July 23, 2024, House Energy and Commerce Health Subcommittee Questions for the Record Responses

Dr. Karen Hacker, National Center for Chronic Disease Prevention and Health Promotion

The Honorable Cathy McMorris Rodgers

1. **What is your Center's annual budget?**
   National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP's) enacted program level for FY 2024 is $1.43 billion.

   a. **How much of this funding supports grants, cooperative agreements, or other external activities and partners, versus supporting internal CDC work and activities?**

   Broadly, approximately 80% of CDC's domestically focused funding is spent in extramural activities – these are resources are used in our communities to help protect health at the local level. Variability among centers depends on intramural costs, particularly support for laboratories and other core capabilities, which are resource intensive. For NCCDPHP, 80% of the funding is used to support extramural activities. CDC offers value-add by supporting grantees most effectively utilize funding to implement evidence-based programs that work. Internal costs include the public health subject matter expertise, guidance development, technical assistance, and important coordination, implementation, and evaluation of evidence-based practices as essential components to the success of these programs.

   CDC continues to prioritize core public health capabilities of data, surveillance, lab, workforce, and domestic and global preparedness. These foundational components are necessary to protect health and improve lives; all of CDC's work and our support for jurisdictional partners – whether on influenza, cancer, injury prevention, or antimicrobial resistance – is strengthened when these core capabilities are strengthened.

2. **How many staff does your Center employ in total?**

   NCCDPHP currently employs 905 FTEs.

   a. **How many of your staff could be immediately deployed in a crisis?**

   As a lesson learned from COVID, CDC created the CDCReady Responder program within CDC's Office of Readiness and Response, to enable our multidisciplinary workforce to train before a public health event and be ready to respond when and where needed. CDC staff with diverse expertise throughout the agency are enrolled in the program as responders with specific skill sets (e.g.

epidemiology, data, communications) so they are ready to contribute to specific needs during a large response such as COVID 19, or to a new health threat that comes our way. So far, 2,750 staff from across the agency have enrolled in the CDCReady Responder program. The ability to surge staff and to respond faster than ever before represents a significant improvement over how CDC operated prior to COVID and is a key example of how CDC is breaking down silos, effectively leveraging our public health workforce, and prioritizing readiness and response. In addition, as part of the President's Budget, CDC requested authority to waive some existing bureaucratic barriers to create additional flexibility to quickly assign or deploy people from across the agency to quickly respond to emerging public health challenges.

The Honorable Mariannette Miller-Meeks, M.D.

1. **The CDC does not have a mission or purpose defined in statute. If Congress were to go down the path of authorizing the CDC overall, we would also want to authorize each of your Centers and Offices. What would your mission be? Succinctly in 2-3 sentences, please.**

   CDC works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease, improves health and saves lives, and supports communities and citizens to do the same. NCCDPHP protects health and saves lives by helping people and communities prevent chronic disease, mitigate negative health impacts for those living with chronic disease, and promote health and wellness. NCCDPHP accomplishes this by measuring how many Americans have chronic conditions and which groups are most affected, supporting communities to make it easier for people to make healthy choices, strengthening health care systems to keep people well and diagnose diseases early, and connecting clinical services to community programs.

2. **In 2015 the CDC removed eating disorders questions from the National Youth Risk Behavior Survey. Despite eating disorders drastically rising amongst youth and adolescents, the CDC has not re-added questions back to the national survey. Researchers across the nation have spoken out about the CDC's removal of questions and the gap in public health data for youth. Why did the CDC initially remove the questions despite there being increased rates of adolescents with life threatening eating disorders?**

   The questions included in the National Youth Risk Behavior Survey (YRBS) are determined through a voting process involving participating YRBS sites. Before each YRBS cycle, YRBS sites review and vote on changes to the questionnaire, deciding which questions to add, delete, or modify based on current public health priorities. In 2015, sites voted to remove the eating disorder questions. These questions are still available on an optional list for sites interested in including it in their state/local surveys.

a. **Will the CDC add back the questions based off national trends and the rising rate of youth struggling with these conditions?**

There will be a question on eating disorders in the 2025 national YRBS survey.

3. **More than 21,000 babies are stillborn in the United States each year. This number has remained relatively unchanged despite medical innovations. It is believed that 1 in 4 stillbirths are preventable, however, one of the key components of turning the tide on this tragedy is reliable public health data. What is the CDC doing to better prevent stillbirth and use public health data to understand its causes?**

CDC is committed to the public health work to understand the underlying causes of stillbirth. Fetal death data is published annually in publicly available reports and data files by the National Center for Health Statistics (NCHS) through the National Vital Statistics System (NVSS). The NVSS collects all fetal mortality records from all states to compile national statistics. NCHS improved the quality of national fetal mortality data by revising instructions on coding cause of fetal death in 2012 and developing a new system for processing and coding records within the center in 2010. To better understand trends and risk factors for fetal death, data in NCHS reports are presented by maternal race and Hispanic origin, age, tobacco use during pregnancy, and state of residence, as well as by plurality, fetus sex, gestational age at delivery, birthweight, and selected causes of death.

CDC has a complementary portfolio of activities that investigates stillbirth risk factors and potential warning signs through a multi-pronged approach. The National Center on Birth Defects and Developmental Disabilities (NCBDDD) recently funded a pilot of population-based surveillance in Georgia, Illinois, Indiana, and southern Nevada to examine regional stillbirth prevalence using fetal death certificates and hospital discharge data. Additionally, NCBDDD supports a small case-control study with three research centers in Arkansas, Massachusetts, and New York that conducts interviews with parents who experienced stillbirths and livebirths and analyzes the data. The findings from both activities will help identify risk factors, exposures, and potential disparities by race/ethnicity and geography while better informing the medical community in planning guidelines and services.

Additionally, through the Pregnancy Risk Assessment Monitoring System (PRAMS), CDC funds states and jurisdictions to collect site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. CDC funded a pilot to explore how PRAMS surveillance of women with recent live births can be modified for surveillance of women who experienced a stillbirth. From 2018 to 2019, the Utah Study of Associated Risks of Stillbirth (SOARS) successfully collected survey information about the experiences of women with a recent stillbirth to better understand risk factors not included in medical records or fetal death certificates. In FY 2021, CDC awarded a new cooperative agreement to Utah PRAMS to implement this data collection again. By collecting data on experiences of stillbirths directly from recently pregnant women, CDC can examine stillbirth risk factors, including

quantifiable outcomes with respect to such risk factors. Additionally, since FY23 CDC has funded external partners to support jurisdictions and build capacity for stillbirth data collection. Currently, four jurisdictions are working to collect maternal self-reported data on stillbirth experiences.

Lastly, CDC's Hear Her campaign supports broader efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about urgent maternal warning signs. One of the urgent maternal warning signs is the baby's movement stopping or slowing during pregnancy. While there is no specific number of movements that is considered normal and there is a need for more development of the evidence in this area, a change in the baby's movement is an urgent maternal warning sign that needs immediate medical attention.

The Honorable Lisa Blunt Rochester

1. **I am concerned that CDC spends less than $500,000 annually on a condition that is estimated to cost our nation $10 billion annually. More than 100,000 Americans die from venous blood clots (Deep Vein Thrombosis and Pulmonary Embolism) every year despite them being both highly preventable and the availability of safe and effective interventions. There is a long list of common risk factors for blood clots, including: hospitalization, illness or surgery, severe trauma, injury to a vein, cancer and cancer treatments, use of certain hormonal birth control methods and hormonal replacement therapy, pregnancy, obesity, smoking, a family history of blood clots, and even sitting too long.**

The statistics are staggering. For example:

- **blood clots are the third leading cause of cardiovascular death behind heart attack and stroke and the second leading cause of unexpected death;**
- **blood clots are the second leading cause of death for cancer patients after their cancer itself;**
- **Black or African American people have up to a 60% higher incidence and mortality rate of life-threatening venous blood clots than white people;**
- **blood clots are a leading cause of maternal death during and up to three months post pregnancy; and**
- **blood clots represent the 3rd leading cause of Black maternal mortality.**

I understand that nominal funding goes towards CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) Division of Blood Disorders, but given these alarming statistics and the pervasive impact that blood clots have on Americans with chronic diseases, what action is the CDC taking to provide education and raise awareness among patients and the public regarding the risks and prevention of blood clots?

CDC recognizes the importance of preventing blood clots and of protecting Americans from complications due to blood clots. From FY 2015 to FY 2020, CDC funded a national campaign to promote awareness of the signs, symptoms, and risk factors for blood clots with special emphasis on high-risk conditions including pregnancy, surgery/hospitalizations, and cancer. The campaign achieved over 800 million media impressions, an advertising value-added return on investment of up to 178

percent. CDC maintains the campaign's resources on its website for families, caregivers, and healthcare professionals to obtain important information about blood clots and how to best act early to address them.

CDC also supports the Chronic Disease Education and Awareness (CDEA) grant, which is focused on building capacity for education and awareness for chronic conditions that do not currently have dedicated resources. For each grant cycle, the selected applicants identify their chronic disease topic of focus. From FY 23 – FY 27, CDC is funding the Board of Regent University of Oklahoma Health Science Center to advance education, outreach, and public awareness of chronic venous thromboembolism (VTE) and contribute to the knowledge base in VTE prevention, and management. Additionally, CDC's Hear Her campaign raises awareness of urgent maternal warning signs that could be signs or symptoms of a life-threatening condition during pregnancy or the postpartum period. Some of these include signs and symptoms of pulmonary embolism or other clot-related conditions.

a. **Additionally, does the CDC have plans for establishing a national surveillance program to capture more accurate and comprehensive data on the incidence and impact of blood clots in the United States as this condition is associated with a variety of chronic diseases?**
There is no specific congressional funding for blood clots activities at CDC.

2. In 2008, sixteen years ago, the U.S. Surgeon General issued its first, and only, call to action to prevent blood clots, recognizing the situation as a public health crisis. Unfortunately, it is estimated that only 6% of Americans know what deep vein thrombosis is, and this lack of awareness among the public, patients and providers results in tens of thousands of preventable deaths each year. What is CDC doing to address this growing public health concern?

a. **Has the CDC provided health care professionals with additional education on identifying the signs and symptoms of blood clots or conducted any public awareness campaigns focused on their treatment and prevention?**

CDC provides healthcare professionals with continuing education on identifying the signs and symptoms of blood clots and current prevention practices. Since 2018 over 10,000 healthcare professionals have registered for the accredited blood clot e-learning course. CDC's VTE e-learning course was updated in October 2023 and has awarded over 600 CME credits since then. The e-learning course continues to educate healthcare professionals to increase the use of prevention strategies that save lives.

Additionally, CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2024, provide recommendations for health care providers for safe use of contraceptive methods for persons who have certain characteristics or medical conditions. Recommendations are included for patients with current or history of deep venous thrombosis or pulmonary embolism, including those receiving anticoagulant therapy. Recommendations are also provided for patients with personal characteristics or medical conditions that might increase risk for venous thromboembolism, such as thrombophilia, sickle cell disease, chronic kidney disease, surgery, < 6 weeks postpartum, superficial venous thrombosis, and obesity.

b. **How quickly does CDC update public awareness materials to include innovative treatment options?**
Our webpage provides general treatment information and some examples. We do not have the expertise to provide regular updates on innovative treatment options. The National Institutes for Health and the National Blood Clot Alliance have similar sites on treatment which may provide further information on the latest treatments.

The Honorable Kim Schrier

1. **I recently introduced H.R. 8698, or the SCREEN for Type 1 Diabetes Act with my colleague Representative Joyce. This bill would create a public awareness campaign through the CDC to increase knowledge about the benefits of type 1 diabetes early detection. Through early detection and monitoring, individuals and families will have more time to plan, prevent life-threatening diabetic ketoacidosis at diagnosis, and avail themselves of new treatment options or clinical trials to delay onset. What work is your office currently doing to increase awareness around type 1 diabetes screening?**

   CDC provides educational resources and information on type 1 diabetes and currently has an education section on our website related to testing and screening for type 1 diabetes, which includes testing for autoantibodies to detect type 1 diabetes early.

   CDC continues to work to increase access to diabetes self-management education and support services, which help people with both type 1 and type 2 diabetes better manage their condition through eating healthy food, being active, checking blood sugar, taking medications as prescribed, and managing stress. CDC will continue to monitor current scientific recommendations for screening individuals for type 1 diabetes and provide timely updates on our website.