

**Testimony of the CDC Coalition**

Concerning the Centers for Disease Control and Prevention's Budget for Fiscal Year 2010  
House Appropriations Subcommittee on Labor, Health and Human Services and Education  
Submitted for the Record  
May 1, 2009

The CDC Coalition is a nonpartisan coalition of more than 100 groups committed to strengthening our nation's prevention programs. Our mission is to ensure that health promotion and disease prevention are given top priority in federal funding, to support a funding level for the Centers for Disease Control and Prevention (CDC) that enables it to carry out its prevention mission, and to assure an adequate translation of new research into effective state and local programs. Coalition member groups represent millions of public health workers, clinicians, researchers, educators, and citizens served by CDC programs.

The CDC Coalition believes that Congress should support CDC as an agency—not just the individual programs that it funds. In the best judgment of the CDC Coalition – given the challenges and burdens of chronic disease, a potential influenza pandemic, terrorism, disaster preparedness, new and reemerging infectious diseases, increasing drug resistance to critically important antimicrobial drugs and our many unmet public health needs and missed prevention opportunities – **we believe the agency will require funding of at least \$8.6 billion for CDC's "core programs"**. This request does not include the mandatory funding provided for the Vaccines for Children Program (VFC).

The CDC Coalition appreciates the Subcommittee's work over the years, including your recognition of the need to fund chronic disease prevention, infectious disease prevention and treatment, and environmental health programs at CDC. We also appreciate the support you provided in the economic recovery legislation for public health and prevention and wellness funding. By translating research findings into effective intervention efforts, CDC has been a key source of funding for many of our state and local programs that aim to improve the health of communities. Perhaps more importantly, federal funding through CDC provides the foundation for our state and local public health departments, supporting a trained workforce, laboratory capacity and public health education communications systems. Ensuring a strong CDC is especially important given the important role CDC will play as Congress considers legislation to reform the nation's health system.

CDC also serves as the command center for our nation's public health defense system against emerging and reemerging infectious diseases. With the potential onset of a worldwide influenza pandemic, in addition to the many other natural and man-made threats that exist in the modern world, the CDC has become the nation's—and the world's—expert resource and response center, coordinating communications and action and serving as the laboratory reference center. States and communities rely on CDC for accurate information and direction in a crisis or outbreak. This has been demonstrated most recently by CDC's quick response and ongoing investigation into human infections with H1N1 flu (swine flu) in the United States and internationally.

CDC's budget has actually shrunk since 2005 in terms of real dollars. According to an analysis by the Campaign for Public Health, had CDC's budget for its core programs kept up with inflation, it would be more than \$6.8 billion – about \$220 million more than the amount appropriated for CDC in the FY 2009 Omnibus bill. We are grateful for the \$239 million increase in FY 09, but we have a long way to go especially in these challenging times when public health is being asked to do more, not less. We must make up the lost ground and fully fund CDC's core public health programs at a

time when the threats to public health are so great. Funding public health outbreak by outbreak is not an effective way to ensure either preparedness or accountability. Until we are committed to a strong public health system, every crisis will force trade offs.

### **The Multiple Roles of the CDC**

CDC serves as the lead agency for bioterrorism and other public health emergency preparedness and must receive sustained support for its preparedness programs in order for our nation to meet future challenges. Given the challenges of terrorism and disaster preparedness, and our many unmet public health needs and missed prevention opportunities we urge you to provide adequate funding for state and local capacity grants. We ask the Subcommittee to ensure that our states and local communities can be prepared in the event of an act of terrorism or other public health threat this year and in future years. Unfortunately, this is not a threat that is going away.

Public health programs delivered at the state and local level should be flexible to respond to state and local needs. Within an otherwise-categorical funding construct, the Preventive Health and Health Services (PHHS) Block Grant is the only source of flexible dollars for states and localities to address their unique public health needs. The track record of positive public health outcomes from PHHS Block Grant programs is strong, yet so many requests go unfunded. We greatly appreciate the Subcommittee's past support for this program and we urge your continued support so that states can tailor federal public health dollars to meet their specific needs.

### **Addressing Urgent Realities**

Heart disease remains the nation's No. 1 killer. In 2006, more than 631,000 people in the United States died from heart disease, accounting for nearly 26% of all U.S. deaths. Of those who died from heart disease, 50% were women. Stroke is the third leading cause of death and is a leading cause of disability. In 2006, stroke killed more than 137,000 people (60% of them women), accounting for about 1 of every 18 deaths. In 1998, the U.S. Congress provided funding for CDC to initiate a national, state-based Heart Disease and Stroke Prevention Program with funding for eight states. Now, 31 states and the District of Columbia are funded, 27 as capacity building and 14 as basic implementation. We must expand these efforts to continue the gains we have made in combating heart disease and stroke.

The CDC funds proven programs addressing cancer prevention, early detection, and care. Cancer is the second most common cause of death in the United States. In 2008, more than 1.4 million new cases of cancer will be diagnosed, and about 565,650 Americans— more than 1,500 people a day— are expected to die of the disease. The financial cost of cancer is also significant. According to the National Institutes of Health (NIH), in 2007 the overall cost for cancer in the United States was more than \$219 billion: \$89 billion for direct medical costs, \$18.2 billion for lost worker productivity due to illness, and \$112 billion for lost worker productivity due to premature death.

Among the ways the CDC is fighting cancer, is through funding the National Breast and Cervical Cancer Early Detection Program that helps low-income, uninsured and medically underserved women gain access to lifesaving breast and cervical cancer screenings and provides a gateway to treatment upon diagnosis. CDC also funds grants to states to develop Comprehensive Cancer Control (CCC) plans, bringing together a broad partnership of public and private stakeholders to set joint priorities and implement specific cancer prevention and control activities customized to address each state's particular needs. CDC also funds programs to raise awareness about colorectal, prostate, lung, ovarian and skin cancers, and the National Program of Cancer Registries, a critical registry for tracking cancer trends in all 50 states.

Chronic Obstructive Pulmonary Disease (COPD) – which includes emphysema and chronic bronchitis – is the fourth leading cause of death in the U.S. More than 12 million U.S. adults have been diagnosed with COPD, but an equal number are believed to have the disease but have not yet been diagnosed. In its FY09 Congressional Justification, CDC expressed interest in “developing a roadmap to explore the public health issues related to COPD.” We ask the Subcommittee to support the development of the initial assessment and planning of such a roadmap with a specific appropriation.

Although more than 23 million Americans have diabetes, over 6 million cases are undiagnosed. From 1980-2007, the number of people with diabetes in the United States more than quadrupled, from 5.8 million to 23.6 million. Each year, more than 20,000 people with diabetes become blind, more than 43,000 develop kidney failure, and about 84,000 have leg, foot, or toe amputations. Preventive care such as routine eye and foot examinations, self-monitoring of blood glucose, and glycemic control could reduce these numbers. Unfortunately funding for diabetes, along with many other core CDC programs, has either been cut or flat funded for the past several years. Without additional funds, most states will not be able to create programs based on these new data. States also will continue to need CDC funding for diabetes control programs that seek to reduce the complications associated with diabetes.

Over the last 25 years, obesity rates have doubled among adults and children, and tripled in teens. Obesity, diet and inactivity are cross-cutting risk factors that contribute significantly to heart disease, cancer, stroke and diabetes. The CDC funds programs to encourage the consumption of fruits and vegetables, to get sufficient exercise, and to develop other habits of healthy nutrition and activity. In order to fully support these activities, we urge the Subcommittee to provide adequate funding for CDC’s Division of Nutrition and Physical Activity and Healthy Communities Program.

More than 400,000 people die prematurely every year due to tobacco use. CDC’s tobacco control efforts seek to prevent tobacco addiction in the first place, as well as help those who want to quit. We must continue to support these vital programs and reduce tobacco use in the United States.

Each day more than 3,600 young people initiate cigarette smoking. At the same time, according to CDC, only 3.8% of elementary schools, 7.9% of middle schools and 2.1% of high schools provide daily physical education or its equivalent for the entire school year. Twenty-two percent of schools do not require students to take any physical education at all. Almost 90% of young people do not eat the recommended number of servings of fruits and vegetables, while nearly 30% of young people are overweight or at risk of becoming overweight. And every year, almost 800,000 adolescents become pregnant and nearly 4 million teens are infected with a sexually transmitted disease. School health programs, funded through CDC’s Division of Adolescent and School Health, are one of the most efficient means of correcting these problems, shaping our nation's future health, education, and social well-being.

CDC provides national leadership in helping control the HIV epidemic by working with community, state, national, and international partners in surveillance, research, prevention and evaluation activities. The CDC estimates that about 1.1 million Americans are living with HIV, 21 percent of who are unaware of their infection. Also, the number of people living with HIV is increasing, as new drug therapies are keeping HIV-infected persons healthy longer and dramatically reducing the death rate. Prevention of HIV transmission is the best defense against the AIDS epidemic that has already killed over 550,000 in the U.S. and is devastating populations around the globe. CDC's HIV prevention efforts must be expanded.

The United States has the highest sexually transmitted diseases (STD) rates in the industrialized world. More than 19 million people contract STDs each year. CDC estimates that STDs cost the U.S. healthcare system as much as \$15.3 billion annually in 2007. Elimination of STDs, especially syphilis, is now within our grasp. These welcome opportunities, if adequately funded now, will save millions in annual health care costs in the future. Untreated STDs contribute to infant mortality, infertility, and cervical cancer. State and local STD control programs depend heavily on CDC funding for their operational support.

CDC and its National Center for Health Statistics (NCHS) conduct several surveys that help track health risks and provide information for priority setting at the state and local levels. The Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, Youth Tobacco Survey, National Vital Statistics System, and National Health and Nutrition Examination Survey (NHANES) are important national sources of objective health data. NHANES is a unique collaboration between CDC's NCHS, NIH, and others to obtain data for biomedical research, public health, tracking of health indicators, and policy development. Mobile exam centers travel throughout the country to collect data on chronic conditions, nutritional status, medical risk factors (e.g., high cholesterol level, obesity, high blood pressure), dental health, vision, illicit drug use, blood lead levels, food safety, and other factors that are not possible to assess by use of interviews alone. Ensuring adequate funding for NHANES and other surveys and health data collection activities is essential for determining rates of major diseases and health conditions and developing public health policies and prevention interventions.

We must address the growing disparity in the health of racial and ethnic minorities. CDC's Racial and Ethnic Approaches to Community Health (REACH), is helping states address serious disparities in infant mortality, breast and cervical cancer, cardiovascular disease, diabetes, HIV/AIDS and immunizations. Our members are committed to ending the disparities. We encourage the Subcommittee to provide adequate funds for CDC's REACH program.

CDC oversees immunization programs for children, adolescents and adults, and is a global partner in the ongoing effort to eradicate polio worldwide. The value of adult immunization programs to improve length and quality of life, and to save health care costs, is realized through a number of CDC programs, but there is much work to be done and a need for sound funding to achieve our goals. Influenza vaccination levels remain low for adults. Levels are substantially lower for pneumococcal vaccination and significant racial and ethnic disparities in vaccination levels persist among the elderly. Childhood immunization programs at CDC also need a funding boost, to ensure sufficient purchase and delivery of the varicella and pneumococcal vaccines. In addition, developing functional immunization registries in all states will be less costly in the long run than maintaining the incomplete systems currently in place.

Childhood immunizations provide one of the best returns on investment of any public health program. For every dollar spent on seven vaccines recommended in the childhood series, \$16.50 is saved in direct and indirect costs. An estimated 10 million cases of vaccine avertable diseases and 33,000 deaths are prevented each year through timely immunization. Despite the incredible success of the program, it faces serious financial challenges. We thank the Subcommittee for its support for including Section 317 funds in the economic recovery legislation and we ask that you work to fully fund the program in order to cover all who are currently underserved by the program.

Unintentional injuries are the leading cause of death in the United States for people ages 1-44. In December, 2007, the CDC released the results of a study of injury deaths. Following a 25-year decline in injury mortality rates, there was a 5.5% increase in injury mortality from 1999 to 2004. Newly available 2005 data shows an even greater increase - 8.2% - with 173,753 reported injury

deaths in the U.S. Add injury-related disability, both short- and long-term, hospitalizations and emergency department visits and the economic burden of medical treatment and lost productivity totals over \$406 billion.

In addition to unintentional injuries, approximately 1.5 million women are raped and/or physically assaulted by an intimate partner each year. A study released by the CDC found that the average health care cost for women exceeds twice the average cost for men. In an effort to increase the opportunities for prevention of violence and reduce health care costs, we urge you to include increased funding to focus on prevention of domestic and sexual violence through state level partnerships between maternal and child health, community health programs, and domestic and sexual violence advocates. It is clear that we have a growing public health problem on both fronts, and we urge an increase in funding for injury prevention and control programs, including CDC's National Violent Death Reporting System.

Of the four million babies born each year in the United States, one in every 33 is born with one or more birth defects. Birth defects are the leading cause of infant mortality, accounting for more than 20% of all infant deaths. Children with birth defects who survive often experience lifelong physical and mental disabilities. An estimated 54 million people in the U.S currently live with a disability, and 17 percent of children under the age of 18 have a developmental disability. Direct and indirect costs associated with disability exceed \$300 billion.

Created by the Children's Health Act of 2000 (P.L. 106-310), the National Center on Birth Defects and Developmental Disabilities (NCBDDD) at CDC conducts programs to protect and improve the health of children and adults by preventing birth defects and developmental disabilities; promoting optimal child development and health and wellness among children and adults with disabilities.

We also encourage the Subcommittee to provide adequate funding for CDC's Environmental Public Health Services Branch to revitalize environmental public health services at the national, state and local level. The agencies that carry out these services are fragmented and their resources are stretched. These services are essential to protecting and ensuring the health and well being of the American public from threats associated with West Nile virus, terrorism, E. coli and lead in drinking water. We encourage the Committee to provide additional funding for CDC's Environmental Health Laboratory and the National Environmental Health Outcome Tracking Network. We ask that the Subcommittee continue its recent efforts to expand and enhance CDC's capacity to help the nation prepare for and adapt to the potential health effects of climate change. Expanded funding would allow CDC to: establish a research coordinating center and act as the lead agency to pull together a coordinating work group on climate change and health research; create a federal Interagency Task Force on Climate Change and Health to assess the public health implications of major climate, energy, transportation, agricultural, and other sectoral policies; develop preparedness strategies for climate change tailored to local hazards and local needs; and fund academic "Centers of Excellence" at universities to conduct climate change and health research.

We appreciate the Subcommittee's hard work in advocating for CDC programs in a climate of competing priorities. We thank you for considering our FY 2010 request for **\$8.6 billion** for CDC's "core programs".

## **Members of the CDC Coalition**

- Academy Health
- Advocates for Youth
- AIDS Action
- AIDS Alliance for Children, Youth and Families
- AIDS Foundation of Chicago
- Allergy and Asthma Network Mothers of Asthmatics
- Alliance for Healthy Homes
- Alliance to End Childhood Lead Poisoning
- American Academy of Ophthalmology
- American Academy of Orthopaedic Surgeons
- American Academy of Pediatrics
- American Alliance for Health, Physical Education, Recreation and Dance
- American Association for Health Education
- American Association of Colleges of Pharmacy
- American Association of Geriatric Psychiatry
- American Association of Medical Colleges
- American Cancer Society
- American College of Clinical Pharmacy
- American College of Obstetricians and Gynecologists
- American College of Preventive Medicine
- American College of Occupation and Environmental Medicine
- American Dental Education Association
- American Dietetic Association
- American Foundation for AIDS Research
- American Heart Association
- American Lung Association
- American Podiatric Medical Association
- American Psychological Association
- American Psychological Society
- American Public Transportation Association
- American Red Cross
- American School Health Association
- American Society for Gastrointestinal Endoscopy
- American Society for Microbiology
- American Society for Reproductive Medicine
- American Society of Clinical Pathologists
- American Thoracic Society
- American Urological Association
- American Public Health Association
- Association for Professionals in Infection Control and Epidemiology
- Association for Psychological Science
- Association of Maternal and Child Health Programs
- Association of Minority Health Profession Schools
- Association of Prevention Teaching and Research
- Association of Public Health Laboratories
- Association of Reproductive Health Professionals
- Association of Schools of Public Health
- Association of State and Territorial Chronic Disease Program Directors
- Association of State and Territorial Directors of Nursing
- Association of State and Territorial Health Officials
- Brain Injury Association of America
- Campaign for Public Health
- Campaign for Tobacco Free-Kids
- Center for Science in the Public Interest
- Center for the Advancement of Health
- Coalition for Health Funding
- Coalition for Health Services Research
- Commissioned Corps officers of the U.S. Public Health Service
- Community HIV/AIDS Mobilization Project
- Consortium for Citizens with Disabilities
- Consortium of Social Science Associations
- Council of State and Territorial Epidemiologists
- Crohn's and Colitis Foundation of America
- Easter Seals
- Emergency Nurses Association
- Epilepsy Foundation
- Every Child by Two
- Families USA
- Gay and Lesbian Medical Association
- Guttmacher Institute
- Healthcare for the Homeless
- Hepatitis Foundation International
- National Hemophilia Foundation
- Home Safety Council
- Immune Deficiency Foundation
- Infectious Disease Society of America
- March of Dimes
- National Alliance of State and Territorial AIDS Directors

- National Association of Children's Hospitals and Related Institutions
- National Association of Councils on Developmental Disabilities
- National Association of County and City Health Officials
- National Association of Local Boards of Health
- National Association of School Nurses
- National Association of State Emergency Medical Services Directors
- National Association of State EMS Officials
- National Athletic Trainer's Association
- National Black Nurses Association
- National Coalition for LGBT Health
- National Coalition of STD Directors
- National Council of La Raza
- National Episcopal AIDS Coalition
- National Family Planning & Reproductive Health Association
- National Health Care for the Homeless Council
- National Latino Council on Alcohol and Tobacco Prevention
- National Medical Association
- National Minority AIDS Council
- National Network for Youth
- National Recreation and Park Association
- National Rural Health Association
- Partnership for Prevention
- Planned Parenthood Federation of America
- Research!America
- Safe Kids USA
- Sexuality Information and Education Council of the United States
- Society for Healthcare Epidemiology
- Society for Maternal/Fetal Medicine
- Society for Public Health Education
- Society of Hospital Medicine
- Society of State Directors of Health, Physical Education and Recreation
- Spina Bifida Association of America
- The AIDS Institute
- Tourette Syndrome Association
- Trust for America's Health
- United Cerebral Palsy
- US Conference of Mayors
- YMCA of the USA
- WomenHeart: The National Coalition for Women with Heart Disease