



***Attacking the Obesity Epidemic: FY 2010 Labor HHS Appropriations Bill***

	2008	2009 Omnibus	2010 President	2010 TFAH
DNPAO	\$42,191,000	\$44,300,000	\$44,402,000	\$90,000,000
School Health Program (part of DASH)	\$13,609,000	\$13,200,000	Detail not provided	\$33,609,000
Healthy Communities	\$25,158,000	\$22,771,000	\$22,823,000	\$52,771,000

**The Division of Nutrition, Physical Activity and Obesity** funds nutrition, physical activity, and obesity prevention and control activities. Grants allow state health departments to design, implement, evaluate and disseminate effective strategies, such as making policy changes to encourage access to healthy foods and venues to be active, and strengthening obesity prevention and control programs in preschools, child care centers, work sites and other community settings. For example, activities range from nutrition, cooking and literacy programs for low-income families, to walking programs for seniors, to pilot programs to deliver fresh fruits and vegetables to communities. CDC has provided consultation, technical assistance and training to states, as well as information regarding best practices.

A new grant cycle began in July of 2008. The goal of the new cooperative agreement program is to improve healthful eating and physical activity to prevent and control obesity and other chronic diseases. Grantees are required to create, implement and monitor a nutrition, physical activity and obesity state plan; monitor the prevalence of overweight, obesity, nutrition quality and physical activity levels; and monitor the impact of their program in changing overweight and obesity related behaviors, including evaluating progress and effectiveness of their annual work plan. Due to several years of level funding and the strategic decision to increase funding levels to show greater health impact through policy and environmental change, CDC initially reduced the total number of funded states from 28 to 23 for the new grant cycle, which began in July of 2008. With the additional \$2.1 million provided in the FY 2009 omnibus, CDC was able to provide funding for two additional states (Hawaii and New Mexico) and now funds a total of 25 states.

CDC's funding is producing results. For example, Michigan's Building Healthy Communities Project is improving the environment and changing policies to make it easier for residents to be healthy. Local health departments were supported through funding and technical assistance to form community coalitions and develop three-year plans for creating more opportunities for their residents to engage in healthful eating, physical activity, and tobacco-free lifestyles. The project has achieved significant success in making it easier for Michigan residents to be healthy by: creating or enhancing 11 trails covering 58.6 miles; enhancing seven parks with amenities such as new equipment, benches, and lighting; providing residents with 14,000 walking maps; conducting 129 community fitness classes; opening five new farmers' market locations with the ability to process Electronic Benefit Transfer capabilities; creating seven new school and community gardens, and; distributing 5,000 coupon books to low-income seniors to redeem for fresh fruits and vegetables.

Recommendation: To fund programs in all approved but unfunded states at the level at which they requested funds, CDC's DNPAO would need a total of \$90 million. To begin to build to that level, CDC would need a minimum of an additional \$4 million in FY 2010 to at least restore funding to a total of 28 states.

### **CDC's Division of Adolescent and School Health (DASH)'s Coordinated School Health Program**

provides funding to 22 states and one tribal government to strengthen the ability of state and local education agencies to address critical health issues, including obesity, asthma, tobacco use, HIV, STDs, and teen pregnancy, by building the capacity of funded partners to support science-based, cost-effective health programming. Examples of program outcomes include: development of nutritional standards that ban sugar sweetened beverages, implementation of quality physical education programs, and adoption of 100 percent tobacco-free schools policies.

The Division of Adolescent and School Health is unique among CDC divisions in that it works with both education and health agencies and national organizations. Key strategies include:

- Collecting, analyzing, and disseminating national, state, and local surveillance data used to develop and monitor school health programs across the nation;
- Supporting research to evaluate the impact of innovative school health strategies;
- Synthesizing research findings to identify effective school health policies and practices and providing technical assistance and professional development to help schools implement these evidence-based policies and practices; and
- Developing and disseminating tools to help schools implement evidence-based health policies and practices.

School health programs have shown to be cost effective. For example, an economic evaluation of school programs to prevent cigarette use among middle and high school students showed that for every dollar invested in school tobacco prevention programs, almost \$20 in medical care costs would be saved.

With the additional \$3.3M in the Omnibus, CDC was able to fund Healthy Passages, a unique multi-year study that follows a groups of fifth grade students through age 20 to improve the understanding of what factors help keep children healthy. Results will inform the development of effective policies and programs to improve the health and development of children, adolescents, and adults.

Coordinated School Health Programs are producing results. In Mississippi, the Department of Education worked with CDC, the Bower Foundation, the Alliance for a Healthier Generation, and other partners to set new nutritional standards for school snacks and meal programs, and impose a ban on sugar-sweetened beverages. Forty-one school districts purchased 104 combination oven steamers, replacing the traditional deep-fat fryers and thereby substantially decreasing the amount of high-calorie, fatty foods eaten by almost 65,000 of the state's school children. Additionally, Wisconsin's "Movin' and Munchin' Schools" campaign to promote physical activity and healthy eating as lifetime habits resulted in 101,641 students, 39,143 parents, and 9,265 staff reporting increases in physical activity and fruit and vegetable consumption.

Recommendation: Provide \$33,609,000 (an increase of \$20,409,000) for CDC's School Health Program to fund an additional 28 state, territorial, and local agencies and tribal governments; support quality technical assistance and training to states; develop tools and other resources; and evaluate the impact of school health strategies.

**CDC's Healthy Communities Program** invests in communities to identify and improve policies and environmental factors influencing health in order to reduce the burden of obesity and other chronic diseases. These programs encourage people to become more physically active, eat a healthy diet, and not use tobacco. Since 2003, more than 180 communities have been selected to participate in CDC's Healthy Communities Program.

- Through the Healthy Communities Program, local communities are implementing evidence-based interventions in community-based settings including schools, workplaces, community organizations, health care settings, and municipal [city/county] planning, to achieve the critical local changes necessary

to prevent chronic disease and related risk factors. Special focus has been directed toward populations with disproportionate burden of disease and lack of preventive services. Communities are receiving one of two levels of funding. Communities receiving a higher level of funding are developing and implementing models and strategies for local action. In addition, they are creating action guides that provide other communities with a step-by-step process for replicating effective strategies. The lower level of funding supports community teams in assessing local conditions and initiating action at the local level.

- In addition, CDC's Healthy Communities Program provides funds and technical assistance to the YMCA's Pioneering Healthier Communities (PHC) program. Since 2004, 81 PHC communities have convened, trained and supported high-level representatives from the local government, public health, and private sectors to focus on changing the environment in a way that reduces community barriers for healthy living.

Data from across the Healthy Communities Program indicates progress toward improving health. For example, between 2005 and 2007, the number of adults who reported eating at least five fruits and vegetables per day in funded communities increased by 8.3 percent. And, in 2004, the percentage of adults in funded communities who have diabetes and reported having a foot exam in the past year was 71.1 percent; this increased to 77.2 percent in 2006. Individual communities have experienced important changes due to this program. Below are some examples of success stories for this program:

- In Austin, Texas, the Healthy Communities Program established a worksite wellness program with Capital Metro. Employees received health assessments and health action plans. Employee absences decreased more than 44 percent during 2004-2006, and the use of healthy choice options in the cafeteria increased 172 percent. Annual health care costs increased by nine percent during 2004-2005, compared with 27 percent during 2003-2004.

- Broome County, New York, increased fruit and vegetable consumption in all 46 elementary and middle schools by 14 percent through creating a consolidated bid to purchase healthy foods at lower costs, making them affordable for schools. More than 50,000 people enrolled in an innovative walking program and the proportion of adults who walk for more than 30 minutes on 5 or more days each week increased from 47 percent to 54 percent in one year.

With an additional \$30 million (total of \$52.77 million), CDC would significantly expand its community investment for chronic disease prevention, more than doubling the number of communities (up to 400 communities impacted over the next five years). CDC would work in urban and rural areas that have significant health disparities to make the community changes that will be necessary to increase physical activity, improve nutrition and decrease tobacco use – reducing the burden of chronic diseases such as diabetes, obesity, heart disease, and arthritis in communities across our nation. Furthermore, CDC would also provide communities across the nation with universal web-based access to practical tools and strategies for community-level change, and would expand its capacity to train community teams in effective, evidence-based local interventions – extending the impact to communities across the nation.