



The Honorable Patty Murray  
Chair  
Senate Appropriations  
Subcommittee on Labor, Health  
and Human Services, Education  
and Related Agencies  
Washington, DC 20510

The Honorable Roy Blunt  
Ranking Member  
Senate Appropriations  
Subcommittee on Labor, Health  
and Human Services, Education  
and Related Agencies  
Washington, DC 20510

The Honorable Rosa DeLauro  
Chair  
House Appropriations  
Subcommittee on Labor, Health  
and Human Services, Education  
and Related Agencies  
Washington, DC 20515

The Honorable Tom Cole  
Ranking Member  
House Appropriations  
Subcommittee on Labor, Health  
and Human Services, Education  
and Related Agencies  
Washington, DC 20515

March 12, 2021

Dear Chair Murray and Chair DeLauro and Ranking Members Blunt and Cole:

On behalf of the undersigned organizations, we are writing to ask for your support for the Centers for Disease Control and Prevention's (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) in the FY 2022 appropriations process. We urge you to triple NCCDPHP's budget to \$3.75 billion, which is critically needed to address chronic disease conditions that account for more than 90% of the nation's \$3.5 trillion in annual healthcare costs – many of which are preventable.

The COVID-19 pandemic has unmasked the effects of systemic racism on health across the United States, highlighting the way poverty, poor housing, pollution, and food deserts, among other factors, combine to make Black, Latinx (i.e., Spanish-speaking), and Native American and Indigenous communities more ill than others. The disproportionate rates of COVID-19 hospitalizations and deaths in Black, Latinx, and other non-white populations reflect the disproportionate rate at which these groups suffer many chronic conditions. And the lack of response to their needs throughout this pandemic – such as the fact that testing for Black and Latinx Americans happens later in COVID-19 disease progression – is evidence to the way our public health system fails to care for these marginalized communities.

Financially, racial health disparities are associated with substantial annual economic losses in the U.S., including an estimated \$35 billion in excess healthcare expenditures, \$10 billion in illness-related lost productivity, and nearly \$200 billion in premature deaths. Concerted efforts to reduce health disparities – in addition to addressing chronic disease as a whole – would have immense economic value.

The pandemic has also led to an economic downturn with millions of Americans losing their jobs and potentially their health coverage. The Affordable Care Act (ACA) worked to address gaps in the healthcare system that left people without health insurance and the number of uninsured, nonelderly Americans declined by 20 million, a historic low in 2016. Unfortunately, that number has grown over the last three years, and 31 million Americans have no coverage.

Most uninsured people have at least one worker in the family. Families with low incomes are more likely to be uninsured--with adults more likely to be uninsured than children and people of color at higher risk for being uninsured. Three in 10 uninsured adults in 2019 went without needed medical care due to cost, and uninsured people are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases. Additional funding at NCCDPHP will provide preventive care and services to those who most need it. It is essential that the dual strategies of improved access to care (health coverage) and science-based public health programs focused on multilevel education, support, risk reduction, and coordination with states and communities be brought to bear on these devastating conditions.

Concurrently, as we work to battle the pandemic, the public health workforce at the national, state, and local level has shrunken in comparison to the rising demand. As part of the White House goal for adding 100,000 workers, these additional resources can support the key expertise required at the national level, the organization and coordination of resources currently lacking at state health agencies, and the key workforce for localities at local health agencies and other partners, including not-for-profits and providers. Other uses of these resources will include support for necessary epidemiology and other infrastructure, public education and awareness, provider education and awareness, expansion of interventions in important venues (families, recreation, schools, etc.) on healthy lifestyle, healthy nutrition, importance of physical activity, and general prevention education.

We know that people are at higher risk of getting very sick from COVID-19, who have underlying medical conditions like heart, lung, or kidney disease, cancer, Down syndrome, obesity, sickle cell disease, or diabetes. COVID-19 symptoms can also sometimes persist for months with the virus damaging the lungs, heart and brain, which increases the risk of long-term health problems.

COVID-19 can lead to kidney failure; heart attacks; cardiac arrest; stroke; damage to lung tissue and restrictive lung failure; loss of smell and taste; cognitive impairment; anxiety; depression; post-traumatic stress disorder; sleep disturbance; joint pain; and fatigue. It is a tragedy that the pandemic arrived at a time when so many Americans are compromised by chronic conditions – much of which is preventable. For example, today nearly half of adults have hypertension (high-blood pressure). Rates are significantly higher in minority populations mentioned earlier in this letter, and only about one in four have their hypertension under control (source CDC.gov). This is directly related to how much people know about their health – and is correctable with the combination of support for public health programs at the state and local level and access to healthcare.

Much is still unknown about how COVID-19 affects people but it is clear that this disease will have damaging long-term conditions, which—with more time and research—will become evident. Proactive approaches to understand why symptoms persist or reoccur, an understanding of how these health problems affect patients, and the clinical course and likelihood of full recovery need to be set in place now, not reactively.

We are already seeing strong evidence of post-COVID-19 risks for heart disease, diabetes, lung damage, cognitive impairment (memory, concentration, sleep), and chronic fatigue (source Mayo Clinic report). All of these conditions require the same science-based public health strategies from CDC, through states to communities and providers. NCCDPHP should lead the efforts to understand the long-term effects of COVID-19 and work to help those Americans suffering from this new chronic condition.

The groups listed below, representing a broad spectrum of patients, public health, and healthcare professionals and providers strongly encourage you to provide additional support to address chronic disease prevention and the social determinants of health as well support the workforce needed to provide evidence-based services that spread the tools necessary for all Americans to reach full health potential and life expectancy.

We thank you, again, for your leadership and support of public health, prevention, and health promotion. For more information, please see the National Association of Chronic Disease Directors White Paper ([https://chronicdisease.org/wp-content/uploads/2020/11/FS\\_CDandHealthEquity2020.pdf](https://chronicdisease.org/wp-content/uploads/2020/11/FS_CDandHealthEquity2020.pdf)).

Sincerely,

- The National Association of Chronic Disease Directors
- The American Association of Colleges of Nursing
- American College of Lifestyle Medicine
- Association of Maternal and Child Health Programs
- Association of Public Health Laboratories
- Association of State and Territorial Health Officials
- Association of State Public Health Nutritionists
- California Life Sciences Association
- Dr. Tom Frieden, CEO and President of Resolve to Save Lives, an initiative of Vital Strategies
- The Gerontological Society of America
- Health Resources in Action
- Healthy Schools Campaign
- José Luis Castro, President and CEO at Vital Strategies
- March of Dimes
- The National Association of State Emergency Medical Services Officials
- National Kidney Foundation
- ProVention Health Foundation
- The YMCA of the USA
- USAgainstAlzheimer's