

**House E&C Health Subcommittee Hearing**  
**“Are CDC's Priorities Restoring Public Trust and Improving the Health of the American People?”**  
**Written Testimony**  
**July 23, 2024**

Chairs McMorris Rodgers and Guthrie, Ranking Members Pallone and Eshoo, and distinguished members of the Committee, it is an honor to appear before you today to discuss the priorities of the Centers for Disease Control and Prevention (CDC).

CDC works 24/7 to protect Americans from health, safety, and security threats both foreign and domestic. Whether diseases are chronic, acute, curable, or preventable, this mission balances infectious and non-infectious disease work where CDC protects the health of Americans and improves lives.

CDC was created in 1946 with \$10 million and a primary mission to prevent malaria from spreading across the nation. CDC quickly became the preeminent public health agency to help protect Americans from all infectious disease threats. In addition, as leading causes of death shifted from infectious to non-communicable causes, the country began to understand the importance of supporting public health more broadly for Americans. From 1950 through the 1970s, CDC became involved in a number of additional activities, from lead exposure investigations and chronic disease prevention to birth defects and biosafety.

Today, Congress continues to direct CDC to advance the health of Americans through prevention, detection, and response to health threats, and CDC is working as hard as ever to protect Americans. Just in the past year, CDC has led responses to multiple outbreaks, including, but not limited to, measles, Mpox, and highly pathogenic avian influenza (HPAI) impacting dairy cows, as well as lead in apple sauce and the East Palestine train derailment.

At the same time, whether through faster data or actionable prevention strategies, CDC is continually responding to threats such as cancer, maternal mortality, overdose, and suicide.

Each of these activities are core to CDC’s mission to protect against both infectious and non-communicable disease threats, which are inextricably linked. Individuals have a higher risk of severe

outcomes from infectious disease threats if they already suffer from one or more chronic illnesses, and infectious diseases can exacerbate or cause some non-communicable conditions.

The public health response to the COVID-19 pandemic highlighted challenges and gaps in CDC's core capabilities that led our agency to conduct an extensive review to identify lessons learned and make changes in our organizational structure, systems, and processes. CDC has done the hard work to make improvements to our operations, processes, and communications. We have broken down internal silos, are working to develop and maintain stronger partnerships across the public health sector, and continue to adhere to a renewed focus on fast, accurate, and transparent communication to improve public trust. These advancements have strengthened our ability to deliver on our core mission to equitably protect the health, safety, and security of Americans. We are forging ahead as "One CDC," now working as a more cohesive, disease-agnostic entity.

To continue to tackle this diverse set of public health challenges, CDC also needs help from Congress through sustained and increased resources and authorities that support public health's core capabilities, including data and analytics, laboratory capacity, a diverse public health workforce, and domestic and global readiness and response. These core capabilities underscore everything we do at CDC and are the foundation for public health work completed by state, local, tribal, and territorial partners, as well as nongovernmental and private sector partners here in the United States and around the world.

**Core Capabilities:**

World-class data and analytics

CDC is supporting better, faster, actionable data for decision-making at all levels of public health. Our vision is to create a unified public health community that engages with healthcare and the private sector, communicates clearly with the public to equip individuals with the information needed to support their health, and supports communities with the data to protect health and improve lives.

Thanks to support from Congress, CDC has made investments in modernizing public health and healthcare data and moving towards a more secure, interoperable health data infrastructure. We continue to identify novel data sources and strengthen mission-critical data sources, such as electronic case reporting, syndromic surveillance, electronic laboratory reporting, vital statistics, and hospitalization data. These data are used to detect, understand, and respond to the full spectrum of

health conditions—from infectious diseases like respiratory viruses and healthcare-associated infections to health trends like suicide, cancer, overdose, and occupational injuries.

CDC continues to innovate and expand our analytical capabilities. It's necessary but not sufficient to have the data. During an outbreak, the American people need to understand what they will be confronted with in the coming days and weeks. To answer this need, CDC established the Center for Forecasting and Outbreak Analytics to generate forecasts and scenario models to extract as much information as possible from the available data. These forecasts and models deliver actionable analyses to guide decision makers.

Public health entities must be able to rapidly share data within and among jurisdictions, and with CDC, to enable local and federal leaders to make the best decisions for their communities and save lives in dynamic situations while safeguarding the privacy of Americans.

#### State-of-the-art laboratory capacity

CDC's scientists are working in laboratories across the United States, from Anchorage to San Juan, and are in countries around the world, building capacity for the prevention and control of diseases abroad. Laboratories are an essential part of our core public health infrastructure. They are often the first to detect, identify, and respond to health threats. Modern, high-performing laboratories prepare us to detect emerging threats and react quickly in emergencies.

State-of-the-art laboratory capacity requires consistent attention and investment across all laboratory systems—quality, safety, informatics, workforce, and response readiness. A high-functioning and effective national laboratory system that includes CDC working closely with state and local public health and clinical laboratories is critical to providing timely and actionable data to protect public health, particularly at the onset of emergency responses and testing surges. Maintaining these laboratory response capabilities is of paramount importance to overall readiness for public health emergency response.

#### Diverse public health workforce

A robust workforce at the federal, state, and local levels is essential to efficiently and effectively deliver services to meet the public health needs in communities across the United States and be ready to

respond to emergencies. The public health workforce supports the health of all Americans by investigating outbreaks, implementing chronic disease prevention programs, sampling wastewater, helping communities address mental health and substance use, testing laboratory samples, and more.

The infrastructure needs in health departments are substantial—many public health agencies lack resources to support foundational capacities such as operations, communications, and emergency preparedness, which are the building blocks of any response. To be ready for any biothreat, the public health system in the United States requires a robust and nimble public health infrastructure and a skilled public health workforce ready to respond to emergencies.

CDC is building a diverse workforce at every level and every point of entry that reflects the sectors and communities we serve. Our work focuses on hiring, training, and retaining public health workers to meet the unique needs of each community.

#### Domestic and Global Preparedness and Response

CDC is a national security asset, advancing the health and safety of Americans by preparing for and responding to outbreaks where and when they start. Leveraging the public health workforce, lab capabilities, and data analytics, CDC must be operationally response-ready to monitor, respond to, and address global and domestic threats.

When it takes less than 36 hours for an outbreak to spread from a remote village to any major city in the world, protecting U.S. health and national security means making sure other countries have the knowledge and the resources to stop threats before they can spread beyond their borders. Together, we must build these first lines of defense to better prevent, detect, and respond to disease and other biothreats.

Increased and sustained investments, along with updated authorities, that support core capabilities set the foundation for how CDC and our public health partners prepare for and respond to any public health challenge or priority.

#### **CDC 2024 Priorities**

These core capabilities underpin each priority for CDC. Specifically, CDC is focused on three main priorities that speak to the breadth of our agency's work: improving readiness and response; improving mental health and preventing overdose and suicide; and supporting young families. Each Center, Institute, and Office is critical to CDC's priorities and the following testimony will provide a few examples to illustrate their work.

In addition, this work is part of broader whole-of-government strategies to address some of the leading public health challenges of our time, including the Maternal Health Blueprint; the National Strategy on Hunger, Nutrition, and Health; the National Strategy for Suicide Prevention; and the National Biodefense Strategy.

### Readiness and Response

Strengthening the agency's readiness and response capacity is a critical agency priority. CDC's world-leading scientists and experts draw upon data and scientific evidence to protect the health of the public. CDC is advancing readiness and response through a number of actions, including activities related to seasonal respiratory viruses, response to HPAI, use of wastewater to detect and track threats, and achievement of data modernization goals to support near real-time data capabilities.

CDC developed and executed a coordinated response to the 2023-2024 respiratory virus season that included COVID-19, influenza (flu), and respiratory syncytial virus (RSV). With the forecasted potential for a severe season, it was critical for CDC to provide clear, concise information for people to use to talk to their providers and decide what was best for them. CDC traveled to communities around the country to share the importance of getting respiratory vaccines, and we created an easy-to-use dashboard that, for the first time, showed rates of COVID-19, flu, and RSV all in one place.

CDC's Center for Forecasting and Outbreak Analytics (CFA) also delivered the first-ever Respiratory Disease Season Outlook, which provided expectations for the fall and winter 2023-2024 respiratory virus season based on historical data and scenario modeling. CDC communicated this information quickly so that individuals, public health leaders, and other decision makers could make informed decisions about how best to protect themselves and their communities from future spread of respiratory viruses.

Further, when demand for the new RSV monoclonal antibody immunization for infants and young children was higher than expected, CDC regularly communicated with the public and worked with manufacturers and the Food and Drug Administration (FDA) to increase the national supply. The importance of this RSV antibody can't be overstated. CDC's real-world effectiveness platforms quickly analyzed data from this past respiratory virus season to find that the antibody product was 90 percent effective at preventing RSV-associated hospitalization in babies.

CDC is already preparing for the next respiratory virus season with vaccine planning, easy-to-use situational awareness data on disease trends, communications like the long-term care provider toolkit, At-A-Glance fact sheets summarizing vaccine and manufacturer information for vaccination providers, and comprehensive partner and medical provider outreach.

In addition to respiratory virus season monitoring, CDC's ongoing response to HPAI is another example of how CDC investments in flu monitoring and prevention systems support readiness and response. While the current risk to the public remains low, CDC is taking this outbreak extremely seriously because of the potential ramifications were this virus to mutate and spread. When CDC first learned about cattle being infected with HPAI, CDC was able to swiftly scale up human disease monitoring, leveraging our partnerships with federal agencies and state and local health departments.

CDC is working with states to monitor people exposed to infected cattle and poultry. Between March 2024 and today, more than 1,500 people have been monitored and more than 60 people tested for novel influenza A (H5N1). This model—monitoring people for 10 days after exposure and testing if a person has flu-like symptoms—is a result of almost a decade of work with the U.S. Department of Agriculture (USDA) and state health departments to help identify human cases of H5N1. To date, there have been ten human cases of H5N1 associated with the current outbreak, all of which occurred in people exposed to infected cattle and poultry.

Effective respiratory disease preparedness and response will continue to require investments in core capabilities and essential activities. Funding will also ensure that respiratory virus surveillance systems are proactively improved and can nimbly respond to emerging pandemic threats. The surveillance systems supported will continue to develop and sustain a robust approach to addressing respiratory

viruses synergistically across federal agencies and can provide foundational data to state and local public health partners, academic researchers, and manufacturers.

CDC is also leveraging wastewater surveillance to support federal, state, and local public health entities to rapidly detect infectious diseases spreading in their communities. Wastewater data can alert communities to diseases before hospitals and clinics begin to see a rise in cases and can provide insights on disease trends in places where we don't have sufficient clinical data. Health departments, community leaders, and individuals can use this information to make decisions on public health actions to protect their community. For example, CDC and state and local public health authorities are monitoring wastewater data for evidence of high influenza A virus levels in sites around the nation. CDC is actively looking at multiple flu indicators, including the detection of the influenza A (H5) subtype, to look for indications of further virus spread. CDC also uses wastewater data as one part of our Traveler-based Genomic Surveillance program, a public-private partnership that anonymously monitors for infectious disease threats in international travelers at nine sentinel airports.

CDC has invested more than \$500 million in supplemental funding to build flexible and nimble wastewater surveillance testing capacity. Currently, CDC receives wastewater data from approximately 1,500 sampling sites, representing about 140 million Americans in all 50 states. For CDC to continue this critical capability in FY 2025 and beyond, it will take additional resources from Congress.

Another key element to CDC's preparedness and response priority is improving public health data capabilities at the federal and state, local, tribal, and territorial levels. Data powers our nation's ability to detect and respond to health threats, and each outbreak underscores a critical need to strengthen our nation's capabilities for early warning of disease threats and real-time situational awareness of public health problems.

We have already made great progress. For example, as of July 2024, more than 38,100 healthcare facilities across all 50 states are now delivering automated, real-time, electronic case reports—up from only 187 before the COVID-19 pandemic. And more than 80 percent of hospital emergency departments now provide syndromic surveillance data to CDC.

Modernization is saving time, reducing staff burden, and yielding faster data, including data on emerging outbreaks, fatal drug overdoses, and excess deaths.

CDC's data modernization efforts provide the foundation for quick action and situational awareness to be compiled by CDC's Response Ready Enterprise Data Integration (RREDI) platform and used by a number of government agencies. RREDI pulls data from state, local, tribal, and territorial partners and other sources together into one common operating picture and enables HHS, other response leaders, and state, local, tribal, and territorial partners to analyze, visualize, and share that data in real-time during a public health response. Data is used by CFA to create forward-looking, actionable insights about how communities throughout the nation may be impacted by public health threats. Funding for this coordinated approach requires investing in each of these efforts to have a holistic picture of the threats that face our nation.

The investments made by Congress have allowed CDC to make important progress towards readiness and response capabilities, but there is more work to do. Decades of underinvestment in public health have left major gaps in the ecosystem that do not meet the need for rapid, data-driven action both for critical day-to-day activities and for public health emergencies. CDC is grateful for supplemental appropriations to address recent public health emergencies. We have been able to use these funds to support critical activities, including national programs for wastewater surveillance and genomic sequencing. Without sustained investment, these programs will end or scale back substantially in the coming year. Lack of support for these critical efforts threatens to erase the progress we made over the past few years and will leave the public health system less prepared to face future disease threats. Supplemental funding in an emergency is always critical for responding to urgent needs but is emblematic of the historic trend to fund public health needs only when there are dire, high-profile challenges, creating a boom-or-bust cycle with steep fiscal cliffs that require jurisdictions to dismantle programs the public has come to expect, only to scramble to restart them for the next emergency. After an emergency, this often leaves the agency—and the state, local, tribal, and territorial partners CDC funds—with no sustained source of funding to create a stronger, more resilient public health system that is ready to face future health crises. For further progress to be made at CDC and in states and localities, increased and sustained investments are critical to better connect public health and healthcare data; hire a workforce that isn't only temporary in an emergency; support a national laboratory network; and create a level of readiness to respond to urgent public health challenges. In addition, to fully realize



better and faster information sharing, CDC needs updated authorities for a stronger workforce and the ability to provide timely and more complete public health data while minimizing reporting burden.

### Improve Mental Health, Prevent Overdose and Suicide

CDC is also prioritizing tackling the growing mental health, suicide, and continued overdose crises among Americans. As the nation's public health agency, CDC's main focus is on upstream prevention to combat these deadly issues before they start, preventing deaths as well as preventing or reducing prevalence of associated health issues and long-term costs of these conditions. CDC works hand in hand with other federal agencies to combat these crises, and offers world-class expertise to improve mental health, prevent suicide, and stop overdose deaths.

CDC funds 23 states and one territory through the Comprehensive Suicide Prevention Program (CSP) to implement and evaluate evidence-based prevention strategies that address suicide risk factors, with a special focus on populations at higher risk of suicide such as veterans, those living in rural communities, Native Americans, and young adults. For example, with CDC funding, the Southern Plains Tribal Health Board (SPTHB) supports suicide prevention among high school students from the United Keetoowah Band of Cherokee Indians in Oklahoma and the Cherokee Nation. SPTHB developed partnerships with 16 organizations to assess gaps in mental health services and approve funding for additional mental health counselors. SPTHB has trained over 1,000 individuals on evidence-based suicide prevention strategies including a culturally specific program called American Indian Life Skills, which is focused on helping students recognize risk factors for suicide, identify suicide prevention resources, improve problem-solving and coping skills, and seek help when needed. Further, CSP funds accelerate data collection, analysis, and dissemination of non-fatal suicide-related behaviors, so that local, state, and federal partners can quickly adapt response efforts. Tennessee created an online portal that alerts community partners if it detects an above-average number of suicide-related emergency department visits, allowing them to quickly mobilize a response.

CSP is the only federal funding dedicated to helping states implement proven prevention strategies across communities ultimately reducing the risk of suicide and saving lives. Focusing on individuals and treatment is important to, and within the purview of, other agencies, but our focus is on using data to drive prevention efforts at the community level. CDC is seeing success in its CSP-funded states. CSP

recipients who focus on preventing suicide among veterans and service members saw a 5.8 percent reduction of suicide rates among these populations. This includes Louisiana, which reported a 5.4 percent decrease in suicide rates among their veterans and service members. Massachusetts reported a decrease of 13.4 percent in suicide rates overall, including a 23.2 percent decrease among male veterans. This work saves lives. CSP was first funded by Congress in 2020 and has been scaled up each year. However, given the increase in suicide deaths nationally, continued support of this program and further expansion nationally is warranted.

Alarming, young people are acutely experiencing a mental health crisis. Over the last decade, we have seen increases in the number of adolescents experiencing poor mental health, suicide, and suicidal thoughts.<sup>1</sup> In 2021, suicide was the second leading cause of death among individuals between the ages of 10 and 24,<sup>2</sup> and 1 in 10 high school students reported a suicide attempt.<sup>3</sup> We are also seeing concerning trends in youth wellbeing with 42 percent of U.S. high school students experiencing persistent sadness and hopelessness.<sup>4</sup>

Fortunately, many mental health challenges are preventable, and CDC supports schools and communities across the country to address this crisis. A coalition in the CDC-managed Drug-Free Communities program, RyeACT of Rye, New York, collaborates with the Rye Youth Council to implement a clinical social work internship program called “Restore” to provide short-term, low-to-no cost counseling to youth ages 5 to 22. This program has provided more than 600 care sessions, teaching youth and their parents skills to navigate challenges and how to seek help when needed. In the winter, CDC released a new action guide for school and district leaders<sup>5</sup> to support youth mental health that can help schools build on what they are already doing to promote students’ mental health and find new strategies to fill gaps. Further, through the What Works in Schools program, CDC funds school districts to implement strategies focused on improving health education, connecting young people to the services they need, and making school environments safer and more supportive, so that youth feel connected and engaged. When schools implement these three strategies, we see decreases in sexual risk behaviors among students, decreases in students who use marijuana, decreases in the number of

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<sup>1</sup> [What Works in Schools Makes a Difference | DASH | CDC](#)

<sup>2</sup> [Facts About Suicide | Suicide Prevention | CDC](#)

<sup>3</sup> [Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021 \(cdc.gov\)](#)

<sup>4</sup> [Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021 \(cdc.gov\)](#)

<sup>5</sup> [Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders \(cdc.gov\)](#)

students missing school because of safety concerns, and decreases in students who experience forced sex.

CDC also recognizes the strong connection between early life circumstances and lifelong mental health. CDC efforts to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences (PCEs) contribute to improving youth mental health. A recent CDC study found a strong association between a higher number of PCEs and a lower prevalence of diagnosed mental health conditions among children aged 6 to 17 years, suggesting opportunities that promote PCEs have a notable impact on mental health in childhood.<sup>6</sup>

With the support and direction of Congress, CDC established a new Behavioral Health Coordinating Unit to align and amplify the agency's mental health, well-being, substance use, and overdose activities. CDC's goal is to support long-term resilience, creating a foundation for lifelong health and wellbeing. CDC will continue using data, science, innovation, and collaboration as part of a whole-of-government approach to save lives and bring an end to our nation's youth mental health crisis.

CDC's work in overdose prevention is also a key priority that protects Americans. The overdose crisis continues to profoundly impact our nation, and CDC fills a critical need not addressed by other federal agencies. CDC offers world-class experts who track overdose trends and generate guidance based on the best available evidence. CDC also has the nation's fastest, most comprehensive overdose data systems, which are relied upon by the entire country, including other federal agencies and state/local partners. CDC's most recent provisional data show that, while we've seen the first annual decrease in overdose deaths since 2018, approximately 300 Americans are dying each day from a drug overdose<sup>7</sup> and many millions more struggle with substance use disorders.<sup>8</sup> The ever-changing drug landscape continues to present emerging and novel drugs threats. CDC responds to this crisis in several ways, including funding emergency department overdose programs like the one in Louisiana, which has seen a 35 percent reduction in overdose deaths from 2021-2022 in one parish. CDC is also funding 90 state and local health departments through the Overdose Data to Action (OD2A) program, which supports improvements to fatal and non-fatal overdose data collection, analysis, and dissemination efforts. The program allows recipients to identify emerging substances contributing to overdose and implement

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<sup>6</sup> Prevalence of Positive Childhood Experiences and Associations with Current Anxiety, Depression, and Behavioral or Conduct Problems among U.S. Children Aged 6–17 Years | Adversity and Resilience Science (springer.com)

<sup>7</sup> [NCHS Data Brief, Number 491, March 2024 \(cdc.gov\)](#)

<sup>8</sup> [Treatment of Substance Use Disorders | Overdose Prevention | CDC](#)

prevention efforts that are tailored to local needs. For example, the Illinois Department of Health used CDC data to identify areas with high concentrations of overdose deaths and train residents and organizations to identify signs of overdose, administer naloxone, and provide resources for treatment and support services. Palm Beach County, Florida, uses OD2A-supported data infrastructure to understand where the overdose crisis is happening and how to prevent it in high priority areas. Palm Beach is advancing youth substance use prevention and partnering with public safety and first responders to connect people at risk of overdose to care and treatment. Through an epidemic assistance investigation, known at CDC as an “epi-aid,” CDC collaborated with Massachusetts to understand the impact of xylazine on illicit drug use in their communities and how to best respond. CDC’s Epidemic Intelligence Service team investigated how clinicians and frontline workers are responding to the presence of xylazine and its effects, and made recommendations to support the response. These epi-aids are core to the agency’s foundational capabilities as a rapid response agency and run across the spectrum of public health challenges. In FY2024 alone, CDC has completed seven epi-aids (six states, one tribe) under the National Center for Injury Prevention and Control, including four related to drug overdose.

Moving forward, flexibility to identify and address evolving trends is critical so CDC can work with communities to quickly scale support and adapt strategies to meet the next emerging threat.

### Supporting Young Families

Finally, CDC is prioritizing efforts to support young families through programs that address the unique health considerations that young families face. Whether through maternal and child health, chronic disease prevention programs, or vaccines for children, CDC takes research and turns it into proven life-saving strategies to support young families, so they have the tools needed to thrive and mitigate health challenges as they grow. This is CDC’s unique role and is complementary to the work of our sister agencies.

For example, CDC is committed to eliminating preventable maternal mortality in the United States and supporting the best possible birth outcomes to better protect health and improve lives for young families. Too many women die each year in the United States from complications during or in the year

after pregnancy, and more than 80 percent of these pregnancy-related deaths are preventable.<sup>9</sup> CDC has been building the prevention infrastructure needed to better understand and prevent pregnancy-related deaths. In FY 2023, CDC funded Maternal Mortality Review Committees (MMRCs) in 44 states and two territories. Thanks to Congress, in FY 2024, CDC can support expansion to a full, national program reaching every state and territory.

MMRCs capture detailed, comprehensive data so that we can better understand the drivers of pregnancy-related deaths which will allow states to inform change. The CDC-funded Georgia MMRC identified hemorrhage as a leading cause of pregnancy-related death, and the Georgia Perinatal Quality Collaborative recruited birthing hospitals to implement hemorrhage protocols to increase recognition and response to obstetric hemorrhage emergencies. In less than three years, the proportion of hospitals that had obstetric hemorrhage carts readily available increased from 49 percent to 96 percent. The proportion of patients who had their blood loss measured from birth through the recovery period using objective measurement techniques increased from 33 percent to 85 percent.

CDC funds Perinatal Quality Collaboratives (PQCs) in 36 states, as well as the National Network of PQCs to provide technical assistance to all PQCs in the United States. PQCs provide the infrastructure that supports quality improvement efforts to address obstetric and newborn care and outcomes such as the time it takes to secure treatment for hypertension and efforts to improve care for moms impacted by opioid use disorder.

To further support young families, CDC's chronic disease prevention programs provide people with the tools they need to have good nutrition and prioritize physical activity to prevent obesity and heart disease. Diabetes affects about 1 in 10 Americans, with over 38 million adults diagnosed. It is estimated that diabetes was the cause of over \$400 billion in health care and lost productivity costs in 2022 alone. Through CDC's Diabetes Prevention Program (DPP), CDC is taking action. More than 780,000 people at high risk for developing type 2 diabetes have enrolled in one of the more than 1,500 CDC-recognized organizations offering the DPP across the United States. The DPP has proven to prevent or delay onset of type 2 diabetes in adults with prediabetes and can cut the risk of developing type 2 diabetes by 58 percent, which outperforms pharmaceutical interventions.<sup>10</sup>

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<sup>9</sup> [Four in 5 pregnancy-related deaths in the U.S. are preventable | CDC Online Newsroom | CDC](#)

<sup>10</sup> [Diabetes Prevention Program \(DPP\) - NIDDK \(nih.gov\)](#)

CDC also funds states, land grant universities, and communities through CDC's Racial and Ethnic Approaches to Community Health (REACH), State Physical Activity and Nutrition (SPAN), and High Obesity Program (HOP) grants to prevent chronic disease at the community level. These programs all work to implement strategies to prevent chronic diseases at every stage of life by promoting good nutrition and regular physical activity, including among racial and ethnic populations with the highest risk and greatest disease burden. These programs are helping over 3 million mothers and families get the skills and support to breastfeed from the time of delivering their baby in the hospital to when they are establishing breastfeeding in their daily lives. For example, the Alaska Native Tribal Health Consortium REACH program and its Tribal health partners increased breastfeeding support for Alaska Native breastfeeding mothers by hosting an Indigenous Breastfeeding Counselor training to increase the number of certified, Indigenous lactation counselors and establishing workplace policies that provide access to spaces for breastfeeding and pumping.

They are prioritizing the prevention of obesity, which is responsible for almost \$173 billion in healthcare costs per year.<sup>11</sup> The best way to bring these costs down is to prevent obesity in the first place through increasing access to healthy foods, supporting good nutrition, and promoting regular physical activity and safe places to be physically active. For example, the University of Tennessee, Knoxville's HOP and the Hardeman County Health Council worked with eight communities to improve food systems and access to fresh and healthy food. Fourteen percent of residents lacked access to healthy foods and 21 percent had to travel more than five miles to access food. The Council created the CDC-supported Healthy Hardeman Outreach for Healthy Weight (H2O) program to address access issues. By the end of 2022, the Council increased access by facilitating almost 20 food distributions, the delivery of more than 27,500 boxes of food to the community, the successful recruitment of a new grocery store in one of the eight communities, and the establishment of a permanent Memphis' Food Bank distribution site in the county.

To prevent infectious diseases in young families, the Vaccines for Children (VFC) Program supports access to recommended life-saving vaccines at no cost to more than half of all U.S. children through a network of 61 state, local, and territorial immunization programs. These children might not otherwise

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<sup>11</sup>[https://www.cdc.gov/obesity/php/about/index.html#:~:text=These%20include%20heart%20disease%2C%20type%20almost%20\\$24173%20billion%20a%20year](https://www.cdc.gov/obesity/php/about/index.html#:~:text=These%20include%20heart%20disease%2C%20type%20almost%20$24173%20billion%20a%20year)

be vaccinated due to lack of health insurance or caregivers' inability to pay. In 2022 alone, VFC distributed over 71.5 million doses to participating provider locations.

CDC is excited to celebrate the 30<sup>th</sup> anniversary of the VFC Program this year. This program—one of the nation's most important public health achievements—has helped protect children from potentially life-threatening, yet entirely preventable, diseases. CDC estimates that vaccination of children born between 1994 and 2021 will prevent 472 million illnesses, help avoid 1,052,000 deaths, and save nearly \$2.2 trillion in societal costs.<sup>12</sup> Because of the VFC program, vaccination coverage rates for most of the recommended childhood vaccines have remained high and stable for many years.<sup>13</sup>

Still, gaps in vaccination coverage remain. The COVID-19 pandemic disrupted routine immunization, leaving communities at higher risk for outbreaks. There are nearly 250,000 kindergartners who may not be sufficiently protected against diseases such as measles, mumps, rubella, diphtheria, tetanus, pertussis, poliovirus, and varicella (chickenpox) because of ongoing vaccine hesitancy. Unfortunately, we see the effects of vaccine hesitancy. So far in 2024, there have been 11 measles outbreaks nationwide and 151 cases. Nearly half of these cases were in children under five years old, and 54 percent of cases resulted in hospitalization. Most of these cases could have been avoided through vaccination: widespread use of measles vaccine has led to a greater than 99 percent reduction in measles cases compared with the pre-vaccine era.

## **Conclusion**

CDC works every day to protect Americans from emerging health threats—infectious and non-infectious, global and domestic. We are taking important steps to protect your constituents and provide the information they need to better protect their health and the health of their loved ones. Even as CDC takes concrete steps to achieve our priorities, we know we can't do this alone. Public health is a team sport. It will take continued collaboration with public health partners around the country and globe, including other countries, federal agencies, states, localities, tribes, and territorial partners, as well as nongovernmental and private sector partners. CDC will also need continued support from Congress to respond to threats to Americans' health. Eighty percent of the domestic resources provided to CDC from Congress go directly to states and localities. Sustained

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<sup>12</sup> [Benefits from Immunization During the Vaccines for Children Program Era — United States, 1994–2013 \(cdc.gov\)](#)

<sup>13</sup> November 2023 MMWR, [Vaccination Coverage by Age 24 Months Among Children Born in 2019 and 2020](#)

and increased funding to core capabilities and programs means investing in the health of our communities, to protect against a range of threats, from measles to overdoses. In addition to resources, CDC has proposed a number of legislative changes in the Administration's Budget that will support a stronger workforce, better and faster data capabilities, improved response to the opioid crisis, and a vaccine access system that works for both children and adults. We look forward to working with you as we position CDC to continue being the leading public health agency in the world.