May 14, 2024

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

The 38 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) 2025 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.

For 25 years, the REACH program has explicitly focused on reducing disparities in the rates of chronic diseases for specific racial and ethnic groups in communities. 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 Native.

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 previous REACH grant period include (October 2018 to September 2023):
• 1,058,458 people impacted by healthy nutrition standards implemented in community settings;
• 2,311,228 people served by new or enhanced places providing access to healthier foods;
• 8,612,187 people reached through activity-friendly routes to everyday destinations;
• 1,278,601 people benefited from new or improved breastfeeding support programs;
• 41,502 patients linked to community-based services by their health care providers;
• 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 funds support the Tribal Epidemiology Centers Public Health Infrastructure as the main source of funding for TECs. The programs provide Tribal leaders with resources, technical assistance, and evidence-based policies that each grantee can then create unique chronic disease prevention programs that center tribal history, traditions, and beliefs.

We thank the L-HHS Subcommittee for the $44.95 million provided 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. While there are 574 federally recognized tribes, the Healthy Tribes program can only fund 35 tribes directly and supports other tribes through funding 12 tribal organizations, 17 Urban Indian Organizations, and 12 Tribal Epidemiology Centers (TECs).

We are urging Congress to provide at least $102.5 million for the REACH program in the FY 2025 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,

ADAP Advocacy
American Association of Colleges of Nursing
American Association on Health and Disability
American Heart Association
American Physical Therapy Association
American Physical Therapy Association of Minnesota
American Public Health Association
Association of Minority Health Professions Schools
Common Threads
Community Access National Network (CANN)
Equality California
Foundation for Healthy Generations
Good Days
Greater Flint Health Coalition
Health E Strategies LLC
Jump IN for Healthy Kids
Lakeshore Foundation
Mississippi Public Health Institute
National Association of County and City Health Officials
National Complete Streets Coalition
National Family Planning & Reproductive Health Association
National Nurse-Led Care Consortium
National REACH Coalition
New Jersey Public Health Association
PlusInc
Prevent Blindness
Prevention Institute
Public Health Institute
Redstone Global Center for Prevention and Wellness
Society for Public Health Education
The Los Angeles Trust for Children's Health
The National Pancreas Foundation
The Praxis Project
Trust for America’s Health
U.S. Breastfeeding Committee
Washington State Association of Local Public Health Officials
Washington State Public Health Association
YMCA of the USA