

Racial and Ethnic Approaches to Community Health (REACH)

Investments in Community Health

REACH, a national program administered by the Centers for Disease Control and Prevention (CDC) since 1999, aims to reduce racial and ethnic disparities in health. Through REACH, CDC supports awardee partners that establish community-based programs and culturally tailored interventions serving African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders.

Why is it important to reduce health disparities?

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

- Heart disease is the leading cause of death for people of most racial and ethnic minorities in the United States.
- Non-Hispanic blacks have the highest rates of obesity (44%) followed by Mexican Americans (39%).
- Compared to non-Hispanic whites, the risk of diagnosed diabetes is 18% higher among Asian Americans, 66% higher among Hispanics/Latinos, and 77% higher among non-Hispanic blacks.

What is REACH doing in the community?

REACH partners use community-based, participatory approaches to identify, develop, and disseminate effective strategies for addressing health disparities across a wide range of health priority areas such as cardiovascular disease, diabetes, breast and cervical cancer, infant mortality, asthma, immunization, and obesity. Because the causes of racial and ethnic health disparities are complex and include individual, community, societal, cultural, and environmental factors, REACH's approaches cut across a number of evidence- and practice-based interventions by:

- Supporting community coalitions that design, implement, evaluate, and disseminate community-driven strategies to eliminate health disparities in chronic disease.
- Providing the infrastructure to implement, coordinate, refine, disseminate, and evaluate successful evidence- or practice-based approaches and programs in local communities.
- Supporting national and international organizations, with local affiliates and chapters, to share evidence- and practice-based strategies and culturally based community practices to eliminate racial and ethnic health disparities.



- Increasing the evidence around effective strategies to reduce obesity and hypertension in racial and ethnic communities.
- Funding community-based organizations to reduce health disparities.

What changes have happened in REACH communities?

- In **Boston, Massachusetts**, nearly 1,000 African American and Latino children with asthma had 80% fewer hospitalizations, 56% fewer emergency department visits, and 41% fewer missed school days after participating in a 5-year comprehensive case management program led by Boston Children's Hospital Community Asthma Initiative (CAI). The majority of these children live in low-income communities. CAI is replicating the programs in **Alabama, Tennessee, and Ohio**.
- In **Brownsville**, a low-income African-American and Latino neighborhood in Brooklyn, New York, the REACH U.S. Brooklyn Perinatal Network in New York supported two community health centers in putting into action an enhanced perinatal risk assessment (PRA) system and a community-based navigation system to link women with social services. As of December 2012, the health centers had screened an estimated 840 women using the PRA system and referred about half of these women to social service providers.
- In **North Carolina**, approximately 1,200 students in the Eastern Band of Cherokee Indians school system now receive 150–225 minutes of physical education each week, which meets the National Standards for Physical Education for grades K–12. At least half of this time is spent on moderate to vigorous physical activity.

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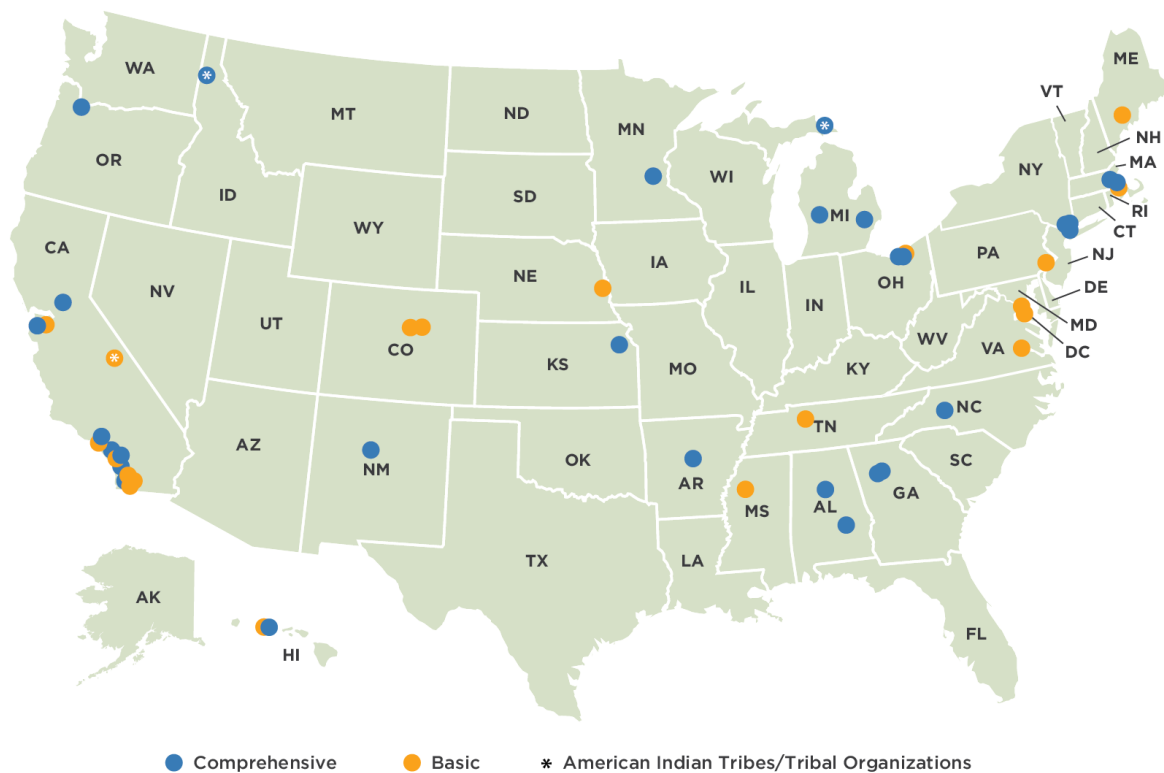
- As a result of Immunize LA Families Coalition, **South Los Angeles** Health Project Women, Infants, and Children Centers now refer and track pregnant women for flu vaccinations. Between 2007 and 2012, the new system increased annual flu vaccination rates by 13%–15% among African American and Latina pregnant women attending the centers.
- Between 2008 and 2012, 500 young people who participated in the Comprehensive Cardiovascular Risk Reduction Project of Our Children’s Future with Health, Inc., in **West Philadelphia, Pennsylvania**, reported significant increases in three physical activities. Bicycling increased more than 9%, swimming increased more than 11%, and walking increased more than 14%.
- **The Republic of Palau’s** 21,000 residents now have greater access to fresh produce in convenience stores as a result of a partnership between the stores and the Bureau of Agriculture to increase the number of community garden sites and the planting of fruit trees near sports facility sites.

What are some health outcomes of the REACH programs?

REACH U.S. Risk Factor Survey was conducted annually from 2009 to 2012. The survey gathered health- and behavior-related information from 28 REACH U.S. communities about chronic disease prevalence, fruit and vegetable consumption, physical activity levels, preventive services usage, and adult immunization rates. Following are some findings:

- Over the 3-year intervention period, smoking prevalence decreased on average 7.5% (or an average of 2.5% per year) among African Americans 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 African Americans and 9.3% among Hispanics.
- The percentage of adults aged 65 years or older who had an influenza shot in the past year increased on average 11.1% across the 3-year intervention period.

Current REACH Awardees



For More Information

For more information about REACH programs, visit www.cdc.gov/nccdphp/dch/programs/reach