



**Public Witness Testimony – Fiscal Year 2024 LHHS Appropriations**

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Trust for America's Health

**Prepared for:** U.S. Senate 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); Administration for Strategic Preparedness and Response (ASPR)

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Trust for America's Health (TFAH) is pleased to submit testimony on the fiscal year (FY) 2024 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill. TFAH is a non-profit, non-partisan public health policy, research, and advocacy organization that promotes optimal health for every person and community. Troubling rates of chronic disease, rising deaths from overdose and suicide, and increasing threats from natural disasters and infectious disease outbreaks all underscore the urgent need to strengthen prevention and public health. While Congress allocated short-term funding to address COVID-19, this funding cannot build ongoing capacity, promote overall health, or strengthen the underlying infrastructure and workforce. Now is the time to ensure every community has the chance for health and well-being. TFAH urges Congress to fund **the Centers for Disease Control and Prevention (CDC) at \$11.581 billion for FY2024**, 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 \$735 million in FY2023, or about half when accounting for inflation. The cooperative agreement supports 62 state, local, and territorial recipients to develop and strengthen core preparedness capabilities and is the main federal program that supports the work of health departments in preparing for and responding to all types of disasters, including bioterrorism, natural disasters, and infectious disease outbreaks. **TFAH recommends at least \$1 billion for 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. The Healthcare Readiness and Recovery Portfolio, including the **Hospital Preparedness Program (HPP)**, administered by the Administration for Strategic 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. HPP builds resilience in the healthcare delivery system by increasing its ability to operate and provide care during a disaster, saving lives and ensuring the earliest possible recovery of the system. Unfortunately, funding has been cut drastically from \$515 million in FY2003 to \$305 million in FY2023, over 60 percent when accounting for inflation. Although HPP has saved lives during disasters, these cuts have limited medical surge capacity and healthcare situational awareness in all states. **TFAH recommends at least \$500 million for HPP to help 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. DASH collaborates with state and local education agencies to increase health services, promote protective factors, and reduce risky behaviors. Examples of these strategies include mentoring programs, service-learning opportunities, and student-led groups. DASH also operates two school-based data collection systems that provide educators with information they can translate into programs, policies, and practices to improve student health and well-being. A 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.<sup>1</sup> Findings CDC released in February 2023, showing increasing levels of suicidal thoughts and behaviors for nearly all groups of youth, also underscore the importance of this work.<sup>2</sup> **TFAH recommends at least \$100 million for DASH to expand its work to 75 of the largest local education agencies, 50 states, and 7 territories to reach approximately 25 percent of all U.S. students.**

**Suicide Prevention:** According to CDC data, the number of suicides increased in 2021 to nearly historic peak levels after slight declines in 2019 and 2020, and suicide rates increased significantly, overall, for non-Hispanic Black, American Indian/Alaska Native (AI/AN), and Hispanic persons in 2021.<sup>3</sup> Findings CDC released in February 2023 also show worsening trends in suicidal thoughts and behaviors among teen girls, specifically, through 2021.<sup>4</sup> More broadly, deaths from suicide increased each year from 2012 through 2018, and more than 450,000 Americans died from suicide between 2012 and 2021. 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. Fourteen current recipients use CDC funding to support data collection of nonfatal suicide related outcomes through emergency department syndromic surveillance. These data can identify upticks and spikes in nonfatal suicide-related outcomes in near-real time to inform local responses. **TFAH recommends at least \$80 million to expand prevention activities to all 50 states, Washington, D.C., and 18 Tribal and territorial communities and support state health departments as they expand comprehensive suicide prevention and surveillance.**

**Adverse Childhood Experiences:** Adverse childhood experiences (ACEs) are potentially traumatic events—in connection with abuse, neglect, and high community rates of violence and crime—that occur in childhood and can have long-lasting effects on an individual’s lifelong health and opportunity. CDC has recognized the association between ACEs, suicides, and substance use disorders, and that the prevention of ACEs could reduce cases of depression in adults by an estimated 44 percent.<sup>5</sup> 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.<sup>6</sup> Recipients of CDC funding also build or enhance awareness, analysis, and application of ACEs-related data, which directly informs and tailors ACEs prevention activities in communities. **TFAH recommends at least**

**\$15 million to expand surveillance and ACEs prevention activities to additional states.**

**Obesity and Chronic Disease Prevention:** In 2020, 41.9 percent of adults had obesity and 19.7 percent of youth ages 2-19 had obesity.<sup>7</sup> 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.<sup>8</sup> This Division’s current funding level can only support 16 states through the State Physical Activity and Nutrition (SPAN) 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 and evaluation. **TFAH recommends at least \$130.42 million for DNPAO to expand this work to 50 states and the territories.**

Additionally, community-driven approaches are needed to address persistent health gaps facing populations of color and Tribal Nations. 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 is undergoing a re-compete this year, 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 AI/AN 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, education, and transportation have a major influence on individual and community health,<sup>9</sup> contributing to an estimated 80-90 percent of a person’s health outcomes.<sup>10</sup> CDC’s program aims to support collaborations across sectors and promote cost-saving interventions that prevent chronic health conditions. In a review of similar multisector partnerships addressing SDOH, 29 organizations projected these efforts would result in a savings of \$644 million over 20 years from saved medical costs and increased productivity levels.<sup>11</sup> **TFAH recommends at least \$100 million to further develop CDC’s SDOH Program.**

**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 33 states, local, and city health departments are funded to participate in the Tracking Network. With a \$1.44 return in health care savings for every dollar invested,<sup>12</sup> the Tracking Network is a cost-effective program that examines and combats harmful risk factors. As of FY2023, CDC is still only able to fund 31 states, in addition to one city and one county to participate in the Tracking Network. **TFAH**

**recommends at least \$65 million for the National Environmental Public Health Tracking Network to fund all 50 states.**

**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 health care costs, 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. TFAH recommends funding for a CDC Healthy Aging unit to promote the health and well-being of older adults, advance health equity and reduce healthcare costs by developing Age-Friendly Public Health Systems (AFPHS) at state, local, territorial, and tribal health departments. AFPHS interventions can optimize the health and well-being of adults 65 and over, prolong their independence, help reduce disparities and advance equity, and help reduce the nation’s healthcare spending. Elevating healthy aging as a core function of public health departments is necessary to foster multi-sector collaboration and develop effective solutions to improve the lives of older Americans. **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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<sup>1</sup> Robin L, Timpe Z, Suarez NA, et al. “Local Education Agency Impact on School Environments to Reduce Health Risk Behaviors and Experiences Among High School Students.” *Journal of Adolescent Health*, February 2022. <https://www.sciencedirect.com/science/article/abs/pii/S1054139X21004006>.

<sup>2</sup> *Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021*. Atlanta: CDC Division of Adolescent and School Health, February 13, 2023. [https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS\\_Data-Summary-Trends\\_Report2023\\_508.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf) (accessed February 13, 2023).

<sup>3</sup> Stone D, Mack K, Qualters J, “Notes from the Field: Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021.” *Morbidity and Mortality Weekly Report*, 72(6):160-162, February 10, 2023. <https://www.cdc.gov/mmwr/volumes/72/wr/mm7206a4.htm>.

<sup>4</sup> *Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021*. Atlanta: CDC Division of Adolescent and School Health, February 13, 2023. [https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS\\_Data-Summary-Trends\\_Report2023\\_508.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf).

<sup>5</sup> Justification of Estimates for Appropriations Committees. Centers for Disease Control and Prevention, FY2024. <https://www.cdc.gov/budget/documents/fy2024/FY-2024-CDC-congressional-justification.pdf>.

<sup>6</sup> Preventing Adverse Childhood Experiences: Data to Action. In Centers for Disease Control and Prevention, updated September 22, 2022. <https://www.cdc.gov/violenceprevention/aces/preventingace-datatoaction.html>.

<sup>7</sup> *State of Obesity 2022*. Trust for America’s Health. Sept 2022. <https://www.tfah.org/report-details/state-of-obesity-2022/>

<sup>8</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.

<sup>9</sup> Taylor, L et.al, “Leveraging the Social Determinants of Health: What Works?” *PLoS One*. 2016 Aug 17;11(8):e0160217. doi: 10.1371/journal.pone.0160217. PMID: 27532336; PMCID: PMC4988629.

<sup>10</sup> S. Magnan. Social Determinants of Health 101 for Health Care: Five Plus Five. National Academy of Medicine, Oct 9, 2017. <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>

<sup>11</sup> CDC, SDOH Evaluation. <https://www.cdc.gov/chronicdisease/programs-impact/sdoh/pdf/GFF-eval-brief-508.pdf>

<sup>12</sup> *Return on Investment of Nationwide Health Tracking*, Washington, DC: Public Health Foundation, 2001.