

Division of Nutrition, Physical Activity, and Obesity (DNPAO)

National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention (CDC) FY 2022 Labor HHS Appropriations Bill

	FY 2020	FY 2021	FY 2022 President's Request	FY 2022 TFAH Request
Division of Nutrition, Physical Activity, and Obesity	\$56,920,000	\$56,920,000	N/A	\$125,000,000

Background:

According to Trust for America's Health's *State of Obesity 2020* report, for the first time in history, the U.S. adult rate passed the 40 percent mark – 42.4 percent of U.S. adults have obesity.¹ That represents a 26 percent increase since 2008. Similarly, the obesity rate among children has more than tripled from 5.5 percent in 1976-1980 to 19.3 percent in 2017-2018.²

Since 1 of 3 Americans of all ages are living with obesity, millions of Americans are at higher risk for hypertension, high cholesterol, type 2 diabetes, heart disease, certain cancers, and many other negative health consequences. Obesity also is one of the biggest drivers of preventable chronic diseases and health care costs in the United States. A 2009 study found that obesity increased annual medical expenses by \$147 billion.³ Excess weight prevents nearly one in four young adults from qualifying for military service⁴ and the Department of Defense spends \$1.5 billion annually on health care related to obesity for active duty and former service members and their families.⁵

Despite the continuing rise in obesity and its consequences, the United States has failed to create a comprehensive response to the obesity epidemic. The higher rates of hospitalization and mortality for COVID-19 patients with underlying conditions, including obesity, underscore the importance of working toward a country where all Americans can live healthier lives. Furthermore, the racial and ethnic disparities that characterize COVID-19 and obesity are a sharp reminder of the effects that underlying social and economic conditions and structures can have on the health and well-being of Americans at the individual, family, neighborhood, and national level.

Impact:

By working in partnership with states and communities, CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) protects the health of all Americans by supporting healthy eating, active living, and obesity prevention in early care and education facilities, hospitals, schools, and worksites; building capacity of state health departments and national organizations to prevent obesity; and conducting research, surveillance, and evaluation studies. Of note, DNPAO's State Physical Activity and Nutrition



(SPAN), Racial and Ethnic Approaches to Community Health (REACH), and High Obesity Program (HOP) grant recipients have demonstrated the ability to continue effective chronic disease program efforts while addressing COVID-19 pandemic challenges by taking effective actions to pivot quickly to respond to community needs with regard to food security and safe access to physical activity.

DNPAO partners with national, state, and local groups to advance several obesity prevention initiatives, including⁶: State

Physical Activity and Nutrition Program (SPAN), Active People, Healthy Nation, Racial and Ethnic Approaches to Community Health (REACH), and the High Obesity Program.

- The **State Physical Activity and Nutrition Program (SPAN)** provides funding to 16 states to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. Areas of work focus on breastfeeding support, food service guidelines, community physical activity access strategies, and integrating both nutrition and physical activity standards in statewide early care and education (ECE) systems. It is estimated for each additional \$1.2 million in SPAN funding, an additional state could be added to the program. TFAH recommends that increases in DNPAO funding prioritize bringing on more states into the SPAN program.
- DNPAO's newest initiative, **Active People, Healthy Nation,** (partially executed through SPAN, HOP and REACH), supports communities, including CDC-funded sites, to use specific evidence-based strategies to increase physical activity (such as creating activity-friendly routes to everyday destinations, etc.) to encourage 27 million Americans to become more physically active by 2027. For more information, visit <u>www.cdc.gov/activepeoplehealthynation</u>.

FY 22 Appropriations Recommendation:

Fund CDC's DNPAO at \$125 million for FY 2022 to allow CDC to continue building state-level capacity, scaling local community interventions, and implementing Active People, Healthy Nation. TFAH recommends that a DNPAO increase is made in the context of an overall increase for CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), which is critically needed to address chronic disease conditions that account for more than 90% of the nation's \$3.5 trillion in annual healthcare costs.

¹ <u>https://www.tfah.org/report-details/state-of-obesity-2020/</u>

² https://www.cdc.gov/nchs/data/hestat/obesity-child-17-18/obesity-child.htm

³ Finkelstein EA, Trogdon JG, Cohen JW, et al. "Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates." *Health Affairs*, 28(5): w822–w831, 2009. <u>https://www.healthaffairs.org/action/showCitFormats?doi=10.1377%2Fhlthaff.28.5.w822</u> (accessed July 21, 2019).

⁴ Maxey H, Bishop-Josef S, and Goodman B. *Unhealthy and Unprepared*. Washington, DC: Council for a Stronger America, October 2018. https://www.strongnation.org/articles/737-unhealthy-and-unprepared (accessed July 24, 2019)

⁵ Centers for Disease Control and Prevention and Mission: Readiness. (2017). Unfit to serve: obesity is impacting national security. https://www.cdc.gov/physicalactivity/downloads/unfit-to-serve.pdf

⁶ For a detailed list of current DNPAO state grantees, go to: <u>https://www.cdc.gov/nccdphp/dnpao/state-local-programs/funding.html</u>