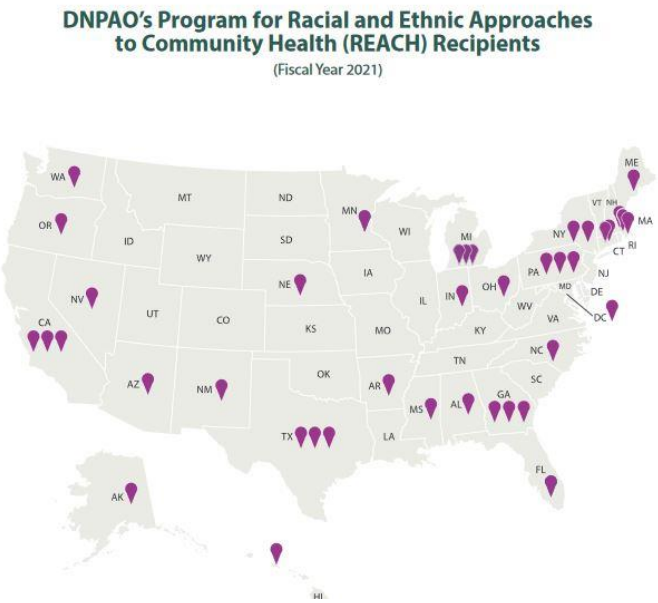
Racial and Ethnic Approaches to Community Health (REACH)
Good Health and Wellness in Indian Country (GHWIC)

Centers for Disease Control and Prevention (CDC)
Division of Nutrition, Physical Activity, and Obesity & Division of Population Health
FY2023 Labor HHS Appropriations Bill

FY 2021	FY 2022	FY2023 President's Request	FY 2023 TFAH Request
$63,950,000 • REACH: $41,950,000 • GHWIC: $22,000,000	$65,950,000 • REACH: $43,450,000 • GHWIC: $22,500,000	N/A	$102,500,000 • REACH: $75,500,000 • GHWIC: $27,000,000

Racial and Ethnic Approaches to Community Health (REACH) Background:

From its inception, the REACH program has explicitly focused on improving chronic diseases for specific racial and ethnic groups in communities with high rates of chronic disease. REACH grantees (which include community organizations, universities, local health departments, tribal organizations, and states) develop and implement evidence-based practices and help empower communities to identify and implement solutions to reduce health disparities. REACH grantees plan and carry out local, culturally appropriate programs to address the root causes of chronic disease and reduce health disparities among people who are African American or Black, Hispanic or Latino, Asian American, Native Hawaiian, Pacific Islander, and American Indian or Alaska Native.



For many racial and ethnic minority groups these programs are needed because of significant health disparities, for example:

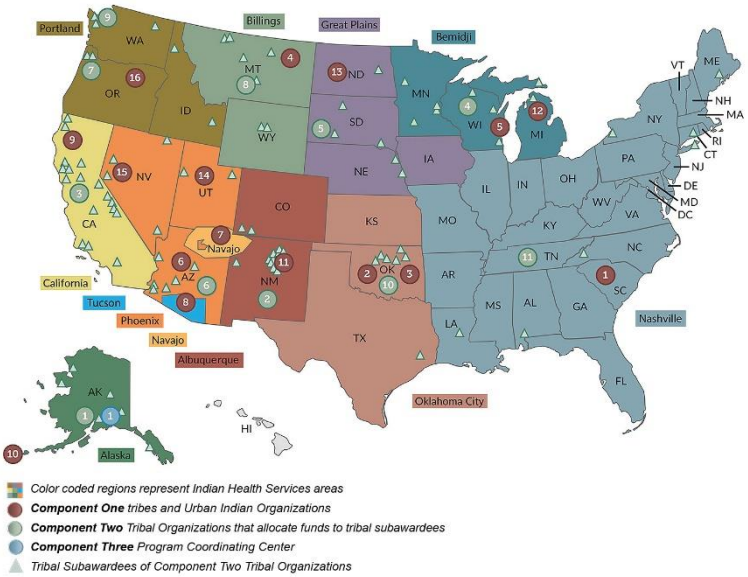
- In 2019, Diabetes prevalence was higher among American Indians/Alaska Native adults (14.7%), adults of Hispanic ethnicity (12.5%), and non-Hispanic Black adults (11.7%) than among Asian adults (9.2%) or non-Hispanic white adults (7.5%).[1]
- In 2017-2018, Hispanic or Latino adults (44.8%) and non-Hispanic Black adults (49.6%) had a higher prevalence of obesity than non-Hispanic white adults (42.2 %).[2]
- From 2017-2018, hypertension prevalence was higher among non-Hispanic Black adult populations (57.1%) than non-Hispanic white (43.6%) or Hispanic (43.7%) adults.[3]

These longstanding inequities, rooted in unequal access to key drivers of health, such as housing, education, employment, food security, and transportation, have increased the risk of severe illness and

death from COVID-19 for many racial and ethnic minorities. In addition, chronic diseases like Type 2 diabetes, which disproportionately impact racial and ethnic minorities, are also hypothesized to increase the probability that a person experienced "long" COVID symptoms.[4] Many of these same risk factors are contributing to the higher level of obesity in some racial and ethnic minority groups.[5]

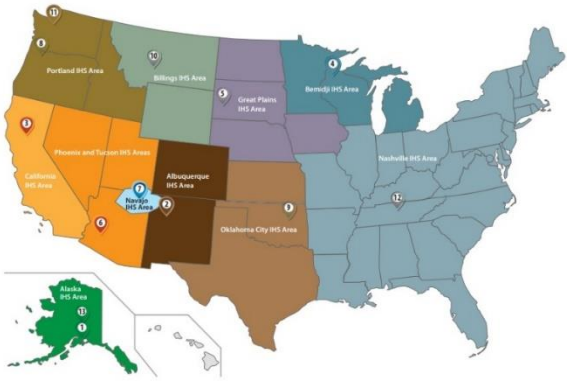
Healthy Tribes Program (Good Health and Wellness in Indian Country (GHWIC)) Background:

DPH's Healthy Tribes Good Health and Wellness in Indian Country (GHWIC) Recipients (2019-2024)

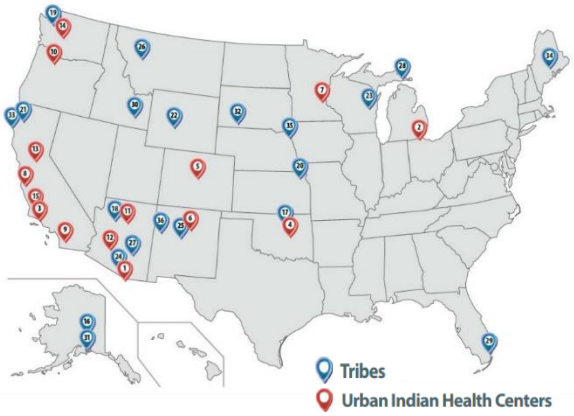


American Indian and Alaskan Native (AI/AN) populations bear a disproportionate burden of the leading causes of death and disability compared to other racial and ethnic groups.[6] Since FY 2017, Congress has set aside a portion of REACH funding in the Good Health and Wellness in Indian County non-add line to support tribal cooperative agreements that improve health outcomes for AI/AN communities, through the Healthy Tribes program, which includes Good Health and Wellness in Indian Country (GHWIC), Tribal Practices for Wellness in Indian Country (TPWIC), and Tribal Epidemiology Centers Public Health Infrastructure (TECPHI). These three activities comprise the Healthy Tribes program administered by CDC's Division of Population Health (DPH). CDC's largest investment to improve AI/AN tribal health, the GHWIC program, promotes evidence-based and culturally adapted strategies to improve health, reduce chronic disease, and strengthen community-clinical linkages.

DPH's Healthy Tribes Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) Recipients (2017-2021)



DPH's Healthy Tribes Tribal Epidemiology Centers Public Health Infrastructure (TPWIC) Recipients (2018-2021)



Impact:
While the Division of Nutrition, Physical Activity, and Obesity received 264 eligible applications for the REACH program in 2018, CDC can only currently fund 40 recipients to reduce health disparities among racial and ethnic populations with the highest burden of chronic disease. Key REACH outcomes during 2014-2018 (the latest completed program cycle) include:

- Over 2.9 million people have better access to healthy foods and beverages.
- About 1.4 million people have more opportunities to be physically active.
- Over 830,000 people have access to local chronic disease programs that are linked to health care systems.
- Over 322,000 people have benefited from smoke-free and tobacco-free interventions.

Examples of programs conducted by REACH grantees and their partners include developing a "Fresh Truck" to deliver produce to food deserts, increase WIC participation among food retailers, and establish new active transportation routes that connect to everyday destinations. REACH recipients have proven that they can continue effective chronic disease prevention efforts while also addressing COVID-19 pandemic challenges. Given the demonstrated ability of REACH recipients to be trusted community messengers, CDC's National Center for Immunization and Respiratory Diseases provided supplemental funding to REACH recipients to improve COVID-19 and flu vaccination confidence in racial and/or ethnic populations experiencing disparities in vaccination rates.

While there are 574 federally recognized tribes, the Healthy Tribes program (Good Health and Wellness in Indian Country non –add subline under REACH) can only fund 12 tribes directly and supports other tribes through funding 12 tribal organizations, 4 Urban Indian Organizations and 12 Tribal Epidemiology Centers (TECs). GHWIC and TPWIC continue to support healthy behaviors in Native communities by enhancing coordinated and holistic approaches to chronic disease prevention; supporting culturally appropriate, effective public health approaches; and expanding the program's reach and impact by working with more tribes and tribal organizations, including Urban Indian Organizations. In addition, these funds support the TECPHI, as the main source of funding for TECs.

FY 23 Appropriations Recommendation:
TFAH recommends that REACH be funded in FY 2023 at $102,500,000: $75,000,000 for the REACH grant program, which CDC estimates would enable funding for at least an additional 33 programs, and $27,000,000 for the Healthy Tribes program (Good Health and Wellness in Indian Country non-add). This funding would ensure that CDC can continue to reduce chronic disease for multiple racial and ethnic groups that bear the highest burden of disease.

[1] Centers for Disease Control and Prevention. Diabetes Report Card 2019. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2020.
[2] https://www.cdc.gov/nchs/data/hestat/obesity-adult-17-18/obesity-adult.htm
[3] https://www.cdc.gov/nchs/products/databriefs/db364.htm
[4] *Multiple early factors anticipate post-acute COVID-19 sequelae.* Cell, Vol. 185, Issue 5. January 24, 2022. DOI: https://doi.org/10.1016/j.cell.2022.01.014.
[5] https://www.cdc.gov/obesity/data/obesity-and-covid-19.html
[6] https://www.cdc.gov/nchs/fastats/american-indian-health.htm