

REACH

Racial and Ethnic Approaches to Community Health



The REACH program is at the forefront of CDC's efforts to address racial and ethnic disparities in health. REACH strives to prevent risk behaviors such as tobacco use, physical inactivity, poor nutrition, and helps to manage chronic diseases such as diabetes and heart disease among African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders. The 49 awardees include local health departments, universities, community health centers, community-based organizations, and American Indian/Alaska Native tribes that work in rural, urban, and tribal communities across the United States.

How does REACH work?

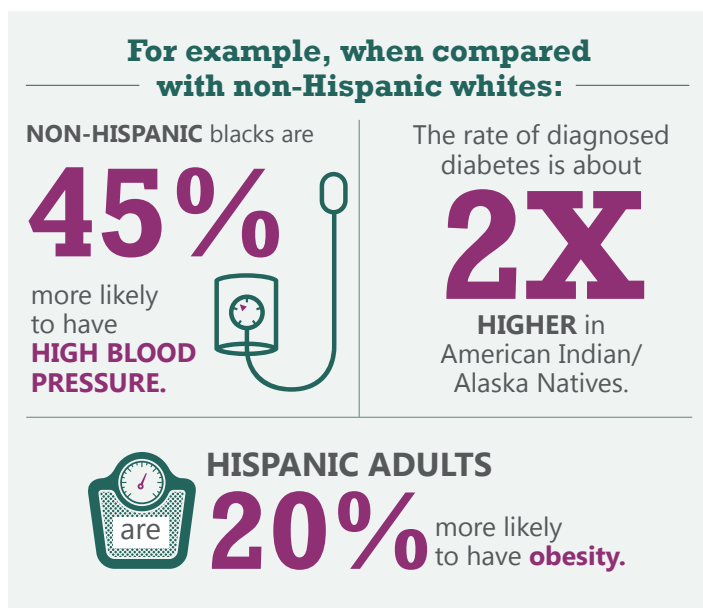
REACH awardees actively engage members of the community to plan and carry out proven strategies that are culturally appropriate to prevent chronic diseases, promote healthy behaviors, and address the root causes of racial and ethnic health disparities. Awardees identify the unique needs, assets, and opportunities of each community and empower those communities to implement what works.

Activities include:

- Communitywide approaches that increase access to healthy foods and beverages, promote opportunities for physical activity, reduce tobacco use and youth initiation, and eliminate exposure to secondhand smoke.
- Community-clinical strategies that expand the use of clinical and preventive services, promote health information technology and tools, and support collaborations between nurses, community health workers, and other health professionals to help people manage heart disease and diabetes.

Why is REACH important?

We know that some minority groups experience a higher burden of preventable disease, death, and disability.



These high rates of chronic disease lead to preventable death and disability and cost the United States billions of dollars in health care costs. REACH is the only program at CDC that addresses preventing chronic diseases and risk factors among specific racial and ethnic groups, allowing CDC to focus federal investments where they are most needed.

What is the impact of REACH?

Throughout its history, REACH has demonstrated that locally-based and culturally-tailored solutions can be effective in reversing the seemingly intractable gaps in health that diverse communities in urban, rural, and tribal areas experience across the United States. For example, from 2009–2012, REACH-funded communities experienced:

- **Decreases in smoking:** Smoking prevalence decreased 7.5% (or an average of 2.5% per year) among non-Hispanic blacks and 4.5% among Hispanics.
- **Reductions in obesity:** the prevalence of obesity decreased in REACH US communities, but not in comparison populations, producing a net effect of 1 percentage point per year for 14 disadvantaged Black communities.
- **Increased fruit and vegetable consumption:** In REACH communities that focused on heart disease or diabetes, the percentage of adults who reported eating 5 or more fruits and vegetables daily increased 3.9% among non-Hispanic blacks and 9.3% among Hispanics.
- **Increased healthy behaviors:** The prevalence of taking hypertensive medication, changing eating habits, cutting down on salt, and reducing alcohol use significantly increased among Hispanics with self-reported hypertension in six REACH communities.

Through current REACH efforts, approximately



250,000 people have access to **smoke-free environments.**



600,000 people have increased opportunities to be **physically active.**



600,000 have better access to proven interventions that help people **prevent and manage chronic diseases such as diabetes and heart disease.**

For More Information

REACH is the only program at CDC that addresses prevention of chronic diseases and risk factors among specific racial and ethnic groups. Learn more about the REACH programs at: <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/index.htm>.