

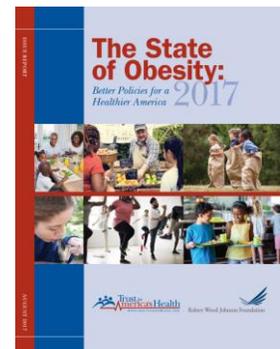


Division of Nutrition, Physical Activity, and Obesity (DNPAO)

**National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention (CDC)
FY 2019 Labor HHS Appropriations Bill**

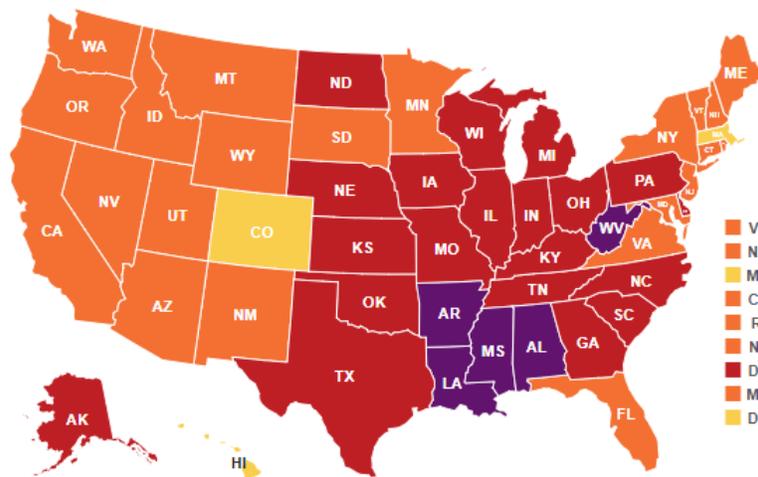
	FY2017	FY2018	FY2019 President's Request	FY2019 TFAH
Division of Nutrition, Physical Activity, and Obesity	\$49,803,000	\$54,920,000	\$0 ¹	\$63,310,000

Background: Adult obesity rates are showing signs of leveling off, according to the *State of Obesity 2017*. However, rates are stabilizing at a dangerously high level - this year, adult obesity rates exceeded 35 percent in five states, 30 percent in 25 states and 25 percent in 46 states. As of 2000, no state had an obesity rate above 25 percent. Progress could be eroded if programs are cut and policies are weakened.

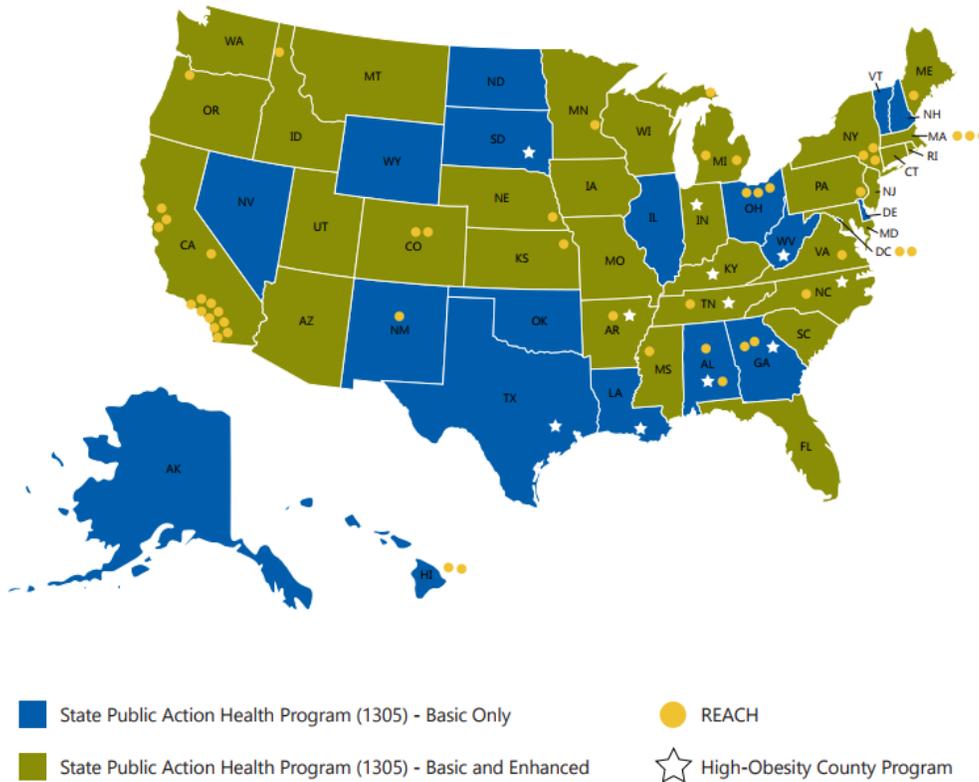


Today, more than two-thirds of American adults are overweight or obese (68.6 percent). The result is millions of Americans at higher risk for hypertension, high cholesterol, type 2 diabetes, heart disease, certain cancers, and many other negative health consequences. Obesity also is one of the biggest drivers of preventable chronic diseases and health care costs in the United States. Currently, estimates for these costs range from \$147 billion to nearly \$210 billion per year. Obesity disproportionately impacts racial and ethnic minorities, low-income Americans, and those living in the South and Midwest.

Percent of obese adults (Body Mass Index of 30+)
 0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+



Impact: CDC funding to states and localities to address obesity chiefly is provided through two separate but complementary grant programs.² The first is the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and School Health (1305 grants), four-year cooperative agreements with 50 state health departments and the District of Columbia (D.C.). Only 32 states are currently funded to deploy enhanced strategies related to obesity prevention.



The second is set-aside funding (\$8.2 million annually in extramural funding) for high-obesity rate counties (counties with a greater than 40 percent prevalence) supported programs in 11 states. However, the program only reaches roughly one quarter of eligible counties (33 of 135 counties) in less than half of states (11 of 17 states with eligible counties).

Recommendation: Increased funding in FY19 by \$13.5 million would permit CDC to provide enhanced support to the remaining 18 states and D.C. to deploy interventions focused specifically on improving nutrition and promoting physical activity. It also would help support \$5 million in additional funding for the work being done in high-obesity rate counties. TFAH also recommends that Congress continues to provide direct financial and technical support to public health agencies at the local, state, and federal level to address this epidemic.

¹ The President’s budget for FY2019 proposes elimination of targeted funding for Nutrition, Physical Activity, and Obesity and several other budget lines and creation of a new America’s Health Block Grant program that would give state health department grantees broad flexibility to address chronic disease problems.

² A separate but related program, Racial and Ethnic Approaches to Community Health (REACH), is administered through DNPAO but