

June XX, 2018

The Honorable Tom Cole  
Chairman  
Subcommittee on Labor, HHS and Education  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Roy Blunt  
Chairman  
Subcommittee on Labor, HHS and Education  
Committee on Appropriations  
United States Senate  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
Subcommittee on Labor, HHS and Education  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Patty Murray  
Ranking Member  
Subcommittee on Labor, HHS and Education  
Committee on Appropriations  
United States Senate Washington, DC 20515

Dear Chairs and Ranking Members:

On behalf of organizations and communities working toward ensuring healthy opportunities are available to all individuals regardless of race, ethnicity, or socioeconomic status, we are writing to urge you to include \$57.95 million for the Racial and Ethnic Approaches to Community Health program (REACH) in the Fiscal Year 2019 Labor, HHS and Education Appropriations Bill.

While we deeply appreciate that REACH was funded in the final FY2018 omnibus, REACH has not received a funding increase since FY 2015, when it was boosted by just \$950,000. The program is the only federal investment directly addressing health disparities and the only community health program currently funded at the Centers for Disease Control and Prevention (CDC). Given our country's costly chronic health problems and the fact that population based health interventions are a proven way to improve health outcomes, it is time for Congress to better invest in REACH.

The CDC's recent grants notice for REACH reflects a new five-year initiative and wraps up the previous funding period in which 49 grantees came from a variety of governmental and nongovernmental organizations, including state and local health departments, tribes/tribal organizations, universities and community-based organizations. REACH partners identify, develop, and disseminate effective strategies for addressing health disparities across a wide range of health priority areas such as cardiovascular disease, diabetes, breast and cervical cancer, infant mortality, asthma, immunization, and obesity. Awardees create healthier communities by strengthening the capacity and implementing tailored evidence- and practice-based strategies that will reach the selected priority population across multiple settings.

REACH is advancing locally driven strategies that work to eliminate racial and ethnic health disparities in chronic disease and related risk factors. Some highlights of current grantees include:

- The Coeur d'Alene Tribe in Northern Idaho has improved participation in aerobic workout programs by adopting traditional dance, leveraging what their community is most familiar with.
- The Montgomery Area Community Wellness Coalition in Alabama has partnered with corner stores to both improve their sales of produce by over 30%, with customers reporting eating more fruits and vegetables during the initiative.
- In Ohio, Salaam Cleveland worked with the local Muslim community to convert an underused warehouse space into a gym, hosting recreational activities particularly for women and girls.
- Cultiva La Salud, has worked with underserved Latino communities in the Fresno, California area to bring farm stands to locations where healthy food is hard to find or afford.

Data demonstrates the value of REACH. CDC conducted a REACH US Risk Factor Survey from 2009 to 2012 gathering health and behavior information from REACH US communities about chronic disease prevalence, fruit and vegetable consumption, physical activity levels, prevention services use, and adult immunizations rates.

- Over the 3-year intervention period, smoking prevalence decreased on average 7.5% (or an average of 2.5% per year) among African Americans and 4.5% among Hispanics.
- In REACH communities that focused on cardiovascular disease or diabetes during this time, the percentage of adults who reported eating five or more fruits and vegetables daily increased 3.9% among African Americans and 9.3% among Hispanics.
- The percentage of adults aged 65 years or older who had an influenza shot in the past year increased on average 11.1% across the 3-year intervention period.

Since FY 2017, REACH has set aside \$16 million for Good Health and Wellness in Indian Country grants to improve health outcomes for American Indians and Alaska Natives. The program has funded 12 tribes to work on effective community-chosen and culturally adapted strategies to reduce the leading causes of chronic conditions, increase health literacy, and strengthen community-clinical links. To ensure best practices are followed, 11 tribal epidemiology centers provide technical assistance and evaluate the program at the tribe and area levels.

We urge you to increase investment in public health through REACH, allowing the new round of grantees to improve health outcomes and address disparities. Thank you in advance for your consideration.

Sincerely,