



REACH Rural Areas

Using REACH to Reduce Health Disparities in Rural Areas, Urban Areas, Small Towns, and Tribal Communities

REACH programs work across various types of communities in America including urban areas, small towns, rural areas, tribal communities, and US Affiliated Pacific Islands. Americans living in rural areas have higher rates of preventable risk behaviors including cigarette smoking, higher rates of chronic diseases including obesity, and other health conditions such as high blood pressure.

20TH ANNIVERSARY

REACH

RACIAL AND ETHNIC
APPROACHES TO COMMUNITY HEALTH

— CENTER FOR DISEASE CONTROL AND PREVENTION —

The Racial and Ethnic Approaches to Community Health (REACH) program works across various types of communities in America including urban areas, small towns, rural areas, tribal communities, and US Affiliated Pacific Islands.¹ Americans living in rural areas have higher rates of preventable risk behaviors including cigarette smoking, higher rates of chronic diseases including obesity, and other health conditions such as high blood pressure.² American Indian and Alaska Native people experience many health issues more frequently and more severely than other Americans.³

REACH works with African American, Hispanic, Asian American, American Indian, Alaska Native, and Pacific Islander populations to encourage physical activity, healthy eating habits, and prevent tobacco use. These efforts are designed to help prevent chronic diseases such as obesity, diabetes, and heart disease.¹

EXAMPLES OF RURAL REACH PROJECTS

Mobilizing Communities to Move Coeur d'Alene Tribe, Idaho

In 2015, 64% of Native American adults in Idaho were affected by overweight or obesity.⁴ Obesity may contribute to other health risks including high blood pressure, type 2 diabetes, and heart disease.⁵

To address this health concern, REACH provided funding to the Coeur d'Alene tribe in Plummer, Idaho. Tribe members created the Powwow Sweat program, a culturally tailored video series using traditional dance to increase physical activity among Native American communities. The tribe provides free videos online and distributes the video on DVDs.

Within a year of the 2016 launch, the video campaign garnered more than 10,000 Facebook followers and 100,000 YouTube views.⁴ The Powwow Sweat program is a sustainable workout program as it allows people to workout whenever and how ever they wish via Facebook and YouTube.

University of Hawaii Improving tobacco-free environments in the Pacific Islands

The University of Hawaii worked with United States Affiliated Pacific Islands (USAPI), including American Samoa, Guam, Commonwealth of the

¹ Centers for Disease Control and Prevention. Racial and Ethnic Approaches to Community Health. <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/index.htm> Accessed Nov. 22, 2019.

² Moy E, Garcia MC, Bastian B, et al. Leading Causes of Death in Nonmetropolitan and Metropolitan Areas — United States, 1999–2014. *MMWR Surveill Summ* 2017.

³ Centers for Disease Control and Prevention. CDC Tribal Data, Information, and Resources. <https://www.cdc.gov/tribal/data-resources/index.html> Accessed Nov. 22, 2019.

⁴ Centers for Disease Control and Prevention. Coeur d'Alene Tribe Gets More Native Americans Moving with Pow Wow Sweat. <https://nccd.cdc.gov/nccdsuccessstories/TemplateSeven.aspx?s=13961&ds=1> Accessed March 17, 2019.

⁵ Centers for Disease Control and Prevention. Adult Obesity Causes and Consequences. <https://www.cdc.gov/obesity/adult/causes.html> Accessed Nov. 22, 2019.

Northern Mariana Islands (CNMI), the Freely Associated States of the Federated States of Micronesia (FSM), Republic of the Marshall Islands (RMI), and the Republic of Palau, to increase access to smoke-free protections.

For example, the REACH program worked with owners of public spaces that were exempted from the Clean Indoor Act in Kosrae Island, FSM, by supporting implementation of voluntary smoke-free protections. These efforts increased access to tobacco-free or smoke-free environments for an estimated 4,600 residents visiting Kosrae Airport, a gym, and four restaurants.

Furthermore, some establishments in CNMI and FSM were unaware that they were subject to local tobacco-free laws. The University of Hawaii worked with the island nations to educate these establishments about the laws. A voluntary cadre of community members expressed interest in assisting with monitoring the efforts.

Healthy Corner Store Initiative in Central Alabama

In Central Alabama's River Region there was a lack of healthy food options in Montgomery, Lowndes, and Macon counties. Poor diet is a risk factor for many chronic diseases.⁶

The Montgomery Area Community Wellness Coalition launched the Healthy Corner Store Initiative to urge convenience stores to offer three different fruits and three different vegetables. Through the Healthy Corner Store Initiative, there was a 29% increase in community members reporting eating 3-5 servings of fruits and vegetables daily and 35% of people reported they were eating more fruits and vegetables. The Montgomery Area Community Wellness Coalition also established five community gardens with faith-based organizations, ensuring access to healthier foods for more than 16,000 low-income African Americans.⁷

Fruit and Vegetable Prescription Program in the Navajo Nation

American Indians and Alaska Natives experience preventable chronic diseases, such as obesity, heart disease, and diabetes, more frequently than other Americans.⁸ A Partners in Health group in Gallup, N.M., known locally as Community Outreach and Patient Empowerment (COPE), works with the Navajo Nation to increase access to healthy food options and provide information on good nutrition.

To address high rates of chronic disease among the Navajo Nation, COPE created a Fruit and Vegetable Prescription Program (FVRx) to promote healthy eating. Clinic providers and community health workers identified families and invited them to participate. Organizers partnered with local stores so that families received a monthly voucher to buy fruits and vegetables. Families also met with a community outreach worker to learn about healthy eating.⁹

The FVRx led to community-level changes in regional food systems with improved access to healthy food and beverages. Since 2015, FVRx has served 1,688 people, and 85 percent of them met the goal of eating five servings of fruit and vegetables per day.¹⁰

COPE also facilitated the Healthy Store initiative to increase access to fresh produce available at stores in the Navajo Nation. They promoted fresh produce through stocking, display, and promotional changes.⁷ A Healthy Navajo store serves as a catalyst of change by leading efforts to revitalize the Navajo Nation food system.¹¹

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⁶ U.S. Department of Health and Human Services and the U.S. Department of Agriculture. Dietary Guidelines for Americans. <https://health.gov/dietaryguidelines/2015/guidelines/> Accessed Feb. 5, 2020.

⁷ The Wellness Coalition. The Changing Role of the Corner Store. <https://www.thewellnesscoalition.org/reach/> Accessed Nov. 22, 2019.

⁸ U.S. Department of Health and Human Services Office of Minority Health. Profile: American Indian/Alaska Native. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=40> Accessed Feb. 5, 2020.

⁹ Community Outreach & Patient Empowerment. Food Access – Fruit & Vegetable Prescription Program. <https://www.copeprogram.org/foodaccess> Accessed Nov. 22, 2019.

¹⁰ Partners in Health. Eating Well: Grocery Program Takes Off in the Navajo Nation. <https://www.pih.org/article/eating-well-grocery-program-takes-navajo-nation> Accessed Nov. 22, 2019.

¹¹ Community Outreach and Patient Empowerment. The Healthy Navajo Stores Initiative Program Toolkit. https://7d9b3d61-9985-426b-bd34-952dd59c7494.filesusr.com/ugd/0dcff4_918d45d9f8a44b1faf7bd6645fd6aa1a.pdf Accessed Nov. 22, 2019.