

# Making Healthy Living Easier



## Racial and Ethnic Approaches to Community Health (REACH)

REACH is a national program administered by the Centers for Disease Control and Prevention (CDC) to reduce racial and ethnic health disparities.

REACH 2014, a 3-year initiative, will build on a body of knowledge developed through previous REACH programs (REACH 2010, REACH CORE, REACH US, REACH Minority-Serving Organizations, and REACH National Networks). It will strengthen capacity and implement evidence- and practice-based strategies in African American, American Indian, Hispanic/Latino, Asian American, Alaska Native, and Pacific Islander populations.

## Reducing Health Disparities

Believing that every person deserves the opportunity to reach his or her full health potential, CDC seeks to eliminate barriers that are created by socially determined circumstances. Health disparities remain widespread among members of racial and ethnic minority populations. For example,

- Non-Hispanic blacks are 40% more likely to have high blood pressure than are non-Hispanic whites, and they are less likely to effectively manage these conditions.
- Non-Hispanic blacks have the highest rate of obesity (44%), followed by Mexican Americans (39%).
- The rate of diagnosed diabetes is 18% higher among Asian Americans, 66% higher among Hispanics/Latinos, and 77% higher among non-Hispanic blacks, compared to non-Hispanic whites.
- American Indians and Alaska Natives are 60% more likely to be obese than non-Hispanic whites.

## REACH Community Health Efforts

REACH awardees use tailored community-based and participatory approaches to identify, develop, and disseminate effective strategies for addressing health disparities in racial and ethnic communities. Strategies focus on proper nutrition, less tobacco use and exposure, physical activity, chronic disease prevention, and risk reduction and management.

Examples of community strategies include:

- Protecting people from secondhand smoke exposure and giving low-income smokers access to reduced-cost, evidence-based cessation treatments.
- Encouraging healthy eating and working with partners to improve the affordability of healthy foods and beverages in organizational or institutional settings.
- Increasing physical activity opportunities by working with partners to decrease out-of-pocket costs for using community recreation facilities.
- Increasing the number of multidisciplinary health care teams that help patients manage chronic disease and training teams in cultural competency.

## REACH Health Outcomes

REACH community health investments have established a foundation for addressing racial and ethnic health disparities. Lessons learned from previous REACH programs are integrated into present community health models (i.e., REACH 2014) to reach populations with the greatest health disparities.

Here are some successes from a previously funded REACH program.

CDC conducted a REACH US Risk Factor Survey annually from 2009 to 2012. The survey gathered health and behavior information from 28 REACH US communities about chronic disease prevalence, fruit and vegetable consumption,

physical activity levels, preventive services use, and adult immunization rates. The following are some of the findings:

- Over the 3-year intervention period, smoking prevalence decreased 7.5% (or an average of 2.5% per year) among non-Hispanic blacks and 4.5% among Hispanics.
- In REACH communities that focused on cardiovascular disease or diabetes during this time, the percentage of adults who reported eating five or more fruits and vegetables daily increased 3.9% among non-Hispanic blacks and 9.3% among Hispanics.
- The percentage of adults aged 65 years or older who had a flu shot in the past year increased 11.1% during the 3-year intervention period.

## REACH Awardees

REACH 2014 funds a variety of governmental and nongovernmental agencies, including state and local health departments, tribes/tribal organizations, universities, and community-based organizations. Awardees will create healthier communities by strengthening capacity and implementing culturally tailored evidence- and practice-based strategies that will reach at least 75% of the selected priority population across multiple settings.

In FY 2014, CDC awarded \$34.9 million to support 49 REACH awardees, including:

1. **\$9 million to 20 Basic Implementation awardees** that will address at least **one** chronic disease risk factor in the proposed target populations.
2. **\$25.9 million to 29 Comprehensive Implementation awardees** that will address at least **two** chronic disease risk factors in the proposed target populations.

BASIC IMPLEMENTATION			
State	Locality	Awardee	Award Amount (FY 2014)
California	Stockton County	California Center for Public Health Advocacy	\$484,389
	Alameda County	Mandela Marketplace, Inc.	\$500,000
	City of Pasadena (Northwest Area)	City of Pasadena	\$500,000
	City of San Diego	Operation Samahan, Inc.	\$464,000
	City of San Diego	Project Concern International (PCI)	\$500,000
	City of San Diego (Southeast)	The Regents of the University of California, University of California-San Diego	\$369,712
	Inyo and Mono Counties	Toiyabe Indian Health Project	\$500,000
Colorado	City of Denver (Montbello and Northeast Park Hill Areas)	The Stapleton Foundation for Sustainable Urban Communities	\$484,635
	City of Denver	Colorado Black Health Collaborative, Inc.	\$455,239
District of Columbia	Washington	Leadership Council for Healthy Communities	\$499,753
	Prince George County (Langley Park)	The George Washington University	\$500,000
Hawaii	Kalihi Valley of Honolulu County	Kokua Kalihi Valley Comprehensive Family Services	\$400,580
Maine	Androscoggin County (Cities of Lewiston and Auburn)	Central Maine Community Health Corp.	\$313,469
Massachusetts	Brockton and Stoughton Counties	Old Colony Y	\$400,316
Mississippi	Mississippi Delta (Leflore, Holmes, and Tallahatchie Counties)	Greenwood Leflore Hospital	\$313,107
Nebraska	Douglas County	Creighton University	\$429,926
Ohio	Cuyahoga County	Asian Services In Action, Inc.	\$422,123
Pennsylvania	City of Philadelphia	Temple University	\$465,876
Tennessee	City of Nashville (Northeast and North Areas)	Meharry Medical College	\$451,430
Virginia	City of Richmond	The Balm In Gilead, Inc.	\$500,000

## RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH

### COMPREHENSIVE IMPLEMENTATION

State	Locality	Awardee	Award Amount (FY 2014)
Alabama	Jefferson County	The University of Alabama at Birmingham	\$943,212
	Central Alabama's River Region (Montgomery, Lowndes, and Macon Counties)	Montgomery Area Community Wellness Coalition	\$909,455
Arkansas	Benton and Washington Counties	University of Arkansas for Medical Sciences	\$999,882
California	Los Angeles County (Bell, Commerce, East Los Angeles, Maywood, Montebello, Pico Rivera, and West Whittier-Los Nietos)	AltaMed Health Services Corporation	\$997,952
	Orange County	Boat People SOS-California	\$700,000
	Los Angeles County (South Los Angeles)	Community Coalition for Substance Abuse Prevention and Treatment	\$1,000,000
	San Diego County (Chula Vista)	Community Health Improvement Partners	\$685,982
	San Joaquin County (Northern, Central, and Southern Areas)	Public Health Institute	\$977,400
	City of Los Angeles	Regents of the University of California, Los Angeles	\$1,000,000
Georgia	San Francisco County	San Francisco Department of Public Health	\$799,159
	DeKalb County	DeKalb County Board of Health	\$928,453
Hawaii	City of Atlanta	Morehouse School of Medicine	\$999,214
	U.S. Affiliated Pacific Islands	University of Hawaii	\$1,000,000
Idaho	Benewah, Kootenai, and Washington Counties	Benewah Medical & Wellness Center	\$671,336
Kansas	Wyandotte County (Eastern Section of Kansas City)	University of Kansas Center for Research, Inc.	\$723,299
Massachusetts	City of Boston (Roxbury and North Dorchester Neighborhoods)	Boston Public Health Commission	\$966,385
	Navajo Nation	Partners In Health	\$994,284
Michigan	Kent County (City of Grand Rapids)	Kent County Health Department	\$726,611
	The Saginaw Chippewa Indian Tribe	Inter-Tribal Council of Michigan, Inc.	\$994,621
	Oakland County (City of Pontiac)	Oakland University	\$650,748
Minnesota	City of Minneapolis (North)	Asian Media Access	\$500,000
New Mexico	Bernalillo County (Urban and Rural South Valley)	Presbyterian Healthcare Services	\$981,022
New York	South Bronx (Highbridge and Morrisania Neighborhoods)	Bronx Community Health Network, Inc.	\$976,900
	New York/New Jersey Metropolitan Area	New York University School Of Medicine	\$1,000,000
	South Bronx	The Institute for Family Health	\$999,985
North Carolina	Cabarrus County (Cities of Concord and Kannapolis)	Public Health Authority of Cabarrus County	\$836,147
Ohio	Cuyahoga County (East Cleveland)	Cuyahoga County District Board of Health	\$997,350
	City of Cleveland	YMCA of Greater Cleveland	\$986,270
Oregon	Multnomah County	Multnomah County Health Department	\$986,196

## RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH

### REACH AWARD HISTORY

Program	Fiscal Years	Purpose	# of Awards
REACH 2010	1999–2006	Supported projects focused on a coalition-based approach for racial and ethnic minorities in six health priority areas: cardiovascular disease (CVD), immunizations, breast and cervical cancer screening and management, diabetes, HIV/AIDS, and infant mortality.	40
REACH US	2007–2011	Funded 18 Centers of Excellence in the Elimination of Disparities and 22 Action Communities and used community-oriented participatory approaches to address racial and ethnic health disparities in one or more of seven designated areas: CVD, diabetes, infant mortality, asthma, hepatitis B, HIV/AIDS, and adult immunization.	40
REACH Minority-Serving National Organizations	2009–2013	Enabled national organizations to share evidence- and practice-based programs related to specific health disparities with their local affiliates and chapters.	6
REACH CORE	2010–2011	Funded communities to organize, implement, and evaluate evidence-based interventions that eliminate racial and ethnic health disparities in chronic diseases. This program supported the transition of communities from the analysis of intervention results to the use of these results in eliminating health disparities.	10
REACH National Network Program	2012–2013	Funded organizations to implement sustainable evidence- and practice-based strategies reducing health disparities.	6
REACH Demonstration Project	2012–2014	Funded awardees to develop and implement strategies that reduce obesity and hypertension in populations with health disparities.	2
REACH	2014–2016	Funds organizations to implement locally tailored evidence- and practice-based population-wide improvements in priority populations with chronic disease disparities.	49



For more information about REACH programs, visit  
[www.cdc.gov/nccdphp/dch/programs/reach](http://www.cdc.gov/nccdphp/dch/programs/reach)