



SOCIETY FOR PUBLIC HEALTH EDUCATION

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Testimony

**Addressing the Obesity Epidemic:
Expanding Funding for CDC Chronic Disease Programs in Fiscal Year 2005**

**Presented to the
United State House of Representatives Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education and Related Agencies**

By

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Good morning, Mr. Chairman and members of the subcommittee. My name is Elaine Auld and as executive director of the Society for Public Health Education – or SOPHE – I thank you for this invitation to speak to you today. SOPHE represents some 4,500 scientists and practitioners trained in health education and health promotion who work in federal, state and local public health agencies, schools, universities, medical care settings, voluntary agencies, and worksites. Founded in 1950, the Society is the only independent, national professional organization focused exclusively on health behavior and health education, and as such is at the forefront of national prevention efforts in research, advocacy, and practice.

The field of health education, 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 social health. These interventions address both infectious and chronic diseases, as well as risk communication with the public. There is a robust, scientific evidence-base documenting not only that various health education interventions work but that they are also cost-effective.

We thank you, Mr. Chairman and members of the Subcommittee, for your support of increased funding for behavioral and social science research programs at the National Institutes of Health over the past several years. Such research is essential to understanding the complex dynamics of how, why, and under what circumstances people and communities are motivated to take action to improve their health – and what interventions are most effective.

I am here today, however, with an urgent plea for Congress to restore proposed cuts to the FY 2005 budget of the Centers for Disease Control and Prevention (CDC). The proposed 2.8 percent reduction comes at critical time when our nation’s safety and security is at stake, and is in sharp contrast to the professional judgement of CDC Director Dr. Julie Gerberding. At the request of Senator Specter in 2003, Dr. Gerberding provided a statement of professional judgment that \$15 billion was needed for the CDC by the year 2008. SOPHE, along with the CDC Coalition, which consists of more than 100 health-related organizations across the nation, strongly supports funding the agency at this level.

SOPHE also urges this subcommittee to provide \$1.6 billion in FY 2005 for CDC’s National Center for Chronic Disease Prevention and Health Promotion. More than 90 million Americans live with chronic diseases such as heart disease, cancer, diabetes, and arthritis-related disabilities. While chronic health problems cause seven out of ten deaths every year in the United States, they are also some of the most preventable conditions. Yet, approximately 95 percent of the \$1.4 trillion spent on health in the United States goes directly to medical services, while approximately 5 percent is allocated to disease prevention and health promotion.

In the field of health education, there is perhaps no more meaningful adage than, “An ounce of prevention is worth a pound of cure.” This reference to “pounds” is especially fitting given SOPHE’s concern over the growing epidemic of overweight and obesity. The cost of obesity-related disease is estimated at nearly \$75 billion in 2003 dollars, and Medicare and Medicaid finance about half of these expenses.

Recently, an article by CDC scientists in *the Journal of the American Medical Association*, indicated that physical inactivity and poor nutrition – both directly linked to overweight and obesity – closely rival tobacco as the number one cause of morbidity and mortality. Today, approximately 59 million adults are obese. The rate of obesity among Hispanics has doubled in the past 10 years from 12 to 24 percent, while the rate among African American adults is nearly 30 percent. In my native state of Ohio, for example, 69 percent of males and 49 percent of females are reportedly overweight. Eighty-four percent of Ohio men and 76 percent of women reported eating fewer than five servings of fruits and vegetables per day. Together, physical inactivity and unhealthy eating are responsible for at least 300,000 deaths annually. We cannot stabilize, let alone reverse, this epidemic of obesity unless concentrated resources are directed to reducing key risk factors such as physical inactivity and unhealthy eating.

The good news is that programs in CDC's Division of Nutrition and Physical Activity have solutions within our grasp. Through these efforts, state health departments promote healthy eating and physical activity by working with diverse partners such as schools, health care providers, faith-based and community organizations, transportation agencies, parks, businesses, developers, urban planners, and town councils. CDC funding serves as the catalyst for partners to identify environmental and population-based health solutions. The current funding level that the President proposes to maintain next year at \$45 million simply does not size up to the magnitude of the epidemic we are facing. **SOPHE urges this subcommittee to support an appropriation of \$75 million in FY 2005 to establish Nutrition and Physical Activity comprehensive programs in 47 states and territories. Funding at the \$75 million level would support up to 32 state programs at the capacity-building level and up to 15 at a higher basic implementation level.**

SOPHE is especially concerned that the percentage of overweight youth has more than doubled in the last 20 years. Fifteen percent 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 or high blood pressure. 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. Patterns of poor nutrition, lack of physical activity, and other behaviors such as alcohol and tobacco use established during youth often continue into adulthood and contribute markedly to costly, chronic conditions.

Yet, CDC's Coordinated School Health Programs have been shown to be cost-effective in improving children's health, behavior, and, Mr. Chairman, their academic success. This funding builds bridges between state education and public health departments to coordinate health education, nutritious meals, physical education, counseling, health services, healthy school environments, health promotion of faculty, and parent and community involvement. Gallup polls show strong parental, teacher, and public support for school health education. **Today, only 23 states have CDC funding for Coordinated School Health Programs. If the Administration's FY 2005 budget request of \$15.7 million is enacted, 16 states that applied for funding will be unable to participate – including Ohio, Oklahoma, Mississippi, Illinois, Maryland, Connecticut, and Texas. An appropriation of \$36**

million is needed to support up to 40 states *and* to expand resources to currently funded states.

Obesity is also a primary risk factor in cardiovascular disease. Heart disease and stroke are the leading cause of death in the United States, accounting for 40 percent of all deaths and affecting more than 930,000 men and women each year. Every 29 seconds someone in the U.S. suffers a coronary event and every 34 seconds a person dies due to such an event. Cardiovascular diseases cost the nation an estimated \$368 billion in 2004.

States funded by CDC's Heart Disease and Stroke Prevention Programs, however, are stemming the tide. For example, in just one year, Wisconsin's Cardiovascular Health Program increased by 10 percent the number of patients with controlled high blood pressure in a broad group of health maintenance organizations. **Given the magnitude of cardiovascular disease, SOPHE requests \$80 million for CDC's Heart Disease and Stroke Prevention Program to increase the number of funded states from 33 to 50 and to fully implement CDC's *Public Health Action Plan to Prevent Heart Disease and Stroke*.**

Despite important health improvements, minority populations are more likely than whites to die prematurely not only from cardiovascular disease and stroke, but also diabetes, breast cancer, and other diseases. **SOPHE strongly urges an allocation of \$50 million for CDC's Racial and Ethnic Approaches to Community Health Program (REACH 2010) to eliminate health disparities across urban and rural communities in the areas of cardiovascular disease, immunizations, breast and cervical cancer screening and management, diabetes, HIV infections/AIDS, and infant mortality.** Launched in 1999, REACH 2010 is unique because it works across public and private sectors to conduct community-based prevention research and demonstration projects that address social determinants of health. Currently, REACH funds 40 projects throughout the country, and two additional projects are funded by the California Endowment. The programs work with health disparities experienced by African Americans, American Indians, Alaska Natives, Asian Americans, Hispanic Americans, and Pacific Islanders. Approximately one-third of all programs are located in rural parts of the country. For example, LA VIDA is a program to reduce the impact of diabetes in a Hispanic population in southwestern New Mexico. Persons of Hispanic origin in both Hidalgo and Luna counties are reached through advertising campaigns and health promotion initiatives at various agencies. The Chicago South Side Diabetes Community Action Project is mobilizing the community concerning diabetes prevention and control as a means of reducing diabetes mortality, complications and associated disabilities among African Americans and Latinos. Culturally appropriate, community-driven programs are critical for eliminating racial and ethnic health disparities.

Finally, we urge the President and Congress to approve a 12 percent increase in the FY 2005 budget allocation for discretionary programs in Function 550. Function 550 funds not only the CDC, but also the entire U.S. Public Health Service. America relies on the Public Health Service to prevent disease, advance medical knowledge, deliver key health care services, ensure food safety, and train a diverse health and public health workforce. A 12

percent increase (\$56.4 billion in total) for Function 550 is vital to homeland health and security. Saving and safeguarding American lives through prevention, treatment and cure of diseases only will be achieved by making sufficient and sustained funding of public health programs a national priority.

Mr. Chairman, the nation is at a critical juncture in disease prevention and health promotion. We must address the problems of obesity-related disease and other health issues by translating the available research into strategic interventions at the grass roots level. The issue before us is clear: invest a little now or pay a lot later.

Thank you for this opportunity to present our views to this Subcommittee. We look forward to working with you to improve the health and safety of all Americans.