



## **Coalition of National Health Education Organizations**

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The Coalition of National Health Education Organizations (CNHEO) is pleased to submit this statement to the Senate Labor, Health and Human Services, and Education Subcommittee concerning appropriations for fiscal year 2003 for the Centers for Disease Control and Prevention (CDC). **To accomplish its mission in FY 2003, the CNHEO strongly recommends that the CDC should be funded at the level of at least \$7.9 billion to accomplish its mission, including \$1.1 billion for the National Center for Chronic Disease Prevention and Health Promotion.**

The CNHEO is a nonpartisan coalition of nine national professional organizations committed to mobilization of the resources of the Health Education Profession in order to expand and improve health education. Among other activities, the CNHEO serves as a communication and advisory resource for agencies, organizations and persons in the public and private sectors on health education issues. Coalition member groups represent more than 25,000 health education and promotion professionals and students in elementary and secondary schools, universities, state and local health/education departments, community-based organizations, health care facilities, and corporations both nationally and internationally. The organizations comprising this coalition are:

- ? American Association for Health Education
- ? American College Health Association
- ? American Public Health Association/Public Health Education and Health Promotion Section and School Health Education and Services Education
- ? American School Health Association
- ? Association of State & Territorial Directors of Health Promotion and Public Health Education
- ? Eta Sigma Gamma
- ? Society for Public Health Education
- ? Society of State Directors of Health, Physical Education, and Recreation.

Health education is a social science that draws from the psychological, biological, environmental, physical, and medical sciences to promote health and prevent disease, disability and premature death through education-driven voluntary behavior change activities. Health education not only addresses individual behavior change but also community and institutional changes that are necessary to support healthy behaviors. By focusing on prevention, health

education reduces the costs (both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, states, and the nation would spend on medical treatment. More than 250 colleges and universities in the U.S. offer undergraduate and graduate degrees in school or community health education, health promotion and other related titles. Voluntary credentialing such as a Certified Health Education Specialist (CHES) is available from the National Commission for Health Education Credentialing, Inc, while school health educators are licensed by the state in which they teach.

The CNHEO gratefully acknowledges the strong bipartisan support that the Senate Subcommittee on Labor, Health and Human Services and Education has provided to CDC in recent years. The steady increased funding has enabled many states to improve translation of research in disease prevention and health promotion into essential programs and services at the state and local levels. Funding since September 11, 2001 has helped lay the foundation for rebuilding public health infrastructure, including risk communication programs to inform the public.

Tragic events of fall 2001 underscored, more than ever, the essential role of CDC in protecting public health. CDC is the nation's prevention agency. Working in partnership with state and local public health providers, CDC translates scientific and behavioral research into practice to accomplish our nation's health blueprint, Healthy People 2010 Objectives for the Nation. CDC programs improve access to quality health promotion and health education services across the broad diversity of our nation's communities. **Given the unprecedented public health challenges now faced by this nation, the CNHEO strongly recommends that CDC should be funded at least \$7.9 billion in FY 2003.**

Of particular importance in FY 2003 is increased funding for CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Chronic diseases are the nation's leading causes of morbidity and mortality and account for more than 70% of the nation's \$1 trillion spent on health care annually (1). For example, chronic diseases account for 76% of all deaths in Pennsylvania and Iowa; 75% in Hawaii and Wisconsin; and 74% in Washington and Texas (2). Moreover, chronic diseases account for the largest part of the health gap between populations. African Americans have higher mortality rates for cardiovascular disease, stroke, and cancer of the lung, colon/rectum, breast, cervix, and prostate than Whites, American Indians/Alaska Natives, Asian/Pacific Islanders, and Hispanic Americans (3). **To address these inequities, the CNHEO requests FY 2003 appropriation of \$1.1 billion for CDC's NCCDPHP, including:**

- ? \$220 million for breast and cervical cancer programs
- ? \$128 million for cancer prevention and control programs
- ? \$130 million for tobacco prevention and control programs
- ? \$83 million for comprehensive school health programs
- ? \$60 million for nutrition and physical activity programs
- ? \$125 million for the Youth Media Campaign

According to recent surveys, the public believes preventable disease and injuries are a major health problem and that funding should be increased for disease prevention and health promotion programs. Health behavior is complex, and with the increasing diversity of our population, there is no "one size fits all" strategy or approach that works with all population groups. Simply advising people to stop smoking, start exercising, get a mammogram, or lose weight is

ineffective. But science-based programs in health education that combine individual behavior change with community programs, policies and practices are effective, thereby saving lives and reducing U.S. health care expenditures.

For example, a new group of studies in *Health Promotion Practice* shows that successful programs to lessen racial and ethnic health disparities share common traits of establishing strong ties between health providers and the community members they serve (4). Areas in which innovative programs are having a positive effect are infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS and immunization. The most successful interventions in narrowing the gap build community involvement and trust by enlisting the help of community representatives, involve community members in prioritizing issues and address fundamental policy changes at the neighborhood, organizational and institutional levels.

Programs that establish healthy behaviors in our youth represent an investment for the future health of this nation. Tobacco use, poor nutrition, lack of physical activity, alcohol, and other drug use are risk behaviors, often established during youth, which contribute markedly to heart disease, diabetes, cancer, and injuries. Every day nearly 3,000 young people begin smoking; in the past decade obesity has doubled among children and adolescents; and daily participation in high school physical education classes dropped to 29% in 1999 (5). School health programs have the potential to reach 53 million young people and are demonstrated to be cost-effective in promoting healthy behaviors. Yet 29 states, including Pennsylvania, Iowa, Texas, Nevada, New Hampshire, and Ohio, do not have coordinated school health programs. **The CNHEO requests a FY 2003 appropriation of \$35 million for CDC's Division of Adolescent and School Health (DASH) program separate from HIV/AIDS funds.** These funds will support 6 to 9 new state programs, expansion of the 21 existing coordinated school health programs, and funding for Physical Activity, Nutrition, and Tobacco Evaluation Projects in 2 states.

For example, in Maine all teachers in all middle schools were offered training and materials for the Life Skills Training curriculum, designed to help adolescents develop a wide range of personal and social skills. Surveys show that smoking among high school students in Maine has decreased more than 20% since the Life Skills Training Program was established in 1997 (6). Increases in the state tobacco excise tax and the introduction of community-based tobacco control programs also contributed to this decrease in smoking rates.

Obesity is a major concern among children and adults alike. In the past 15 years, the prevalence of obesity has increased by more than 50% among adults and 100% in children and adolescents (7). Ten to 15% of children and adolescents are overweight and more than half of these children have at least one cardiovascular disease risk factor, such as elevated cholesterol and hypertension. Obesity increases the risk for chronic diseases such as cardiovascular disease, diabetes, and cancer. Less than 30% of men and women eat five servings of fruits and vegetables daily and 60% of adults do not engage in proper physical activity levels. The overall cost of disease associated with obesity is estimated at \$100 billion per year. **The CNHEO requests a FY 2003 appropriation of \$60 million for CDC's Physical Activity and Nutrition Programs.** With these funds the CDC will be able to fund Nutrition/Physical Activity programs in all states, territories and tribes and support analyses of the cost effectiveness of prevention and promote policy initiatives to modify diet and physical activity.

**The CNHEO requests the FY 2003 appropriation of \$1.67 million for CDC's Bioterrorism Preparedness and Response Program.** This request supports CDC's commitment to further define, develop, and implement a nationwide set of public health capacities required at the local, state, and federal levels to prevent, prepare for, respond to, and recover from terrorist acts. With these funds, we request that CDC expand the Centers for Public Health Preparedness Program to assure nationwide coverage and provide nationwide bioterrorism training for health care workers and that states have flexibility to respond to local needs. Only 20% of local public health agencies have a comprehensive bioterrorism response plan in place; 10 % do not have e-mail capabilities; and half lack high-speed data transmission capacity. Most consumers agree that the CDC is very important in protecting public health against biological and chemical weapons and many were supportive of increased funding for preparation and response to such terrorism (9). Brought into focus by the September 11 terrorist attacks and subsequent anthrax attacks, the best strategy to protect civilians against any health threat is a public health infrastructure that is prepared at every level. Having a well-prepared workforce that can be deployed at the community level to support essential public health services will in turn support public health outcomes.

**Through many programs and initiatives, the CDC helps countless individuals live healthier, more productive lives.** Although research has helped to better understand the causes and risk factors for chronic diseases, effective measures are not being fully implemented at the state and local levels to prevent chronic disease and its devastating and costly consequences. Behavioral and clinical research needs to be effectively promoted and applied at the community level with the guidance of the nation's prevention agency – the CDC. CDC programs need full funding to effectively address challenges of the 21<sup>st</sup> century, including the threats of bioterrorism. We appreciate the support of this Subcommittee and look forward to working with members of Congress to achieve these goals in FY 2003 and into the future.

### References

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