



## **American Public Health Association**

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**Testimony of the American Public Health Association**  
**Ensuring an Adequate Public Health Service Budget in FY 2005**

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**Presented to the**  
**House Appropriations Subcommittee on Labor,**  
**Health and Human Services and Education**

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Mr. Chairman and members of the subcommittee, my name is Ed Marshall and I am the Chair of the American Public Health Association's (APHA) Executive Board. APHA is the oldest and largest public health association in the world, representing approximately 50,000 public health professionals in the United States and abroad. The Association has affiliates in every State. I am grateful for the opportunity to discuss our members' views on the subject of federal funding for public health activities. To achieve positive results on APHA's top three priorities, eliminating health disparities, strengthening the public health infrastructure and improving access to care -- it is vital that key federal health programs that can move us toward achieving our goals receive adequate funding from the Subcommittee.

### **Recommendations for Funding the Public Health Service**

APHA's budget recommendation concurs with the estimate developed by the Coalition for Health Funding: we believe the Public Health Service needs a significant increase of 12 percent or a total of \$56.4 billion in FY 2005. This figure is based on the professional estimate of need and opportunity within each agency of the Public Health Service and would accommodate needed increases for the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Agency for Healthcare Research and Quality (AHRQ), and the National Institutes of Health (NIH), as well as agencies outside this subcommittee's jurisdiction -- the Food and Drug Administration and the Indian Health Service.

### **Centers for Disease Control and Prevention (CDC)**

APHA is particularly concerned about the budget proposal for the CDC. Funding for CDC is just not keeping pace with new threats to health and safety. The work of the CDC has never been more important. Our nation faces increasingly diverse threats to health--terrorism, emerging infections and diseases, the obesity epidemic, the aging of the population. Consider what was in the headlines in this past year: smallpox; the rise in early births; preparedness for chemical attacks; concerns about food safety; mercury in fish; obesity; mad cow; monkeypox; West Nile; SARS; anthrax; hepatitis; flu --just to name a few.

If CDC is to carry out its mission to protect and promote good health, it is going to need additional support. Yes, thanks in large part to this Subcommittee, the agency has received important increases in its budget. But it is also facing *unprecedented* challenges and new responsibilities. It is important to remember that Federal support, or lack of it, for CDC is a direct measure of our support for state and community public health programs. Consider that more than 70 percent of the federal dollars CDC receives supports state and local health organizations and academic institutions. If our communities are going to be adequately prepared to protect our health and safety, additional federal dollars are critical. Just as we all demand an effective and stable police force and fire service in our communities, so should citizens expect and deserve a public health system that is working to protect their health.

We are all quite concerned about the current budget situation in our nation. Yet tremendous opportunities to reduce health care costs, including the rising cost of Medicare and Medicaid, are being missed by underfunding the prevention programs that CDC manages and funds. The estimated annual percentage of U.S. health care costs attributable to chronic diseases exceeds 75 percent. Roughly 20 million of the Nation's children suffer from at least one chronic health problem. And, the prevalence of severe chronic conditions among Medicaid-covered children is three to five times higher among Medicaid children than among privately insured children.

Last year, Senator Specter asked the CDC Director to provide a professional judgment concerning what resources the agency needs to protect the public's health. Director Gerberding estimated in her response

that \$15 billion was needed by the year 2008. APHA, along with the CDC Coalition which consists of over 100 organizations across the nation, strongly support funding the agency at this level.

Unfortunately, The proposed reduction in support for the CDC from \$7.1 billion in 2004 to \$6.9 billion in 2005 comes in marked contrast to agency's minimum budget needs. This is a 2.8 percent reduction and a move in the wrong direction. Of particular concern are the proposed cuts to states of \$144 million in terrorism preparedness funding which could seriously jeopardize state-based public health's ability to respond to a terror event, outbreak of infectious disease, or other public health threat or emergency. We strongly urge the Subcommittee to restore these cuts that affect our national safety and security.

### **Health Resources and Services Administration (HRSA)**

HRSA programs assure that all Americans have access to our nation's best available healthcare services. HRSA provides a health safety net for medically underserved individuals and families, including 43.6 million Americans who lack health insurance; African American infants, whose infant mortality rate is more than double that of whites; and 800,000 people living with HIV/AIDS. Programs to support the underserved place HRSA on the front lines in erasing our nation's racial and ethnic disparities in health status. The agency's overriding goal is to achieve 100% access to healthcare, with zero disparities. In the best professional judgment of APHA, in conjunction with the Friends of HRSA Coalition, to respond to this challenge, the agency will require a funding level of at least \$8.0 billion for fiscal year 2005.

We are grateful to the Subcommittee for your consistent strong support for all of HRSA's programs, including the initiatives in terrorism preparedness and response. We urge the Subcommittee to restore the proposed 7.6 percent cut in the president's budget for the hospital preparedness activities at HRSA. All responders, providers and facilities must be ready to detect and respond to complex disasters, including terrorism, and HRSA is well-positioned to support these programs.

While we are pleased that the Administration supports terrorism preparedness training programs for health professionals, we are once again very concerned that the HRSA health professions programs under Title VII and VIII has once again landed on the chopping block. Today our Nation faces a widening gap between challenges to improve the health of Americans and the capacity of the public health workforce to meet those challenges. An adequate, diverse, well-distributed and culturally competent health workforce is indispensable to our national readiness efforts and to address critical health care needs.

We recommend growth in HRSA's budget to meet the needs of vulnerable populations served by the agency, and to support new initiatives for hospital disaster and terrorism preparedness and workforce training. While this new focus area is extremely important, and deserves sustained funding, that support must not come at the expense of infant health, family planning, rural health and general health workforce development.

### **Conclusion**

In closing, I would like to emphasize that the public health system requires financial investments at every stage -- research, prevention and treatment -- if we are to adequately address the most serious issues facing the health of the public including the elimination of health disparities and strengthening the nation's public health infrastructure to deal with existing and emerging health threats.

Edwin C. Marshall, OD, MS, MPH

Dr. Edwin C. Marshall is Professor of Optometry and Associate Dean for Academic Affairs and Student Administration at the Indiana University School of Optometry and Adjunct Professor of Public Health at the Indiana University School of Medicine. He received the O.D. degree and the M.S. degree in visual science from Indiana University and the M.P.H. in health policy and administration from the University of North Carolina.

Dr. Marshall is Past President of the Indiana Optometric Association and the Indiana Public Health Association, and currently Chair of the Executive Board of the American Public Health Association, Chair of the Minority Health Advisory Committee of the Indiana State Department of Health (and principal author of *Healthy Indiana – A Minority Health Plan for the State of Indiana*), and Secretary of the Health Care Data and Quality Subcommittee of the Indiana Commission on Excellence in Health Care. Dr. Marshall serves on the Board of Directors of the Indiana Public Health Institute and the Bloomington (Indiana) Hospital and Healthcare System. He is a member of the National High Blood Pressure Education Program Coordinating Committee of the National Institutes of Health, the Indiana Health Care Professional Development Commission, the Indiana Chronic Disease Advisory Council, the Indiana Diabetes Collaborative, and the Professional Advisory Committee of Prevent Blindness Indiana. He was a member of the Benefits and Cost-Sharing Subcommittee of the Governor's Advisory Panel on the Indiana Children's Health Insurance Program, where he helped shape state legislation for insuring health benefits for uninsured, low-income children in Indiana.

Dr. Marshall has served as External Examiner for the Faculty of Medicine at the National University of Malaysia and educational consultant to the Cebu Doctors' College of Optometry in the Philippines and the Inter American University of Puerto Rico School of Optometry. In 2000 Dr. Marshall completed a US Public Health Service Primary Care Policy Fellowship with the US Department of Health and Human Services. He is a recipient of the 1999 Tony and Mary Hulman Health Achievement Award in Public Health and Preventive Medicine from the Indiana Public Health Foundation, the 2001 State Health Commissioner Award for Excellence in Public Health, and the 2001 Distinguished Service Award from the Vision Care Section of the American Public Health Association.

## **Federal grant funding for the American Public Health Association, fiscal 2002 - 2004**

### **Fiscal 2002**

Centers for Disease Control and Prevention

\$50,000 for satellite broadcast of Annual Meeting sessions

\$240,000 for developing public health performance standards

NIH/ National Institute of Environmental Health Science

\$40,000 for satellite broadcast of Annual Meeting sessions

National Highway Traffic Safety Administration

\$75,000 for mini-grants to state Affiliates for injury prevention programs

### **Fiscal 2003**

Centers for Disease Control and Prevention

\$240,000 for developing public health performance standards

National Highway Traffic Safety Administration

\$125,000 for Cooperative agreement for web development mini-grants to state Affiliates, and the development of an exhibit about the impaired driver initiative.

### **Fiscal 2004**

Centers for Disease Control and Prevention

\$240,000

Performance Standards, Core Infrastructure, Environmental Health, American Journal of Public Health

National Highway Traffic Safety Administration

\$125,000 for Cooperative agreement for web development, mini-grants to state Affiliates, and the

Office of Women's Health/DHHS

\$20,000

Webcast & CME related to Women & Obesity