Good afternoon Mr. Chairman and Members of the Subcommittee. Thank you for allowing me the opportunity to appear before you today. I am Donna Nichols, Senior Prevention Policy Analyst at the Texas Department of State Health Services in Austin. I am here today representing the Directors of Health Promotion and Education (DHPE), an association whose primary mission is to address the nation's leading public health problems through health promotion and education efforts.

DHPE has led the way on cross cutting issues related to primary prevention and health promotion and health education since 1946. DHPE represents 55 directors of health education/health promotion units of state health departments and the health departments of the District of Columbia, the Virgin Islands, and Guam as well as the directors of the health education units of Indian Health Service Area Offices. DHPE also has approximately 300 associate members and members emeritus.

Our members manage health promotion and disease prevention programs at the state level that include, but are not limited to: community health promotion, physical activity, cardiovascular disease, tobacco, injury prevention, obesity prevention and control, school health, arthritis, diabetes, cancer, and work site health promotion. Members are also responsible for workforce development and continuing education for health promotion practitioners. DHPE is uniquely qualified to assist local, state, national, and international agencies in the design, expansion, and evaluation of community-based programs that reduce the burden of disease and promote health.

The recent natural disasters of the tsunami abroad and Hurricanes Katrina and Rita here at home shine a spotlight on the critical role that public health plays in preparing our communities and in the relief efforts that follow. In these events, storms swelled out of control with little or no warning, and with little time to prepare.

In the case of obesity, Mr. Chairman, we see the forecast, and a storm is brewing. The effects of this storm will be higher than the waves in Southeast Asia, and beyond anything the wind blew in to Louisiana, Mississippi, and Texas. Its damage will impact generations to come. And what will be lost is more precious than buildings, houses, and infrastructure: it is human life. Unlike our natural disasters, the good news is we can control this storm.

As Dr. Gerberding stated in her recent testimony before this Subcommittee, "where we invest, we make a difference." At DHPE, we believe that primary prevention efforts, which are supported by these programs at CDC can help turn the tide of this obesity epidemic, which is washing over this nation at an alarming rate. Therefore, DHPE respectfully requests a $20 million increase over FY06 levels for both the Division of Nutrition and Physical Activity and the Division of Adolescent and School Health; an $11 million increase for the Preventive Health and Health Services Block Grant; and a $7.5 million increase for Behavioral Risk Factors Surveillance System.

I know that Members of this Subcommittee are aware of much of the data documenting the obesity and overweight epidemic that this country is experiencing. However, for the

record, I would like to take a moment to highlight the dimensions of this public health crisis.

- As the nation's fastest rising public health problem, obesity rates have increased by more than 60 percent in the past 10 years among adults, and rates have more than doubled in children and adolescents during the past two decades.
- Currently, 31 percent of American adults are obese and over 60 percent are overweight. Of children and adolescents aged 6-19 years, 16 percent, or over 9 million youth, are considered overweight.
- Obesity increases the risk for many chronic and disabling diseases such as cancer, diabetes, cardiovascular disease, and arthritis-related disabilities.
- Obesity among children and adolescents has been associated with higher incidence of diabetes, asthma, sleep apnea, and gallbladder disease.
- CDC estimates that chronic disease accounts for 70 percent of all US deaths, and 75 percent of medical care expenditures.
- Obesity has roughly the same impact on chronic health conditions as does 20 years of aging, which greatly exceeds the impact of smoking or problem drinking. Obesity is also associated with a far greater increase in health care costs than smoking or problem drinking.

Not only does obesity cost us in lives, it also has a devastating effect on our Nation's economy. In 2000, the annual cost of obesity and overweight was estimated at $117 billion. And as you can see by the statistics above, this problem is only increasing. In Texas alone, by the year 2040, our children and our children's children could be facing up to $39 billion a year in direct and indirect costs related to overweight and obesity from health care, lost workdays and premature death—and that is considered a very modest estimate. Mr. Chairman there really is no time to waste.

As you are probably aware, as a result of increased Americans being overweight, we are also experiencing an epidemic of diabetes in this country. Type 2 diabetes is on the rise among children and accounts for almost half of new cases in teenagers in some areas of the country. We know millions of overweight Americans are at high risk for Type 2 diabetes, and we know that we can prevent the eventuality of this disease by changing their diet and exercise habits. CDC helped sponsor the Diabetes Prevention Program study, which proved that lifestyle intervention, including weight control and moderate physical activity, reduced the risk of diabetes by nearly 60 percent among overweight adults with impaired glucose tolerance, or pre-diabetes. While it is certainly important to support secondary prevention efforts aimed specifically at those at risk for diabetes, it just makes sense to also support primary prevention efforts, which prevent not just diabetes, but the other leading chronic conditions as well.

CDC projects that one in three children born in the US five years ago is expected to become diabetic in their lifetimes. However, the numbers for Latinos is even more alarming: one in every two. This is a statistic we take very seriously in the state of Texas, where it is projected that by 2025, the current minority population will exceed the non-minority population (in addition to California, Hawaii, New Mexico, and the District of

Columbia). These four states and the District of Columbia represent one quarter of the total US population and we know that unhealthy eating and physical inactivity are risk conditions that are disproportionately represented among our states' race and ethnic groups.

Unfortunately, spreading the message of the importance of nutrition and physical activity across the nation and changing behavior is a difficult task, and getting the message out through effective approaches will require additional resources. As public health professionals, we feel that it is absolutely imperative that we take action now to dedicate significant resources to common sense primary prevention activities. If we do not, these alarming trends will only be exacerbated as the aging baby boomers enter their senior years, and as the growing number of obese adolescents age and develop obesity-related chronic diseases.

We are already seeing the enormous impact these costs impose on the business community. Given the worsening trends of obesity, the economic impact will only get worse. Productivity will decrease, and the cost of insuring employees will skyrocket. Prevention makes good dollars and sense. It is in the interest of businesses everywhere to get involved. When the business community engages, we get outstanding results such as the example in Washington State. In Skagit County, the investment of $25,000 a year from the Preventive Health and Health Services block grant has yielded well over $1 million in local contributions and investments from foundations, counties, cities and businesses for such things as new trails, sidewalks, school walking and nutrition programs, worksite walking programs, and community education campaigns. It has also allowed the coalition in Skagit County to extend funding and expertise to its neighbors, where new coalitions in Island and Whatcom Counties have bloomed. The core $25,000 federal investment was the catalyst that initiated local planning efforts that then grew exponentially.

DHPE strongly supports many of the important public health programs at HHS, and especially at CDC within the National Center for Chronic Disease Prevention and Health Promotion. As in the Washington County example, CDC support serves as the spark that enables the building of state and local partnerships. Not only is the grant support critical for creating and evaluating community intervention strategies, but CDC also provides essential expertise, knowledge, and technical assistance to state health officials.

Grant funding from the Division of Nutrition and Physical Activity (DNPA) allows state health departments to design and implement programs addressing obesity and chronic disease, as well as evaluate the program's effectiveness. When I testified before this Subcommittee four years ago on this topic, the Division of Nutrition and Physical Activity was a new program. Four years ago only 12 states received small planning grants. Today, DNPA provides funding to 7 states at the basic implementation level, and 21 states at the capacity building level.

I know I have given a gloomy forecast, Mr. Chairman. We have a long way to go before we will make a significant impact on this enormous problem we are trying to tackle.

However, there is hope of sunnier days ahead. I would like to take this time to thank the Subcommittee for their support for DNPA, and to demonstrate the real difference your support has meant to many states. Let me provide you with examples of public health's efforts to rebuild its own levees, so to speak: success stories of how even modest investment in prevention efforts offer enormous returns.

- **Pennsylvania:** The Keystone Healthy Zone Campaign aims to recognize schools for their efforts to create environments that promote physical activity and sound nutrition. Classroom materials and teacher training are provided. Over a period of 6 months, 912 school buildings participated in the Keystone Healthy Zone campaign; and in August 2004, as part of the Keystone Healthy Zone campaign, 100 mini-grants ($2,000 each) were awarded to counties to improve their nutrition and physical activity environments.
- **North Carolina:** Color Me Healthy teaches children ages 4–5 about physical activity and healthy eating with fun, interactive activities that incorporate color, music, and exploration of the senses. More than 5,000 child care providers statewide have been trained to teach Color Me Healthy in the classroom. The program is available in all 100 North Carolina counties and is being used in more than 30 states.
- **Massachusetts:** The state recently with Blue Cross and Blue Shield of Massachusetts, supported implementation of the enhanced Healthy Choices initiative in 70 middle schools. Blue Cross and Blue Shield worked with the John Stalker Institute to develop a Web-based Planet Health training system for Healthy Choices school staff.
- **Washington:** The City of Moses Lake Healthy Communities Project targets a small rural town in eastern Washington that has a greater percentage of Hispanic people, older adults, and people with low incomes than the rest of the state. The project includes: expanding pathways for pedestrians and bicycles; providing space for gardens to grow fruits and vegetables; and a plan for policy and environmental change to support breastfeeding in health care facilities, worksites, child care, and other community settings.
- **Texas:** Over the past few years, the DSHS has been able to fund the development and implementation of a statewide childhood overweight surveillance system called the School Physical Activity and Nutrition (SPAN) survey project using Preventive Health and Health Services Block Grant funds. So far, two projects have been funded by the block grant costing around $1.5 million. To date, Texas has established a baseline prevalence rate for childhood overweight and recently a trend for childhood overweight. Preliminary data show that although the prevalence of overweight in Texas among 4^{th}, 8^{th}, and 11^{th} grade students is higher than the national average, the trend among 4^{th} grade students appears to be leveling off and possibly decreasing. This trend is reflected in certain areas of the state where extensive implementation of coordinated school health and community-wide nutrition and physical activity programming have occurred for at least five years.

DHPE and its many partners in the public health community strongly recommend that you include $60 million in the fiscal year 2007 appropriations bill for the Division of Nutrition and Physical Activity so that these important steps to prevention can be implemented in more states across the country. At this level, DNPA can support capacity grants for up to 37 states and basic implementation grants for 13 states.

While we are primarily urging this Subcommittee to increase CDC funding for Nutrition and Physical Activity programs at CDC, we also whole-heartedly support complementary approaches. The Division of Adolescent and School Health supports and coordinates local school programs to reduce chronic disease risk factors such as poor eating habits and physical inactivity. A $20 million increase for School Health Programs will expand the number of states currently funded from 23 to 40. DHPE is publishing *Protecting our Assets: A School Employee Wellness Guide*. The guide has been developed through the support of DASH. The guide teaches schools how to develop and implement worksite health promotion programs that instruct employees how to reduce risky health behaviors, reduce risk factors and illnesses. With better employee health, work-related injuries, absentee days, worker compensation and disability claims, and health care and health insurance costs will decline.

Additionally, the Preventive Health and Health Services Block Grant provides states with flexible funding where no federal support exists, or where federal categorical funds are grossly insufficient. This grant is one of the only sources of funds that can be used to impact individual and community environmental health risks across categorical areas in a cost effective way. The two previous examples from Washington State and Texas provide compelling reasons for restoring the Block Grant. The Behavioral Risk Factor Surveillance System tracks critical health risk behaviors, providing timely data for state and metro areas, and used to identify health problems, plan and evaluate responses, and target populations with the greatest needs. BRFSS has been invaluable in tracking obesity, serving as a resource when implementing prevention programs. With a $7.5 million increase, CDC would be prepared to provide BRFSS data to monitor emerging health threats in all 50 states, DC, and the 100 largest cities.

In closing, we know that nutrition and physical activity are cross-cutting risk factors and that effective prevention of obesity also prevents diabetes, cardiovascular disease, and some cancers. Therefore, the bottom line is simply that these primary prevention interventions are a great investment. At the state level, we are enthusiastic about the opportunities to take these wonderful evidence-based approaches into our communities.

As the saying goes all politics is local—so it goes “all health is local.”

While the challenge before us is daunting, it is nonetheless an exciting time for professionals in the field of public health education and health promotion. We appreciate the generous support that you have provided in the past, and look forward to working with you in the future.

Again, thank you for this opportunity to appear here today.