

February 12, 2019

The Honorable Rosa DeLauro
Chairwoman
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
United States Senate
Washington, D.C. 20510

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
United States Senate
Washington, D.C. 20510

Dear Chairwoman DeLauro, Ranking Member Cole, Chairman Blunt, and Ranking Member Murray:

As organizations and communities working to ensure that healthy opportunities are available to all individuals regardless of race, ethnicity, or socioeconomic status, we are writing to urge you to include \$76.95 million in the final FY 2020 Labor, Health and Human Services, and Education Appropriations bill for the Centers for Disease Control and Prevention's (CDC) Racial and Ethnic Approaches to Community Health (REACH) program. REACH is the only community health program funded by the CDC and is the only federal investment directly addressing racial and ethnic health disparities.

Racial and ethnic minority communities are disproportionately affected by chronic disease in America. Preventable diseases like diabetes, heart disease, high blood pressure, renal disease, and stroke in ethnic minority populations cost the healthcare system more than \$23.9 billion annually. These costs are expected to double by 2050. Investing directly in community coalitions with a history of tackling these issues allows the time and resources necessary to address the many root causes of racial and ethnic disparities and reverse the upward trend of chronic disease.

Health disparities, like the examples listed below, continue to rise and widen in communities due to poverty as well as other social, economic, and environmental factors. According to CDC and other health experts:

- Hispanics (47%) and non-Hispanic blacks (46.8%) had the highest age-adjusted prevalence of obesity, followed by non-Hispanic whites (37.9%) and Asian Americans (12.7%).
- American Indians/Alaska Natives had the highest prevalence of diagnosed diabetes for both men (14.9%) and women (15.3%). Overall, prevalence was higher among American Indians/Alaska Natives (15.1%), non-Hispanic blacks (12.7%), and people of Hispanic ethnicity (12.1%) than among non-Hispanic whites (7.4%) and Asians (8%).
- The rate of new cases of cervical cancer was highest among Hispanic women (9.4 per 100,00) and second highest among Black women (8.6 per 100,000).
- Chronic kidney disease is estimated to be more common in non-Hispanic blacks than in non-Hispanic whites (18% vs 13%).

- Asian Americans are 25% more likely, and Native Hawaiians and Pacific Islanders are three times more likely, to be diagnosed with diabetes than non-Hispanic whites.

The U.S. Department of Health and Human Services' Healthy People 2020 indicators, and several of the recently proposed Healthy People 2030 objectives, are reflective of the work REACH programs are doing in communities across America. One of the five goals of Healthy People 2020 is to "achieve health equity, eliminate disparities, and improve the health of all groups."

The REACH program is singularly advancing community-level strategies that work to eliminate racial and ethnic health disparities in chronic disease and related risk factors. CDC currently funds 31 recipients to reduce health disparities among racial and ethnic minority populations with the highest burden of chronic disease (i.e., hypertension, heart disease, Type 2 diabetes, and obesity) through culturally tailored interventions to address preventable risk behaviors (i.e., tobacco use, poor nutrition, and physical inactivity). The REACH Program continues to show measurable change in the health and wellbeing of racial and ethnic minority communities with the greatest burden of disease. A few key health outcomes include:

- From 2009 to 2012, smoking prevalence decreased 7.5 percent among non-Hispanic blacks and 4.5 percent among Hispanics.
- From 2001 to 2009, the percentage of Hispanics who reported having hypertension and were taking medication for it increased from less than half to more than two-thirds.
- From 2001 to 2009, pneumonia vaccination rates increased from 50.5 percent to 60.5 percent in black communities, from 46.0 percent to 58.5 percent in Hispanic communities, and from 67.3 percent to 78.7 percent in Native American communities.
- The prevalence of current smoking decreased dramatically among Asian American men in four REACH Asian communities; and these decreases were larger than nationwide decreases in smoking prevalence observed during the same period.

Despite the prevailing gains of the REACH program, Congress has not increased core REACH funding for many years, and since FY2017, REACH has been reduced in order to fund the valuable Good Health and Wellness in Indian Country (GHWIC) program, which supports effective community-chosen and culturally adapted strategies to reduce the leading causes of chronic conditions, increase health literacy, and strengthen community-clinical links with American Indian/Native American populations. This is why we are urging Congress to restore REACH funding in FY 2020 and continue to fund GHWIC which requires a total allocation of \$76.95 million. We also ask Congress to ensure new funding goes to community organizations that qualified for REACH grants but were unfunded in the 2018 funding cycle, including organizations representing a diverse set of racial and ethnic minority groups.

We urge you to invest in these REACH and GHWIC communities to improve health outcomes and address disparities. Thank you in advance for your consideration.

Sincerely,