



FY 2011 Labor HHS Appropriations Bill

Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.)

| Agency | Agency & Program | 2009 | 2010 | 2011 President | 2011 TFAH |
|--------|------------------|--------------|--------------|----------------|--------------|
| CDC | REACH | \$35,553,000 | \$39,644,000 | \$38,978,000 | \$50,000,000 |

Overview:

REACH Across the U.S. (REACH U.S.) programs work in communities across the country to eliminate racial and ethnic disparities in health. REACH programs provide coordination and leadership for the advancement and translation of community-based participatory research into evidence-based practices, policies and community empowerment. Through REACH U.S., CDC supports 40 grantee partners that establish community-based programs and culturally-appropriate interventions to improve health outcomes among the following racial and ethnic groups: African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders. Of the 40 grantees, 18 are Centers of Excellence in Eliminating Health Disparities (CEEDs). CEEDs serve as national and regional expert centers that implement, coordinate, refine, and disseminate programmatic activities. In addition, the CEEDs are working to mentor and provide small amounts of funding to additional “legacy” communities. Twenty-two grantees are Action Communities (AC) -- community-based programs that implement and evaluate practice-based and evidence-based approaches and programs to eliminate disparities in a selected health area. Health priority areas addressed by REACH include: breast and cervical cancer, cardiovascular disease, diabetes mellitus, adult/older adult immunization, hepatitis B, tuberculosis, asthma, and infant mortality.

Results:

A 2003 Government Accountability Office (GAO) report identified REACH as one of the nation’s most effective programs in addressing health disparities. The program has been very successful. For example,

- In 2002, the percentage of African Americans in REACH communities who were screened for cholesterol was below the national average. By 2006, this percentage exceeded the national average.
- The cholesterol screening rate for Hispanics from REACH communities increased by 18% during 2002–2006.
- The rate of cigarette smoking among Asian American men in REACH communities decreased from 42% in 2002 to 20% in 2006.

Recent Funding History:

In 2007, more than 200 communities applied for REACH funding; yet REACH was only able to fund 40 local initiatives for five years. REACH received an additional \$4 million in the FY 10 Omnibus. Funds will be used to fund approximately 10 additional communities to enhance their ability to affect policy, systems, and environmental change in order to reduce and eliminate health disparities.

Recommendation:

Provide \$60 million for REACH US in FY 2011 to support 20 to 25 *additional* REACH communities. In total, a \$20 million increase would fund up to 75 communities with increased resources and provide additional support for national minority organizations, prevention research and surveillance.

Even just an increase of \$5 million would support approximately 10 *additional* communities.