

October 19, 2016

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, HHS, Education
United States Senate
Washington DC, 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, HHS, Education
United States Senate
Washington, DC 20510

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

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

Dear Chairs and Ranking Members:

On behalf of organizations and communities working toward ensuring healthy opportunities are available to all regardless of race, ethnicity, or socioeconomic status, we are writing to urge you to fully fund the Racial and Ethnic Approaches to Community Health program (REACH) at the FY2016 level of \$50.95 million in a final FY 2017 Labor, Health and Human Services, Education and Related Agencies Appropriations bill or other final FY 2017 spending legislation.

Everyone should have the opportunity to achieve his or her full potential. Unfortunately, so many individuals are unable to adopt and maintain healthy lifestyles due to a lack of availability of healthy choices in their communities. The Racial and Ethnic Approaches to Community Health (REACH) program serves as a crucial way to help these communities make healthy living a reality by tackling risk factors for some of the most expensive and burdensome health conditions impacting racial and ethnic groups. By fully funding REACH, you will be ensuring we continue making valuable ground in tackling racial and ethnic disparities.

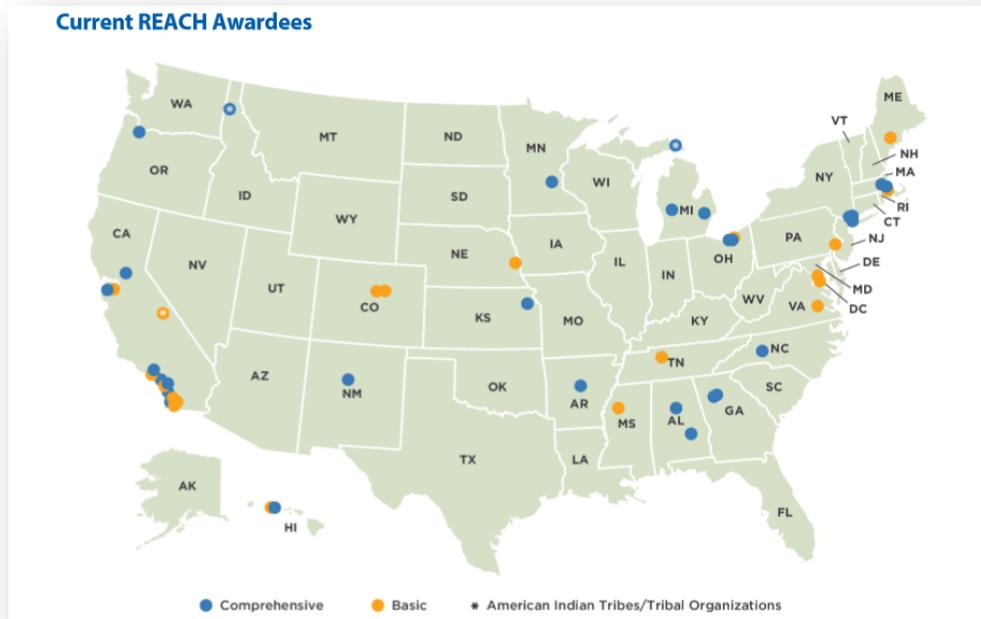
REACH serves as the nation's only community-based, culturally relevant and multi-disciplinary program dedicated to the elimination of racial and ethnic health disparities. Health disparities, like the examples listed below, continue to rise and widen in communities because of poverty, and other social, economic and environmental factors. According to CDC and other health experts:

- Non-Hispanic blacks are 40% more likely to have high blood pressure than non-Hispanic whites, and they are less likely to effectively manage these conditions.
- Non-Hispanic blacks have the highest rate of obesity (44%), followed by Mexican Americans (39%).
- The rate of diagnosed diabetes is 18% higher among Asian Americans, 66% higher among Hispanic/Latinos, and 77% higher among non-Hispanic blacks compared to non-Hispanic whites.
- American Indians and Alaskan Natives are 60% more likely to be obese than non-Hispanic whites.
- Asians are 60 percent more likely to be diagnosed with end stage renal disease than non-Hispanic whites.
- The incidence rate of cervical cancer is 41% higher among non-Hispanic black women and 44% high among Hispanic/Latino women compared to non-Hispanic white women

CDC conducted a REACH US Risk Factor Survey annually from 2009 to 2012. The survey gathered health and behavior information from 28 REACH US communities about chronic disease prevalence, fruit and vegetable consumption, physical activity levels, prevention services use, and adult immunizations rates. The following are some of the findings from REACH communities:

- 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.

REACH 2014 funds 49 grantees 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 at least 75% of the selected priority population across multiple settings.



The REACH program is advancing community-level strategies that work to eliminate racial and ethnic health disparities in chronic disease and related risk factors. Investing directly in community coalitions with multiple years of awards allows the time and resources necessary to address the many root causes of racial and ethnic disparities and reverse the upward trend of chronic disease.

We urge you fully fund the REACH program in FY2017. Thank you in advance for your consideration.

Sincerely,