

REACH

CDC's Racial and Ethnic Approaches to Community Health Program

Every person deserves the chance to be healthy, but in the United States, some racial and ethnic groups have worse health than others. Many complex factors drive these health disparities and risk factors, including:

- Social determinants of health, such as poverty, lack of education, racism, or discrimination. These factors can limit access to resources for improved health.
- Environmental and community conditions, such as lack of access to healthy foods and opportunities for physical activity.
- Less access to high-quality health services.

The [Racial and Ethnic Approaches to Community Health \(REACH\)](#) program is at the forefront of CDC's efforts to reduce health disparities. Since 1999, REACH has been the only CDC program that explicitly focuses on reducing chronic diseases for multiple racial and ethnic groups in communities with high rates of chronic diseases.

REACH strives to promote healthy behaviors and chronic disease management among five racial and ethnic groups: African Americans, American Indians/Alaska Natives, Hispanics, Asian Americans, and Native Hawaiians/Other Pacific Islanders.

In rural, urban, and tribal communities across the United States, REACH recipients use the following strategies to improve social and environmental conditions for better health:

- Increase options for healthy nutrition across the lifespan.
- Promote community planning and transportation plans that create places for safe and accessible physical activity.
- Support tobacco-free living.
- Connect clinics to community programs so people can manage chronic diseases such as heart disease and diabetes.

Because of REACH program activities during 2014–2018:



Over 2.9 million people have better access to healthy foods and beverages.



Over 322,000 people have benefited from smoke-free and tobacco-free interventions.



About 1.4 million people have more opportunities to be physically active.



About 830,000 people have access to local chronic disease programs that are linked to clinics.





Racial and Ethnic Groups Most Affected by Chronic Diseases

Heart disease, cancer, diabetes, and stroke are among the most common causes of illness, disability, and death in the United States. These chronic conditions—and the factors that lead to them—can be more common or severe for some racial and ethnic groups. For example:

- From 2017 to 2018, 49.6% of non-Hispanic Black adults and 44.8% of Hispanic adults had obesity, compared to 42.2% of non-Hispanic White adults.
- From 2013 to 2016, total age-adjusted diabetes (diagnosed and undiagnosed) was higher among Hispanic (17.9%) and non-Hispanic Black (16.8%) adults compared to non-Hispanic White (10.0%) adults.
- From 2017 to 2018, American Indian and Alaska Native adults had the highest age-adjusted rates of diagnosed diabetes by race/ethnicity for both men (14.5%) and women (14.8%).
- Native Hawaiians and Other Pacific Islanders are more than twice as likely as non-Hispanic Whites to have diagnosed diabetes.

Locally Based and Culturally Tailored Solutions That Work

A cornerstone of the REACH program is engaging community members to help shape the strategies that will be most effective for their communities. REACH recipients routinely involve the priority population in program design, implementation, and evaluation; hire or partner with individuals and organizations that can represent the needs of the community; and adapt their programs to reflect cultural norms, language, and practices.

REACH recipients also bring together interested groups to form coalitions to promote health. Examples of these groups include state and local health agencies, universities, community-based organizations, housing and transportation authorities, health care organizations, employers, faith-based organizations, and groups that represent the priority population.

Local evaluations show that REACH recipients have been successful at changing local environments to support healthier behaviors among racial and ethnic minority populations. From 2014 to 2018, REACH communities reported the following successes:

- Partners in Health worked in rural communities on the Navajo Nation to increase access to healthier foods in small stores and at community venues for about 18,500 residents. The recipient also improved clinical and community links by training community health workers, which increased access to health services for about 90,000 community members.



CDC launched the newest REACH program in September 2018, funding 36 recipients, including community organizations, universities, local health departments, tribal organizations, and states. In September 2020, CDC added five new recipients. Each recipient uses at least three of the following strategies:

Improve Nutrition

- Work with food vendors, distributors, and producers to increase the number of healthy foods they buy and sell.
- Help hospitals, early care and education centers, and worksites use nutrition standards that increase availability of healthy foods.
- Improve local nutrition programs and food systems—for example, by using voucher incentive programs, increasing acceptance of electronic benefit transfer cards where food is purchased, improving public transportation routes to food stores, and improving access to healthy foods at community venues.
- Support breastfeeding by making it more convenient to breastfeed in more places and by training health workers to give mothers the help and support they need to breastfeed.

Increase Physical Activity

- Work with partners to connect activity-friendly routes to everyday destinations by using land-use and environmental design interventions.

Promote Tobacco-Free Living

- Implement tobacco-free policies in workplaces and multi-unit housing.
- Work with health care providers to ensure that patients are screened for tobacco use, advised to quit, and provided resources.
- Communicate culturally tailored messages on the effects of tobacco and secondhand smoke exposure, quitting, and quitlines.

Increase Community-Clinical Links

- Increase referral and access to community health programs—for example, by expanding the use of community health workers, patient navigators, and pharmacists.

As REACH continues to focus on strengthening community health efforts to prevent disease and reduce racial and ethnic health disparities, REACH communities will be empowered to create long-term, sustainable health solutions that break down barriers to health.

The REACH budget line provides (1) core REACH program funding to 36 urban, rural, and tribal areas to address health disparities in chronic diseases and related risk factors among five racial and ethnic minority groups and (2) focused funding to 54 awards directly to Tribes and Alaska Native Villages, Tribal Organizations, Tribal Epidemiology Centers, and Urban Indian Organizations to improve the health of American Indians and Alaska Natives as part of the [Healthy Tribes Program](#).