Centers for Disease Control and Prevention

Vision

Prevention works. A robust public health system is crucial for the health and safety of all Americans, particularly children, adolescents, and the most vulnerable in our society. The work of the Centers for Disease Control and Prevention (CDC) is essential to supporting public health infrastructure at the local, state, and national levels. The CDC is a leader in preventing infectious diseases from spreading, responding to new and emerging health threats, using the latest scientific technology to prevent disease, promoting healthy and safe environments, and preventing adverse childhood experiences (ACEs). The CDC plays a critical role in the promotion of breastfeeding, supportive parenting skills, violence and injury prevention, tobacco control, immunization, healthy lifestyles, and nutrition. CDC funding for public health preparedness is critical—but many gaps for children exist.

Recommended Administrative Actions

Address the epidemic of violence, including gun violence. America is facing a crisis caused by rampant violence in communities, most notably gun violence. Gun violence is a serious public health issue and plagues communities across the country. The dearth of research on how best to prevent gun-related morbidity and mortality, as well as other forms of community violence, hampers efforts to implement a public health approach to addressing this crisis. The CDC must be allowed to research how gun violence affects Americans, including children, in order to better understand how to protect children and their families from gun-related injuries and deaths.

Continue the agency’s work to keep children safe from violence and injury. The CDC plays a critical role in preventing all kinds of injury and violence to children—from child abuse and teen dating violence to traumatic brain injury. The CDC also plays an irreplaceable role in tracking and maintaining data, such as through the Web-based Injury Statistics Query and Reporting System (WISQARS) and the National Violent Death Reporting System (NVDRS). Pediatricians and researchers rely on these databases. Both the CDC’s prevention programs and data functions should be robustly funded and expanded.

Keep children safe during disasters and other emergencies. The next administration should undertake a top-to-bottom review and reform of the Public Health Emergency Preparedness Program, in order to ensure that the needs of children are first and foremost in state and local community preparedness efforts. This review should include the program’s counterpart under the Assistant Secretary for Preparedness and Response (ASPR), the Hospital Preparedness Program. The needs of children must be fully integrated into performance measures for both of these federal programs. Technical assistance and targeted support should be provided to grantees that show poor performance, in order to improve their capacity. To assist with pediatric preparedness, the next administration should continue to activate and utilize the subject matter expertise of the Children’s Preparedness Unit. It should also consider making the unit permanent, to expand its role beyond responding to a public health emergency, and improve its ability to support state and local public health preparedness before emergencies occur.

Promote vaccination nationwide, particularly the HPV vaccine. U.S. vaccination rates are high, but there are still too many pockets nationwide where low vaccination rates threaten both children who are too young to receive vaccines and those who are immuno-compromised. The next administration must support efforts to better educate Americans on vaccine safety and reduce vaccine hesitancy by supporting the Advisory Committee on Immunization Practices and the Advisory Committee on Childhood Vaccines. CDC should also support state efforts to eliminate non-medical exemptions to vaccine mandates. The vaccination rate for human papillomavirus (HPV) is an example of this problem. Nationwide, vaccination rates for HPV are unacceptably low—at approximately 40 percent for girls and 20 percent for boys—despite its efficacy in preventing cancer deaths. The CDC must expand efforts to increase HPV vaccination rates among adolescents.

Prevent child exposure to lead, tobacco, and other harmful substances. There are a number of child health hazards, such as lead and tobacco, for which there is ample evidence of harm. For example, we know that there is no safe level of lead exposure and that lead damage can be permanent and irreversible, leading to increased likelihood for behavior problems, attention deficit and reading disabilities, and failure to graduate from high school. Children exposed to lead also experience a host of other impairments to their developing cardiovascular, immune, and endocrine systems. Today, over 500,000 children are exposed to unacceptably high levels of lead. Similarly, each day over 2,500 smoke a cigarette for the first time and the rates of e-cigarette use among children are rising dramatically. Given this knowledge, CDC must make it a priority to prevent child exposure to these well-established hazards.
Promote global immunization. The CDC and the United States Agency for International Development (USAID) have made great strides helping reduce polio and measles worldwide. To continue this effort, the CDC must fully implement a strategy to eradicate polio and update the global immunization funding stream to reflect the transition to polio legacy and routine immunization activities.

**Recommended Congressional Actions**

**Public health preparedness.** Congress should reauthorize the Public Health Emergency Preparedness Program (PHEP) program and must add capabilities and performance measures that improve state and local public health preparedness for children.

**Promote global health.** In addition to leading on reducing infectious diseases worldwide, Congress must provide authorization to CDC to address chronic illness internationally.

**Funding Priorities**

**General CDC funding.** While certain CDC programs have been well-funded in recent years, funding for other programs has languished. Below are some examples of CDC public health prevention programs that are in need of significantly greater resources.

**Childhood Lead Prevention Program.** The crisis in Flint, Michigan, highlights the dangers stemming from unacceptable levels of lead in the water system. Funding for the Childhood Lead Prevention Program must be expanded and its funding increased. The next administration must work with the CDC director to issue a directive that makes this program a priority as well as to request robust funding to fully support its mission and protect children from lead’s harmful effects.

**National Center for Birth Defects and Developmental Disabilities.** Birth defects affect one in 33 babies and are a leading cause of infant death in the United States. The National Center for Birth Defects and Developmental Disabilities has done tremendous work to identify the causes of birth defects and developmental disabilities, help children to develop and reach their full potential, and promote health and well-being among people of all ages who have disabilities.

**National Center for Environmental Health.** The National Center for Environmental Health (NCEH) does critical work to better understand and prevent illness, injury, and death from interactions between people and the environment. This work is a critical complement to the efforts of the Environmental Protection Agency (EPA) and the Department of Health and Human Services. Congress should support and expand the NCEH, with a particular focus on the environment’s impact on child health.

**Tobacco control.** CDC’s tobacco prevention and control activities have been remarkably successful and must be protected and expanded to include tobacco and second-hand smoke as global and child health priorities. Among other activities, CDC funds the important work done by state-run tobacco quitlines as well as the innovative “Tips from Former Smokers” national media campaign. An evaluation of the Tips from Former Smokers campaign has found that it saved 50,000 lives in the first three years at a cost of only $393 per year of lives saved.²

**Global immunization.** The next administration must ensure that the agency continues its important work on global health by revising the global immunization account structure to reflect polio legacy and routine immunizations outcomes.

**Zika virus:** The Zika virus is increasingly understood to cause a range of serious health effects, including microcephaly, in infants born to mothers who contracted the virus while pregnant. Microcephaly is a debilitating lifelong condition that has been linked to seizures, developmental delays, intellectual disability, and vision problems. However, even infants who appear healthy at birth may have effects that cannot be detected until later. CDC should play a central role in assisting states, tribes and localities in preventing Zika infection through vector control, public education, and other strategies. CDC surveillance efforts will be critical to understanding how Zika is transmitted and spread in the United States, and the agency must continue to serve as a critical resource for providers and public health agencies in their efforts to control Zika.

**Public Health Emergency Preparedness Program.** PHEP grants improve the capacity and capability of state and local public health departments to effectively respond to public health emergencies. Funding must be maintained and expanded and should not be used to offset other public health emergency response efforts, such as efforts to respond to the Zika virus.

**Support and bolster the Section 317 Immunization Program.** The Section 317 Immunization Program is a discretionary federal grant program that has played an important role in ensuring that uninsured and underinsured individuals receive vaccinations that prevent life-threatening diseases. Though the Affordable Care Act now requires that insurers provide first dollar coverage of vaccines, Section 317 still plays a valuable role in other areas, particularly in vaccine infrastructure and in handling outbreaks. If a large outbreak were to occur, Section 317 funds could be used to vaccinate individuals—including infants, children, adolescents and young adults—in the affected area, and could supplement the efforts of CDC to effectively combat the outbreak. We encourage the next administration to ensure that Section 317 is adequately funded to fulfill its mission and continue to provide a comprehensive vaccine education program, monitor vaccine effectiveness, investigate outbreaks, improve tracking systems, and provide necessary support to providers who administer vaccines.
References


About this Document

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