Racial and Ethnic Approaches to Community Health (REACH)

Centers for Disease Control and Prevention (CDC)
Division of Nutrition, Physical Activity, and Obesity
FY 2020 Labor HHS Appropriations Bill

	FY2018	FY2019	FY2020 President's Request	FY2020 TFAH Request
REACH	$50,950,000	$55,950,000 • $34,950,000 for core REACH grant • $21,000,000 for Good Health & Wellness in Indian Country (GHWIC)	$0	$76,950,000 • $55,950,000 for core REACH grant • $21,000,000 for Good Health & Wellness in Indian Country (GHWIC)

Background: The Centers for Disease Control and Prevention (CDC) Racial and Ethnic Approaches to Community Health (REACH) program, housed under CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO), works in communities across the country to eliminate racial and ethnic disparities in health. REACH partners employ innovative, community-based, and participatory approaches to develop and implement evidence-based practices, empower communities, and reduce health disparities. Through REACH, grantees plan and carry out local, culturally appropriate programs to address the root causes of chronic disease and reduce health disparities among African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders. For many racial and ethnic minority groups the health gaps are wide, for example:

- In 2015-2016, Hispanic (47.0 percent) and non-Hispanic black (46.8 percent) adults had a higher prevalence of obesity than non-Hispanic white adults (37.9 percent)
- 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.

While racial and ethnic health disparities are well documented, REACH is the only CDC program that specifically funds communities working to lessen or eliminate racial and ethnic health disparities. Since 1999, the CDC REACH program has invested in programs that close gaps in health outcomes for racial and ethnic groups. REACH grantees are working to save money in communities across the

country by tackling the social determinants of health -- those upstream factors that influence health outcomes.

Impact: CDC currently funds 31 recipients to reduce health disparities among racial and ethnic 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 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.

While the overall REACH funding line received a $5 million increase in FY19, the entirety of that increase went to the Good Health and Wellness in Indian Country grant program, which works with American Indian tribes, Alaska Native villages, tribal organizations, and tribal epidemiology centers to promote health, prevent disease, reduce health disparities, and strengthen connections to culture and lifeways that improve health and wellness. In order to fund the creation of the Good Health and Wellness in Indian Country grant program, which has been instrumental in tribal communities, the core REACH program has experienced a total of $15 million diversion in funds over the past two fiscal years.

The requested FY20 funding level will enable CDC to continue the core REACH cooperative agreement, while additionally funding approved but unfunded community organizations that represent currently under-resourced racial and ethnic target populations.

Recommendation: TFAH recommends that REACH be funded in FY20 at $76.95 million: $55.95 million for the core REACH program and $21 million for Good Health and Wellness in Indian Country. As the only program in the entire federal budget that focuses specifically on racial and ethnic health disparities, REACH is essential in disseminating lessons learned and best practices to reduce health disparities throughout the nation.