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 Tammy Baldwin Chairwoman Senate 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 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 Extenison-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 Taberbacle 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 Ceter 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