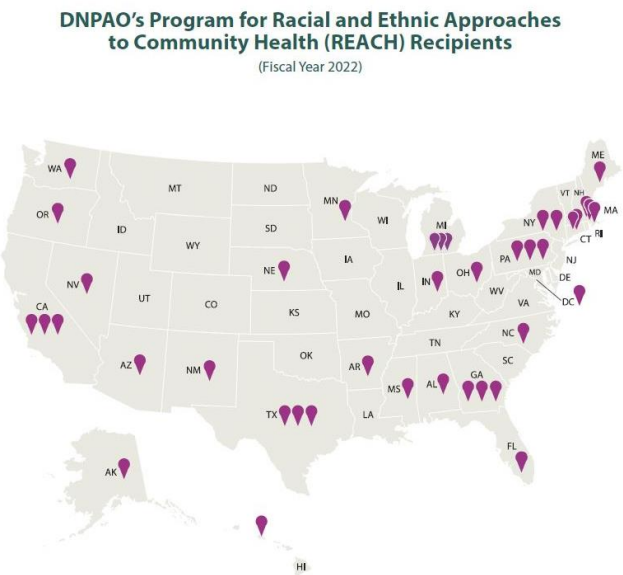
Racial and Ethnic Approaches to Community Health (REACH)
Good Health and Wellness in Indian Country (GHWIC)

Centers for Disease Control and Prevention (CDC)
Division of Nutrition, Physical Activity, and Obesity & Division of Population Health
FY2024 Labor HHS Appropriations Bill

FY 2022	FY 2023	FY2024 President's Request	FY 2024 TFAH Request
$65,950,000 • REACH: $43,450,000 • GHWIC: $22,500,000	$68,950,000 • REACH: $44,950,000 • GHWIC: $24,000,000	$68,950,000 • REACH: $44,950,000 • GHWIC: $24,000,000	$102,500,000 • REACH: $75,500,000 • GHWIC: $27,000,000

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

Since 1999, 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-based organizations, universities, local health departments, tribal organizations, and cities) develop and implement evidence-based practices and provide resources to communities to identify and implement solutions to reduce health disparities. REACH grantees plan and carry out locally driven, 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 populations of color, these programs are needed because of significant health disparities, for example:



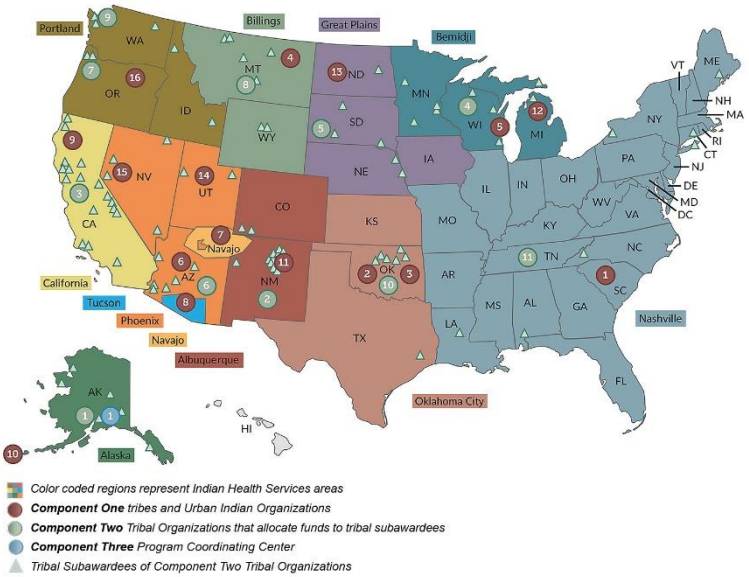
- In 2018-2019, diabetes prevalence was higher among American Indian and Alaska Native adults (14.5%), non-Hispanic Black adults (12.1%), and adults of Hispanic ethnicity (11.8%), than among non-Hispanic Asian adults (9.2%) or non-Hispanic white adults (7.4%).[1]
- In 2021, non-Hispanic Black adults (49.9%) and Hispanic or Latino adults (45.6%) had a higher prevalence of obesity than non-Hispanic white adults (41.4 %).[2]
- From 2017-March 2020, hypertension prevalence was higher among non-Hispanic Black adult populations (56.9%) than non-Hispanic Asian (44.6%), non-Hispanic white (43.5%), or Hispanic (42.7%) 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 people of color. In addition, chronic diseases like Type 2 diabetes, which disproportionately impact people of color, 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 risk of developing obesity in some communities of color.[5]

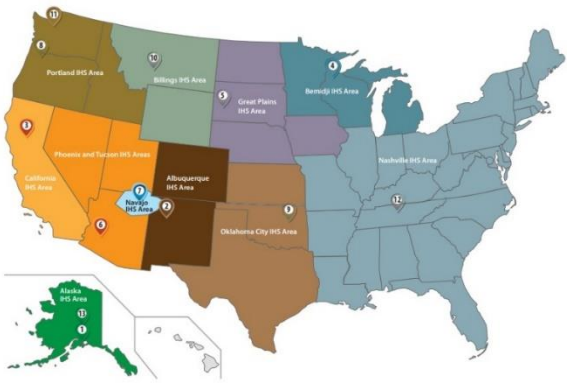
Healthy Tribes Program (Good Health and Wellness in Indian Country (GHWIC)) Background:

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 of the Healthy Tribes program are 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 and well-being, reduce chronic disease, and strengthen community-clinical linkages.

DPH's Healthy Tribes Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) Recipients (FY 2022-2027)



DPH's Healthy Tribes Tribal Epidemiology Centers Public Health Infrastructure (TPWIC) Recipients (FY 2022-2027)

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 the first 4 years of the current REACH grant period (October 2018 to August 2022):

- 842,746 people impacted by healthy nutrition standards implemented in community settings;
- 2,164,737 people served by new or enhanced places providing access to healthier foods;
- 8,065,251 people reached through activity-friendly routes to everyday destinations;
- 1,042,178 people benefited from new or improved breastfeeding support programs;
- 28,030 patients linked to community-based services by their health care providers;
- 1,021,884 employees work in settings with new or strengthened smoke-free and tobacco-free policies.

Examples of programs conducted by REACH grantees and their partners include developing a "Fresh Truck" to deliver fruits and vegetables to food deserts, increasing Women, Infants, and Children (WIC) nutrition assistance program participation among food retailers, and establishing 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 35 tribes directly and supports other tribes through funding 12 tribal organizations, 17 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.

Recommendation:

TFAH recommends that REACH be funded in FY 2024 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). 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.

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[1] https://www.cdc.gov/diabetes/data/statistics-report/diagnosed-diabetes.html

[2] *The State of Obesity: Better Policies for a Healthier America 2022* (September, 2022). Trust for America's Health. https://www.tfah.org/wp-content/uploads/2022/09/2022ObesityReport_FINAL3923.pdf.

[3] https://stacks.cdc.gov/view/cdc/106273

[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