

RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH) PROGRAM

REACH – Driving Better Health and Lower Costs

Since 1999, the Centers for Disease Control and Prevention (CDC) REACH program has invested in evidence based programs that close gaps in health outcomes for racial and ethnic groups. REACH funds evidence-based and community-driven prevention efforts that put a stop to expensive and burdensome conditions. As the nation tackles how to control health care costs, REACH grantees are working to save money in communities across the country by tackling the upstream influences of health outcomes.

REACH grants are competitively awarded to community organizations and local governments that understand the importance of local and tailored approaches to reducing chronic illnesses and encouraging healthy lifestyles.

Ending Costly Chronic Diseases in Communities of Color

Chronic diseases are the most common, costly and preventable health conditions. More than half of all adults have a chronic disease and 7 in 10 deaths are from chronic diseases including cancer, heart disease, diabetes and stroke. These conditions cost the nation billions (86% of health care spending is for those with chronic diseases) and the human toll is uncountable.

REACH targets these chronic conditions, such as obesity, which alone costs the nation \$147 million each year and particularly impacts communities of color. Native Hawaiians and Pacific Islanders, for example, are 3 times more likely to be obese than whites, while Asian Americans are 25% more likely.

REACH is a Proven Investment

REACH drives community centered approaches that effectively eliminate health disparities.

- Over the course of 15 months, a REACH funded Asian American and Pacific Islander cohort of 15 community organizations across the country reached 1.4 million people with nutrition and physical activity improvement programs at a cost of \$2.04 per person.¹
- African American communities with REACH grantees focused on cardiovascular disease or diabetes saw reduced obesity trends compared to similar communities without grantees.² Diabetes costs the country \$247 billion annually.³ Heart disease and stroke cost \$316.6 billion.⁴
- Six Hispanic communities with REACH grantees focused on hypertension saw significant increases in behaviors that lead to better control of high blood pressure.⁵ Between missed days of work, medicine and treatment, high blood pressure costs the U.S. \$46 billion a year.⁶

Fiscal Year 2018 Funding Ask: \$50.9 million. Maintaining FY 2016 funding, without diverting any dollars to other programs, will ensure REACH continues funding innovative, local efforts to encourage healthy behavior and cuts the costs of chronic conditions.

1 Patel et al. "Using evidence-based policy, systems, and environmental strategies to increase access to healthy food and opportunities for physical activity among Asian Americans, Native Hawaiians, and Pacific Islanders." *American Journal of Public Health*. 2015 Jul;105.

2 Liao et al. "Reduced Prevalence of Obesity in 14 Disadvantaged Black Communities in the United States: A Successful 4-Year Place-Based Participatory Intervention." *American Journal of Public Health*. 2016 Aug;106(8):1442-8.

3 "Economic Costs of Diabetes in the U.S. in 2012." *American Diabetes Association Diabetes Care* Apr 2013, 36 (4) 1033-1046.

4 Mozaffarian et al. "Heart Disease and Stroke Statistics—2016 Update." *American Heart Association*. 2015 Dec.

5 Liao et al. "Improving actions to control high blood pressure in Hispanic communities — Racial and Ethnic Approaches to Community Health Across the U.S. Project, 2009–2012." *Preventative Medicine*. 2016 Feb; 83: 11–15.

6 Mozaffarian et al. "Heart Disease and Stroke Statistics—2016 Update." *American Heart Association*. 2015 Dec.