



ASTDHPPHE

**Association of
State and Territorial
Directors of Health
Promotion and Public
Health Education**

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Donna Nichols, MSED, CHES

On behalf of
The Association of State and Territorial Directors of
Health Promotion and Public Health Education

Before the

Subcommittee on
Labor, Health and Human Services,
Education and Related Agencies

Committee on Appropriations
U.S. House of Representatives

May 14, 2002

Good afternoon Mr. Chairman and Members of the Subcommittee. Thank you for allowing me the opportunity to appear before you today. I am Donna Nichols, Director of the Public Health Promotion Program at the Texas Department of Health in Austin.

I am here today representing the Association of State and Territorial Directors of Health Promotion and Public Health Education. ASTDHPPE as it is known, is the only affiliate of the Association of State and Territorial Health Officials (ASTHO) whose primary mission is to promote health education and health promotion as core disciplines of public health practice, and to advocate for quality health education and health promotion programs and strategies to address the nation's leading health problems. As such, ASTDHPPE is at the forefront of national prevention efforts and is organized specifically to provide leadership in health education and health promotion programming, practice, and policy development.

Our members manage health promotion and disease prevention programs at the state level that include, but are not limited to, community health promotion, physical activity, cardiovascular disease, tobacco, injury prevention, obesity prevention and control, school health, arthritis, diabetes, cancer, and work site health promotion. Members are also responsible for workforce development and continuing education for practicing health educators. ASTDHPPE is uniquely qualified to assist local, state, national and international agencies in the design, expansion, and evaluation of community-based programs that reduce the burden of disease through health promotion and public health education efforts.

As you know, over 90 million Americans live with chronic diseases, such as heart disease, cancer and diabetes. These chronic illnesses account for 75 percent of our nation's \$1 trillion annual expenditure on health care. While they are the most common health problems that cause 7 of 10 deaths in the United States, they are also some of the most preventable diseases.

ASTDHPPE strongly supports many of the important public health programs at HHS, and especially at CDC and within the National Center for Chronic Disease Prevention and Health Promotion. However, we would like to focus our advocacy efforts today on a single program that we believe has the greatest potential to simultaneously prevent the leading chronic conditions, reduce health care costs, and produce a healthier population.

We believe that the primary prevention efforts that are supported by the Nutrition and Physical Activity programs at CDC can help turn the tide of the obesity epidemic that is washing over this nation at an alarming rate, and improve diet and levels of physical exercise that are the leading cause of preventable death after tobacco use.

Specifically, ASTDHPPE and its many partners in the public health community, strongly recommend that you include \$60 million in the fiscal year 2003 appropriations bill for the Division of Nutrition and Physical Activity at CDC. The current funding level of \$27 million that the President proposes to maintain next year is only sufficient to support 12 states with small planning grants, referred to as core grants. Ideally, all 50 states and territories should have what is known as a comprehensive grant that supports a full range of activities and community level programs. But today, not even a single state has a comprehensive grant in this area. At the \$60 million funding level in 2003, CDC could support approximately 20 states with core grants and about four states with a larger comprehensive grant. We believe that these investments are critical and will produce a great return for our nation.

I know that Members of this Subcommittee are aware of some of the data documenting the obesity and overweight epidemic that this country is experiencing. However, for the record, I would like to take a moment to highlight the dimensions of this public health crisis.

- ? As the nation's fastest rising public health problem, obesity rates have increased by more than 60 percent in the past 10 years among adults, and rates have more than doubled in children and adolescents during the past two decades. A series of trend maps is attached at the end of my testimony that graphically displays the obesity rates by state.
- ? Approximately 45 million adults in the United States are obese, which is about 25 percent of the adult population. The rate among the Hispanic population has doubled in just the past ten years from 12 percent to 24 percent. The rate among African American adults is even higher; it is closer to 30 percent.
- ? About 15 percent of children and adolescents in this country are overweight, more than half of these children have at least one cardiovascular disease risk factor, and 25 percent have two or more risks factors.
- ? Overweight and obesity affect the majority of American adults, with 61 percent not engaging in levels of physical activity needed to benefit individual health and 25 percent not active at all.
- ? Obesity increases the risk for many chronic and disabling diseases such as cancer, diabetes, cardiovascular disease, and arthritis-related disabilities.
- ? Obesity among children and adolescents has been associated with higher incidence of diabetes, asthma, sleep apnea, and gallbladder disease.
- ? Obesity has roughly the same association with chronic health conditions as does 20 years of aging, which greatly exceeds the associations of smoking or problem drinking. Obesity is also associated with a far greater increase in health care costs than smoking or problem drinking.
- ? At least 300,000 preventable deaths occur each year with the leading cause resulting from physical inactivity and unhealthy eating.
- ? The cost of diseases associated with obesity has increased dramatically over the past 20 years, and has been estimated to be approaching \$100 billion annually.

The good news is that the science is in, and we now understand the relationships linking diet, exercise, and chronic diseases. Last year for example, a major diabetes trial was ended a year early because the findings were too dramatic to delay their announcement. Last August, the researchers of the Diabetes Prevention Program announced their findings that diet and exercise, which achieved a 5- to 7- percent weight loss, resulted in a stunning 58 percent decrease in the incidence of diabetes – a far greater improvement than the pharmaceutical therapy in the comparison group.

As you are probably aware, not surprisingly, we are also experiencing an epidemic of diabetes in this country. Type 2 diabetes is on the rise among children and accounts for almost half of new cases in teenagers in some areas of the country. We know millions of overweight Americans are at high risk for Type 2 diabetes, and we know that we can prevent the eventuality of this disease by changing their diet and exercise habits. While it is certainly important to support secondary prevention efforts aimed specifically at those at risk for diabetes, it just makes sense to also support the primary prevention efforts that will prevent not just diabetes, but the other leading chronic conditions as well.

Increased levels of physical exercise have been shown to also prevent or control hypertension, cardiovascular disease, colon cancer, osteoporosis, depression, and anxiety. Regular physical exercise promotes healthy aging and helps the elderly maintain their physical function and independence.

Unfortunately, like most endeavors in life, getting that message out through effective approaches will require additional resources. Given that we expend less than 1 percent of our estimated \$1 trillion national annual health care expenditures on prevention, as public health professionals, we feel that it is absolutely imperative that we take action now to dedicate significant resources to common sense primary prevention activities. If we do not, these alarming trends will only be exacerbated as the aging baby boomers enter their senior years.

You may well ask why we are experiencing these troubling health trends. The answers are fairly obvious when we examine our lives and societal influences that contribute to the problems of lack of physical exercise and poor diet. We are surrounded by poor nutritional choices at work, school, and in popular fast food restaurants. Social marketing and advertising often reinforce poor choices. Hectic work and family schedules allow little time for physical activity. Schools struggling to improve academic achievement are dropping physical education and assigning more homework which leaves less time for sports and physical activity. Strapped for funding, schools are placing revenue-generating soda and snack machines in their hallways. TVs, computers, and video games lure adults and kids alike to couches and chairs for hours each day. Neighborhoods are unsafe for walking, and parks are unsafe for playing. Office buildings make it difficult to use the stairs, and communities are built without sidewalks or bike trails.

Given the size of the population that we are trying to reach, we obviously cannot rely solely upon individual interventions such as smoking cessation programs that target one person at a time. Instead, the next major leap forward in the effort to prevent chronic diseases will be achieved through policy and environmental changes that affect large populations simultaneously.

Last summer, ASTDHPPHE and CDC issued a groundbreaking report outlining recommendations for building capacity in state health departments to bring about these systems changes. Copies of this report, titled Policy and Environmental Change Interventions, New Directions for Public Health, have been distributed to Members of the Subcommittee at this hearing. The report clearly identifies the need to build community partnerships among a wide variety of organizations beyond the traditional domain of public health agencies. Successful strategies will involve schools, health care providers, faith-based and community organizations, transportation agencies, parks and recreation departments, businesses, developers, urban planners, mayors and town councils, governors and state legislatures, and many other important sectors of society.

CDC support is the catalyst that enables the building of these partnerships. Not only is the grant support critical for creating and evaluating community intervention strategies, but CDC also provides essential expertise, knowledge, and technical assistance to state health officials.

The Division of Nutrition and Physical Activity at CDC is relatively new, and has only been in existence for a couple of years. The Division supports science-based prevention programs to implement national and state-based interventions, applied research to determine how nutrition and physical activity can be used to prevent obesity and other chronic diseases, surveillance and tracking of health behaviors, and evaluation and health communication.

Currently, the Division only has sufficient funding to support core capacity grants in twelve states. Among other activities, these funds are generally used to develop a targeted primary prevention plan for nutrition and physical activity for a just a few communities. The average grant size is roughly \$300,000

for the entire state, which is about the size of one NIH grant for a principal investigator, and is the equivalent investment of about four cents per person within the state.

With additional funds, CDC could start bringing several states up to a comprehensive level of support, in addition to supporting more core grants to new states. At the comprehensive level, states can assess program gaps and provide a comprehensive range of services including: management and administration; epidemiology, surveillance, and data management; health promotion, education, social marketing, and communication; and program planning, coordination, and evaluation. States can also expand effective pilot interventions to include a full range of interventions, and provide mini-grants to priority communities throughout the state.

CDC has produced evidence-based strategies to increase physical activity as a chapter for the Guide to Community Preventive Services, and will soon have similar strategies for obesity prevention and control, to assist states in the design and implementation of their programs. We also have the Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity that was produced by the Nutrition and Physical Activity Work Group. We simply need the funding to run the interventions, and conduct the surveillance and evaluation that we feed back into refining the programs to achieve optimum results.

We have a long way to go before we will make a significant impact on the this enormous problem that we are trying to tackle. However, there are some great examples that clearly show that supporting these programs will pay off.

Examples of Interventions

- ? Saint Louis University's Prevention Research Center built 17 walking trails in rural communities in Missouri to provide safe and convenient places to exercise. Survey data shows that 42 percent of community residents use the trails and 60 percent of the trail users report that they are more physically active since the trails were built.
- ? A curriculum taught to middle school students in Massachusetts integrated health promotion messages into traditional lessons, such as math, science, and language arts. The curriculum effectively reduced obesity prevalence by 3.3 percent among girls (contrasting with a 2.2 percent increase in obesity prevalence in the control group), increased fruit and vegetable consumption among girls, and reduced hours of television viewing among both girls and boys.
- ? A seven-week, One Percent Or Less campaign in Clarksburg, West Virginia, doubled the community's low-fat milk consumption from 18 percent to 41 percent of milk sales. The campaign used paid advertising, public relations, and community programs and cost just 22 cents per person.
- ? As a result of a 1999 mass media campaign by the Arizona Nutrition Network to promote fruit and vegetable intake to food stamp recipients, consumption of 5 or more servings of fruits and vegetables per day increased by 127 percent among individuals with incomes of less than \$15,000 per year, and by 200 percent among individuals with incomes between \$15,000 and \$19,999 per year.
- ? Wheeling Walks, an eight-week population-based campaign to promote walking in Wheeling, West Virginia used paid advertising and public relations activities supported by programs at worksites and other community organizations. The campaign resulted in a 15 percent increase in the number of

people who reported walking at least 30 minutes per day on 5 or more days per week, as compared to the control city.

While we are primarily urging this Subcommittee to increase CDC funding for the Nutrition and Physical Activity programs at CDC, we also whole heartedly support complementary approaches. We therefore support the recommendation that has been endorsed by the National Alliance for Nutrition and Activity (NANA), the Research to Prevention Coalition, and other organizations to provide \$125 million for the Youth Media Campaign to promote healthy lifestyles, along with the recommendation to provide \$83 million for comprehensive school health programs and \$38 million for community health promotion.

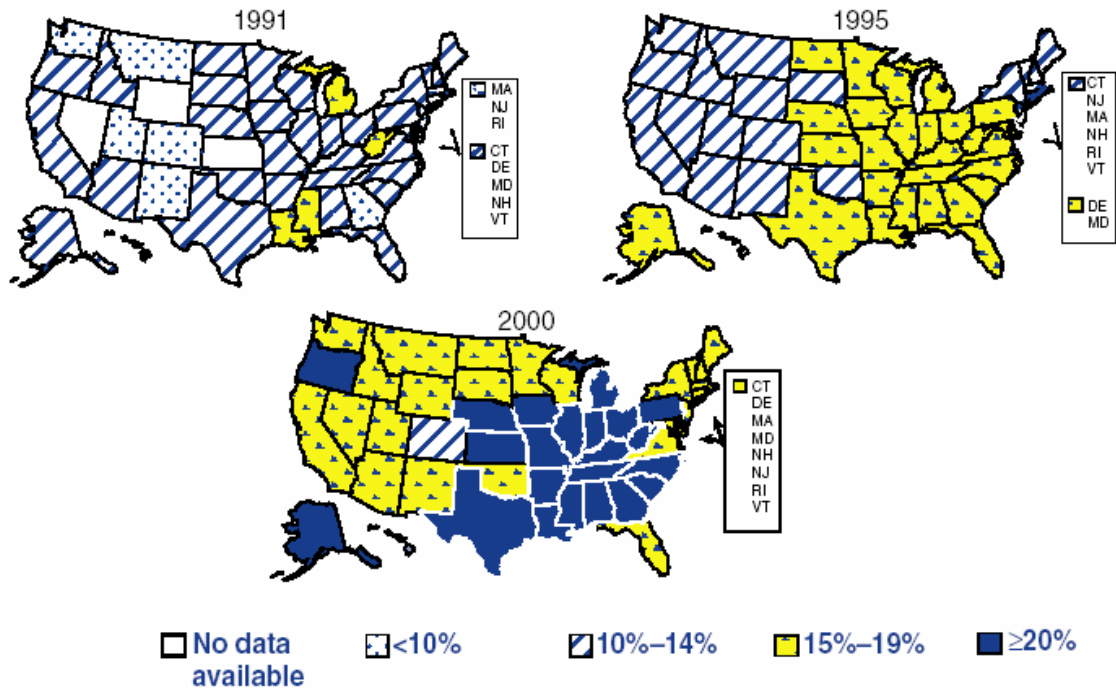
ASTDHPPHE is also strongly supportive of the collective recommendation of the organizations that belong to the Research to Prevention Coalition that propose an overall increase of \$350 million for Chronic Disease Prevention and Health Promotion, a \$75 million increase for the Preventive Health and Health Services Block Grant, and a \$12 million increase for the Racial and Ethnic Approaches to Community Health (REACH) program.

In closing, we know that nutrition and physical activity are cross-cutting risk factors and that effective prevention of obesity also prevents Type 2 diabetes, cardiovascular disease, and some cancers. Therefore, the bottom line is simply that these primary prevention interventions are a great investment. At the state level, we are enthusiastic about the opportunities to take these wonderful science-based approaches into our communities.

While the challenge before us is daunting, it is nonetheless an exciting time for professionals in the field of public health education and health promotion. We appreciate the generous support that you have provided in the past, and look forward to working with you in the future.

Again, thank you for this opportunity to appear here today.

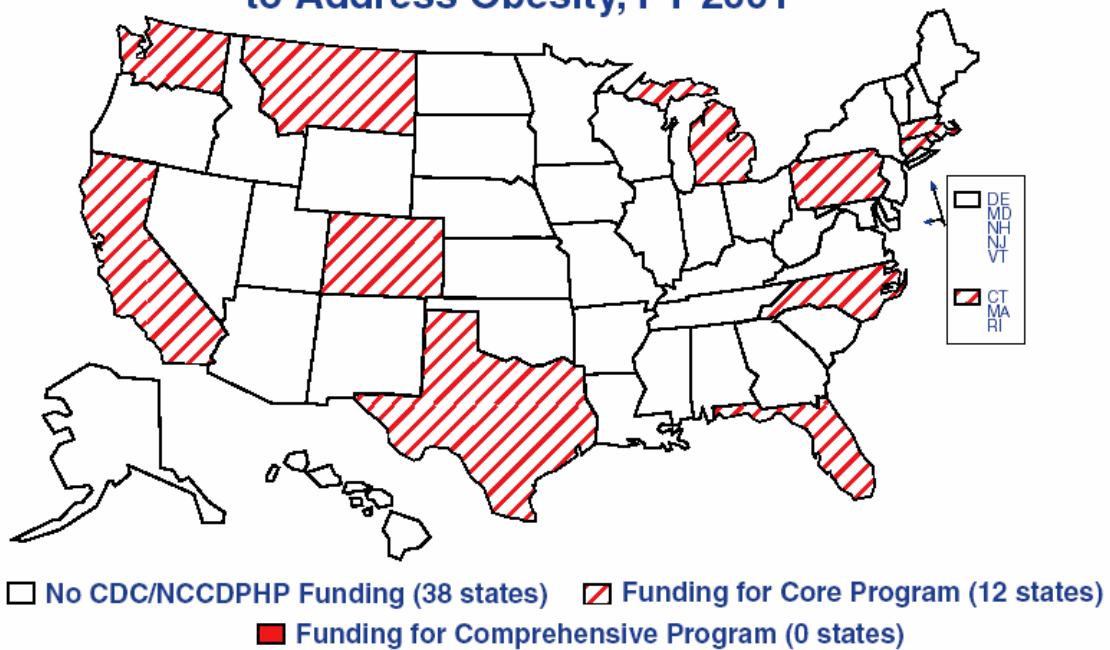
Percentage of Adults Who Are Obese*



*Approximately 30 pounds overweight or BMI ≥ 30 .

Source: Mokdad AH et al. JAMA 1999;282:16 and 2001;286:10.

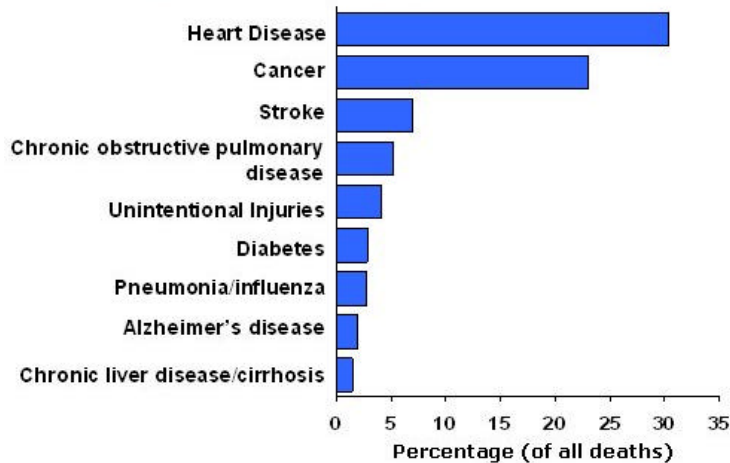
CDC Funding for Nutrition and Physical Activity to Address Obesity, FY 2001



Chronic Diseases and Related Risk Factors in the United States

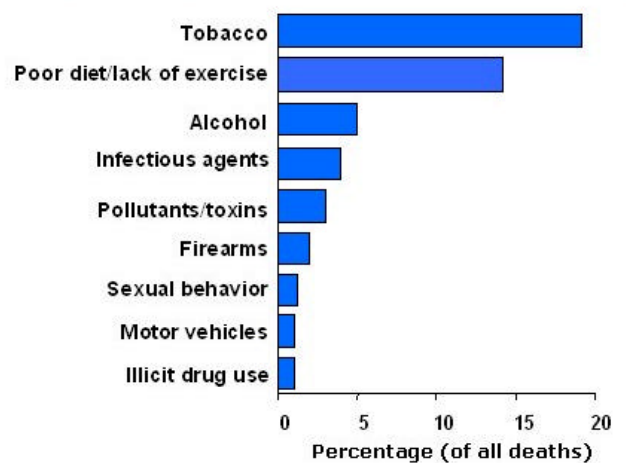
Leading Causes of Death, 1999*

(The diseases that people died from in 1999)



Actual Causes of Death, 1990†

(The most prominent contributors to death in 1990)



Source: * National Vital Statistics Report; 47 (9) November 10, 1998

† McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA 1992; 270:2207-12

The graph on the left, each bar represents the percentage of all deaths that are due to that particular disease. For example, in 1999, approximately 30 percent of all deaths in 1999 were due to heart disease.

The graph on the right, each bar represents the risk factors which were prominent contributors to mortality. For example, in 1990, tobacco accounted for about 20 percent of all deaths.