



# *SOCIETY FOR PUBLIC HEALTH EDUCATION*

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## **Testimony**

### **Addressing the Obesity Epidemic: Expanding Funding for CDC Chronic Disease Programs in Fiscal Year 2005**

#### **Presented to the**

**United State House of Representatives Committee on Appropriations  
Subcommittee on Labor, Health and Human Services and Education**

#### **By**

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Good morning, Mr. Chairman and Members of the Subcommittee. My name is Elaine Auld and as executive director of the Society for Public Health Education (SOPHE), I am grateful for this opportunity to appear before you today. SOPHE is a non-profit organization dedicated to improving the health of the public through education. We represent some 4,500 scientists and practitioners trained in health education and health promotion who work in federal, state, and local public health agencies; schools and universities; medical care settings; community agencies; and worksites. Founded in 1950, the Society is the only independent national organization focused exclusively on health behavior and health education, and as such, is at the forefront of national prevention efforts in research, policy, and practice.

The discipline of health education, which is nearly a century old, uses sound science to plan, implement, and evaluate interventions that enable individuals, groups, and communities to achieve personal, environmental, and social health. Health education interventions address both infectious and chronic diseases, as well as risk communication to the public. There is robust, evidence-based documentation not only that health education works, but also that it is cost-effective when compared to other approaches.

In health education, there is perhaps no more meaningful adage than: "A ounce of prevention is worth more than a pound of cure." This reference to "pounds" is especially fitting given SOPHE's concern over the epidemic of overweight and obesity. Therefore, my comments this morning will focus on several programs in CDC's National Center for Chronic Disease Prevention and Health Promotion that address the overwhelming problem of obesity. We firmly believe that confronting this multi-faceted health epidemic needs a strong state-based component that starts "where the people are".

A recent report from CDC scientists in the *Journal of the American Medical Association* indicated that physical inactivity and poor nutrition, both directly linked to overweight and obesity, closely rival tobacco as the number one preventable cause of morbidity and mortality in the U.S. Given the increasing prevalence of overweight, coupled with the baby boomer generation, the proportion of deaths due to obesity is expected to increase even more dramatically in coming years. Today, approximately 59 million adults are obese and nearly two out of every three adults are overweight or obese. The rate of obesity among Hispanics has doubled in the past 10 years from 12 to 24 percent, while the rate among African American adults is nearly 30 percent. In my native state of Ohio, for example, 69 percent of males and 49 percent of females are reportedly overweight; 84 percent of males and 76 percent of females reported eating fewer than the recommended five servings of produce daily. Obesity and overweight increase the risk for cardiovascular disease, cancer, diabetes, arthritis-related disabilities, and other chronic conditions. The good news is that CDC's programs in the Division of Nutrition and Physical Activity are showing positive results. Through these programs, state health departments work with community partners such as schools, health care providers, faith-based organizations, transportation agencies, parks, businesses, urban planners, and town councils. CDC funding serves as the catalyst for these partners to implement effective programs for activity and healthy eating. SOPHE appreciates this Subcommittee's support for increased appropriations in FY 2004. Yet, the Administration's proposed FY 2005 funding of \$45 million would support initiatives in less than half the states at very modest levels -- and, Mr. Chairman, at the worst possible moment in this burgeoning epidemic of overweight Americans. SOPHE recommends an appropriation of \$75 million to establish CDC Nutrition and Physical Activity programs in 47 states and territories. Funding at the \$75 million level would support up to 32 state programs at the capacity-building level and up to 15 states at a higher basic implementation level.

As a parent of two, perhaps of most concern to me, are the staggering rates of overweight and obesity in youth. The percentage of young people who are overweight has more than doubled in the last 20 years.

More than one-half of these children have at least one cardiovascular risk factor. Nearly 80 percent of youth do not eat the recommended five servings of fruits and vegetables each day. Participation in daily high school physical education classes has dropped from 42 percent in 1991 to 32 percent in 2001. Yet, CDC's Coordinated School Health Programs in the Division of Adolescent and School Health have been shown to be cost-effective in improving children's health, behavior, *and* their academic success. CDC's Coordinated School Health funding builds bridges between state education departments and state public health agencies to coordinate health education, nutritious meals, physical education, faculty health promotion, psychological counseling, health services, and parent involvement. Recognizing that health behaviors acquired during youth follow into adulthood, it is alarming that today only 23 states have CDC funding for Coordinated School Health Programs. If the President's FY 2005 budget request of \$15.7 million is enacted, 16 states that applied for funding will be unable to participate including Ohio, Oklahoma, Mississippi, Illinois, Maryland, Connecticut, and Texas. SOPHE recommends a FY 2005 appropriation of \$36 million for CDC's Coordinated School Health Program, which would support up to 40 states *and* expand resources to currently funded states for more effective programs.

Obesity is also a primary risk factor in heart disease and stroke, the first and third leading causes of death in the United States each year. One in five men and women in the United States live with some form of cardiovascular disease, including high blood pressure, heart disease, and stroke. Every 29 seconds someone in the U.S. suffers a coronary event and every 34 seconds a person dies due to such an event. Yet states funded by CDC's Heart Disease and Stroke Prevention Programs are stemming the tide of this number one public enemy. For example, in just one year, Wisconsin's Cardiovascular Health Program increased by 10 percent the number of patients with controlled high blood pressure in a broad group of health maintenance organizations. The President's FY 2005 budget request for CDC's Heart Disease and Stroke Prevention Programs is \$45.8 million, which is roughly level-funded. This means that only 22 states would have funding for capacity building and 11 states would have funding for basic implementation. Given the magnitude of cardiovascular disease, SOPHE requests \$80 million in FY 2005 to implement CDC's *Public Health Action Plan to Prevent Heart Disease and Stroke*. This level of support would fund all 50 states to aggressively address our nation's leading cause of death.

Despite important health improvements, African Americans, Hispanic Americans, Asian Americans, Native Americans, and other minority populations are more likely than whites to die prematurely from cardiovascular disease as well as diabetes, HIV/AIDS, breast cancer, and other diseases. SOPHE strongly supports an FY 2005 allocation of \$50 million for CDC's Racial and Ethnic Approaches to Community Health Program - also known as REACH 2010 - to reduce health disparities. Launched in 1999, REACH 2010 is unique because it works across public and private sectors to conduct community-based prevention research and demonstration projects that address social and cultural determinants of health. In Massachusetts, for example, REACH 2010 funding supports exercise programs, podiatric instruction, cooking classes, and other interventions to address the high prevalence of diabetes among Puerto Rican and Dominican Residents. Culturally appropriate, community-driven programs are critical for closing the unacceptable gap in racial and ethnic health disparities across America.

Mr. Chairman, the nation is at a critical juncture in addressing the obesity epidemic. The cost of diseases associated with obesity is estimated at nearly \$75 billion, and Medicare and Medicaid finance about one-half of these expenses. State-level estimates of the economic impact of obesity range from \$87 million in Wyoming to \$7.7 billion in California. To address the problem of excess pounds, Congress must literally "pound away" at the issue by using multiple tools, programs, and leadership through CDC. We must translate the available research into effective interventions at the grass roots level. The issue before us is clear: invest a little now or pay a lot later. Thank you for this opportunity to present our views to this Subcommittee.

## **M. Elaine Auld, MPH, CHES**

M. Elaine Auld was appointed Executive Director in 1995 of the Society for Public Health Education, the nation's only independent professional organization devoted exclusively to public health education and health promotion. She received her Bachelor of Science degree in Community Health Education, Summa cum laude, from Kent State University in 1976, and her Master's of Public Health degree from the University of Michigan School of Public Health in 1978. She has been a certified health education specialist since 1988.

Prior to joining SOPHE, Ms. Auld worked in food safety and nutrition research and communications for the International Food Information Council, International Life Sciences Institute-Nutrition Foundation, and for a support contractor to the National Cancer Institute's Diet, Nutrition, and Cancer Program. A native of Cleveland, Ohio, she developed and implemented the first patient and community health education program for Parma Community Hospital in 1978-1981.

Most recently, Ms. Auld served as co-principal investigator for a Health Resources and Services Administration study on the impact of health education credentialing and a survey of accredited MPH programs with community health education concentrations. Her publications and interests are related to standards and credentialing in health education, professional development and training needs of the public health workforce, and public policy and advocacy. She has organized seven health education advocacy summits in Washington, DC, and developed an award-winning, health education advocacy website, in conjunction with the Coalition of National Health Education Organizations.

Ms. Auld is a member of the Action Board of the American Public Health Association (APHA) and its health disparities workgroup; serves on APHA's Joint Policy Committee; is a trustee for the International Union for Health Promotion and Education, North American Regional Office; and was recently elected to the University of Michigan School of Public Health Alumni Board of Governors. She also represents SOPHE on the American Psychological Association's Decade of Behavior; the National Library of Medicine's Partners for Health Information Access; Research!America; CDC Coalition; Friends of School Health; and many other coalitions. She has received a variety of awards for her contributions to public health education, including the Eta Sigma Gamma Distinguished Service Award in 2003, the HEDIR Technology Award in 2003, and the APHA Judith R. Miller Award in 1997.

**Federal Grant Funding to the  
Society for Public Health Education  
2002-2003**

**Fiscal Year 2002**

Centers for Disease Control and Prevention

\$20,000 for SOPHE 2002 Midyear Scientific Conference

\$30,000 for SOPHE 53<sup>rd</sup> Annual Meeting

\$60,700 for CDC workforce development training workshops provided at CDC University

7,993 for injury prevention initiatives

National Cancer Institute

\$5,000 for student scholarships for SOPHE 53<sup>rd</sup> Annual Meeting

Health Resources and Services Administration

\$24,989 for Phase III study of the impact of health education credentialing

**Fiscal Year 2003**

Centers for Disease Control and Prevention

\$25,000 for SOPHE 2003 Midyear Scientific Conference

\$10,000 for SOPHE 54<sup>th</sup> Annual Meeting

\$19,850 for special issue of SOPHE's journal, *Health Promotion Practice*, on injury prevention and other injury prevention initiatives

\$60,150 for CDC workforce development training workshops provided at CDC University

Agency for Healthcare Research and Quality

\$10,000 for SOPHE 54th Annual Meeting

National Cancer Institute

\$5,000 for student scholarships for SOPHE 2003 Midyear Scientific Conference

\$5,000 for SOPHE 54th Annual Meeting