

# Investments in Community Health

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

REACH is a national program administered by the Centers for Disease Control and Prevention (CDC) aimed at eliminating 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 eliminating health disparities important?

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 ethnicities in the United States.
- Non-Hispanic blacks have the highest rates of obesity (44.1%) followed by Mexican Americans (39.3%).
- 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 are happening in REACH communities?

- The South Eastern African American Center of Excellence in the Elimination of Disparities in Diabetes program at the Medical University of South Carolina College of Nursing implemented healthcare education delivery system improvements for African Americans with diabetes. Specifically, the program worked to increase awareness and knowledge of diabetes self-management and prevention in **South Carolina's Charleston and Georgetown counties**. These efforts resulted in a 44% reduction in amputations among African Americans.
- **Boston's** Community Asthma Initiative addresses health disparities in neighborhoods and schools most affected by asthma. These efforts greatly reduced school absences and produced a 68% decrease in asthma-related emergency-department visits and an 84% decrease in hospitalizations.
- In **Los Angeles**, the Community Health Council and the African Americans Building a Legacy of Health program collaborated to increase access to healthy and affordable food and beverages by

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changing institutional practices and promoting local investment. These efforts helped to leverage support from California's \$200 million Fresh Food Financing Fund that seeks to eliminate food deserts and fight childhood obesity.

- The Greater Lawrence Family Health Center, located in the **Merrimack Valley of Massachusetts**, engaged local Latino communities across New England through community-based systems of care and education to eliminate health disparities related to cardiovascular disease and other chronic diseases and conditions. These efforts have improved cholesterol levels for Latino patients such that 71.9% of those with diabetes were able to bring their total cholesterol under 200mg/dL.
- Smoking prevalence for Asian men in four REACH communities in **California, Washington, and Massachusetts** declined significantly. These decreases, ranging from 2.6% to 5.7%, were greater in REACH communities compared to the national decline.

## What are some health outcomes of the REACH programs?

REACH Risk Factor Surveys, which gather health and behavior-related information from select REACH communities about chronic diseases, diet, exercise, preventive services, and adult immunizations, indicated that:

- From 2009 to 2011, cholesterol screening increased among African Americans from 74% to 78%, Hispanics 58% to 71%, and Asians 53% to 72% in REACH communities, while screening decreased or remained constant among the same population groups nationwide.
- From 2001 to 2009, the proportion of Hispanics who reported having hypertension and were taking medication for it increased from less than half to more than two-thirds.
- During the same period, pneumonia vaccination rates increased from 50.5% to 60.5% in black communities, from 46.0% to 58.5% in Hispanic communities, from 37.5% to 59.7% in Alaskan/Pacific Islander communities, and from 67.3% to 78.7% in Native American communities.

## REACH Award History

Program	Funding Years	Purpose	# of Awards
REACH 2010	1999–2006	Supported projects focused on a coalition-based approach targeting racial/ethnic minorities within six health priority areas: cardiovascular disease (CVD), immunizations, breast and cervical cancer screening and management, diabetes, HIV/AIDS, and infant mortality.	40
REACH US	2007–2012	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 mellitus, infant mortality, asthma, Hepatitis B, HIV/AIDS, adult immunization, and tuberculosis.	40
REACH National Organizations	2009–2014	Enables national organizations to share evidence- and practice-based programs related to specific health disparity areas with their local affiliates and chapters.	6
REACH CORE	2010–2012	Funds communities to organize, implement, and evaluate evidence-based interventions that eliminate racial and ethnic health disparities in chronic diseases. This program supports the transition of communities from the analysis of intervention results to the use of these results in eliminating health disparities.	10
REACH	2012–2017*	Funds organizations to implement sustainable evidence- and practice-based strategies impacting health disparities.	6
REACH Demonstration Project	2012–2015	Funds awardees to develop and implement strategies that reduce obesity and hypertension in populations experiencing health disparities.	2

\*Funding years may vary, up to 5 years.

## For More Information

For more information about CDC's Investments in Community Health, visit [www.cdc.gov/nccdphp/dch/](http://www.cdc.gov/nccdphp/dch/) or call 800-CDC-INFO (800-232-4636).