

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) COALITION

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Testimony of the CDC Coalition

Concerning the Centers for Disease Control and Prevention's Budget for Fiscal Year 2011
House Appropriations Subcommittee on Labor, Health and Human Services and Education
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The CDC Coalition is a nonpartisan coalition of more than 100 groups committed to strengthening our nation's prevention programs. Our mission is to ensure that health promotion and disease prevention are given top priority in federal funding, to support a funding level for the Centers for Disease Control and Prevention (CDC) that enables it to carry out its prevention mission, and to assure an adequate translation of new research into effective state and local programs. Coalition member groups represent millions of public health workers, clinicians, researchers, educators, and citizens served by CDC programs.

The CDC Coalition believes that Congress should support CDC as an agency – not just the individual programs that it funds. In the best judgment of the CDC Coalition – given the challenges and burdens of chronic disease, a potential influenza pandemic, terrorism, disaster preparedness, new and reemerging infectious diseases, increasing drug resistance to critically important antimicrobial drugs and our many unmet public health needs and missed prevention opportunities – **we believe the agency will require funding of at least \$8.8 billion for CDC's "core programs"**

We appreciate the Subcommittee's work over the years, including your recognition of the need to fund chronic disease prevention, infectious disease prevention and treatment, and environmental health programs at CDC. We also appreciate the support you provided in the economic recovery legislation for public health and prevention and wellness funding. By translating research findings into effective intervention efforts, CDC has been a key source of funding for many of our state and local programs that aim to improve the health of communities. Perhaps more importantly, federal funding through CDC provides the foundation for our state and local public health departments, supporting a trained workforce, laboratory capacity and public health education communications systems. Ensuring a strong CDC is especially important given the important role CDC will play as the nation moves forward with implementing the strong public health and prevention provisions contained in the historic health reform legislation recently signed by President Obama.

CDC also serves as the command center for our nation's public health defense system against emerging and reemerging infectious diseases. With the potential onset of a worldwide influenza pandemic, in addition to the many other natural and man-made threats that exist in the modern world, the CDC has become the nation's—and the world's—expert resource and response center, coordinating communications and action and serving as the laboratory reference center. States and communities rely on CDC for accurate information and direction in a crisis or outbreak. This has been demonstrated most recently by CDC's quick response and ongoing investigation into human infections with H1N1 flu (swine flu) in the United States and internationally.

Unfortunately, the president's budget proposal would actually cut CDC's core programs by more than \$130 million from the FY 2010 enacted level. We must make up the lost ground and fully fund CDC's core public health programs at a time when the threats to public health are so great. Funding public health outbreak by outbreak is not an effective way to ensure either preparedness or

accountability. Until we are committed to a strong public health system, every crisis will force trade offs.

The Multiple Roles of CDC

CDC serves as the lead agency for bioterrorism and other public health emergency preparedness and must receive sustained support for its preparedness programs in order for our nation to meet future challenges. Given the challenges of terrorism and disaster preparedness, and our many unmet public health needs and missed prevention opportunities we urge you to provide adequate funding for state and local capacity grants. We ask the Subcommittee to ensure that our states and local communities can be prepared in the event of an act of terrorism or other public health threat this year and in future years. Unfortunately, this is not a threat that is going away.

Public health programs delivered at the state and local level should be flexible to respond to state and local needs. Within an otherwise-categorical funding construct, the Preventive Health and Health Services (PHHS) Block Grant is the only source of flexible dollars for states and localities to address their unique public health needs. The track record of positive public health outcomes from PHHS Block Grant programs is strong, yet so many requests go unfunded. We greatly appreciate the Subcommittee's past support for this program and we urge your continued support so that states can tailor federal public health dollars to meet their specific needs.

Addressing the Leading Causes of Death and Disability

Heart disease remains the nation's No. 1 killer. In 2007, nearly 616,000 people in the United States died from heart disease, accounting for nearly 25% of all U.S. deaths. Of those who died from heart disease, 50% were women. Stroke is the third leading cause of death and is a leading cause of disability. In 2007, stroke killed more than 134,000 people (60% of them women), accounting for about 1 of every 18 deaths. Currently only 31 states and the District of Columbia are funded, 27 as capacity building and only 14 as basic implementation through CDC's Heart Disease and Stroke Prevention Program. We must expand these efforts to continue the gains we have made in combating heart disease and stroke.

The CDC funds proven programs addressing cancer prevention, early detection, and care. Cancer is the second most common cause of death in the United States. In 2008, more than 1.4 million new cases of cancer will be diagnosed, and about 565,650 Americans – more than 1,500 people a day – are expected to die of the disease. The financial cost of cancer is also significant. According to the National Institutes of Health (NIH), in 2007 the overall cost for cancer in the United States was more than \$219 billion: \$89 billion for direct medical costs, \$18.2 billion for lost worker productivity due to illness, and \$112 billion for lost worker productivity due to premature death.

Among the ways CDC is fighting cancer, is through funding the National Breast and Cervical Cancer Early Detection Program that helps low-income, uninsured and medically underserved women gain access to lifesaving breast and cervical cancer screenings and provides a gateway to treatment upon diagnosis. CDC also funds grants to states to develop Comprehensive Cancer Control (CCC) plans, bringing together a broad partnership of public and private stakeholders to set joint priorities and implement specific cancer prevention and control activities customized to address each state's particular needs. CDC also funds programs to raise awareness about colorectal, prostate, lung, ovarian and skin cancers, and the National Program of Cancer Registries, a critical registry for tracking cancer trends in all 50 states.

Chronic Obstructive Pulmonary Disease (COPD) – which includes emphysema and chronic bronchitis – is the fourth leading cause of death in the U.S. More than 12 million U.S. adults have been diagnosed with COPD, but an equal number are believed to have the disease but have not yet been diagnosed. We ask the Subcommittee to support the development of a federal action plan to respond to COPD by providing a specific appropriation to the National Center for Chronic Disease Prevention and Health Promotion.

Although more than 23.6 million Americans have diabetes, nearly 6 million cases are undiagnosed. From 1980-2007, the number of people with diabetes in the United States more than quadrupled, from 5.8 million to 23.6 million. Each year, more than 20,000 people with diabetes become blind, more than 46,000 develop end-stage kidney disease, and about 71,000 have leg, foot, or toe amputations. Preventive care such as routine eye and foot examinations, self-monitoring of blood glucose, and glycemic control could reduce these numbers. Unfortunately funding for diabetes, along with many other core CDC programs, has either been cut or flat funded for the past several years. Without additional funds, most states will not be able to create programs based on these new data. States also will continue to need CDC funding for diabetes control programs that seek to reduce the complications associated with diabetes.

Over the last 25 years, obesity rates have doubled among adults and children, and tripled in teens. Obesity, diet and inactivity are cross-cutting risk factors that contribute significantly to heart disease, cancer, stroke and diabetes. The First Lady's *Let's Move!* campaign is bringing welcome attention to health promotion and obesity prevention. CDC funds programs to encourage the consumption of fruits and vegetables, to get sufficient exercise, and to develop other habits of healthy nutrition and activity. To fully support these activities, we urge the Subcommittee to provide adequate funding for the Division of Nutrition, Physical Activity and Obesity and the Healthy Communities Program.

An estimated 443,000 people die prematurely every year due to tobacco use. CDC's tobacco control efforts seek to prevent tobacco addiction in the first place, as well as help those who want to quit. We must continue to support these vital programs and reduce tobacco use in the United States.

Each day more than 3,900 young people initiate cigarette smoking. At the same time, according to CDC, only 3.8% of elementary schools, 7.9% of middle schools and 2.1% of high schools provide daily physical education or its equivalent for the entire school year. Less than ten percent of schools require daily physical education. Almost 90% of young people do not eat the recommended number of servings of fruits and vegetables, while nearly 30% of young people are overweight or at risk of becoming overweight. And every year, almost 800,000 adolescents become pregnant and nearly 4 million teens are infected with a sexually transmitted disease. School health programs, funded through CDC's Division of Adolescent and School Health, are one of the most efficient means of correcting these problems, shaping our nation's future health, education, and social well-being.

CDC provides national leadership in helping control the HIV epidemic by working with community, state, national, and international partners in surveillance, research, prevention and evaluation activities. CDC estimates that about 1.1 million Americans are living with HIV, 21 percent of who are unaware of their infection. Also, the number of people living with HIV is increasing, as new drug therapies are keeping HIV-infected persons healthy longer and dramatically reducing the death rate. Prevention of HIV transmission is the best defense against the AIDS epidemic that has already killed over 550,000 in the U.S. and is devastating populations around the globe. CDC's HIV prevention efforts must be expanded.

The United States has the highest rates of sexually transmitted diseases (STDs) in the industrialized world. More than 19 million new infections occur each year, almost half of them among young people. CDC estimates that STDs, including HIV, cost the U.S. healthcare system as much as \$15.3 billion annually. Over the past several years, significant ground has been lost in the fight against STDs. While syphilis was on the verge of elimination in the U.S. at the start of the decade, rates have increased by 114% since 2000. An adequate investment in STD prevention could save millions in annual health care costs in the future. Untreated STDs contribute to infant mortality, infertility, cervical cancer and an increased risk of HIV transmission. State and local STD control programs depend heavily on CDC funding for their operational support.

CDC and its National Center for Health Statistics (NCHS) collects data on chronic disease prevalence, health care disparities, emergency room use, teen pregnancy, infant mortality, causes of death, and rates of insurance to name a few. The health data collected through The Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, Youth Tobacco Survey, National Vital Statistics System, and National Health and Nutrition Examination Survey (NHANES) are an essential part of the nation's statistical and public health infrastructure. Adequate funding for these activities is essential for tracking America's health as a nation and developing targeted and appropriate public health policies and prevention interventions.

We must address the growing disparity in the health of racial and ethnic minorities. CDC's Racial and Ethnic Approaches to Community Health (REACH), is helping states address serious disparities in infant mortality, breast and cervical cancer, cardiovascular disease, diabetes, HIV/AIDS and immunizations. Our members are committed to ending the disparities and we encourage the Subcommittee to provide adequate funds for CDC's REACH program.

CDC oversees immunization programs for children, adolescents and adults, and is a global partner in the ongoing effort to eradicate polio worldwide. The value of adult immunization programs to improve length and quality of life, and to save health care costs, is realized through a number of CDC programs, but there is much work to be done and a need for sound funding to achieve our goals. Influenza vaccination levels remain low for adults. Levels are substantially lower for pneumococcal vaccination and significant racial and ethnic disparities in vaccination levels persist among the elderly. In addition, developing functional immunization registries in all states will be less costly in the long run than maintaining the incomplete systems currently in place.

Childhood immunizations provide one of the best returns on investment of any public health program. For every dollar spent on seven vaccines recommended in the childhood series, \$16.50 is saved in direct and indirect costs. An estimated 14 million cases of childhood disease and 33,000 deaths are prevented each year through timely immunization. Despite the incredible success of the program, it faces serious financial challenges. We thank the Subcommittee for its support for including Section 317 funds in the Recovery Act and we ask that you work to fully fund the program in order to cover all who are currently underserved by the program.

Injuries are the leading causes of death for persons aged 1-44 years. Unintentional injuries and violence such as older adult falls, unintentional drug poisonings, child maltreatment and sexual violence accounts for over 35% of emergency department visits annually with nearly 30 million people being treated in U.S. emergency departments each year. Annually, injury and violence ultimately cost the United States approximately \$406 billion in direct and indirect medical costs

including lost productivity. Furthermore, unintentional injury consistently remains the leading cause of death among young Americans ages 1-34 with 37.1 percent of unintentional fatal injuries caused by motor vehicle traffic fatalities. Conversely, violence related injuries are also substantial with homicide being the second leading cause of death for persons 15-24 years, while suicide is the 11th leading cause of death across all age groups. The consequences of these injuries can be far reaching from physical, emotional, financial turmoil to long term disability. Though these facts paint a grim picture, current research shows that injuries are entirely preventable.

CDC's Injury Center works to prevent unintentional and violence-related injuries to minimize the consequences of injuries when they occur by researching the problem; identifying the risk and protective factors; developing and testing interventions; and ensuring widespread adoption of proven strategies. We urge you to include increased funding for CDC's injury programs.

Of the four million babies born each year in the United States, one in every 33 is born with one or more birth defects. Birth defects are the leading cause of infant mortality, accounting for more than 20% of all infant deaths. Children with birth defects who survive often experience lifelong physical and mental disabilities. An estimated 40 to 50 million people in the U.S currently live with a disability, and 17 percent of children under the age of 18 have a developmental disability. Direct and indirect costs associated with disability exceed \$300 billion.

The National Center on Birth Defects and Developmental Disabilities (NCBDDD) at CDC conducts programs to protect and improve the health of children and adults by preventing birth defects and developmental disabilities; promoting optimal child development and health and wellness among children and adults with disabilities. We urge the Committee's continued support for these vital programs.

We also encourage the Subcommittee to provide adequate funding for CDC's Center for Environmental Health to revitalize environmental public health services at the national, state and local level. These services are essential to protecting and ensuring the health and well being of the American public from threats associated with West Nile virus, terrorism, E. coli and lead in drinking water. We support additional funding for CDC's Environmental Health Laboratory and the National Environmental Public Health Tracking Program. We thank the Subcommittee and ask you to continue your recent efforts to expand and enhance CDC's capacity to help the nation prepare for and adapt to the health effects of climate change. Expanded funding would allow CDC to: establish a research coordinating center to coordinate a work group on climate change and health research; create a federal Interagency Task Force on Climate Change and Health to assess the public health implications of major climate, energy, transportation and agricultural policies; develop preparedness strategies for climate change tailored to local needs; and fund academic "Centers of Excellence" at universities to conduct climate change and health research.

We appreciate the Subcommittee's hard work in advocating for CDC programs in a climate of competing priorities. We thank you for considering our **FY 2011 request for \$8.8 billion for CDC's "core programs."**