



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 2024 Labor HHS Appropriations Bill**

	FY 2022	FY 2023	FY 2024 President's Request	FY 2024 TFAH Request
Division of Nutrition, Physical Activity, and Obesity	\$58,420,000	\$58,420,000	\$130,420,000	\$130,420,000

Background:

Although rates of obesity continue to increase, the United States does not have a comprehensive plan to respond to the obesity epidemic. Furthermore, the current level of investment in policies and programs for obesity prevention does not meet the level of intervention needed. The obesity epidemic is a complex problem that requires a multifaceted approach to ensure that healthy eating and active living are accessible and affordable to all people and in all communities. Living with obesity also increases the risk of developing other chronic conditions, like hypertension, high cholesterol, type 2 diabetes, heart disease, certain cancers, and many other negative health outcomes.

According to Trust for America's Health's *State of Obesity 2022* report, 41.9 percent of U.S. adults live with obesity.¹ That represents a 37 percent increase since 2000. Similarly, the rate of obesity among children has increased 42 percent from 2000 to 2020.² Among military-aged U.S. adults, only 1 in 3 met body mass index (BMI) eligibility and were adequately physically active,³ 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.⁴ Obesity is also one of the leading drivers of health care costs in the United States. A 2016 study found that obesity increased annual medical expenses by \$260.6 billion.⁵ Furthermore, higher rates of chronic disease in the U.S. have worsened the impact of the COVID-19 pandemic, as evidenced by higher rates of hospitalization and mortality among individuals with COVID-19 who have underlying medical conditions, including obesity.

Community and public health approaches could prevent these outcomes by making the healthy choice the easy choice. By supporting states and communities, the Centers for Disease Control and Prevention's (CDC) 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, and worksites; building capacity of state health departments and community-based organizations to prevent obesity; and conducting research and evaluation studies.



Impact: DNPAO partners with national, state, tribal, and local groups to advance several obesity prevention initiatives, including⁶: State Physical Activity and Nutrition Program (SPAN), Active People, Healthy NationSM, Racial and Ethnic Approaches to Community Health (REACH) Program, the High Obesity Program (HOP), and the Childhood Obesity Research Demonstration (CORD) project.

The **State Physical Activity and Nutrition Program (SPAN)** funds states to implement evidence-based strategies at state and local levels to

improve nutrition and physical activity. Yet, CDC’s current funding level can only support 16 states (out of 50 approved but unfunded applications) and no territories. It is estimated for each additional \$1.2 million in SPAN funding, an additional state could be added to the program.⁷ Key SPAN outcomes during the first four years of the current SPAN grant period (October 2018 to August 2022):

- 18,314,483 people have enhanced access to activity friendly routes to more easily reach everyday destinations;
- 2,294,685 children learned about the importance of nutrition and physical activity in early care and education settings;
- 517,100 infants born in hospitals with updated breastfeeding standards;
- 1,462,406 people impacted by new or improved breastfeeding support programs.

TFAH recommends that increases in DNPAO funding prioritize expanding SPAN to all 50 states and the territories, a recommendation also made in the [National Strategy on Hunger, Nutrition, and Health](#). Compared with the estimated \$260.6 billion in obesity-related healthcare costs that the United States spends annually, increasing SPAN funding would be a small investment that could substantially reduce overall healthcare costs.

Active People, Healthy NationSM (partially executed through SPAN, HOP, and REACH) supports communities to use evidence-based strategies to increase physical activity to encourage 27 million Americans to become more physically active by 2027. The initiative includes building capacity of low resource communities to complete applications for resources from the Bipartisan Infrastructure Law (BIL) to create safe and convenient spaces for physical activity.

FY 24 Appropriations Recommendation:

Fund CDC’s DNPAO at \$130 million for FY 2024 to allow CDC to expand SPAN to all 50 states and the territories, continue building state-level capacity, scaling local community interventions, and implementing Active People, Healthy Nation to help underserved communities access BIL funds. 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 \$4.1 trillion in annual healthcare costs.⁸

¹ *The State of Obesity: Better Policies for a Healthier America 2022* (September, 2022). Trust for America's Health. https://www.tfah.org/wp-content/uploads/2022/09/2022ObesityReport_FINAL3923.pdf.

² *Ibid.*

³ <https://www.sciencedirect.com/science/article/pii/S0749379722004238>

⁴ Centers for Disease Control and Prevention and Mission: Readiness. (2017). Unfit to serve: obesity is impacting national security. <https://www.cdc.gov/physicalactivity/resources/unfit-to-serve/index.html>

⁵ Cawley J, Biener A, Meyerhoefer C, Ding Y, Zvenyach T, Smolarz BG, Ramasamy A. Direct medical costs of obesity in the United States and the most populous states. *J Manag Care Spec Pharm*. 2021 Mar;27(3):354-366. doi: 10.18553/jmcp.2021.20410.

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

⁷ <https://www.tfah.org/report-details/pandemic-proved-underinvesting-in-public-health-lives-livelihoods-risk/>

⁸ <https://www.cdc.gov/chronicdisease/about/costs/index.htm>

⁷ <https://pubmed.ncbi.nlm.nih.gov/33470881/>

⁸ <https://www.cdc.gov/chronicdisease/about/costs/index.htm>