

NATIONAL REACH COALITION
FOR THE ELIMINATION OF HEALTH DISPARITIES

c/o Community Health Councils, Inc. • 3731 Stocker Street, Suite 201 • Los Angeles, CA 90008

October 14, 2009

The Honorable Barack H. Obama
President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

On behalf of the National REACH Coalition (NRC), a network of organizations across the country working to reduce health disparities among racial and ethnic minorities through community-based interventions, we urge you to support provisions in health reform legislation that support and expand evidence-based prevention and wellness activities.

Reducing health care costs requires a stronger commitment to chronic disease prevention. Chronic diseases are the nation's leading cause of morbidity and mortality and account for the largest disparities in health outcomes for racial and ethnic minority populations. Compared to whites, racial and ethnic minorities have a higher incidence of diabetes and certain cancers, and higher mortality rates for cardiovascular disease and stroke. According to a recent report by the Joint Center for Political and Economic Studies, from 2003 to 2006 disparities in health care access and quality result in an estimated \$1.24 trillion in unnecessary direct and indirect costs, such as unnecessary inpatient and emergency expenditures, lost productivity, and premature death.

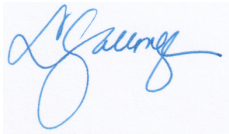
To achieve health equity and ensure all Americans have an equal opportunity to live healthy, productive lives, NRC asks you to support:

- ⊙ The development of a *National Prevention and Health Promotion Strategy* that supports and expands community-based prevention and wellness programs such as the CDC's Racial and Ethnic Approaches to Community Health (REACH) program. Critical funding from the REACH program has enabled community-based participatory initiatives to reduce health disparities by improving access to culturally and linguistically competent health care, primary prevention activities, health promotion and disease prevention activities, health literacy education and services.
- ⊙ The codification of the Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health (REACH) program. Despite a 2003 GAO report touting the efficacy of REACH-funded initiatives, the program remains uncoded and underfunded. Including a codification of the CDC's REACH program would ensure the stability of the highly regarded REACH model for years to come.
- ⊙ The establishment of a *National Prevention, Health Promotion and Public Health Council* to improve interagency collaboration and to standardize the collection, monitoring, and reporting of health disparity data by race and ethnicity, gender, age, geographic location, disability, socioeconomic status, and primary language across all Department of Health and Human Services agencies and bureaus.

- ⊙ The administration of health impact assessments by the Environmental Protection Agency and Centers for Disease Control and Prevention to measure the outcomes of new federal environmental, land-use, and other policies or programs that have the potential to affect individual and community health.
- ⊙ The reestablishment of the *National Center for Health Workforce Analysis* to conduct research on our nation's health workforce needs and provide recommendations on ways to improve the supply, diversity, distribution, and cultural competence of health professionals. A greater representation of racial and ethnic minorities in the health workforce can reduce health disparities by improving access to and quality of care among minority populations. Existing federal programs that support the education and training of primary care, public health, nursing, and behavioral health professionals are woefully underfunded and do not sufficiently target minority students.

Thank you for making comprehensive health reform your administration's top domestic priority. As you continue working to guarantee that every American has access to quality, affordable health care and public health services, we urge you to ensure that a greater investment in effective community-based wellness and prevention is part of the strategy to improve the quality and reduce the cost of our nation's health system. If you have any questions or comments, please feel free to contact me at lark@chc-inc.org or 323.295.9372.

Sincerely,



Lark Galloway-Gilliam
President