APIAHF
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM

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 billons (86% of health care spending is for those with chronic disease) and the human toll is uncountable.

REACH targets these chronic conditions, such as obesity, which alone costs the nation $147 billion each year and particularly impacts communities of color. Native Hawaiians and Pacific Islanders, for example, are 2 times more likely to be diagnosed with diabetes than whites, while more than half of Asian Americans with diabetes are undiagnosed.

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 2020 Funding Ask: $76.95 million. Restoring cuts from the core REACH program and accounting for inflation adjustments will allow REACH to fund an equitable level of 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.

How is REACH making an impact on AANHPI communities?

According to the CDC, REACH projects have generated more than 300 scholarly publications with best practices on reducing chronic diseases among racial and ethnic groups facing a high disease burden.[7] The following is a snapshot of recent studies on REACH work on AAPI communities.

Improving Heart Health in Urban AAPI Communities[8]

Racial and Ethnic Approaches to Community Health for Asian Americans (REACH FAR), a multisector coalition from the community, academia, and municipal government, focused on the Asian Indian, Bangladeshi, Filipino, and Korean communities for two main public health initiatives: improving access to and awareness of healthy foods and beverages, and improving access to healthy heart programs. Researchers found that many attendees of REACH FAR's community health events actually lived outside the service area, suggesting that they needed culturally and linguistically adapted resources that were unavailable in their own neighborhoods.

Analyzing Vaccine Utilization in Communities of Color[9]

Utilizing the REACH US Risk Factor Survey, researchers surveyed New York City and Los Angeles and Orange counties in California to examine whether older Asian American, African American, and Latino adults were receiving flu and pneumonia vaccinations. Critically, researchers recognized that in the aggregate, Asian Americans often have vaccination rates similar to white adults, but such aggregate numbers mask significant differences that exist across Asian subgroups. Thus, the study was able to disaggregate data on Asian Americans to provide a closer look at older Chinese, Korean, Filipino, and Vietnamese adults' vaccinations rates.

Raising Awareness About Diabetes Management Among Asian Americans[10]

Researchers examined diabetes management practices among Latino, African American, and three Asian American subgroups (Chinese, Korean, and Asian Indian) in New York City. Compared with the African American and Latino groups, all of the Asian American subgroups had lower average rates of diabetes management: Chinese and Koreans were significantly less likely to participate in all diabetes management behaviors and practices, and Asian Indians were significantly less likely to perform feet checks or undergo eye exams. These results demonstrated the need for provider interventions and training to increase diabetes management among Asian Americans.

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7 Centers for Disease Control and Prevention. "REACH Publications." 2019 April 5. https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/publications/index.html.
8 Kum et al. "Visualizing Reach of Racial and Ethnic Approaches to Community Health for Asian Americans: the REACH FAR Project in New York and New Jersey." Prev Chronic Dis 2018;15:180026.
9 Tse et al. "Racial/Ethnic Differences in Influenza and Pneumococcal Vaccination Rates Among Older Adults in New York City and Los Angeles and Orange Counties." Prev Chronic Dis 2018;15:180101.
10 Islam et al. "Disparities in Diabetes Management in Asian Americans in New York City Compared With Other Racial/Ethnic Minority Groups." Am J Public Health. 2015 July; 105 (Suppl 3): S443–S446.