



**Division of Nutrition, Physical Activity, and Obesity
 FY 2019 Labor HHS Appropriations Bill
 Centers for Disease Control and Prevention (CDC)
 Racial and Ethnic Approaches to Community Health (REACH)**

	FY2017	FY2018	FY2019 President's Request	2019 TFAH
REACH	\$50,950,000	\$50,950,000	\$0	\$57,950,000

Background: Racial and Ethnic Approaches to Community Health (REACH) programs work in communities across the country to eliminate racial and ethnic disparities in health. REACH partners employ innovative, community-based, and participatory approaches to develop and implement evidence-based practices, empower communities, and reduce health disparities. REACH grants serve the following populations: African Americans, American Indians/Alaskan Natives, Hispanics/Latinos, Asian Americans, and Pacific Islanders. Health priority areas addressed by REACH include breast and cervical cancer, cardiovascular disease, diabetes mellitus, adult immunization, hepatitis B, tuberculosis, asthma, and infant mortality.

REACH programs are culturally-tailored interventions that use evidence- and practice-based strategies to address the root causes of chronic diseases and reduce health disparities among racial and ethnic communities. REACH grantees use a health equity lens to develop programs that address a wide range of chronic diseases and promote community health and wellness among racial and ethnic populations.

FY19 funds will go to community-based coalitions to help prevent chronic disease and reduce health disparities. Forty-nine organizations across the country received Basic and Comprehensive Implementation awards. Grantee projects work to address chronic disease risk factors by establishing community-based programs and culturally-tailored interventions serving African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders. Individual grantees received \$803,040 on average.

The requested FY19 funding level will enable CDC to continue the cooperative agreement, which incorporates lessons learned from prior community grant programs to build on the growing evidence base. CDC will simultaneously launch a national evaluation of REACH to ensure standardization and consistency across communities.

REACH grantees include:

- The University of Alabama at Birmingham worked with African Americans living in the City of Birmingham. African Americans in Birmingham carry a disproportionate disease burden, with higher than average rates of morbidity and mortality attributable to obesity. Life expectancy in Jefferson County varies 20 years across census tracks due to socioeconomic and environmental factors that influence health. Building on previous community health investments, a multi-sector coalition will increase nutrition and physical activity opportunities for African Americans within Birmingham, Alabama.
- The University of Kansas Center for Research worked with Hispanics living in the eastern section of Kansas City. Hispanics are 1.7 times more likely to be diagnosed with diabetes compared to non-Hispanic/Whites, and they are two to four times more likely to experience cardiovascular disease. In

collaboration with the Latino Health for All Coalition, the University will increase access to healthy foods at restaurants, corner stores, concession stands and vending machines. The collaborative effort will also implement community design improvements that encourage walking, biking or running for physical activity.

- Temple University worked with Asian-Americans (Chinese, Vietnamese, Korean, and Filipino Americans) in Philadelphia. Asian-Americans (AA) have increasingly encountered unique health risks and health disparities. Recent data indicates that increases in diabetes, hypertension, and coronary heart disease and stroke present new threats to AA health. To address these issues, Temple University will partner with local organizations to increase access to healthy food and beverage options for low-income Asian-Americans living in the greater Philadelphia area.

Impact: The REACH US model was originally designed to build capacity in communities long neglected by our health care system, and this model continues to show measurable change in the health and wellbeing of racial and ethnic communities with the greatest burden of disease:

- Boston's Community Asthma Initiative addresses health disparities in neighborhoods and schools most affected by asthma. There has been a 68 percent decrease in asthma-related emergency-department visits and an 84 percent decrease in hospitalizations. For every dollar spent on program costs, there was a return on investment of \$1.46.
- The REACH Charleston and Georgetown Diabetes Coalition, South Carolina has seen a reduction of amputations per 1000 diabetes hospitalizations: among African Americans decreased from 38.7 in 1999 to 21.7 in 2008, a decrease of 44%. The Coalition estimates they save between \$1.6 to \$2 million a year in prevented amputations.
- Smoking prevalence decreased 7.5 percent among non-Hispanic blacks and 4.5 percent among Hispanics from 2009 to 2012
- Cholesterol screening increased among African Americans 74 to 78 percent, Hispanics 58 to 71 percent, and Asians 53 to 72 percent in REACH communities from 2009 to 2011.
- The percentage of adults aged 65 or older who had a flu shot in the past year increased 11.1 percent

Recommendation: TFAH recommends that REACH be funded at \$57.95 million to build on the growing community prevention evidence base and continue the cooperative agreement awarded to community organizations working to address health disparities, and keep funding consistent with inflation. REACH complements other community-based programs, but it is unique because it provides culturally-sensitive, evidence- and practice-based strategies to address the root causes of chronic diseases and eliminate racial and ethnic health disparities. REACH will continue to be essential in the coming years in disseminating lessons learned and best practices to reduce health disparities throughout the nation.