

May XX 2019

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

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

Dear 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 Senate 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 one of the only community health programs funded by the CDC that is specifically dedicated to fund urban, rural, and tribal communities working to lessen and eliminate 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 \$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.

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. The impact across REACH communities from 2014-2018 includes:

- Over 2.7 million people have better access to healthy food and beverages
- Over 650,00 people have benefited from tobacco-free interventions
- Approximately 1.3 million people have increased opportunities to be physically active; and
- Over 750,000 people have better access to new community-clinical linkages

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 are thankful that the House recommended FY 20 funding at \$71.95 million, a level that advocates consider a satisfactory minimum to get the program back on track. 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.

As REACH celebrates its 20<sup>th</sup> anniversary 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,