

July 22, 2015

The Honorable Thad Cochran
Chairman
Committee on Appropriations
Room S128, The Capitol
Washington, DC 20510

The Honorable Barbara Mikulski
Ranking Member
Committee on Appropriations
Room S128, The Capitol
Washington, DC 20510

The Honorable Harold Rogers
Chairman
Subcommittee on Labor, Health & Human
Services, Education and Related Agencies
Room H305, The Capitol
Washington, DC 20510

The Honorable Nita M. Lowey
Ranking Member
Subcommittee on Labor, Health & Human
Services, Education and Related Agencies
Room H305, The Capitol
Washington, DC 20510

Dear Chairmen Cochran & Rogers and Ranking Members Mikulski & Lowey:

As organizations committed to improving the nation's health, we urge you to restore funding for the Centers for Disease Prevention and Control's (CDC) Partnerships to Improve Community Health (PICH) program in the Fiscal Year 2016 Labor, Health and Human Services, Education, and Related Agencies appropriations bill as you work on a larger budget deal to replace sequestration. We are extremely concerned that both House and Senate versions of the bill currently propose to eliminate funding for PICH in fiscal year 2016. We thank you for allocating \$80 million in funding in the last two appropriations cycles, and urge you to do so again so that we can continue to build on this sound investment to improve the health of Americans and reduce the costly burden of chronic disease.

This funding is unique from most other CDC-funded programs because the PICH programs promote multi-sectoral community coalitions to create environments that support health and healthy behaviors, rather than focus on disease-specific interventions.

We understand the current budgetary realities due to cuts imposed under sequestration; however, programs focused on prevention keep people healthy, which are vital to the economic engine of America. Millions of Americans suffer from conditions that can be prevented by addressing common risk factors such as tobacco use, poor nutrition, and physical inactivity. Chronic diseases such as cancer, diabetes, lung disease, heart disease, and stroke are responsible for seven out of 10 deaths and account for 86% of health care spending in America.

The PICH program is designed to address this costly scourge of disease and disability by funding community driven initiatives that promote environments conducive to health and healthy behaviors. PICH supports implementation of evidence-based health policies, systems, and environmental improvements that improve population health in priority populations. Working through multi-sectoral partners, PICH programs create healthy environments and communities that address major disease risk factors and are sustainable over time. By starting with priorities of the local population and priorities for policy and systems change, these programs are able to move the needle on health outcomes, attract diverse, long-term funding streams, and build support for long-term sustainability. Improving population health through community based prevention initiatives is critical to battling the obesity epidemic, improving our military readiness, and reducing both the direct and indirect costs associated with chronic conditions.

In 2014, CDC awarded 39 competitive PICH grants to governmental agencies and nongovernmental organizations from many sectors in 13 large cities and urban counties, 20 small cities and counties and six American Indian tribes and tribal organizations. In addition, five national organizations received awards for community capacity-building and implementation, dissemination and training. Dozens of local sub-recipients will receive funding to ensure effective implementation to strengthen coalitions. Using sound, evidence-based approaches, the PICH-funded organizations are working to protect people from secondhand smoke exposure in indoor and outdoor spaces, promote nutrition guidelines that encourage healthy food and beverage options in schools and worksites, increase opportunities for children to be physically active, and increase collaboration of multi-disciplinary teams (i.e., physicians, pharmacists, community health workers) to help patients manage their chronic diseases and avoid hospital readmissions.

For example, the Cherokee Nation in Tahlequah, Oklahoma has identified more than 30 priority populations that remain at increased risk for heart disease, stroke, lung cancer, diabetes, and obesity. PICH funding is allowing the Cherokee Nation to utilize *The Guide to Community Preventive Services*, a CDC resource containing strategies to reduce health disparities among priority populations. Examples of evidence-based interventions being implemented include **increasing the number of smoke-free schools and worksites, increasing farmers market access and farm-to-school programs, and increasing referrals to tobacco cessation programs.**

Another PICH grantee will be operating in the Center-Southwest Mississippi River Region across six different counties where the heart disease, cancer, and stroke mortality rates are among the highest in the state of Mississippi. The awardee, My Brother's Keeper, is working in a multi-sector coalition of community-based organizations, health departments, and academic partners to help residents access farmers markets, promote physical activity and ensure at-risk Mississippians have access to evidence-based clinical chronic disease management and risk reduction services. Many PICH-funded programs like these, including those in Mississippi and Maryland are in jeopardy of losing their funding under the House and Senate's FY 2016 Labor, Health and Human Services, Education, and Related Agencies spending bills

Investments in prevention have been shown to improve health, at both the individual and population level, while reducing spending on health care. Studies show that spending as little as \$10 per person on proven preventive interventions could save the country over \$16 billion in just five years. The public overwhelmingly supports increased funding for disease prevention and health promotion programs.

The PICH initiatives that have been implemented in year one need full funding to scale up for full impact in years two and three to improve the health of vulnerable populations. Measured investments now in community-led, evidence-based PICH programs will help to increase our nation's productivity and performance in the global market, help ensure military readiness, decrease costly deaths due to infant low birth weight and adult onset of cancer, heart disease, stroke, and diabetes. We respectfully ask that you fund PICH at \$80 million so that grantees can continue their work to improve health, reduce debilitating chronic conditions, and decrease health expenditures.

Thank you for your consideration, and we look forward to your continued leadership in promoting the health of all Americans.

Sincerely yours,

Alliance for a Healthy Orange County
Allston Brighton Community Development Corporation
Allston Brighton Health Collaborative
America Walks
American Association on Health and Disability
American College of Preventive Medicine
American Heart Association
American Medical Student Association
American Planning Association
American Public Health Association
American Public Health Association Public Health Promotion and Health Education Section
American Society of Landscape Architects
American Thoracic Society
Asian Women for Health
Association of Maternal & Child Health Programs
Association of Pedestrian and Bicycle Professionals
Big Cities Health Coalition
Black Ministerial Alliance of Greater Boston
Boston Alliance for Community Health
Boston Public Health Commission
Breath of Life Dorchester
California Center for Public Health Advocacy
Center for Science in the Public Interest
ChangeLab Solutions
Children's Services Council of Broward County
Codman Square Neighborhood Council, Dorchester
Community Health Improvement Partners
Community Health Partnership
Conference of Boston Teaching Hospitals
Cook County Department of Public Health
Dana Farber Cancer Institute
Delta Society for Public Health Education
Directors of Health Promotion and Education
Dorchester Bay Economic Development Corporation
Dudley Street Neighborhood Initiative
Early Learning Coalition of Broward County, Inc.,
East Boston Social Centers
Faith Enterprises
Florida Society for Public Health Education
Foundations for Healthy Generations, Seattle, Washington
Georgia Society for Public Health Education
Green & Healthy Homes Initiative
Harbor Health Services
Health Resources in Action, Inc.
Healthy Weight Initiative, Harvard School of Public Health
Illinois Society for Public Health Education
Iowa Public Health Association
Iowa Society for Public Health Education
Jamaica Center Business Improvement District
Lakeshore Foundation
LiveWell Greenville

Madison Park Development Corporation
Mandela Marketplace
Massachusetts Public Health Association
Mattapan United
National Association of Counties
National Association of County and City Health Officials
National WIC Association
Nemours Children's Health System
North Carolina Society for Public Health Education
Northern California Society of Public Health Education
Ohio Society for Public Health Education
Orange County Food Access Coalition
Pacific Northwest SOPHE Chapter
Partnership for a Healthy Lincoln
Prevention Institute
Public Health Institute
Rails-to-Trails Conservancy
Respiratory Health Association
Sociedad Latina
Society for Public Health Education
Society of Behavioral Medicine
Southern Nevada Health District
SPARK Programs
Staten Island Partnership for Community Wellness
The Boston Project Ministries
The Food Project
Tri-County Health Network
Trust for America's Health
Universal Health Care Action Network Ohio
Wholesome Wave
YMCA of the USA