



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.

June 5, 2019

The Honorable Lamar Alexander
Chairman, Committee on Health,
Education, Labor & Pensions
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, Committee on Health,
Education, Labor & Pensions
United States Senate
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray,

On behalf of the National Association of Chronic Disease Directors (NACDD), thank you for the opportunity to comment on your draft legislation to address health care costs. Chronic Disease Directors are public health professionals who play a critical role in protecting and promoting Americans' health. Chronic diseases account for 86% of health care costs in the United States. Investing in prevention methods will increase Americans' quality of life, as well as decrease the trajectory of health care spending. Therefore, the pressing issue of chronic disease and cost-effective preventive measures to avert such diseases should be part of any discussion about reducing health care costs.

As the only organization representing all state and territorial Chronic Disease Directors and their staff, NACDD works to reduce the impact of chronic diseases on the population by advocating for prevention policies and programs. Due to the nature of that work, our comments will focus on two sections: obesity prevention programs and public health data system modernization.

SEC. 403. Guide on Evidence-Based Strategies for State Health Department Obesity Prevention Programs

We know that obesity rates are too high. In 2015-2016, 40% of adults and 19% of all children and adolescents (ages 2 to 19 years) had obesity. Almost half (45%) of children who became obese between the ages of 5 and 14 years were overweight when they entered kindergarten.

Chronic Disease Directors administer and oversee state programs to prevent and reduce obesity, and they are committed to using evidence-based programs and policies. Efforts to address the second most significant risk factor for chronic disease and related mortality will be significantly enhanced when states are uniformly applying prevention science with evidence-based strategies on a meaningful scale. Resources like the one outlined in this section could help Chronic Disease Directors to scale up the successful work that is being done in the states.

In order to maximize the impact of this resource, additional funding is needed. An investment of adding \$500 million per year would allow the CDC National Center for Chronic Disease Prevention and Health Promotion to support a program in every state and many (especially high-risk) communities across America sufficient to make a difference.

This investment would allow for planned scale-up of proven interventions addressing risks associated with lack of physical activity and poor nutrition.

When addressing obesity, Chronic Disease Directors and other public health professionals focus on prevention. To more accurately capture the work being done, we suggest referring to this work as “preventing and reducing the incidence of obesity” and removing references to “obesity control.”

NACDD also recommends including language that is specific to risk factors and upstream determinants. While physical activity and nutrition are major drivers of obesity, there are other factors that influence individual behaviors including socio-economic status, food insecurity, and access to safe places to play and exercise. In addition, Chronic Disease Directors have the knowledge and ability to provide subject matter expertise on these topics, and we believe chronic disease experts should be added to the list of relevant public health officials consulted during the development of this resource.

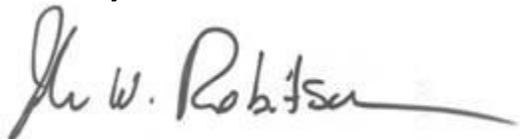
SEC. 405. Public Health Data System Modernization

NACDD strongly supports efforts to modernize public health surveillance and data systems. Current data systems and data collection methods result in significant time lags between when the data is collected and when it is shared, resulting in funding and programmatic decisions based on data that might not be current. Existing data collection methods also rely on very small sample sizes, and each state may only have a few thousand people surveyed every year. Integrating public health and electronic health records can significantly increase the number of people from whom data is collected and therefore give a more complete picture of health in each state and across the country.

Systems that combine and coordinate efforts of public health, health care, and health IT can help track diseases and co-morbid conditions. NACDD wants to ensure that these grants support the development of data and surveillance systems that capture both communicable and chronic diseases, allowing for more effective policy development, timely evaluation, and assistance to clinical partners who manage population health.

Thank you for your continued bipartisan commitment to addressing Americans’ health care concerns. We look forward to continuing to work with you on these important issues.

Sincerely,



John W. Robitscher, MPH
NACDD Chief Executive Officer

CC: Dr. David Hoffman, Chair NACDD Policy Committee
Amy Souders, Cornerstone Government Affairs
