



**Testimony before the
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives**

Pending Public Health Legislation

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Mr. Chairman, Ranking Member Shimkus, and members of the Subcommittee, thank you for the opportunity to testify today along with my colleagues from the Department of Health and Human Services (HHS). I am Dr. Ileana Arias, Principal Deputy Director for the Centers for Disease Control and Prevention (CDC). In this role, I am responsible for advising the Director, Dr. Thomas Frieden, on all scientific and programmatic activities of CDC. I have been at CDC since 2000. Prior to coming to my current position, I served as the Director of the National Center for Injury Prevention and Control at CDC.

This is an exciting time to be engaged in prevention and public health. With investments from the American Recovery and Reinvestment Act we are improving our immunization programs, taking steps to reduce healthcare associated infections, and supporting communities across America as they tackle critical problems like obesity and youth smoking. With the Affordable Care Act's Prevention and Public Health Fund, we are expanding these efforts and making investments to improve our nation's public health infrastructure. Also through the Affordable Care Act, millions more Americans will soon have coverage for preventive services such as immunization, preventive screenings, and smoking cessation – and we are anxious to track the health gains that this focus on prevention can bring.

I am pleased to be here as you consider legislation to address certain health issues of concern, and the extent to which CDC can contribute to addressing these issues. We appreciate the interaction we have had with members of the Subcommittee and staff on these bills, and recognize that many of the bills you are addressing today reflect our technical input. As on other legislation that has been addressed by the Subcommittee this year and in the past, we greatly appreciate the opportunity to share our public health expertise with you.

Today, I want to provide you with a broad perspective on CDC's current work, and to discuss CDC's work that relates to many of the bills you are considering. CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. Working closely with our sister agencies in the Department of Health and Human Services (HHS), CDC is committed to reducing the health and economic consequences of the leading causes of death and disability, thereby promoting a long, productive, healthy life for all people.

Current CDC Priorities and Initiatives

First, I'd like to review a few of CDC's current initiatives that demonstrate the range of public health challenges we, as an agency and a country, are facing. CDC has begun an effort to achieve measurable impact quickly in a few targeted areas, which we refer to as "Winnable Battles." These Winnable Battles were selected based on the scope of the burden posed by these public health threats and CDC's ability to make significant progress in improving relevant health outcomes. The charge for these Winnable Battles is to identify optimal strategies that are feasible and cost-effective, and to rally resources and partnerships to make a meaningful impact on health nationwide. By identifying these clear targets and by working closely with our public health partners, we can make significant progress in these areas. To date, CDC Director Dr. Thomas R. Frieden and CDC leaders have identified six Winnable Battles. For each of these areas, we have also outlined a number of achievable priorities and opportunities:

- **HIV:** An estimated 1.1 million Americans are infected with HIV, and about 1 out of 5 of those who are infected is unaware of his or her status. Moreover, people are engaging in riskier sexual behaviors than they have over the previous decade, thereby increasing the rate of syphilis and HIV spread. To combat this trend, CDC has implemented programs designed to increase HIV status

awareness and improve linkages to care. CDC is also working with our Federal Partners to implement the National HIV/AIDS Strategy.

- **Motor vehicle collisions** are the leading preventable cause of death among people between the ages of 1 and 34, killing almost 45,000 people annually and resulting in 4 million visits to emergency rooms. CDC has recently determined that motor vehicle collisions cost the United States \$99 billion annually. To prevent these tragedies, CDC has worked diligently with its state and local partners to increase seat belt use, reduce impaired driving, and implement graduated drivers license policies.
- **Healthcare-associated infections (HAIs):** Each year HAIs affect 1 in 20 hospitalized patients and cost our health care system billions of dollars. Yet, the three most common types of healthcare-associated infections— those in the blood stream, the urinary tract, and surgical sites – are preventable. CDC has been working to prevent HAIs by increasing surveillance, implementing prevention guidelines in hospitals, and encouraging prevention reimbursement policies. CDC is working in concert with our colleagues across HHS through the HHS Action Plan To Prevent Healthcare-Associated Infections. H.R. 3104, which this Subcommittee is currently considering, also relates to this issue.
- **Tobacco** use is the single most preventable cause of disease, injury and death in the United States and leads to tens of billions of dollars worth of medical expenses and lost productivity annually. Unfortunately, even those who choose not to use tobacco are negatively impacted by smoking; 22 million children under the age of 11 are being exposed to second hand smoke. To win the battle against tobacco use, CDC focuses on influencing individual behavior and changing the environment surrounding tobacco users. We are making significant investments in tobacco control programs

through the American Recovery and Reinvestment Act, as well as through the Prevention and Public Health Fund.

- **Obesity, Nutrition, Physical Activity and Food Safety:** Between 1980 and 2000, United States obesity rates in adults doubled and rates tripled in children. In recent years, we have slowed, but not reversed, the rapid rate of increase in the number of Americans who are obese. We know of interventions that can significantly reduce obesity rates and save lives. These interventions can take many forms, from changing community environments to better support healthy lifestyles, to health promotion campaigns such as the First Lady's "Let's Move" campaign. CDC's efforts to prevent obesity and promote physical exercise and good nutrition will also have a significant impact on diabetes, a critical and costly health problem that the Subcommittee is working to address today in three legislative initiatives (H.R. 1995, H.R. 5354, H.R. 6012).

At the same time, the recent *salmonella* enteritidis outbreak and recall of shell eggs reinforces the importance of preventing foodborne illness. CDC participates in the President's Food Safety Working Group with other agencies within and outside of HHS, with the goals of having safe food that does not cause us harm and enhancing our food safety systems. In particular, we are working to improve CDC's ability to detect, respond to, and prevent foodborne illness. CDC's work on food safety also focuses on the intersection of animal and human health.

- **Teen pregnancy** rates in the United States are the highest of any industrialized nation and 82% of these pregnancies are unintended. Moreover, although teen birth rates declined from 1991 to 2005, they rose for the next two years before declining again in 2008. Teen pregnancy is a significant public health concern not only because it perpetuates the cycle of poverty – a significant socioeconomic determinant of health – but also because babies born to teen mothers are more

likely to die, to have low birth weights, or to be born prematurely. The CDC is working with its partners to deter teen pregnancy through science based approaches

To help achieve these Winnable Battles and to support other public health priorities, CDC has identified five strategic priorities to further strengthen the nation's public health. I want to briefly address these five priorities, and also identify how they relate to many of the legislative initiatives being considered by the Subcommittee today:

- **Applying effective health policies:** CDC is increasing its efforts to identify and advance policies that promote prevention and foster healthier environments throughout the country. Effective policies in areas such as tobacco control, motor vehicle safety, healthy eating, and physical activity in schools and communities can save lives and reduce health care costs. The Subcommittee is today considering H.R. 2818 (relating to methamphetamine education and treatment), which is relevant to CDC's efforts to identify policy interventions that can reduce the health toll from overuse of prescription medications.
- **Providing leadership in global health:** Global public health investments have a direct benefit on U.S. public health and national security. Programs such as the President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), and the international pandemic influenza preparedness plans have improved health systems throughout the world and strengthened our outbreak response. CDC has created a new Global Health Center to enhance our efforts to build capacity at ministries of health; strengthen disease detection, surveillance, response, and laboratory capacity; and improve sustainability of public health programs.

- **Strengthening surveillance, epidemiology, and laboratory services:** The ongoing systematic collection, analysis and interpretation of data on health and disease are essential to planning, implementing and evaluating public health practices. With the support of the Congress and the Public Health and Prevention Fund, CDC is making investments that will significantly improve our ability to monitor important public health indicators. Many of the measures being considered by the Subcommittee today directly address improving surveillance, or rely on improved data to guide interventions. These include H.R. 1362 (to enhance surveillance of neurological diseases), H.R. 1210 (arthritis), H.R. 5986 (neglected diseases), and H.R. 5462 (birth defects). Additionally, the Subcommittee is considering legislation to expand data on sexual orientation and gender identity, and H.R. 6012 addresses the need for expanded data on disparities in diabetes. We are confident that any of these specific mandates, including additional mandates for data to address health disparities will benefit from CDC's current focus on improving the overall surveillance infrastructure.
- **Strengthen the capacity of state, local, tribal, and territorial health agencies:** State, local, tribal, and territorial health agencies collect surveillance data, conduct laboratory testing, investigate outbreaks, and take public health action. CDC has been working diligently to improve its technical, financial and direct assistance to these vital state and local partners. Because these CDC partners are critical to implementing public health programs across the United States, many of the measures before the Subcommittee today rely on grants to these agencies for performance of functions important to achieving the bills' purposes. These measures include H.R. 1347 (to reduce concussions among school-aged children), H.R. 3212 (to study and prevent sudden unexplained infant death syndrome), and H.R. 211 (to implement a state based call-in system providing individuals with information about human services). We are confident that CDC's focus on working

with our partners to improve the performance of public health agencies would improve capacity relative to these specific initiatives.

- **Addressing the leading causes of illness, injury and disability.** The above priorities, as well as the Winnable Battles, taken together, can help achieve the goal of having a significant impact on the leading causes of illness, injury, and disability. As a nation, we have made significant investments in health care and public health, and we need to continually test our investments to ensure they are achieving the largest possible health gains. One of our priorities – in evaluating current programs, in implementing the Affordable Care Act, and in contemplating new investments – is to ensure that we can maintain our focus on tackling these significant issues. CDC would be interested in working with the Subcommittee to ensure that any initiatives being considered today could build on successful efforts to address high-burden health problems, and also contribute to the achievement of demonstrable health gains for the American people. For example, the Subcommittee is considering H.R. 2941 (Johanna’s Law focusing on the prevention of gynecological cancers, a campaign that CDC has recently launched in response to previous Congressional action), and H.R. 1032 (the HEART Act, addressing women’s heart health including through CDC’s WISEWOMAN program), both of which relate to existing CDC programs designed to address cancer and heart disease – among the leading causes of death in our country.

Conclusion

With the support of the Congress, we have made progress in addressing the nation's most pressing health needs, and with the focus I have outlined above – supported by investments in the Recovery Act and the Affordable Care Act – we feel we are poised to accelerate these gains. I appreciate the opportunity to discuss CDC's work with you, and look forward to working with the Subcommittee as you consider the legislative initiatives before you.