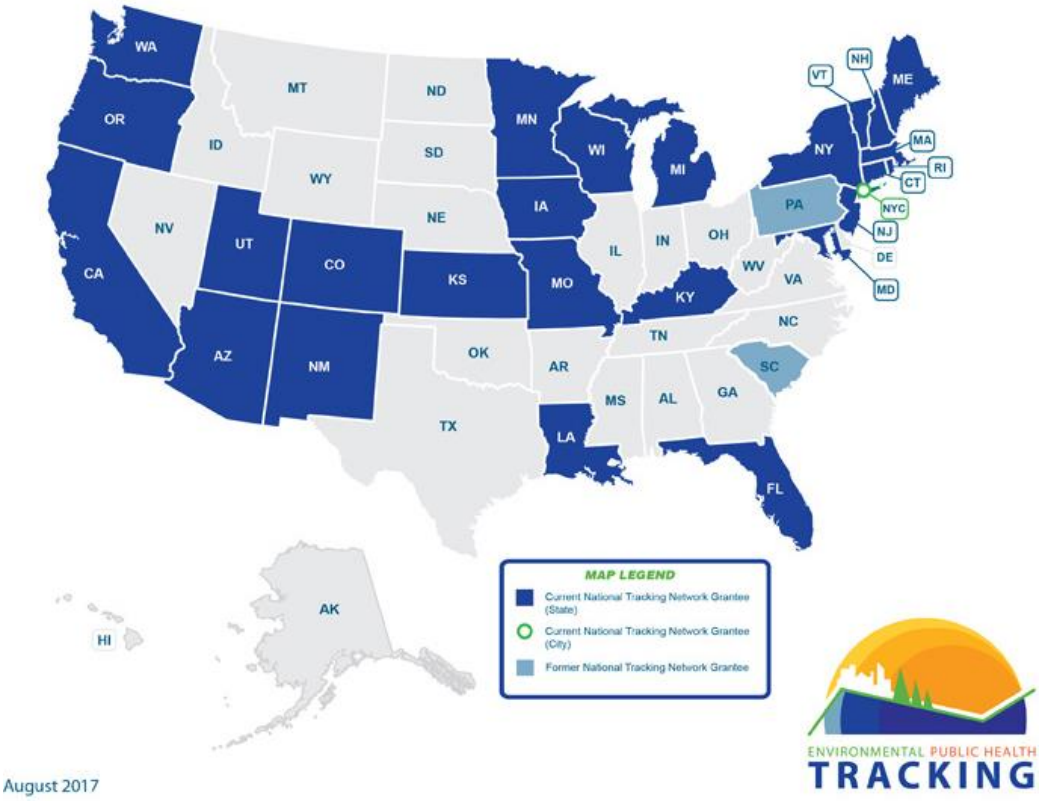
**Health Tracking Program**

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

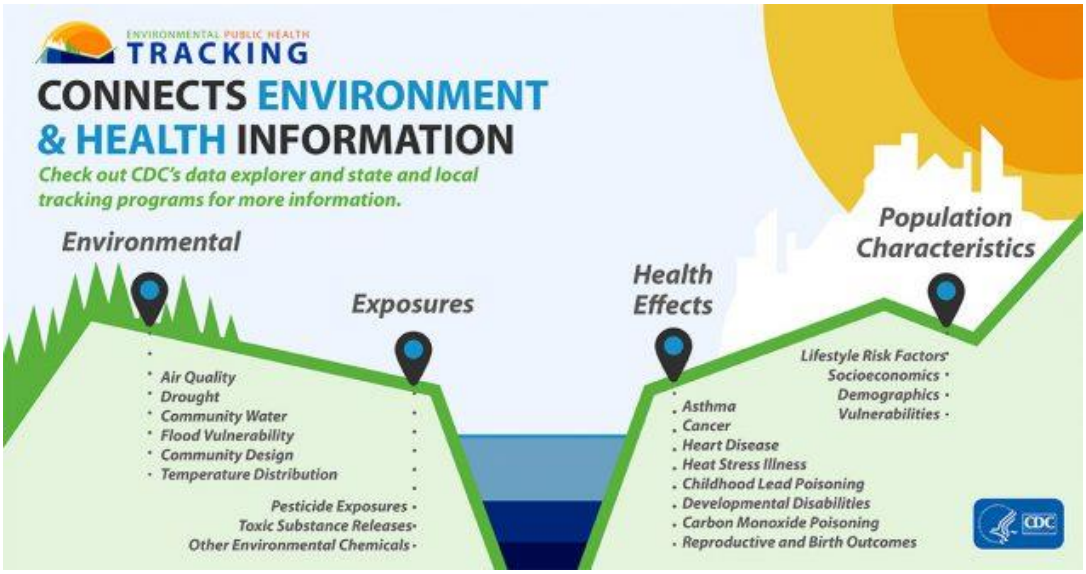
| | FY2017 | FY2018 | FY2019 President's Request | FY2019 TFAH |
|---|---|---|---|---|
| National Environmental Public Health Tracking Program | $33,920,000 | $34,000,000 | $25,000,000 | $40,000,000 |

**Background:** Where we live, work, learn, and play has an enormous impact on our health, and yet we historically have lacked adequate data to both help understand these impacts and deploy increasingly scarce public health resources to address them – all with the goal of improving human health. As recently as 2011, the Pew Environmental Health Commission issued a report recognizing this critical information gap and recommended that Congress develop a nationwide tracking network to collect and disseminate this data. In 2002, Congress first provided funding for the program in 2002.



**Impact:** Roughly a decade after its inception, the Tracking Program contains data points for cancer, reproductive health outcomes, birth defects and demographics and socioeconomic status, outdoor air quality, drinking water quality, hospitalizations for asthma, cardiovascular disease, carbon monoxide poisoning, childhood lead poisoning, community design, and developmental disabilities. To date, Tracking grantees have taken over 400 data-driven actions to improve health.

In 2017, the program recently completed a new competitive process and in August 2017 announced awards to 25 states and one city for five-year expected funding. A previous Public Health Foundation study estimated that every dollar invested in tracking results in a $1.44 return in the form of health care savings.




**Recommendation:** As of 2018, we still only fund half our states to participate in the Tracking Network. In the past CDC has estimated that roughly $100 million will be needed to expand the program to all 50 states, D.C. and U.S. territories. As such, TFAH recommends that Congress provide $40 million in FY 2019 as an initial payment towards fully funding the Network within the next five years.

For an additional $5 million ($40 million total), the program could add at least three states to the existing network. Additional levels of funding could also allow the program to continue to expand the type of health data available to policymakers, public health professionals, and the public.

Unfortunately, the President's proposed funding level of $25,000,000 for FY19 would represent roughly a $10 million cut for this program from current funding levels. At that level, it is estimated that funding to current grantees would be cut nearly in half and eliminate jobs for 75 skilled state and local environmental public health professionals. A successful mentoring program for unfunded states would also be eliminated.

**Division of Nutrition, Physical Activity, and Obesity**
**FY 2019 Labor HHS Appropriations Bill**
**Centers for Disease Control and Prevention (CDC)**
**Racial and Ethnic Approaches to Community Health (REACH)**

| | FY2017 | FY2018 | FY2019 President's Request | 2019 TFAH |
|---|---|---|---|---|
| REACH | $50,950,000 | $50,950,000 | $0 | $57,950,000 |

**Background:** Racial and Ethnic Approaches to Community Health (REACH) programs work in communities across the country to eliminate racial and ethnic disparities in health. REACH partners employ innovative, community-based, and participatory approaches to develop and implement evidence-based practices, empower communities, and reduce health disparities. REACH grants serve the following populations: African Americans, American Indians/Alaskan Natives, Hispanics/Latinos, Asian Americans, and Pacific Islanders. Health priority areas addressed by REACH include breast and cervical cancer, cardiovascular disease, diabetes mellitus, adult immunization, hepatitis B, tuberculosis, asthma, and infant mortality.

REACH programs are culturally-tailored interventions that use evidence- and practice-based strategies to address the root causes of chronic diseases and reduce health disparities among racial and ethnic communities. REACH grantees use a health equity lens to develop programs that address a wide range of chronic diseases and promote community health and wellness among racial and ethnic populations.

FY19 funds will go to community-based coalitions to help prevent chronic disease and reduce health disparities. Forty-nine organizations across the country received Basic and Comprehensive Implementation awards. Grantee projects work to address chronic disease risk factors by establishing community-based programs and culturally-tailored interventions serving African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders. Individual grantees received $803,040 on average.

The requested FY19 funding level will enable CDC to continue the cooperative agreement, which incorporates lessons learned from prior community grant programs to build on the growing evidence base. CDC will simultaneously launch a national evaluation of REACH to ensure standardization and consistency across communities.

REACH grantees include:

- The University of Alabama at Birmingham worked with African Americans living in the City of Birmingham. African Americans in Birmingham carry a disproportionate disease burden, with higher than average rates of morbidity and mortality attributable to obesity. Life expectancy in Jefferson County varies 20 years across census tracks due to socioeconomic and environmental factors that influence health. Building on previous community health investments, a multi-sector coalition will increase nutrition and physical activity opportunities for African Americans within Birmingham, Alabama.
- The University of Kansas Center for Research worked with Hispanics living in the eastern section of Kansas City. Hispanics are 1.7 times more likely to be diagnosed with diabetes compared to non-Hispanic/Whites, and they are two to four times more likely to experience cardiovascular disease. In

collaboration with the Latino Health for All Coalition, the University will increase access to healthy foods at restaurants, corner stores, concession stands and vending machines. The collaborative effort will also implement community design improvements that encourage walking, biking or running for physical activity.

- Temple University worked with Asian-Americans (Chinese, Vietnamese, Korean, and Filipino Americans) in Philadelphia. Asian-Americans (AA) have increasingly encountered unique health risks and health disparities. Recent data indicates that increases in diabetes, hypertension, and coronary heart disease and stroke present new threats to AA health. To address these issues, Temple University will partner with local organizations to increase access to healthy food and beverage options for low-income Asian-Americans living in the greater Philadelphia area.

**Impact:** The REACH US model was originally designed to build capacity in communities long neglected by our health care system, and this model continues to show measurable change in the health and wellbeing of racial and ethnic communities with the greatest burden of disease:

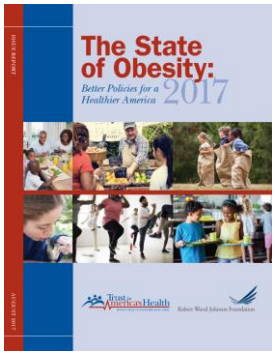
- Boston's Community Asthma Initiative addresses health disparities in neighborhoods and schools most affected by asthma. There has been a 68 percent decrease in asthma-related emergency-department visits and an 84 percent decrease in hospitalizations. For every dollar spent on program costs, there was a return on investment of $1.46.
- The REACH Charleston and Georgetown Diabetes Coalition, South Carolina has seen a reduction of amputations per 1000 diabetes hospitalizations: among African Americans decreased from 38.7 in 1999 to 21.7 in 2008, a decrease of 44%. The Coalition estimates they save between $1.6 to $2 million a year in prevented amputations.
- Smoking prevalence decreased 7.5 percent among non-Hispanic blacks and 4.5 percent among Hispanics from 2009 to 2012
- Cholesterol screening increased among African Americans 74 to 78 percent, Hispanics 58 to 71 percent, and Asians 53 to 72 percent in REACH communities from 2009 to 2011.
- The percentage of adults aged 65 or older who had a flu shot in the past year increased 11.1 percent

**Recommendation:** TFAH recommends that REACH be funded at $57.95 million to build on the growing community prevention evidence base and continue the cooperative agreement awarded to community organizations working to address health disparities, and keep funding consistent with inflation. REACH complements other community-based programs, but it is unique because it provides culturally-sensitive, evidence- and practice-based strategies to address the root causes of chronic diseases and eliminate racial and ethnic health disparities. REACH will continue to be essential in the coming years in disseminating lessons learned and best practices to reduce health disparities throughout the nation.

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

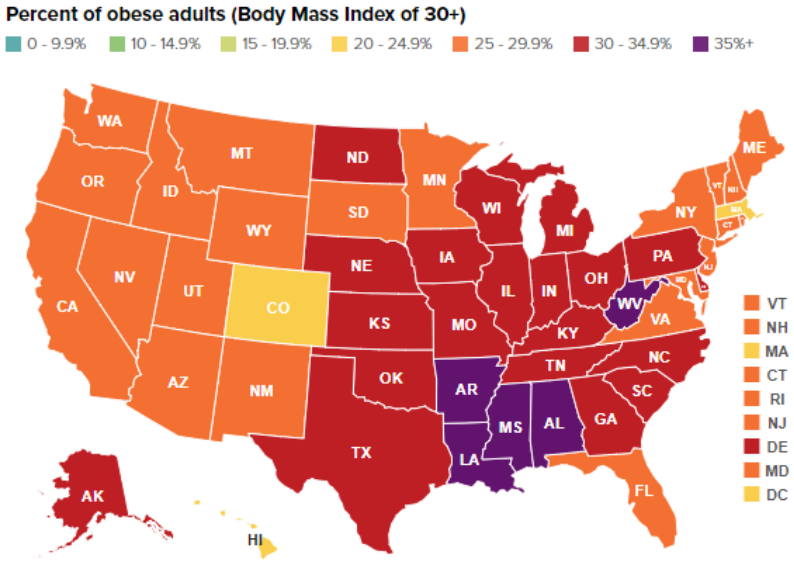
**National Center for Chronic Disease Prevention and Health Promotion**
**Centers for Disease Control and Prevention (CDC)**
**FY 2019 Labor HHS Appropriations Bill**

| | 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 |

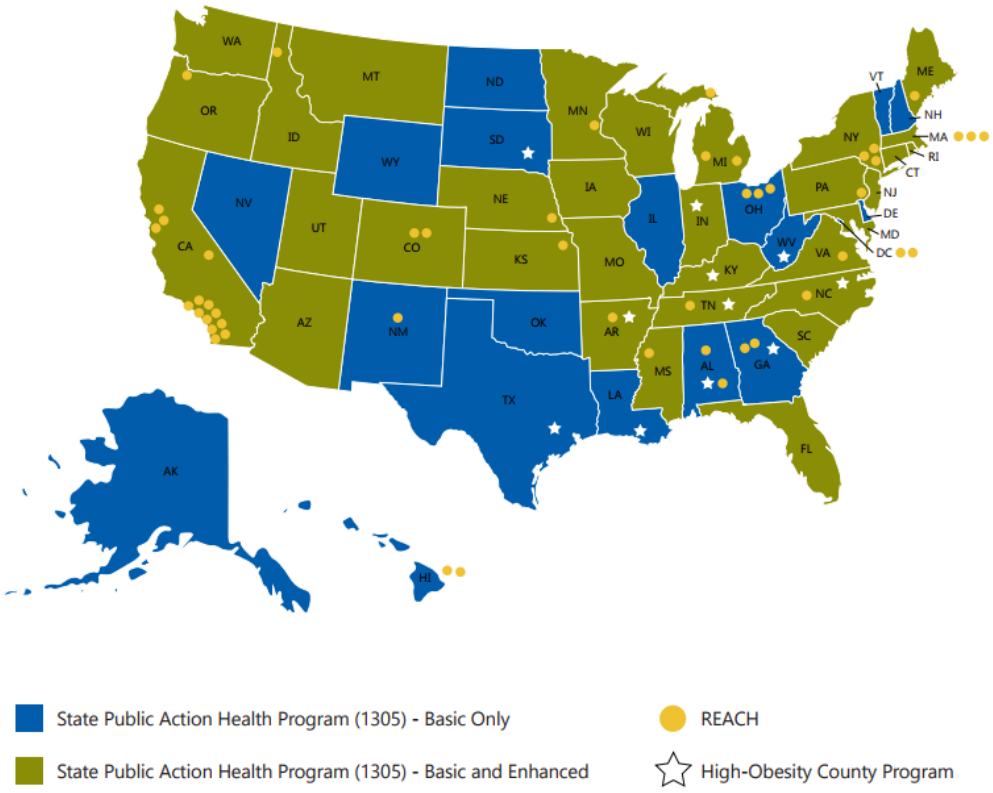



**Background:** Adult obesity rates are showing signs of leveling off, according to the *State of Obesity 2017*. However, rates are stabilizing at a dangerously high level - this year, adult obesity rates exceeded 35 percent in five states, 30 percent in 25 states and 25 percent in 46 states. As of 2000, 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.



**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.

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[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

**Opioid Abuse and Overdose Prevention**
**Centers for Disease Control and Prevention (CDC)**
**National Center for Injury Prevention and Control**
**FY 2019 Labor HHS Appropriations Bill**

| | FY 2017 | FY 2018 | FY 19 President's request | FY 19 TFAH |
|---|---|---|---|---|
| Opioid Abuse and Overdose Prevention | $125,402,000 | $475,579,000 | $125,579,000, plus $125,000,000 opioid allocation | $625,402,000 |

**Background:** Opioid abuse is a public health epidemic. Drug overdose deaths tripled between 2000 and 2015 (with a total of 52,400 deaths in 2015), with rural community opioid-related death rates increasing seven-fold. According to the Centers for Disease Control and Prevention, the majority of drug overdose deaths (66%) involve an opioid. In 2016, the number of overdose deaths involving opioids (including prescription opioids and heroin) was five times higher than in 1999. From 2000 to 2016, more than 600,000 people died from drug overdoses. On average, 115 Americans die every day from an opioid overdose. No strategy to address this epidemic will be complete without an investment into programs that address substance misuse prevention, as well as treatment and recovery.

**Impact:** The CDC uses data and prevention strategies to help track trends in the epidemic, identify problem areas, and help states strengthen and evaluate prevention efforts. CDC is also equipping health care providers with data and tools needed for appropriate opioid prescribing. Through the **Opioid Prevention in States** effort, CDC works with 45 states and the District of Columbia. CDC provides scientific expertise, enhanced surveillance activities, and support resources to quickly report fatal and non-fatal overdoses; identifies hot spots and responds with targeted resources; identifies risk factors for overdoses and shares data to improve prevention responses; and shares the RX Awareness campaign to educate consumers about the risks of prescription opioids. This effort includes three programs to directly provide state health departments with resources to address the epidemic:

- **Prevention for States**, which funds 29 state health departments with awards ranging between $750,000 and $1 million to strengthen prescription drug monitoring programs; improve prescribing interventions for insurers and health systems; and evaluate interventions to better understand what works to prevent prescription drug misuse.
- The **Data-Driven Prevention Initiative**, which funds 13 states and the District of Columbia to improve data collection, develop strategies to target risk factors that are driving prescription drug misuse, and work with communities to develop more comprehensive prevention programs.

- **Enhanced State Opioid Overdose Surveillance,** which supports 32 states to provide more timely and comprehensive data on fatal and nonfatal opioid overdoses and risk factors associated with fatal overdoses, and to share that data with stakeholders to inform prevention and response measures.

Some examples of state work underway thanks to this funding include:

- **Tennessee** is collaborating with the state Workers' Compensation program to combat prescription drug overdoses by linking their PDMP data to identify risk factors. This data will inform strategies to stop prescription drug overdoses within TN's Workers' Compensation program.
- **Oklahoma** is enhancing their PDMP by linking PDMP data to various health outcomes data (death, hospital discharge, emergency department discharge, and/or mental health treatment data).
- **Louisiana** is utilizing its partnership with the Board of Pharmacy, which houses the state PDMP, to increase its state data capacity and develop an online health data portal.
- **Wisconsin** has launched an enhanced PDMP (ePDMP), making the PDMP easier to use and access by integrating the PDMP into electronic health records and moving toward real-time data. They are also expanding and improving proactive reporting and collaborating with law enforcement to retrieve information about providers if a prescription was diverted or there was an overdose.
- **West Virginia** is improving PDMP data by producing and distributing proactive, unsolicited reports of higher risk patient prescribing to providers and expanding educational outreach to outlier opioid prescribers and to high-burden communities and counties. The number of prescribers and pharmacists registered with PDMP has increased since 2014; the rate of opioid prescriptions and patients with multiple provider episodes have continued to decline.

**Recommendation:** TFAH urges the Committee to provide a $500 million increase in FY18 and FY19 from the new funds made available in the recent budget agreement to address the opioid epidemic to Opioid Abuse and Overdose Prevention activities at the CDC Injury Center. This funding would enable the Injury Center to expand their activities and support of state health departments to improve monitoring and surveillance, expand and strengthen evidence-based prevention activities, and continue to improve prescribing practices.