



Public Record Testimony of the Society for Public Health Education

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

Regarding FY 2015 Funding for Disease Prevention and Wellness Programs within the
Department of Health and Human Services
May 23, 2014

I am pleased to submit this testimony on behalf of The Society for Public Health Education (SOPHE), a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. 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. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. The Society 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. 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 2015 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 2015 funding levels for Labor-HHS programs:

- **\$7.8 billion for the U.S. Centers for Disease Control and Prevention (CDC)**
 - **\$.1.1 billion for the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)**
 - ✓ **\$25 million for CDC's National Chronic Disease Prevention and Health Promotion's Division of Population Health School Health Program**
 - **\$1 billion for the Prevention and Public Health Fund**
 - ✓ **\$80 million for Community Prevention Grants**
 - ✓ **\$50 million for Racial and Ethnic Approaches to Community Health**

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. Beyond supporting individual behavior change, health education focuses on policy, systems, and environmental changes to support a healthy lifestyle. **There is a robust, scientific evidence-base documenting not only that health education specialists and their 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. Our profession is the first to recruit and train community health workers in terms of cost-effective program interventions.

SOPHE is requesting a FY 2015 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. Unfortunately, President Obama's FY2015 budget request of \$6.6 billion for CDC represents a decrease of some \$243 million when compared with FY2014. 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. Measured investments now in community-led, evidence-based innovative programs will help to increase our nation's productivity and performance in the global market; help ensure military readiness; decrease costly deaths due to infant low birth weight and adult onset of cancer, cardiovascular disease, diabetes, and HIV/AIDS, and; increase pediatric and adult immunization rates. Moreover, cuts to CDC's budget are not sustainable and will reduce the ability to investigate and respond to public health emergencies as well as foodborne and infectious disease outbreaks.

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 accounts for 18 percent of GDP, and it is expected to account for 19.6 percent by 2021. Yet evidence shows that investing just \$1 in preventing chronic disease will yield a \$5 return on investment.

SOPHE requests an appropriation of \$1.1 billion for the CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). For example, heart conditions cost the nation more than \$107 billion annually in health care costs, and nearly \$95 billion in lost economic productivity. 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.

Among the many vital programs in CDC's NCCDPHP, SOPHE is requesting a FY 2015 funding level of \$25 million to the CDC Division of Population Health's School Health Branch (SHB). The increase in funding will allow the SHB to create a coordinated, national response to school health and chronic disease, which will maximize program effectiveness and accelerate health improvements. School health activities supported through the SHB include:

supporting healthier nutrition environments in schools; providing comprehensive school physical activity programs and multi-component physical education policies; and improving capacity to manage chronic conditions. 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.

Since FY2012, funding for CDC’s school health activities to prevent chronic diseases has essentially been level funded at \$14.9 million. DPH provides a basic level of funding for school health activities in all 50 states (about \$75,000 per state). This small amount of funding allows states to only conduct a minimum of school-based health activities. The School Health Branch also provides an enhanced level of funding on a competitive basis to a smaller number of states. Increasing resources for the SHB will enable all 50 states and DC to engage in enhanced school health activities that improve the school nutrition environment and increase the quality and quantity of physical education and physical activity opportunities. States would also be strongly encouraged to fund a school health position at the state education agency to coordinate efforts with the state health department. CDC’s Coordinated School Health Programs are 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, and parent and community involvement. The 2013 IOM report *Educating the Student Body: Taking Physical Activity and Physical Education to School*, stated that the school environment is key in encouraging and providing opportunities for children and adolescents to be active. The lack of physically fit and health-literate graduates has become a national security issue—being overweight or obese has become the leading medical reason why applicants fail to qualify for military service.

An Avenue to Future Health Savings

SOPHE is requesting a FY 2015 funding level of \$1 billion for the Prevention and Public Health Fund. We applaud Congress for appropriating the Fund for the first time, as was intended by the law since the Fund’s inception, in the FY2014 omnibus bill. We strongly encourage Congress to continue to appropriate the Fund at this level in FY2015 to sustain essential core public health infrastructure, the workforce, and our capacity to improve health in our communities. This fund provides the agility for innovation and meeting the needs of communities at the state and local levels.

Specifically, 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 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; 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; and a follow

up to that study in 2013 found that low-income communities experience the largest health and economic gains with respect to increases in local public health spending. In addition, lower death rates and health care costs were seen especially in communities that allocated their public health funding across a broader mix of preventive services.

SOPHE supports the new Community Prevention Grant program that will be funded at \$80 million to help communities build multi-sector partnerships to strengthen multisector partnerships aimed at better health. Although SOPHE is disappointed that the Community Transformation Grant (CTG) program was discontinued in the FY2014 omnibus, we look forward to a new stream of funding that will support communities to implement evidence-based chronic disease prevention strategies. SOPHE has met with key stakeholders in both Congress and the Administration and looks forward to realizing the vision of forthcoming funding opportunity announcements.

As part of the Prevention Fund, SOPHE strongly supports the increase in funding 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 additional funding from the Prevention and Public Health Fund, the REACH program 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. These culturally sensitive, population specific programs, often led by health education specialists in tandem with community health workers, are aimed at disease risk reduction and preventing costly hospital re-admission rates.

Thank you for this opportunity to present our views to the Subcommittee. We understand there will be difficult choices to make in this fiscal environment, and join you in seriously evaluating how our nation's scarce resources can provide maximum return on investment. **Public health funding gets the job done at the state and local levels and only represents 1.5% of federal budget; lack of full funding would only be “penny wise and pound foolish”.**

SOPHE shares the Subcommittee's goals to support the nation's efforts to thrive and grow through sound investments in labor, education and health. This can only be accomplished with a healthy population contributing to a skilled, healthy and productive workforce. 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.