

A partnership of the American Cancer Society and the University of Alabama at Birmingham funded by the Centers for Disease Control and Prevention (CDC)

## Overview of REACH Program

Racial and Ethnic Approaches to Community Health (REACH) is a national program that serves as the cornerstone of the Centers for Disease Control and Prevention's (CDC) efforts to eliminate racial and ethnic disparities in health. Through REACH, CDC supports grantee partners that establish community-based programs and culturally-appropriate interventions to eliminate health disparities among African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders. For more information, visit [www.cdc.gov/reach](http://www.cdc.gov/reach).

## About REACH US Mid-South Coalition

The REACH U.S. Mid-South CEED Coalition aims to reduce breast and cervical cancer health disparities across the Mid-South region (Alabama, Arkansas, Kentucky, Louisiana, Mississippi, and Tennessee) in underserved African American communities. The University of Alabama at Birmingham (UAB) serves as the coordinating organization.

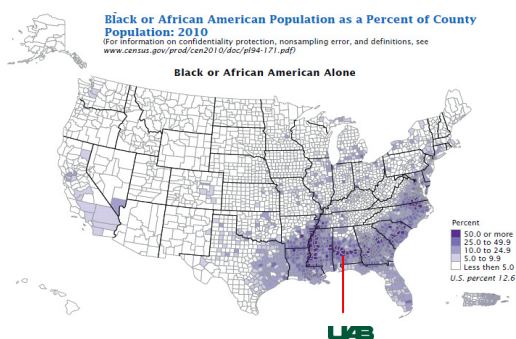
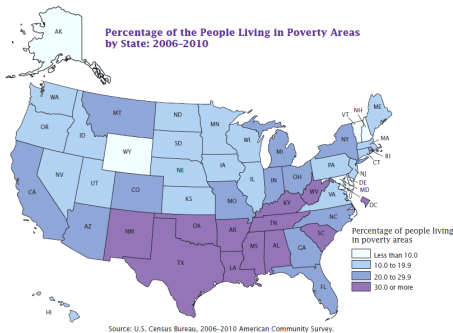
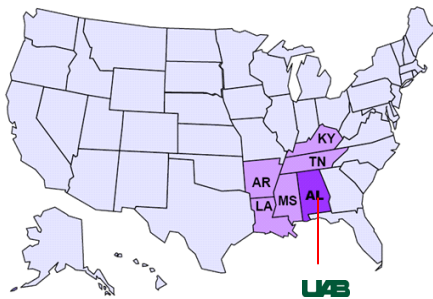
The Mid-South Coalition is a diverse and well-established partnership comprised of faith-based, academic, medical, public health, social service and state, private, nonprofit, and civic representatives. The coalition's interventions span all levels of the socio-ecological model and address the entire continuum of breast and cervical cancer care, from prevention to survivorship through the lenses of awareness, access, adequacy, affordability, and advocacy.

## Priority Population

The priority population is African American women and the respective coalition within each state is targeting intervention approaches to approximately 240,000 women per state.

## Coalitions

Within each state, the coalition is comprised of 10-20 members representing community, minority-serving, and faith-based organizations, academic institutions, social services, civic groups, private and nonprofit businesses, and various health care professions. Their roles and responsibilities include community development, health education, evaluation, dissemination, advocacy, and health communication. Each coalition has organizational processes in place with respect to monthly meetings and the development and adoption of partnership principles.



## REACH Interventions

The overall Mid-South **intervention goal** is to reduce breast and cervical cancer disparities. This goal is accomplished by implementing multi-level **intervention objectives** that target interpersonal, community-system, organizational, and policy-related factors that impede and/or facilitate access to breast and cervical cancer screening. Examples of **intervention objectives** include: advocating for greater state BCCEDP funding (AL, AR, LA) and Medicaid treatment option levels in all settings (AL, MS); increasing mammograms and breast cancer education among African American women in all settings (AL, AR, KY, LA, MS, TN); the usage of lay patient navigators in all settings (KY, LA) and integration of the FAST track in-reach system in hospital settings (LA); increasing Pap screening rates and cervical cancer education among African American women in all settings (AL, KY, LA, MS, TN); promoting HPV awareness in all settings (AL, KY); and facilitating health and economic growth (AL).

The **intervention activities** include implementing Direct Action Organizing (DAO) strategies; identifying zip codes with both an increased percentage of African American women and low mammography screening rates; recruiting and training volunteers as community health advisors and patient navigators; identifying community Champions to advocate a particular health agenda and promote the FAST track in-reach system; conducting community outreach and education; and hosting a Health and Economic Summit for the efforts in Wilcox County.

The coalition's work is focused on the interpersonal, organization, community environment, and society/public policy levels of the socio-ecological model. The coalition is addressing policy change through several of the intervention objectives (i.e., advocating for greater state BCCEDP funding and Medicaid treatment option levels).

## Best Practices

**Evidence-based practices:** The coalition is using the following evidence-based practices: implementing DAO strategies and the Community Health and Patient Navigation Models to promote participation in screening and adherence to physician regimens.

**Promising practices:** The coalition implements its evidence-based strategies through a community-based participatory approach.

**Culturally-tailored approaches:** The DAO lecture and presentation were tailored to the specific goals and objectives of the breast cancer advocacy efforts. Community Health Advisor training manuals were revised to reflect demographics and key health related needs.

## Legacy Communities

Since the inception of REACH US, 17 legacy grantees have been funded to spread the impact of REACH. Funding levels ranged from \$25,000-\$50,000 for 12-month durations.

## Evaluation

Evaluation methods include a mixed-method approach that directly relates to the Mid-South community action plan which entails: monitoring the amount of funding received by state BCCEDPs and policy changes in Medicaid treatment levels; reviewing testimonials from BCCEDP advocates, news coverage, and press releases; tracking breast and cervical cancer screenings with Medicare mammography breast screening data and the Behavioral Risk Factor Surveillance System (BRFSS); using hospital discharge data to monitor the number of FAST track in-reach programs; conducting surveys and interviews with women receiving cancer education; reviewing House Bills passed related to an HPV vaccination policy; and monitoring health and economic indicators in Wilcox County (e.g., unemployment rates, breast and cervical cancer screening rates).

The coalition aims to achieve the following SMART objectives by 9/30/2012: increase funding for AL BCCEDP from \$300,000 to \$600,000; increase funding from AR BCCEDP from \$2,753,681 to \$6 million; increase the Breast Cancer Treatment Act from a level 2 to 3 in AL and MS; increase funding for LA BCCEDP from \$700,000 to \$1,500,000; reduce mammography screening disparity between African American and White females in select AL counties (Jefferson, Macon, Marengo, and Montgomery) from  $\geq 3\%$  to  $\leq 0-2\%$ ; increase mammography screenings in 2 counties from 80% to 85% among African American women 40 and older in KY; implement an emergency department in-reach program within the Louisiana State University System hospitals to connect BCCEDP-eligible women seeking care in the emergency department with screening appointments and the Louisiana Breast and Cervical Health Program; increase the number of females receiving breast cancer education through the COFFEE project from 0 to 400 in LA; increase the rate of cervical cancer screenings from 58% to 60% in 2 Kentucky counties; advocate to increase legislative support of an HPV vaccination policy in Alabama from 0 to 1; and increase by one the number of new activities to stimulate health and economic growth in Wilcox County, AL.



### About the UAB REACH US logo

The Circles and "C" represent the five levels of the socio ecological model

Circles represent waves, dissemination, reaching out  
C = Center, Community, CEED

Graphic element is like the sunrise = Hope

## Outcomes

In terms of short term outcomes, the grass root coalition and local community champions have successfully **advocated for \$316,800** to be reinstated in the AL BCCEDP budget and for LA BCCEDP funding to be **protected at \$700,000**; AR coalition developed and finalized Breast Cancer Promise communication material; hosted a booth at a Komen Breast Cancer Race visited by **6,000 women**; distributed **2,500 cards and publications** about the Breast Care Program; provided advocacy and educational **training to 15 breast and cervical cancer supporters**; increased Alabama mammography screening rates statewide; KY coalition trained 25 CHAs who have completed 25 activities and **educated 1,114 women about breast and cervical cancer** screening; Louisiana Comprehensive Cancer Control Program and the Louisiana Breast and Cervical Cancer Health Program (LBCHP) received additional funding from the National BCCEDP and hired an In-Reach navigator for the LSU New Orleans Interim Hospital; the LA coalition has **educated 652 women about breast cancer** provided navigational support to 52 women; LA leveraged REACH support and **received a grant from the LBCHP to fund the CHA support services for Latino and Vietnamese women**; additionally the LA CHA program was expanded into Jefferson Parish; AL coalition **leveraged REACH funding** by receiving a grant from the University of North Carolina Gillings School of Public Health/GSK to **examine HPV vaccination knowledge, attitudes and beliefs among community leaders and parents** in AL; and AL coalition **partnered with the UAB School of Business to implement a student service learning project** in Wilcox County to foster health and economic development.

### Funding provided by:



## Health & Economic Development Summit



On August 20, 2010 the Minority Health & Health Disparities Research Center (MHRC) at the University of Alabama at Birmingham held a groundbreaking summit on the interplay between health and economic development. The goal of the one-day meeting—called the Health & Economic Development Summit 2010—was to better understand the effects of economic development on area residents' health and the effects of health on residents' economic security.

The event brought together more than 100 experts from government, academia, the private and public sectors and the community to strategize about how to improve health and economic opportunity in the mid-South states.

Organizers wanted an answer to the proverbial chicken-and-egg question about what comes first: Is economic growth a precondition for improvements in health or are improvements in health a precondition for economic growth?

The summit opened with a documentary that captured input from residents of three rural and urban counties. It featured a panel of experts from the U.S. Department of Health and Human Services, the Environmental Justice Resource Center at Clark Atlanta University, Georgetown University, the International Economic Development Council, the University of Alabama at Birmingham and elsewhere.

To improve conditions in the mid-South region, summit speakers recommended action in three primary areas: education, transportation and racial equity. Policy-makers should invest more money in developing a skilled workforce by funding quality education programs for students and, in some cases, their undereducated parents, speakers said. Lack of available and affordable public transportation is also a critical problem in the region because residents who lack access to transportation also lack access to health services, grocery stores and job opportunities.

"This summit is the beginning of what we hope will be a transformation on process," said **Mona Fouad**, MD, MPH, Director of the UAB MHRC, which coordinated and co-sponsored the event. "Good health leads to jobs—to the ability of people to be self sustaining—and healthy economies rely on a healthy workforce."

UAB School of Business Dean **David Klock** visited Wilcox County after the summit to find ways the school could help the area. "During the Summer of 2011, a group of UAB School of Business students, with faculty supervision, spent 6 weeks in Wilcox County mentoring local diverse high school students in a an entrepreneurial work project. I moved forward on this project knowing that the learning and the benefits of this effort would go both ways—we are helping the youth of the county to see hope in being entrepreneurial, and our UAB students and faculty are benefiting from the real wisdom and genuine kindness of local community leaders."

In the Summer of 2012, UAB School of Business students will return to Wilcox County to work with local high school students in helping develop a business plan for a new company coming to Wilcox county.





## The Built Environment and Health

**UAB Sustainable Smart Cities Symposium assembles panel of internationally acclaimed urban sustainability experts to identify ways that Birmingham can become greener, healthier, “smarter”**

Birmingham, Ala. — Local, national, and international experts in green design and transportation, intelligent technologies, environmental sustainability, health and livability, economic development, and government and public policy joined forces on Thursday, February 16, at the inaugural UAB Sustainable Smart Cities Symposium which highlighted smart growth initiatives in Latin America and other parts of the world to a diverse crowd of close to 300 people. Smart cities depend on the commitment of city government, the business community, academia, and engaged citizens.

The event served as the kick-off for the new UAB Sustainable Smart Cities Research Center which brings together researchers from engineering, business, medicine, and other fields to seek innovative solutions to complex sustainability issues in Birmingham and around the world.

Birmingham Mayor William Bell presented opening remarks and discussed the City’s successes and future plans for developing a smarter Birmingham. UAB President Carol Garrison, UAB Vice President of Research and Economic Development Richard Marchese, Ph.D., Senior Vice President and Dean of the UAB School of Medicine Ray L. Watts, M.D., and Director of the UAB Division of Preventive Medicine and the UAB Minority Health & Health Disparities Research Center Mona Fouad, M.D., M.P.H., also spoke. UAB Provost Linda Lucas, Ph.D., and UAB School of Business Dean David Klock, Ph.D., moderated a panel discussion that include keynote speakers: Cathy Crenshaw, President and CEO of Sloss Real Estate Oscar E. Diaz, Co-founder and President of Global Solutions Dynamic Plus (GSDPlus) Frank Franklin, MD, PhD, Professor Emeritus of the UAB School of Public Health Manuel Olivera, Regional Director of the C40 Clinton Climate Initiative (CCI) Enrique Peñalosa, Former Mayor of Bogotá, Colombia and Dietmar Offenhuber of MIT SENSEable Labs, Massachusetts Institute of Technology.



Dr. Mona Fouad, Director of the UAB Division of Preventive Medicine gives opening remarks at the Inaugural UAB Sustainable Smart Cities Symposium.

Drs. Leandris Liburd and Pattie Tucker, officers from the Centers for Disease Control and Prevention (CDC) attended the Symposium.



The daylong symposium was hosted jointly by the UAB School of Engineering, the UAB School of Business, the UAB School of Medicine, and the UAB Minority Health & Health Disparities Research Center. Sponsors included Alabama Power and the City of Birmingham. Funding agencies included the Centers for Disease Control and Prevention, the National Institute on Minority Health and Health Disparities, and the National Science Foundation. Slides and video presentation are available at [www.UABSSC.org](http://www.UABSSC.org). “Cities are responsible for about 75 percent of energy used, 60 percent of water consumed, and 80 percent of greenhouse gas emissions worldwide,” says Fouad H. Fouad, PhD, Professor and Chair of the UAB Department of Civil, Construction, and Environmental Engineering. “As the world’s population continues to urbanize, we need sustainable smart cities with a strong infrastructure that makes them environmentally friendly, increases residents’ quality of life, and cuts costs without compromising the ability of future generations to meet their needs.”

“The future of Birmingham and communities worldwide demands the sustainability of our urban resources environmentally, socially, and economically,” says UAB President Carol Garrison. “UAB is committed to drawing upon its intensely collaborative and innovative culture to discover ways of making Birmingham and cities everywhere greener, smarter, and healthier.”

### UAB REACH US

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