REACH Urban Areas Improving Health Through Culturally-tailored Interventions in Cities Nationwide

REACH programs work in urban, rural and tribal communities, especially in underserved areas that lack adequate housing, transportation, health care, and food systems. Lack of access to these systems can lead to physical inactivity, poor nutrition, tobacco use, and chronic diseases such as type 2 diabetes, cardiovascular disease, and obesity.



- 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 The Institute for Family Health Bronx Health REACH. About Us. https://www.institute.org/bronx-health-reach/ about/ Accessed Nov. 22, 2019.

Racial and Ethnic Approaches to Community Health (REACH) programs work in urban, rural and tribal communities, especially in underserved areas that lack adequate housing, transportation, health care, and food systems. Lack of access to these systems can lead to physical inactivity, poor nutrition, tobacco use, and chronic diseases such as type 2 diabetes, cardiovascular disease, and obesity.¹

REACH utilizes the strength of community networks and key partners in urban areas to collaborate and improve the health of diverse populations, including African Americans, Hispanics, Asian Americans, American Indians, Alaska Natives, and Pacific Islanders. While these efforts may start in one community or neighborhood, they can advance health equity across an entire city.

SNAPSHOTS OF REACH PROGRAMS IN URBAN AREAS

Bronx Health REACH

In 1999, the Bronx Health REACH in New York City was established with REACH funding to address racial and ethnic health disparities in diabetes and heart disease in African American and Latino communities. Since then, the Bronx Health REACH, led by the Institute for Family Health, has expanded to include more than 70 community-based organizations, health care providers, faith-based institutions, housing and social service agencies¹.

The Bronx Health REACH addresses obesity, diabetes and cardiovascular disease, such as a successful initiative to eliminate whole milk in New York City public schools. Bronx Health REACH also supported the 2016 New York City Council Physical Education and Physical Activity policy requiring all city public schools to report their compliance with the physical education mandates. In addition, Bronx Health REACH helped develop an evidence-based diabetes prevention program — "Fine, Fit and Fabulous" — for faith-based organizations, and supported policy efforts to end the segregated specialty care system in New York teaching hospitals.²

Boston Public Health Commission (BPHC)

With community partners, the BPHC introduced the Out of School Nutrition and Physical Activity (OSNAP) initiative to improve physical activity and nutrition when children are out of school. The program works to improve practices and policies in before- and after-school programs and summer camps. It began in five Boston neighborhoods that experience high health disparities.

Participating sites receive educational materials, training, and technical assistance to increase opportunities for physical activity, reduce screen time, and provide healthier foods and drinks. More than 120 Boston afterschool programs serving over 10,000 young people, the majority African American and Latino, participated in the program. Sites reported increases in opportunities for vigorous physical activity and serving water instead of juice with snacks.

To expand the network of participating programs beyond grant funding, BPHC and community partners are institutionalizing the OSNAP model. They identified key staff, formed an advisory group with representation from stakeholders within Boston's childcare sector, and developed an online training and interactive learning community.³

Multnomah County Health Department

The African-American/Black communities of Multnomah County, Oregon, specifically in North, East, and Northeast Portland, reported that smoking addiction and lacking healthy food access are top barriers to living a healthy lifestyle. The County's initiatives to reduce exposure and access to tobacco products included an ordinance on smokefree parks in Portland, prohibiting minors from buying e-cigarettes, requiring licensing of tobacco retailers, and helping health care settings provide culturally tailored tobacco cessation counseling.

In all cases, REACH program participants educated retailers and recreation area police officers on new policies. They provided educational materials and signage and worked with youth to help deliver appropriate messaging. In addition, the REACH program released a media campaign that featured commercials, social media and print advertisements encouraging adults to quit smoking and teens not to smoke.

To build on this success, Multnomah County planned to change the legal age to purchase tobacco to 21. When state leaders saw that the activity was gaining traction, they passed a state law to make 21 the legal age for buying tobacco. The REACH work in Multnomah County indirectly led to that positive improvement for the entire state of Oregon.

Boat People-SOS of Orange County, California (BPSOS-CA)

The REACH program known as BPSOS-CA worked to improve the health and wellness of the Vietnamese population from 2013-2017. BPSOS-CA worked with eight nonprofits and two primary care providers (PCPs) to form a referral network, which provides services such as tobacco cessation, cancer screening, high blood pressure screening, nutrition counseling, and stroke prevention.

The referral network allows the PCPs to pool the resources of the nonprofits and provide free services, increasing efficiency of services while being sensitive to linguistic and cultural needs. BPSOS-CA created an educational campaign for Vietnamese residents with limited English to promote health services, improve understanding of basic health information, and connect them with the care they need. All of Orange County's nearly 206,000 Vietnamese residents now have increased access to free preventive and chronic care services.⁴

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Multnomah County's initiatives to reduce exposure and access to tobacco products included an ordinance on smoke-free parks in Portland.

³ Centers for Disease Control and Prevention. Afterschool Programs in Boston, MA, Expand Opportunities for Obesity Prevention. https:// nccd.cdc.gov/nccdsuccessstories/TemplateSeven. aspx?s=2963&ds=1 Accessed Nov. 27, 2019.

 ⁴ Centers for Disease Troctsser For J. 2017.
⁴ Centers for Disease Control and Prevention. California Nonprofits, Primary Care Providers Work Together for Better Care. https://nccd.cdc.gov/nccdsuccessstories/ TemplateSeven.aspx?s=14507&ds=1 Accessed Nov. 27, 2019.