Racial and Ethnic Approaches to Community Health

For more information about CDC's REACH program,
visit http://www.cdc.gov/reach2010/index.htm

Alabama

Using Community Health Advisors to Encourage Women to Obtain Cancer Screening Services

Public Health Problem

In 2000, nearly 2,700 women were diagnosed with breast cancer in Alabama. In selected counties, there were more breast cancer deaths among African American (30/100,000) than among white (20/100,000) women.

Evidence That Prevention Works

Mammography is the most effective method for detecting breast cancer early. Timely mammography screening could prevent 15%–30% of all deaths from breast cancer among women aged 40 or older. Additionally, detecting precancerous lesions by a Pap test and treating them can prevent cervical cancer and therefore prevent virtually all cervical cancer deaths.

Program Example

Supported by CDC, the University of Alabama at Birmingham Breast and Cervical Cancer Coalition involves a variety of community-based, religious, grassroots, and health care organizations that serve the target population. The community action plan is designed to reduce disparities in breast and cervical cancer screening and outcomes between African American and white women through the use of community advisors. Core working groups of community health advisors, nurses, and church representatives disseminate information to support, encourage, and help women obtain cancer screening services and navigate the health care system. This approach is based on the Multilevel Approach Toward Community Health (MATCH) framework. Using health advisors, MATCH seeks to eliminate barriers that women face when trying to access health services.

Implications

Using community-based health advisors as agents for behavioral change lends credibility to interventions to reduce the risk for breast and cervical cancer and increases the reach of the program in the community. This approach can extend lifesaving prevention programs and screening services across cultural divides to communities that would not likely be reached by traditional means.

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California

Creating Customized Community Action Plans: Responding to the Needs of the Community

Public Health Problem

In California, an estimated 20,000 women are diagnosed with breast cancer each year, and, on average, 13 women die of breast cancer each day. The incidence of cervical cancer is more than five times greater among Vietnamese women in the United States than among white women.

Evidence That Prevention Works

Early detection and appropriate treatment could prevent virtually all cervical cancer deaths and about 15%–30% of breast cancer deaths among women older than age 40. The initial costs for breast cancer care, if diagnosed early before it has spread, may be as much as 32% lower than the initial care costs for breast cancer diagnosed after it has spread.

Program Example

Through the CDC Foundation, the California Endowment funds the Special Services for Groups (SSG) Inc.'s Promoting Access to Health (PATH) for Women, a Los Angeles-area collaboration that focuses on reducing disparities in rates of breast and cervical cancer among Asian American and Pacific Islander women. SSG held focus groups and interviewed 2,100 Pacific Islander (Chamorro, Samoan, and Tongan) and Southeast Asian (Cambodian, Laotian, Thai, and Vietnamese) women in Los Angeles and Orange counties. SSG works with seven ethnic populations (Cambodian, Laotian, Thai, Vietnamese, Chamarro, Samoan, and Tongan) and draws on the leadership of its Pacific Islander and Southeast Asian community members and health care providers to develop customized community action plans and materials for each ethnic group. Each ethnic group implements its community action plan at its own level of readiness. The Samoan National Nurses Association is an example of one group that has been executing almost all facets of PATH for Women, including offering community outreach and education services, promoting a cancer ministries program with local Samoan pastors, establishing a cancer support group, and setting up mobile screening programs for community women.

Implications

Community-based programs that seek community input are responsive in meeting the needs of a particular community. This program demonstrates the importance of giving communities the materials and plans to implement an effective intervention while allowing them to execute these plans in a manner and at a pace that resonates with their own culture and community. This approach can extend lifesaving prevention programs and screening services across a variety of cultures to communities that would not likely be reached by traditional means.

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Georgia

Partnering With Community-Based Organizations to Improve Cardiovascular Health Among African Americans

Public Health Problem

Cardiovascular disease (CVD) is the leading cause of death in Georgia, accounting for more than 23,000 deaths, or nearly 40% of all deaths in 1997. The two most common forms of CVD, heart attack and stroke, account for more deaths in every Georgia county than any other cause of death and is a major cause of costly hospitalization and disability.

Evidence That Prevention Works

Research has demonstrated that modifying health-related behaviors that contribute markedly to CVD (i.e., tobacco use, lack of physical activity, and poor eating habits) is critical both to preventing and controlling the disease.

Program Example

With CDC support, the Fulton County Department of Health and Wellness is enhancing efforts to reduce heart disease and stroke among diverse populations, including African Americans. The REACH for Wellness program works with its coalition partners to develop intervention strategies to improve cardiovascular health among African Americans residing in the Atlanta Empowerment Zone (AEZ). Designated by the Department of Housing and Urban Development in 1994, the AEZ consists of 30 neighborhoods occupying 9.29 square miles in central Fulton County. Ninety percent of the AEZ population is African American, and 76% of the population is made up of female-headed households with incomes below the poverty level, with a median household income of $8,953. Through this coalition effort, partners hold weekly aerobics classes and work with supermarkets and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to conduct grocery store surveys, classes, and demonstrations. A key partner in the coalition recruited churches, beauty salons, and barbershops to establish cardiovascular wellness centers in the community and has trained over 80 volunteers to conduct blood pressure monitoring.

Implications

This community-based approach can extend lifesaving prevention programs and health services across cultures to communities that would not likely be reached by traditional means. The state will continue to spearhead the country's efforts to eliminate health disparities by applying lessons learned from the REACH 2010 projects in communities across Georgia. This program demonstrates the importance of close collaboration with community members and creative partnerships with public and private organizations to reach every community member with important health messages and services.

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Illinois

Reaching Out to Low-Income Women to Prevent Breast and Cervical Cancer

Public Health Problem

In the United States, African American woman are more likely to die of breast cancer than women of any other racial or ethnic group. Cervical cancer death rates are more than twice the national average among African American women and are higher than average among Hispanic women. In the United States, more than 40,000 women will die of breast cancer, and more than 2,000 of them will be from Illinois. Currently, only about 9% of breast cancers in Illinois are detected at the earliest, most curable stages, and in 1998, Illinois was in the top 25% of states for women aged 50 or older who had not had a mammogram in the last 2 years.

Evidence That Prevention Works

Timely mammography screening could prevent approximately 15%–30% of all deaths from breast cancer among women over the age of 40. According to the American Cancer Society, between 1955 and 1992, the number of deaths from cervical cancer declined by 74%, and the main reason for that decline was the use of the Pap test to detect cervical cancer early.

Program Example

Supported by CDC, Reach Out is a broad-based Chicago-area collaboration that draws on the leadership of local churches to encourage low-income African American and Hispanic women to seek early breast and cervical cancer screening. Reach Out held focus groups of female members of seven African American and two Latino churches and learned that participants wanted relevant information about how breast and cervical cancer could affect them as individuals and as a community. Led by health educators in the community, each church used a standard education intervention in addition to other outreach methods such as incorporating health information and reminders about the importance of screening and early detection in Sunday sermons, developing support groups, and sponsoring health fairs.

Implications

Community-based programs like Reach Out that seek community input are more likely than other programs to be responsive to the needs and the culture of the community. This approach can extend lifesaving prevention programs and screening services across cultural divides to communities that would not likely be reached by traditional means.

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Massachusetts

Exploring Nontraditional Approaches to Educate Special Populations About Available Health Services

Public Health Problem

Cambodians in Lowell, Massachusetts, are at a disproportionate risk for diabetes and cardiovascular disease (CVD), mainly heart disease and stroke. Among Cambodians in Lowell aged 45 or older, a disproportionate share of deaths are attributable to stroke (15.9%) and diabetes (13.4%) compared with total Massachusetts stroke (6.5%) and diabetes (2.5%) death rates. In 1999, heart disease was the leading cause of death for both Cambodian and all Massachusetts adults.

Evidence That Prevention Works

Research from several studies has demonstrated that improving nutrition, increasing physical activity, and improving access to proper preventive care can prevent or delay the progression of CVD and adverse diabetes-related outcomes such as lower-extremity amputations, kidney disease, and blindness.

Program Example

A critical part of the REACH 2010 strategy is to improve the health of racial and ethnic minority populations. With support from CDC, the Cambodian Community Health 2010 project in Lowell, Massachusetts, targets CVD as its primary focus and diabetes as a secondary focus for Cambodian populations. During year one of the project, Community Conversations were held in seven locations throughout the Cambodian community to involve all community members in developing the action plan. The Community Action Plan combines strategies focusing on the Cambodian community and its leaders, the health care system and medical providers, and public health research. Strategies to reach community members included organizing a “walking meditation” trip through a Buddhist temple, conducting weekly Tai Chi classes, promoting medical interpreter services, and conducting a behavioral risk factor survey adapted for Cambodians. A Cambodian Elders’ Council also was formed to give a voice to older Cambodian refugees who often are homebound and isolated because of language barriers. Learning tours were also conducted to familiarize Cambodians with emergency services and related facilities such as police stations, hospitals, and city hall. Fruit and vegetable picking trips gave participants an opportunity to focus on nutrition, and health education classes, including smoking cessation instruction, were conducted in English as a Second Language classes.

Implications

This program demonstrates the importance of collaborating with community members and using culturally appropriate and innovative strategies to extend health education and services to special populations.

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Michigan

Reducing Racial Disparities in Health Outcomes: Prenatal Care and Infant Mortality

Public Health Problem

African American, American Indian, and Puerto Rican infants have higher death rates than white infants. In 1999, the infant mortality ratio was 2.5 times higher among black infants than among white infants (up from 2.4 in 1998). This widening disparity between black and white infants is a trend that has persisted over the last two decades, and the Michigan infant mortality rate continues to be higher than the national rate. For every 1,000 Michigan live births, approximately 8 infants die before reaching their first birthday.

Evidence That Prevention Works

Women who receive prenatal care in the first trimester have better pregnancy outcomes than women who receive little or no prenatal care. For example, the likelihood of delivering a very low-birth-weight (VLBW) infant (one weighing less than 1,500 grams or 3 lbs. 4 oz.) is 40% higher among women who receive late or no prenatal care compared with women entering prenatal care in the first trimester. Approximately 95% of VLBW infants are born preterm (after less than 37 weeks of gestation), and the risk of early death for VLBW infants is about 65 times that of infants who weigh at least 1,500 grams.

Program Example

Supported by CDC's REACH 2010 program, the Genesee County Precious Black Babies Project is a Flint-area collaboration that emphasizes reducing racial disparities in health outcomes with a particular focus on infant mortality through population and systematic interventions that embody cultural understanding, sensitivity, and relevance. Through the project, health communications professionals created a campaign to raise awareness among community residents about racial disparities in infant death rates and to educate these residents on how to reduce disparities in infant mortality. Through the project and a faith-based health network, community events were sponsored to provide a forum to disseminate information about reducing African American infant mortality rates. Over 150 people, including city officials, local vendors, and nurses, attended the rally. Four workshops were also held to engage the community about the issue of race and access to health care and discuss strategies to address the problem.

Implications

Community-based programs like the Genesee County Precious Black Babies Project that seek community input are more likely than other programs to address the needs and the culture of the community. This community-based approach can extend lifesaving prevention programs and health services across cultures to reach communities that would not likely be reached by traditional means.

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New York

Partnering With Parents to Communicate the Importance of Childhood Immunizations

Public Health Problem

Almost one million children in the United States live without the benefits of full immunization. For these children, the risk of serious illness and even death from vaccine-preventable diseases is great. Although northern Manhattan has a young population (1 of 10 people is younger than 5 years of age), it lags behind the rest of the city in protecting its children from the risk of infectious diseases. In 1999, only half of the children under 3 years of age in northern Manhattan had received all recommended vaccines.

Evidence That Prevention Works

Research has demonstrated that immunizations against common vaccine-preventable diseases can prevent disease and benefit not only those who receive them, but also those who have not been vaccinated because immunized people cannot spread these diseases to others. As a result, many childhood diseases that were considered a normal part of growing up in the 1940s and 1950s are now preventable and occur rarely.

Program Example

The Northern Manhattan Start Right Program is an innovative immunization program. While national programs focus heavily on providers, the Start Right Program established a strong community and family-based approach. The CDC-funded Northern Manhattan Start Right Coalition, a coalition of 17 social service organizations, trained 590 staff and community residents to promote childhood immunizations with parents. Those who are trained talk one-on-one with parents as they register for health insurance coverage for their children, parenting programs, childcare programs, Head Start programs, WIC visits, housing association meetings, or church events. Parents are invited to join the program and the trained staff member explains when their child's shots are due and why the shots are important. Both immunization registries and the child vaccination cards are used to monitor whether enrolled children received their shots. Parents are congratulated when their children complete all childhood vaccinations on time. Since the program was launched, almost 2,000 parents have enrolled.

Implications

The Northern Manhattan Start Right Program demonstrates the importance of integrating health promotion activities into the routine activities of community and social service organizations as an effective strategy for reaching families not easily reached by health systems.

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Training Peer Educators and Advocates for Health: The REACH Promotora Community Coalition

Public Health Problem

Compared with rates among whites, rates of diagnosed diabetes are 2.5 times higher among American Indians and Alaska Natives, 2.0 times higher among African Americans, and 1.8 times higher among Hispanics. The Texas Department of Health estimates that more than 1.3 million Texans aged 18 years or older have diabetes. About 911,000 of these, 6% of the state's population, have been diagnosed; the remainder are not aware they have the disease.

Evidence That Prevention Works

In the United States, diabetes is the leading cause of new cases of blindness, lower-extremity amputations, and kidney failure. These serious outcomes can be prevented or substantially delayed through regular screening, appropriate care that includes long-term follow-up, and behavior modification.

Program Example

Supported by CDC, the REACH Promotora Community Coalition, led by Migrant Health Promotion, has developed a program to address diabetes along the border of Texas and Mexico. The coalition targets communities in Hidalgo and Cameron counties, which are more than 80% Mexican American and have some of the lowest socioeconomic indicators, with more than 35% of their residents living below the poverty line. Developing the full potential of the community health workers (*promotoras*) is key to this program. The *promotoras* not only serve the community as health educators and advocates, but also are trained to become community leaders as they gain experience as community organizers, program planners, and program evaluators. The target population lives in *colonias*, which are communities with little infrastructure. Therefore, it is vital to use existing institutions such as public schools, community health clinics, and community-based organizations to reach this population. Also, because many adults lack access to transportation or telephones, much of the work is conducted through home visits and neighborhood meetings. As a result of the Migrant Health Promotion project, school health teams have been created to assess existing nutritional choices and opportunities for physical activity in schools and suggest measures to improve these choices and opportunities at school and at home.

Implications

By using community-based health advisors to promote behavior change along with an evaluation component to document and assess their contributions, the Migrant Health Promotion project lends credibility to diabetes prevention interventions. This community-based approach can extend lifesaving prevention programs and health services across cultural divides to communities that would not likely be reached by traditional means.

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