Racial & Ethnic Approaches to Community Health Across the U.S. (REACH U.S.) Program

FY 2011
$50 M

~~~~~~ Invest in Evidence-Based Community Programs to Eliminate Health Disparities~~~~~~

REQUEST: *Support a FY 2011 request of $50 million to fully fund the REACH U.S. programs present in 40 communities and 21 states. Funding has not kept pace with inflation over the last decade. Most REACH programs were not eligible for ARRA prevention funding and yet are working in communities that are among the hardest hit by the recession. With significant budget challenges at the state/local levels, REACH programs provide an important safety net to help eliminate racial and ethnic health disparities and close the health equity gap.*

Basic Facts:

- ✓ The Institute of Medicine, Agency for Healthcare Research and Quality, and other groups have extensively documented the pervasiveness of racial and ethnic health disparities. Disparities in health are among the nation's most serious and costly health care problems.
- ✓ CDC's REACH U.S. is a model program for states and communities that has demonstrated remarkable health outcomes. Its unique community-based approach translates into sustainable, evidence-based practices, policies and empowerment that close the gap on health disparities.
- ✓ Launched in 2007, REACH U.S. is the next evolution of REACH 2010, which was developed by HHS and CDC to find "out of the box" community-driven solutions to achieve health equity among underserved racial and ethnic minority populations.
- ✓ REACH U.S. programs focus on at least one of the following racial and ethnic groups: African American/Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and Hispanic/Latino. They also focus on at least one of the following health priority areas: breast and cervical cancer; cardiovascular disease; diabetes mellitus; adult/older adult immunization, hepatitis B, and/or tuberculosis; asthma; and infant mortality.
- ✓ REACH U.S. supports 40 grantee partners that operate as either Centers of Excellence in Eliminating Health Disparities (CEEDs) or Action Communities (ACs).
    - o CEEDs serve as national and regional leaders with expertise in working with one or more racial/ethnic minority groups and addressing one or more health disparities priority areas. CEEDs are a resource for organizations working on community mobilization, community-based participatory research, and program development and evaluation. CEEDs also provide pilot funding, training and guidance to Legacy Projects initiating or enhancing work to eliminate health disparities.
    - o ACs are community-based programs implementing evidence-based approaches to eliminate disparities in one health disparity priority area. ACs are particularly attentive to cultural and environmental influences on health status and behaviors. ACs play a central role in the implementation of evidence-based public health strategies in their local communities.
- ✓ A 2003 GAO report requested by then Majority Leader Sen. Bill Frist (Health Care: Approaches to Racial and Ethnic Disparities) recommended the expansion of programs such as CDC's REACH.

- over -

FY 2011 Requested $50 million

President's Budget $39.978 million

FY 2010 Approved $39.644 million
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#1 Lesson Learned: Health Disparities are NOT Inevitable and CAN be Overcome

REACH interventions have demonstrated significant success at reducing health disparities and raising the bar on creating healthy communities, sustainable policies and systems, and environmental change.

- In **South Carolina, the REACH Charleston and Georgetown Diabetes Coalition** reports that a 21% gap in blood sugar testing between African Americans and whites has been virtually eliminated. Amputations among African-American males with diabetes have been reduced by over 33%.
- The **REACH for Wellness program in Georgia's Atlanta Empowerment Zone** reports that from 2002 to 2004 the percentage of adults who regularly participated in moderate to vigorous physical activity increased from 25.4% to 28.7%; the percentage who reported checking their total blood cholesterol increased from 69.1% to 79.7%, and the percentage of adults who smoked decreased from 25.8% to 20.8%.
- The **REACH Alabama Breast and Cervical Cancer Coalition in Macon County** reports that disparities in mammography screening between white and African American women decreased from 15% to 2% from 1998 to 2003.
- **Data from the REACH Risk Factor Survey** show that the REACH program is having a significant impact in key areas of risk reduction and disease management:
  - From 2001 to 2004, **African Americans** transitioned from being less likely to more likely than whites to have their cholesterol checked.
  - In REACH communities, the sizable gap in cholesterol screening between **Hispanics** and the national average is closing.
  - In REACH communities, the proportion of **American Indians** with high blood pressure who take medication increased from 67% in 2001 to 74% in 2004.
  - Cigarette smoking among **Asian men** in REACH communities decreased from 35% in 2001 to 24% in 2004.

#2 Lesson Learned: REACH Communities are Discovering Keys to Success

The REACH approach to community partnership has uncovered vital lessons for addressing complex, multi-factorial health issues that can be shared and applied to other interventions across the nation:

- **Trust:** Build a culture of collaboration between communities and organizations.
- **Empowerment:** Equip individuals and communities with the knowledge and tools necessary to seek and demand better health, and enhance the resources and capacities that are already available.
- **Culture and History:** Design health initiatives that acknowledge and integrate the unique historical and cultural context of racial and ethnic minority communities in the United States.
- **Focus:** Identify the community's specific health needs and challenges, and implement strategies that will remain embedded in the community's health infrastructure.
- **Community Investment:** Motivate communities to mobilize and organize their resources in support of effective and sustainable programs that can eliminate heath disparities among racial and ethnic minorities.
- **Trusted Organizations:** Embrace and enlist organizations within the community, even those whose primary mission is other than health, that are valued by community members.
- **Community Leaders:** Activate leaders and key organizations that are catalysts for change within their communities.
- **Ownership:** Develop a collective outlook that promotes shared interest in a healthy future through widespread community engagement and leadership.
- **Sustainability:** Integrate effective practices into the community to ensure the continuation of healthy improvements and the adoption of supportive infrastructures.
- **Hope:** Foster optimism, pride, and a promising vision for a healthier future.

Advocating for healthier people through health education on behalf of the 30,000 members of the American Association for Health Education; American College Health Association; American Public Health Association/Public Health Education & Health Promotion Section; Coalition of National Health Education Organizations; Council of Accredited MPH Programs; Directors of Health Promotion and Education; Eta Sigma Gamma; National Association of Chronic Disease Directors; National REACH Coalition; and Society for Public Health Education.
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