



May 29, 2014

Thomas R. Frieden, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, Georgia 30333

Dear Dr. Frieden:

The health and disability partners of the Friends of National Center on Birth Defects and Developmental Disabilities (NCBDDD) Advocacy coalition are writing to seek your support for an urgent public health issue that frequently falls below the radar – the health of people with disabilities.

We truly appreciate your commitment to public health, both domestic and international. Your priority issues for the CDC in FY 2015 are all ones that merit urgent investment: 1) outbreaks of communicable diseases that cause illness, death, and economic disruption in our increasingly globalized world; 2) antibiotic resistance which causes more than 2 million illnesses and up to \$20 billion in health care costs in the United States annually; and 3) prescription drug overdoses which now kill more Americans than all illicit drugs combined.

However, we believe that the scope of the problem of the health of people with disabilities makes this issue no less an urgent priority for the CDC:

- More than 50 million people in the US – one in five - have a disability; 1 billion worldwide live with a disability.
- Health care spending associated with disability is remarkably high. A 2009 study co-authored by CDC researchers found that almost 27% of US adult health care spending was associated with disability, amounting to \$397.8 billion in 2006 alone.
- The population of persons with disabilities is increasing due to advances in health care and survival of people with disabilities across the lifespan, such as very low birthweight babies, adults with chronic illness, and trauma survivors.

As you know, the CDC's May edition of Vital Signs focuses on the importance of physical activity for individuals with disabilities. According to the report, working age adults with disabilities who do not get any aerobic physical activity are 50% more likely than those who do participate in physical activity to have a chronic disease such as cancer, diabetes, stroke, or heart disease. The results of their study are

startling - showing that nearly half (47 percent) of adults with disabilities who are able to do aerobic physical activity do not get any aerobic physical activity. Yet only about 44% of adults with disabilities who saw a doctor in the past year got a recommendation for physical activity.

In your testimony before the Senate Appropriations Committee's Subcommittee on Labor, Health and Human Services, Education, and Related Agencies on May 7, you noted that opioid addiction is a "doctor created problem" with excessive prescription practices and that strong medical guidelines are needed on the subject. We are pleased that you recognize the central role that physicians have in shaping behavior and trust that this same commitment to changing physician practices includes those who treat people with disabilities.

The field of disability and health has evolved considerably over the last several years and is grounded in evidenced-based work. There is now a peer reviewed, Medline-indexed, scholarly journal (available at www.disabilityandhealthjnl.com) for reporting original contributions that advance knowledge in disability and health. Topics are related to global health, quality of life, and specific health conditions as they relate to disability.

In addition, over the years there have been a number of official recommendations to improve health of people with disabilities. Two Surgeon General reports (2002, 2005), one Institute of Medicine Report (2007), the National Council on Disability Report (2009), and the WHO World Report on Disability (2011) recommended several key actions to improve the health of people with disabilities: 1. Improve public recognition that people with disabilities can live long, healthy and productive lives and reduce stigma and discrimination; 2. Improve knowledge, skills and attitudes of health care providers to improve care; 3. Improve accessibility of health care, including insurance, facilities, equipment, transportation; 4. Improve opportunities for health promotion, safety and wellbeing; 5. Improve data on disability populations, and research on disability-related health disparities and interventions.

The CDC is in a unique position to act on these recommendations and improve the health and wellbeing of people with disabilities. The CDC's National Center for Birth Defects and Developmental Disabilities (NCBDDD) is the only place in the federal government addressing health and disability through basic public health practices of surveillance, research, education, and intervention. Unfortunately, the NCBDDD has experienced a steady erosion of funding. Since 2010, its funding has been reduced by 15%. This has resulted in, for example, over \$30 million in funding lost to connect the estimated 54 million Americans with disabilities to health programs that work.

We urge you to consider the importance of our country's largest minority population – people with disabilities – as a top CDC priority and to seek to restore funding for the NCBDDD.

Sincerely,

Roberta Carlin
Executive Director
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Susan Stout
Interim President/Chief Executive Officer
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