



**Public Record Testimony of the Society for Public Health Education**

Regarding FY 2013 Funding for Disease Prevention and Wellness Programs

Presented to the  
United States House of Representatives Committee on Appropriations  
Subcommittee on Labor, Health and Human Services, Education and Related  
Agencies

March 29, 2012

The Society for Public Health Education (SOPHE) is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the *only* independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's 4,000 national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government. There are currently 19 SOPHE chapters covering more than 30 states and regions across the country.

SOPHE's vision of a healthy world through health education compels us to advocate for increased resources targeted at the most pressing public health issues. For the FY 2013 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 in adults as well as youth, and eliminating health disparities. In particular, SOPHE requests the following FY 2013 funding levels for Labor-HHS programs:

- **\$7.8 billion for the Centers for Disease Control and Prevention (CDC)**
- **\$1 billion for the Prevention and Public Health Fund**
- **\$226 million for the Community Transformation Grants (CTG) Program**
- **\$100 million for the Preventive Health and Health Services Block Grant**

The discipline 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 and can help ensure our nation's resources are targeted for the best return on investment.

### 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. Health expenditures increased from \$1.4 trillion in 2000 to \$2.6 trillion in 2010, and from 14 percent of the Gross Domestic Product to 18 percent. Yet evidence shows that investing just \$1 in preventing disease will yield a \$5 return on investment.

**SOPHE is requesting a FY 2013 funding level \$7.8 billion for CDC** in order to prevent chronic diseases and other illnesses, promote health, prevent injury and disability, and ensure preparedness against health threats. CDC is at the forefront of U.S. efforts to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop sound public health policies, and foster safe and healthful environments. More than 80% of all CDC funds go back to states to address state and local health issues. The president's FY 2013 budget proposal would reduce CDC's budget authority by \$664 million, for a total reduction of \$1.4 billion dollars since FY 2010. 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; help ensure military readiness;

decrease rates of infant mortality, deaths due to cancer, cardiovascular disease, diabetes, and HIV/AIDS, and; increase immunization rates.

**SOPHE is requesting a FY 2013 funding level of \$1 billion for the Prevention and Public Health Fund** to sustain essential core public health infrastructure, the workforce, and our capacity to improve health in our communities. The Prevention Fund helps states tackle the leading causes of death and root causes of costly, preventable chronic disease; detect and respond rapidly to health security threats; and prevent accidents and injuries. With this investment, the Fund helps states and the nation as a whole focus on fighting disease and illness *before* they happen. The evidence is overwhelming: investing in prevention saves lives and money. A July 2011 study published in the journal *Health Affairs* found that increased spending by local public health departments can save lives currently lost to preventable illnesses; a 2011 Urban Institute study concluded that it is in the nation's best interest from both a health and economic standpoint to maintain funding for evidence-based, public health programs that save lives and bring down costs; and finally, a 2011 study in *Health Affairs* showed combination of three strategies – delivering better preventive and chronic care, expanding health insurance coverage, and focusing on protection is more effective at saving lives and money than implementing any one of these strategies alone.

Although the enactment of the Middle Class Tax Relief and Job Creation Act of 2012 will reduce the Prevention and Public Health Fund by more than \$5 billion over the next ten years, SOPHE strongly discourages further reductions in the Fund so that we can continue to strengthen core public health infrastructure, the workforce, and our capacity to improve health in our communities.

**SOPHE is requesting a FY 2013 funding level of \$226 million for the CTG program** to empower communities to transform places where people live, work, learn, and play to promote prevention and improve health by lowering rates of chronic disease. The CTG program supports states and communities tackle the root causes of poor health so Americans can lead healthier, more productive lives. All grantees work to address the following priority areas: 1) tobacco-free living; 2) active living and healthy eating; and 3) quality clinical and other preventive services.

Two-thirds of current CTG grantees address one or more other population groups experiencing disparities, including but not limited to the homeless and those living in underserved geographic areas.

The CTG program is 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. At the same time that obesity is becoming an epidemic, the CDC *School Health Programs and Policy Study* found that the majority of schools are teaching nutrition with health education teachers who do not meet even minimal certification standards.

**As part of the CTG initiative, SOPHE strongly supports CDC's Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.) program,** which addresses health risk behaviors in both children and adults. Chronic diseases account 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. With CTG funding, the National REACH Coalition will address strategies in the areas of tobacco-free living, active living and healthy eating, clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments—with a primary focus on African-American/Black, Hispanic/Latino, Asian, Native Hawaiian/Pacific Islander, and American Indian/Alaskan Native populations.

**SOPHE is requesting a FY 2013 funding level of \$100 million for the Preventive Health and Health Services Block Grant** to allow each state/territory to target resources to its unique public health challenges, while requiring timely reporting and accountability. The Block Grant was eliminated in the President's FY 2013 budget proposal. As a critical public health resource, the Block Grant gives states the autonomy and flexibility to tailor prevention and health promotion programs to their particular public health needs. Grantees use funds to provide support to areas

where no federal support exists, or where categorical states funds are grossly insufficient for leading causes of illness, disability and death in their states/territories. With the uncertainty of state and local budgets, the proposed elimination of the Block Grant will limit the ability of public health departments to carry out essential services for chronic disease prevention, HIV/AIDs, food and water safety, bioterrorism and emergency preparedness, and other areas.

**SOPHE applauds the request of \$378 million for the Coordinated Chronic Disease Prevention and Health Promotion Program, an increase of \$128 million above the FY 2012 level.** The approach will enable CDC to create a coordinated, national response to school health and chronic disease, maximizing program effectiveness, reducing interrelated risk factors, and accelerating health improvements. 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. Among 38 states that participated in CDC's latest *School Health Policies and Programs Study*, the percentage of schools that required a health education course decreased between 1996 and 2000, as did the percentage of schools that taught about dietary behaviors and nutrition. 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.

Thank you for this opportunity to present our views to the Subcommittee. We look forward to working with you to prevent chronic illness, improve the quality of lives, and save billions of dollars in health care spending.