Racial and Ethnic Approaches to Community Health (REACH) Program's 25 Anniversary Congressional Briefing & National Webinar

Trust for America's Health

August 1, 2024
1:00-1:00 PM Eastern Time

Live Captioning by Ai-Media

TIM HUGHES:
Good afternoon, and welcome to our congressional briefing international webinar to celebrate 25 years of the Racial and Ethnic Approaches to Community Health programs. Today's event is hosted by Trust for America's Health, or TFAH for short. My name is Tim Hughes, the external relations and outreach manager. We would like to thank our speakers and audience for being with us today.

Real-time captioning is provided today by Kaitlyn from Ai-Media. For captions, click on more at the bottom right of your screen with three dots. Next, click on closed captions.

ASL interpretation is also being provided today by Maria and Breanna with Keystone Interpreted Solutions. If you would like to use ASL interpretation, hover your cursor over the interpretation button at the bottom of your Zoom screen.

We encourage you to share your thoughts by typing them into the Q&A box. We will try to answer as many as we can as time permits. To open the Q&A box, click the icon at the bottom of this cooking. Select enter when you are ready to submit your question.

Now it is my pleasure to introduce the moderator of today's events, Doctor J Nadine Gracia. Doctor Gracia is the president and CEO of Trust for America's Health. She is the national health equity leader with extensive leadership experience in federal government, the nonprofit sector, academia, and professional associations. As president and CEO, she leads TFAH's work to determine social determinants of health, social equity, and make health promotion and disease prevention a national priority. Welcome Doctor Gracia.

DR J NADINE GRACIA:
Thank you Tim and everyone in our audience joining us today for this important discussion. My name is Nadeem Gracia. I have the honor of serving as the president and CEO for Trust for America's Health. I want to start by looking at all of you and thinking our esteemed panel for taking the time to participate in today's briefing and webinar. It is such a pleasure for Trust for America's Health to host this webinar in honor of the 25th anniversary of the Racial and Ethnic Approaches to Community Health and REACH program.

Here you see the agenda for our webinar today. Will begin with an overview and introduction, and then moved our panelist visitations on the REACH program. We will then have time for questions from our audience. I encourage you, please do submit your questions in the Q&A

function. You can start submitting right away and we will get to as many questions as possible.

Next slide, please.

For those of you who may not be familiar with our organization, I would like to briefly introduce Trust for America's Health, commonly known as TFAH. We are a nonprofit, nonpartisan public policy research and advocacy organization to promote optimal health for every community in making the prevention of illness and injury a national priority. One of our long-standing priority issue areas is obesity and chronic disease prevention. Over 20 years, TFAH has released an annual report called the state of obesity, which analyzes the latest data on rates of obesity and provides evidence-based LC recommendations to address these issues.-- Evidence-based policy recommendations to address these issues. It includes our recommendations to strengthen and expand the REACH program which is a priority issue for us. Our report can be found on our website at TFAH.org.

Before we transition to our panel, will start with a brief overview of the REACH program. You will hear more about the program a debt from Doctor Peterson and an example of what is happening in community from Paula Kreissler. I will give a brief overview and explains why we believe it is so critically important for improving the advancing of health communities across the nation.

Next slide, please.

As many of you know, many factors can influence and contribute to what we see as health disparities, including access to healthy and nutritious food, high-quality education, housing, income, and many other factors. Many factors that influence a person's ability to live a healthy life, some of which are really not in their direct control. For example, a person may live in a low income neighborhood and is less likely to have access to a full-service grocery store that consistently offers and carries fresh fruits and vegetables.

Over time, these types of structural differences and barriers truly play a significant role in creating the health disparities that we see today and have seen over decades.

The chart on the right of this slide shows the rates of obesity among Asian, black, Latino, and white adults. Doctor Peterson will talk more about this data in particular. You also see the disparities that exist among some population groups. There is also higher prevalence of other chronic diseases among subpopulations of color, including higher rates of diabetes and higher prevalence of hypertension. These are some of the key ways in which when we think about the REACH program, working to prevent chronic diseases really has such an important role to play.

Tobacco use, another example has been found to be one of the primary drivers of cancer related disparities, because of the populations that it disproportionately impacts. As we can see in this chart, in addition to the impact on people and lives, these disparities also have economic consequences and costs. There is a recent study in 2022 estimated health inequities cost $320 billion in annual healthcare spending. And that I can increase to over $1 trillion by 2040 if left unaddressed.

Next slide, please.

So this is a milestone year that we are excited to join in the commemoration of. 2024 marks the 25th anniversary of the REACH program. Truly remarkable achievement. Since 1999, the

REACH program has focused on reducing disparities and the rates of, disease or specific racial groups and communities. They have worked with over 160 communities to help make healthy choices more accessible and easier.

REACH grantees plan out locally driven, culturally appropriate programs to address the root causes of chronic disease and reduce health disparities among people who are African-American, black, Hispanic, or Latino, Asian American, native Hawaiian, Pacific Islander, and American Indian or Alaska native.

REACH grantees understand their communities and choose which groups are proportionately -- disproportionately impacted that they will serve and what interventions they will have the greatest impact. The centers of disease control and prevention is currently funding 50 organizations in 30 states to carry out the current five-year grant cycle. These grantees are truly often trusted community leaders that have experience working with priority populations. The current grantees include community organizations, colleges and universities, health departments, localities and tribal organizations. You will hear more from Doctor Peterson about some of the program accomplishments and strategies in her remark.

Next slide, please.

Now let's look at the federal funding for the REACH program. Something that certainly our organization pays very closely to. Starting in fiscal year 2017, the REACH appropriations line has been set aside to specifically support the good health and wellness in Indian country and healthy tribes programs. What you are seeing here is the appropriations amount for the total REACH funding line including good health and wellness in Indian country component. On the chart, you will see the blue component of the bars represent the REACH program, the orange represents the good health and wellness in Indian country program.

Both of these programs have seen incremental increases over the past five years, but they are often, unfortunately slated for cuts in congressional appropriations bills. For example, under the proposed fiscal year 2025 House version of the Labor of Health and Human Services bill, it was supposed to be decreased by $6 million, while funding for the Good Health and Wellness for good Indian Country would increase. I want to under score this following point. It is important to know and understand – we can go to the previous slide. Thank you. These two programs are componentry to each other. We at TFAH strongly agree that these programs need and should have additional funding, but these programs should not have to copy with each other for that funding. While we are relieved that REACH in the Good Health and Wellness in India Country have been stable, the ongoing threats to funding make it challenging for grantees to achieve their goals. Or of funding is also not keeping pace with the community demand on the increasing rates of preventable health disparities.

Next slide, please.

Now what you're going to hear today is really about the proven track record in the accomplishments and work of the REACH program and its grantees. With its proven track record, the REACH program is in a key position to prevent and address increasing rates of chronic diseases. You can visit the REACH website which has many success stories listed from the past decade, a few of which are highlighted here. I know our speakers are going to highlight some of the tremendous impact of the program as well. REACH is focused in its designed to impact the structural factors that have a large influence on health by providing trusted community organizations with the resources they need. This organizes Asian-- those

organizations are making a prime impact in the community.

As I noted earlier, we know there is not funding given the rights of disparities in a number of communities that have applied for REACH grants. In the latest cycle of funding, they reported 130 applicants who were approved but did not receive awards because of the scarcity of resources. These communities truly should not-- these communities truly should be awarded to give the residents the best care they can.

Next slide, please.

Before we moved to our panelists presentations, a virtual congressional briefing and webinar, we wanted to take a moment to honor the late Congresswoman, Sheila Jackson Lee. She was a powerful begin for many programs that start to address health disparities including the REACH program. Without her leadership, the REACH program would not have achieved this critical anniversary. I would like to ask everyone if you would join me in a moment of silence in Congresswoman Jackson Lee.

Thank you. Very much.

We are not going to move into our program with our featured speakers. We will provide their presentations and then we'll move into discussion with our audience question and answer.

Our first speaker is Doctor Ruth Petersen, is the director of the division of nutrition physical activity and obesity at the Centers for Disease Control and Prevention. The division provides national leadership on nutrition, physical activity, and obesity prevention through policy and guideline development, surveillance, epidemiological and behavioral research, and technical assistance to states and communities. Throughout her career, Doctor Peterson has drawn on her expertise in patient care, health system change, disease prevention, and community engagement to develop and guide programs and research and policy to improve health behaviors, reduce health disparities, and reduce chronic disease.

We are also delighted to be joined by Paula Kreissler, executive director of Healthy Savanna, in the project director of the YMCA of coastal Georgia's five-year CDC reach grant, to reduce health disparities in the Chatham County, which was renewed for another five years from 2023 to 2028. She works daily with leaders in grassroots community members across all sectors to help make the healthy choice the easy choice.

Without further ado, it is now my pleasure to welcome Doctor Ruth Petersen from the CDC. Truly a champion for the REACH program and for all of the work that she leads on nutrition physical activity and obesity at CDC. Doctor Peterson, I will turn it over to you.

You are on mute, Doctor Peterson. Can you unmute yourself?

DR RUTH PETERSEN:
Thank you so much. It is a pleasure to be here with all of you. I appreciate TFAH's leadership in all of this. We are supporting an important birthday in this 25th year of the Racial and Ethnic Approaches to Community Health. We are pleased to have this program running out of our division at CDC.

Next slide, please.

Doctor Gracaia has mentioned some of this just echo and focused! Doctor-- Doctor Gracia has Artie mentioned this. We know these groups have high rates of disease, they have early death, early healthcare costs that affect our own individual calls but in the countries cost and at a lower quality of all that is critical is the premise for why REACH has been around for 25 years to address that.

Next slide, please.

Unfortunately, we pay the price for these disparities. Between the different groups that have a higher burden of chronic disease. If you look at the cost broken out by abuse, you can see it estimates $3 billion from medical cost for mother and children. $170 billion in healthcare and $173 billion are in obesity -related health care costs.

The main point today with his talk, is that these are preventable. The REACH is a key cornerstone in addressing progress.

Next slide, please. Doctor Gracia mentioned our work on tracking obesity rates across the country. This is an example of what the REACH recipient use when they apply for. They look at the data about where the burden for chronic disease is the highest in obesity is one of those chronic diseases that they use in their data points to respond to the competitive funding that we have available for their work and their action.

This is the overall map of the United States. The darker the color, the higher the prevalence of self-reported obesity in adults. This is from 2022.

This next slide shows you the breakdown as Doctor Gracia shown in her grades as well. When you split apart the report obesity in adults vibrational and groups, you can see how-- by racial and ethnic groups, you can see how the switches on the location and amount of obesity in each one of these group. You can find this on CDC's website as well as TFAHs state of obesity report. Please refer to that as needed.

Next slide.

That is the bad news. That is the burden. That is why we are here. That is what we are going to change. REACH uses these culturally appropriate programs and proven strategies. We are not doing stuff that is not evidence-based. We know what works because we want to improve health. We want to prevent chronic disease and we want to reduce those health disparities. Next slide.

And what has been said, we have the recipients for REACH again, pay attention to the context. We use these culturally tailored interventions. Doctor Gracia has already listed this group for you-- Doctor Gracia has already listed these lists from you. They are culturally tailoring them. I will speak more of them in a few slides. Just to give you the repair.

Next slide.

REACH recipients do not act alone. This is a cooperative agreement with CDC. We are all in each of his business and working on promoting what we know works in a culturally tailored way with community engagement. Communities are not isolated. There is not one or two people that define a community because you have to pay attention to all of these boxes and many, that each recipient works with at the ground below. Healthcare, housing and development, land and

community design, business industry, transportation. These are critical players that each recipient really engages with the community and connections. There is a bidirectional feedback between what is happening for CPC with the reach recipients, with the community engagement, and with these partners.

Next slide.

REACH is one of the only CDC programs that focuses on reducing overall chronic diseases among these specific racial and ethnic groups where the burden is the highest in urban and rural and tribal communities.

Next slide.

Doctor Gracia mentioned the patients. This is right back at the beginning.-- Doctor Gracia mentioned the appropriations. I will echo that Doctor Gracia is right. The demand for these programs far exceeds the available supplies. Next slide.

We know since 1999, REACH has shown that will be based, culturally tailored solutions can be effective.

Next slide.

We have had 25 years of REACH recipients. You see them here with the dots. 240 recipients over 25 years with hundred 60 of those being unique.

I want to turn out with the next slide please to the last five years of funding. Doctor Gracia mentioned we fund in five-year increments. The dots here illustrate the last five years of REACH recipients from 2018 to 2023, and keep in mind that we look for a geographical spread and we also look for spread across the different racial and groups when we make decisions.

Next slide.

I want to show you that we actually have incredible impact from the five years of these REACH recipients that is easier. While these may feel like numbers to you, I want you to understand that behind these numbers are real people, real communities, passion from all those sectors I showed you about to make the secret sauce to make this happen at the ground level. We have almost 9 million people have more access to safe and physical, safe and convenient physical activity across this country.

Over 1 million people through the REACH work have healthier foods because of healthier nutrition standards that were put in place in their community setting. We have over 2.3 million people who have increased access to food systems that are helping them get increase fruits and vegetables, increasing healthy foods, having set to programs for fruits and vegetables and working in concert with our sister agencies, including USDA, snap, and whip.

We have over 1.1 million people who have breast-feeding support when they leave the hospital. We want women to meet their breast. When you leave the hospital, you need support community. We have over a million people with tobacco local policies that prevent any exposure to smoke and second hands, We have almost 50,000 patients that have an increase linkage from their community into a healthcare system. Next slide.

This is huge. I will give you two success stories. Paula will give you some real-life success stories. I will be brief. These are just exam. As Doctor Gracia mentioned, you can find all of these on our website.

Nutrition security success that outlines whatever food is medicine initiative in this country is in the greater Flint coalition health program that part with a local temple in food bank and implemented a full-service in the food pantry and supported biweekly food distribution and served over 1000 families in the one year period between 2022 and 2023. Two people including food insecurity including seniors and families.

Next slide.

The success stories are on active living. They partnered with categorical Trip-- Girl Trip. Please look into that. It is an amazing group of girls acting at the ground level to support physical activity, health and well-being for black men and girls.-- Black women and girls. 92% of respondents had increased physical activity, which leads to increased health, increase well-being, increase sexual connectedness.

Next slide.

Currently funded here are the dots for the 50 recipients we now have funded. They are just getting ready to start year two. It is 2023 to 2028 for their funding. This work focuses on improving health, chronic diseases, reducing health disparities among racial and urban, rural, and tribal communities that have the highest burden of chronic disease. They submit applications with data to show us, we have a disproportionately affected group in our area and we are going to work on improving their health and improving their well-being with the evidence-based strategies that are culturally attained.

Next slide.

I said I would talk more about what we do. At the talk all day about this. I will be very careful to be very high-level and we arose able to answer questions. When you think about the program strategies that we are asking people to do, is hard work, but we know that it works. We need communities to improve the design of their communities to increase access to physical activity. We want to promote healthy food service and nutrition standards, expand fruit and vegetable voucher and nutrition programs, establish care and breast-feeding support implement tobacco prevention and control policies, obesity prevention standards into early care and education, and advance our Park and work, which fits with the his medicine and life proportion perspective work that we do.

To support the role of healthy week programs and through our apartments and even aviation services division, we want to increase equitable access to vaccinations for adults.

Next slide.

When you look at the number of current recipients we have, and you ask who their priority populations are, it is very important for everyone to understand. You can pick more than one priority adaptation, but you need to make sure you designate how your culturally tailoring to each one of those audiences.

When you look at our recipients, 37 recipients. Our priorities African-Americans, number two,

Alaska natives, #, Asian Americans -- American Indians,, Asian Americans, Hispanic Americans, and Pacific Islanders.

I also want to give you orbit, rural, and tribal recipients the salary of 76%, and urban settings, 14% in rural, settings, and 10% and tribal settings.

Next slide.

Thank you for your attention. I am so excited that we hear from Papa next illustration of the work we find through the congressional line at the ground. Please feel free to get in touch with me in the future. CDC Washington is the best respect for that. Their contact information is here.

I will turn it back to Doctor Gracia. The

JAMIE COTE:
Thank you so much, what a powerful presentation showing the scope of the program and impact that grantees are having in their communities. Really to the benefit of the health of so many millions of people across the country.

We are now pleased to turn over to Paula Kreissler from the YMCA of coastal Georgia REACH program. As Paul is presenting, please do continue to put any questions you have in the Q&A feature. I will now turn it over to Paula.

PAULA KREISSLER:
Thank you Doctor Gracia. Doctor Peterson, you set us up very well here. Good day everyone. I am executive director of Healthy Savanna, but we partner with the YMCA as they are the physical agent to bring these funds to the county and city of Savannah. We are super excited and super grateful for these resources. Healthy savanna started 17 years ago and it was 18 years ago that our mayor at the time, Doctor of this Johnson had a heart attack that was serious. He is a tall, thin, Black man. He said, if this can happen to me, this can happen to my entire community. He was the one that planted the seed.

There were a few doctors when he said let's start something called Healthy Savanna. We are grateful for the YMCA that came along will be applied for the funding to be our fiscal agent and move things along.

Next slide.

Many of you have seen this somewhere before, but we are totally bracing this. If you want to go fast, go alone. If you really want to go far, go together. It is probably the best model for healthy-- Healthy Savanna. We are a collaborative coalition. Over 200 private partners across all sectors. We call ourselves sometimes a neutral convene or, because we are about everyone. We have become a trusted organization as late as noted before in our community. The mayor calls us all the time about stuff. Chatham County commission and the school district and the hospitals. We truly are a trusted voice in the community.

Next slide.

This is our team. I just want to say, with the funding we received over five years ago now for our first REACH funding, I was able to break on the team. I was there as a volunteer, maybe a little bit of a stipend staff person for a very long time. My passion is bringing health, just bring a

culture of health to our community. I have been able to bring on young folks, most of whom have shared experiences with the folks that we are trying to improve their health outcomes overall. Excited to have this team. We are doing some really good work.

Next slide.

Our three strategies we are working on our physical activity, attrition, and breast-feeding. -- Attrition. We will start with some data relative to everything. You will see more than one selfie as you go through here. The social connectedness. He started what is called the health walk in March 2020. Everyone knows what that month inmate, and we just said, we have to get out and stay active, regardless is happening in the world. We passed up, stayed distant, public doctors of the active people healthy nation program. We have our design elements for healthy-- Healthy Savanna and healthy Chatham County. This is a group of us Tuesday morning. If you are ever in Savanna on Tuesday morning at 7:30 AM, come join us. We would like to have you.

.-- Next slide.

This graph shows the trail system that is a 30 mile loop that will be built. Currently we have 3 miles of it. We just broke ground. You will see a photo in the second of the next three piles. It will be a 3 mile that will go through neighborhoods of the primary population which are the black and brown folks of Savannah. It will increase access, obviously have transportation access going to schools, and two shopping centers and hospitals. It is going to be a nonmotorized transportation trail. This has been a concept for a while. As you see, these graphs are very flat in terms of how often you think people are going to be on a 3 mile stretch. Not that often right now. We are building it.

The next section here, please go ahead and click through for the next graph will stop-- please go ahead and click through for the next graph. Since 2019 when we adopted it, 14%, but now that has doubled to 28%. We are very excited about the people knowing. Know that when we do the surveys, we are only going into our priority populations, the databases that out. The folks who are trying to focus on when he applied for this funding and we are listening to them as we go along.

Next slide.

This is groundbreaking. This is our mayor, Mayor Johnson. We are out there in force all the time. He is super excited that we are on for everything. This is the town, Tied to Town 30 mile loop.

Next slide.

The only thing appeared I want to focus on is the upper left corner, you see our healthy walk locations. If you go to the healthysavanna.org website, it shows where we have been, but the trails are like, and how long it is and things like that. It is just an opportunity for people to go and say, I can be active in the community. That was the one on the right hand side is Tammy Island. We get out there every six months. It is always fun to walk on the beach. It is a look around Mayor.

Some of these, yet seen them for, this is a June photo of the Savannah Chatham policy photo. You see we have folks from across all the food system places. We have doctors from both of

our major hospital systems engaged, but we also have a community members across the board. Again, it is a lot of folks. What we are trying to do here is bring forward to our elected officials, educate and bring awareness to them on things that can do all collectively together to close the gap around access to healthy affordable food.

Next slide.

The first thing actually, go ahead and move through this to the next graph. These two graphs are very similar. All I want to do is call attention to the trend over time. 2019 to 2023. You will see the lower numbers, how often do you eat fruit? That is the top. The bottom, vegetables. The impact we are able to because of these resources. People are eating more fruits and vegetables and because we are up there talking about the value doing all kinds of amazing things are funded through REACH and I just so excited about the increase in consumption overall.

Next slide.

We did a landscape assessment this year. These are all our food pantries. In our largest one, Second Harvest will be asked, but you prefer? As the freshest green, frozen is the blue, canned is the yellow. People want fresh food. That is what they want. We need to be up to write access to that.-- To be able to provide access to that.

Part of the way we are doing that, this was mentioned on here since slide. We have an active health coalition before we had REACH funding. Right now, have 19 faith-based organizations that have participated it was called the Faith Activity and Nutrition Training. It is Moscow-based. It brings people to the congregations to place when they can offer not only their organization, but the folks they serve. A lot of faith-based organizations have pantries as well and trying to get healthier fruits and vegetables and other food to them. It covers both nutrition and physical activity together. Faith Activity and Nutrition. We do a faith walk and have healthy food and go for a walk at the same time. It supported a lot by the community. The last strategy, breast-feeding, continuity of care. So important. The data is clear. There is a lot of money on the table just bringing forth healthier choices and having resources available to our community.

Next slide, please. I am just going to read this. This is from Doctor (unknown name) Marshall. She is from Southern University. Breast-feeding is not hard to be one of them. We are working to connect families in the Savannah area, particularly in the black and Hispanic activities with the tools, skills, and knowledge to support their families at home, work, and in the community. Support groups education focus on that which provides employee protection.

Next slide.

This is a new strategy. It was a sub strategy of the nutrition strategy in our first iteration of REACH funding. Now you're asking a little more into the weeds, I want to say that weeds, but it is (Laughs). The question here, is how supportive, how important are supporting breast-feeding policies and places for breast-feeding? You can see we have a lot of support out there which is the good news. We definitely have opportunity here to change that. The next slide will show you a little bit, which again, is really good news for us. There is a lot of work to be done. We know there are organizations. There are pump act eligible places of employment that need to be able to provide a space, provide time, provide support for breast-feeding mothers. The community thinks that Savannah Chatham County is in support of breast-feeding parents. They feel like that is just going to help us do our work better.

.--
.-- Next slide. Keep scrolling it.

Next steps is something we are always asking. Four year two that Doctor Gracia mentioned that we are ready to head into October, focus groups,, focus groups with fathers and breast feeding families, and really important for the mapping of lactation support in our area, providing those areas right there. There are a lot of resources out there, but people just don't know about. These next steps help close the gaps overall. Mapping of the resources takes us to the next slide. We have been asking, this is just for last year. How do you want to learn more than healthy living, healthy services and policies. Social media has been on top forever. The newsletter. Follow us on Instagram, like us on Facebook. You will find those icons. Website or social media pages, and they work with all of our partners to push all of their work out. Not that we don't do any of these other things, but these are the ones we focus on.

Where listening to the community and asking how they look to hear about this. That is what they are doing.

Next slide.

Where to next? These are questions we just asked at bay strategy meetings across all strategies and what worked well, what needs support, where we want to be, and what is your organization want to do that will help us reach this goal.

Remember, we want to go for.--far.

Next slide. We were excited in 2022 to receive the CDC's Lark Galloway Gilliam. Look at that, I still have the same pink jacket. How about that! I didn't realize that. (Laughs).

Short story here, I just want to close by saying this team with your support will continue to reduce chronic disease burden in our community across the state of Georgia and United States.

Next slide.

Thank you.

DR J NADINE GRACIA:
Thank you, Paula. What a terrific partnership, engagement, the community engagement play, hearing the needs of the communities clearly reflected in the work you are doing each and every day. You so much for sharing your work. I look forward to talking you more about it.

This will conclude the painless presentations. Will not open it up for Q&A. Again, a reminder to submit your questions. Open the Q&A panel and type your question into all analysts. We will get you as many questions as possible.

I am happy to be joined by my colleague Angie manages our advocacy portfolio. She little to moderate our Q&A. While we get ready for some questions, toss out the first question and some audience Q&A.

Doctor Peterson, you talked about the program strategies in particular around this current cycle of the REACH program. Thinking about these 25 years of the program, what would you say

have been what you have seen as an evolution in terms of what has been most successful, where you are seeing an increased need for focus on the program as it has evolved over these 25 years.

DR RUTH PETERSEN:
Thank you for the question. I think it is such a great patchwork wealth that we have. The REACH was the begins hit the population that has the highest bargain of disease, and use their community contacts and partners to decide which evidence-based strategy that is already been proven to be effective, they would like to implement. In Paula's example, they pick three. There is a selection they can pick from.

We have front runners who we see amazing changes in the early care and education guidelines that have obesity prevention standards which is not something you would think that a REACH recipient would be doing, but we see at the local start to drive policy that changes how early care and education centers set up food for children, even gardens for children to grow fruits and vegetables, share with their parents. We see how there is changes in sleep. Sleep is really important for disease prevention and obesity prevention. They change the timeframe for what infants and children sleep.

We have frontrunners in every strategy that we bring back because the CDC is sort of this nexus for all recipients killed from the lesson learned from someone else. We shared that in the bidirectional way through project officers and communities of practice. There is success stories everywhere that we open up. Pay attention to the fact that the ground context is always different. If we try something in one community versus the other, it might not work unless you have all of the secret sauce over you. We also tried to define is the secret sauce.

DR J NADINE GRACIA:
Excellent, thank you Doctor Peterson. We have great questions coming in. I will turn it over to Madison to pick up some of the audience Q&A.

SPEAKER:
Thank you so much Doctor Gracia. Doctor Peterson, this first question is for you. Would you please discuss how the division of nutrition, physical activity, and obesity is allying for each program with the 2022 national strategy on hunger, nutrition, and health.

DR RUTH PETERSEN:
Thank you, what a great question. The National Strategy on Hunger, nutrition, and Health is coming up on almost a three year anniversary is something the US government takes very seriously. DNPAO, we take it very seriously. We are engaged in all of the pillars.

We specifically have again, we know things that work, the White House strategy brings those forward. We have family healthy weight program in the national strategy, we have early care, we have nutrition standards that not only implement the ground and state public, but also even at the federal level. Our food service guidelines work. We are one with that. That is our speed dial. We pay attention to the strategy. We are pleased that the nutrition strategy, included physical activity from the White House because they realized the risk deduction that it would have for the chronic disease maintaining wellness.

Paula gave a great shout out which different people have embedded in their communities and cobranded. Great question. It is a Bible for us. We use it all the time. We are thrilled to have the administration help us put that document together for US government approach.

PAULA KREISSLER:
If I could add as well, Healthy Savanna is one of the organizations that was acknowledged as well is one that we submitted our commitment. But we put forth as our commitment to be part of the strategy. It is great.

SPEAKER:
Fantastic. Paula, this next question will be for you. Would you please discuss the way that you work with your local health department in Savannah, and also the importance of in coalitions and working across different sectors for your work.

PAULA KREISSLER:
So here is the one thing that I always do. I say, this is the phone for Healthy Savanna, because this is what has been forever. We don't have a storefront. We are a coalition. The health department in particular, they offer us offices early on before REACH. We have health department member of our board, and we are totally integrated for the quick strategy and their immunization strategies and we are like one. We trade back and forth all the time. They need someone to present at someplace. They are like, "Hey, can you do that?" "Sure." We have been strong partners all along.

The coalition itself, they have been at the table. It is really a "We are at the table". Somebody just needs to say "Come to the table." (Laughs) We have major support from the business community in the chamber. On the fifth, Monday, they will push out cold content. It will link to the toolkit husband owned by Doctor Matt Marshall. That is just one example. -- Doctor (unknown name) Marshall. We would not have been able to do it without them. We are always working together. It is the developing the relationships that is really important at every turn. It does not matter what it is. Even (unknown name) ice cream on Brighton Street is listed. He wants everything, the culture of health in the community. The commissioners, the chair of the commission has to stay in contact with them. Every time we call him, it is not something we want. We go to the meetings and support other organizations that are bringing culturally tailored solutions to the table and to do that. Does that answer your stick?p-- does that answer your question? Cool.

DR J NADINE GRACIA:
It is interesting to describe the health departments for example. It is such a core component of doing this work alone and having those key partnerships. It is great to hear local health partnership.

Madison, other questions from the audience?

SPEAKER:
Yes. This next question will be for Doctor Peterson. Could you discuss the use of research and creating these programs and interventions and how you utilize research to continuously improve the program?

DR RUTH PETERSEN:
Great question. Research is the basis of every strategy that we do. We are not funded particularly to do research around picking strategies. We depend on NIH and others and academic centers to create this body of research. And we also depend on people like the community guide. If you are not familiar with the community guide, they basically take research that has a particular public health strategy that will lead to improvement. It will let us know if it is

strong enough data for us to implement it across the country.

Also, the USPS DF guidelines from a standpoint with a family healthy weight program, we wait for a huge guideline like that from scientific people who have pulled together evidence from lots of research to design what our strategies are. We want to make sure we are implementing something, even being culturally tailored that is based in evidence. I
say as far as, do we use that research strategy to look at our impact, we are actually looking at how much impact we have
REACH-- we are looking at how much impact we have REACH so you know how they will be impacted. If you provide fresh fruits and vegetables at a low cost in a local environment where people can access them, we know people and we know increase fruits and vegetables no increase activity leads to the reduction of disparities and increase health.

We don't have to keep proving it. What we have to show, is the implantation side of it. We need to know, does levers that each community state needs, and we need to know the policies and systems and environments that will make a healthy choice that easy choice.

We went about in decades. It is not about telling people what to do. Is making the environment support the choice. He said that many times. Have a healthy choice be the easy choice. That is all based in research.

PAULA KREISSLER:
I can adhere as well, I forgot to mention it earlier on the presentation, but the CDC asks us to report our leveraged funds every year. We have X number of dollars through the REACH funding. Our leveraged funds are just out of the world. Especially on the physical activity space right now. We have recently been able to have support, the motel tax increase, the city has hired full-time staff planner or tied into town, and have people at our Savannah Chatham food policy capsule and on it, to help support moving forward on those areas as well.

The leveraged funds is just amazing. What we can do with what we received just exponentially grows.

SPEAKER:
Is fantastic thank you so much for sharing. Can you share a strategy of my three or program that are more difficult sometimes to implement and how do you choose what interventions are most needed for the community?

PAULA KREISSLER:
That is a really good question. This is a tough one. I will tell you, before REACH probably had what should have been our most difficult policy change. We passed a smoke-free air ordinance in the city of Savannah in – it was appointed on January 1, 2011. You know what happens when you have strong smoke-free air. The death rates due to heart attack and heart disease plummet. That is what has happened in Chatham County. Others have followed. It did not take long. It was less than a year to actually get a pass and implement it. Talking about A-to-Z, our campaign was called Brief Easy. It has worked. -- Brief Easy --Breathe easy. Everybody picked it apart. We were not willing to compromise. He pulled it off the table and did a lot of work with them on what complete strengths are. Those of you are on the college of the way complete street is, I just think it is a crime that we had to call a complete street. He should have crosswalks, signals, sidewalks and bike lanes. It should have all of those things they are considering all people for everything. Too many in our streets, in fact, 73% of the streets in Savannah don't have a sidewalk on either side. That is something no one would think about,

about the city of Savannah, unless I said that here. Trying to get back complete streets policy past company has not happened yet. I have faith. We are still working on it.

DR J NADINE GRACIA:
Thank you, Paula. Complete streets (indiscernible). I appreciate what you're trying to do with the community around Complete Streets.

We have time for one more question. I will ask, it may not be a brief one, but I think it is an important message because you have sent it. The value of what this grant is is helping to bring into community. You have heard early in our discussion that there are proposals that would decrease REACH funding. The appropriations bill would reduce that funding by $6 million which would mean about $110,000 of cost into all of the current recipients.

Could you describe for us, what would that mean in terms of your programming and what you are doing in Chatham?

PAULA KREISSLER:
Well, I can hardly think about. He saw those young folks early on that had passion for bringing forth the culture of health. That money per year would undercut two of those people, period. We are grateful for what we do get. We have all of us and we are making huge impacts. It is the long game, because policy systems does not come overnight. It never has. We understand that. We are willing to do the work. We need the funding to support it.

DR J NADINE GRACIA:
Thanks, Paul. I appreciate the perspective. -- Thank you, Paula. Thank you Doctor Peterson for sharing that history it is important milestone anniversary for the outreach program. It is proven strategies that we know works and is culturally tailored in communities to respond to the community needs. It has been so wonderful to hear about these impactful achievements of the program and commemorating this milestone is such a great opportunity willing to uplift the program, but also to spur us and take action to support of the REACH program.

In closing, I want to say thank you. Thank you to our panelists. Thank you to all of you in the audience for your interest in these program and what you are doing in your communities. I also want to think a Ai-Media captioning service, Keystone Interpreting, and our staff supporting this webinar. We know this is an issue that is so critical to reducing disparities, improving health, and ensuring everyone has the opportunity to be as healthy as possible.

The recording of this webinar along with the slides and additional resources are going to be available on our website at

TEACHER:
-- 90 Iraq--

DR J NADINE GRACIA:
It will be available on our website at TFAH.org. Any more used to the impact this program will have across the country. Thanks everyone. Take care.