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(Original Signature of Member)

111TH CONGRESS
2D SESSION

H. RES.

Recognizing the Black Barbershop Health Outreach Program's contribution to the national fight against health disparities through education, community involvement, research, and culturally relevant strategies that seek to improve health outcomes in Black communities across the country.

IN THE HOUSE OF REPRESENTATIVES

Mr. HASTINGS of Florida submitted the following resolution; which was referred to the Committee on _____

RESOLUTION

Recognizing the Black Barbershop Health Outreach Program's contribution to the national fight against health disparities through education, community involvement, research, and culturally relevant strategies that seek to improve health outcomes in Black communities across the country.

Whereas cardiovascular disease, hypertension, and diabetes are leading causes of death and disability in the United States, and cost hundreds of billions of dollars in health services, medication, and lost productivity each year;

Whereas many individuals experience more than one of these health conditions simultaneously, increasing the prob-

ability that they will develop additional related health conditions, experience complications as a result of such conditions, or die prematurely;

Whereas cardiovascular disease, hypertension, and diabetes are largely preventable and manageable through appropriate health education, healthier lifestyle habits, proper adherence to medication and treatment regimens, and routine utilization of primary care;

Whereas educational, cultural, social, genetic, environmental, and economic factors (including inadequate access to quality health care services) contribute to disproportionately high rates of hypertension and diabetes among African-Americans, and to the increased risk of complications, comorbidities, and death that accompany these conditions;

Whereas non-Hispanic Blacks living in the United States have the highest prevalence of hypertension in the world;

Whereas non-Hispanic Blacks are the most likely to develop diabetes and to suffer from the complications that can result from untreated or unmanaged diabetes (including amputation, blindness, kidney failure, and end-stage renal disease);

Whereas although non-Hispanic Blacks are less likely to be diagnosed with heart disease, they are more likely than other groups in the United States to—

- (1) die from cardiovascular disease; and
- (2) experience complications resulting from the disease;

Whereas African-American men are especially vulnerable to the impacts of racial health disparities, as reflected by

the fact that Black men have the lowest average life expectancy of any group in the United States;

Whereas a lack of trust, cultural barriers, and other barriers to accessing routine primary care have prevented many Black men from significantly benefitting from interventions and treatments that were designed to diagnose, manage, and prevent cardiovascular disease, diabetes, and hypertension;

Whereas culturally competent health education and delivery methods are essential to—

(1) preventing and combating racial health disparities; and

(2) maximizing the effectiveness of current and future treatments and resources that are intended to achieve and support better health in African-American communities;

Whereas historically, there have been few widespread, well-funded, and well-known projects or institutions that use culturally relevant and scientifically based strategies and models to focus on improving health education, awareness, and outcomes for Black men;

Whereas Black-owned barbershops have served as cultural institutions in the Black community for generations, regularly attract large and diverse groups of Black men, and provide health advocates with an opportunity to empower and educate Black men about health issues in a trusted and familiar space;

Whereas in December 2007, the Diabetic Amputation Prevention Foundation launched the Black Barbershop Health Outreach Program to increase public awareness about cardiovascular disease, diabetes, and hypertension

among Black men by partnering with Black-owned barbershops, and local leaders, facilities, and organizations, to provide culturally specific education and health services to Black men;

Whereas the Black Barbershop Health Outreach Program addresses cardiovascular disease, hypertension, and diabetes in Black men by—

- (1) providing screening for hypertension and diabetes;
- (2) disseminating information on early detection, management, and prevention of such conditions;
- (3) producing innovative and scientifically based research; and
- (4) referring men to facilities that can address additional health and medical needs;

Whereas the Black Barbershop Health Outreach Program expanded its focus from hypertension, diabetes, and heart disease to include prostate cancer, which African-American men are more likely to develop and die from than any other group in the United States;

Whereas the Black Barbershop Health Outreach Program has screened over 10,000 men in 230 Black-owned barbershops for diabetes, hypertension, and prostate cancer across the country since December 2007;

Whereas the Black Barbershop Health Outreach Program plans to screen 20,000 men in 2010 and 500,000 men by 2012;

Whereas the health status of family members and spouses of Black men, and their environment, culture, and daily habits can—

(1) play a large role in determining the risk that a Black man will develop cardiovascular disease, hypertension, or diabetes; and

(2) provide opportunities for executing sustainable solutions to these conditions; and

Whereas the Black Barbershop Health Outreach Program will also target Black-owned beauty shops to reach Black women, and take a holistic approach to diagnosing, preventing, and managing cardiovascular disease, hypertension, and diabetes in the Black community: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) commends the Black Barbershop Health
3 Outreach Program for its valuable contribution to
4 community health and the national fight against ra-
5 cial health disparities;

6 (2) expresses the need to support organizations,
7 programs, and initiatives that—

8 (A) use culturally relevant education and
9 scientifically based research; and

10 (B) partner with local networks and re-
11 sources to empower individuals to become in-
12 formed health advocates in their communities;
13 and

14 (3) expresses a commitment to support commu-
15 nity-oriented approaches to health reform in health
16 legislation and initiatives arising at both the State
17 and Federal levels.