



Public Record Testimony of the Society for Public Health Education

Regarding FY 2011 Funding for Disease Prevention and Wellness Programs
Presented to the
United States Senate Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education and Related
Agencies
April 12, 2010

The Society for Public Health Education (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. SOPHE's 4000 national and chapter members work daily to improve health outcomes and promote wellness in a variety of settings, including schools, universities, health care organizations, corporations, voluntary health agencies and federal, state and local government. There are currently 20 SOPHE chapters covering more than 30 states and regions across the country.

SOPHE's broad membership enables us to advocate and understand the need for increased resources targeted at the most pressing public health issues. For the FY 2011 funding cycle, SOPHE encourages the Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) Subcommittee to increase funding for public health programs that focus on preventing chronic disease and other illnesses; eliminating health disparities; and promoting the coordinated school health model. In particular, SOPHE would like to request the following FY 2011 funding levels for Labor-HHS programs:

- **\$969.85 million for the National Center for Chronic Disease Prevention and Health Promotion;**
- **\$50 million for the CDC REACH (Racial and Ethnic Approaches to Community Health) program;**
- **\$77.64 million for CDC DASH (Division of Adolescent and School Health), \$33.9 million of which shall be specifically appropriated for the coordinated school health program; and**
- **\$30 million for the CDC Healthy Communities Program.**

SOPHE gratefully acknowledges the strong bipartisan support that the Senate Subcommittee on Labor, Health and Human Services and Education has provided to the Centers for Disease Control and Prevention (CDC) in recent years, including the funding dedicated to the Prevention and Wellness Fund in the American Recovery and Reinvestment Act of 2009. The field of health education and health promotion, which is some 100 years old, uses sound science to plan, implement, and evaluate interventions that enable individuals, groups, and communities to achieve personal, environmental and population health. There is a robust, scientific evidence-base documenting not only that various health education interventions work but that they are also cost-effective. These principles serve as the basis for our support for the programs outlined below.

Preventing Chronic Disease

The data are clear: chronic diseases are the nation's leading causes of morbidity and mortality and account for 75 percent of every dollar spent on health care in the U.S. Collectively, they account for 70 percent of all deaths nationwide. Thus, it is highly likely that 3 of 4 persons living in the districts of the Labor-HHS Subcommittee members will develop a chronic condition requiring long-term and costly medical intervention in their lifetime. In 2008, heart disease and stroke were estimated to cost \$448 billion in medical expenditures and lost productivity. In 2009, U.S. healthcare expenditures exceeded \$7,200 for every man, woman, and child, primarily for diagnosis and treatment of chronic diseases.

SOPHE is requesting a FY 2011 funding level of \$ \$969.85 million for CDC's National Center for Chronic Disease Prevention and Health Promotion in order to adequately address the cost of chronic disease care and prevent it from further burdening our nation's citizens and productivity. NCCDPHP is at the forefront of the U.S. efforts to prevent and control chronic diseases. The Center was substantially cut in 2006, and then has essentially been level-funded and has decreasing resources due to across the board rescissions – while chronic disease rates have continued to soar.

Studies show that spending as little as \$10 per person on proven preventive interventions could save the country over \$16 billion in just five years. The public overwhelmingly supports increased funding for disease prevention and health promotion programs. Small investments now

in community-led, innovative programs will help to increase our nation's productivity and performance in the global market; decrease rates of infant mortality, deaths due to cancer, cardiovascular disease, diabetes, and HIV/AIDS, and; increase immunization rates.

SOPHE is requesting a FY 2011 funding level of \$30 million for CDC's Healthy Communities Program to advance policy and environmental change strategies in support of healthy eating, active living, and chronic disease and obesity prevention. Through the Healthy Communities Program, CDC collaborates with local and state health and park departments, national organizations with extensive community outreach, and community leaders to prevent chronic disease. Among the many successes of the program since its inception are restoring physical education to the school day; requiring physical activity and healthy snacks in child care sites; changing zoning requirements to include sidewalks to promote physical activity; and enhancing farmers markets and community gardens to for wider access to fruits and vegetables.

Chronic disease prevention programs, like those delivered by NCCDPHP, are especially needed among our nation's youth. In the last 20 years, the percentage of overweight youth has more than doubled, and for the first time in two centuries, children may have a shorter life expectancy than their parents. Fifteen percent of children and adolescents are overweight and more than half of these children have at least one cardiovascular disease risk factor, such as elevated cholesterol or high blood pressure. Almost 80 percent of young people do not eat the recommended five servings of fruits and vegetables each day. Daily participation in high school physical education classes dropped from 42 percent in 1991 to 32 percent in 2001. Patterns of poor nutrition, lack of physical activity, and other behaviors such as alcohol and tobacco use established during youth often continue into adulthood and contribute markedly to costly, chronic conditions.

CDC's Coordinated School Health Programs have been shown to be cost-effective in improving children's health, their behavior, and their academic success. This funding builds bridges between state education and public health departments to coordinate health education, nutritious meals, physical education, mental health counseling, health services, healthy school environments, health promotion of faculty, and parent and community involvement. Gallup polls show strong parental, teacher, and public support for school health education.

SOPHE urges this subcommittee to support an appropriation of \$33.9 million in FY 2010 for CDC’s Division of Adolescent and School Health, Coordinated School Health

Programs. In 2008, 43 states (plus five tribal governments and four territorial education agencies) applied for such funding; however, because of limited resources, only 22 states and 1 tribal government were funded. A funding level of \$33.9 million would allow capacity building grants to an additional of up to 17 states (from 23 to 40).

Chronic diseases account also for the largest health gap among populations and increase health disparities among racial and ethnic minority groups. As the U.S. population becomes increasingly diverse, the nation’s health status will be heavily influenced by the morbidity of racial and ethnic minority communities. African Americans, Alaskan Natives, American Indians, Asian Americans, Hispanic Americans, and Pacific Islanders are more likely than whites to have poorer health and to die prematurely, especially from chronic conditions.

SOPHE strongly urges an allocation of \$50 million for CDC’s Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.) initiative to eliminate health disparities among urban and rural communities in the areas of cardiovascular disease, immunizations, breast and cervical cancer screening and management, diabetes, HIV infections/AIDS, and infant mortality. A funding level of \$50 million would allow for the distribution of monies to support at least 10 two-year planning grants for communities to implement evidence- and practice-based approaches to reducing chronic disease rates.

Launched in 2007, REACH U.S. is the next evolution of REACH 2010, which was developed by HHS and CDC to find “out of the box” community-driven solutions to address health disparities. REACH U.S. is unique because it works across public and private sectors to conduct community based prevention research and demonstration projects that address social determinants of health. REACH U.S. programs are time-tested, community-led interventions that have proven success in decreasing health disparities. President Obama highlighted a need to address health disparities in his FY 2011 Budget Blueprint, and with increased funding REACH U.S. programs can address his call to action.

Thank you for this opportunity to present our views to this Subcommittee. We look forward to working with you to improve the health and quality of life for all Americans.