

National Association of Chronic Disease Directors
Testimony before the House Labor, Health and Human Services & Education
Subcommittee on Appropriations
March 30, 2007

Mr. Chairman, members of the Committee, thank you for the opportunity to testify before you this afternoon. My name is Dr. Cynthia Boddie-Willis of Massachusetts and I am the current President of the Association of State and Territorial Chronic Disease Program Directors (otherwise known as "NACDD") to testify in support of NACDD's top priorities for fiscal year 2007, the Centers for Disease Control and Prevention's (CDC's) Heart Disease and Stroke Prevention Program, Diabetes Prevention and Control Program and the Preventive Health and Health Services Block Grant.

First, I will provide you with some background on the NACDD. The NACDD is a national public health association, founded in 1988 to link the chronic disease program directors of each state and U.S. territory, providing a national forum for chronic disease prevention and control efforts focused on sharing ideas, improving quality, and reducing the burden of chronic diseases and risk factors.

Since its founding, NACDD has made impressive strides in mobilizing national efforts to reduce chronic diseases and the associated risk factors through work in states and communities across our country. NACDD has more than 900 regular and associate members and works to reduce the impact of chronic diseases on the American population by advocating for prevention policies and programs, encouraging knowledge sharing and developing partnerships for promoting health.

NACDD has eight Councils focusing on Arthritis, Breast and Cervical Cancer, Cardiovascular Health, Diabetes, Healthy Aging, Osteoporosis, School Health and Women's Health -- and three Interest Groups--Comprehensive Cancer, Health Disparities, and Physical Activity addressing needs of specific chronic diseases and advancing prevention and control efforts in these areas and professional development for public health professionals.

NACDD activities support state and local program efforts by:

- Developing partnerships and collaboration with public health and scientific communities, health care providers, federal agencies, universities and the private sector to pursue common goals;
- Developing legislative analyses, materials, policy statements and other resources;
- Advocating the use of epidemiological approaches in chronic disease prevention, services, planning and data collection; and
- Providing educational and training opportunities for our members and partners.

As previously stated, the NACDD has identified its top priorities for FY 2007. First, the National Heart Disease and Stroke Prevention Program at CDC, operated through state-based initiatives, addressing one of America's major epidemics. Heart disease and stroke present a clear and present danger to Americans, our health, wealth, and well-being. Heart disease and stroke are the first and third causes of death, killing nearly 930,000 people each year. They also represent one of the primary causes of premature permanent disability in the U.S. workforce. The economic impact of heart disease and stroke in 2005 was \$394 billion (\$242 billion in healthcare, \$152 billion in lost productivity.)

The devastation of heart disease and stroke is all the more disheartening when we know that much of heart disease and stroke is preventable. Years of research have shown conclusively that controlling high blood pressure and cholesterol reduces the risk of heart disease and stroke. Stopping smoking, eating healthy, being physically active, and controlling diabetes also decrease risk.

Currently, only 32 states and the District of Columbia are funded to address these issues and they are funded at such a low level that statewide intervention is not possible. There are 19 states that receive capacity-building grants averaging about \$350,000 each. These grants fund activities such as increasing collaboration among public organizations concerned with preventing heart disease and stroke, defining the state's CVD burden, assessing current activities, developing and updating a comprehensive state plan, identifying culturally appropriate approaches, and helping state residents become more aware of the signs and symptoms of heart attack and stroke. Only 14 states receive a "basic implementation" grant averaging \$1.25 million. This level of funding allows state health departments to expand their activities to enhance all capacity-building program activities by:

- Prevention and control of high blood pressure and cholesterol, major risk factors for heart disease and stroke;
- Improving quality of care to prevent and manage high blood pressure, stroke and heart disease;
- Improving access to appropriate and often life-saving emergency care quickly by educating the public about the signs and symptoms of heart attack and stroke and improving emergency care services, such as 9-1-1 coverage and emergency stroke therapy; and
- CDC also continues to support specific state-and local-based research projects.

Examples of program successes in various states include:

- In Wisconsin, the state-based program, working with 20 health plans increased the percentage of people controlling their high blood pressure by 21 percent.
- In the New York, over 630 businesses participated in worksite improvement projects. On average these sites showed a 62 percent increase in policy and environmental health supports.
- Communities – in Alabama the Program worked with community groups to conduct a heart health project that included African-American churches. Community members identified limited access to prescription medications as a

common barrier. The Program then provided training for community leaders on the State's medication access program. These community leaders then shared the information with their respective congregations.

- Schools – in Utah 168 elementary schools have implemented policies to improve school environments, increase physical activity of elementary aged school children and improve eating habits. These environmental changes can positively impact the heart disease and stroke risk of the next generation.

This leaves 18 states receiving no funding from CDC's State Heart Disease and Stroke Prevention Program, no funding to address two of the leading causes of death in the U.S. In 2006, Congress provided \$44.5 million for this program. In FY 2007 the President's Budget proposal provides only \$43.9 million. No additional states will be funded. Mr. Chairman, the Department of Health and Human Services (HHS) has developed the *Public Health Action Plan to Prevent Heart Disease and Stroke*, but without additional funding for states health departments and their local partners to implement the plan, the goals and predictable improvements in health outcomes will remain unrealized. The NACDD respectfully requests a \$10 million increase over the FY 2006 appropriation level and the FY 2007 President's Request level to the CDC State Heart Disease and Stroke Prevention program. An appropriation of \$54.5 million would truly be a step in the right direction this year in addressing cardiovascular disease. A \$10 million would increase from **14 to 18** the number of states implementing basic implementation programs, and from **19 to 25** the number of states with capacity building grants, to implement the CDC action plan prevents heart disease and stroke.

Our next priority for FY 2007 is the CDC's National Diabetes Prevention and Control Program. Over 20 million people have diabetes, and over 41 million people are estimated to have pre-diabetes. The financial burden of diabetes in the US was \$132 billion (\$92 billion in direct medical costs). The current funding of \$63,199,000 funds 22 states at the capacity building level and only 28 states at basic implementation, with no states fully funded. Recent scientific advances have shown that we have unrealized opportunities to prevent diabetes and complications to diabetes using proven strategies implemented through state health agencies and their partners. If we miss these opportunities more people will develop diabetes and suffer unnecessarily from complications. Healthcare costs for a person with diabetes are over \$13,000/year; for a person without diabetes, \$2,500. For every one point reduction in HbA1c (a measure of blood sugar over time), a 40% reduction in microvascular complications is reported (blindness, kidney disease, nerve damage) and up to \$4,100 can be saved in annual healthcare costs. Public Health Diabetes Prevention and Control Programs contribute substantially to the prevention and effective management of diabetes. NACDD respectfully requests a \$10 million increase to allow more states to be funded at the basic implementation level and spread the knowledge of successful strategies to more of America.

Our other important priority this year is the Preventive Health and Health Services Block Grant (the Prevent Block). Its elimination in the FY 2007 President's Budget Request is of grave concern to the Chronic Disease Directors. The Prevent Block was established to help states achieve the Health Objectives for the Nation identified in Healthy People

2010. While it has been suggested that Prevent Block Grant dollars are duplicated by other categorical programs within CDC, states use funds to provide support to areas where **no federal support exists**, or where **federal categorical funds are grossly insufficient**.

Since there is no offsetting increase in those other categorical programs – states will experience devastating cuts in critical public health services. States receiving block grant dollars develop health plans, report to the CDC about activities, impact and target interventions to populations in need.

In addition to chronic diseases and related risk factors, PHHS Block Grant funds allow states to respond quickly to state-specific emergencies and emerging health issues. States need a source of flexible funds to react quickly during unexpected outbreaks and emergencies and to respond rapidly to emerging health threats within their states so as not to endanger other states or spawn a nationwide epidemic. For example, without the Prevent Block, Louisiana would not have been able to utilize its 10,300 emergency medical services (EMS) and 7,000 First Responders and emergency medical technicians (EMTs) to maintain the integrity of quality patient care and provide emergency trained advanced-level EMT's and physicians to special needs shelters in the wake of the Katrina disaster.

The Prevent Block fills the gaps of a fragile state-level public health system that provides basic public health functions and services. In nearly 30 percent of states, basic functions such as monitoring of water systems, the food supply, or housing conditions and tuberculosis control would be adversely affected if the PHHS Block Grant were to be eliminated. EMS also would be compromised in almost one third of all states.

Mr. Chairman, the NACDD has done a survey of the effects the \$18 million cut that the program experienced last year and what it has done to the ability of states and local community's abilities to deliver important public health services. For example:

- **Mississippi** -- the reduction in resources have made it very difficult, especially in these times after Hurricane Katrina. The state's fight against obesity, CVD, Hypertension, and Diabetes will be hit the hardest. Mississippi ranks among the highest diabetes and obesity rates in America. Mississippi is in the process of reaching out to overweight students to prevent them from risks of diabetes and other health problems that come along with obesity. In combination with having displaced from New Orleans and Alabama in the state, working with the challenge of overweight in children is impossible with out resources like the Prevent Block.
- **Kentucky** - Physical activity services provided at the local level have been scaled back due to the reduction in funds received during fiscal year 2005. Not only is there less money to work on environmental and policy changes locally as well as at the state level, but fewer Kentuckians are provided the opportunity to participate in actual physical activity classes such as chair volleyball and chair aerobics for the elderly and the President's Challenge for school age youth.

- **North Carolina** – Prevent Block funding supports community based health promotion programs to address physical activity, healthy eating, and tobacco use prevention in each of North Carolina’s 100 counties. Funding has been reduced in 48 counties, which has led to staffing reductions and decreased capacity to implement interventions.
- **Pennsylvania** -- Elimination of a contract to address disparities in oral cancer mortality among African Americans. The State has also eliminated 10 grants to county/municipal health departments, a contract with the Center for Injury Research and Control and University of Pittsburgh, the purchase and distribution of bicycle helmets and smoke detectors for use by districts for injury prevention and reduction of funding to Pennsylvania Safe Kids coalition. Funding will cease for Keystone Color Me Healthy, an effective and popular program that targets 4-5 year old children in Head Start and Family Literacy Centers for education about healthy eating. There are no state funds to replace block grant funds if eliminated.

Finally, NACDD has concerns that the proposal to allow states to cut up to five percent from other programs, excepting bioterrorism-related funding, to allow for a flexible source of funding. The proposal incorrectly presumes both that all states are funded for all categorical programs, which has never been the case, and that categorical programs operate with surplus resources. Eliminating this critical source of flexible funding to states at a time when state health departments are facing their own deep cuts in funding would seriously endanger an already fragile public health system and lose some hard fought gains in the fight against chronic diseases.

In closing, Mr. Chairman, members of the Committee, NACDD respectfully requests a \$10 million increase over the FY 2006 appropriation level and the FY 2007 President’s Request level to the CDC State Heart Disease and Stroke Prevention Program and a \$10 million increase for the CDC Diabetes Prevention and Control Program and respectfully request you provide \$110 for the Prevent Block Grant - to not only to protect the nation’s health and but also ensure they remain fiscally sound. A decision not to increase the Heart Disease and Stroke Prevention Program, increase Diabetes Prevention and Control or to terminate the PHHS Block Grant would put the health of Americans at risk, and diverting funds from prevention would place an additional strain on the nation’s medical care system.

As the NACDD did last year, we will be following up with each office and providing a state-by-state breakdown of how Prevent Block Grant dollars are used in each state and the impact the \$18 million cut had on the ability to provide important public health services in each state and communities.

The National Association of Chronic Disease Directors thanks the Chairman and members of the Committee for the opportunity to share the important role these programs play as we face the urgent reality of chronic disease in America.