



**Written Statement of Jeffrey Levi, PhD  
Executive Director, Trust for America's Health  
House Appropriations Subcommittee on Labor, Health & Human Services, Education and  
Related Agencies**

I'm Jeffrey Levi, Executive Director of Trust for America's Health (TFAH), a nonprofit, nonpartisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. As you craft the FY2014 Labor, Health & Human Services, Education and Related Agencies (LHHS) appropriations bill, I urge you to include adequate funding for prevention and preparedness programs at the Centers for Disease Control and Prevention (CDC) and other public health agencies.

As a nation, we face daunting economic and fiscal challenges. To a large degree, these are driven by high health care costs. Indeed, we spend roughly 75 percent of our nation's annual \$2.5 trillion in health care spending on preventable chronic diseases. Despite this expenditure of scarce resources, we are managing sickness, not preventing it – and are faced with the grim prospect that, if we remain on our current trajectory, our children may be the first in U.S. history to live shorter, less healthy lives than their parents.

Fortunately, the vast majority of our chronic disease burden is preventable through proven approaches that focus primarily on increased physical activity, improved nutrition, and reduced tobacco use. A recent TFAH report estimates that if average body mass index were reduced by five percent, in just five years the United States would save \$30 billion and prevent millions of cases of diabetes, heart disease, stroke, arthritis, and cancer. The Prevention and Public Health Fund and National Prevention Strategy provide an important framework on which we can build efforts to put greater emphasis on prevention, turn our “sick care” system into one that provides true health care, and help Americans lead longer, more productive, healthier lives.

*March 13, 2013*

The future health of the nation depends on supporting both investments within the health sector that promote prevention inside and outside the clinic, as well as partnerships between health and crucial partners in education, transportation, housing, and other sectors, and we must maintain our investment in Federal wellness and prevention programs.

We also cannot forget the critical role that CDC and state and local health departments play in protecting us from communicable diseases, bioterrorist threats and natural disasters. That core capacity has been diminished in recent years because of federal budget cuts and the economic downturn, resulting in a 20 percent loss (48,000 jobs) in the state and local health department workforce.

Meeting these twin challenges of preventing disease and protecting the American people from natural and man-made threats can only occur with continued support for key programs at the CDC – ranging from the Prevention and Public Health Fund and Community Transformation Grant program to preparedness programs and other funding streams that assure that all health departments have the foundational capabilities to respond to all health threats.

### **Centers for Disease Control and Prevention (CDC)**

Cuts to the CDC, our nation's lead public health agency and a critical partner in our long-term efforts to prevent disease and illness have already been stark. Compared to FY 2010, with sequestration the CDC will have seen its budget authority cut by 18% over just three years. These cuts have played a big part in the aforementioned workforce cuts. Overall, scarce resources means CDC will be forced to make extremely tough, sometimes life and death choices.

### **The Prevention and Public Health Fund**

Significant cuts to the Fund contained in the Middle Class Tax Relief and Job Creation Act of 2012 will be compounded with additional cuts under sequestration. To date, the Fund

has invested \$2.25 billion since FY2010 to support state and local public health efforts to transform and revitalize communities, build epidemiology and laboratory capacity to track and respond to disease outbreaks, train the nation's public health and health workforce, prevent the spread of HIV/AIDS, expand access to vaccines, reduce tobacco use, and help control the obesity epidemic. An additional \$1 billion in investments will be allocated for FY 2013.

### **Community Transformation Grants**

The Community Transformation Grants (CTG) program, administered by the CDC, is one of our best prevention opportunities. CTG grants empower states and localities to address the drivers of chronic disease. Most importantly, it requires communities to create partnerships to achieve sustainable solutions to help make the healthy choice the easy choice. CTGs must *deploy strategies that are evidence-based and all grantees have rigorous health outcomes improvement goals that must be met.* It is important to note, that as required by law, at least 20 percent of CTG funds must be targeted to reach rural or frontier communities. Even with current levels of funding, only about 4 in 10 Americans are reached by the CTG program. **We recommend the Committee allocate \$300 million from the Prevention Fund for the CTG program in FY2014, which will allow the program to reach millions more Americans.**

### **National Center for Chronic Disease Prevention and Health Promotion**

Over the past several years, the Chronic Disease Center at CDC has made progress in an effort to move away from the traditional categorical approach to funding chronic disease prevention and towards more coordinated, cross-cutting strategies. In 2011, CDC awarded coordinated chronic disease state grants to all 50 states to begin to build a core capacity to address common risk factors and implement comprehensive strategies for promoting health. While funding is no longer available for those grants, the Chronic Disease Center at CDC

recently released a new funding opportunity announcement (FOA) aimed at integrating prevention approaches for addressing heart disease, obesity, school health, and diabetes.

Diminishing federal dollars for CDC has meant that not all 50 states receive funding under our existing categorical grants. Coordinated approaches like this can help to ensure that we fund all state health departments to achieve cross-cutting, core chronic disease prevention capacity. Past proposals from President Obama and others have included plans to consolidate budget lines for the Center, another approach that could further aid coordination of national and state chronic disease prevention. However, consolidation would need to be thoughtfully designed so it meaningfully improves our chances of improving health, not just serve as a budget gimmick that will further harm our ability to address our growing chronic disease burden.

#### **National Center for Environmental Health (NCEH)**

Critical programs conducted at the CDC National Center for Environmental Health support our chronic disease prevention and public health preparedness efforts. However, it remains one of the most critically underfunded parts of CDC. Since fiscal year 2009, NCEH funding has been cut approximately 25 percent. In fiscal year 2012, for example, the CDC Healthy Homes and Lead Poisoning Prevention program was nearly eliminated, putting 600,000 children at risk of the terrible effects of lead poisoning. **We recommended that you fund NCEH at \$146.151 million in fiscal year 2014** to help begin to rebuild the lead control program and ensure that no additional ground is lost in addressing the environmental causes of disease.

#### **Public Health Emergency Preparedness**

The State & Local Preparedness & Response Capability program at the CDC supports health departments in preparing for, and responding to, all types of disasters, including bioterror attacks, natural disasters, and infectious disease outbreaks. The centerpiece is the Public Health

Emergency Preparedness (PHEP) Cooperative Agreements. PHEP grants support 15 core capabilities, including biosurveillance, community resilience, countermeasures and mitigation, incident management, information management, and surge management. These capabilities are tiered so that grantees can identify areas of greatest need and target their resources accordingly.

**TFAH recommends providing \$657.4 million for the CDC State and Local Preparedness line for fiscal year 2014** in line with the authorized amount included in the recently-passed reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA). Cuts mean the loss of highly-trained frontline public health preparedness workers, reduction of the number of high-level laboratories, defunding academic and research centers, and eroding training, exercise, planning, epidemiology, and surveillance capacity. Preparedness is dependent on maintaining a well-trained public health workforce, and inconsistent funding results in serious gaps in our ability to respond to new health threats. It is unreasonable to expect our first responders to continue to be able to confront more threats with fewer resources.

### **Conclusion**

Investing in disease prevention is the most effective, common-sense way to improve health and help address our long-term deficit. Hundreds of billions of dollars are spent each year via Medicare, Medicaid, and other federal health care programs to pay for health care services once patients develop an acute illness, injury, or chronic disease and present for treatment in our health care system. A sustained and sufficient level of investment in public health and prevention efforts is essential to reduce high rates of disease and improve health in the United States.