

April 24, 2023

The Honorable Robert Aderholt
Chairman
House Appropriations Subcommittee
on Labor, Health and Human Services,
Education and Related Agencies
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Subcommittee
on Labor, Health and Human Services,
Education and Related Agencies
Washington, DC 20510

The Honorable Tammy Baldwin
Chairwoman
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education and Related Agencies
Washington, DC 20510

The Honorable Shelley Moore Capito
Ranking Member
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education and Related Agencies
Washington, DC 20510

Dear Chairman Aderholt, Ranking Member DeLauro, Chairwoman Baldwin, and Ranking Member Capito:

The undersigned organizations and communities working to promote the health of all individuals **urge you to provide at least \$102.5 million in the fiscal year (FY) 2024 Labor, Health and Human Services, and Education Appropriations bill for the Centers for Disease Control and Prevention's (CDC) Racial and Ethnic Approaches to Community Health (REACH) program.** Specifically, we request **\$75.5 million for CDC's core 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.

REACH recipients (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 Natives.

Since 1999, REACH has been a model CDC program using community-level strategies that are evidence-based or evidence informed to eliminate and reduce racial and ethnic health disparities in chronic disease and related risk factors (i.e., tobacco use, poor nutrition, and physical inactivity). Key REACH outcomes during the first 4 years of the current REACH grant period (October 2018 to August 2022) include:

- 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; and
- 1,021,884 employees work in settings with new or strengthened smoke-free and tobacco-free policies.

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. Since FY 2017, Congress has therefore set aside a portion of REACH funding to support the Good Health and Wellness in Indian Country (GHWIC) non-add line. This funding line supports tribal cooperative agreements that improve health outcomes for AI/AN communities, through the Healthy Tribes program, which includes GHWIC, Tribal Practices for Wellness in Indian Country, and the Tribal Epidemiology Centers Public Health Infrastructure. These three activities of the Healthy Tribes program are administered by CDC's Division of Population Health. 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.

We thank the L-HHS Subcommittee for the funding increase in FY 2023 that provided \$44.95 million for the core REACH program and \$24 million for GHWIC. While we are grateful for the support, it still falls short of being able to fund a program in all 50 states and U.S. territories. Moreover, in the latest round of REACH applications, there were 264 approved but unfunded applications, demonstrating the significant demand and need for culturally tailored and community driven programs such as REACH. In addition, while there are 574 federally recognized tribes, Good Health and Wellness in Indian Country can only fund 35 tribes directly and supports other tribes through funding 12 tribal organizations, 17 Urban Indian Organizations and 12 Tribal Epidemiology Centers.

We are urging Congress to provide at least \$102.5 million for the REACH program in the FY 2024 Labor, Health and Human Services, and Education Appropriations bill. This includes \$75.5 million for the core REACH program and would allow CDC to fund an additional 33 REACH recipients; and provides \$27 million for GHWIC to expand Tribal Epidemiology Centers for Public Health Infrastructure and continue the program's important work.

Thank you 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 communities.

Sincerely,

Alliance of Massachusetts YMCAs
Alliance of NYS YMCAs
American Association of Colleges of Nursing
American Physical Therapy Association

Andrea Murray
Bodega and Small Business Group
Bronx Eats, Inc.
church alive dev corp
Church of God of Prophecy
Citadel of God Almighty (COGA Cathedral)
City of Minneapolis
Colorado YMCA State Alliance
Common Threads
Community Connections NYC
Corbin Hill Food Project, Inc.
Cornell University Cooperative Extension-NYC
Creighton University
CT/RI Alliance of YMCAs
Cuyahoga County Board of Health
Eastchester Presbyterian Church
Florida State Alliance of YMCAs
Georgia Alliance of YMCAs
Greater Flint Health Coalition
Groundswell at King of Glory Tabernacle
Hawai'i Alliance of YMCA's
Health People
Healthy Savannah
HIV Prevention Center
Hope House Treatment Centers
Illinois State Alliance of YMCAs
Indiana Alliance of YMCAs
Institute for Family Health
Iowa Alliance of YMCAs
Jamaica Benevolent Arm and Cultural Center
Just Harvest
Kansas State Alliance of YMCAs
Laurie M. Tisch Center for Food, Education & Policy, Teachers College, Columbia University
Mary Mitchell Family and Youth Center
Minnesota Alliance of YMCAs
MissionthreeSixteens Inc
Missouri State Alliance of YMCAs
MS Public Health Institute
Multnomah County Health Department
N.A.P.F.E.
NAPFE, DISTRICT EIGHT
National Association of County and City Health Officials
National Hispanic Medical Association
National Kidney Foundation
National Kidney Foundation of Michigan
National Network of Public Health Institutes

National REACH Coalition
National Women's Health Network
NC Alliance of YMCAs
New Covenant Community Development Corporation
Oklahoma Alliance of YMCAs
PATHHSEO, Inc.
Pennsylvania State Alliance of YMCAs
Pittsburgh Food Policy Council
Presbyterian Healthcare Services
Prevention Institute
Public Health Advocates
Public Health Institute
Redstone Global Center for Prevention and Wellness
RUSSELL INSTITUTIONAL CME CHURCH
South Carolina Alliance of YMCAs
Southern Nevada Health District
St. Helena Catholic Church
St. Helena Food Pantry
State Alliance of Michigan YMCAs
State Alliance of Nebraska YMCAs
State Alliance of North Dakota YMCAs
State Alliance of South Dakota YMCAs
Thessalonica Christian Church
Trust for America's Health
Virginia Alliance of YMCAs
Washington State Public Health Association
Wings of Redemption Ministry
Word Of Life International Inc.
Worldwide Movement Father Son & Holy Spirit
YMCA Alliance of Northern New England
YMCA of Coastal Georgia
YMCA of Delaware
YMCA of Northern Utah
YMCA of Southern Nevada
YMCA of the Chesapeake
YMCA of the USA
Zero Breast Cancer