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Testimony—House Subcommittee on Labor-HHS-Education and Related Agencies

Introduction

Thank you, Chairman Cole, Ranking Member DeLauro, and Members of the committee, for allowing me to testify on behalf of the National Association of Chronic Disease Directors (NACDD). Specifically, I want to express our strong support for increased funding for the key chronic disease programs which are administered under the National Center for Chronic Disease Prevention and Health Promotion at the CDC. Simply put, without the grant support and work of this important Center at CDC as well as the Office for State, Tribal, Local and Territorial Support, most states would have an extremely limited effort to address these critical public health issues – or none at all.

NACDD is a non-profit public health organization that serves the chronic disease program directors of each state and U.S. jurisdiction, and connects the more than 6,500 chronic disease practitioners across the country. As such, we represent a core sector of governmental public health. Together with a network of affiliated state organizations, we are the executive state and territorial health agency leaders that share a common mission to promote and protect the public's health and prevent illness and injury. Guided by our governors and state legislatures for whom we work, our federal partners at CDC help us knit together a coordinated, national approach to addressing our most urgent problems and improving the health of our nation.

Problem Statement

As the United States seeks ways to regain our economic footing and rebuild prosperity, we must remember that poor health of the population can exert tremendous force on employment rates, interest costs, and other tangible factors that ultimately affect our ability to maintain a strong global economic position. The primary driver of cost in healthcare is chronic disease. According

to the Centers for Disease Control and Prevention (CDC), chronic disease accounts for approximately 75 percent of the nation's aggregate health care spending - or an estimated \$5,300 per person in the U.S. annually, and much of this is preventable. In terms of public insurance, treatment of chronic disease constitutes an even larger portion of spending - 96 cents per dollar for Medicare and 83 cents per dollar for Medicaid. Public health chronic disease prevention and control, which is managed by state health departments, focuses on risk factors and diseases, links the clinical and community sectors, and is the key to addressing this epidemic.

As the American population ages and more people are categorized as “high risk” for multiple chronic diseases, it is important to recognize that an individual’s choices, as well as where they live, attend school, and work, have an impact. Risky behaviors such as poor diet, lack of physical activity, use of tobacco, and ignoring known risks, like family history, result in a dramatic increase in chronic conditions. When individuals make poor choices about their health, the result is poor collective health quality in a country that spends much more on healthcare than anywhere else in the world.

Programs

State Public Health Chronic Disease Prevention and Control Programs are key in improving our nation’s health. Today, only a small fraction of the United States’ governmental healthcare investment supports prevention and health promotion. States are implementing diverse, cost effective strategies that work for prevention and control of diabetes, reduction of heart disease and stroke, and promotion of fitness and nutrition in order to reduce the disability associated with chronic conditions. How exactly do we do that? We work in your communities to bring evidence-based approaches to people in the workplace, in schools, in community centers and other places. We provide accurate information about the leading risks to their health, and basic

actions that they can take to prevent and manage disease. We take advantage of technology to find at-risk groups, and we use the internet and social media to reduce the cost of our programs and boost their effectiveness. At times we work upstream to keep people healthy, and before someone at-risk becomes sick and has to see a doctor. We also work with patients to help them self-manage their conditions once diagnosed for illnesses such as diabetes, heart disease, arthritis and many common diseases. By working with large groups outside of the more expensive medical settings of clinics and doctors' offices, we are a good investment that saves healthcare dollars for Medicaid, Medicare, and the entire healthcare system. Many of our program approaches were developed by this committee's long-standing investments in research at NIH and CDC. We are actually part of the implementation of many NIH discoveries, and we bring them to your cities, suburban areas, and especially to rural areas where they are often most needed. In fact, in rural areas, state health agencies are often the primary source of this information and services to your constituents. Without the work of my colleagues, some of the important findings of federal research would sit on the shelf and never realize its full potential to improve health.

The Prevention and Public Health Fund (the Prevention Fund) authorized under the Affordable Care Act supplies more than 12 percent of the Centers for Disease Control and Prevention (CDC) budget, providing essential funds to help states keep communities healthy and safe. The Prevention Fund supports programs like the 317 immunization program, chronic disease prevention, and the entire Preventive Health Block Grant. The Preventive Health Block Grant is the only flexible funding for states, U.S. territories, 2 American Indian tribes, and the District of Columbia to tailor preventive and health promotion programs to their population's specific public health needs. Examples of current funding areas include chronic disease prevention and

control, emergency medical services, environmental health, infectious disease prevention and control, community-based education, injury prevention and control, and disease and risk factor surveillance. Funding prevention not only saves lives but it saves money. A comprehensive study of evidence-based prevention programs found that every dollar invested in preventative health yields \$5.60 in savings. Investing in prevention through the Prevention Fund counteracts the much larger bill--\$3.2 trillion and growing—that we pay every year as a country to treat illness and disease.

Healthcare costs for a person with diabetes are about 2.3 times higher than expenditures for individuals without diabetes. However, diabetes is preventable and controllable. Blood sugar control reduces the risk for eye disease, kidney disease, and nerve disease by 40% in people with type 1 or type 2 diabetes, and blood pressure control reduces the risk of heart disease and stroke among people with diabetes by at least 33%. Public Health Diabetes Prevention and Control Programs contribute substantially to the prevention and effective management of diabetes, which can significantly reduce the financial burden to individuals and communities.

Heart disease and stroke are the first and fifth leading causes of death in the United States. The total direct and indirect cost of cardiovascular disease and stroke in the United States was estimated to be \$320 billion in 2011, while the total annual costs associated with high blood pressure were estimated to be over \$46 billion. With aggressive professional education, early risk identification, risk reduction and treatment, these events are often preventable.

Despite the proven health benefits of physical activity, only half of American adults and a quarter of adolescents get enough aerobic physical activity to maintain good health and avoid

disease. Additionally, 76% of Americans one year and older do not consume the recommended amounts of fruit and 87% do not consume the recommended amount of vegetables. The cost of obesity in the U.S. is oppressive, reaching approximately \$270 billion in 2009. Physical activity saves lives, saves money and protects health. If Americans met the recommended physical activity levels, one in nine premature deaths could be prevented. Public health programs that promote physical activity and healthy eating provide the venues and opportunities to help make the healthy choice the natural choice, and provide reinforcement for healthy messages provided in the course of clinical care.

Today only a small fraction of the United States' governmental healthcare investment supports prevention and health promotion. A substantial investment in the CDC, State Health Departments, and other HHS agencies is necessary for a real impact to be made. These programs must include increased resources for every state to address:

- State-specific public health challenges
- Diabetes Prevention and Control
- Heart Disease and Stroke Prevention
- Improving Physical Activity and Nutrition

Public health programs work to improve care, prevent disease, and prevent complications of disease. An investment in chronic disease prevention and control programs saves lives, improves quality of life and saves healthcare dollars.