

Alabama

Reduction in Screening Disparities by Breast and Cervical Cancer Coalition

Producing Results

The Alabama Breast and Cervical Cancer Coalition reduced disparity in use of mammography screening between African American and white women. In Choctaw County, the proportion of African American who received mammography screenings increased from 29% to 61% over 8 years, surpassing the rate for white women by 13%. According to data from the eight counties served by the Alabama REACH program, the gap in mammography screening rates between African American and white women decreased by 76% over the same 8-year time span.

Public Health Problem

In Alabama, and across the United States, African Americans bear a higher burden of cancer than their white counterparts. In 2005, there were approximately 3,820 new cases of invasive breast cancer among women in Alabama, and an estimated 730 deaths due to the illness. In certain counties, African American women experienced a higher death rate from breast cancer as compared to white women (30/100,000 vs. 20/100,000, respectively). Additionally, there was a decrease in the percentage of African American women aged 65 years or older who reported receiving a Papanicolaou (Pap) test within the last 3 years.

Taking Action

With CDC support, the Alabama Breast and Cervical Cancer Coalition at the University of Alabama at Birmingham has engaged a variety of stakeholders, key leaders and concerned citizens from community-based and faith-based organizations, state health departments, grassroots agencies, and health care organizations (both public and private) in efforts to promote awareness of, increase participation in, and navigate breast and cervical cancer screening services in selected counties throughout the state to reduce mortality rates. A dedicated volunteer core working group that consists of trained community health advisors, nurses, other health care professionals, and clergy routinely disseminate culturally appropriate health information and conduct numerous community-based outreach efforts to support, encourage, and assist women to access screening services and navigate the complex health care system. This tailored approach helps to eliminate barriers women face when attempting to access health services.

Implications and Impact

The Coalition has successfully addressed barriers related to the individual, community systems and agents of change that prevent women from participating in breast and cervical cancer screening. In Choctaw County, African American women were much less likely to get a mammography screening compared to white women. In 8 years, the proportion of African American who received mammography screenings increased from 29% to 61%, surpassing the rate for white women by 13%. In Dallas County, a lower mammography screening rate among African American women (30%) compared to white women (50%) was virtually eliminated within the same time frame. According to data from the eight counties that the Alabama REACH program focuses on, the gap in mammography screening rates between African American and white women decreased by 76% over the same 8-year time span.

Massachusetts

Tailored Strategies Help Latinos Improve Diabetes Outcomes

Producing Results

Culturally tailored interventions improved control of blood sugar and high blood pressure levels and improved quality of care among Latinos with diabetes. Blood sugar measures improved by nearly 9%, systolic blood pressure improved by almost 18%, and diastolic blood pressure improved by over 14%. The proportion of diabetic patients referred for eye exams improved by more than 26%, and the number of patients whose smoking status was reviewed more than doubled.

Public Health Problem

The Greater Lawrence Family Health Center (GLFHC) in Massachusetts reported that diabetes prevalence is 7.4% among Latinos statewide, compared with only 6.4% among non-Hispanic whites. Specifically, the prevalence of diabetes among Puerto Ricans and Dominican adults in Lawrence is 11.8%, nearly twice the rate among whites in Massachusetts.

Taking Action

The REACH Latino Health Project works to raise people's awareness about diabetes, teach community members to eat a healthy diet and be more physically active, and help members understand that diabetes can be prevented and controlled. The project provides education, social support, and community collaboration within the Latino community to reduce this group's high rate of diabetes. To accomplish this, the project incorporates culturally-sensitive and linguistically-appropriate information on how to prevent and manage diabetes. Additionally, the project leads outreach activities through a local health education center, and, by working with community groups, partners with local health care providers to promote health messages. The REACH Latino Health Project relies on existing relationships among Latino populations and community groups in Lawrence to promote community wellness. These relationships can provide the foundation to create the health care support needed to improve health outcomes and to encourage more people to use diabetes prevention services.

Implications and Impact

Data from Latino residents with diabetes who are patients of the Greater Lawrence Family Health Center show dramatic improvements in control of high blood glucose and cholesterol levels. In 2006, blood sugar levels improved from an average of 8.21 to 7.67 among participants in "Winning with Diabetes", a 10-week educational program at the Lawrence Senior Center. Also, in 2006, the percentage of participants with total cholesterol levels <200 mg/dL (the clinical cutoff point) increased from 75% to 80%. The percentage of Latinos receiving services at the Greater Lawrence Family Health Center who had their blood sugar level measured at least twice a year as recommended increased from just over 50% in 2002 to nearly 62% in 2006 after the center took specific steps to improve the health of its Latino clients with diabetes. The percentage of Latinos receiving services at the GLFHC who reached their blood sugar goal (A1c level <7) increased from almost 21% in 2002 to nearly 44% in 2006. The percentage of Latinos receiving services at the GLFHC who had an annual flu shot increased from 44% in 2005 to 55% in 2006. These successes were achieved by engaging the Latino community in Lawrence and substantially involving its members in community education and outreach to promote diabetes prevention and control.

South Carolina

Improved Diabetes Care and Control for African Americans

Public Health Problem

African Americans are almost twice as likely to have diabetes as the majority of Americans. In South Carolina, African Americans have a greater risk than whites for developing diabetes. African Americans also have a greater risk for diabetes complications, such as heart disease, stroke, blindness, renal failure, and amputation. Diabetes is the sixth leading cause of death in South Carolina, claiming more than 1,600 lives each year. In addition, African Americans with diabetes living in Charleston and Georgetown counties reported a lower quality of diabetes care, as well as higher rates of heart disease, amputations, and kidney disease compared with whites and members of other racial and ethnic groups.

Taking Action

The goal of the REACH Charleston and Georgetown Diabetes Coalition is to improve diabetes care and control for more than 12,000 African Americans with diabetes. To overcome their health disparities, the Coalition works to: 1) help people better manage their diabetes; 2) help health care providers give better diabetes care; and 3) build community advocacy and support to sustain these efforts. The Coalition continues to carry out a comprehensive community action plan, using strategies such as establishing walk-and-talk groups, providing diabetes medicines and supplies, and creating learning environments where health professionals and people with diabetes learn together. The plan also calls for establishing library resources and learning, offering advice on how to buy and prepare healthier foods, and improving the quality of diabetes care.

Implications and Impact

The REACH Charleston and Georgetown Diabetes Coalition is reporting that African Americans in Charleston and Georgetown, South Carolina, continue to be more physically active, are receiving healthier foods at group activities, and are getting better diabetes care and control. Additionally, some disparities have been greatly reduced for African Americans with diagnosed diabetes. For example, more African Americans are completing the recommended annual tests to determine their hemoglobin A1c (blood sugar) levels, lipid profiles and kidney functions, as well as receiving referrals for eye examination using dilation and measurement of blood pressure. During a 5-year time span, the percentage that had blood sugar levels checked annually increased from 77% to 97%, while the percentage that had their blood cholesterol level checked increased from 47% to 81%. Kidney testing increased from 13% to 53%, and foot exams increased from 64% to 97% in the same timeframe.

In addition, lower-extremity amputations among African Americans with diabetes also have decreased sharply. For example, in Charleston County, the percentage of amputations among African American males with diabetes who were hospitalized decreased by almost 54% over a 7 year time span. In Georgetown County, the rate of amputations for this same group decreased 54% over a 3 year time period. These remarkable outcomes indicate that the Coalition's goal of improving diabetes care and control among African Americans with diabetes living in Charleston and Georgetown counties is becoming a reality.