Public Witness Testimony – Fiscal Year 2022 LHHS Appropriations
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Prepared for: House 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 19, 2021

On behalf of Trust for America's Health (TFAH), I am pleased to submit this testimony on the Fiscal Year (FY) 2022 Labor, Health and Human Services, Education and Related Agencies appropriations bill. TFAH is a non-profit, non-partisan organization that promotes optimal health for every person and community. Communities across the country are overwhelmed with responding to the Coronavirus Disease 2019 (COVID-19) pandemic with a depleted public health infrastructure and workforce, while also responding to longstanding issues due to increases in chronic disease, substance misuse and suicide epidemics, and environmental threats. TFAH's recent report, *The Impact of Chronic Underfunding on America's Public Health System*, finds that although health threats continue to increase, core public health budgets at the federal and state levels remain stagnant.[1] While Congress has allocated billions of dollars to address COVID, this funding is short term and largely for use during the pandemic. It follows a similar pattern since 9/11 of underfunding core public health and then providing significant infusions of emergency funding for a short time when a disaster hits. This is like building a house on a shaky foundation. Without an investment in public health year in and year out, problems cannot be prevented, or emergencies reduced. While many thanks are due for your support during COVID, now is the time to fix an underfunded system so we can ensure every resident of the nation has the chance for optimal health and wellbeing. TFAH urges Congress to fund **the Centers for Disease Control and Prevention (CDC)** at **$10 billion for the FY2022 budget,** including investing in these effective programs (unless otherwise noted, all programs are in CDC):

Emergency Preparedness: The COVID-19 response was weakened because the CDC's emergency preparedness funding had been repeatedly cut, reducing essential training and eliminating expert personnel. The CDC's **Public Health Emergency Preparedness (or PHEP) program** has been reduced by a quarter since FY2003 (48% when inflation is considered). PHEP supports 62 state, territory, and local grantees to develop core preparedness capabilities, including in areas of surveillance and epidemiology, community resilience, countermeasures, and incident management. **TFAH recommends funding PHEP at least $824 million.**

The pandemic has also demonstrated 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 (62% when inflation is considered). 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 that develop and implement healthcare readiness plans; response coordination; continuity of healthcare services delivery; and medical surge. **TFAH recommends at least $474 million for HPP.**

Environmental Health: Many health emergencies are due to environmental factors. Here, too, funding has been insufficient. Since CDC's **National Environmental Public Health Tracking Network** began, grantees have taken over 400 data-driven actions to eliminate risks to the public. State and local health departments use this data, including around asthma and lead poisoning, to conduct targeted interventions in communities. 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.[2] Yet only half the states receive funding. **TFAH recommends at least $40 million for the Tracking Network, which would enable at**

least three additional states to join.

Obesity and Chronic Disease Prevention: COVID-19 was exacerbated by preventable, chronic health conditions, including obesity. In 2017-2018, 42.4 percent of adults had obesity.[3] 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) only equals about 31 cents per person.[4] This Division funds state health departments to promote healthy eating, active living, and neighborhoods. However, there is only enough money to implement the State Physical Activity and Nutrition Programs in 16 states. **TFAH recommends at least $125 million for DNPAO to continue building capacity and scaling interventions.**

Two programs at CDC are effective in reducing racial and ethnic health disparities: **Racial and Ethnic Approaches to Community Health (REACH)** program grantees plan and carry out local, culturally appropriate programs to address the root causes of chronic diseases and reduce health disparities. **TFAH recommends at least $102.5 million for REACH to continue scaling to all 50 states and territories.** Within that total, **TFAH recommends at least $27 million for the Good Health and Wellness in Indian Country (GHWIC)** program, which promotes culturally adapted strategies to prevent disease, reduce health disparities, and strengthen community-clinical links in American Indian/Alaskan Native tribal communities.

Healthy Outcomes in Schools: Specialized efforts are needed with certain age groups as well. 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 to expand its work to 20 percent of all middle and high school students.**

Age-Friendly Public Health: The COVID-19 outbreak also showed how vital the collaboration between the public health and aging sectors is. 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. Yet as of now, there is no comprehensive health promotion program for older adults. **We recommend the Committee provide CDC at least $50 million to create an Age Friendly Public Health program** to promote and address the public health needs of older adults and collaborate with partners in the aging sector.

Social Determinants of Health: Social determinants of health (SDOH) such as housing, employment, food security, and education have a major influence on individual and community health,[5] illustrated by disparate outcomes and risk from COVID-19. Public health departments are uniquely situated to build collaborations across sectors, identify SDOH priorities in communities, and help implement strategies that promote health. TFAH thanks the Committee for $3 million in FY2021 to establish a new CDC SDOH program. Aligned with the President's request,[6] **TFAH recommends at least $153 million to further develop CDC's Social Determinants of Health**, a level endorsed by more than 200 organizations.[7]

Suicide Prevention: In 2019, suicide took 47,500 lives, and rates increased by 33 percent between 1999 and 2019.[8] The complex nature of this issue requires a comprehensive program that focuses on vulnerable populations, data collection to inform efforts, and research on risk factors. CDC's work helps identify and disseminate effective strategies for preventing suicide,

from strengthening access and delivery of care, promoting policies and programs that reduce the risk, and supporting multisector partnerships. **TFAH recommends at least $36 million for CDC's Suicide Prevention line to expand activities to an estimated 25 sites and to support state health departments as they implement comprehensive suicide prevention plans.**

Adverse Childhood Experiences: CDC estimates that if Adverse Childhood Experiences (ACEs), such as abuse and neglect were prevented, there would be 21 million fewer cases of depression, 1.9 million fewer cases of heart disease, and 2.5 million fewer cases of obesity.[9] CDC's approach to ACEs prevention involves translating research into action and helping states identify and implement effective prevention strategies to work across sectors to prevent early adversity. In 2020, four state health departments were awarded funding to enhance or build infrastructure for ACEs surveillance, implement strategies to prevent ACEs, and leverage multisector partnerships to coordinate prevention activities. **TFAH recommends at least $7 million to expand ACEs prevention activities to four additional state health departments and to build upon CDC's work on preventing early adversity.**

Conclusion: The COVID-19 pandemic has reiterated the dangers of ignoring and underfunding public health. Let's not wait to the next emergency to fix this problem. Instead, let's proactively fund public health at $10 billion for CDC in FY2022, to become a more resilient and healthy nation. Thank you for the opportunity to present this testimony to the Committee.

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[1] *The Impact of Chronic Underfunding of America's Public Health System*. Trust for America's Health 2021. https://www.tfah.org/report-details/pandemic-proved-underinvesting-in-public-health-lives-livelihoods-risk/

[2] *Return on Investment of Nationwide Health Tracking*. Public Health Foundation, 2001.

[3] *State of Obesity 2020*. Trust for America's Health. Sept 2020. https://www.tfah.org/report-details/state-of-obesity-2020/

[4] 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.

[5] 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

[6] *The President's request for fiscal year (FY) 2022 discretionary funding*. (2021). Executive Office of the President.

[7] Letter to House Appropriations LHHS Subcommittee. April 26, 2021. https://www.tfah.org/wp-content/uploads/2021/04/CDC_SDOHFunding_SignOn.pdf

[8] *Suicide Prevention*, CDC. https://www.cdc.gov/suicide/

[9] BRFFS 2015-2017, 25 states, CDC Vital Signs, November 2019. https://www.cdc.gov/vitalsigns/aces/index.html