

The Affordable Care Act and the Prevention and Public Health Fund Report to Congress for FY2012

Introduction

The Affordable Care Act established the Prevention and Public Health Fund (Prevention Fund) to provide expanded and sustained national investments in prevention and public health, to improve health outcomes, and to enhance health care quality. To date, the Prevention Fund has invested in a broad range of evidence-based activities including community and clinical prevention initiatives; research, surveillance and tracking; public health infrastructure; immunizations and screenings; tobacco prevention; and public health workforce and training. Section 220 of Consolidated Appropriations Act of FY 2012 (P.L. 112-74), directs the Department of Health and Human Services (HHS, the Department) to establish a publicly accessible website to provide information on use of funds made available through the Prevention and Public Health Fund authorized in the Affordable Care Act (P.L. 111-148). HHS is directed to provide information on funds transferred, funding solicitations and awards, information on sub-recipients on a semi-annual basis, and on the use of all FY 2012 funds.

SEC. 220. (a) The Secretary shall establish a publicly accessible website to provide information regarding the uses of funds made available under section 4002 of Public Law 111–148. (b) With respect to funds provided for fiscal year 2012, the Secretary shall include on the website established under subsection (a) at a minimum the following information: (1) In the case of each transfer of funds under section 4002(c), a statement indicating the program or activity receiving funds, the operating division or office that will administer the funds, and the planned uses of the funds, to be posted not later than the day after the transfer is made. (2) Identification (along with a link to the full text) of each funding opportunity announcement, request for proposals, or other announcement or solicitation of proposals for grants, cooperative agreements, or contracts intended to be awarded using such funds, to be posted not later than the day after the announcement or solicitation is issued. (3) Identification of each grant, cooperative agreement, or contract with a value of \$25,000 or more awarded using such funds, including the purpose of the award and the identity H. R. 2055—301 of the recipient, to be posted not later than 5 days after the award is made. (4) A report detailing the uses of all funds transferred under section 4002(c) during the fiscal year, to be posted not later than 90 days after the end of the fiscal year. (5) Semi-annual reports from each entity awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more, summarizing the activities undertaken and identifying any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the recipient), to be posted not later than 30 days after the end of each 6-month period.

This report fulfills the requirement to make available a report on the use of all funds no later than ninety days after the end of FY 2012.

Background

Chronic diseases – such as heart disease, cancer, stroke, and diabetes – are responsible for 7 of 10 deaths among Americans each year and account for 75% of the nation’s health spending. Chronic diseases and their underlying causes affect more than 130 million Americans, nearly half the population. Racial and ethnic minority communities experience higher rates of obesity, cancer, diabetes, and AIDS. In particular, children are increasingly vulnerable. Today, almost one in every three children in our nation is overweight or obese which predisposes them to chronic disease. The numbers are even higher in African American and Hispanic communities, where nearly 40% of the children are overweight or obese.

Many experts agree that an emphasis on prevention and public health interventions has the potential to improve the health of Americans. According to a 2012 Institute of Medicine report, “For the Public’s Health: Investing in a Healthier Future,” an estimated 80 percent of cases of heart disease and of type-2 diabetes and 40 percent of cases of cancer could be prevented by implementing public health interventions that increase physical activity and healthy eating and help reduce tobacco-use and excessive alcohol use.

By concentrating on the causes of chronic disease, the Affordable Care Act helps move the nation from a focus on sickness and disease to one based on wellness and prevention. The creation of Prevention Fund by the Affordable Care Act is designed to support the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe, and help states and communities promote healthy living.

Process for Prevention Fund Allocation

The Affordable Care Act states that the purpose of the Prevention Fund is for an “expanded and sustained national investment in prevention and public health programs that will improve health and help restrain the rate of growth in private and public sector health care costs.” The resources from the Prevention Fund serve as a funding source for new and existing HHS programs that meet this purpose. As part of the annual budget process, HHS proposes a budget that funds high-performing programs, eliminates duplicative and ineffective programs, and ensures investments are coordinated across agencies and funding sources. The allocation for the Prevention Fund is part of this process, which allows HHS to ensure that investments from the Prevention Fund are not duplicative of and coordinate with existing programs in HHS.

Because of the availability of Prevention Fund resources, businesses, schools and other educational institutions, unions, State and local governments, professional health organizations, tribal organizations, as well as community and faith-based organizations, have received the much-needed financial investment for programs such as tobacco cessation, obesity prevention, and increasing the primary care and public health workforce. In several cases, geographic and/or demographic characteristics are used to determine program funding based on population size, burden of disease, and ability to reduce health disparities and/or achieve positive health outcomes.

The Affordable Care Act directs funds to programs that provide for an expanded and sustained national investment in prevention and public health improvement. The Department has engaged in a constructive dialogue within the Administration, Congress and stakeholders on specific, high-impact and evidence-based investments that can make a difference in the health of Americans. By investing in state and local public health infrastructure and community efforts to implement proven prevention programs, investments made possible by the Prevention Fund can make a significant impact on the leading causes of death.

Prevention Fund Overview

Through the Prevention Fund, the Affordable Care Act works to address factors that influence our health. The historic creation of the Prevention Fund marks the first time ongoing dedicated funding for public health has been provided by federal law.

In FY 2010, \$500 million of the Prevention Fund was distributed to states and communities to boost prevention and public health efforts, improve health, enhance health care quality, and foster the next generation of primary health professionals. In FY2011, \$750 million of the Prevention Fund built on the initial investment and expanded opportunities to improve community health, strengthen public health capacity in state and local health departments, and improve public health research and tracking to better address public health concerns.

Since the Affordable Care Act was passed in 2010, the Department has invested approximately \$2.25 billion in Prevention Fund resources that have supported states, tribal communities, and organizations across the country in efforts related to four critical priorities. A summary of activities funded in FY 2012 is included below.

Community Prevention: Funding supports prevention activities to improve health and reduce chronic disease risk factors.

Community and State Prevention.

- The Centers for Disease Control and Prevention's (CDC) National Public Health Improvement Initiative (NPHII) funding allows health departments to improve the delivery and impact of the public health services they provide by fostering the identification, dissemination and adoption of public health's best and most promising practices; improving how they track the performance of their programs; building a network of performance improvement managers across the country that share strategies for improving the public health system; and maximizing cohesion across states' and communities' public health systems to ensure seamless and coordinated services for residents.
- The Administration for Community Living (ACL) awarded funds from the Prevention Fund to support chronic disease self-management education (CDSME) programs. This included grants to 22 states to strengthen and expand integrated, sustainable service systems to provide evidence-based CDSME programs. The awardees, who are either state units on aging or state public health departments, are working with a variety of partners including other state government agencies, health systems, local

public health departments, area agencies on aging, faith-based organizations, tribal entities, Centers for Independent Living, minority organizations, senior centers, libraries, correctional facilities, senior housing programs and other community agencies. Combined, the states proposed reaching over 80,000 older adults and adults with disabilities over the 3-year project period.

Tobacco Use Prevention.

- CDC continued the nationwide media campaign to increase awareness of the risks of smoking and encourage smokers to quit and continue support for and enhance the capacity of state telephone-based tobacco cessation services.
- The Assistant Secretary for Public Affairs (ASPA) in the Office of the Secretary invested in tobacco prevention activities. Funds were used to develop creative outreach strategies, conduct market research and consumer testing, develop tools for public use, and to execute innovative health marketing campaigns at the national, regional, and local level.

Obesity Prevention and Fitness

- CDC funds established and sustained population-, practice-, and evidence-based strategies and interventions to improve health and wellness, reduce chronic disease risk factors, build capacity for prevention efforts, enhance the evidence base for chronic disease prevention strategies, and address the social, economic, environmental, and individual factors that impact obesity in a variety of settings, including early child care facilities, workplaces, schools, communities, and health care facilities.

Clinical Prevention: Funding supports programs to improve Americans' access to important preventive services and the care necessary to meet diverse healthcare needs.

Access to Critical Wellness and Preventive Health Services.

- CDC funds continued support for, increased awareness of, and expanded access to preventive health and wellness programs in a variety of settings, including immunization programs for uninsured and underinsured children, adolescents, and adults; breast and cervical cancer screening programs for uninsured and underinsured women; employer-based wellness programs; viral hepatitis screening programs for at-risk populations; maternal and child wellness programs; and diabetes prevention programs.
- ACL funded activities to increase awareness of Alzheimer's disease. Funds were used to design and launch a new website (www.alzheimers.gov) devoted to Alzheimer's education and connecting caregivers of persons with Alzheimer's disease to governmental and non-governmental information and services. These educational efforts build on the recommendations of the new National Plan to Address Alzheimer's Disease.

- ASPA funded a prevention and education outreach initiative designed to raise awareness of preventive benefits and to encourage utilization. The campaign used various media forms and included a focus on Hispanic and African American audiences.

Behavioral Health Screening and Integration with Primary Health.

- The Substance Abuse and Mental Health Services Administration (SAMHSA) invested in Primary Behavioral Health Care Integration grants, which aim to improve the physical health status of people with serious mental illnesses (SMI) by supporting communities to coordinate and integrate primary care services into community mental health and other community-based behavioral health settings.
- SAMHSA supported three suicide prevention initiatives. The Garrett Lee Smith Youth Suicide Prevention grants fund state, tribal, and campus programs for individuals ages 10 to 24. The Suicide Prevention Resource Center (SPRC) advances the National Strategy for Suicide Prevention by providing technical assistance, training, and materials to increase the knowledge and expertise of suicide prevention practitioners and other professionals serving people at risk for suicide, including SAMHSA's Garrett Lee Smith State, Tribal, and Campus Suicide Prevention grantees. SPRC also provides support to the National Action Alliance for Suicide Prevention, the public-private partnership dedicated to advancing the National Strategy for Suicide Prevention. Finally, the National Suicide Prevention Lifeline helps provide free and confidential support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week through local crisis centers by means of the national number 1-800-273-TALK (8255). Since its inception, the Lifeline has engaged in a variety of initiatives to improve crisis services and advance suicide prevention.
- SAMHSA supported screening, brief intervention and referral to treatment services for adults in primary care and community health settings, for substance misuse and substance use disorders. This program is designed to expand/enhance the State and Tribal continuum of care for substance misuse services and reduce alcohol and drug consumption and its negative health impact; increase abstinence and reduce costly health care utilization; promote sustainability and the use of behavioral health information technology.
- SAMHSA supported various behavioral health surveillance systems in FY 2012. An example of activities supported includes the National Survey on Drug Use and Health which ensured continuity of operations including activities related to field operation, data collection, data processing and reporting, and data file preparation. Another example is the Community Early warning and Monitoring System (C-EMS), supported in partnership with AHRQ, funded to identify and develop what constitutes a set of key community-level indicators related to behavioral health and emergency departments. This effort will provide valuable information that can be used to design data collection systems that can inform health and behavioral health programs not

found elsewhere. Finally, the purpose of the National Analytic Center is to increase the utilization of SAMHSA databases primarily by SAMHSA and other federal staff which are not available in house and which may be needed only on an ad hoc or temporary basis. This activity will enable the Center to increase its dissemination of analytic data and other products and promote knowledge about the field of behavioral health.

- In FY 2012, SAMHSA and CDC supported a new program focused on reducing prescription drug abuse. The Prescription Drug Monitoring Program (PDMP) Electronic Health Record (EHR) Integration and Interoperability Expansion works collaboratively with other federal programs addressing prescription drug abuse, such as the Office of the National Coordinator for Health Information Technology to help improve real-time access to PDMP data. This work is done by integrating PDMPs into existing technologies, like EHRs, in order to improve the ability of state PDMPs to reduce the nature, scope, and extent of prescription drug abuse and also to strengthen state PDMPs and increase interoperability of state PDMPs.

Public Health Infrastructure and Training: These efforts help state and local health departments meet 21st century challenges.

Public Health Workforce.

- CDC supported the expansion of applied epidemiology and laboratory fellowships to help ensure a prepared, diverse, and sustainable public health workforce through professional development and public health work experience.
- The Health Resources and Services Administration (HRSA) awarded cooperative agreements to 37 Public Health Training Center grantees to improve the Nation's public health system by strengthening the technical, scientific, managerial, and leadership competence of the current and future public health workforce. In addition, HRSA funded public health traineeships in accredited schools of public health and public health programs to provide traineeship support to master's and doctoral students in the fields of epidemiology, environmental health, biostatistics, toxicology, nutrition, and maternal and child health.
- HRSA supported 24 Mental and Behavioral Health Training grants to institutions of higher learning to increase the numbers of social workers and psychologists adequately prepared to serve high need and high demand populations, including rural, vulnerable and/or underserved populations, military personnel, veterans and their families.
- HRSA supplemented 45 existing Geriatric Education and Training Center (GEC) grantees to support inter-professional continuing education activities for healthcare providers on Alzheimer's disease and related dementias. The content for the training activities focused on early detection and early intervention of Alzheimer's disease to improve care for patients and their families. Additional funds supported the continuation of the Geriatric Education Centers' National Training and Coordination

Collaborative (NTACC) at Case Western Reserve University to identify best practices and approaches that demonstrate improved patient outcomes.

Detection and Response Capacity.

- CDC funds sustained state, local, and territorial programs and initiatives working across the healthcare system to maximize healthcare-associated infection prevention efforts and strengthen and integrate capacity for detecting, tracking, and responding to infectious diseases and other public health threats.

Public Health Infrastructure.

- CDC supported the expansion and maintenance of the Environmental Public Health Tracking Network to collect, integrate, analyze and translate health and environmental data for use in public health practice.

Public Health Research and Data Collection: Funds support the scientific study of prevention to better understand how to translate research into practice.

Prevention Research

- CDC continued support for its Prevention Research Centers program. This effort directs a national network of 37 academic research centers, at either a school of public health or a medical school with a preventive medicine residency program. The centers are committed to conducting prevention research and are leaders in translating research results into public health practice. These centers have rich capacity for the community-based, participatory prevention research needed to understand the major community changes that can prevent and control chronic diseases.
- ACL awarded funding to States and Tribes through the Elder Abuse Prevention Interventions Program to test interventions designed to prevent elder abuse, neglect, and exploitation. This initiative helps to implement the Elder Justice Act, which was enacted as part of the Affordable Care Act. These prevention projects will draw on existing research and promising practices, while building a stronger evidence base and improving data collection systems that are needed to more effectively address this issue.
- The Agency for Healthcare Research and Quality (AHRQ) established 3 Centers for Excellence in Clinical Preventive Services (Illinois, North Carolina, and Colorado) which support the HHS National Prevention Strategy by developing evidence around the most efficient and effective ways primary care health systems can deliver clinical preventive services. Each center conducts research projects, including pilot and exploratory projects affecting children, the elderly, minorities, those with disabilities and those who receive health care in rural and inner city settings.
- AHRQ also provided funds for scientific, technical and administrative support to maximize the quality and effectiveness of the U.S. Preventive Services Task Force (USPSTF).

Health Care Data Analysis and Planning

- CDC investments continued support for the expansion of the availability of data for tracking the provision, use, effectiveness, and impact of primary and secondary preventive healthcare services and for the analysis of the Affordable Care Act's effect on the health of Americans. Investments also continued the CDC-facilitated Community Guide by supporting the Task Force on Community Preventive Services' efforts to identify and disseminate evidence-based recommendations on important public health challenges to inform practitioners, educators, and other decision makers. Finally, CDC also supported the collection and integration of health and environmental data into the Environmental Public Health Tracking Network.

Highlighting Prevention Fund Programs

Increasing access to quality, affordable care is a critical component of improving our health system. It also requires an increased emphasis on prevention—both clinical and community preventive services—to reduce the strain that disease and poor health put on our health system. The Prevention Fund supports initiatives to work toward moving our health system toward wellness and ensuring all Americans live in healthy communities.

Tobacco:

Research has shown that well-designed tobacco education media campaigns with adequate reach prevent initiation, increase cessation and reduce tobacco use. Evidence reviews of tobacco education media campaigns have found that advertisements that employ strong imagery and personal testimonials showing the negative health consequences of smoking are especially effective in motivating smokers to quit. In FY 2012, with \$54 million from the Prevention Fund, CDC supported a national tobacco education campaign to encourage cessation and funded quitlines in the states, building on existing Prevention Fund investments in this area from FY 2011.

During March 19–June 10, 2012, CDC aired Tips from Former Smokers (TIPS), the first federally funded, nationwide, paid-media tobacco education campaign supported with funds from the Prevention Fund. The TIPS campaign features a diverse set of ads profiling people living with the effects of smoking-related diseases. The campaign was primarily intended to encourage adult smokers aged 18–54 years to quit by making them aware of the health damages caused by smoking and letting them know that they could call the telephone quitline portal 1-800-QUIT-NOW or visit the National Cancer Institute (NCI) smoking cessation website (<http://www.smokefree.gov> External Web Site Icon) if they needed free assistance to quit. The campaign included advertising on national and local cable television, local radio, online media, and billboards, and in movie theaters, transit venues, and print media.

The national quitline portal 1-800-QUIT-NOW received more than 365,000 calls during the Tips campaign, up 132% from the same 12-week period in 2011. The website www.smokefree.gov received 629,898 unique visitors during the campaign, up 428% from the same period in 2011. Nearly 80% of adult smokers reported having seen a Tips ad during the campaign.

Community Transformation Grants:

CDC continues its long-standing dedication to improving the health and wellness of all Americans through the Community Transformation Grant (CTG) Program. CTG supports state and local government agencies, tribes and territories, nonprofit organizations, and communities across the country.

- In FY2011, CDC awarded \$103 million to 61 state and local government agencies, tribes and territories, and nonprofit organizations in 36 states, along with nearly \$4 million to 6 national networks of community-based organizations. Awardees are engaging partners from multiple sectors, such as education, transportation, and business, as well as faith-based organizations to improve the health of their communities' approximately 120 million residents. Awardees also provide funding to community-based organizations to ensure broad participation in community health.

In FY2012, CTG awarded supporting areas with fewer than 500,000 people in neighborhoods, school districts, villages, towns, cities, and counties to increase opportunities to prevent chronic diseases and promote health. Approximately \$70 million was awarded to 40 communities to implement broad, sustainable strategies to reduce health disparities and expand clinical and community preventive services that will directly impact about 9.2 million Americans. The FY2012 CTG grants were fully funded for up to four years.

Below are state-specific chronic disease prevention activities supported by the Prevention Fund and the CTG program:

- The New Mexico Department of Health is increasing access to physical activity opportunities for over 50,000 children by creating active outdoor school spaces for public use during non-school hours and increasing the number of Safe Routes to Schools.
- South Carolina now has an additional 75 primary care practices who have signed a Business Associates Agreement that will ensure delivery of high blood pressure and high cholesterol care to 300,000 adults and 150,000 pediatric patients. The agreement is with the Outpatient Quality Improvement Network (OQUIN) and will adopt model policies consistent with USPSTF guidelines to control high blood pressure and high cholesterol.
- More than 11,000 students and 1,500 staff in Pierce County, WA now have access to vending machines that offer healthy options and meet USDA guidelines.
- The Iowa Department of Health is working to increase access to physical activity to more than 300,000 Iowans by improving the walkability and bike-ability of rural counties; increasing the availability of fresh produce in 26 counties; and expanding the number of dental practices providing blood pressure and tobacco use screening to more than 300,000 patients.
- The University of Rochester Medical Center has implemented a new program designed to provide access to intensive clinical and community prevention services, including the Diabetes Prevention Program, to more than 700,000 people. The Diabetes Prevention Program is based on a successful randomized-clinical control trial that helps people with pre-diabetes and those at risk to prevent the onset of diabetes.

- Massachusetts Department of Public Health expanded the number of communities participating in Mass in Motion (Salem, Lynn, Chelsea, and Revere). Mass in Motion is a CTG-supported initiative to address obesity and promote healthy living through community-driven efforts.

Hospital Acquired Infections (HAI):

The Prevention Fund recognizes the important link that exists between clinical care and public health such as efforts to reduce hospital acquired infections. In FY 2012, CDC continued to support health departments in all 50 states, District of Columbia, and Puerto Rico to implement HAI prevention initiatives effectively through program development. CDC funding will build on the successful investments in HAI prevention and strengthen leadership and coordination of HAI activities by health departments. Prevention Fund resources will be used to sustain programs that will work across the healthcare system to maximize HAI prevention efforts through collaboration with public health and healthcare partners. CDC will also continue to support electronic reporting, which improves states' ability to detect HAIs by simplifying reporting for healthcare facilities, validate HAI data to increase its accuracy and completeness, and increases the ability of states and healthcare facilities to measure the impact of prevention efforts.

- Wisconsin: In 2011, the Wisconsin Department of Health Services (WI DHS) began conducting statewide surveillance of Carbapenem-resistant Enterobacteriaceae (CRE) in response to this emerging threat and CDC's recommendation that state health departments find out how common CRE was in their state's hospitals and help guide control and prevention efforts. All of WI's acute care, critical access, and long-term care hospitals are required to report CRE infections to CDC's National Healthcare Safety Network (NHSN).

Using NHSN, Wisconsin found that local and regional collaboration across multiple healthcare organizations was necessary for optimum care of patients with histories of multi-drug resistant organisms due to CRE transmission among facilities. Wisconsin also demonstrated the critical role public health agencies can play in preventing transmission of these organisms by creating venues for communication and collaboration among healthcare providers and their partners.

- Illinois: The Illinois state health department is using NHSN data to provide feedback to healthcare facilities, providers, and consumers on HAIs and the quality of care in the state. Central line-associated bloodstream infection (CLABSI) data have been collected through NHSN and reported on the Illinois Hospital Report Card and the Consumer Guide to Health Care (IHRCA) website (www.healthcarereportcard.illinois.gov) for 2009, 2010, and most recently for 2011 in June 2012. Illinois has also expanded the types of infections reported publicly through NHSN, as well as the locations where infections are being monitored. For example, Illinois has expanded reporting to CLABSIs in additional types of adult intensive care units (publicly reported June 2012), CLABSIs in neonatal/pediatric intensive care units (publicly reported June 2011), and surgical site infections (SSIs) (publicly reported November 2011). Through use of

NHSN, Illinois is able to monitor HAIs, including emerging HAI pathogens, in healthcare facilities, and provide feedback and tailored intervention strategies in healthcare facilities where the health department may see a problem, all while increasing transparency and accountability to consumers through public reporting.

Conclusion

The U.S. Department of Health and Human Services takes a broad approach to addressing the health and well-being of our communities. The health of Americans is influenced by where Americans live, work, play, and go to school therefore, many Federal agencies have a role in shaping the improved health of the country.

The National Prevention Council, established by the Affordable Care Act, and composed of senior officials across the government, is an important opportunity to elevate and coordinate prevention activities in order to attain the goals put forth in the National Prevention Strategy (Strategy), a focused strategy across Departments to promote the nation's health. In addition, both the Prevention Fund and the Strategy align with Healthy People 2020 (HP2020). HP2020 contains the nation's health objectives for the next 10 years over a broad range of health priorities. The Strategy identifies priority recommendations that all sectors can implement to meet prevention and wellness goals that align with those of HP2020.

Furthermore, the Strategy is a national (i.e. not federal) strategy. Therefore, involvement (and funding) by other partners at the state and local levels as well as the private sector will be critical to the Strategy's successful implementation.

Efforts like the Prevention Fund and the National Prevention Council promote prevention at the federal level and in states and communities to help Americans lead healthier lives. To find out more about past investments from the Prevention Fund, visit <http://www.healthcare.gov/news/factsheets/2011/02/prevention02092011b.html>.

FY 2012 Prevention and Public Health Fund (dollars in millions)

Agency	Activity or Program	Allocation	Planned Uses of Funds
ACL	Chronic Disease Self-Management Program	10.000	To award competitive grants to selected states to help older adults and adults with disabilities cope with their chronic conditions by providing access to evidence-based chronic disease self-management programs, and also to assist states develop sustainability plans to continue providing these programs after the grant period ends.
ACL	Alzheimer's Disease Prevention Education and Outreach	4.000	To design and carry out an outreach and education initiative.
ACL	Elder Justice	6.000	To test and evaluate interventions designed to prevent elder abuse, neglect, and exploitation.
AHRQ	Clinical Preventive Services Research	5.000	To continue support for Centers for Excellence in Clinical Preventive Services which support the HHS National Prevention Strategy by developing evidence around the most efficient and effective ways primary care health systems can deliver clinical preventive services.
AHRQ	Clinical Preventive Services Task Force	7.000	To maximize the quality and effectiveness of the U.S. Preventive Services Task Force by providing scientific, technical and administrative support.
CDC	Community Guide	10.000	To provide evidence-based findings and recommendations about effective public health interventions and policies to improve health and promote safety
CDC	Prevention Research Centers	10.000	The purpose of the centers is to help address the individual and community-level risk factors that put people at risk for the leading causes of death and disability—chronic diseases, such as cancer, heart disease, and diabetes.

Agency	Activity or Program	Allocation	Planned Uses of Funds
CDC	Nutrition, Physical Activity, and Obesity (NPAO) State Programs	10.000	To improve the health of places where Americans live, work, learn, and play by supporting comprehensive efforts to address obesity and other chronic diseases through a variety of evidence-based nutrition and physical activity strategies.
CDC	National Diabetes Prevention Program	10.000	To expand CDC's National Diabetes Prevention Program to support the establishment of evidence-based lifestyle change programs in underserved communities to prevent type 2 diabetes in people with prediabetes.
CDC	Viral Hepatitis	10.000	To identify and disseminate best practices for screening and the prompt linkage to needed medical management and treatment for chronic hepatitis B and hepatitis C and to expand identification of those chronically infected persons who do not know their status and their referral to medical care, particularly focusing on groups disproportionately affected by chronic hepatitis B and hepatitis C .
CDC	Public Health Workforce	25.000	To help to ensure a prepared, diverse, sustainable public health workforce by increasing the number of state and local public health professionals (e.g., epidemiologists, public health managers, informaticians) who are trained through CDC-sponsored fellowships.
CDC	National Public Health Improvement Initiative (NPHII)	40.200	To systematically increase the capacity of public health departments to detect and respond to public health events requiring highly coordinated interventions to improve and/or sustain the performance (efficiency/effectiveness) of public health organizations, systems, practices, and essential services.

Agency	Activity or Program	Allocation	Planned Uses of Funds
CDC	State Healthcare Associated Infections (HAI) Prevention	11.750	To fund health departments in healthcare-associated infection (HAI) prevention efforts within their states by expanding state prevention activities and accelerating electronic reporting to detect HAIs at the state level.
CDC	Epidemiology and Laboratory Capacity (ELC/EIP)	40.000	To enhance the ability of state, local, and territorial Epidemiology and Laboratory Capacity and Emerging Infections Program grantees to strengthen and integrate capacity for detecting and responding to infectious diseases and other public health threats.
CDC	Breastfeeding Promotion and Support	7.050	This program will fund community initiatives to support breastfeeding mothers and support hospitals in breastfeeding education.
CDC	Early Child Care and Education Obesity Prevention Programs	5.000	This is a collaborative effort to promote children's health by encouraging and supporting healthier physical activity and nutrition practices.
CDC	Community Transformation Grants	226.000	This program will support community-level efforts to reduce chronic diseases such as heart disease, cancer, stroke, and diabetes.
CDC	Immunization	190.000	The objective of this program is to modernize the public health immunization infrastructure to increase vaccination coverage among children, adolescents, and adults.
CDC	REACH: Racial and Ethnic Approaches to Community Health	40.000	To support community coalitions that design, implement, evaluate, and disseminate community-driven strategies to eliminate health disparities in key health areas.

Agency	Activity or Program	Allocation	Planned Uses of Funds
CDC	Tobacco Use Prevention	83.000	To raise awareness and shift key attitudes and beliefs about the harms of tobacco use and exposure to secondhand smoke in areas of the country with some of the highest rates of tobacco use prevalence.
CDC	Healthcare Surveillance/ Health Statistics	35.000	To expand the availability of data for tracking the provision, use, effectiveness, and impact of primary and secondary preventive healthcare services and to expand the capacity of CDC and its health department partners to use these data.
CDC	Environmental Public Health Tracking	35.000	The purpose of the program is to establish and maintain a nationwide network to collect, integrate, analyze and translate health and environmental data for use in public health practice.
CDC	National Prevention Strategy	1.000	To support and implement the National Prevention Strategy which aims to guide our nation in the most effective and achievable means for improving health and well-being.
CDC	Workplace Health	10.000	To engage and recruit employers and lead them through the process of building a core workplace health program.
CDC	Breast and Cervical Cancer Screening	10.000	To provide breast and cervical cancer screening services to low-income, uninsured and underinsured women.
HRSA	Public Health Workforce Development	23.864	To support Public Health Training Centers which will continue to collaborate with partners to assess health workforce development needs and provide graduate or specialized training in public health in the areas of preventive medicine, health promotion and disease prevention, including continuing education sessions designed to meet the public health workforce development needs.

Agency	Activity or Program	Allocation	Planned Uses of Funds
HRSA	Public Health Traineeships	1.136	To increase the number of professionals trained in public health fields of which there is a shortage, including epidemiology, environmental health, biostatistics, toxicology, nutrition, and maternal health by awarding grants to schools to provide traineeships to students at the master's and doctoral level.
HRSA	Mental Health Training	10.000	To support grants to health professions programs for the recruitment and training of individuals in behavioral health professions, including social work and psychology.
HRSA	Alzheimer's Disease Prevention Education and Outreach	2.000	To expand the work of the Geriatric Education Centers to support outreach and education to enhance healthcare providers' knowledge of the disease, improve detection and early intervention, and improve care for people with the disease and their caregivers.
SAMHSA	Primary Behavioral Health Care Integration	35.000	To establish projects for the provision of coordinated and integrated services to special populations through the co-location of primary and specialty care services in community-based mental and behavioral health settings.
SAMHSA	Suicide Prevention	10.000	To support the Garrett Lee Smith (GLS) State/Tribal grants, GLS-Campus grant programs, National Suicide Prevention Lifeline program, and the Suicide Prevention Resource Center grant.
SAMHSA	Screening, Brief Intervention and Referral to Treatment	25.000	To integrate screening, brief intervention, referral, and treatment services within general medical and primary care settings.
SAMHSA	SAMHSA Health Surveillance	18.000	To support critical behavioral health data systems, national surveys, and surveillance activities.

Agency	Activity or Program	Allocation	Planned Uses of Funds
SAMHSA	Prescription Drug Monitoring Integration and Interoperability Expansion	4.000	To help prevent prescription drug abuse by improving real-time access to Prescription Drug Monitoring Program data by integrating into existing technologies, like Electronic Health Records, and to expand interoperability to multiple States in order to reduce the nature, scope, and extent of prescription drug abuse.
ASPA	Tobacco Media Activities	10.000	To prevent and reduce tobacco use.
ASPA	Prevention Education and Outreach	20.000	To generate broad awareness of preventive benefits and encourage people to utilize them for better health.