

DATE

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 FY 2021 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 dedicated to reducing chronic disease for specific racial and ethnic groups in urban, rural, and tribal communities with high disease burden.

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. A study by EA Finkelstein, et al, found that obesity alone increased annual medical expenses in the U.S. by \$149 billion. Investing directly in communities with a history of tackling these issues works upstream to address the root causes of racial and ethnic disparities and reverse the costly trend of chronic disease.

Currently in its 21st year, the REACH program is advancing community-level strategies that are evidence based or reflect promising practices that work to eliminate racial and ethnic health disparities in chronic disease and related risk factors. Current funding levels only allow CDC to support 31 recipients out of a total of 261 approved but unfunded applications, pointing to the high demand and need for this program. These 31 REACH recipients are working 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**

Last year Congress appropriated \$59.95 million in REACH funding, an increase of \$4 million from FY 2019. Although the undersigned groups are deeply grateful for this increase, it is still not enough to fund an adequate level of REACH grantees working in communities to reduce racial and ethnic health disparities. We estimate that the increase will fund 4 to 5 additional REACH grantees. In FY 2017, the Good Health and Wellness in Indian Country (GHWIC) grant program was created. GHWIC 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. However, 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 \$74 million less in funding over the past four fiscal years.

Therefore, we are urging Congress to increase REACH funding in FY 2021 and continue to fund GHWIC at \$21 million, which requires a total allocation of \$76.95 million.

As REACH celebrates its 21st year we urge Congress to invest in these REACH and GHWIC communities to improve health outcomes and address racial and ethnic health disparities. Thank you for your consideration.

Sincerely,