

RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH 2010)

WHAT IS THE PUBLIC HEALTH ISSUE?

- The leading causes of death and disability (i.e., heart disease, cancer, stroke, diabetes, and HIV/AIDS) are dramatically higher among racial and ethnic minority populations in the United States.
- Rates of death from stroke are 41% higher among African Americans than among whites.
- Although African Americans and Hispanics represent only 26% of the U.S. population, they account for roughly 69% of adult and children AIDS cases, 69% of new HIV infections among U.S. adults, and 90% of pediatric (under 13 years of age) AIDS cases.
- While Asian-American cancer rates are lower than other minority populations, cancer is the leading cause of death among Asian-American women. The incidence of cervical cancer among Vietnamese-American women is five times higher than that of white women.
- African Americans and Hispanics have significantly lower influenza and pneumococcal immunization rates compared to the rest of the population. Influenza vaccination coverage among adults 65 years of age and older is 69% for whites, 50% for African Americans, and 49% for Hispanics. The gap for pneumococcal vaccination coverage among ethnic groups is even wider, with 60% for whites, 37% for African Americans, and 27% for Hispanics.

WHAT HAS CDC ACCOMPLISHED?

With funds from CDC's Chronic Disease Prevention and Health Promotion appropriations, Racial and Ethnic Approaches to Community Health (REACH) 2010 supports community coalitions in the design, implementation, and evaluation of unique community-driven strategies to eliminate health disparities by addressing racial and ethnic disparities in infant mortality; breast and cervical cancer; cardiovascular diseases; diabetes; HIV/AIDS; and immunizations. Communities served include African Americans, American Indians, Hispanic Americans, Asian Americans, Pacific Islanders, and Alaska Natives. CDC funds 35 communities, and 5 tribes and tribal organizations under the American Indian/Alaska Native Core Capacity Building program.

Example of Program in Action

The Medical University of South Carolina/Charleston and Georgetown REACH Diabetes Coalition has been successful in eliminating the 21% disparities gap in A1c (blood sugar) testing among African Americans and whites living in Charleston and Georgetown, South Carolina. The Vietnamese Community Health Promotion Project (VCHPP), supported by the University of California, San Francisco, organized the Vietnamese REACH for Health Initiative, which has been instrumental in improving awareness about cervical cancer and associated risk factors among Vietnamese-American women in Santa Clara County, California. Through various prevention and intervention strategies, such as a media education campaign, lay health worker outreach efforts, and patient navigation, VCHPP has increased the percentage of women receiving Papanicolaou tests by 15%.

WHAT ARE THE NEXT STEPS?

Working in partnership with local communities, CDC has been able to make substantial strides in reducing racial and ethnic disparities in health. CDC plans to continue to expand current intervention and dissemination activities as the agency strives to meet its goal of eliminating disparities in health.