

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 2012

Senate Appropriations Subcommittee on Labor, HHS and Education

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The [CDC Coalition is a nonpartisan coalition of more than 140 organizations](#) 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 and our many unmet public health needs and missed prevention opportunities – **we believe the agency will require funding of at least \$7.7 billion for CDC's "core programs" in FY 2012.** This request represents a 36 percent increase over FY 2011 and a 31 percent increase over the President's FY 2012 request. We are deeply disappointed with the more than \$740 million in cuts to CDC's budget authority included in the proposed FY 2011 continuing resolution (CR). While CDC programs will receive significant new funding from the Prevention and Public Health Fund in fiscal year 2011, we are concerned that this funding would essentially supplant cuts made to CDC's budget authority. As you know the Prevention and Public Health Fund was intended to supplement and not supplant the base funding of our public health agencies and programs.

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.

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.

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

are 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.

Addressing the Leading Causes of Death and Disability

The President's FY 2012 budget proposes to consolidate a number of chronic disease programs within CDC. Members of the CDC Coalition are currently engaged in conversations with CDC and members of Congress to better understand what this consolidation will mean for the funding that is passed on to our state and local health and education agencies and the various programs our members have supported in the past. We look forward to working with Congress, the Administration and CDC to ensure that any effort to consolidate programs leads to the best health outcomes for the American people. We must ensure that CDC's National Center for Chronic Disease Prevention and Health Promotion has the resources it needs to assist our states and communities in their efforts to reduce the burden of chronic disease.

Heart disease remains the nation's No. 1 killer. In 2007, over 616,000 people in the United States died from heart disease, accounting for nearly 25% of all U.S. deaths. More women than men die of heart disease each year, and in 2007, females had higher rates of inpatient heart attack mortality than males. Stroke is the third leading cause of death and is a leading cause of disability. In 2007, stroke killed more than 135,000 people (61% of them women), accounting for about 1 of every 18 deaths.

Cancer is the second most common cause of death in the United States. There were an estimated 1,529,560 new cancer cases and 569,490 deaths from cancer in 2010. The financial cost of cancer is also significant. According to the National Institutes of Health (NIH), in 2008 the overall cost for cancer in the United States was more than \$228.1 billion: \$93.2 billion for direct medical costs, \$18.8 billion for lost worker productivity due to illness, and \$116.1 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.

Although more than 25.8 million Americans have diabetes, nearly 7 million cases are undiagnosed. In 2010, about 1.9 million people aged 20 years or older were newly diagnosed with diabetes. Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and new cases of blindness among adults in the United States. The total direct and indirect costs associated with diabetes were \$178 billion in 2007. Preventive care such as routine eye and foot examinations, self-monitoring of blood glucose, and glycemic control could reduce these numbers.

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. CDC funds programs to encourage the consumption of fruits and vegetables, encourage sufficient exercise, and to develop other habits of healthy nutrition and activity.

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. 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. CDC plays a critical role in ensuring good public health and health promotion in our schools.

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 undiagnosed. 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 more than 617,000 in the U.S. and dependant areas and is devastating populations around the globe.

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.

CDC and its National Center for Health Statistics collect data on chronic disease prevalence, health disparities, emergency room use, teen pregnancy, infant mortality and causes of death. 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 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 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 these efforts.

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.

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. Annually, injury and violence cost the U.S. approximately \$406 billion in direct and indirect medical costs including lost productivity. 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. 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; ensuring widespread adoption of proven strategies and gathering data to assist states and communities to develop prevention programs and practices through the use of surveillance systems like the National Violent Death Reporting System.

One in every 33 babies born each year in the United States is born with one or more birth defects. Birth defects are the leading cause of infant mortality. Children with birth defects who survive often experience lifelong physical and mental disabilities. More than 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. The National Center on Birth Defects and Developmental Disabilities 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 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 and sustain current programs. These services are essential to protecting and ensuring the health and well being of the American public from threats associated with West Nile virus, climate change, terrorism, E. coli, lead-based paint and other hazards.

We appreciate the Subcommittee's past support for CDC programs in a climate of competing priorities. We thank you for considering our **FY 2012 request for \$7.7 billion for CDC's "core programs."**