On behalf of the Association of Schools and Programs of Public Health (ASPPH), thank you for the opportunity to submit outside witness testimony concerning Fiscal Year (FY) 2023 appropriations for agencies and programs impacting the academic public health community. ASPPH is the leading voice of academic public health and we are focused on growing the high-quality public health workforce of the future. We represent 137 schools and programs of public health accredited by the Council on Education for Public Health (CEPH). Our membership includes over 10,800 faculty and over 72,000 students. ASPPH strives to strengthen the capacity of members by advancing leadership, excellence, and collaboration in public health education, research, and practice.

We want to thank the Subcommittee for its steadfast support of public health programs that span the FY 23 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS-ED) appropriations bill. In addition to the ongoing demands of our public health system, the current pandemic has challenged the public health community’s response to protect the American people and global populations. Your Subcommittee has continued to provide the critical financial resources to advance those efforts. With our nation reaching the 1 million death toll due to COVID-19, we underscore strong investments in public health initiatives at a time we need it the most. This pandemic is far from over.

As you draft the Labor-HHS-ED appropriations bill, please consider ASPPH’s funding recommendations that support the mission of our 137 academic institutions. These agencies and programs provide the essential resources to advance evidence-based approaches to public health threats and prepare future generations of public health practitioners. These investments will lead to tangible public health outcomes that will benefit the nation and the world.

Our FY 2023 funding recommendations for the leading HHS public health agencies are aligned with many other organizations in the public health community:

**National Institutes of Health (NIH):** We are grateful for bipartisan support for continuous increases to the NIH budget and join several organizations in supporting $49.0 billion for
ongoing work of Institutes and Centers, an increase of $4.1 billion or 9% above the FY 2022 enacted level. Public health research is a critical component of the NIH’s research portfolio. In addition, we support $1.0 billion for the second-year appropriation of the Advanced Research Projects Agency for Health (ARPA-H), which is the same as the FY 2022 appropriation that remains available into FY 2023. Within NIH, we support at least $110.0 million for NIH Fogarty International Center, an increase of $23 million or 26% above the FY 2022 enacted level. The investment in Fogarty is an investment in the health of all Americans by providing support for vital global research and training to both prevent newly emerging infectious agents from becoming domestic calamities and to help us reduce the rising rate of noncommunicable diseases and the health impact of chronic conditions around the world.

**Health Resources and Services Administration (HRSA):** Programs within HRSA are essential to ensuring an adequately trained public health workforce. We support $9.8 billion, an increase of $1.2 billion or 14% above the FY 2022 enacted level. Specifically, within HRSA we request:

**HRSA Public Health Workforce Loan Repayment Program:** $200 million for a new program that provides up to $150,000 in loan repayment in return for service in a state, local, tribal or territorial health department. In 2010 Congress authorized this critical program, but it has not been funded at the necessary level to make an impact. Therefore, student loan debt is a major obstacle to students seeking careers in governmental public health due to low-paying, entry-level jobs that are available in health departments. Loan repayment will allow our nation to strengthen the capacity of the public health workforce, at this critical moment, with the next generation of professionals who have the educational training in public health and related disciplines. This is a vital program will help public health graduates make significant contributions to advance the field of public health practice, particularly in preparation for the next public health crisis

**HRSA Public Health Training Centers:** at least $15.0 million, an increase of $5.3 million or 55% above the FY 2022 enacted level. The Public Health Training Center Program is the nation’s only comprehensive training system to ensure workers in healthcare, behavioral health, public health and other fields have the skills needed to respond to increasingly complex public health challenges and protect the nation’s health.

**Centers for Disease Control and Prevention (CDC):** As public health experts predict an increase in as many as 100 million COVID-19 cases in the coming months, we urge stronger investments in CDC to protect the health of our communities. Additionally, due to years of underfunding, many programs at the CDC have lacked necessary resources to address the various health challenges our nation continuously grapples with. Robust support for the CDC budget is critical to enable proper tools for the agency to carry out its prevention mission and ensure translation of research on the community level. We support $11.0 billion, an increase of $2.6 billion or 31% above the FY 2022 enacted level. Specifically, within the CDC we support:
CDC Center for Forecasting and Outbreak Analytics: $50 million to continue this new CDC center that was initially funded through the American Rescue Plan Act. The center supports the President’s National Security Memorandum-1 which called for the establishment of a national capability that would support the US government and our partners with advanced analytics, disease modeling and outbreak analytics. The center will bring together next-generation public health data, expert disease modelers, public health emergency responders, and high-quality communications to meet the needs of decision makers. We strongly encourage the Committee to facilitate the center’s continuous work with schools of public health and other academic institutions to engage the nation’s expertise in disease modelling, public health data analysis, research, and training to build workforce capacity in this emerging field.

CDC Climate and Health: $110 million, an increase of $100 million above the FY 2022 enacted level. CDC’s Climate and Health Program supports state, tribal, local, and territorial public health agencies as they prepare for the health impacts of a changing climate. Academic public health institutions are engaged in essential research and training to establish and support a workforce of public health professionals with competencies to understand and address the impacts of climate change on public health. ASPPH has developed a climate framework that will enable all of our member institutions to make an impact on public health climate issues in collaboration with local, state and the federal government. We urge the Committee to include funding to support academic public health partners to expand research, strengthen public health workforce education and training, and foster practice-based partnerships to design and implement mitigation and adaption strategies related to climate change.

CDC Prevention Research Centers: $37.0 million, an increase of $10.0 million or 37% above the FY 2022 enacted level. The PRCs are a national network of academic research centers committed to conducting prevention research. They are leaders in translating research results into policy and public health practice. PRCs work closely with community members to establish health priorities and develop applicable research projects that address local public health needs. These partners collaborate with health departments, educational boards, and the private sector to form long-term relationships that make PRCs the leaders in community based participatory research. In the past, for every $1 the PRCs received from CDC, they were able to generate an average of $4.85 in research funds from other sources. As a result, PRCs are able to conduct hundreds of public health research projects every year to address issues such as cancer, smoking, obesity, diabetes, cardiovascular and many other conditions.

CDC Academic Preparedness Centers: $20 million, an increase $11.8 million or 144% above the FY 2022 enacted level. ASPPH endorses supporting not fewer than 10 centers at institutions of higher education, including schools of public health, and other nonprofit private entities, to establish a network of academic preparedness centers. The centers will coordinate preparedness and response activities with governmental health departments, healthcare providers, and coalitions to translate research findings into evidence-informed and evidence-based practices, support training needs, and provide technical assistance and expertise. This
framework of a national network of centers will strengthen the connection between academic public health and public health departments and health care systems to proactively address future public health threats. In previous years, annual appropriations for this program exceeded $30 million and supported 21 academic preparedness centers at schools of public health.

**CDC Injury Control Research Centers**: $15.0 million, an increase of $6.0 million or 67% above the FY 2022 enacted level. The CDC’s Injury Control Research Centers (ICRCs) are on the scientific front line conducting cutting-edge, multidisciplinary research on the causes, outcomes, and prevention of injuries and violence. The ICRC Program forms a national network of nine comprehensive academic research centers, including some within schools of public health, that focus on three core functions—research, outreach, and training. ICRC research focuses on issues of local and national importance, including opioids, firearm safety, sexual violence, suicide prevention, adverse childhood experiences, and traumatic brain injury.

**CDC NIOSH Education & Research Centers**: $34.0 million, an increase of $3.0 million or 10% above the FY 2022 enacted level. These centers provide state-of-the-art interdisciplinary training for the next generation of occupational safety and health practitioners and researchers. To protect American workers, safety training must continually evolve to keep up with technological advances, globalization, new and emerging risks, and occupational health disparities associated with the changing demographics of the U.S. workforce.

**CDC NIOSH Agriculture, Forestry & Fishing Centers**: $30.5 million, an increase of $3.0 million above the 2022 enacted level. The Agriculture, Forestry, and Fishing sector has approximately 2.3 million workers, who experience the highest fatal occupational injury rate at 21.5 deaths per 100,000 full-time workers, almost twice the rate of the average workforce. These centers facilitate the most important research to develop the most effective intervention strategies, and translate those findings to achieve sustained safety improvements in workplace practice.

**Agency for Healthcare Research and Quality (AHRQ)**: AHRQ is the only federal agency that funds research at universities and other research institutions specifically on health systems. This includes research that takes into account the “real-life” patient who has complex comorbidities, as well as intersections with other aspects of the health care system. We support $500 million for AHRQ, an increase of $150 million or 43% above the FY 2022 enacted level.

Again, ASPPH appreciates the opportunity to submit this statement for the record and we stand ready to assist you and your staff with additional information and resources from across our institutions.