

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 Patty Murray
Chairwoman
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 Roy Blunt
Ranking Member
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
United States Senate
Washington, D.C. 20510

Dear Chairwomen DeLauro and Murray and Ranking Members Cole and Blunt:

The undersigned XXX organizations and communities working to promote the health of all individuals regardless of race, ethnicity, or socioeconomic status, **urge you to provide at least \$102.5 million in the FY 2022 Labor, Health and Human Services, and Education Appropriations bill for the Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health (REACH) program.** More specifically, we request **\$75.5 million for CDC's REACH** grant program and **\$27 million for its affiliated program Good Health and Wellness in Indian Country (GHWIC)** to address the disproportionate impact of chronic disease on racial and ethnic populations in urban, rural and tribal areas.

The higher rates of hospitalization and mortality for COVID-19 patients with underlying chronic conditions underscore the importance of working toward a country where all can live healthier lives. Furthermore, the racial and ethnic disparities that characterize COVID-19 and obesity are a sharp reminder of the effects that underlying social and economic conditions and structures can have on the health and well-being at all individual, family, neighborhood, and national levels. Preventable diseases like diabetes, heart disease, high blood pressure, renal disease, and stroke in ethnic and minority populations cost the healthcare system \$23.9 billion annually and are expected to double by 2050. Investing in program such as REACH, with a history of tackling the root causes of chronic conditions using culturally and ethnically evidence-based approaches, presents a fiscally sound, strategic investment in enabling all communities, regardless of race or ethnicity, to achieve optimal health.

Currently in its 22nd year, REACH stands as a model CDC program using community-level strategies that are evidence based or evidence informed to eliminate racial and ethnic health disparities in chronic disease and related risk factors (i.e., tobacco use, poor nutrition, and physical inactivity). **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.**

We thank LHHS for funding REACH at \$63.95 million for FY2021, enough to support up to 40 communities. Although we are grateful for the support, it still falls short of being able to fund a program in communities in all

50 states and U.S. territories. Moreover, in the latest round of REACH applications, there were 261 approved but unfunded applications, showing the exorbitant demand and need at the community levels.

Additionally, REACH continues to prove its effectiveness in implementing chronic disease programming despite challenges due to funding and the COVID-19 pandemic. 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.

Since FY 2017, the Good Health and Wellness in Indian Country (GHWIC) grant program has worked 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. Congressional funding in FY 2021 included \$22 million for GHWIC. However, funds from REACH that support GHWIC only fund 21 tribes directly and support other tribes by funding 15 Urban Indian Health Centers and 12 Tribal Epidemiology Centers (TECs). This program continues to support healthy behaviors in Native communities by supporting coordinated and holistic approaches to chronic disease prevention; continuing to support 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.

Therefore, we are urging Congress to fund at least \$102.5 million in the FY 2022 Labor, Health and Human Services, and Education Appropriations bill, including \$75.5 million to continue scaling to all states and U.S. territories and support grantees in building capacity for collaboration and disseminating evidence-based strategies in communities for the CDC REACH funding and GHWIC at \$27 million to expand Tribal Epidemiology Centers for Public Health Infrastructure and continue the program's important work.

Thank you very much for your consideration of this request and your support for the elimination of racial and ethnic health disparities to create a healthy and equitable future for all.

Sincerely,