

FY2016 Federal Funding Priorities for Public Health

Local health departments work with partners to ensure the safety of the water we drink, the food we eat, and the air we breathe. The following programs at the Department of Health and Human Services (HHS) support local health departments in their work to keep communities healthy and prepared for public health emergencies.

	Program (\$ in millions)	FY2013	FY2014	FY2015	FY2016 President's Budget	NACCHO Request
HHS	<i>Prevention and Public Health Fund (PPHF)</i>	949	928	927	1,000	1,000
Emergency Preparedness						
CDC	Public Health Emergency Preparedness Cooperative Agreements	613	645	644	644	675
ASPR	Hospital Preparedness Program	358	255	255	255	300
ASPR	Medical Reserve Corps	11	11	9	6	11
Infectious Disease Prevention						
CDC	Section 317 Immunization Program (<i>PPHF</i>)	552 (91)	611 (160)	611 (210)	561 (210)	650
CDC	Epidemiology and Lab Capacity Grants (<i>PPHF</i>)	91 (40)	97 (40)	102 (40)	110 (40)	110
Chronic Disease Prevention						
CDC	Partnerships to Improve Community Health	-	80	80	60	80
CDC	Heart Disease and Stroke Prevention	54	130 (73)	130 (73)	130 (73)	130
CDC	Diabetes Prevention	64	150 (73)	150 (73)	150 (73)	150
Environmental Health						
CDC	Food Safety	31	40	48	50	54
Public Health Capacity Building						
CDC	Preventive Health & Health Services Block Grant (<i>PPHF</i>)	75	160 (160)	160 (160)	0	160
CDC	Public Health Workforce Development (<i>PPHF</i>)	64 (15)	52	52	67 (15)	67
CDC	Foundational Capabilities	-	-	-	8	8

CDC = Centers for Disease Control and Prevention

ASPR = Assistant Secretary for Preparedness and Response



Prevention and Public Health Fund (PPHF) - The PPHF is a mandatory investment in programs that prevent disease at the community level. The PPHF supports core public health programs such as immunization, chronic disease prevention, lead poisoning prevention, and early and rapid detection of diseases and injury. The PPHF also supports the *Tips from Former Smokers* media campaign, efforts to reduce healthcare acquired infections, and enhancing capacity in the public health workforce.

Emergency Preparedness

Public Health Emergency Preparedness Grants (PHEP) - The PHEP grant program provides funding to strengthen local and state public health departments capacity and capability to effectively respond to public health emergencies including terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. Local and state health departments work with federal government officials, law enforcement, emergency management, health care, business, education, and religious groups to plan, train, and prepare for emergencies so that when disaster strikes, communities are prepared. NACCHO opposes the \$9.4 million cut to Other State and Local Capacity within the State and Local Preparedness and Response Capability line.

Hospital Preparedness Program (HPP) - Administered by the Assistant Secretary for Preparedness and Response (ASPR), the Hospital Preparedness Program provides funding to local and state health departments to enhance health system preparedness and improve overall surge capacity in the case of public health emergencies. The preparedness activities carried out under this program strengthen the capabilities of hospitals and other health care providers throughout the country to respond to floods, hurricanes, or wildfires, and also include training for a potential influenza pandemic or terrorist attack.

Medical Reserve Corps (MRC) - Administered by ASPR, the Medical Reserve was created in 2002 after the terrorist attacks of 9/11 to establish a way for medical, public health, and other volunteers to address local health and preparedness needs. The program includes 200,000 volunteers enrolled in 1,000 units in all 50 states and territories. Two-thirds of MRC units are based in local health departments. MRC volunteers provide an important community service, both filling gaps in routine health services and responding in emergency situations. NACCHO opposes the President's proposed cut to the MRC.

Infectious Disease Prevention

Section 317 Immunization Program - The 317 Immunization Program funds 50 states, six large cities (Chicago, Houston, New York City, Philadelphia, San Antonio and Washington, D.C.) and eight territories for vaccine purchase for at-need populations and immunization program operations, including support for implementing billing systems for immunization services at public health clinics to sustain high levels of vaccine coverage. Immunizations continue to be one of the most cost-effective public health interventions. According to CDC, childhood vaccines saved 42,000 lives and prevented 20 million cases of disease with an estimated \$10.20 in savings for every \$1 invested. NACCHO opposes the President's \$50 million cut and supports the \$8 million included in the President's budget to build health department capacity for billing.

Epidemiology and Lab Capacity Grants (ELC) - The ELC grant program is a single grant vehicle for multiple programmatic initiatives that go to 50 states, six local health departments (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, D.C.), Puerto Rico, and the Republic of Palau. The ELC grants strengthen local and state capacity to perform critical epidemiology and laboratory work by detecting, tracking and responding to known infectious disease threats and maintaining core capacity to be the nation's eyes and ears on the ground to detect new threats as they emerge.

Chronic Disease Prevention

Partnerships to Improve Community Health – These community grants provide resources to urban, rural and tribal communities to implement evidence-based prevention strategies to address heart attacks, strokes, cancer, diabetes, and other chronic diseases which contribute to the soaring cost of health care. Local health departments and community based organizations work in cross-sector community coalitions of businesses, school districts, non-health government agencies and other community partners. NACCHO opposes the President’s proposed \$20 million cut.

Heart Disease and Stroke Prevention – Heart disease is the leading cause of death for both men and women, with total costs associated with heart disease in the US in excess of \$315 billion annually. The Heart Disease and Stroke program at CDC supports evidence-based heart disease and stroke prevention programs in all 50 states and Washington, D.C. Additionally, states are required to fund select local health departments to address at risk populations in their communities. NACCHO supports continuation of this funding and ensuring that funding gets to the local level.

Diabetes Prevention – Nutrition and physical activity are essential to manage and prevent diabetes, which affects more than 20 million people nationwide. CDC funds diabetes prevention and control activities in all 50 states and Washington, D.C. to implement an evidenced-based approach which supports diabetes self-management education and diabetes prevention lifestyle change. Additionally, states are required to fund select local health departments to address at risk populations in their communities. NACCHO supports continuation of this funding and ensuring that funding gets to the local level.

Environmental Health

Food Safety – CDC’s Food Safety program funds 57 state and local health departments to enhance vital national surveillance, outbreak detection and response, and food safety prevention efforts. CDC provides technology, expert advice, guidance and training to local health departments to more quickly identify and stop outbreaks of foodborne disease. Foodborne illness affects 48 million Americans every year, resulting in 128,000 hospitalizations and 3,000 deaths. NACCHO supports additional funding to enable CDC to enhance and integrate surveillance of disease, improve outbreak and response timeliness and address deficits in local capacity to prevent and stop illness.

Public Health Capacity Building

Preventive Health and Health Services Block Grant - The Preventive Health and Health Services Block Grant is a vital source of funding for state and local public health departments. This unique funding gives states the autonomy and flexibility to solve state problems and provide similar support to local communities, while still being held accountable for demonstrating the local, state, and national impact of this investment. States develop health plans, and report their activities to CDC. NACCHO opposes the President’s proposed elimination of the PHHS Block Grant.

Public Health Workforce Program - These funds support CDC's fellowship and training programs that fill critical gaps in the public health workforce, provide on-the-job training, and provide continuing education and training for the public health workforce. Placement of fellows in the field also strengthens local and state health department capacity and capabilities. These funds support the Epidemic Intelligence Service (EIS) and Public Health Associate Program (PHAP) and strengthen informatics and population health training, particularly at the intersection of public health and health care. NACCHO supports the President’s proposed increase.

Foundational Capacities – A new program to strengthen public health practice at state and local health departments and build core capacity in alignment with national accreditation standards. As health care and public health agencies become more interconnected, it is essential that local health departments have the necessary capacity to engage in population health improvement in their communities.