

# Challenges and Opportunities in the 112<sup>th</sup> Congress

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March 3, 2012

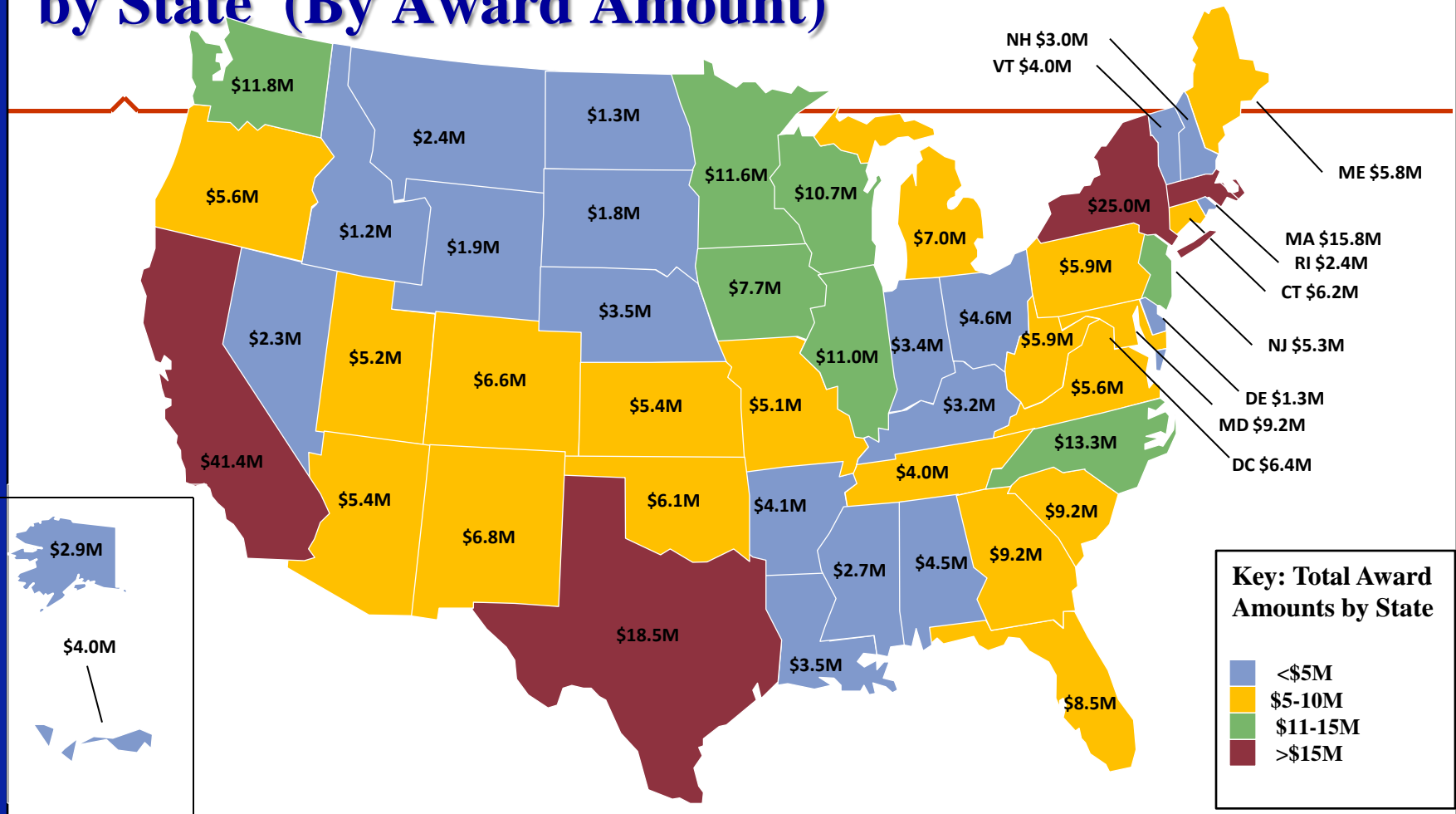


# Real money through mandatory appropriations



- Prevention and Public Health Fund: now **\$12.5 billion** over next 10 years (reaching full **\$2 billion** level in FY2022)
  - \$2.25 billion already allocated for FY10-12, \$1 billion annually for FY2013-2017.

# FY11 PPHF Cooperative Agreement / Grant Awards by State (By Award Amount)



Totals include awards to states, cities/counties, tribes, and partners (\$358.8M). Awards to territories (\$4.3M) are excluded.

<sup>1</sup>Programs included (16 total): National Public Health Improvement Initiative (NPHII), Epidemiology and Laboratory Capacity Program (ELC), Emerging Infections Program (EIP), Healthcare Associated Infections (HAI), Immunization, Prevention Research Centers (PRCs), Public Health Prevention Research, Chronic Disease State Grants, Tobacco Quitlines, Community Guide, Public Health Workforce, Community Transformation Grants (CTG), Racial and Ethnic Approaches to Community Health (REACH), Environmental Public Health Tracking (EPHT), Division of Nutrition, Physical Activity, and Obesity (DNPAO), and Preparedness and Emergency Response Research Centers (PERRCs) / Preparedness and Emergency Response Learning Centers (PERLCs).

# CDC PPHF FY 2011 Investments

Investment Area	Amount
Community Transformation Grants	\$145m
Immunization	\$100m
Tobacco Prevention	\$50m
Chronic Disease State Grants	\$42.2m
Public Health Infrastructure	\$40.2m
ELC/EIP	\$40m
Environmental Public Health Tracking	\$35m
Healthcare Surveillance	\$30m
Public Health Workforce	\$25m
REACH	\$25m
Healthcare Associated Infections	\$11.75m
DNPAO	\$10m

# CDC PPHF FY 2011 Investments (Continued)

<b>Investment Area</b>	<b>Amount</b>
Prevention Research Centers	\$10m
PERRCs	\$10m
Public Health Prevention Research	\$10m
Worksite Wellness	\$10m
Community Guide	\$7m
National Youth Fitness Survey	\$6m
Education and Outreach	\$2m
National Prevention Strategy	\$1m
Promoting Obesity Programs in Early Childhood Programs	\$0.75m
<b>Total</b>	<b>\$610.9m</b>

# FY 2012 - \$1 billion to be allocated

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- \$226 million for Community Transformation Grants
- \$10 million for Viral Hepatitis Surveillance
- \$40 million for Epidemiology and Lab Capacity
- \$10 million for Prevention Research Centers
- \$17 million for community and clinical task forces
- \$190 million for childhood immunizations
- \$40.2 million for public health infrastructure
- \$40 million for REACH
- \$83 million for tobacco prevention

# National Prevention Strategy

- Announced in June 2011
- Product of participation of 17 federal agencies
- Weaving prevention into all aspects of life
- Recognizing a role for all public and private stakeholders
- Released June 2011



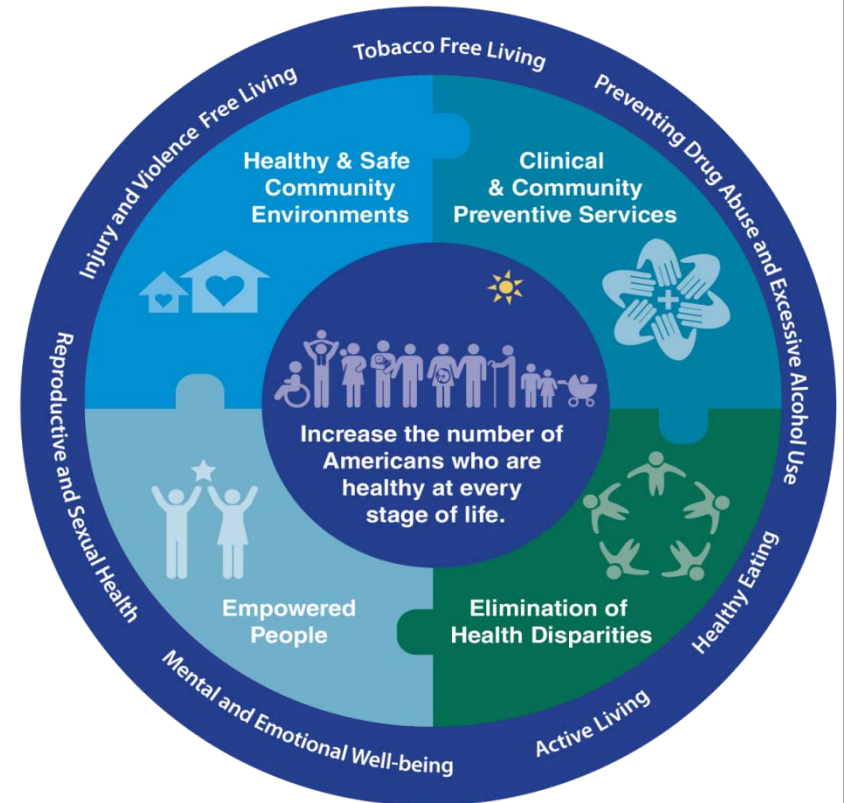
# National Prevention Council

Bureau of Indian Affairs	Department of Labor
Corporation for National and Community Service	Department of Transportation
Department of Agriculture	Department of Veterans Affairs
Department of Defense	Environmental Protection Agency
Department of Education	Federal Trade Commission
Department of Health and Human Services	Office of Management and Budget
Department of Homeland Security	Office of National Drug Control Policy
Department of Housing and Urban Development	White House Domestic Policy Council
Department of Justice	

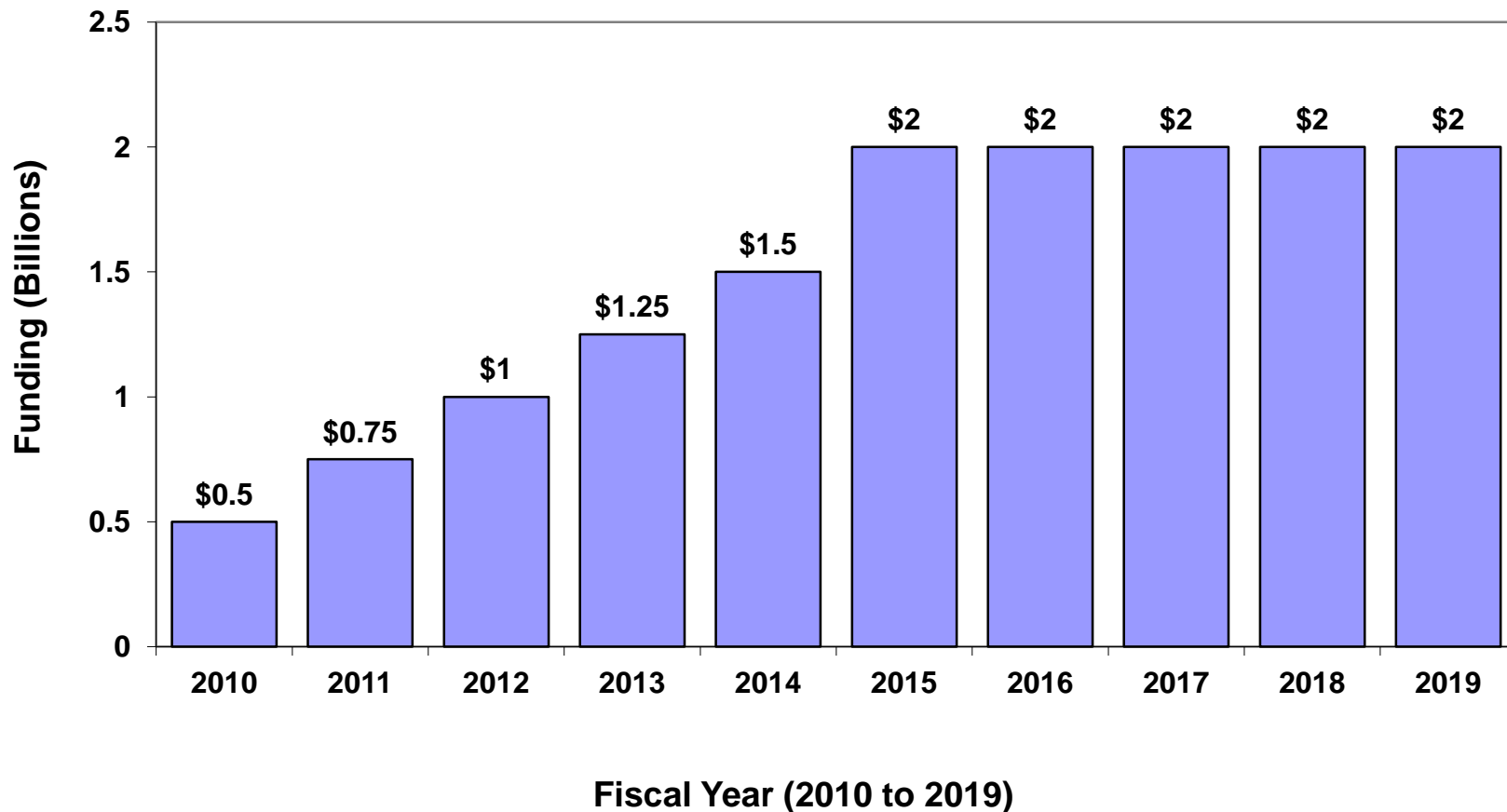


# National Prevention Strategy

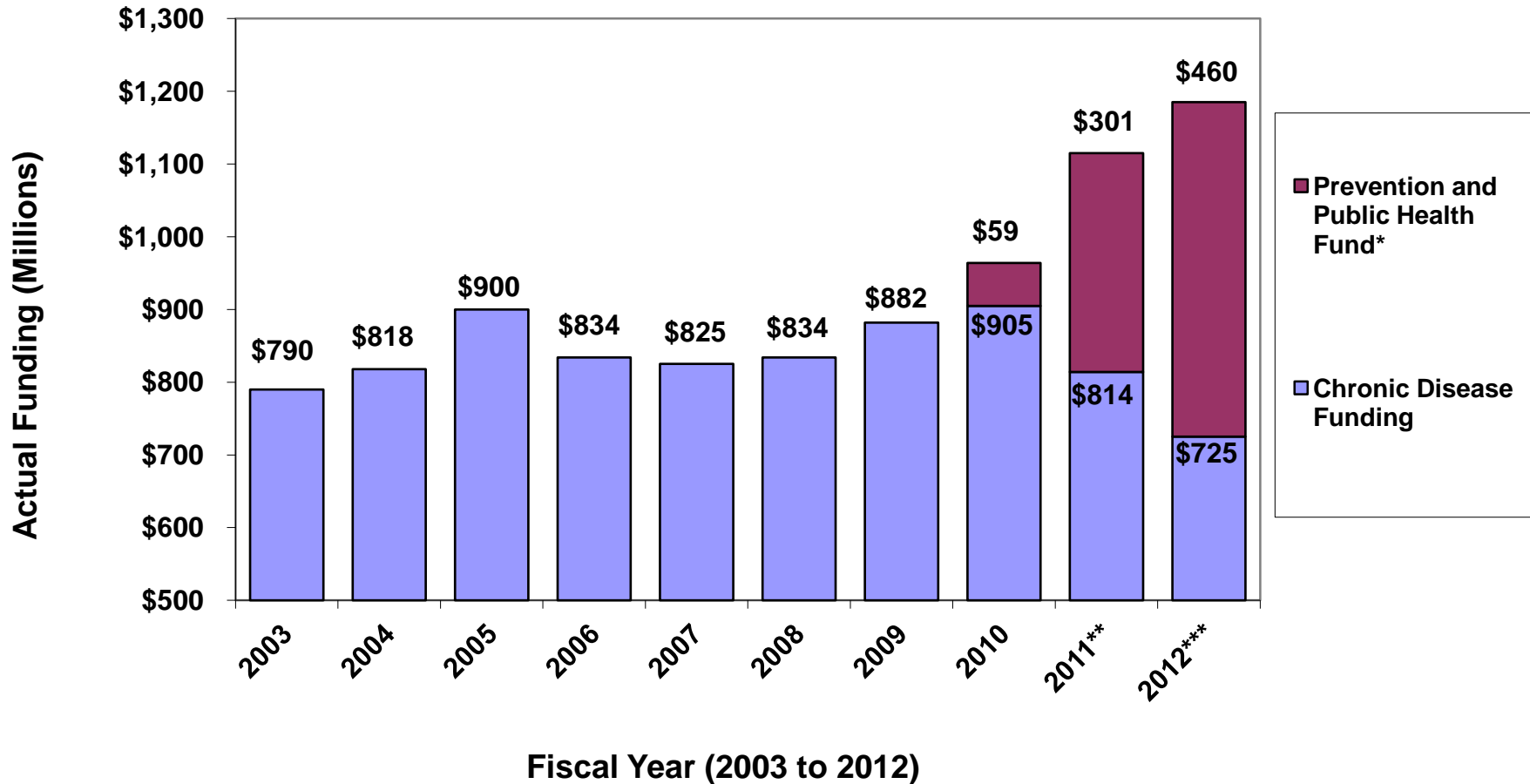
- Four pillars
  - Healthy and Safe Community Environments
  - Clinical and Community Preventive Services
  - Empowered People
  - Elimination of Health Disparities



## Public Health and Prevention Fund Allocations FY2010 to FY2019



## CDC Chronic Disease Funding from FY2003 to FY2012



\*FY 2010-2012 CDC values are supplemented by the Prevention and Public Health Fund

\*\* FY2011 value is "enacted" value, while the other FY values are "actual"

\*\*\* FY2012 value (excluding the Prevention and Public Health Fund) represents the President's Budget request

# True community-based prevention

## □ **Community Transformation Grants (CTGs)**

- Requires detailed plan for policy, environmental, programmatic and infrastructure changes to promote healthy living and reduce disparities
  - Create healthier school environments, including healthy food options, physical activity opportunities, promotion of healthy lifestyles
  - Develop and promote programs targeting increased access to nutrition, physical activity, smoking cessation and safety
  - Highlight healthy options at restaurants and food venues
  - NOT limited to chronic diseases or one disease at a time

# Five Year CTG Goals

## □ **CTG National Goals**

- Five year, measurable performance goals:
  - Reduce death and disability due to tobacco use by 5%;
  - Reduce the rate of obesity through nutrition and physical activity interventions by 5%;
  - Reduce death/disability due to heart disease and stroke by 5%.

# CTGs are happening!

- **Funding allocated for Fiscal Year 2011/2012:**
  - Total of \$145 million, including \$103 million awarded to 61 states and communities, serving 120 million Americans
    - 26 capacity-building grants (\$147,000 - \$500,000)
    - 35 for implementation of evidence and practice-based programs (\$500,000 - \$10 million)
  - \$4.2 million to national networks, APHA, Asian Pacific Partners for Empowerment, Community Anti-Drug Coalition, National Farm to School Network, ALA, REACH Coalition, and YMCA.
  - Total of \$226 million, including \$81 million through a new competition for areas less than \$500,000, focused on non-governmental orgs, school districts, housing authorities, etc.

# CTG Implementation Grants

- Alaska: Southeast Alaska Regional Health Consortium
- California: County of San Diego Health and Human Services Agency, Los Angeles County Department of Public Health, San Francisco Department of Public Health and Public Health Institute
- Colorado: Denver Health and Hospital Authority
- Florida: Broward Regional Health Planning Council
- Illinois: Department of Public Health
- Iowa: Department of Public Health
- Kentucky: Louisville Metro Department of Public Health and Wellness
- Maine: Department of Health and Human Services
- Maryland: Department of Health and Mental Hygiene
- Massachusetts: Department of Public Health (to serve state minus large counties) & Massachusetts Department of Public Health (to serve Middlesex County)
- Michigan: Sault Ste Marie Tribe of Chippewa Indians
- Minnesota: Hennepin County Human Services and Public Health Department & Minnesota Department of Health
- Missouri: Mid-America Regional Council Community Services Corporation
- Montana: Department of Public Health and Human Services
- Nebraska: Douglas County Health Department
- New Mexico: Department of Health
- New York: The Fund for Public Health in New York & University of Rochester Medical Center
- North Carolina: Division of Public Health
- Oklahoma: City-County Health Department
- Pennsylvania: Philadelphia Department of Public Health
- South Carolina: Department of Health and Environmental Control
- South Dakota: Department of Health
- Texas: City of Austin Health & Human Services Department & Texas Department of State Health Services
- Vermont: Department of Health
- Washington: Tacoma-Pierce County Health Department & Washington State Department of Health
- West Virginia: Bureau for Public Health
- Wisconsin: University Health Services, University of Wisconsin-Madison

# Capacity-building CTG grants

- Alaska: Yukon-Kuskokwim Health Corporation
  - California: County of Kern, Public Health Services Department , Fresno County Department of Public Health , Stanislaus County Health Services Agency, Toiyabe Indian Health Project, Ventura County Public Health and Sierra Health Foundation
  - Connecticut Department of Public Health
  - Georgia: Cobb Public Health
  - Kentucky: Unlawful Narcotics Investigation Treatment Education, Inc.
  - Louisiana Department of Health and Hospitals
  - Michigan: Spectrum Health Hospitals
  - Mississippi: My Brother's Keeper Inc.
  - New Jersey Prevention Network
  - New Mexico: Bernalillo County Office of Environmental Health
  - North Dakota Department of Health
  - Ohio: Austen BioInnovation Institute and Public Health-Dayton and Montgomery County
  - Pennsylvania: Lancaster General Health
  - Texas: Houston Department of Health & Human Services
  - Utah Department of Health
  - Virginia: Fairfax County Department of Neighborhood and Community Services
  - Washington: Confederated Tribes of The Chehalis Reservation & Sophie Trettevick Indian Health Center
  - Wisconsin: Great Lakes Inter-Tribal Council, Inc.
  - Ulkerreuil A Klengar (Republic of Palau)
- More information is available at:**  
<http://www.cdc.gov/communitytransformation/>



# Challenges to the Prevention Fund

- Why defend it?
  - Mandatory nature – only source of assured new funding in tight fiscal times
  - Source of \$ for transformative change
- What's the objection?
  - It's part of the ACA
  - Mandatory = contributes to deficit
  - Claim that Congress has no control over how spent
    - Untrue: Secretary only acts if Congress doesn't

# Appropriations riders

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- HHS to post information on publicly accessible website on use of PPHF funds – including funding opportunity announcements (FOAs), listings of all grants, reports detailing use of funds, semi-annual reports from all grantees, and summaries of subgrants and subcontracts
- “Section 503” – expanded restrictions on use of federal funds for lobbying
  - HHS General Counsel is reviewing and may need to generate additional guidance to grantees
  - Already a whole host of similar provisions in U.S. Code and in previous appropriations bills
  - Legislative oversight already underway on programs like Communities Putting Prevention to Work (CPPW)

# Latest on Advocacy Front

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- Successful protection of PPHF in December 2011's two month tax extenders/"doc fix" package
- FY 2012 Omnibus – essentially flat funding for HHS/CDC
- \$6.25 billion in cuts to finance 10 month extension of tax extenders/"doc fix" package
- FY2013 Budget released with \$1.25 billion for PPHF, but now reduced to \$1.0 billion
- Cuts in CDC base undermine value of Fund
- Is Congress/Administration making a conscious trade off?
- Can we maintain transformative nature of the Fund?

# What can we do?

- Public believes in prevention
  - Consistent polling data shows public believes prevention saves money and worth the investment even if it doesn't save money
- Build support across country - over 720 national, state and local organizational supporters
- Show members of Congress where the money is going – need for transparency by CDC and need for relationship building by grantees with elected officials
  - Create relationships with elected officials
  - Develop expanded list of champions
  - Give visibility to success stories in local media

# Transportation Update

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- Five-year Surface Transportation Authorization bill provides prevention opportunity
- Help make healthy transportation choices the easy choices
- Policies and programs that promote healthier lifestyles
  - Complete Streets
  - Safe Routes to School Program
  - Healthy Transportation Objectives

# Transportation - more

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- Current extension expires late March 2012
- House Proposal, HR. 7
  - Eliminates dedicated transit funding
    - But includes one-time \$40 billion transfer from the General Fund; Though currently lacks a pay-for
- Eliminates Safe Routes to School and “transportation enhancements” funding Senate Proposal, MAP-21 (S. 1813 and others)
  - Committees of jurisdiction have completed markups
    - EPW Committee Mark was seen as bipartisan Boxer-Inhofe bill
      - Eliminates dedicating funding for rails/trails but preserves Safe Routes to Schools
    - Complete Streets amendment was adopted in Commerce Committee

# For more information

Please visit [www.healthyamericans.org](http://www.healthyamericans.org) to view the full range of Trust for America's health policy reports. Or [www.healthyamericans.org/health-reform](http://www.healthyamericans.org/health-reform) for health reform implementation information.

Can also contact [rhamburg@tfah.org](mailto:rhamburg@tfah.org) to sign up for our Daily Digest on Wellness and Prevention in Health Reform

Thank you!