



National Alliance for Nutrition & Activity

FY2018 Funding: CDC’s Division of Nutrition, Physical Activity, and Obesity (DNPAO)

	FY17 Allocation	NANA FY18 Recommendation
CDC DNPAO	\$61,920,000 ^A	\$92,420,000 (+\$30,500,000)
Supporting Breastfeeding Families	\$8,000,000	\$8,000,000 (+\$0)
National Early Care Collaborative	\$4,000,000	\$4,000,000 (+\$0)

^A Total FY17 amount includes \$49,920,000 budget authority + \$8,000,000 for Supporting Breastfeeding Families (PPHF) + \$4,000,000 for National Early Care Collaborative (PPHF)

Increase funding for a total of \$92,420,000 that would support:

- \$8.5 million for CDC’s State Public Health Actions cooperative agreement to fund all states and the District of Columbia for enhanced primary prevention programs that address obesity, heart disease, and diabetes.** Despite the need, the *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305)* cooperative agreement provides grants for all states but due to inadequate funding, one-third of the states are not receiving the level of resources provided to other states to prevent and control chronic diseases. An increase of \$8.5 million (average enhanced grant of \$440,000) would fund the additional 18 states and the District of Columbia with resources to:
 - Increase access to healthy foods and beverages in retail and farmers markets;
 - Support healthier food service guidelines, worksites, and communities;
 - Increase physical activity access and outreach, and help design streets and communities to support walking and other physical activities;
 - Implement healthy eating and physical activity in early care and education settings;
 - Support breastfeeding in birthing facilities and workplaces, and provide access to professional and peer support.
- \$5 million to expand CDC’s High-Obesity Counties program to four additional sites.** High-obesity grants aim to reduce obesity in counties that have more than 40% adult obesity by supporting land grant universities and cooperative extension. The program only reaches one-quarter of eligible counties (33 of 135 counties) in less than half of states (8 of 17 states with eligible counties). In FY16/17, the Division of Nutrition, Physical Activity, and Obesity received a \$2.5 million increase for a total of \$10 million to support existing grantees and fund at least two more sites, for a total of ten.
- \$17 million to implement Active People Healthy Nation: Creating an Active America Together, a national, coordinated, comprehensive effort to increase physical activity in the U.S.** This requires a robust effort most appropriately coordinated by the federal agencies to provide a foundation for a comprehensive approach to increase physical activity among Americans.

Maintain the Prevention and Public Health Fund (the Fund or PPHF)

In addition to providing critical funding for CDC DNPAO, the Fund currently makes up 12 percent of CDC’s overall budget and will provide \$14 billion over the next 10 years (FY18-27) across the federal agencies to improve public health and prevent costly chronic illnesses, including diabetes, heart disease, cancer, and obesity through increased screenings, counseling, care, and community-based prevention programs.

Obesity Prevention Funding Is Not Commensurate with the Scope of the Problem

In FY16/17, funding for the Division of Nutrition, Physical Activity, and Obesity is only 0.70% of CDC's \$7.2 billion budget and 4% of CDC's \$1.2 billion allocation for preventing chronic diseases, significantly less than for cancer (30%), tobacco (18%), diabetes (14%), and heart disease and stroke (14%). Though NIH invests more than \$3.8 billion for research on obesity (\$931m), nutrition (\$1.6b), and diabetes (\$1b),¹ CDC lacks adequate resources to ensure those research results are implemented to help reduce the burden of chronic disease. Investing \$10 per person per year in obesity and smoking prevention could save \$16 billion annually within 5 years.²

The Problem

- Obesity costs \$270 billion a year.³ Investing in obesity prevention makes long-term sense for America's economy, productivity, national security, and citizens' quality of life.
- Over the last 30 years, obesity rates have doubled in adults and tripled in kids, and nearly 70% of Americans are overweight or obese.⁴ Half of black, four of ten Hispanic, and one-third of white adults are obese.⁵
- One in four young Americans are too overweight to join the military. Weight is the number one medical reason people are ineligible for the service.⁶
- For the first time in history, the current generation of children has a shorter life expectancy than their parents—as a result of obesity.⁷
- The amount of whole fruit children ate increased by 67% from 2003 to 2010, however 60% of children did not eat enough fruit, and 90% did not eat enough vegetables.⁸
- 81% of babies born in 2013 started out breastfeeding,⁹ yet 60% of mothers stop breastfeeding earlier than they intend.¹⁰ Only 62% of US hospitals are implementing a majority of recommended maternity practices.¹¹
- Less than half of all adults get the recommended amount of physical activity.¹²

DNPAO Helps Address the Problem

DNPAO promotes healthful eating, breastfeeding, and physical activity to reduce chronic diseases and conditions through monitoring nutritional, physical activity, and disease status, funding applied research and translating findings into practice, and supporting state and local programs.

Encouraging signs of success are emerging as a result of CDC and its partners' efforts to reduce obesity. Between 2003-2004 and 2013-2014, national obesity rates decreased from 13.9% to 8.9% for children aged 2 to 5 years, and remained stable among youth (aged 2 to 19 years) at 17%.¹³ Obesity decreased significantly from 2008 to 2011 for low-income children aged 2 to 4 participating in nutrition programs across 19 states/territories. Adequate CDC DNPAO funding is imperative to harnessing these positive trends and continuing efforts to reduce obesity rates.

For further information, contact the Center for Science in the Public Interest (CSPI) at
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