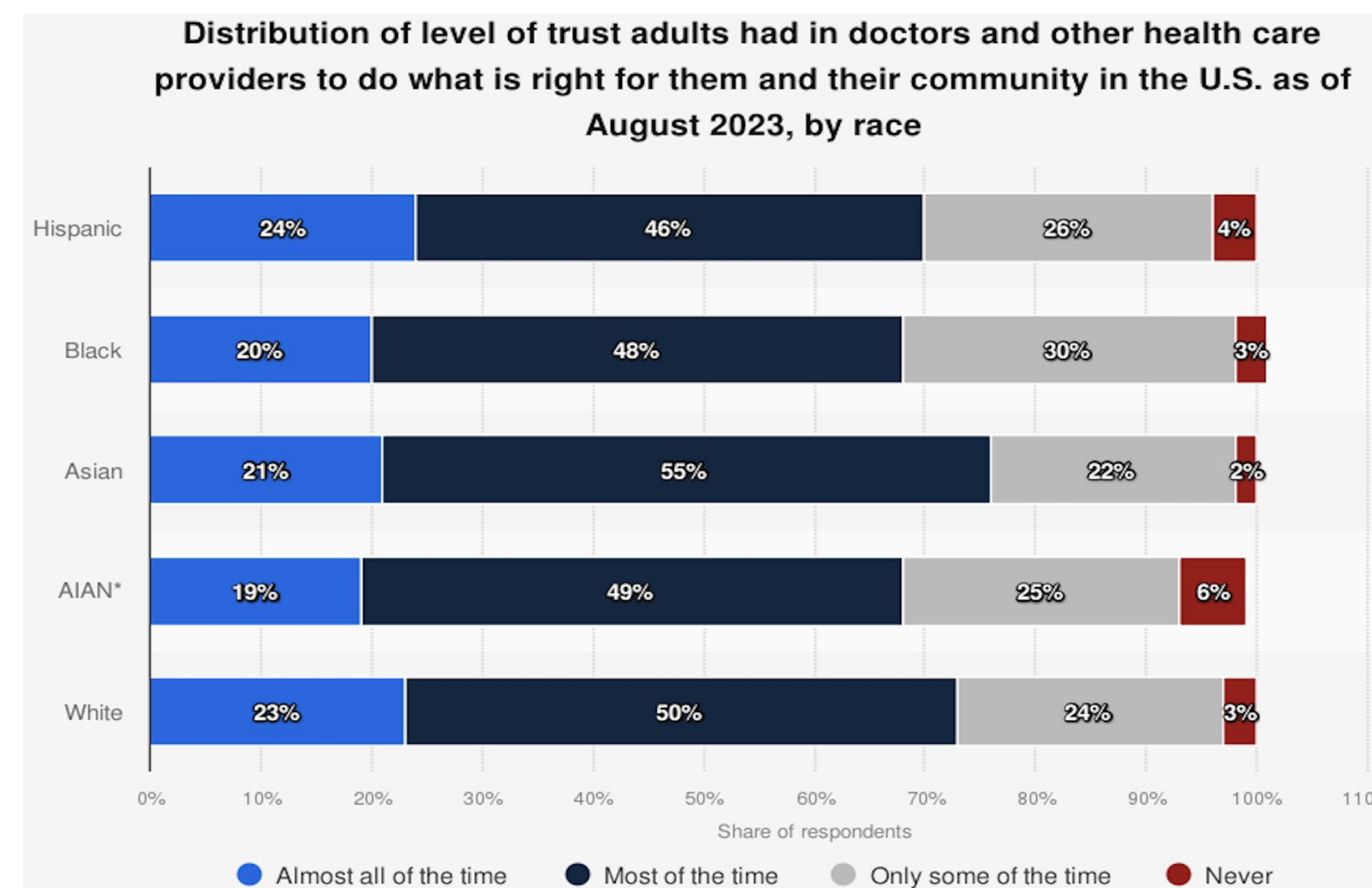


Figure 4 – Level of trust in adult patients with their healthcare provider by race ¹²