



July 2, 2013

VIA U.S. MAIL AND ELECTRONIC MAIL

The Honorable Barbara Mikulski
Chairwoman
Senate Appropriations Committee
U.S. Senate
Washington, DC 20510

The Honorable Richard Shelby
Ranking Member
Senate Appropriations Committee
U.S. Senate
Washington, DC 20510

The Honorable Harold Rogers
Chairman
House Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
House Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

Dear Senators Mikulski and Shelby and Representatives Rogers and Lowey:

On behalf of the over 150 undersigned organizations and the National Health Equity Coalition (“NHEC”), we are writing to commend you for your commitment to advancing health equity and improving the health of all communities, as well as to urge you to ensure continued funding for federal programs that are aimed at addressing racial and ethnic health disparities. As a nation, we continue to observe the impact that health disparities have on our communities each year – a loss of approximately 83,000 racial and ethnic minorities and a cost of over \$300 billion.

Health disparities continue to be a troubling reality in our country. Racial and ethnic minorities experience lower quality of care, barriers to health services, and worse health outcomes when compared to the general population. Federal programs that address ethnic and racial health disparities are critical for overcoming barriers to care in underserved communities. Yet, the President’s FY 2014 Budget has either targeted for termination or significantly reduced funding to several key programs, including the Racial and Ethnic Approaches to Community Health (“REACH”) Program, the Office of Minority Health (“OMH”) at the U.S. Department of Health and Human Services, the Area Health Education Centers (“AHEC”) program, and the Health Careers Opportunity Program (“HCOP”). Many of these programs focus on education, research, early interventions and prevention, which are among the first lines of defense in the fight to eliminate health disparities.

These and the other critical programs described below urgently need continued funding so that the important work of eliminating racial and ethnic health disparities may continue. Domestic cuts during Fiscal Year 2014 will hamper our efforts to improve the health of all citizens. The undersigned organizations urge Congress to provide the requested funding for these programs in the Fiscal Year 2014 Labor/HHS/Education Appropriations Bills.

Racial/Ethnic Population Specific Community Level Interventions

REACH

Centers for Disease Control and Prevention

FY 2012 Funding: \$54.9million

FY 2014 Recommendation: \$63.49million

The REACH Program is the nation's only community-based, culturally relevant and multi-disciplinary program dedicated specifically to the elimination of racial and ethnic health disparities. Across our Nation, health disparities continue to persist and widen in communities historically marginalized because of poverty, and other social, economic, and environmental barriers. These communities are experiencing a high burden of life-threatening diseases and poor health outcomes that in many cases mirror the global health crises found in many low- and middle- resource countries.

REACH has historically provided direct support to communities with the highest rates of health morbidity and mortality and the greatest burden of disease to develop sustainable solutions to their health issues. Over the past 10 years, REACH has documented continued success in engaging impacted communities in addressing the underlying conditions of chronic disease. The program has reduced the prevalence of health risk factors and improved healthcare outcomes in REACH communities at rates that exceed national trends through the development and use of evidence and practice based community driven strategies and interventions relevant and responsive to the specific needs of each community. With more than 150 peer-reviewed publications, the REACH program has proven the effectiveness of community driven interventions in reducing and demonstrating that health disparities are not intractable.

The achievements within the REACH program serve as a model and critical contributor to the CDC "twin approach." The twin approach requires general population wide interventions (such as the Community Transformation Grants) coupled with "targeted interventions to address the greatest burden of disease" and prevent widening of racial and ethnic health disparities. REACH complements CDC population-based programs, including the new Community Transformation Grant Program by providing a strategic focus on populations with an excess burden of disease, social determinants of racial and ethnic health disparities, and communities experiencing the poorest health outcomes. We recommend an \$8.59 million increase of \$63.49 million for the REACH program to continue the momentum community-based approaches to health have achieved thus far and extend the REACH program to additional communities across the nation.

Oversight and Program Development

OS - OASH/Office of Minority Health

Department of Health and Human Services

FY 2012 Funding: \$55.8 million

FY 2014 Recommendation: \$55.8 million

OMH was created in 1986 to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. The work and programs conducted by the OMH have dictated federal policies important to the overall health and well-being of communities of color. OMH also coordinates funds and works in partnership with states, community- and faith-based organizations, institutions of higher education, tribes and tribal organizations, and other organizations to develop and implement policies and programs to explicitly reduce racial and ethnic disparities in health. With the elevation of the Office of Minority Health to the Office of the Secretary and creation of six new offices of minority health throughout HHS, more funding is needed to ensure these offices have the staff and resources needed to carry out their mission. We recommend level funding to support its efforts to promote community solutions to eliminate health disparities, improve the diversity and cultural competency of the health-related workforce, and ensure access to quality, culturally and linguistically appropriate care.

Civil Rights Enforcement

Office for Civil Rights

Department of Health and Human Services

FY 2012 Funding: \$40.9 million

FY 2014 Recommendation: \$42.5 million

The Office for Civil Rights (“OCR”) enforces various health information privacy and civil rights laws including Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; and Section 508 of the Social Security Act (prohibiting discrimination on the basis of age, race, color, national origin, disability, sex, or religion in the Maternal and Child Health Services Block Grant Program). OCR is required to investigate complaints from individuals alleging they have experienced instances of discrimination, conduct compliance reviews of entities that may not be in compliance with the law, provide technical assistance to help entities comply with the law, and conduct nationwide outreach to assist individuals and entities in understanding the rights and obligations under the laws that OCR enforces. OCR needs additional funding to ensure that it has the staff and resources to appropriately investigate and enforce these critical laws.

Culturally Competent Workforce Development

National Institute on Minority Health and Health Disparities

Department of Health and Human Services

FY 2012 Funding: \$276.179 million
FY 2014 Recommendation: \$283.3 million

National Institute on Minority Health and Health Disparities (“NIMHD”) leads the nation’s scientific research to improve minority health and eliminate health disparities. NIMHD plans, coordinates, and evaluates all minority health and health disparities research and activities of the National Institutes of Health; promotes and supports the training of a diverse research workforce; and fosters innovative collaborations and partnerships.

Title VII and Title VIII of the Public Health Service Act

Department of Health and Human Services
FY 2012 Funding: \$497.513 million
FY 2014 Recommendation: \$520 million

Key to the elimination of healthcare disparities is the education and training of a diverse workforce that reflects the nation’s population and prepares all health professionals to provide quality care for the underserved and vulnerable. Title VII and Title VIII of the Public Health Service Act expands the geographic, racial and ethnic distribution of the health care workforce. For 50 years, these education and training programs have helped the workforce adapt to health care challenges as they emerge, including training programs for rural physicians, mental and behavioral health professionals, public health workers, and loan repayment programs for the pediatric and public health workforce, among others. It is important that these programs receive funding, as minority providers are more likely to treat minority patients and provide health care to poor, uninsured and publicly insured patients, significantly improving access to care for racial and ethnic minorities, low-income people and other medically underserved patients.

Women’s Access to Quality Health Care

Title X of the Public Health Service Act

FY 2012 Funding: \$293.9 million
FY 2014 Recommendation: \$327 million

Title X of the Public Health Service Act (“Title X”) was created in 1970 with bipartisan support to assist individuals in determining the number and spacing of their children and promote healthy birth outcomes and families. In 2010, Title X-funded providers served more than 5.2 million low-income men and women – the largest number of patients in the last 10 years. In 2011, Title X health centers provided 1.5 million Pap tests, 1.9 million breast exams, and over 7 million tests for sexually transmitted infections (STIs), including 1.2 million HIV tests.

As an integral part of the safety net, Title X health centers provide care to those most in need. The majority (69%) of Title X clients have incomes at or below 100% of the federal poverty level, earning less than \$10,830 per year. Furthermore, because of the program’s ability to offer high quality health care, six in ten women who access care

from a family planning health center consider it their main source of care as do three out of four low-income women, uninsured women, African American, and Latina women. Over time, Title X health centers have served a growing population of racial and ethnic minorities. In just over a decade, Title X health centers have seen an 88 percent increase in Latino patients. Federal investment in the Title X program represents continuing efforts to provide preventive health services that address the health needs of low-income individuals and communities of color across the U.S. Without Title X, these individuals would otherwise be unable to access care and ultimately forgo vital health care services.

Access to Quality Healthcare

Community Health Centers

Department of Health and Human Services

FY 2013 Funding: Level Funding

FY 2014 Recommendation: \$1.58 billion level discretionary funding in addition to maintaining all funds available through the mandatory Health Center Fund.

Both rural and urban communities suffer from the disproportionate distribution of healthcare resources and access to care. Community Health Centers (“CHCs”), often a community’s only available healthcare resource, provide millions of people of color access to high quality and affordable primary and preventive care in rural and urban areas. CHCs are non-profit entities that provide primary medical, dental, behavioral, pharmacy and a variety of enabling services to more than 22 million patients regardless of ability to pay. Today, more than 1,200 locally controlled CHCs serve more than 9,000 rural and urban underserved communities. CHCs specialize in providing high-quality primary and preventive health care to their patients in a cost-effective manner, producing \$24 billion in annual health system savings.

CHCs recommend \$1.58 billion level discretionary funding in addition to maintaining all funds available through the mandatory Health Center Fund. In addition, Health Centers support:

- In FY2013: total funding of \$3.1 billion and language requiring the entire Health Center program increase be spent this fiscal year, including the use of \$48 million for base grant adjustments.
- In FY2014:
 - \$95 million for base grant adjustments to cover increased operating costs resulting from practice transformation and patient centered medical home activities.
 - \$245 million for the development of new Health Center access points to extend care to 2.7 million new patients.
 - \$260 million for medical, behavioral, dental, pharmacy, and vision service capacity additions at existing Health Centers, including no less than, but not limited to, \$100 million for expanded medical capacity grants, to ensure health centers are meeting already identified community needs.
 - \$100 million for other activities necessary to ensure the Health Centers program continues to offer high quality and efficient care, including, but not

limited to: technical assistance and training activities, quality improvement, and health center controlled networks.

The total two-year request for health centers will involve no additional cost to the government.

Ryan White Program

Health Resources and Services Administration

FY 2012 Funding: \$2.392 billion

FY 2014 Recommendation: \$2.668 billion

The Ryan White HIV/AIDS Program provides the largest source of federal discretionary funding solely directed to respond to the HIV/AIDS epidemic. It provides medical care, treatment and medications along with supportive services to 546,000 low-income people living with HIV/AIDS. The Ryan White Program provides crucial services for minority populations disproportionately impacted by the HIV/AIDS epidemic. In 2010, 72% of Ryan White program clients were racial or ethnic minorities, including 47% African American, 22% Hispanic/Latino, 6% American Indian/Alaska Native, and 1% Asian or Native Hawaiian Pacific Islander. Current and ongoing investments in the Ryan White Program are essential to ensure that the U.S. builds on the program's experience of ensuring that people living with HIV/AIDS are linked to care and effective treatment. The Ryan White Program is essential to saving lives and helping to end the HIV/AIDS epidemic.

Educational Equity and Health

Head Start

Department of Health and Human Services

FY 2012 Funding: \$ 7.9 billion

FY 2014 Recommendation: \$ 9.6 billion

One of the key risk factors for poor health is lack of education. Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age five, pregnant women, and their families. Through direct services and referrals, Head Start provides education, health, nutrition, and social services as well as education and cognitive development services. Nearly four decades of research establish that Head Start delivers the intended services and improves the lives and development of the children and families it serves. According to rigorous and well-controlled research, Head Start produces substantial long-term educational benefits and significant improvements in health-related outcomes. For example, research has found that participation Head Start increases parents' positive health and safety habits, and that children who participate in Head Start are more likely to be current on their immunizations. Moreover, Head Start can produce even greater gains for children in the future. Head Start provides far more comprehensive services than most "model" preschool programs that have been proven to be highly effective; yet Head Start's funding level is dramatically lower. Increased

funding and standards, particularly to raise Head Start teacher qualifications, is a wise investment in these critical programs.

Data Collection

Department of Health and Human Services

FY 2012 Funding: N/A

FY 2014 Recommendation: sufficient in amount to meet data collection objectives across HHS agencies, divisions, and programs

The collection of data based on race, ethnicity, language, etc., is critical to the nation's ability to eliminate health disparities and achieve health equity. Communities of color, people with limited English proficiency, individuals with disabilities, LGBT communities, women, and other commonly underserved populations face unique health challenges, often have reduced access to health care and insurance and consequently experience poorer health throughout their lives. An analysis of *Healthy People 2010's* leading health indicators indicated little progress in reducing disparities over the past decade in the U.S. A recent Institute of Medicine report emphasized that insufficient data on race, ethnicity, and language reduces the likelihood of effective actions to address health disparities. As a result, we recommend sufficient funding for HHS to accomplish its overall data collection mission across its agencies, divisions, and programs.

Thank you for your consideration of our request. We look forward to working with you to ensure adequate funding to these and other programs, initiatives, and HHS divisions that help end ethnic and racial health disparities and achieve health equity in our nation.

Sincerely,

National Organizations

AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Community Research Initiative of America (ACRIA)
AIDS United
Alliance for a Just Society
American College of Nurse-Midwives
American Federation of State, County and Municipal Employees (AFSCME)
American Nurses Association
American Psychological Association
American Sexual Health Association
Asian & Pacific Islander American Health Forum
Asian American Justice Center, Member of Asian American Center for Advancing Justice
Association of Asian Pacific Community Health Organizations
Association of Clinicians for the Underserved (ACU)
Association of Minority Health Professions Schools
Black Women's Health Imperative

Boat People SOS
Community Access National Network (CANN)
CommonHealth ACTION
Community Catalyst
Council on Social Work Education
HealthHIV
Hmong National Development, Inc.
Housing Works
Ironwill Kids
Khmer Health Advocates
Metropolitan Community Churches Global Justice Institute
NAACP
National Asian Pacific American Families Against Substance Abuse
National Asian American Pacific Islander Mental Health Association
National Association of Community Health Centers
National Center for Transgender Equality
National Coalition for Asian Pacific American Community Development
National Council for Diversity in the Health Professions
National Family Planning & Reproductive Health Association
National Health Law Program (NHeLP)
National Hispanic Medical Association
National Indian Health Board
National Latina Institute for Reproductive Health
National Latino Behavioral Health Association
National Partnership for Women & Families
National REACH Coalition
National Women and AIDS Collective (NWAC)
National Women's Health Network
Planned Parenthood Federation of America
PolicyLink
Positive Women's Network - USA
Prevention Institute
Raising Women's Voices
Society of General Internal Medicine
United Federation of Teachers
Veggiecation
Voices for America's Children

State/Local Organizations

AIDS Action Baltimore
AIDS Alabama
Asian Americans for Change
Asian Health Coalition
Asian Women for Health
Bon Secours New York Health System

Boston Public Health Commission
Bronx Community Board Three
Bronx Community Health Network
Bronx Health REACH
Bronx Westchester Area Health Education Center
Brooklyn Perinatal Network
California Hospital Medical Center
California Latinas for Reproductive Justice
California Pan-Ethnic Health Network
California Rural Legal Assistance Foundation
Cancer Council of the Pacific Islands
Cascade AIDS Project
Center for Excellence in Aging & Community Wellness
Center for Health, Media & Policy
CETPA, Inc.
Charles R. Drew University of Medicine and Science
Charleston and Georgetown Diabetes Coalition
Christ the King Roman Catholic Church
Christie's Place
Church Alive Development Corp.
Coalition for Asian American Children & Families
COFY Center
Community Health Councils
Cosmopolitan Church of the Lord Jesus, Bronx, NY
Davidson Community Center
Disability Policy Consortium
Flint Odyssey House/Health Awareness Center
Future of Nursing, New York State Action Coalition
Georgetown County Diabetes CORE Group
Healthy Kinder Inc.
Hidalgo Medical Services Center for Health Innovation
Highbridge Community Life Center
Hispanic Health Coalition of GA
HIV Law Project
Hyacinth AIDS Foundation
Iglesia de Dios Pentecostal Ebenezer
Illinois Coalition for Immigrant and Refugee Rights
Institute for Family Health
Inter-Tribal Council of Michigan
Junior Energy
La Familia Medical Center
La Fe Policy Research and Education Center
Latino Coalition for a Healthy California
LDS Church-Olmstead 2
Leave It Better Foundation
Lincoln Hospital

Lydia Sierra Consulting
Mai Family Services
Maryland Alliance to Transform the Health Professions
Meharry Medical College
Minnesota AIDS Project
Martin Luther King Community Health Foundation
Morehouse School of Medicine
My Healthy Community
NCADD-MD
Neighborhood SHOPP
Northwest Regional Primary Care Association
OASIS of Northwest Florida
Office for Community Health, University of New Mexico
Project CHARGE
Public Allies NY
Regional Asthma Management and Prevention (RAMP)
Sage Health and Education Alliance (SHEA)
Saheli Support and Friendship By South Asian Women
South Central Family Health Center
South Los Angeles Health Projects
Southwest Women's Law Center
St. Barnabas Hospital, Bronx, New York
Steps Coalition
The Bronx Health Link
The Bronx Steps Up
The Disparities Solutions Center at Massachusetts General Hospital
The Family School 443X
The Groundswell Group
The Institute for Family Health/Bronx Health REACH
Tongan American Youth Foundation
Tri-County Black Nurses Association
True Gospel Tabernacle
Tufts University School of Medicine-Public Health
Tuskegee University College of Veterinary Medicine, Nursing, and Allied Health
University of Minnesota
Urban Health Initiative , Emory University
University of Southern California - Sol Price School of Public Policy
University of Texas Health - School of Public Health El Paso Regional Campus
Validus Prep High School
Vision y Compromiso
Walker Memorial Baptist Church
Western North Carolina AIDS Project
Women With A Vision Inc.
Women's Housing and Economic Development Corp.
YOUR Center
YWCA of Central MA

cc: House Appropriations Committee
Senate Appropriations Committee
Congressional Tri-Caucus
Cecelia Munoz, The White House
Secretary Kathleen Sebelius
House and Senate leadership