Centers for Disease Control and Prevention
Division of Community Health

Summary—Partnerships to Improve Community Health and Racial and Ethnic Approaches to Community Health



The following narrative for Partnerships to Improve Community Health (PICH) and Racial and Ethnic Approaches to Community Health (REACH) includes a summary of four focus areas, top priority interventions, and awardee project descriptions.

Focus Areas

Awardees will address, in their communities, chronic conditions in four areas of focus. Those include:

- 1. **Tobacco use and exposure**: Twenty-seven (41.5%) awardees plan to improve access to smoke-free and/or tobacco-free environments.
- 2. **Poor nutrition**: Fifty-four (83.1%) awardees plan to improve access to environments with healthy food and beverage options.
- 3. Physical inactivity: Forty-five (69.2%) awardees plan to improve access to physical activity opportunities.
- 4. Lack of access to opportunities for chronic disease prevention, risk reduction, and disease management: Thirty-seven (56.9%) awardees plan to improve opportunities for chronic disease prevention, risk reduction, or management through clinical and community linkages.

See Tables 1 and 2 for more information about PICH and REACH awardee focus areas.

Priority Interventions

PICH and REACH awardees plan to implement 284 priority interventions. Priority interventions, when implemented in the proper combination, are intended to help communities prevent chronic diseases. Priority interventions, a subset of primary interventions, will have the greatest potential reach and impact for the outcomes associated with our targeted risk factors. Primary interventions are those that might directly affect risk factors or behaviors. On average, more awardees plan to implement priority interventions related to healthy food and beverages and physical activity. See Table 3 for more information about PICH and REACH awardee priority interventions.

National Center for Chronic Disease Prevention and Health Promotion Division of Community Health

Table 1. PICH Awardee Focus Areas

Awardee	Tobacco use and exposure (N =21)	Poor nutrition (N =31)	Physical inactivity (N=25)	Lack of access to opportunities for chronic disease prevention, risk reduction, and disease management (N=18)
Albemarle Regional Health Services	X	Χ		
Boston Public Health Commission	X	Χ	X	
Broward Regional Health Planning Council, Inc.	X	Х	X	X
Cherokee Nation	X	Χ		X
Cheshire Medical Center	X	Χ	Х	
Community Action Partnership of Orange County		Χ	Х	
Cook County Department of Public Health	X	Χ	Х	X
County of Santa Clara	X	Χ	Χ	X
Cumberland Cape Atlantic YMCA		Χ	Χ	X
Eastern Maine Healthcare Systems (EMHS)		Χ	Χ	X
Fort Defiance Indian Hospital Board, Inc.				
Fresno County Department of Public Health		Х		X
Fulton County	Х	Х	Х	X
Fund for Public Health in New York, Inc.	Х	Х	Х	
Great Plains Tribal Chairmen's Health Board				
Heart of Florida Health Center				
Hospital Council of Northwest Ohio	Х	Х		X
Lawrence-Douglas County Health Department	Х	Х	Х	
Los Angeles County Office of Education*	Х	Х	Х	X
MaineGeneral Medical Center	Х			X
Merced County Department of Public Health	Х	Х	Х	X
Miami-Dade County	Х	Χ	Х	X
My Brother's Keeper, Inc.	Х	Х	Х	X
Nemours Alfred I. duPont Hospital for Children		Χ	Х	
North Coast Opportunities				
Partnership for a Healthy Lincoln		Х	Χ	
Pawnee Nation of Oklahoma				
Pinellas County		Х	Х	
Sault Ste. Marie Tribe of Chippewa Indians	Х	Х	Х	
Schenectady County		Х		X
Seattle-King County Department of Public Health				
Solano County Public Health Services, County of Solano	Х	Х		X
Southern Nevada Health District	X	X	Х	X
Tanner Medical Center, Inc.	X	Х	X	
The Lima Family YMCA	X	X	X	X
Toiyabe Indian Health Project				
Trinity Medical Center		Х	Х	
Woodbury County		X	X	
YMCA of Greenville		X	X	
Totals	21	31	25	18

^{*}Year 1 awardee with no future funding.

Table 2. REACH Awardee Focus Areas

Awardee	Category	Tobacco use and exposure (N =6)	Poor nutrition (N =23)	Physical inactivity (N=20)	Lack of access to opportunities for chronic disease prevention, risk reduction, and disease management (N=19)
Asian Services in Action, Inc.	Basic		Х	X	
The Balm In Gilead, Inc.	Basic				
California Center for Public Health Advocacy	Basic		Х		
Central Maine Community Health Corp.	Basic				
City of Pasadena	Basic				
Colorado Black Health Collaborative, Inc.	Basic				
Creighton University	Basic		Х		X
The George Washington University	Basic				
Greenwood Leflore Hospital	Basic				
Kokua Kalihi Valley Comprehensive Family Services	Basic				
Leadership Council for Healthy Communities	Basic				
Mandela Marketplace, Inc.	Basic				
Meharry Medical College	Basic				
Old Colony Y	Basic				Х
Operation Samahan, Inc.	Basic				
Project Concern International (PCI)	Basic				
Temple University	Basic				
The Regents of the University of California, University of California San Diego	Basic				X
The Stapleton Foundation for Sustainable Urban Communities	Basic			Х	
Toiyabe Indian Health Project	Basic				
AltaMed Health Services Corporation	Comprehensive				
Asian Media Access	Comprehensive			X	
Benewah Medical & Wellness Center	Comprehensive				
Boat People SOS-California	Comprehensive	X			
Boston Public Health Commission	Comprehensive	X	X	.,	X
Bronx Community Health Network, Inc.	Comprehensive		Х	Х	
Community Coalition for Substance Abuse Prevention and Treatment	Comprehensive			Х	X
Community Health Improvement Partners	Comprehensive				
Cuyahoga County District Board of Health	Comprehensive		X	Х	X
DeKalb County Board of Health	Comprehensive		X	Х	
The Institute for Family Health	Comprehensive		X	X	
Inter-Tribal Council of Michigan, Inc.	Comprehensive	X	X	X	X
Kent County Health Department	Comprehensive	X	X	X	X
Montgomery Area Community Wellness Coalition	Comprehensive		X	X	X
Morehouse School of Medicine	Comprehensive		X	X	X
Multnomah County Health Department	Comprehensive	X	X		V
New York University School of Medicine	Comprehensive		X		X
Oakland University	Comprehensive		X	Х	V
Partners In Health	Comprehensive		X	V	X
Presbyterian Healthcare Services	Comprehensive		X	X	X
Public Health Authority of Cabarrus County	Comprehensive		X	X	X
Public Health Institute Pagents of the University of California Los Angeles	Comprehensive	X	Х	٨	X
Regents of the University of California, Los Angeles	Comprehensive Comprehensive	^		Х	X
San Francisco Department of Public Health The University of Alabama at Birmingham	Comprehensive		X	X	۸
University of Arkansas for Medical Sciences	Comprehensive		X	^	X
University of Hawaii	Comprehensive		^		٨
University of Hawaii University of Kansas Center for Research, Inc.	Comprehensive		X	X	X
YMCA of Greater Cleveland	Comprehensive		X	X	X
	- COMPREHENSIVE	1			

The table below displays the number and percentage of PICH and REACH awardees planning to implement interventions aligned with CDC's top focus areas.

Table 3. PICH and REACH Awardee Priority Interventions								
Focus Areas	Focus Areas Priority Interventions		Number of REACH Basic Awardees	Number of REACH Comprehensive Awardees	Percentage of All Awardees			
		Working on Priority Interventions						
	Tobacco use and exposure							
Increase the number of multi- unit housing complexes that have a smoke-free policy	Expand voluntary, indoor multi-unit housing smoke-free policies	13	0	2	23.1%			
Increase the number of settings that have a 100% smoke-free policy	Expand voluntary, comprehensive indoor smoke-free policies	7	0	2	13.8%			
	Establish smoke-free outdoor venues/spaces (e.g., beaches, parks)	4	0	2	9.2%			
	Establish outdoor smoke-free campuses	5	0	0	7.7%			
Poor nutrition								
Increase availability of healthful foods in communities	Bring new grocery stores or other healthy retail developments to the community	6	0	6	18.5%			
	Expand healthy food options offered in corner stores and other existing retail venues	15	0	15	46.2%			
Improve the availability of	Improve organization procurement strategies	14	0	6	30.8%			
healthy foods and beverages in organizational or institutional settings	Improve or enhance organizational policies and practices to increase availability of healthy food and beverages onsite	16	3	9	43.1%			
	Physical inactivity							
Improve the quality and amount of physical education and physical activity in schools	Improve or enhance a comprehensive physical activity policy to increase the amount of physical activity opportunities implemented at school facilities through daily recess, intramurals/physical activity clubs, and walk or bicycle to and from school	13	0	3	24.6%			
	Implement a plan for community health and well-being, including physical activity opportunities	9	0	4	20.0%			
Increase adoption of comprehensive approaches to improve community design	Improve community designs to make streets safe for pedestrians, bicyclists, and public transit users (e.g., neighborhood slow zones, community-wide traffic calming)	11	0	8	29.2%			
	Implement joint-use agreements (e.g., school grounds open to the public during off hours)	8	1	7	24.6%			
Lack of access to opportunities for chronic disease prevention, risk reduction, and disease management								
Increase multi-disciplinary teams (i.e., physicians, pharmacists, and community health workers), engaged in patient chronic disease management	Work with health care systems to create or enhance non-physician teams (nurses, pharmacists, nutritionists, physical therapists, community health workers) engaged in patient chronic disease management	4	1	5	15.4%			
Enhance or use health IT system to inform and improve population-level chronic disease management	Encourage and support the use of HIT- generated patient lists within health care systems to enable chronic disease management	4	0	2	9.2%			
This table contains select priority interventions. Awardees can address more than one focus area. Therefore, the percentages do not equal 100.								

Examples of PICH Awardees

Awardee Name: The Lima Family YMCA

Geographic Location(s) of Work: Allen County (city of Lima), Ohio

Award Amount: \$450,000

Sector: Nongovernmental, Community-based Organization

Project Overview: In 2009, 12% of the adult population in Allen County had diabetes. For low-income residents, this figure rises to 15%. The overall obesity rate in Allen County is 37% compared with the Ohio obesity rate of 30%. In general, chronic disease prevalence in Allen County is increasing and disproportionately affects the African-American population. A multi-sector coalition of organizations spanning local government, businesses, nonprofit, faith-based, higher education, K-12 education, preschool education, public health, community planning, social service, health care, hospital, and mental health will work together to address Lima's high chronic disease burden. Building on previous community health investments, this project aims to increase the number of smoke-free workplaces and multiunit housing complexes; increase the availability of healthy food options at corner stores; promote the implementation of an Active Transportation Plan to increase physical activity levels; provide more physical activity opportunities in childcare centers; and expand tobacco cessation and diabetes prevention services.

Awardee Name: Lawrence-Douglas County Health Department

Geographic Location(s) of Work:
Douglas County (Lawrence), Kansas

Award Amount: \$448,578

Sector: Governmental, Public Health

Project Overview: Chronic diseases such as cancer, heart diseases, diabetes, cerebrovascular disease (stroke), and chronic lower respiratory disease are now responsible for more than half of deaths in Douglas County, and are among the top contributors of potential years of life lost. A multi-sector coalition consisting of 150 representatives from hospitals, governments, public schools, businesses, faithbased organizations, and health departments will work to prevent and reduce chronic disease prevalence by implementing population-based strategies that provide greater access to local fruits and vegetables in schools, clinics, and food pantries; improve the built environment by implementing active transportation initiatives and expanding "safe routes" to support physical activity; and integrate electronic cigarettes into smoke-free policies.

Awardee Name: Broward Regional Health Planning Council, Inc.

Geographic Location(s) of Work: Broward County, Florida

Award Amount: \$1,719,743

Sector: Nongovernmental, Public Health

Project Overview: In Broward County, a multi-sector coalition of 25 community partners is building on previous community health investments to address obesity and chronic conditions such as diabetes, hypertension, and heart disease. Working in 52 census tracts with high chronic disease burdens, this project aims to provide increased access to smoke-free multi-unit housing complexes, college campuses, and parks; to increase the availability, affordability, and promotion of healthy foods and beverages in childcare centers, schools, after-school programs, health care facilities, and government facilities; to provide residents with more opportunities for physical activity through community designs, increased support for walking and biking, and joint-use agreements; and expand programs and services for preventing and treating obesity and related chronic diseases, including training pediatricians to address obesity with their patients and referring them to selfmanagement programs.

Examples of REACH Awardees

Awardee Name: California Center for Public Health Advocacy (CCPHA)

Geographic Location(s) of Work: Stockton County, California

Award Amount: \$484,389

Sector: Nongovernmental, Public Health

Priority Population(s): African

Americans living in Stockton County

Project Overview: In Stockton County, California, access to healthy food is limited. Residents have no or low access to healthy foods and beverages, contributing to the area's high obesity and chronic disease rates. CCPHA will collaborate with the National Association for the Advancement of Colored People Stockton Branch and other local organizations to increase access to healthy food and beverages. They will also work to increase access to breastfeeding accommodations for nursing moms.

Awardee Name: Greenwood Leflore Hospital

Geographic Location(s) of Work: Mississippi

Award Amount: \$313,107

Sector: Nongovernmental, Health Care, and Hospital

Priority Population(s): African Americans living in the Mississippi Delta (Leflore County, Holmes County, and Tallahatchie County)

Project Overview: Many African Americans in the Mississippi Delta live in neighborhoods not easily accessible to stores that offer healthy food and beverages. Most of these neighborhoods also lack sidewalks and walking trails. In an effort to address these issues, Greenwood Leflore Hospital will collaborate with local organizations to increase access to chronic disease prevention resources and self-management programs at work sites and in community settings. They will also establish health information technology systems to collect data that can be shared across multiple health care organizations and leveraged for quality improvement and prevention activities.

Awardee Name: Bronx Community Health Network, Inc. (BCHN)

Geographic Location(s) of Work: Highbridge and Morrisania neighborhoods in South Bronx, New York

Award Amount: \$976,900

Sector: Nongovernmental, Health Care, and Hospital

Priority Population(s): African Americans, Hispanics

Project Overview: Bronx residents suffer disproportionately from chronic diseases including diabetes, hypertension, and hyperlipidemia. BCHN will work closely with their coalition to increase access to healthy food options and physical activity opportunities. They will conduct an assessment of current recreational fitness resources for children and adults within South Bronx communities and school settings for children K-12. They will work in collaboration with coalition members representing faith- and communitybased organizations, the New York City Department of Education and the New York City Parks Department. They will help increase knowledge, geographic proximity and discounted pricing among individuals living in poverty and who lack transportation to shop outside of their communities to make healthier purchases. As a result of combined efforts, the BCHN will increase access to healthy food and beverage options in South Bronx from 100,000 to 150,000 by September 2017.