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, high blood pressure, and obesity.

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 spread to efforts that 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 when they received REACH funding to address racial and ethnic health disparities in diabetes and heart disease in the borough’s African American and Latino communities. Since then, they have expanded to include over 70 community-based organizations, health care providers, faith-based institutions, housing and social service agencies.

The work of the Bronx Health REACH/Institute for Family Health addressed obesity, diabetes and cardiovascular disease within the entire borough.

Their efforts include successful initiatives to eliminate whole milk in New York City public schools, support 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, the development of an evidence based diabetes prevention program, “Fine, Fit and Fabulous” for faith-based organizations, and initiating policy efforts to end the segregated specialty care system in New York teaching hospitals1.

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**Boston Public Health Commission (BPHC)**

With community partners, the BPHC introduced Out of School Nutrition and Physical Activity (OSNAP) to afterschool programs across Boston, prioritizing five neighborhoods that experience the highest health disparities. Participating afterschool sites received 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 drinking water instead of juice.

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 for out-of-school-time programs interested in promoting healthy practices.

**Multnomah County Health Department**

The African-American/Black communities of Multnomah County, 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 smoke-free 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, the REACH program worked with their priority community to educate retailers and recreation area police officers on the new policies. They provided educational materials and signage and worked with youth to help deliver appropriate messaging regarding the new policies. 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 planned to address changing the legal age to purchase tobacco to 21 (a.k.a. T-21). When state leaders saw that the proposed ordinance was gaining traction in the county, the state decided to pick up the effort and passed it for the state. 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 in Orange County, CA, Boat People-SOS (BPSOS-CA) worked to improve the health and wellness of the Vietnamese population from 2013-2017. BPSOS-CA worked with eight nonprofits and two PCPs to form a referral network, which provides services to Vietnamese residents such as tobacco cessation, cancer screening, high blood pressure screening, nutrition counseling, and stroke prevention.

The formation of the network allows the PCPs to pool the resources of the nonprofits to provide free services to a largely Vietnamese population, 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, California’s nearly 206,000 Vietnamese residents now have increased access to free preventive and chronic care services.