SHAPE – IT: The Stroke, Hypertension, and Prostate Education Intervention Team

Michael P. Rosenthal, MD
Clinical Professor and Vice-Chair, Academic Programs
Department of Family and Community Medicine
Jefferson Medical College

The health gap between men and women grows every year. Men tend to avoid doctors, and are much less likely than women to be screened regularly for hypertension and cancer.[1] Prevalence of hypertension is high among African American men, and adherence to treatment is problematic. Related to uncontrolled hypertension is the incidence of stroke. In addition, Philadelphia's African American men face disproportionately high death rates from stroke and prostate cancer.[2]

The Stroke, Hypertension, and Prostate Education Intervention Team (SHAPE-IT) program is a unique, collaborative effort among the Health Promotion Council of Southeastern Pennsylvania, the Philadelphia Department of Public Health, the Department of Family and Community Medicine (Thomas Jefferson University (TJU)), the Division of Genetics and Preventive Medicine of the Department of Medicine (TJU), and the Office to Advance Population Health (TJU Hospital). The project is supported by a grant from the Commonwealth of Pennsylvania.

The project's primary goals are to educate African American men in targeted zip codes about the risks of hypertension, stroke, and prostate cancer, and to encourage them to visit providers for evaluation and care. During the course of the 3-year grant, we expect to reach at least 25 percent (6,750 men) of the targeted African American male population, 35 years or older, and will provide a more extensive assessment of the perceptions, beliefs, and reactions from at least 900 men who have participated in the 4-hour, interactive, educational programs led by male African American health educators from the Philadelphia community.

Our novel SHAPE-IT approach was developed using collaboration with a community-based project advisory committee, focus group sessions, and key informant interviews. The key theme identified was the need for men to hear and learn about their health care needs from trusted members of their community, and have the ability to discuss their concerns in an open, information-sharing discussion group format.

Potential project participants (African American men) are identified and recruited from a variety of community venues (e.g., churches, barber shops, community centers, health fairs, health centers). In general, they are recruited into large group sessions which provide a general overview of the SHAPE-IT project is provided. From the larger sessions, men are asked to participate in small group educational sessions during which more extensive information on prostate cancer and the relationship between stroke and hypertension is provided. Pre- and post-comparison surveys are distributed to measure the participants' perceptions, beliefs, and reactions to the SHAPE-IT program. We are also evaluating a group decision-making process regarding prostate cancer screening. Blood pressure screening is offered during both the large and small group sessions, and one-on-one decision-making counseling is offered to the small

group participants. Participants' retention of the information and behavioral modifications are measured with follow-up comparison surveys administered via telephone 6 to 8 weeks following the completion of small group sessions.

To date, SHAPE-IT has provided information to more than 4,700 men within its target population, and has reached a subset of 578 men in small group sessions. The preliminary analysis regarding pre- and post-test comparison questions shows an increase in correct responses to knowledge-related questions. It also shows strong program acceptance and improved likelihood to visit providers at 2-month follow-up.

Future administration and analysis of the follow-up survey will provide in-depth assessments of the program's impact and the attitudinal and behavioral factors that may contribute to access, adherence, and related health care issues. This type of community-based intervention expands the chronic care model and emphasizes community member participation to develop enhanced patient investment and broader systems of care.

References

1. U.S. Department of Health and Social Services, Agency for Healthcare Research and Quality. Issues in Men's Health Care. AHRQ Publ. No. 02-M019, March 2002. Available at: http://www.ahrq.gov/news/focus/menshc.pdf. Accessed January 15, 2007.

2. Philadelphia Health Management Corporation Community Health Data Base, 2002 Household Health Survey.