



SOCIETY FOR PUBLIC HEALTH EDUCATION

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January 19, 2009

The Honorable David Obey
Chairman, Appropriations Subcommittee
Labor, Health and Human Services, and Education
United States House of Representatives
Washington, DC 20515

Dear Chairman Obey:

The Society for Public Health Education (SOPHE) respectfully requests an opportunity to testify at upcoming hearings of the United States House of Representatives' Labor, Health and Human Services and Education Appropriations Subcommittee concerning appropriations for Fiscal Year 2011. Of particular interest is funding for the Centers for Disease Control and Prevention's (CDC) programs to:

- Promote healthy lifestyles among children and youth, which are linked to improved academic achievement and success;
- Combat the rising epidemic of chronic disease among children and adults through increased health literacy, community-based and community-led interventions; and
- Expand effective, evidence-based programs to eliminate racial and ethnic health disparities.

SOPHE is a professional health education organization founded in 1950 to promote the health of all people by stimulating research on the theory and practice of health behavior; translating sound science into practice; and supporting high quality standards for professional preparation. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. The Society's membership comprises more than 4,000 individuals working in disease prevention, health education and health promotion in schools, universities, health care organizations, corporations, voluntary health agencies, and federal, state and local government. There are currently 20 SOPHE chapters covering 32 states across the country.

SOPHE gratefully acknowledges the strong bipartisan support that the House Subcommittee on Labor, Health and Human Services and Education has provided to the CDC in recent years, including the funding dedicated to the Prevention and Wellness Fund in the American Recovery and Reinvestment Act of 2009. However, our nation's chronic disease epidemic will reach even greater proportions in 2010. Chronic diseases are the nation's leading causes of morbidity and mortality and account for 75% of every dollar spent on health care in the U.S. Collectively, they account for 70% of all deaths nationwide; and 75% in Wisconsin. Thus, it is highly likely that 3 of 4 persons living in your district and those of many Labor HHS Subcommittee members will develop a chronic condition requiring long-term and costly medical intervention. Moreover, chronic diseases account for the largest health gap among populations. African Americans have higher mortality rates for cardiovascular disease and stroke, and cancer of the lung,

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colon/rectum, breast, cervix, and prostate than Whites, American Indians/Alaska Natives, Asian/Pacific Islanders, and Hispanic Americans.

Programs that establish healthy behaviors in our youth represent an investment for the future health of this nation. Tobacco use, poor nutrition, lack of physical activity, alcohol and other drug use are risk behaviors, often established during youth, which contribute markedly to heart disease, diabetes, cancer, and injuries. School health programs have the potential to reach 53 million young people and are demonstrated to be cost-effective in promoting healthy behaviors. For example, for every \$1 spent on programs in alcohol, tobacco and drug prevention and family life education will yield a saving of \$14 to \$20 in health costs; school health education instruction prevents 2% of female students from becoming overweight. In FY2010, only 22 states and 1 tribal government received funding to administer a coordinated school health program. To increase the support for capacity-building efforts (from 22 to all 50 states and 1 territory) to establish a coordinated school health program, an additional \$35 million each year is needed over the next five years. Studies have shown that by spending as little as \$10 per person on proven preventive interventions could save the country over \$16 billion in just five years.

Moreover, the Government Accountability Office and multiple studies over the last decade have shown the inextricable link of student health to their academic outcomes. For example: students who receive social-psychological support and prevention have improved academic achievement; instruction in personal and social skills improves decision-making, which reduces health risk behaviors associated with lower test scores and grades; and comprehensive programs that link rigorous instruction with health, education, social services, and employment training increase the likelihood that at-risk students will stay in school.

As our health and education systems face major overhauls over the next few years, prevention and wellness programs must be at the cornerstone of these reforms to ensure the greatest success. Science-based programs in health education that combine individual behavior change with community-led interventions, policies and practices are effective, thereby saving lives and reducing U.S. health care expenditures.

At your invitation, we look forward to sharing the exciting evidence that community- and school-based programs are having on the public's health, including the elimination of health disparities and improvements in children's academic success. We pledge our continued support to working with the 111th Congress and CDC on improving the health status of all adults and youth. Please contact Melissa Schober, Project Director at mschober@sophe.org, 202-408-9804 with any inquiries.

Sincerely,



Diane Allensworth, PhD, RN
President



M. Elaine Auld, MPH, CHES
Chief Executive Officer