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 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.

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. The following is a snapshot of recent studies on REACH work on AAPI communities.

Improving Heart Health in Urban AAPI Communities

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

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

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.