Public Witness Testimony – Fiscal Year 2023 LHHS Appropriations
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Prepared for: United States 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); Public Health and Social Services Emergency Fund (PHSSEF)
May 26, 2022

Trust for America's Health (TFAH) is pleased to submit this testimony on the fiscal year (FY) 2023 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill. TFAH is a non-profit, non-partisan organization that promotes optimal health for every person and community. We do not accept government funding. The pandemic has demonstrated the impact of chronic underfunding of public health and prevention. Communities across the country have responded to the pandemic with a depleted public health infrastructure and workforce, while also responding to longstanding issues due to increases in chronic diseases, substance misuse and suicide, health disparities, and environmental health risks. While Congress has allocated short-term emergency funding to address COVID-19, this funding cannot build cross-cutting capacity, promote overall health, or strengthen the underlying infrastructure and workforce. Now is the time to fix an underfunded system so 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 billion for FY2023,** including these effective programs:

Emergency Preparedness: The COVID-19 response was hindered in part because the CDC's emergency preparedness funding had been repeatedly cut, reducing essential training and expert personnel. The **Public Health Emergency Preparedness (PHEP) cooperative agreement** has enabled great strides in our nation's all-hazards preparedness, but PHEP has been cut significantly from $918 million in FY2002 to $715 million in FY2022, or 51% with inflation. The cooperative agreement supports 62 state, local, and territorial recipients to develop and

strengthen core preparedness capabilities. **TFAH recommends at least $824 million for the PHEP to rebuild capacity 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 **Hospital Preparedness Program (HPP)**, administered by the Assistant Secretary for Preparedness and Response at HHS, provides critical funding and technical assistance to health care coalitions (HCCs) across the country to meet the disaster healthcare needs of communities, but funding has been cut drastically from $515 million in FY2003 to $296 million in FY2022. **TFAH recommends at least $474 million for HPP (PHSSEF) to build capacity for the healthcare system to save lives during disasters.**

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. A February 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 approximately 25 percent of all U.S. students.**

Suicide Prevention: The COVID-19 pandemic appears to have heightened the risk for suicide among certain groups, and the recent CDC Adolescent Behaviors and Experiences Survey found that almost 20 percent of youth respondents had seriously considered attempting suicide, and 9 percent actually attempted suicide.[2] CDC's 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 $40 million to expand prevention activities to at least 25 sites and support state health departments as they expand comprehensive suicide prevention and surveillance.**

Adverse Childhood Experiences: CDC estimates that the prevention of adverse childhood experiences (ACEs) could reduce cases of depression in adults by 44% and avoid 1.9 million cases of heart disease.[3] To help address these issues, CDC has worked to build the evidence base by funding innovative research and evaluation, supporting surveillance and data innovation, and identifying strategies and building capacity and awareness to prevent ACEs. CDC currently supports six state-level offices, institutes, or departments that are 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.[4] **TFAH recommends at least $15 million to expand surveillance and ACEs prevention activities to additional states.**

Obesity and Chronic Disease Prevention: In 2018, 42.4 percent of adults had obesity and 19.3 percent of youth ages 2-19 lived with obesity.[5] 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.[6] This Division's current funding level can only support 16 states through the State Physical Activity and Nutrition program and 15 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, surveillance, and evaluation. **TFAH recommends at least $125 million for DNPAO to expand to all 50 states and territories.**

Additionally, inequities in social and economic conditions facing communities of color and Tribal Nations continue to negatively impact health outcomes. 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 40 communities across the country to support innovative, evidence-based programs that reduce health disparities. The REACH program will undergo a re-compete in FY2023, and increased funding is needed to meet the overwhelming need for the program, which has 260 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 direct 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: Social determinants of health (SDOH) such as housing, employment, food security, and education have a major influence on individual and community health,[7] contributing to an estimated 80-90 percent of a person's health outcomes.[8] Public health departments are uniquely situated to build collaborations across sectors and promote cost-saving interventions that prevent chronic health conditions. In a review of existing multi-sector partnerships addressing SDOH, 29 organizations projected a savings of $566 million over 20 years from saved medical costs and increased productivity levels as a result of their efforts.[9] **TFAH recommends at least $153 million to further develop CDC's Social Determinants of Health Program and enable grants 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 400 data-driven actions to eliminate risks to the public. Data cover asthma, drinking water quality, lead poisoning, and flood vulnerability, and states use this information to conduct targeted interventions in affected communities. Currently, only 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, [10] the Tracking Network is a cost-effective program that examines and combats harmful risk factors. **TFAH recommends at least $54 million for National Environmental Public Health Tracking Network (CDC) to enable 15 additional states to join.**

Age-Friendly Public Health: The disproportionate impact of the COVID-19 pandemic on older adults has shown that collaboration between the public health and aging sectors is vital. 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 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 for an Age Friendly Public Health program to address the health needs of older adults.**

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