



Written Testimony of Jeffrey Levi, PhD
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House Appropriations Subcommittee on Labor, Health & Human Services, Education and
Related Agencies
Testimony Addresses the Centers for Disease Control & Prevention & the Office of the
Assistant Secretary for Preparedness & Response

My name is Jeff Levi, and I am 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. I am grateful for the opportunity to submit testimony to the Subcommittee about public health appropriations.

As you craft the FY 2011 Labor, Health & Human Services, Education and Related Agencies appropriations bill, I hope that you will include robust funding for prevention and preparedness programs at the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Preparedness and Response (ASPR) in order to promote health and help protect Americans from natural and manmade threats and disasters. Moreover, as you work with the Department of Health and Human Services to allocate funding from the Prevention and Public Health Fund, I urge you to use this funding to support the long-term transformation of the nation's public health system.

Community Prevention

The U.S. spends more than any other nation in the world on health care costs but lags behind other nations in certain indicators of health. To improve health across the country, we must transform communities to remove barriers to healthy lifestyles and ensure that Americans have access to healthy environments, nutritious foods and venues for physical activity. TFAH was very pleased with the unprecedented investment that Congress and the Administration made in community prevention, through the American Recovery and Reinvestment Act (ARRA). Through ARRA's Communities Putting Prevention to Work Initiative, we will begin to see the seeds of transformation. In addition, programs at the Centers for Disease Control and Prevention (CDC), in particular Healthy Communities and Racial and Ethnic Approaches to Community Health Across the U.S. (REACH –U.S.), prioritize the health of communities and support innovative approaches to addressing disparities and improving health. In FY 2011, TFAH supports a total of \$52 million for the Healthy Communities Program and \$60 million for the REACH program to expand these successful programs to additional communities.

School Health

More than 23 million children in the U.S. are overweight or obese. To improve their health, we must reach them where they spend a great deal of time, and that includes schools. The Division of Adolescent and School Health's (DASH) Coordinated School Health Program provides funding to 22 states and one tribal government to strengthen the ability of state and local education agencies to address critical health issues, including obesity, asthma, tobacco use, HIV, STDs, and teen pregnancy, by building the capacity of funded partners to support science-based, cost-effective health programming. The President's FY 2011 budget proposes to increase

funding for DASH by \$3.875 million. TFAH strongly supports increased funding for DASH's School Health Program and hopes that at a minimum, the program will receive an additional \$20 million in FY 2011 to enable CDC to fund 15 additional state education agencies and 25 additional local education agencies to reach more children and youth through quality school health programs.

Pandemic Influenza

The recent H1N1 flu outbreak demonstrated how rapidly a new strain of flu can emerge and spread around the world. H1N1 provided a real-world test that showed our strengths and vulnerabilities to respond to a major infectious disease outbreak. Prior pandemic preparedness investments resulted in the development of medical countermeasures that have been used in the H1N1 response. In addition, supplemental appropriations have been used for response activities, including vaccine production, distribution and administration; antiviral drugs; surveillance; communications and community mitigation; and laboratory support for virus detection. TFAH supports continuing funding for our annual pandemic flu preparedness activities in FY 2011 at CDC (\$156 million), the National Institutes of Health (NIH) (\$35 million), the Food and Drug Administration (FDA) (\$45 million) and the Office of the Secretary (\$66 million) in order to strengthen our preparedness and response during any future outbreaks.

TFAH also urges appropriators to explore means to incorporate pandemic preparedness funds for state and local health departments into annual funding streams, such as the CDC Public Health Emergency Preparedness and ASPR Hospital Preparedness Program cooperative agreements. There is no annually recurring funding to support state and local pandemic preparedness. Yet, pandemic and all-hazards preparedness requires sustainable lab capacity, modernized disease surveillance systems, a well-trained workforce, effective medical countermeasures delivery and administration, surge capacity, and continuous exercising and improvement of response plans.

Another critical funding stream is the Biomedical Advanced Research and Development Authority (BARDA), which provides incentives and guidance for research and development of products to counter bioterrorism and pandemic flu. The President's budget proposes \$476 million for BARDA, with funding made available from current BioShield Special Reserve Fund balances. These funds would support research on countermeasures for biological threat agents, volatile nerve agents and radiological and nuclear threats. TFAH supports an increase in funding for BARDA and recommends that in FY 2011, at least \$500 million is provided, with the acknowledgement that higher levels of funding must ultimately be allocated and sustained.

Global Disease Detection (GDD)

Despite remarkable breakthroughs in medical research and advancements in immunization and treatments, infectious diseases are undergoing a global resurgence that threatens health. It is estimated that newly emerging and re-emerging infectious diseases will continue to kill at least 170,000 Americans annually. CDC's GDD Program helps recognize infectious disease outbreaks, improve the ability to control and prevent outbreaks, and detect emerging microbial threats. For FY 2011, TFAH recommends \$56 million for the GDD Program to enable CDC to increase the number of GDD centers and expand capacity at existing Centers. Funding would bring Thailand, Kenya, China and Guatemala to full capacity, support Egypt and Kazakhstan as basic centers and establish four additional developing centers.

Environmental Health

An additional area of interest for TFAH is the connection between our environment and our health. CDC's Environmental Health Laboratory performs biomonitoring measurements-- the direct measurement of people's exposure to toxic substances in the environment. By analyzing blood, urine, and tissues, scientists can measure actual levels of chemicals in people's bodies, and determine which population groups are at high risk for exposure and adverse health effects, assess public health interventions, and monitor exposure trends over time. TFAH supports an additional \$19.6 million for the Environmental Health Laboratory's biomonitoring capacity in FY 2011 in order to fund seven to ten grantees to conduct biomonitoring, increase the number of chemicals measured in CDC's *National Report on Human Exposure to Environmental Chemicals*, enable CDC to provide training and quality assurance for state laboratories awarded funds, and support the *National Report on Biochemical Indicators of Diet and Nutrition*.

Another important program, the National Environmental Health Tracking Network, enhances our understanding of the relationship between environmental exposures and the incidence and distribution of disease. The Tracking Network helps build our capacity to respond to environmental health issues and helps document links between environmental hazards and chronic disease. The National Network launched in July of 2009. CDC now funds just 22 states and one city to build and implement state-based tracking networks that will feed into the National Network. One additional state will be funded due to the increase in the Fiscal Year 2010 appropriations for this program. In order for the Network to be truly national in scope, it must be expanded to all states. To build toward that vision, TFAH recommends providing \$50 million for CDC's Environmental and Health Outcome Tracking Network to expand it to up to 13 additional grantees and support the continued development of a sustainable Network.

TFAH is also concerned about the potential health effects of climate change, including injuries and fatalities related to severe weather events and heat waves; infectious diseases; allergic symptoms; respiratory and cardiovascular disease; and nutritional and water shortages. TFAH was appreciative of the \$7.5 million included in FY 2010 for the Climate Change Program at CDC. To enable CDC to fund 20-25 states and localities for climate change needs assessment and planning, in addition to supporting other climate change preparedness activities, TFAH recommends at least \$15,000,000 for CDC's Climate Change Program in FY 2011. Ultimately, \$50 million is needed to develop a credible and effective Climate Change Program.

Public Health Workforce

A final area of critical importance to our nation's health is our public health workforce. The latest job loss survey by the National Association of County and City Health Officials (NACCHO) found that local health departments lost 8,000 jobs in the second half of 2009—compounding the loss of another 8,000 positions in the first half of the year. To address the workforce shortages in state and local health departments, the President's budget proposes a new workforce program, the Health Prevention Corps, which will recruit new talent into service for state and local health departments. The program will target disciplines with known shortages, such as epidemiology, environmental health and laboratory. FY 2011 funding would be used to establish a management plan for staffing and program administration, convene stakeholders to establish the program framework, and develop a curriculum for Corps members. TFAH supports the President's request of \$10 million for the Health Prevention Corps in FY 2011.

The Prevention and Public Health Fund

The Prevention and Public Health Fund, established by the Patient Protection and Affordable Care Act (P.L. 111-148), provides \$500 million in FY 2010 and \$750 million in FY 2011 for programs authorized by the Public Health Service Act for prevention, wellness, and public health activities. This funding should be used to support the long-term transformation of the nation's public health system. Investments from the Fund should be used in a manner that leverages change throughout the public health system – with a move away from a stove-piped, disease-by-disease approach to one that addresses the determinants of health in a cross-cutting manner.

The overarching goal should be to optimize the health of everyone by creating healthier, more resilient communities, through policy, systems, organizational, and environmental change. Investments from the Fund should be science informed or evidence based, have measurable health outcomes and policy goals, promote innovation, focus on the determinants of health and health equity, and be held accountable.

The National Prevention Strategy should become the basis for defining the goals of a transformed public health system, identifying gaps in the current system, and how the Fund can be used to help close these gaps.

Expenditure of Initial Funds

As the National Prevention Strategy is developed over the next year, expenditures under the Fund for FY 2010 and FY 2011 should be consistent with the following categories of expenditure, which were included in the House-passed bill. These include:

- Community Prevention: A focus on community prevention is the centerpiece of a transformed public health system. The focus should reflect cross-cutting approaches to reducing the risks that affect health and safety. In addition to chronic diseases, attention should be given to other critical health issues, such as injury and violence prevention, reproductive health, infectious diseases, emergency preparedness, mental health, birth defects and developmental disabilities, and environmental health. While state and local health departments must be central players in community prevention, grant funding is also needed to support the work of non-governmental organizations.
- Core Capacity (for both health departments and others doing community prevention): Health departments have varying levels of expertise and competency to design and manage community interventions that focus on policy, systems, organizational, and environmental change. All health departments should be supported in their efforts to expand the role of community prevention in addressing the health needs of their populations, but particular effort should be made to close the geographic gap in capacity to build healthier, safer, and more resilient communities. This can be done at least in part through the support of the accreditation process, which is focused on building these capacities and thresholds. Even with accreditation, we will need to provide funding to build a public health workforce able to serve in these accredited health departments.
- Research, Development, and Dissemination of Best Practices: There is a continuing need to expand the science base of prevention, with particular emphasis on translation into

practice and data to do appropriate program evaluation. This would include ramping up the capacity of the task forces on community and clinical prevention, creating the research and technical support for innovation in community prevention, and establishing the newly authorized program in public health services and systems research, with a particular emphasis on data collection and analysis.

Mr. Chairman, thank you again for the opportunity to submit testimony on the urgent need to enhance federal funding for public health programs which can save countless lives and protect our communities and our nation.