

September 24, 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 the Senate works to pass the FY 2020 Labor, Health and Human Services, Education, and Related Agencies appropriations bill and moves to Conference Committee with the House, the nearly 200 undersigned organizations are deeply concerned about the proposed elimination of the Centers for Disease Control and Prevention's (CDC) Racial and Ethnic Approaches to Community Health (REACH) program. **We urge the Senate to match the House number of \$71.95 million in funding for the 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 20<sup>th</sup> 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**

Despite the prevailing gains of the REACH program, Congress has not increased core REACH funding for many years. Since FY 2017, REACH has been reduced in order to fund the creation of the Good Health and Wellness in Indian Country (GHWIC) grant 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 linkages with tribal communities. However, in order to fund the

creation of the GHWIC grant program, the core REACH grants had \$53 million diverted over the past three fiscal years.

**Therefore, we are urging Congress to restore REACH funding in FY 2020 and continue to fund GHWIC which requires a total allocation of \$71.95 million. We are thankful that the House recommended FY 2020 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 FY 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 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,