

Testimony of the CDC Coalition
Concerning the Public Health Budget for Fiscal Year 2007
Submitted for the Record to the House Appropriations Subcommittee on Labor, Health and
Human Services and Education
March 31, 2006

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, researchers, educators, and citizens served by CDC programs. We are grateful to be able to present our views to the Subcommittee.

The CDC Coalition continues to believe 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 re-emerging infectious diseases and our many unmet public health needs and missed prevention opportunities—we believe the agency will require funding of at least \$8.5 billion, plus sufficient funding to prepare the nation against a potential influenza pandemic. This request reflects the support CDC will need to fulfill its core missions for fiscal year 2007, as well as funding for the Agency for Toxic Substances and Disease Registry and the Vaccines for Children program.

The CDC Coalition appreciates 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. 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.

Unfortunately, Congress cut overall CDC funding in fiscal year 2006 for the first time in 25 years. And in fiscal year 2007, the President has proposed cutting CDC funding even more—more than 2% overall, and more than 4.5% to CDC's core programs. We are moving in the wrong direction, especially in these challenging times when public health is being asked to do more, not less. In light of the current workload placed on the public health service—in addition to the threat of emerging diseases such as the avian flu—it simply does not make any sense to cut the budget for CDC 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.

CDC serves as the lead agency for bioterrorism preparedness and must receive sustained support for its preparedness programs in order for our nation to meet future challenges. In the best judgment

of CDC Coalition members, given the challenges of terrorism and disaster preparedness, and our many unmet public health needs and missed prevention opportunities, we support the proposed increase for anti-terrorism activities at CDC, including the increases for the Strategic National Stockpile and the new Botulinum Toxin Research funding. However, we strongly caution that the President's proposed level-funding of the state and local capacity grants continues to reflect a \$95 million cut from fiscal year 2005 levels. We encourage the Subcommittee to restore these cuts to ensure that our states and local communities can be prepared in the event of an act of terrorism.

Heart disease remains the nation's number one killer. In 2003, 684,462 people died of heart disease (51% of them women), accounting for 28% of all U.S. deaths. Stroke is the third leading cause of death after heart disease and cancer, and is a leading cause of serious, long-term disability. In 2003, stroke killed 157,800 people (61% of them women), accounting for about 1 of every 15 deaths. In 1998, the U.S. Congress provided funding for CDC to initiate a national, state-based heart disease and stroke prevention program with funding for eight states. Currently, 32 states and the District of Columbia are funded, 19 as capacity building programs and 14 as basic implementation programs. The CDC Coalition recommends \$55 million for the Heart Disease and Stroke Prevention Program.

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 2006, about 1.4 million new cases of cancer will be diagnosed, and about 564,830 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, in 2005, the overall cost for cancer in the United States was nearly \$210 billion: \$74 billion for direct medical costs, \$17.5 billion for lost worker productivity due to illness, and \$118.4 billion for lost worker productivity due to premature death.

Among the ways the CDC is fighting cancer, it funds 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 jointly set 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. The CDC coalition recommends \$427.5 million for the Cancer Prevention and Control activities of the CDC.

Although more than 18 million Americans have diabetes, 5.2 million cases are undiagnosed. From 1980–2002, the number of people with diabetes in the United States more than doubled, from 5.8 million to 13.3 million. Each year, 12,000–24,000 people with diabetes become blind, more than 42,800 develop kidney failure, and about 82,000 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. 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 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. The CDC Coalition recommends \$70 million for CDC's Division of Nutrition and Physical Activity.

Arthritis and chronic joint symptoms affect nearly 66 million Americans and they are the nation's leading cause of disability. Early diagnosis and appropriate management of the disease can prevent much of the pain and disability associated with it. The CDC Coalition recommends \$14.4 million for the arthritis programs of the CDC.

More than 400,000 people die prematurely every year due to tobacco use. The CDC's tobacco control efforts seek to prevent tobacco addiction in the first place, as well as help those who want to quit. The CDC Coalition recommends \$145 million for the CDC's tobacco control programs.

Each day more than 4,000 young people try their first cigarette. At the same time, daily participation in high school physical education classes dropped from 42% in 1991 to 32% in 2001. Almost 80% 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 about 3 million become infected with a sexually transmitted disease. School health programs are one of the most efficient means of correcting these problems, shaping our nation's future health, education, and social well-being. The CDC Coalition requests \$34 million for CDC's Division of Adolescent and School Health (DASH) Coordinated School Health Program and \$41.8 million for DASH's HIV prevention education programs.

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 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 Prevention Block Grant programs is strong, yet so many requests go unfunded. However, the President's budget proposes the elimination of the Preventive Health and Health Services Block Grant—again. We appreciate the work of the Subcommittee to at least partially restore the fiscal year 2006 elimination of the Block Grant. Nevertheless, the \$20 million cut to the Block Grant in fiscal year 2006 reduces the states' ability to tailor federal public health dollars to their specific needs. As states use their Prevention Block Grant dollars to address high priority needs such as emerging and chronic diseases, child safety seat programs, suicide prevention, smoke detector distribution and fire safety programs, adult immunization, oral health, worksite wellness, infectious disease outbreaks, food safety, emergency medical services, safe drinking water, and surveillance needs—we can scarcely understand why the Prevention Block Grant should be eliminated. We encourage the Subcommittee to restore the cuts and fund the Prevention Block Grant at \$132 million.

Much of CDC's work in chronic disease prevention and health promotion is guided by its prevention research activities. Prevention research considers the factors associated with illness, disability, and injury, such as lifestyles or exposure to environmental toxins, and the best ways to address these factors and thereby promote health. By answering these questions, prevention research links biomedical research, which focuses on human physiology and disease treatment, to policies and public health interventions that promote wellness and reduce the need for treatment.

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. The CDC estimates that up to 1,185,000 Americans are living with HIV, one-quarter of whom 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 our best defense against the AIDS epidemic that has already killed over 500,000 U.S. citizens and is devastating the populations of nations around the

globe, and CDC's HIV prevention efforts must be expanded. The CDC Coalition recommends that a total of \$1.05 billion be appropriated to the Division of HIV Prevention.

The United States has the highest sexually transmitted diseases (STD) rates in the industrialized world. More than 18 million people contract STDs each year. In one year, our nation spends over \$8.4 billion to treat the symptoms and consequences of STDs. Elimination of STDs, especially syphilis, is now within our grasp. These welcome opportunities, if adequately funded now, will save millions in annual health care costs in the future. Untreated STDs contribute to infant mortality, infertility, and cervical cancer. State and local STD control programs depend heavily on CDC funding for their operational support.

CDC conducts the National Health and Nutrition Examination Survey (NHANES), the only national source of objective health data to provide accurate estimates of diagnosed and undiagnosed medical conditions in the population. NHANES is a unique collaboration between CDC, the National Institutes of Health (NIH), and others to obtain data for biomedical research, public health, tracking of health indicators, and policy development. Through physical examinations, clinical and laboratory tests, and interviews, NHANES assesses the health status of adults and children in the United States. Mobile exam centers travel throughout the country to collect data on chronic conditions, nutritional status, medical risk factors (*e.g.*, high cholesterol level, obesity, high blood pressure), dental health, vision, illicit drug use, blood lead levels, food safety, and other factors that are not possible to assess by use of interviews alone. Findings from this survey are essential for determining rates of major diseases and health conditions and developing public health policies and prevention interventions.

We must address the growing disparity in the health of racial and ethnic minorities. CDC's REACH 2010 Demonstration Program, Racial and Ethnic Approaches to Community Health (REACH), helps states address these serious disparities in infant mortality, breast and cervical cancer, cardiovascular disease, diabetes, HIV/AIDS and immunizations. We encourage the Subcommittee to provide adequate funds for CDC's REACH program.

The CDC Coalition is requesting an appropriation of \$49.75 million for Steps to a HealthierUS (STEPS) program. Additional resources will allow for the creation of programs in more states. Furthermore, while the President's budget request includes \$1.5 million to support the YMCA Pioneering Healthier Communities initiative, \$3 million is needed to continue to expand this important effort. This would enable additional communities to participate in this initiative, to allow on-going training for communities and to support a Center for Community Health Advancement at the CDC to assist the YMCA and other communities undertaking healthy lifestyle initiatives to prevent and control obesity and chronic disease.

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. Childhood immunization programs at CDC also need a funding boost, to ensure sufficient purchase and delivery of the varicella and pneumococcal vaccines. 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. The CDC Coalition requests \$802.4 million for the National Immunization Program at CDC.

Injuries are the leading cause of death in the United States for people ages 1-34. Of all injuries, those to the brain are most likely to result in death or permanent disability. Each year more than 50,000 people die as a result of a brain injury and as many as 90,000 others are left with a long-term disability. A traumatic brain injury (TBI) is defined as a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. The Traumatic Brain Injury Act is the nation's only law that was specifically designed to respond to this public health crisis. The Institute of Medicine reported this month that this law has been effective in addressing a wide variety of gaps in service system development. The CDC Coalition requests that the Subcommittee restore \$30 million in appropriations for TBI programs at CDC and at HRSA, which President Bush zeroed out. The monies would be allocated as follows: CDC - \$9 million; HRSA State Grant Program - \$15; and HRSA Protection and Advocacy program - \$6 million.

Injury at work remains a leading cause of death and disability among U.S. workers. During the period from 1980 through 1995, at least 93,338 workers in the U.S. died as a result of injuries suffered on the job, for an average of about 16 deaths per day. The Bureau of Labor Statistics (BLS) at the Department of Labor has identified 5,915 workplace deaths from acute traumatic injury in 2000. BLS also estimates that 5.7 million injuries to workers occurred in 1997 alone; while NIOSH estimates that about 3.6 million occupational injuries were serious enough to be treated in hospital emergency rooms in 1998. The injury prevention and workforce protection initiatives of NIOSH need continued support.

Of the four million babies born each year in the United States, 3% are 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 54 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.

Created by the Children's Health Act of 2000 (P.L. 106-310), 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 encourage the Subcommittee to provide at least \$135 million in fiscal year 2007 funding for the NCBDDD. This would be a modest increase of \$10 million and would further surveillance, research and prevention activities related to birth defects and developmental disabilities and improve the lives of those living with disabilities.

We also encourage the Subcommittee to provide \$10 million for CDC's Environmental Public Health Services Branch to revitalize environmental public health services at the national, state and local level. As with the public health workforce, the environmental health workforce is declining. Furthermore, the agencies that carry out these services are fragmented and their resources are stretched. These services are the backbone of public health and 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 appreciate the Subcommittee's hard work in advocating for CDC programs in a climate of competing priorities. We encourage you to consider our request for \$8.5 billion, plus sufficient funding to prepare for a possible influenza pandemic, for CDC in FY 2007.