

REACH U.S. Racial & Ethnic Approaches to Community Health Across the U.S. Cultivating Communities to Eliminate Health Disparities

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REACH Charleston and Georgetown Diabetes Coalition
representing
National REACH Coalition

REACH Communities

Racial/ethnic groups
include:

- African Americans
- American Indians & Alaska natives
- Asian Americans
- Hispanics/Latinos
- Native Hawaiians/Pacific Islanders

Health Disparities are
focused on:

- CVD
- Diabetes
- Infant Mortality
- Breast & Cervical Cancer
- AIDs/HIV
- Adult Immunizations

Creating a National Movement for Eliminating Disparities



National REACH Coalition

- Vision: A nation committed to the elimination of health disparities, the facilitation of health and equal access to quality health and health care resources regardless of race, ethnicity or socio-economic status.

From: <http://reachcoalition.org/>

National REACH Coalition

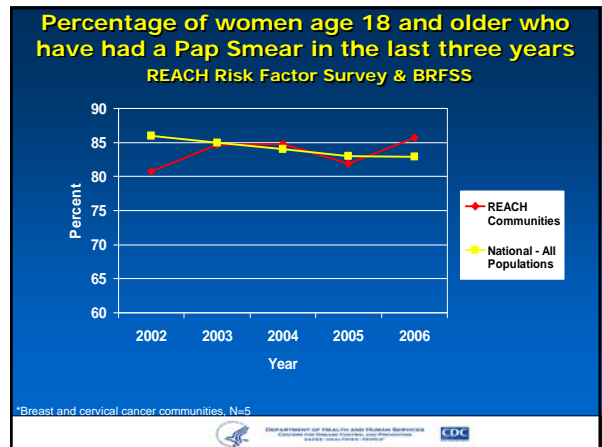
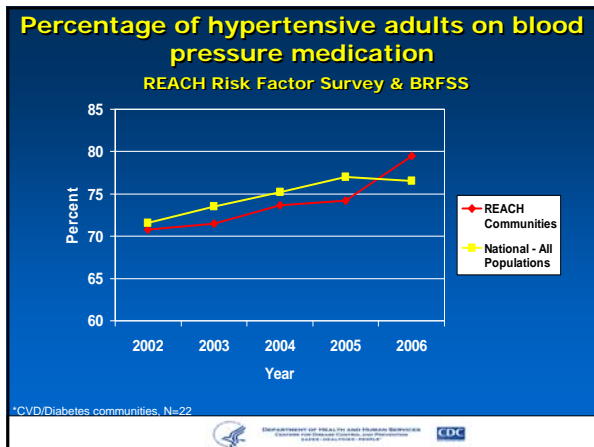
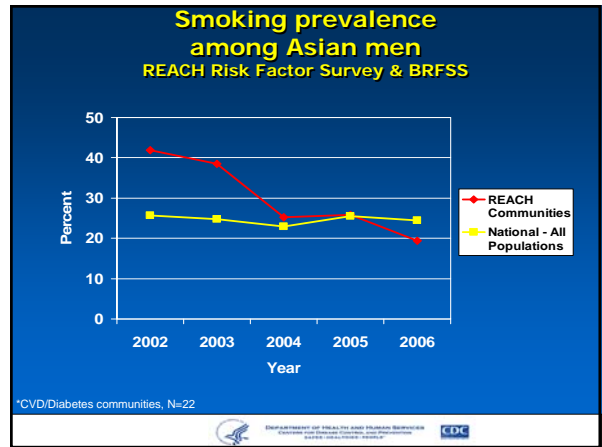
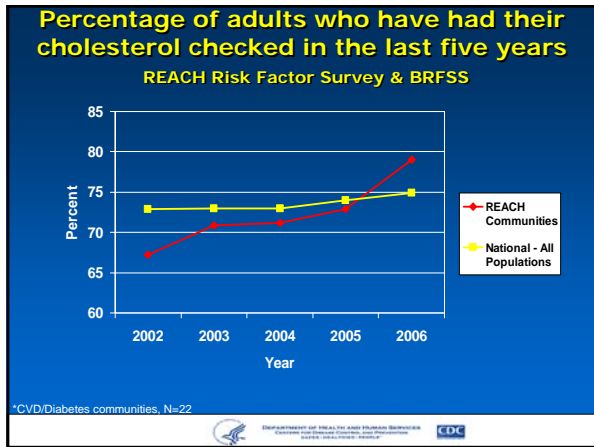
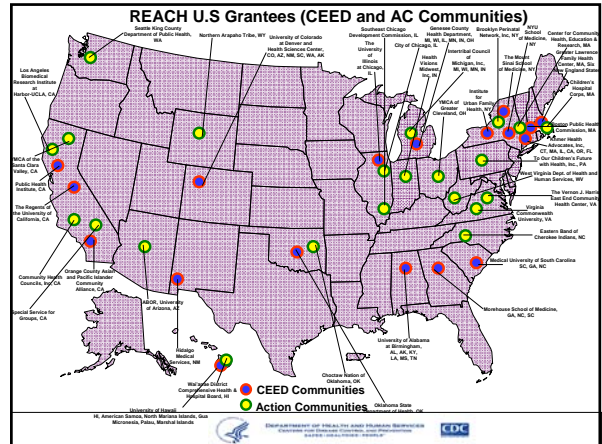
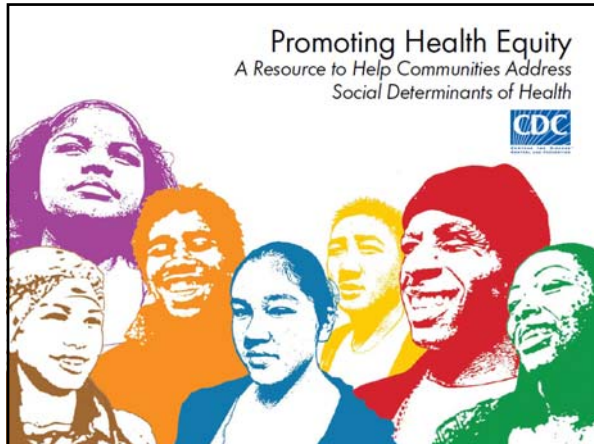
- Mission: To coalesce, increase the capacity and social capital of underserved racial and ethnic communities across the U.S. to achieve health equity.

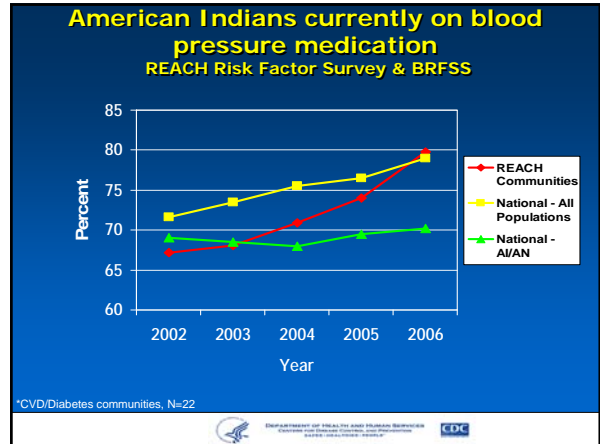
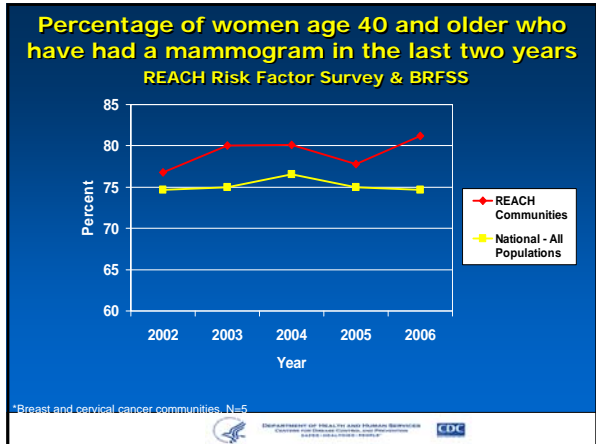
From: <http://reachcoalition.org/>

National REACH Coalition's Strategic Goals

- Narrow the Information Gap
- Find and Promote Solutions
- Build and Sustain a National Network Linking and Engaging Impacted Communities
- Advocate for Policy Change

From: <http://reachcoalition.org/>





- ### Examples from REACH Charleston and Georgetown Diabetes Coalition
- Population: African Americans
 - Disease: Diabetes
 - Intervention focus:
 - Improving diabetes management in individuals, systems, and community
 - Improving health and system outcomes

- ### Emergency Department Visits for 846 Unfunded Patients
- 537 made 1 or more visits in 2000.
 - Enrolled in diabetes self-management education and linked with resources (medication assistance, primary care, social support) by REACH Community Health Advocate.
 - ER Visits decreased from 58/month to 35/month in 24 months for cost savings of \$32,660 per month in ER visits with estimated cost increase of \$12,576/month in outpatient care (not including medications furnished by medication assistance programs).
- Note: Only two patients died and anyone who moved was excluded from study.

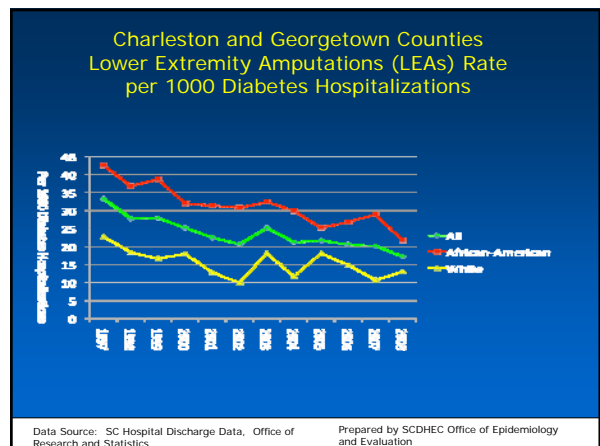
Community and Media Activities for Foot Care reached >45,000 African Americans

Skill-Building for CHAs and Volunteers

Community Screening and Education

Neighborhood Walk and Talk Groups

Individual and Group Education Sessions



Estimated Preliminary Outcomes for Reduction in Diabetes LEAs

- Improved quality of life for person whose legs were saved.
- Cost savings:
 - Costs per amputation in Georgetown County = \$54,736 in 2008
 - Costs per amputation in Charleston County = \$42,783 in 2008
 - Reduction in amputations compared to 1999 = 44% in African Americans
 - Cost savings of >\$2 million/year in 2008.

“I’ll Show Anybody MY LEG”



- Mrs. D got a referral...she got hope...she got quality care.
- Health information and advocacy, along with quality care, work well together.

Health Disparities are NOT Inevitable and CAN be Overcome

- REACH Communities have documented evidence that Health Disparities can be eliminated and Health Equity is possible.
- REACH provides an important safety net to help eliminate racial and ethnic disparities and close the health equity gap.