

United States Senate

WASHINGTON, DC 20510

April 15, 2019

The Honorable Roy Blunt
Chairman
Appropriations Subcommittee on
Labor, Health and Human Services,
and Education
135 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Appropriations Subcommittee on
Labor, Health and Human Services,
and Education
156 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Blunt and Ranking Member Murray:

As you and your colleagues begin work on the fiscal year (FY) 2020 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill, we respectfully ask that you support robust funding for the Racial and Ethnic Approaches to Community Health (REACH) program at the Centers for Disease Control and Prevention (CDC). This program has bipartisan support and is the only dedicated federal program to address health disparities at the CDC.

REACH's evidence-based programs have closed gaps in health disparities among African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, Native Hawaiians, and Pacific Islanders for the past 20 years. REACH has fostered strong partnerships in both rural and urban communities by awarding grants to a multitude of recipients, including state and local health departments, tribes, universities, and community-based organizations. Without this funding, REACH grantees will no longer be able to provide innovative programming that reduces chronic illnesses and encourages healthy lifestyles in underserved populations.

CDC currently funds 31 recipients, despite 260 applicants to REACH's 2018 program. These culturally tailored programs aim to reduce health disparities among racial and ethnic minority populations with the highest burden of chronic disease by addressing risk behaviors. REACH communities have succeeded in improving health outcomes, including:

- From 2009 to 2012, smoking prevalence decreased 7.5 percent among non-Hispanic blacks and 4.5 percent among Hispanics.
- From 2001 to 2009, the percentage of Hispanics who reported having hypertension and were taking medication for it increased from less than half to more than two-thirds.

- From 2001 to 2009, pneumonia vaccination rates increased from 50.5 percent to 60.5 percent in black communities, from 46.0 percent to 58.5 percent in Hispanic communities, and from 67.3 percent to 78.7 percent in Native American communities.
- The prevalence of current smoking decreased dramatically among Asian American men in four REACH Asian communities; and these decreases were larger than nationwide decreases in smoking prevalence observed during the same period.ⁱ

In addition to its measurable impact on health outcomes across the nation, REACH serves as an important statement in the federal budget about the importance of addressing health disparities. On March 7, 2019, nearly 200 organizations, including dozens of both national public health leaders and local communities representing those most impacted by disparities, signed a letter to you urging restoration of funding for REACH, and we stand behind their commitment to this critical program.

The importance of the REACH program as the only CDC program dedicated to addressing health disparities cannot be overstated. We respectfully urge you to support robust funding for REACH in the FY 2020 LHHS appropriations bill.

Sincerely,



BRIAN SCHATZ
United States Senator



BENJAMIN L. CARDIN
United States Senator



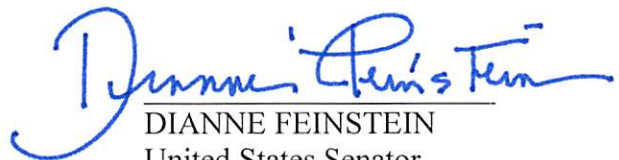
RICHARD BLUMENTHAL
United States Senator



SHERROD BROWN
United States Senator



TAMMY DUCKWORTH
United States Senator



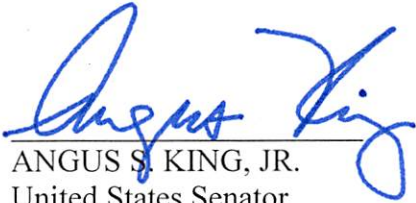
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TOM UDALL
United States Senator



CHRIS VAN HOLLEN
United States Senator



RON WYDEN
United States Senator



KIRSTEN GILLIBRAND
United States Senator

¹ Centers for Disease Control and Prevention. "REACH Program Impact." CDC.gov.
https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/program_impact/index.htm