



## **Outside Witness Testimony – Fiscal Year 2021 LHHS Appropriations**

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**Prepared for:** United States Senate Committee on Appropriations

Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies

**Addressing:** U.S. Department of Health and Human Services (HHS): Centers for Disease Control and Prevention (CDC); Public Health and Social Services Emergency Fund (PHSSEF)

**May 22, 2020**

Trust for America's Health (TFAH) is pleased to submit this testimony on the fiscal year (FY) 2021 appropriations bill. TFAH is a non-profit, non-partisan organization that promotes optimal health for every person and community. Right now, communities across the country are overwhelmed with responding to the Coronavirus Disease 2019 (COVID-19) pandemic, while also responding to long-standing issues like chronic diseases, substance misuse and suicide epidemics, health disparities, and environmental threats after years of underfunding of the public health system. While the United States spends an estimated \$3.6 trillion annually on health, less than 3 percent of that spending is directed toward public health and prevention.<sup>1</sup> By investing in the Centers for Disease Control and Prevention (CDC) and other public health programs, we can make critical investments for our public health system, which is facing unprecedented challenges. It is important to note that TFAH's recommendations are for modest increases to public health programs, given congressional budget caps. However, the COVID-19 pandemic is demonstrating the dire price we are paying for neglecting the public health infrastructure and prevention of disease.

TFAH believes bold action toward a significant funding increase is needed for CDC, state, territorial, tribal, and local public health programs. Health departments are responding to COVID-19 using archaic surveillance methods, such as paper and fax,<sup>23</sup> and with depleted workforce<sup>4</sup> that are the result of years of insufficient funding. TFAH's most recent report, *The Impact of Chronic Underfunding on America's Public Health System*, finds that health threats are increasing, while public health budgets remain stagnant.<sup>5</sup> Given the devastation of COVID-19 on communities' health, as well as state and local budgets, we urge Congress to work toward long-term, sustainable investments in health departments' infrastructure and workforce. Public health experts have estimated a \$4.5 billion annual shortfall for state, territorial, tribal, and local public health infrastructure.<sup>6</sup> Such an investment would help ensure every community is served by a comprehensive public health system.

In addition, we support the proposal advanced in a letter led by former Senators Tom Daschle, Bill Frist and former CDC Director Tom Frieden to congressional leadership calling for creation of a Health Defense Operations (HDO) budget designation that would exempt certain health security budget lines from the Budget Control Act spending caps.<sup>7</sup> Such a designation is needed to get out of the cycle of disinvestment in public health, followed by emergency supplemental funding, followed again by erosion of funds. Health security *is* national security, so funding for protection of Americans against biosecurity threats is critical to our recovery and resilience.

For FY 2021, TFAH also urges the Committee to support programs within CDC and the Public Health and Social Services Emergency Fund (PHSSEF):

**Emergency Preparedness:** The COVID-19 outbreak has demonstrated that it is not enough to deliver short-term, supplemental funding after a disaster occurs; a proper response requires training, plans and systems that can only be established with consistent, ongoing funds. The **Public Health Emergency Preparedness (PHEP) cooperative agreement**, the main federal program that ensures health departments protect Americans from the effects of health emergencies, is a cornerstone of the nation's health security. PHEP grants support 62 state, territory, and local grantees to develop core public health capabilities, including in areas of public health laboratory testing, health surveillance and epidemiology, community resilience, countermeasures and mitigation, incident management, and information management. **Unfortunately, funding for PHEP has been cut by a third since FY2003. TFAH recommends at least \$824 million for the PHEP (CDC), the level authorized in 2006.**

The pandemic is also demonstrating the impact of failing to invest in comprehensive readiness and surge capacity of the healthcare delivery system. Funding for the **Hospital Preparedness Program (HPP)**, administered by the Assistant Secretary for Preparedness and Response, has been cut in half since FY2003. HPP provides critical funding and technical assistance to health care coalitions (HCCs) across the country to meet the disaster healthcare needs of communities. There are 360 HCCs, comprised of public health agencies, hospitals, emergency management and others, that develop and implement healthcare and medical readiness; healthcare and medical response coordination; continuity of healthcare services delivery; and medical surge. **TFAH recommends at least \$474 million for HPP (PHSSEF), the level authorized in 2006.**

**Environmental Health:** To effectively and efficiently address public health challenges, data must incorporate environmental impacts on health. Since CDC's **National Environmental Public Health Tracking Network** began, grantees have taken over 400 data-driven actions to improve health. Data includes asthma, drinking water quality, lead poisoning, flood vulnerability, and community design. State and local health departments use this data to conduct targeted interventions in communities with environmental health concerns. Currently, 25 states and one city are funded to participate in the Tracking Network. With a \$1.44 return in health care savings for every dollar invested, the Tracking Network is a cost-effective program that examines and combats harmful environmental factors.<sup>8</sup> **TFAH recommends at least \$40 million for National Environmental Public Health Tracking Network (CDC), which would enable at least three additional states to join the network.**

**Obesity and Chronic Disease Prevention:** In 2017-2018, 42.4 percent of adults were obese.<sup>9</sup> Yet, funding for CDC's obesity prevention efforts only equal to about 31 cents per person, even though obesity accounts for nearly 21 percent of U.S. healthcare spending.<sup>10</sup> During the COVID-19 pandemic, obesity has been identified as one of the major risk factors for severe outcomes.<sup>11</sup> To adequately address obesity and chronic disease, we must invest in preventive and culturally appropriate strategies. CDC's **Division of Nutrition, Physical Activity and Obesity (DNPAO)** works to decrease obesity and chronic disease in communities across the U.S. DNPAO supports healthy eating, active living, and obesity prevention by creating healthy child care centers,

hospitals, schools, and worksites; building capacity of state health departments and national organizations; and, conducting research, surveillance and evaluation studies. DNPAO's new initiative, Active People, Healthy Nation, aims to help 27 million Americans become more physically active by 2027. DNPAO only has enough money to implement its State Physical Activity and Nutrition Programs (SPAN) in 16 states. **TFAH recommends at least \$125 million for DNPAO (CDC) to fund every state for its SPAN work and continue implementing Active People, Healthy Nation strategies.**

Additionally, the **Racial and Ethnic Approaches to Community Health (REACH)** program, within DNPAO, works in 31 communities across the country. It supports innovative, community-based approaches to develop and implement evidence-based practices, empower communities, and reduce racial and ethnic health disparities. As we are seeing the affect that underlying health disparities are having on COVID-19 patients, we urge renewed investment in programs such as REACH that promote health equity. **TFAH recommends at least \$76.95 million for REACH (CDC) to restore funds historically diverted from core REACH programs.**

**Healthy Outcomes in Schools:** 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 surveillance, data collection, and skills development, DASH collaborates with state and local education agencies to increase health surveillance and services, promote protective factors, and reduce risky behaviors. DASH programs reach approximately 2 million of the 26 million middle and high school students. **TFAH recommends at least \$100 million for DASH (CDC) to expand its work to 20 percent of all middle and high school students.**

**Substance Use Epidemic:** Substance misuse is a public health epidemic experienced by too many communities across the country. From 2009-2018, 530,893 Americans have died from drug-related causes.<sup>12</sup> Increased funding and flexibility for the Opioid Overdose Prevention and Surveillance program at CDC would expand prescription drug monitoring programs and surveillance; strengthen evidence-based prevention efforts; and strengthen CDC's surveillance systems to translate data into action by educating consumers and equipping health departments with resources to promote prevention. We urge you to prioritize primary prevention of substance misuse and to allow flexibility to broadly prevent substance misuse, not solely opioid misuse. **TFAH recommends at least \$650 million for Opioid Overdose Prevention and Surveillance (CDC) to expand and support innovative prevention activities in states.**

**New Initiative: Age-Friendly Public Health:** Every day 10,000 Americans turn 65 years of age, yet there have been limited collaborations between the public health and aging sectors. The COVID-19 outbreak shows how vital this collaboration could be. Public health interventions play a valuable role in optimizing the health and well-being of older adults by prolonging their independence, reducing their use of expensive health care services, coordinating existing multi-sector efforts and identifying gap areas, as well as disseminating and implementing evidence-based policies. We recommend the Committee fund a program to administer and evaluate a healthy aging grant program to support state and local health departments to promote and address the public health needs of older adults, and collaborate with partners in the aging sector. **TFAH**

**recommends at least \$50 million to develop Age-Friendly Public Health at CDC and support grants to states and localities.**

**New Initiative: Social Determinants of Health:** Social and economic conditions such as housing, employment, food security, and education have a major influence on individual and community health.<sup>13</sup> These Social Determinants of Health (SDOH) are receiving increased attention. Public health departments are uniquely situated to build these collaborations across sectors, identify SDOH priorities in communities, and help identify strategies that promote health. Currently most public health departments lack funding and tools to support such cross-sector efforts and are limited by disease-specific federal funding. We recommend the Committee fund CDC to support local and state public health agencies to convene across sectors, gather data, identify priorities, establish plans, and take steps to address unmet non-medical social needs. Recently, Rep. Nanette Diaz Barragán introduced a bill, the Improving Social Determinants of Health Act (H.R. 6561) that would authorize such a program, with endorsements from nearly 160 organizations.<sup>14</sup> **TFAH recommends at least \$50 million to develop a Social Determinants of Health Program (CDC) and enable grants to states and localities.**

**Conclusion:** TFAH appreciates the opportunity to present this testimony to the Committee. By restoring previous budget cuts and expanding prevention activities, we will reinforce our ability to protect and improve the lives of communities nationwide. Thank you.

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<sup>1</sup> *The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2020.*

Washington, DC: Trust for America's Health. February, 2020. <https://www.tfah.org/report-details/publichealthfunding2020/>

<sup>2</sup> King, M. Black doctors blast 'woefully anemic' data on minority coronavirus cases. *Politico*. April 20, 2020.

<https://www.politico.com/news/2020/04/20/minority-cases-coronavirus-197203>

<sup>3</sup> Written Testimony of Sharon M. Watkins, PhD before House Committee on Science, Space and Technology: Hearing on Fighting Flu, Saving Lives: Vaccine Science and Innovation. November 20, 2019.

<https://science.house.gov/imo/media/doc/Watkins%20Testimony.pdf>

<sup>4</sup> New Workforce Survey: Public Health Turnover Could Pose Threat to Community Health. De Beaumont Foundation. January 14, 2019. <https://www.debeaumont.org/news/2019/new-workforce-survey-public-health-turnover-could-pose-threat-to-community-health/>

<sup>5</sup> *The Impact of Chronic Underfunding of America's Public Health System*, Trust for America's Health 2020.

<sup>6</sup> Developing a Financing System to Support Public Health Infrastructure. Public Health Leadership Forum, 2019.

[https://www.resolve.ngo/docs/phlf\\_developingafinancingsystemtosupportpublichealth636869439688663025.pdf](https://www.resolve.ngo/docs/phlf_developingafinancingsystemtosupportpublichealth636869439688663025.pdf)

<sup>7</sup> Letter to congressional leadership on Health Defense Operations budget designation. May 5, 2020. In [preventepidemics.org](https://preventepidemics.org).

[https://preventepidemics.org/wp-content/uploads/2020/05/Health-Defense-Operations-Letter-to-Congress\\_05.05.20.pdf](https://preventepidemics.org/wp-content/uploads/2020/05/Health-Defense-Operations-Letter-to-Congress_05.05.20.pdf)

<sup>8</sup> *Return on Investment of Nationwide Health Tracking*, Washington, DC: Public Health Foundation, 2001.

<sup>9</sup> Hales CM et al. Prevalence of Obesity and Severe Obesity Among Adults: United States, 2017-2018. NCHS Data Brief No. 360, Feb 2020. <https://www.cdc.gov/nchs/data/databriefs/db360-h.pdf>

<sup>10</sup> 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, doi: 10.1016/j.jhealeco.2011.10.003.

<sup>11</sup> Coronavirus Disease 2019 (COVID-19): Groups at Higher Risk for Severe Illness. CDC, 2020.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

<sup>12</sup> WONDER Data, CDC. <https://wonder.cdc.gov/>

<sup>13</sup> Taylor, L et.al, "Leveraging the Social Determinants of Health: What Works?" Yale Global Health Leadership Institute and the Blue Cross and Blue Shield Foundation of Massachusetts, June 2015

<sup>14</sup> The Improving Social Determinants of Health Act of 2020 (H.R. 6561) Background. In Trust for America's Health.

<https://www.tfah.org/wp-content/uploads/2020/05/SDOH-bill-fact-sheet.pdf>