Public Witness Testimony – Fiscal Year 2025 LHHS Appropriations
Submitted by: J. Nadine Gracia, M.D., MSCE, President and CEO
Trust for America's Health
Prepared for: U.S. House Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Appropriations
Addressing: U.S. Department of Health and Human Services (HHS): Centers for Disease Control and Prevention (CDC); Administration for Strategic Preparedness and Response (ASPR)
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Trust for America's Health (TFAH) is pleased to submit testimony on the fiscal year (FY) 2025 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill. TFAH is a nonprofit, non-partisan public health policy, research, and advocacy organization that promotes optimal health for every person and community and making prevention and health equity foundational to policymaking at all levels. Troubling rates of chronic disease, rising deaths from overdose and suicide, and increasing threats from natural disasters and infectious disease outbreaks all underscore the urgent need to strengthen prevention and public health. While Congress allocated short-term funding to address COVID-19, this funding cannot build ongoing capacity, promote overall health, or strengthen the underlying infrastructure and workforce. Without sustained funding, public health programs will be underprepared to address future health threats and community needs. Now is the time to ensure every community has the chance for health and well-being. TFAH urges Congress to fund **the Centers for Disease Control and Prevention (CDC)** at **$11.581 billion for FY2025,** including these effective programs:

Emergency Preparedness: Recent health emergencies such as respiratory virus outbreaks, natural disasters like extreme heat and wildfires, and train derailments, all reinforced the need for every community to be protected from public health threats. **The Public Health Emergency Preparedness (PHEP)** cooperative agreement at CDC is the main federal program that supports the work of health departments in preparing for and responding to all types of disasters. Since 2002, PHEP has helped support 62 state, local, and territorial health departments with laboratory testing, health surveillance and epidemiology, and community resilience. Short-term funding does not allow for proper emergency response, which relies on predictable support, relationships, and training. **TFAH recommends at least $1 billion for the PHEP to advance readiness to respond to an escalating number of emergencies.**

The pandemic has also demonstrated the impact of failing to invest in comprehensive readiness of the healthcare delivery system. Funding for the **Health Care Readiness and Recovery (HCRR)**, administered by the Administration for Strategic Preparedness and Response at HHS, strengthens the readiness of the health care delivery system to provide coordinated, lifesaving care during disasters. One crucial program within this line is the Hospital Preparedness Program (HPP), which funds 62 jurisdictions across the country to support healthcare coalitions to prepare for emergencies like outbreaks and natural disasters. HPP builds resilience in the healthcare delivery system by increasing its ability to operate and provide care during a disaster, saving lives and ensuring the earliest possible recovery of the system. In addition, HCRR supports regional coordination of the disaster health response and the National Special Pathogen System. **TFAH recommends at least $500 million for HCRR to help the healthcare system to save**

lives during disasters and outbreaks.

Healthy Outcomes in Schools: High levels of poor mental health have underscored the importance of innovative school programs that protect the youth. CDC's **Division of Adolescent and School Health (DASH)** provides evidence-based health promotion and disease prevention education for less than $10 per student. Through school-based data collection and skills development, DASH collaborates with state and local education agencies to increase health services, promote protective factors, and reduce risky behaviors. DASH currently supports 26 local education agencies through school-based programs aimed at implementing strategies to improve school connectedness and parent engagement. A 2022 study found that these programs resulted in significant decreases in sexual risk behaviors, violent experiences, and substance use, as well as improvements in mental health and reductions in suicidal thoughts and attempts.[1] **TFAH recommends at least $100 million for DASH to expand its work to all 50 states and 7 territories, with the goal of reaching approximately 25 percent of all U.S. students.**

Suicide Prevention: Suicide is a public health crisis. According to CDC provisional data, the number of suicides—over 49,000 deaths—increased in 2022 to historic peak levels after slight declines in 2019 and 2020.[2] The highest age-adjusted suicide rate in 2022 was for American Indian and Alaska Native (AI/AN) people, and rates for men in all age groups 35 and older increased from 2021 to 2022, with significant increases for those aged 45-54 and 55–64.[3] Findings CDC released in February 2023 also show worsening trends in suicidal thoughts and behaviors among teen girls, specifically, through 2021.[4] The complex nature of suicide requires a comprehensive approach that utilizes and applies the best available evidence to provide effective prevention strategies. In 2020, Congress first funded **CDC's Comprehensive Suicide Prevention (CSP)** program to implement approaches to suicide prevention, with a key aim of effectively reducing suicide and suicide attempts by 10 percent among disproportionally affected populations. This work helps identify and disseminate effective strategies for preventing suicide by supporting multi-sector partnerships, using data to identify populations of focus and risk and protective factors, conducting rigorous evaluation efforts, and filling gaps through complementary strategies and communications. **TFAH recommends at least $80 million to expand CSP prevention activities to all 50 states and tribal communities and reverse suicide rates from peak historical levels.**

Adverse Childhood Experiences: Adverse childhood experiences (ACEs)—such as neglect, experiencing or witnessing violence, or having a family member attempt or die by suicide—can have long-term impacts on an individual's health.[5] CDC has recognized the association between ACEs, suicide, and substance use disorders, and the prevention of ACEs improves the health and well-being of individuals, families, and communities.[6] To help address these issues, CDC has worked to build the evidence base by funding innovative research and evaluation, supporting data innovation, and identifying strategies and building capacity and awareness to prevent ACEs. CDC currently supports 12 state-level offices, institutes, or departments in implementing ACEs prevention strategies, including economic assistance to families, efforts to connect youth to care, and short-term and long-term interventions to reduce harms.[7] CDC also supports these recipients in gathering data to help understand the burden resulting from ACEs and identify effective prevention activities. **TFAH recommends at least $32.5 million to expand ACEs prevention activities to up to 30 new states territories, localities, and tribes. Within this amount, TFAH**

also recommends allocating $2.5 million to CDC's Behavioral Health Coordinating Unit to develop a national strategy on youth mental health.

Obesity and Chronic Disease Prevention: Even though obesity accounts for nearly 21 percent of U.S. healthcare spending, funding for CDC's **Division of Nutrition, Physical Activity, and Obesity (DNPAO)** is only equal to about 31 cents per person.[8] This Division's current funding level can only support 17 states through the State Physical Activity and Nutrition (SPAN) program and 16 land grant universities through the High Obesity Program to promote healthy eating, active living, and obesity prevention in schools, worksites, and neighborhoods; build obesity-prevention capacity of state health departments and national organizations; and conduct research and evaluation. **TFAH recommends at least $130.42 million for DNPAO to expand this work to 50 states and the territories.**

Additionally, community-driven approaches are needed to address persistent health disparities facing populations of color and Tribal Nations. Among the programs that are effective in reducing racial and ethnic health disparities are the **Racial and Ethnic Approaches to Community Health (REACH)** program and **Healthy Tribes**. CDC's REACH program, within DNPAO, works in 50 communities across the country to support innovative, evidence-based programs that reduce health disparities. The REACH program funding is not sufficient to meet community demand, as is evidenced by the 192 approved but unfunded applications. **The Healthy Tribes** program coordinates three programs that support American Indian/Alaska Native health: Good Health and Wellness in Indian Country, Tribal Epidemiology Centers for Public Health Infrastructure, and Tribal Practices for Wellness in Indian Country. Healthy Tribes supports chronic disease prevention while allowing tribal leaders to design and implement interventions that are most effective for their communities. **TFAH recommends at least $102.5 million for the total REACH funding line (CDC), with $75.5 million directed to REACH and $27 million for Healthy Tribes.**

Social Determinants of Health (SDOH): Non-medical drivers of health, such as housing, employment, food security, education, and transportation have a major influence on individual and community health,[9] contributing to an estimated 80-90 percent of a person's health outcomes.[10] Health departments and public health organizations are uniquely situated to address the broader non-medical needs in communities by gathering data from multiple sources, identifying gaps in services, building collaborations across sectors (including with the healthcare sector) and with community-based organizations, and identifying and addressing policies that inhibit overall health and well-being. By providing additional guidance, incentives, and frameworks, public health can also mobilize to address the upstream factors of health that the healthcare system treats in individual patients. CDC's program aims to support collaborations across sectors and promote cost-saving interventions that prevent chronic health conditions. In a review of similar multisector partnerships addressing SDOH, 29 organizations projected these efforts would result in a savings of $644 million over 20 years from saved medical costs and increased productivity levels.[11] To increase the capacity of public health agencies to address non-medical drivers of health, **TFAH recommends at least $100 million to expand CDC's SDOH Program to all states and territories.**

Environmental Health: Many emergencies occur due to environmental hazards. Since CDC's **National Environmental Public Health Tracking Network** began in 2002, grantees have taken over 700 data-driven actions to eliminate risks to the public. Data covers asthma, drinking water quality, lead poisoning, and hospitalizations, and states use this information to conduct targeted interventions in affected communities. By connecting the dots between exposures and health effects, grantees can work to stop these exposures and protect the health of communities. The Tracking Network has also been used to guide other successful environmental health programs such as the Climate and Health program, the Childhood Lead Positing Prevention Program, and the Heat and Health Tracker. Further investment would help expand available data to inform decision-making and actions to improve community health. Currently, only 33 state and local health departments are funded to participate in the Tracking Network. With a $1.44 return in health care savings for every dollar invested, [12] the Tracking Network is a cost-effective program that examines and combats harmful risk factors. **TFAH recommends at least $65 million for the National Environmental Public Health Tracking Network to fund all 50 states.**

Age-Friendly Public Health: U.S. public health efforts have importantly contributed to the significant increase in longevity and health over the twentieth and twenty-first centuries, including the remarkable achievement that an individual reaching age 65 today can expect to live nearly 20 more years, which promotes greater opportunity and productivity of our society. For adults aged 45-64, 33 percent have multiple chronic conditions, which climbs to 64 percent for adults over the age of 65. The pandemic also exacerbated feelings of social isolation and loneliness among older adults, which increases the risk of heart disease, infections, and depression and costs $6.7 billion in additional Medicare spending annually. Public health interventions play a valuable role in optimizing the health and well-being of older adults by prolonging their independence, reducing health care costs, coordinating existing multi-sector efforts, and disseminating and implementing evidence-based policies. Yet as of now, there is no comprehensive health promotion program for older adults. **We recommend the Committee provide CDC with at least $50 million for an Age Friendly Public Health program to promote healthy aging and address the health needs of older adults.**

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[1] Robin L, Timpe Z, Suarez NA, et al. "Local Education Agency Impact on School Environments to Reduce Health Risk Behaviors and Experiences Among High School Students." Journal of Adolescent Health, February 2022. https://www.sciencedirect.com/science/article/abs/pii/S1054139X21004006.

[2] Curtin S, Garnett M, and Ahmad F, "Provisional Estimates of Suicide by Demographic Characteristics: United States, 2022." *NVSS Vital Statistics Rapid Release*, Report No. 34, November 2023. https://www.cdc.gov/nchs/data/vsrr/vsrr034.pdf (accessed December 14, 2023).

[3] *Id.*

[4] *Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021*. Atlanta: CDC Division of Adolescent and School Health, February 13, 2023. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf .

[5] Pain in the Nation 2023: The Epidemics of Alcohol, Drug, and Suicide Deaths. Trust for America's Health. https://www.tfah.org/wp-content/uploads/2023/05/TFAH-2023-PainInTheNation-FINALr.pdf

[6] Justification of Estimates for Appropriations Committees. Centers for Disease Control and Prevention, FY2025. https://www.cdc.gov/budget/documents/fy2025/FY-2025-CDC-congressional-justification.pdf

[7] Preventing Adverse Childhood Experiences: Data to Action. In Centers for Disease Control and Prevention, updated September 22, 2022. https://www.cdc.gov/violenceprevention/aces/preventingace-datatoaction.html.

[8] J. Cawley and C. Meyerhoefer, "The Medical Care Costs of Obesity: An Instrumental Variables Approach," *Journal of Health Economics* 31, no. 1 (2012): 219-30.

[9] Taylor, L et.al, "Leveraging the Social Determinants of Health: What Works?" PLoS One. 2016 Aug 17;11(8):e0160217. doi: 10.1371/journal.pone.0160217. PMID: 27532336; PMCID: PMC4988629.

[10] S. Magnan. Social Determinants of Health 101 for Health Care: Five Plus Five. National Academy of Medicine, Oct 9, 2017. https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/

[11] CDC, SDOH Evaluation. https://www.cdc.gov/chronicdisease/programs-impact/sdoh/pdf/GFF-eval-brief-508.pdf

[12] *Return on Investment of Nationwide Health Tracking*, Washington, DC: Public Health Foundation, 2001.