



**Public Record Testimony of the Society for Public Health Education**

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Presented to: United States House of Representatives Committee on  
Appropriations, Subcommittee on Labor, Health and Human Services,  
Education and Related Agencies

Regarding FY 2014 Funding for Disease Prevention and Wellness Programs  
March 15, 2013

The Society for Public Health Education (SOPHE) is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the *only* independent professional organization devoted exclusively to health education and health promotion. SOPHE's two scientific peer-reviewed journals, electronic newsletters, listservs, websites, new Center for Online Education (CORE), as well as its national conference help ensure that vital public health activities and programs in various regions are expeditiously disseminated. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's 4,000 national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government. There are currently 20 SOPHE chapters covering more than 30 states and regions across the country.

SOPHE's vision of a healthy world through health education compels us to advocate for increased resources targeted at the most pressing public health issues. For the FY 2014 funding

cycle, SOPHE encourages the Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) Subcommittee to increase funding for public health programs that focus on preventing chronic disease and other illnesses in adults as well as youth, and eliminating health disparities. In particular, SOPHE requests the following FY 2014 funding levels for Labor-HHS programs:

- **\$7.8 billion for the Centers for Disease Control and Prevention (CDC)**
- **\$1 billion for the Prevention and Public Health Fund**
- **\$226 million for the Community Transformation Grants (CTG) Program**
- **\$18.6 million for CDC's School Health Program**

The discipline of health education and health promotion, which is some 100 years old, uses sound science to plan, implement, and evaluate interventions that enable individuals, groups, and communities to achieve personal, environmental and population health. There is a robust, scientific evidence-base documenting not only that various health education interventions work but that they are also cost-effective. These principles serve as the basis for our support for the programs outlined below and can help ensure our nation's resources are targeted for the best return on investment.

#### Preventing Chronic Disease

The data are clear: chronic diseases are the nation's leading causes of morbidity and mortality and account for 75 percent of every dollar spent on health care in the U.S. Collectively, they account for 70 percent of all deaths nationwide. Health care now accounts for 18 percent of GDP, and it's expected to account for 19.6 percent by 2021. Yet evidence shows that investing just \$1 in preventing disease will yield a \$5 return on investment.

**SOPHE is requesting a FY 2014 funding level \$7.8 billion for CDC** in order to prevent chronic diseases and other illnesses, promote health, prevent injury and disability, and ensure

preparedness against health threats. CDC is at the forefront of U.S. efforts to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop sound public health policies, and foster safe and healthful environments. More than 80% of all CDC funds go back to states to address state and local health issues. Studies show that spending as little as \$10 per person on proven preventive interventions could save the country over \$16 billion in just five years. The public overwhelmingly supports increased funding for disease prevention and health promotion programs. Small investments now in community-led, innovative programs will help to increase our nation's productivity and performance in the global market; help ensure military readiness; decrease rates of infant mortality, deaths due to cancer, cardiovascular disease, diabetes, and HIV/AIDS, and; increase immunization rates.

**SOPHE is requesting a FY 2014 funding level of \$1 billion for the Prevention and Public Health Fund** to sustain essential core public health infrastructure, the workforce, and our capacity to improve health in our communities. The Prevention Fund helps states tackle the leading causes of death and root causes of costly, preventable chronic disease; detect and respond rapidly to health security threats; and prevent accidents and injuries. With this investment, the Fund helps states and the nation as a whole focus on fighting disease and illness *before* they happen. The evidence is overwhelming: investing in prevention saves lives and money. A July 2011 study published in the journal *Health Affairs* found that increased spending by local public health departments can save lives currently lost to preventable illnesses; a 2011 Urban Institute study concluded that it is in the nation's best interest from both a health and economic standpoint to maintain funding for evidence-based, public health programs that save lives and bring down costs; and finally, a 2011 study in *Health Affairs* showed combination of three strategies – delivering better preventive and chronic care, expanding health insurance coverage, and focusing on protection is more effective at saving lives and money than

implementing any one of these strategies alone. Although the enactment of the Middle Class Tax Relief and Job Creation Act of 2012 will reduce the Prevention and Public Health Fund by more than \$5 billion over the next ten years, SOPHE strongly discourages further reductions in the Fund so that we can continue to strengthen core public health infrastructure, the workforce, and our capacity to improve health in our communities.

**SOPHE is requesting a FY 2014 funding level of \$226 million for the CTG program** to empower communities to transform places where people live, work, learn, and play to promote prevention and improve health by lowering rates of chronic disease. The CTG program supports states and communities tackle the root causes of poor health so Americans can lead healthier, more productive lives. All grantees work to address the following priority areas: 1) tobacco-free living; 2) active living and healthy eating; and 3) quality clinical and other preventive services. In FY2012, CTG awards were provided to areas with fewer than 500,000 people in neighborhoods, school districts, villages, towns, cities, and counties to increase opportunities to prevent chronic diseases and promote health. Awarded communities will implement broad, sustainable strategies to reduce health disparities and expand clinical and community preventive services that will directly impact about 9.2 million Americans.

**As part of the CTG initiative, SOPHE strongly supports CDC's Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.) program**, which addresses health risk behaviors in both children and adults. Chronic diseases account for the largest health gap among populations and increase health disparities among racial and ethnic minority groups. As the U.S. population becomes increasingly diverse, the nation's health status will be heavily influenced by the morbidity of racial and ethnic minority communities. With CTG funding, the National REACH Coalition will address strategies in the areas of tobacco-free living, active living and healthy eating, clinical and other preventive services, social and

emotional wellness, and healthy and safe physical environments—with a primary focus on African-American/Black, Hispanic/Latino, Asian, Native Hawaiian/Pacific Islander, and American Indian/Alaskan Native populations.

**SOPHE is requesting a FY 2014 funding level of \$18.6 million to CDC's Division of Population Health's School Health Branch (SHB).** The increase in funding will allow SHB to create a coordinated, national response to school health and chronic disease, maximizing program effectiveness, and accelerating health improvements. More importantly, it will allow CDC to fund coordinated school health programs in all 50 states. Currently only 23 state and tribal entities receive funding for coordinated school health. Coordinated school health programs use a holistic approach by addressing eight key components: health education, physical education, school meals, health services, healthy school environments, staff health promotion, and family/community involvement. Almost 80 percent of young people do not eat the recommended five servings of fruits and vegetables each day. Daily participation in high school physical education classes dropped from 42 percent in 1991 to 32 percent in 2001. Health and fitness are linked to improved academic achievement and grades, cognitive ability, and behavior as well as reduced truancy.

CDC's Coordinated School Health Programs have been shown to be cost-effective in improving children's health, their behavior, and their academic success. This funding builds bridges between state education and public health departments to coordinate health education, nutritious meals, physical education, mental health counseling, health services, healthy school environments, health promotion of faculty, and parent and community involvement.

Thank you for this opportunity to present our views to the Subcommittee. We look forward to working with you to prevent chronic illness, improve the quality of lives, and save billions of dollars in health care spending.