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Center for Public Health Policy

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The Prevention and Public Health Fund:

A critical investment in our nation's physical and fiscal health

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About APHA
The American Public Health Association is the oldest and most diverse organization of public health professionals in the world and has been working to improve public health since 1872. The Association aims to protect all Americans, their families and their communities from preventable, serious health threats and strives to assure community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States.

About the APHA Center for Public Health Policy
APHA's Center for Public Health Policy serves as the organization's policy analysis unit. Using the latest scientific data, the Center provides objective, accurate analysis of public health issues for public health practitioners and policy makers.

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EXECUTIVE SUMMARY

Despite spending more than twice what most other industrialized nations spend on health care, the U.S. ranks 24th out of 30 such nations in terms of life expectancy. A major reason for this startling fact is that we spend only 3 percent of our health care dollars on preventing diseases (as opposed to treating them), when 75 percent of our health care costs are related to preventable conditions. To adequately meet our prevention needs, and to control our unsustainable growth in health care costs, a 2012 Institute of Medicine (IOM) report recommended that we increase federal funding for public health and prevention by $12 billion annually, a doubling of the FY 2009 federal investment in public health.

A key first step toward meeting this need is the Prevention and Public Health Fund, a new mandatory fund for prevention and public health programs created by the Patient Protection and Affordable Care Act. The Fund is intended to provide a stable and increased investment in activities that will enable communities to stay healthy in the first place, and it was designed to gradually build from $500 million in FY 2010 to $2 billion per year by FY 2015. Despite a recent legislative reduction of $6.25 billion over nine years to help postpone a cut in Medicare physician payments, and some use of the Fund to replace existing appropriations, the Fund still represents a crucial investment in the health of our communities and in our nation's long term fiscal health.

The Fund has already provided $1.25 billion for prevention and public health activities: $500 million in FY 2010 and $750 million in FY 2011. Another $1 billion has been allocated in FY 2012 and is in the process of being distributed. Combining federal, state, and local programs, more than $385 million (31 percent) of FY 2010-2011 funding has gone toward community-based prevention activities such as those aimed at preventing tobacco use and encouraging healthy living; more than $220 million (18 percent) has supported clinical prevention activities such as those aimed at increasing immunization rates and decreasing HIV rates; nearly $480 million (38 percent) has gone toward public health infrastructure and workforce development needs such as public health training centers; and nearly $165 million (13 percent) has been spent on research and tracking activities such as environmental public health tracking. Examples of funded activities include:

- Through the National Public Health Improvement Initiative, Virginia has achieved information technology savings of $1.2 million, seen a 32 percent increase in enrollment in the state's Medicaid Family Planning Program, and realized an overall increase in efficiency.
- Through the Community Transformation Grant program, Iowa is expanding access to blood pressure and tobacco use screenings at dental practices to over 300,000 patients, increasing the number of referrals to the state's tobacco quitline service, and targeting health interventions at the region of the state with the highest stroke mortality rates.

According to recent research, this kind of investment has the potential to improve health outcomes and reduce costs. For example, every ten percent increase in funding for community-based public health programs is estimated to reduce deaths due to preventable causes by one to seven percent, and a $2.9 billion investment in community-based disease prevention programs was estimated to save $16.5 billion annually within five years (in 2004 dollars).

The United States faces significant health and fiscal challenges that could be mitigated by a better and more reliably funded public health system. The Prevention and Public Health Fund is a vital part of the effort to create such a system. Despite recent cuts it is critical that we maintain the Fund going forward, for the sake of America's physical and fiscal health.

I. Introduction

In March 2010, Congress passed and President Obama signed the historic health reform law, the Patient Protection and Affordable Care Act (Affordable Care Act or ACA).[1] In addition to extending life-saving health insurance coverage to 31 million by 2019,[2] the law includes a suite of provisions that have the potential to substantially reform our nation's health care system. If adequately funded, effectively implemented, and creatively leveraged through public and private-sector partnerships, the Affordable Care Act can mark the turning point in the fundamental nature of our health system, initiating the transformation of that system from one that treats sickness to one that promotes health and wellness. In so doing it can help rein in the nation's unsustainable health care spending.

A key piece of this transformation is the Affordable Care Act's Prevention and Public Health Fund (PPHF), the nation's first dedicated mandatory funding stream for public health and prevention activities. The Prevention Fund, as it is commonly known (or in this issue brief, the Fund), was created to increase the nation's investment in prevention in order to improve health outcomes and decrease health care costs. In the first two years of its existence (2010 and 2011), the Fund provided $1.25 billion for critical programs that prevent tobacco use, decrease HIV rates, increase physical activity and healthy eating, increase immunization rates, and many other activities. States and communities across the nation are already implementing and benefiting from these programs.

Two years after the creation of the Prevention Fund, this issue brief reviews the need for and impact of prevention and public health funding (Section II); looks back at the design and intentions of the Fund (Section III); and provides an update on how the Fund has been implemented and allocated to date (Sections IV and V). In providing this information, this brief underscores the importance of maintaining – and ideally increasing – current Prevention Fund spending levels.

II. The need for prevention and public health funding

Public health programs primarily focus on prevention and health promotion (rather than treatment), and on whole populations (rather than individuals). Public health is an essential component of the U.S. health system: its infrastructure and prevention-based programs wrap around clinical health systems to improve population health and reduce health care costs. Unfortunately, our country's public health system is drastically underfunded.

A. PROVEN PUBLIC HEALTH SUCCESSES

In the 20th century, U.S. life expectancy increased by 30 years. According to the Centers for Disease Control and Prevention (CDC), **public health advances were responsible for 25 years, or more than 80 percent, of this increase**.[3] Examples of key 20th century public health advances include the eradication of smallpox and the control of many other infectious diseases through vaccination; improved sanitation and access to clean water; marked increases in food safety and nutrition; significant developments in the availability and effectiveness of family planning methods; and a halving of the rate of adults who use tobacco.

B. CURRENT PUBLIC HEALTH CHALLENGES

Despite past successes, substantial public health challenges persist, and they represent grave threats to our nation's health and to our health care system (in terms of both cost and capacity). Of particular concern are rising rates of non-communicable chronic conditions such as obesity, diabetes, high blood pressure, heart disease, and cancer. In 2005, nearly half of adults – 133 million – had at least one chronic illness.[5] In 2009-2010, more than one third (35.7 percent) of U.S. adults were obese, and 8.3 percent had diabetes.[4, 6] In 2005-2008, over 30 percent had high blood pressure.[7] The prevalence of these conditions has grown substantially over the last 20 years (see Text Box 2), and these trends are eroding previous advances the U.S. made in life expectancy and other determinants of population health. In fact, the CDC reports that seven in ten deaths in America are now due to chronic diseases such as those listed above[5] and the Institute of Medicine (IOM) reported in 2012 that **"the current generation of children and young adults in**

Text Box 1

What is public health?

Public health is the practice of preventing disease and promoting good health by providing the resources and creating environments that help people stay healthy.

Public health saves money and improves quality of life.

A healthy public gets sick less frequently and spends less money on health care; this means better economic productivity and an improved quality of life for everyone.

Examples of public health in policy and practice:

- Vaccination programs for school-age children and adults to prevent the spread of disease
- Efforts to make neighborhoods more walkable
- Tobacco cessation media campaigns and "quitlines"
- School nutrition programs to ensure that children have access to nutritious food

Text Box 2

The obesity epidemic, 1990-2010 (U.S. adults)[4]

Obesity is defined as having a body mass index (BMI) of 30 or higher. BMI of 25-29.9 is considered overweight, and BMI of 18.5-24.9 is considered healthy.

- In 1990, the prevalence of adult obesity was at or below 15 percent in all states.
- In 2000, only one state (Colorado) still had an adult obesity prevalence below 15 percent. Still, in more than half of states, the prevalence was below 20 percent, and no state had a prevalence at or above 30 percent.
- **As of 2010, every state has an adult obesity prevalence of at least 20 percent.** Furthermore, twelve states (up from nine states in 2009) have a prevalence of 30 percent or more.

See an interactive map of these changes: http://www.cdc.gov/obesity/data/adult.html.

the United States could become the first generation to experience shorter life spans and fewer healthy years of life than those of their parents."[8]

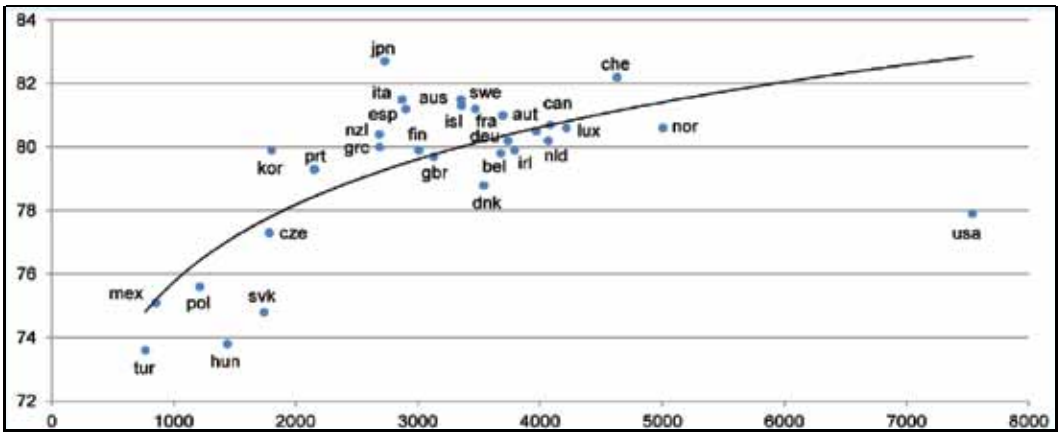
C. AN UNSUSTAINABLE APPROACH: HIGH OVERALL SPENDING, LOW OUTCOMES

In addition to potentially reversing previous gains in life expectancy, the cost of treating the growing number of chronically ill Americans is a serious threat to the nation's fiscal health. Health care spending represented 17.9 percent of our gross deomestic product (GDP) in 2010, and is expected to reach 20 percent by 2020.[9] Three quarters of these costs go to treat chronic diseases, which in many cases are preventable.[8]

As a result of these trends, the U.S. holds the dubious distinction of spending far more on medical care than other industrialized nations, with far poorer health outcomes to show for its investment. As shown in Figure 1, the U.S. is an extreme outlier in terms of per capita spending on health care among Organisation for Economic Co-operation and Development (OECD) countries, but it ranks below the majority of OECD countries in terms of life expectancy. According to the Kaiser Family Foundation (KFF), as of 2008, U.S. spending per capita of $7,538 was 51 percent higher than that of the next highest country (Norway) and more than 100 percent higher than the OECD average of $3,923 (not shown in figure). Despite spending more than twice as much as the average OECD country, the US ranks 24th among the 30 OECD countries shown in Figure 1 in terms of life expectancy.

Not only is U.S. spending per capita substantially higher than that of similar countries, it has grown at a much faster rate over the past 40 years (Figure 2). Trust for America's Health (TFAH) confirms this, reporting in 2009 that health care costs were three times higher than they were in 1990, and more than eight times higher than they were in 1980.[11] Similarly, an April 2012 *Health Affairs* article states that since 1960, U.S. health care spending has grown five times faster than its GDP has.[12]

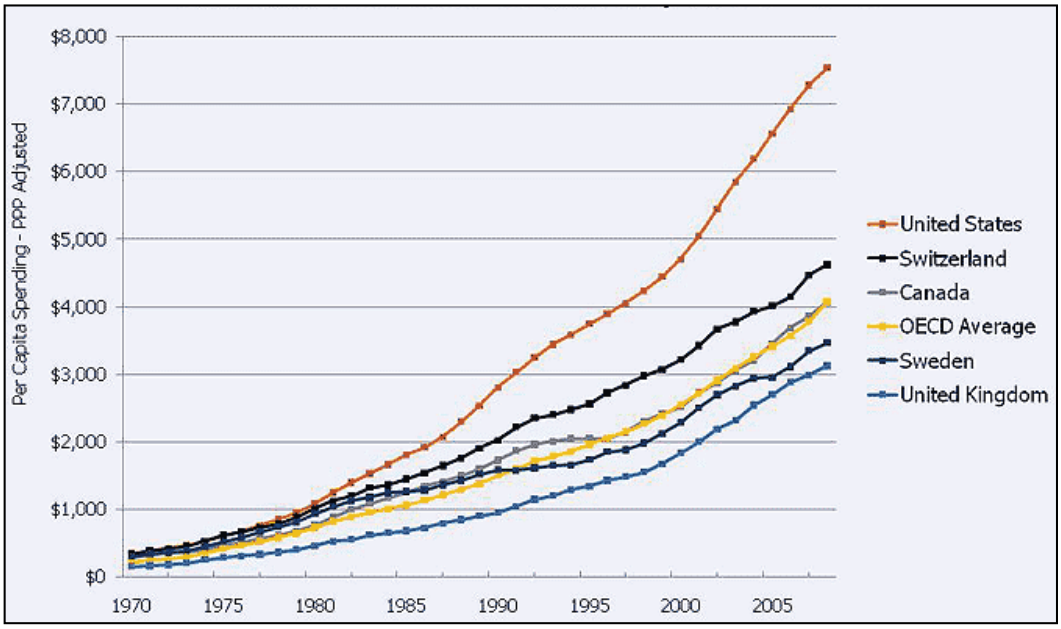
Figure 1: Life expectancy at birth (yrs) as a function of per-capita health spending by country (U.S. dollars) (OECD, 2010)[10]



OECD source: *OECD health data, 2010*

Notes: *2008 data, or latest year available. Per-capita spending is adjusted for purchasing power parity, which adjusts for the differing amounts that may be needed to purchase the same good or service from one country to another. KEY: aus = Australia; aut = Austria; bel = Belgium; can = Canada; che = Switzerland; cze = Czech Republic; dnk = Denmark; fin = Finland; fra = France;deu = Germany; grc = Greece; hun = Hungary; irl = Ireland; isl = Iceland; ita = Italy; jpn = Japan; kor = Korea; lux = Luxembourg; mex = Mexico; nld = Netherlands; nzl = New Zealand; nor = Norway; pol = Poland; prt = Portugal; svk = Slovak Republic; tur = Turkey; esp = Spain; swe = Sweden; gbr = United Kingdom; usa = United States.*

Figure 2: Growth in total health expenditure per capita, U.S. and selected countries, 1970-2008 (KFF, 2011)[13]



KFF sources and notes: "Source: *Organisation for Economic Co-operation and Development (2010), "OECD Health Data", OECD Health Statistics (database). doi: 10.1787/data-00350-en (Accessed on 14 February 2011).*

Notes: *Data from Australia and Japan are 2007 data. Figures for Belgium, Canada, Netherlands, Norway and Switzerland, are OECD estimates. Numbers are PPP adjusted. Break in series: CAN(1995); SWE(1993, 2001); SWI(1995); UK (1997). Numbers are PPP adjusted. Estimates for Canada and Switzerland in 2008."*

D. THE CURRENT SYSTEM: ILL-EQUIPPED TO MEET PUBLIC HEALTH CHALLENGES

Given our 20th century successes in the field of public health, and given current challenges, there should be no question about the need to adequately fund public health and prevention activities within our health system. Unfortunately, the current U.S. health system largely fails to focus on prevention. Instead, it focuses on treating illnesses once they occur, which is why many experts have described our system as "sick care" instead of health care. This approach is unsustainable in terms of both population health and public spending.

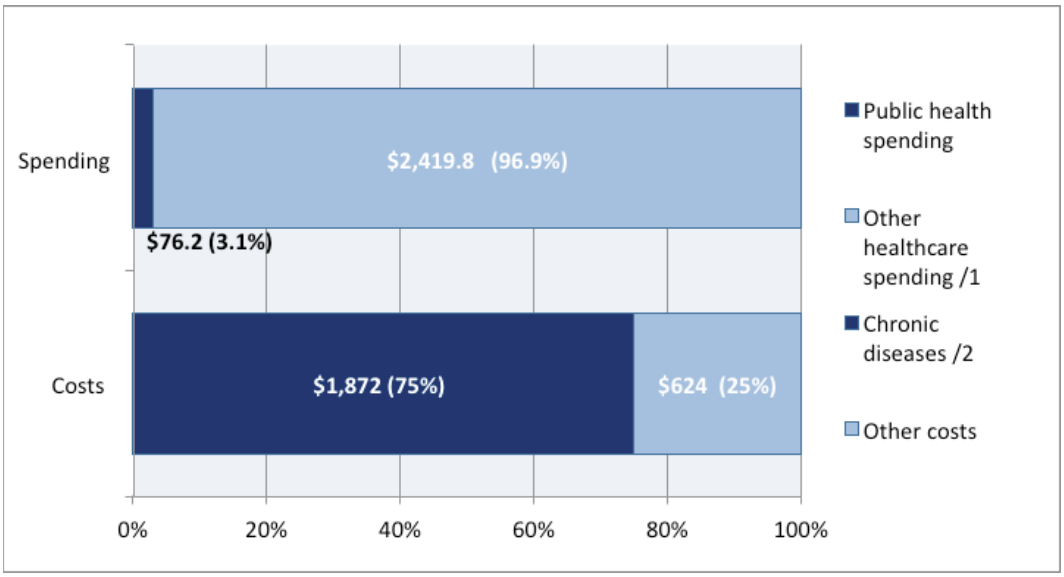
As shown in Figure 3, in 2009, U.S. public health spending (at all governmental levels) amounted to $76.2 billion – **only 3.1 percent of the nation's overall healthcare expenditures of $2.5 trillion,**[14] despite the fact that chronic diseases (which public health interventions can help prevent) account for 75 percent of health care costs.[8]

Beyond the issue of underfunding, there is also an imbalance in participation, as shown in Figures 4 and 5. In 2009, the federal government contributed only $11.6 billion – just 15 percent – of the $76.2 billion spent on public health, while state and local governments contributed the other 85 percent. In comparison, the federal government contributed 85.5 percent of the cost of governmental medical coverage in 2010, while state and local governments were responsible for the remaining 14.5 percent of the $937.6 billion total for Medicaid, Medicare, and CHIP.[14] In analyzing this discrepancy between federal support for public health and federal support for clinical health care, the IOM found "no discernible rationale for a lesser federal interest in the support of population health."[8]

The 2012 IOM report referenced above concluded that **the federal government's public health investment ($11.6 billion in 2009 should be doubled to begin to fund public health efforts at a level that would address current needs**.[8] Similarly, TFAH and the New York Academy of Medicine conducted an analysis in 2008 and concluded that the U.S. public health system is underfunded by $20 billion per year.[8] This funding gap limits the nation's ability to ensure every American child grows up in an environment that is safe and healthy, impairs our ability to identify and respond to public health emergencies, and contributes to the poor health outcomes seen in the U.S. compared to other developed nations.

Furthermore, U.S. public health and prevention programs are primarily funded through discretionary appropriations, meaning Congress determines the amount of money federal programs receive each fiscal year. This unpredictable type of funding leaves programs susceptible to signifi-

Figure 3: U.S. public health spending versus chronic disease costs, 2009

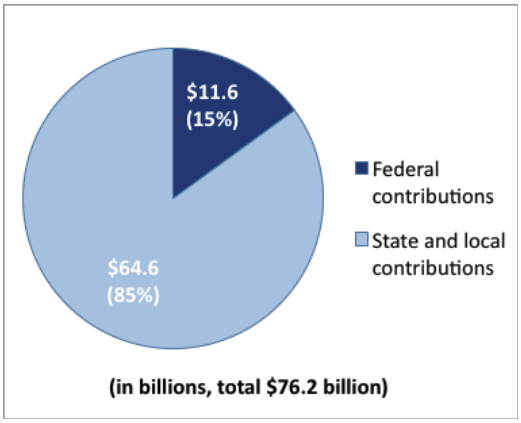


Source of data: *CMS National Health Expenditures, 2009*[14]

Notes:

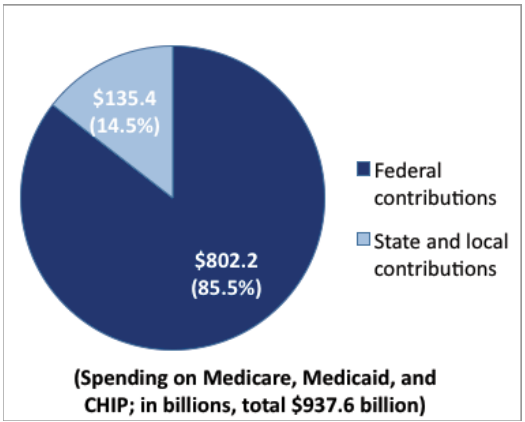
1. *"Other healthcare spending" includes personal healthcare spending, government administration and net cost of health insurance, and investments.*
2. *According to the IOM, chronic diseases account for up to 75 percent of public health expenditures.*

Figure 4: Governmental shares of U.S. public health spending, 2009



Source of data: *CMS National Health Expenditures, 2009*[14]

Figure 5: Governmental shares of U.S. public insurance spending, 2010



Source of data: *CMS National Health Expenditures, 2009*[14]

cant budget changes year to year. For example, funding for rural health programs at the Health Resources and Services Administration (HRSA) decreased by more than $10 million from fiscal year (FY) 2008 to FY 2009, but then increased by nearly $10 million in FY 2010. These types of fluctuations in funding streams make it difficult to maintain effective public health programs.

E. WHAT INCREASED PUBLIC HEALTH FUNDING COULD BUY

An increased national investment in public health and prevention would save lives, increase quality of life, and reap economic benefits in terms of reduced health care costs and increased productivity.

Numerous experts have analyzed the potential of public health interventions to affect health outcomes. According to the IOM's 2012 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 (Table 1).[8] These kinds of health improvements could also account for the mortality impacts seen in an August 2011 *Health Affairs* article, in which the authors found that for every 10 percent increase in public health spending at the county or city level, mortality rates associated with preventable causes (including diabetes, cancer, heart disease, and infant mortality) fell between 1.1 percent and 6.9 percent.[15]

In addition to reducing the need for treatment through prevention, public health activities also boost the effectiveness of health care interventions. Researchers in a May 2011 *Health Affairs* article found that protective public health interventions, when wrapped around coverage and care approaches, can save 90 percent more lives in ten years, and 140 percent more lives in 25 years, than the coverage and care approaches can accomplish alone.[21]

Just as public health investments have the potential to save lives, they also have the potential to produce vast savings for our health care system. For example, the IOM estimates that reducing the prevalence of adult obesity by 50 percent—roughly the same relative reduction as was achieved through public health's multi-faceted attack on smoking prevalence during the latter decades of the 20th century—could produce a $58 billion reduction in annual U.S. medical care expenditures.[8] This is 60 percent of the amount by which national health expenditures increased from 2009 to 2010.[14] Even if we don't reduce obesity rates by 50 percent, TFAH reports in "Bending the Obesity Cost Curve" (2012) that reducing obesity rates by just 5 percent could save almost $30 billion in five years.[22]

In its 2009 report, "Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities," TFAH calculated the return on investment (ROI) of community prevention funding targeted at improving physical activity and nutrition and preventing tobacco use.[11] **The report found that an investment of $10 per person per year, or $2.9 billion, in proven community-based disease prevention programs could yield net savings of more than $2.8 billion annually in health care costs within two years, more than $16 billion annually within five years, and nearly $18 billion annually in 10 to 20 years (in 2004 dol-**

Table 1: Behavioral factors associated with preventable diseases; potential public health interventions

BEHAVIORAL FACTORS	POTENTIAL IMPACTS OF BEHAVIOR CHANGES	CURRENT PROBLEMS	POSSIBLE PUBLIC HEALTH INTERVENTIONS
Exercising more	Can increase chances of living longer; help control weight; and reduce risk of cardiovascular disease, type 2 diabetes, some cancers, and other conditions.	More than one third of U.S. adults do not meet the recommendations in the 2008 Physical Activity Guidelines for Americans. In 2007, 25 percent of high school students spent three or more hours per day on the computer and 35 percent spent three or more hours per day watching television.	Physical education requirements in schools; workplace policies that support physical activity; projects that make neighborhoods greener and more walkable.
Eating better	Can reduce risk for cardiovascular disease, diabetes, some cancers, and other conditions.	In 2007, less than one fifth of U.S. high school students and one quarter of adults reported eating five or more servings of fruits and vegetables per day.	Making nutritious and fresh foods more accessible and affordable in schools, restaurants, workplaces, and neighborhoods.
Avoiding tobacco	"Tobacco use is the single most avoidable cause of disease, disability, and death in the U.S."	Despite 20th century reductions in rates of adult tobacco use from 42.4 percent in 1965 to 24.7 percent in 1997,[16] approximately 20 percent of Americans still smoke.	Clean air laws, tobacco product taxes, school- and community-based tobacco prevention programs.
Avoiding excessive alcohol use	Can decrease risk of immediate harms due to unintentional injuries or violence, can decrease long term risks such as cancer and liver disease[17]	Approximately 30 percent of adult drinkers report binge drinking, and nearly 45 percent of high school students report consuming alcohol, in the past 30 days.[18]	Regulating the density of alcohol retailers in neighborhoods, enhancing enforcement of laws against sales to minors, school- and community-based outreach.[19]

Source of data where not otherwise cited: *CDC, 2009*[20]

lars). These national-level estimates include net savings by Medicare, Medicaid, private insurers, and consumers. The estimates are conservative, as they do not include non-healthcare savings related to improved population health, such as improved worker productivity. Another analysis estimated that when combined with coverage and care approaches, public health interventions can reduce healthcare costs that would otherwise be expected by 30 percent in ten years, and by 62 percent in 25 years.[21]

There are also potential savings in terms of labor productivity and other broader impacts of reducing rates of chronic diseases. The IOM predicts a $1.2 trillion net gain in real GDP over 20 years associated with such impacts.[8]

To summarize, the United States faces significant health and fiscal challenges, which could be mitigated by a better and more reliably funded public health system. The Prevention and Public Health Fund is a crucial first step towards the creation of such a system.

III. The Prevention Fund: designed to improve U.S. physical and fiscal health

In creating the Prevention and Public Health Fund, Congress created the first mandatory funding stream for public health activities. The Fund is designed to provide communities throughout the country with new resources to invest in proven programs to prevent diseases before they occur. This section provides an overview of the Prevention and Public Health Fund, including its purpose and key aspects of how it was structured.

A. PURPOSE OF THE FUND

The Prevention Fund was created by Section 4002 of the Affordable Care Act (see Text Box 3). As stated by subsection (a), the Fund sets aside a specific amount from the U.S. Treasury every year "to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public health care costs." Subsection (c) further states that the Fund should be used to "*increase funding, over the fiscal year 2008 level*, for programs authorized by the Public Health Service Act (PHSA), for prevention, wellness, and public health activities..." (Emphasis added.) The Fund was therefore

intended to provide funding for a wide array of prevention, wellness and public health programs that improve health and decrease health care costs. Furthermore, it was intended to support new programs, or to supplement existing ones, not to supplant existing appropriations.

B. ORIGINAL FUNDING LEVELS UNDER THE ACA

In Section 4002(b), the ACA stipulated annual Prevention Fund allocations that increase from $500 million in FY 2010 to $2 billion in FY 2015 and each fiscal year after. Under the ACA, total funding for the first ten years (FY 2010 through FY 2019) was $15 billion. In FY 2010, the first year PPHF funds were allocated, there was a 4.26 percent increase in the federal investment in public health, compared to FY 2009 levels. However, the federal investment in public health remains small: it only rose from 3.05 percent of total national health expenditures in FY 2009 to 3.18 percent in FY 2010.[14] Furthermore, as discussed below, recent legislation has reduced annual funding levels for FYs 2013-2021.

C. MANDATORY FUNDING: DESIGNED FOR STABILITY

The Prevention Fund is the nation's first mandatory funding stream dedicated to public health programs. Whereas discretionary funds may be reduced or even eliminated each year during the federal appropriations process, mandatory funds are meant to be protected from reduction or elimination during the appropriations process. The PPHF was created as a mandatory fund in recognition of the fact that prevention and public health programs are an essential component of our health care system, and accordingly, there should be a more stable source of funding for them. However, as with other mandatory funds, Congress can modify the amounts appropriated to the Fund through new legislation that amends a mandatory fund's authorization, including through appropriations legislation. In the case of the Prevention Fund, this has already occurred, with the enactment of P.L. 112-96, the Middle Class Tax Relief and Job Creation Act of 2012, in February 2012. (See Section IV of this brief for further discussion.)

D. ALLOCATING AUTHORITY

The text creating the Fund did not allocate funding to specific programs. Instead, the exact uses of the Fund are to be decided annually through the Congressional appropriations process. In years when Congress does not address the allocation of the Fund's resources through the appropriations process, the administration has the authority to direct allocations from the Fund, as long as the allocations are consistent with the text of the ACA.

In FY 2010, the administration directed the Fund's $500 million allocation, since the ACA was enacted too late in the fiscal year for the Fund to be addressed in the FY 2010 appropriations process. The administration also directed the Fund's $750 million allocation in FY 2011, as requested by Congress as part of the full year continuing resolution passed in April 2011. In FY 2012, Congress again failed to pass appropriations by the start of the fiscal year, but it was able to enact appropriations in November and December 2011. However, the appropriations bills were silent on how the Fund should be allocated, so the administration again directed the Fund's allocation ($1 billion). Specific allocations by year are discussed in Section V of this brief.

E. HOW THE PREVENTION FUND INTERACTS WITH OTHER FEDERAL PREVENTION PROGRAMS

The ACA includes a number of provisions related to prevention and public health besides the Prevention Fund. Prevention Fund allocations have supported some of these programs, such as the Community Transformation Grants program (Section 4201), Nurse Managed Clinics (Section 5208), the Section 317 Immunization Program (Section 4204), and the National Prevention, Health Promotion, and Public Health Council (Section 4001). (For more information on these programs, see Section V and Appendix A.) There are also a number of prevention and public health programs in the ACA that have not been supported by the Prevention Fund, but are aimed at similar goals, such as the School-Based Health Clinic grant program (Section 4101), Maternal and Child Home Visiting Program (Section 2951), and Community Health Center Fund (Section 10503).

The Prevention Fund and the programs it supports, along with the other prevention and public health programs in the ACA, are all evidence of the health reform law's intent to increase the level and stability of public health funding in the United States. There are also other provisions of the ACA that directly or indirectly promote prevention (including the law's private and public insurance coverage expansions), and other federal prevention and public health programs outside of the ACA, such as the Preventive Health and Health Services Block Grant.

Text Box 3

PATIENT PROTECTION AND AFFORDABLE CARE ACT SEC. 4002. PREVENTION AND PUBLIC HEALTH FUND.

*(as of January 2012)**

(a) PURPOSE.—It is the purpose of this section to establish a Prevention and Public Health Fund (referred to in this section as the ''Fund''), to be administered through the Department of Health and Human Services, Office of the Secretary, to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.

(b) FUNDING.—There are hereby authorized to be appropriated, and appropriated, to the Fund, out of any monies in the Treasury not otherwise appropriated—

(1) for fiscal year 2010, $500,000,000;

(2) for fiscal year 2011, $750,000,000;

(3) for fiscal year 2012, $1,000,000,000;

(4) for fiscal year 2013, $1,250,000,000;

(5) for fiscal year 2014, $1,500,000,000; and

(6) for fiscal year 2015, and each fiscal year thereafter, $2,000,000,000.

(c) USE OF FUND.—The Secretary shall transfer amounts in the Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for programs authorized by the Public Health Service Act, for prevention, wellness, and public health activities including prevention research, health screenings, and initiatives, such as the Community Transformation grant program, the Education and Outreach Campaign Regarding Preventive Benefits, and immunization programs. *[As amended by section 10401(b) of P.L. 111-152]*

(d) TRANSFER AUTHORITY.—The Committee on Appropriations of the Senate and the Committee on Appropriations of the House of Representatives may provide for the transfer of funds in the Fund to eligible activities under this section, subject to subsection (c).

Source: *Affordable Care Act*[23]

**This text includes amendments made in March 2010 by the Health Care and Education Reconciliation Act (HCERA, P.L. 111-152), but does not include amendments to Subsection (b) made in February 2012 by P.L. 112-96, the Middle Class Tax Relief and Job Creation Act of 2012. See Section IV of this brief.*

A full list of ACA provisions relevant to public health and prevention is available on APHA's website.[24]

IV. Intention versus implementation: the Prevention Fund in practice

A. CHANGES TO PREVENTION FUND LEVELS

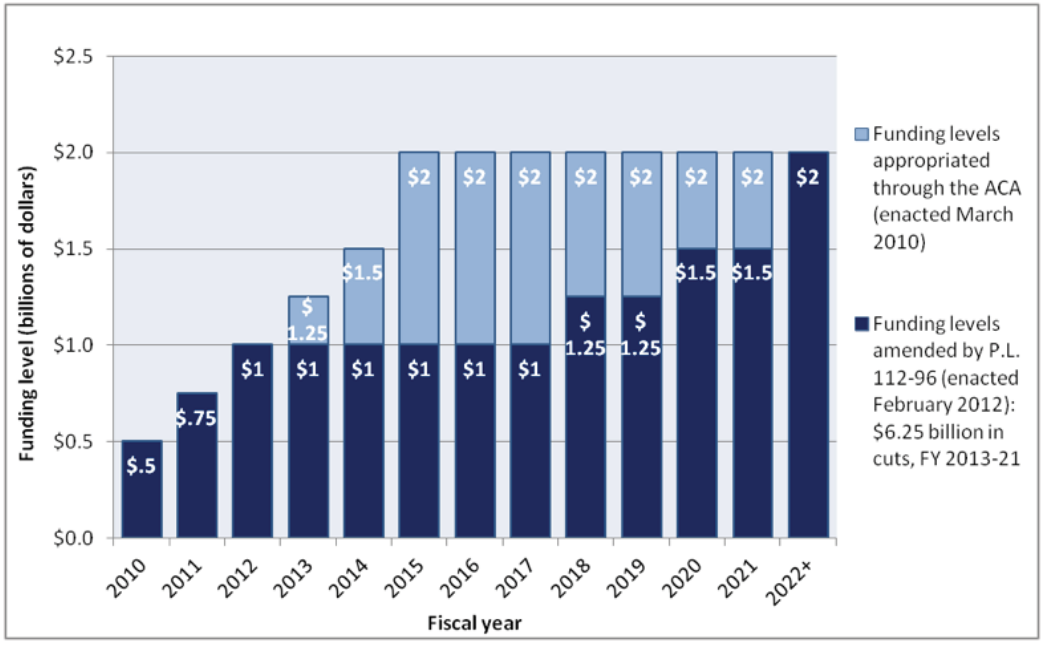
As stated in Section III, the overall size of the Prevention Fund is not determined through the annual appropriations process, since it is a mandatory rather than discretionary fund. However, Congress does have the ability to eliminate the Fund or redirect money from it to pay for non-public health legislative proposals, as long as it does so through new legislation. Starting nearly immediately after the passage of the ACA, legislative and administrative proposals have been introduced that would eliminate the Fund altogether, reduce it, or redirect it towards other activities. (See Text Box 4 for information on some of these proposals.)

None of these proposals were successful until, in February 2012, Congress passed and President Obama signed the Middle Class Tax Relief and Job Creation Act (Public Law 112-96), which cut $6.25 billion from the Fund over nine years, beginning with a $250 million cut in FY 2013.[31,35] The $6.25 billion cut will be used to postpone a planned reduction of Medicare payments to physicians until January 1, 2013 (from March 1, 2012).

P.L. 112-96 was enacted against the background of historic budget deficits and deficit reduction proposals, including recent proposals by President Obama to reduce the Fund by up to $4 billion (see Text Box 4). The president's recent proposals helped lay the groundwork for the passage of the bill, but P.L. 112-96 goes much further than the administration's proposals. Figure 6 compares the annual allocations intended by the ACA and the new levels as amended by P.L. 112-96. Instead of providing the originally intended amount of $16.75 billion from FY 2013 to FY 2021, the Fund will now only provide $10.5 billion–a 37.3 percent reduction.

Attempts to reduce or redirect the Fund continue. In April 2012, the House passed H.R. 4628, the Interest Rate Reduction Act, which would completely repeal the Prevention Fund as part of an effort to extend current student loan interest rates.[32] In May 2012, the House voted again to repeal the Fund, offering up that and several other large cuts in order to avoid the scheduled FY 2013 sequestration which would otherwise be required by the Budget Control

Figure 6: Prevention Fund annual allocations: Original ACA amounts compared to reduced levels under P.L. 112-96



Sources of data: *Affordable Care Act,*[23] *P.L. 112-96*[31]

Note: *P.L. 112-96 did not affect funding levels in FYs 2010-12. Also, P.L. 112-96 funding levels match original ACA levels beginning in FY 2022, and the funding at $2 billion per year is set to continue in perpetuity afterward.*

Text Box 4

Proposals to eliminate, reduce, or redirect the Prevention Fund *(partial list)**

September 2010: The Johanns amendment proposed using the Fund to pay for the repeal of one of the ACA's other provisions.[25]

February 2011: The House passed H.R. 1, which would have redirected the use of the Fund (and would also have blocked implementation of ACA).[26]

April 2011: The House passed H.R. 1217, which would have repealed the Fund.[27]

Fall 2011: Several cuts to the Fund were proposed following the August 2011 enactment of the Budget Control Act (the deficit reduction and debt-ceiling compromise).

September 2011: President Obama's Deficit Reduction Plan proposed a $3.5 billion cut to the Fund.[28]

November 2011: Early drafts of Congress's deficit reduction "super committee" proposed an $8 billion cut to the Fund.[29]

February 2012: The president's FY 2013 budget would have cut the Fund by $4 billion, starting in FY 2014.[30]

February 2012 (enacted): P.L. 112-96 cuts the Prevention Fund by $6.25 billion beginning in FY 2013.[31]

April 27, 2012: The House passed H.R. 4628, which would repeal the Fund.[32]

May 10, 2012: The House passed H.R. 5652, which would repeal the Fund.[33]

May 24, 2012: The Senate considered but rejected S.Amdt 2153 to S. 2343, which was identical to H.R. 4628.[34]

**This list does not necessarily include all proposals specifically aimed at the Prevention Fund, nor does it include the numerous attempts to eliminate the Affordable Care Act altogether.*

Act (see Text Box 4). This was H.R. 5652, the Sequester Replacement Reconciliation Act.[33] As of the end of May 2012, the Senate has rejected the proposal to use the Prevention Fund to extend student loan interest rates and is not sending budget reconciliation instructions to committees; however, it is unclear what will become of these proposals.

Meanwhile, Congress is still debating the FY 2013 appropriations bills. Of the president's $1.25 billion request for FY 2013 Fund activities, it is unknown what will be reduced or eliminated now that P.L. 112-96 has reduced funds available for the year by $250 million. The House budget proposal for FY 2013, introduced by Budget Committee Chairman Paul Ryan (R-WI), would repeal the Affordable Care Act altogether, and would thus eliminate the Prevention Fund. Repealing the ACA has been proposed a number of times, and between these attempts on the ACA overall and the attempts on the Prevention Fund in particular, it is increasingly clear that the Fund is in danger.

Still, the resistance to attacks on the Fund – including the Senate's strong vote against the student loan fix proposal and President Obama's threat to veto that proposal – is promising. And while the Fund was cut in 2012, the $10.5 billion now planned for FYs 2013-2021 (and the $2 billion per year afterward) still represents an important investment in public health and prevention. Going forward, it is critical that we maintain and increase this investment.

V. Prevention Fund allocations to date

To date, a total of $1.25 billion has been allocated and obligated from the Fund for fiscal years 2010-2011. A further $1 billion has been allocated for FY 2012, but not yet fully obligated. And for FY 2013, the president's budget request included proposed allocations for the $1.25 billion that had originally been available. This section provides an overview of these allocations, including the broad categories of programs the Fund supports, allocations by HHS agency and by state, and the specific programs supported each year. At the end of the section is a discussion of funds that have been used to supplant rather than supplement existing appropriations. As is noted throughout the section, many of the numbers provided are APHA's best estimates, given limited availability of data. Where this section provides summaries, details are provided in the appendices.

A. ALLOCATIONS BY FUNDING CATEGORY

Broadly speaking, the Fund has so far supported four categories of programs and activities, as defined by HHS (see Table 2). While any number of programs likely involve some cross-cutting activities and are thus difficult to fit into one category, these categorizations are discussed in this issue brief in order to provide a general sense of the usage of the Fund's resources from year to year.

The FY 2010-2012 allocations and the FY 2013 request are summarized according to these categories in Figure 7. For FYs 2010 and 2011, HHS reported total allocations according to these categorizations, and provided examples of programs funded under each category. Since there were no complete program-level lists available, the categorization of other programs funded in those years was estimated. No reports of categorizations are yet available for FY 2012 and 2013 (at either the total or program level), so categorization of program funding is completely estimated for these years. See Appendix A for details.

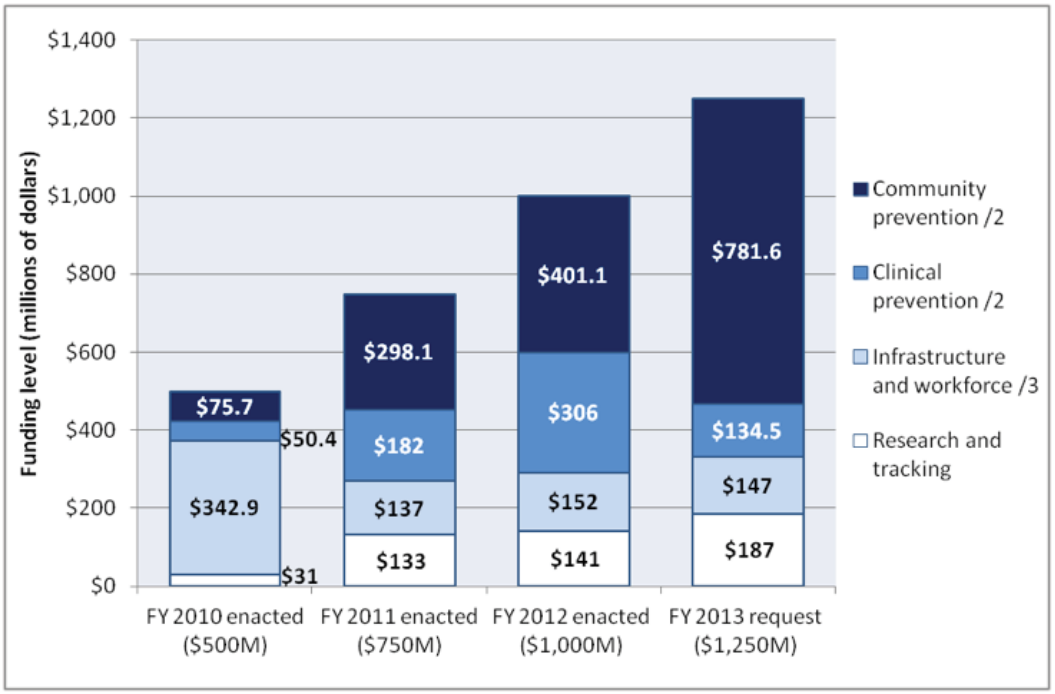
Except for FY 2010, the largest share of funding in FY 2011 and FY 2012 has gone to community prevention (approximately 40 percent in FY 2011 and FY 2012), followed by clinical prevention, workforce and infrastructure support, and research and tracking. In FY 2010, 69 percent of the Fund was put towards infrastructure and workforce, due in part to a one-time investment in primary care workforce development (see Section V.D). In FY 2013, the president's request increased the focus on community prevention, allocating 63 percent towards this category of funding, according to our categorization of programs. Each year's allocations by category and program are discussed in more detail later in this section.

Table 2: Categories of programs supported by the Prevention Fund

FUNDING CATEGORY	HHS DEFINITION	PROGRAM EXAMPLES
Community prevention	Supports prevention activities proven to reduce health care costs and improve healthy behaviors	Community Transformation Grants, Racial and Ethnic Approaches to Community Health, Tobacco Prevention
Clinical prevention	Supports programs to improve Americans' access to important preventive services and the full range of care necessary to meet diverse healthcare needs	HIV Screening and Prevention; Section 317 Immunization; Screening, Intervention, and Referral to Treatment
Public health workforce and infrastructure	Helps state and local health departments meet 21st century challenges	Epidemiology and Laboratory Capacity Grants, National Public Health Improvement Initiative, Public Health Training Centers
Research and tracking	Supports the scientific study of prevention to better understand how to translate research into practice	Environmental Public Health Tracking, Prevention Research Centers, CDC and SAMHSA Healthcare Surveillance

Source of data: *HHS fact sheets on the Prevention and Public Health Fund*[36]

Figure 7: Prevention Fund allocations by funding category, FY 2010-2012 (and FY 2013 request)



Sources of data: *FY 2010-2013 president's budget requests for HHS and relevant HHS agencies;*[37] *HHS announcements of 2010,*[38,39] *2011,*[40] *and 2012 Prevention Fund allocations*[41]

Notes:

1. *Numbers may not add correctly due to rounding. For more specific numbers, see Appendix A.*

2. *Most reports of 2010 allocations note a combined amount of $126.1 million for "community and clinical prevention." Later, community and clinical prevention amounts are broken out. Here, the 2010 funding has been broken out into separate estimates of community and clinical prevention, to enable multi-year comparison. See Appendix A for details.*

3. *FY 2010 infrastructure and workforce funding includes a one-time allocation of $250.6 million for primary care workforce activities. Subsequent year allocations are focused on public health, rather than primary care, workforce activities. See Appendix A for details.*

B. ALLOCATIONS BY AGENCY

The Fund is allocated within the U.S. Department of Health and Human Services (HHS), and to date, six HHS agencies or offices have received or have been requested to receive PPHF dollars:[37]

- **Centers for Disease Control and Prevention (CDC):** "develops and supports public health prevention programs and systems, such as disease surveillance and provider education programs, for a full spectrum of acute and chronic diseases and injuries, including public health emergencies and bioterrorism";[42]

- **Health Resources and Services Administration (HRSA):** "funds programs and systems to improve access to health care among low income populations, pregnant women and children, persons living with HIV/AIDS, rural and frontier populations, and others who are medically underserved"; [42]

- **Agency for Healthcare Research and Quality (AHRQ):** "conducts and supports research on the quality and effectiveness of health care services and systems"; [42]

- **Substance Abuse and Mental Health Services Administration (SAMHSA):** "funds community-based mental health and substance abuse prevention and treatment services"; [42]

- **Administration on Aging (AoA):** develops "home and community-based services that help elderly individuals maintain their health and independence in their homes and communities";[43] and the

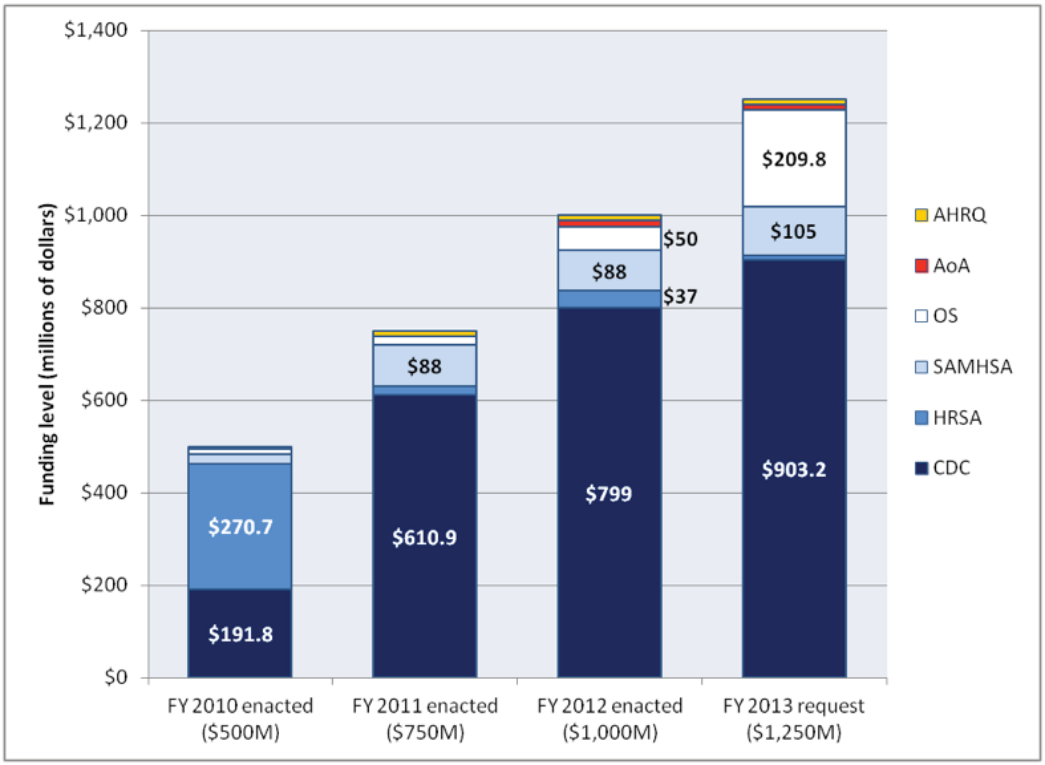
- **Office of the Secretary (OS):** provides direct support for the Secretary's initiatives.

Figure 8 shows the funding that has gone to or is requested for each agency by year. The CDC has received the majority of PPHF dollars—it received approximately 80 percent of the Fund in FYs 2011 and 2012, and 72 percent is requested to go to CDC in FY 2013. FY 2010 was the only year a different agency—HRSA—received a higher proportion of funding. This was due to the one-time allocation for primary care workforce enhancement (see Section V.D).

C. ALLOCATIONS TO STATES AND OTHER ENTITIES

According to state-level fact sheets available on healthcare.gov, of the FY 2010 and 2011 combined allocation of $1,250 million, $859.5 million (69 percent) went to states and the District of Columbia (Figure 9). These amounts include awards to state and local governments, tribes, and some non-governmental entities such as community-based organizations.

Figure 8: Prevention Fund allocations by agency, FY 2010-2012 (and FY 2013 request)



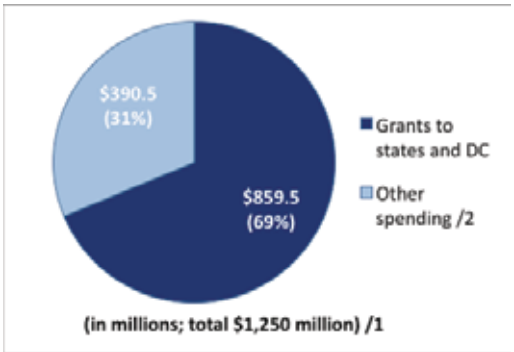
Sources of data: *FY 2010-2013 president's budget requests for HHS and relevant HHS agencies;[37] HHS announcements of 2010,[38,39] 2011,[40] and 2012[41] Prevention Fund allocations*

Note: *Allocations of less than $35 million are not labeled above. See Appendix B for details.*

The remainder of the FY 2010-2011 combined allocation, $390.5 million, is assumed to have been spent primarily at the federal level. Some of the remainder may also have gone to non-state entities such as territories, as there were no fact sheets provided for territories, but some Prevention Fund dollars are known to have been awarded to them.[36] See Appendix C for details.

The amounts in Figure 9 are broken out in Figures 10 and 11. Figure 10 shows the FY 2010-11 allocations to states and D.C., according to categories of funding. Figure 11 shows the categories of funding for "other spending" in FYs 2010-11. Not surprisingly, infrastructure and workforce, community prevention, and clinical prevention are the main categories of funding at the state level. (Infrastructure and funding is the largest category due to the one-time primary workforce allocation in FY 2010.) Also not surprising, most of the research dollars to date have been spent at the federal level.

Figure 9: FY 2010-2011 allocations to states versus other entities



Sources of data: *HHS fact sheets on the Prevention and Public Health Fund;[36] FY 2010-2013 president's budget requests for HHS and relevant HHS agencies;[37] HHS announcements of 2010[38,39] and 2011[40] Prevention Fund allocations*

Notes:

1. *FY 2010 and 2011 allocations are combined here because these are the best available data on state allocations to date. Of the $1,250 allocated in FY 2010-11, $500 million was allocated in FY 2010 and $750 million in FY 2011.*
2. *"State" amounts likely include awards to state and local governments, tribes, and some non-governmental entities such as community-based organizations. "Other spending" is the difference between grants to "states" and total allocations. These numbers likely primarily represent dollars spent at the federal level. They may also represent grants to non-state entities such as territories.*

Figure 10: FY 2010-2011 state allocations by category

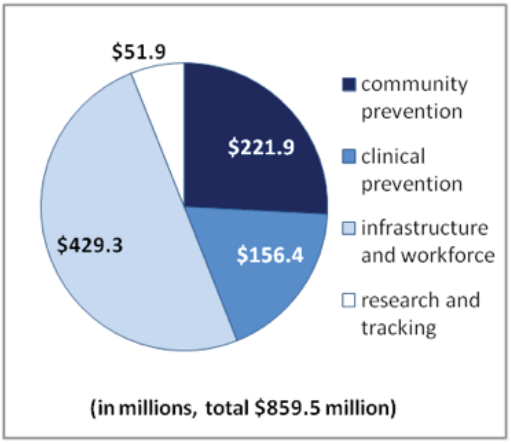
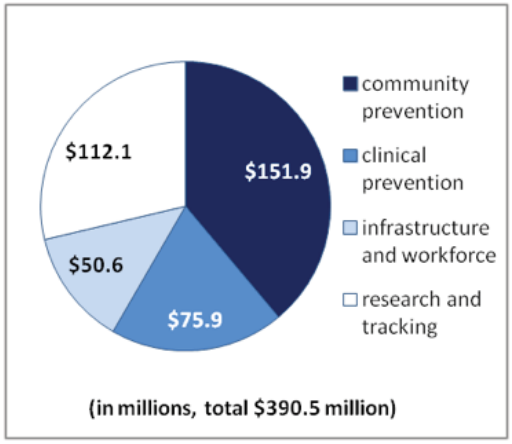


Figure 11: FY 2010-2011 other spending by category



Source of data (Figures 10 and 11): *see Figure 9.*

Notes (Figures 10 and 11): *see Figure 9.*

Table 3: FY 2010 Prevention Fund allocations (millions of dollars)

FUNDING CATEGORY	ALLOCATION	AGENCIES
Community prevention	$75.7	CDC, HRSA, AHRQ, OS
Clinical prevention	$50.4	CDC, HRSA, AHRQ, OS, SAMHSA
Public health workforce and infrastructure	$92.3	CDC, HRSA
Research and tracking	$31	CDC, AHRQ, OS
Primary care workforce development (one-time allocation)	$250.6	HRSA
Total	$500	See above

Sources of data: *FY 2010-2012 president's budget requests for HHS and relevant HHS agencies;[44] HHS announcements of 2010[38,39] Prevention Fund allocations*

Note: *Amounts may not add due to rounding.*

The following sections provide additional detail on allocations for fiscal years 2010-2012.

D. FY 2010 ALLOCATIONS
(June 2010-September 2010, partial fiscal year)

FY 2010 began in October 2009, but the ACA wasn't enacted until March 2010. The first allocations of the Prevention Fund were made in June 2010, to be used for the latter part of FY 2010. Selected programs and overall allocations by category are highlighted in Table 3 and the discussion that follows; see Appendix A for a detailed list of programs funded.

Standard allocations ($249.4 million): In this first year, half of the Fund was allocated as it was clearly intended – for programs and initiatives relating to community and clinical prevention, public health workforce development, infrastructure development, and research and tracking.

- **Community prevention ($75.7 million):** The majority of this amount –$44.4 million— continued funding for the CDC initiative "Communities Putting Prevention to Work" (CPPW), which began in 2009 under the American Recovery and Reinvestment Act (ARRA). (See Text Box 6 on the Community Transformation Grants.) Funding in this category also went toward tobacco cessation media and quitline programs, obesity prevention, and other programs promoting healthy behaviors.

- **Clinical prevention ($50.4 million):** Of this amount, $20 million in SAMHSA grants went toward the integration of primary care services into publicly funded community-based behavioral health settings. Another $30 million went to CDC for programs that promote HIV/AIDS prevention and treatment.

- **Public health workforce and infrastructure ($92.3 million):** This category included $23 million in HRSA funds for public health training centers and other workforce development initiatives, $20 million in CDC grants for epidemiology and laboratory capacity grants, and $50 million to launch the CDC's National Public Health Improvement Initiative (NPHII), a new program aimed at improving the effectiveness and efficiency of state, local, tribal and territorial public health departments (see Text Box 5, in this section).

- **Research and tracking ($31 million):** The majority of this funding ($20 million) went toward CDC's healthcare surveillance and statistics work, but research and tracking funds also supported the work of the new National Prevention Council and the creation of its National Prevention Strategy, both of which were authorized by the Affordable Care Act.

One time allocation for primary care workforce development ($250.6 million): The other half of FY 2010's $500 million was a one-time allocation for programs and efforts intended to strengthen and support the primary care workforce. This investment in the primary care workforce, above the year's other investments in the public health workforce and infrastructure, is why HRSA received a larger allocation in FY 2010 than it has since. In a February 2012 *Health Affairs* policy brief on the Prevention Fund, Jennifer Haberkorn notes, "[a]lthough these expenditures seemed worthy to some public health advocates, they appeared to fall outside the original intent of the Prevention Fund."[45] Regardless, the administration has so far adhered to its initial announcement that this primary care workforce expenditure would be a "one-time" investment.

- Of this $250 million, nearly $200 million went to the Primary Care Residencies and Physician Assistant Training program. According to the White House, these funds will help train 500 new primary care physicians and 600 new physician assistants by 2015.[39]

- The $250 million also supported traineeships for 600 nurse practitioner students, the establishment of nurse-managed care centers, and grants for states to plan and implement innovative strategies to expand their primary care workforce by 10-25 percent over 10 years.[39]

Text Box 5

Funding highlight, public health workforce and infrastructure: National Public Health Improvement Initiative

Public health programs wouldn't be possible without an infrastructure in place to deliver them. An important part of the Prevention Fund is the National Public Health Improvement Initiative (NPHII), which offers grants to public health departments to help them "make fundamental changes and enhancements in their organizations and implement practices that improve the delivery and impact of public health services."[46]

NPHII is a five year cooperative agreement between CDC's Office for State, Tribal, Local, and Territorial Support (OSTLTS) and 74 public health department grantees.[47] National public health partner organizations (including APHA) also participate by providing capacity-building assistance to grantees. NPHII was funded at $50 million in FY 2010, and $40.2 million each year since. The cross-cutting priorities of the initiative are performance management, policy and workforce development, public health system development or redevelopment, and best practice implementation.[48]

After two years, NPHII is already having an impact. Virginia made a number of performance improvements, leading to annual IT savings of $1.2 million, a 32 percent increase in enrollment in the state's Medicaid Family Planning Program, and an overall increase in efficiency.[46] By advancing its technology and processes, New Jersey reduced the time it takes to report influenza test results to CDC from several weeks to several days, thereby achieving faster detection and reporting of outbreaks.[46] NPHII is also helping many public health departments get ready for accreditation through the Public Health Accreditation Board's (PHAB) new national voluntary public health accreditation program.

E. FY 2011 ALLOCATIONS
(October 2010-September 2011)

HHS announced its FY 2011 allocations for the Prevention and Public Health Fund in February 2011. The $750 million allocation was used for a variety of public health efforts. Selected programs and overall allocations by category are highlighted in Table 4 and the discussion that follows; see Appendix A for a detailed list of programs funded.

■ **Community prevention ($298.1 million):** Nearly half of this amount ($145 million) went toward the CDC's Community Transformation Grants program, a new program created by the ACA (see Text Box 6). Another $52.2 million supported CDC's "Comprehensive Chronic Disease Prevention Grants" for activities related to diabetes and obesity prevention in underserved communities, and promotion of healthful eating and physical activity. This program included two sub-programs: Chronic Disease Coordination Grants to States, funded at $42.2 million, and Nutrition, Physical Activity, and Obesity Activities, funded at $10 million. In addition, $25 million went to the CDC to address health disparities through the REACH program (Racial & Ethnic Approaches to Community Health), which had previously been funded through discretionary appropriations, and $60 million funded tobacco prevention and cessation outreach programs. The HHS Office of the Secretary also received $10 million to help coordinate tobacco and obesity outreach activities and the Healthy Living Innovation Awards program.

■ **Clinical prevention programs ($182 million):** The majority of this amount ($100 million) went to the Section 317 Immunization program, which is intended to modernize our immunization infrastructure and delivery system in order to increase rates of vaccination coverage among children, adolescents, and adults (see Text Box 7). Most of the rest of the funding in this category went to SAMHSA: $35 million went to the Primary and Behavioral Health Integration program, an increase of $15 million in PPHF funding over FY 2010. SAMHSA also received $25 million to improve disease screening, referral, and treatment services; and $10 million for suicide prevention outreach activities.

■ **Public health infrastructure and workforce ($136.95 million):** Of this amount, $20 million went to HRSA for public health workforce development, which included the continuation of public health training centers around the country. The rest of the $137 million went to CDC. $25 million supported efforts to bolster the public health workforce; $40 million (double the FY 2010 amount) continued the Epidemiology and Laboratory Capacity Grants program; and $12 million funded state health department efforts to track, report, and prevent healthcare-associated infections. Finally, the NPHII program, which is aimed at increasing public health department capacity and coordination (see Text Box 5), was funded at $40.2 million, about $10 million less than in FY 2010.

■ **Research and tracking ($133 million):** As in FY 2010, CDC received PPHF funding for its healthcare surveillance and statistical work. In 2011, it received $30 million, which was $10 million over 2010. Also as in FY 2010, CDC and AHRQ continued to receive funding for clinical and community prevention task forces and guides. CDC received $7 million in FY 2011, up from $5 million in FY 2010, for development of the Community Prevention Guide and activities of the Community Prevention Task Force. AHRQ also received $7 million in FY 2011, up from $5 million in FY 2010, for its Clinical Preventive Services Task Force (also known as

Table 4: FY 2011 Prevention Fund allocations (millions of dollars)

FUNDING CATEGORY	ALLOCATION	AGENCIES
Community prevention	$298.1	CDC, OS
Clinical prevention	$182	CDC, SAMHSA
Public health workforce and infrastructure	$136.95	CDC, HRSA
Research and tracking	$133	AHRQ, CDC, SAMHSA
Total	$750	See above

Sources of data: *FY 2011-2013 president's budget requests for HHS and relevant HHS agencies;[49] HHS announcement of 2011[40] Prevention Fund allocation.*

Note: *Amounts may not add due to rounding.*

Text Box 6

Funding highlight, community prevention: Community Transformation Grants

The Prevention Fund's cornerstone program, Community Transformation Grants (CTG), is a follow-up to the Communities Putting Prevention to Work (CPPW) program created under the American Recovery and Reinvestment Act of 2009 (ARRA). CPPW provided $650 million beginning in FY 2009 for community-based programs that promoted health and wellness through physical activity, healthy diet, and reduced tobacco use, and other positive efforts.[50] The CTG program continues this focus on community-level interventions that reduce rates of chronic, preventable diseases.

The Prevention Fund added $44.4 million to the CPPW program in FY 2010. In FY 2011, the CTG program replaced CPPW, and was funded at $145 million. In FY 2012, CTG funding increased to $226 million. According to the CDC, $103 million has so far been awarded to 61 state and local governments, tribes and territories, and non-profit organizations, which serve an estimated 120 million Americans.[51] Grantees are using funds to promote and support tobacco-free living, active living and healthy eating, high-impact quality clinical and other preventive services to prevent and control high blood pressure and high cholesterol, and disease prevention and health promotion (including efforts to improve social and emotional wellness, and efforts to create healthy and safe physical environments).[52]

A number of communities are already addressing chronic diseases and their underlying factors as a result of CTG awards. For example, Iowa is "expanding the number of dental practices providing blood pressure and tobacco use screenings to over 300,000 patients, increasing referrals to the Iowa tobacco quitline, and targeting the region of the state with highest stroke mortality rates." Broward County, FL is targeting seven of eight hospitals and one of three birth centers serving minority women to be certified as United Nations 'Baby Friendly' (none were as of January 2012), which should reach 21,000 mothers and newborns. Broward County is also increasing the number of smoke-free multi-unit apartments to 5,700, which will reach 14,000 low-income residents. Finally, San Diego, CA is expanding access to systems or opportunities to help control blood pressure and cholesterol to 2.9 million people. These are just a few of the outcomes expected from the CTG program by September 2016.[53]

the U.S. Preventive Services Task Force, which existed prior to the enactment of the ACA). New in FY 2011, SAMHSA received $18 million for its own healthcare surveillance work. Another change in FY 2011 was the funding of the Environmental Public Health Tracking Network through the PPHF (see Text Box 8). This program was previously funded through discretionary appropriations.

F. FY 2012 ALLOCATIONS
(October 2011-September 2012)

A total of $1 billion was authorized and allocated for FY 2012. Examples of new and continued funding are described in Table 5 and the discussion below; see Appendix A for a detailed list of programs funded.

■ **Community Prevention ($401.1 million):** As in FY 2011, this amount includes

Table 5: FY 2012 Prevention Fund allocations (millions of dollars)

FUNDING CATEGORY	ALLOCATION	AGENCIES
Community prevention	$401.1	CDC, OS, AoA
Clinical prevention	$306	CDC, SAMHSA
Public health workforce and infrastructure	$151.95	CDC, HRSA
Research and tracking	$141	AHRQ, CDC, SAMHSA
Total	$1,000	See above

Sources of data: *FY 2012-2013 president's budget requests for HHS and relevant HHS agencies;*[54] *HHS announcement of 2012*[41] *Prevention Fund allocations*

Note: *Amounts may not add due to rounding.*

funding for the Community Transformation Grants program. In FY 2012, CTG funding increased from $145 to $226 million. The REACH program, which addresses health disparities was also continued and increased (from $25 to $40 million), even though it was at one point targeted for elimination. In contrast, Chronic Disease Coordination Grants to States were eliminated in FY 2011, after receiving $42.2 million in FY 2010. (However, the Nutrition, Physical Activity, and Obesity Activities program, the other subprogram under the main CDC program heading "Comprehensive Chronic Disease Prevention Grants," was level funded in FY 2011 at $10 million in FY 2011.) Programs aimed at obesity and tobacco use were continued in FY 2012, and funding for tobacco cessation media and outreach was increased to $83 million, up from $50 million in FY 2011. There are also several new community prevention programs in FY 2012 (either new, or newly funded by PPHF), including a breastfeeding support program, a chronic disease management program operated by the Administration on Aging, and the First Lady's "Let's Move" childhood fitness campaign.

- **Clinical Prevention ($306 million):** Nearly two thirds of this amount went to the Section 317 immunization program, an increase from $100 million in FY 2011 to $190 million in FY 2012 (see Text Box 7). This category also included funding continued at FY 2011 levels for SAMHSA's Primary and Behavioral Health Integration; Screening, Brief Intervention and Referral to Treatment; and Suicide Prevention programs.

- **Public Health Infrastructure and Training ($151.95 million):** In FY 2012, funding for public health infrastructure and workforce development continued much as it did in FY 2011. The following programs were level funded: Epidemiology and Laboratory Capacity Grants ($40 million), Healthcare-Associated Infections ($11.75 million), the National Public Health Improvement Initiative ($40.2 million), and the Public Health Workforce program ($25 million). Funding for public health training centers was decreased from $25 to $20 million, and a mental health training program funded at $10 million in FY 2011 was eliminated in 2012.

- **Research and Tracking ($141 million):** As with the infrastructure category, FY 2012 funding for research and tracking was very similar to FY 2011 funding. CDC and SAMHSA continued to receive funding for healthcare surveillance ($35 million and $18 million, respectively, which is a $5 million increase for CDC but the same level for SAMHSA). The Environmental Public Health Tracking Network and the Prevention Research Centers program were also level-funded at $35 million and $10 million, respectively. Funding for the Community Preventive Services Task Force and its Community Guide was slightly increased, from $7 to $10 million.

G. FY 2013 AND FUTURE YEAR ALLOCATIONS

(October 2012 forward)

Although P.L. 112-96 has superseded the president's FY 2013 budget request and reduced the Fund's FY 2013 budget authority from $1.25 to $1 billion, the FY 2013 request offers clues about how the Prevention Fund might be allocated going forward. Table 6 provides a categorical breakdown of the FY 2013 request for the Prevention Fund, and notable changes over previous years are discussed below. See Appendix A for a detailed list of the requests.

As previously stated, the president's FY 2013 budget request would have fully funded the PPHF at $1.25 billion in FY 2013, but cut the Prevention Fund by $4 billion through FY 2022, starting in FY 2014.[59] Beyond this major change, the proposal also includes several notable program-level changes over the preceding years.

Text Box 7

Funding highlight, clinical prevention: Section 317 Immunization Program

The Section 317 Immunization program provides grants to all states and to some cities, territories, and protectorates, so they can provide vaccines to underinsured children and adolescents who aren't covered by another federal initiative, the Vaccines for Children (VFC) program.[55] (VFC covers children under 18 who are Medicaid-enrolled or Medicaid-eligible, uninsured, underinsured, or American Indian/Alaskan Native.[56]) A small portion of Section 317 program funds also go toward uninsured and underinsured adult immunization programs, and some funds help bolster the country's immunization infrastructure.[55]

Section 317 is a discretionary program administered by the CDC that predates the ACA. The ACA reauthorized it, and it has received funding through the PPHF in FYs 2011 and 2012 ($100 million and $190 million, respectively), in addition to its discretionary appropriations.

According to the CDC, recent accomplishments of the Section 317 program include:

> "Vaccination coverage among adolescents aged 13 through 15 years increased for all three of the routinely administered adolescent vaccines from 2009 to 2010: Tetanus, Diphtheria, Pertussis (Tdap) from 62 percent to 74 percent; meningococcal conjugate vaccine (MCV) from 55 percent to 65 percent; and girls who received at least one dose of human papillomavirus (HPV) vaccine from 41 percent to 46 percent;" and
>
> "In the 2007–2009 timeframe, after introduction of rotavirus vaccine in 2006, there was a reduction of nearly 65,000 hospitalizations from diarrhea and direct medical savings of approximately $280 million."[57]

Going forward, the Section 317 program will focus on supporting immunization for priority populations in non-traditional venues, such as pharmacies and retail-based clinics; helping public health departments prepare for and adapt to vaccination-related reforms in the ACA; and continuing to provide funding and technical assistance to Section 317 grantees to help them identify individuals in need of immunization, track vaccination rates, interface with electronic health records, and more.[57]

Table 6: FY 2013 Prevention Fund request (millions of dollars)

FUNDING CATEGORY	ALLOCATION	AGENCIES
Community prevention	$785.6	AoA, CDC, OS, SAMHSA
Clinical prevention	$130.5	CDC, SAMHSA
Public health workforce and infrastructure	$146.9	CDC, HRSA
Research and tracking	$187	AHRQ, CDC, OS, SAMHSA
Total	$1,250	See above

Source of data: *FY 2013 president's budget requests for HHS and relevant HHS agencies*[58]

Note: *Amounts may not add due to rounding.*

Text Box 8

Funding highlight, research and tracking: Environmental Public Health Tracking Network

CDC's Environmental Public Health Tracking Network "strengthens state and local public health agencies' abilities to prevent and control diseases and health conditions that may be linked to environmental hazards."[57]

In its FY 2013 budget request, the CDC cites a Public Health Foundation estimate that the Environmental Public Health Tracking Network could save up to $1.44 for every $1 invested. The CDC also cites recent successes of the network: "In 2011, 24 states used data generated by the program in a myriad of ways to protect the public by determining disease impacts and trends, recognizing clusters and outbreaks, and identifying populations and geographic areas most affected. For example, the program has quickly identified clusters of pre-term births associated with traffic exposure in California, quantified indoor pollution levels associated with tobacco exposure in Oregon showing three times the acceptable pollution exposure levels identified by the Environmental Protection Agency (EPA), and evaluated community concerns about cancer clusters in Massachusetts showing an unexpected spike in oral cancers."[57]

The network was funded through discretionary appropriations prior to the Prevention Fund, and received a $33 million appropriation in FY 2010, without receiving any PPHF funding. However, starting in FY 2011, the network has been entirely funded through the Prevention Fund, at $35 million in FYs 2011 and 2012, and a $29 million request in FY 2013.

First, the Community Transformation Grants (CTG) program, a key PPHF initiative, is proposed to be cut by $80 million, from $226 million in FY 2012 to $146 million in FY 2013. This would return the CTG program to its FY 2011 funding level. At the same time, some PPHF and other programs are proposed for complete elimination, such as the Racial and Ethnic Approaches to Community Health (REACH) and the Preventive Health and Health Services Block Grant (PHHS), under the assumption that their goals can be adequately met by CTG. REACH was funded under the PPHF at $54 million in FY 2012; PHHS was funded through appropriations at $80 million in FY 2012.

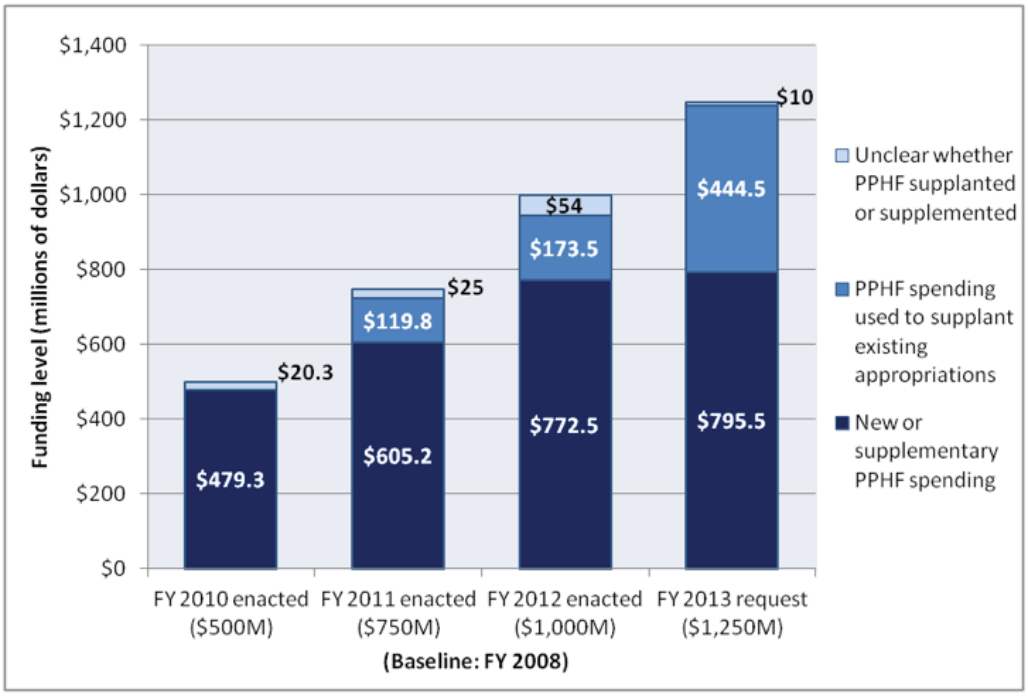
Another change seen in the FY 2013 request is a sharp increase in the proposed use of the Fund to supplant, rather than supplement, existing appropriations. One program that is proposed for complete supplantation is the Environmental Public Health Tracking Network (see Text Box 8). This is discussed further in the following section.

H. PREVENTION FUND INCREASINGLY USED TO SUPPLANT RATHER THAN SUPPLEMENT APPROPRIATIONS

As stated earlier, per statute, the Prevention Fund is supposed to be used to provide new and supplementary public health dollars over and above FY 2008 levels. Using program-level FY 2008 numbers as a baseline, APHA estimated the amounts that could be considered to be supplanting rather than supplementing FY 2008 public health spending. As shown in Figure 12, we estimate that no funds supplanted previous spending in FY 2010, but that in FYs 2011 and 2012, 16-17 percent of the Fund was used to pay for programs that had been supported through discretionary spending in FY 2008. That percentage rises sharply in the president's FY 2013 budget proposal, where we estimate that nearly $450 million (35.6 percent) of the FY 2013 allocation would be used to supplant existing funding streams.

This would effectively represent a 35.6 percent reduction in the potential impact of the Fund in FY 2013 compared to the

Figure 12: Amount of Prevention Fund used to supplant rather than supplement appropriations



Sources of data: *FY 2009-2013 president's budget requests for HHS and relevant HHS agencies;[60] HHS announcements of 2010,[38,39] 2011,[40] and 2012[41] Prevention Fund allocations*

Note: *This analysis uses FY 2008 program-level numbers as a baseline because the language in the Prevention and Public Health Fund section indicates that funding must be used to increase public health and prevention spending over 2008 levels.*

**FY 2010 calculations showed no supplantation.*

totality of the Fund being used for supplementary funding. Much of the FY 2013 funding that could be considered to supplant previous discretionary appropriations is for the Cancer Prevention and Control program, as well as the Birth Defects / Developmental Disabilities program, at CDC (see Table 7).

This analysis uses FY 2008 as a baseline because the language in the Prevention and Public Health Fund section of the ACA indicates that funding must be used to increase public health and prevention spending over 2008 levels. The numbers in Figure 12 were calculated by compiling data on FY 2008 public health and prevention appropriations at the program level, and comparing those numbers to both appropriations and Prevention Fund spending on those programs in FYs 2010-2012 (as well as the FY 2013 request). If a program's appropriation or request in FYs 2010-2013 was below the 2008 baseline, and if the Prevention Fund was used to "fill in the gap," that gap amount was counted as "Prevention Fund spending used to supplant existing appropriations." In some cases, there was some level of supplanting, but PPHF was also used to supplement funding above FY 2008 levels. In those cases, only the "gap" amount was counted as a supplantation. In cases where a PPHF program was not yet funded in 2008, no amount of PPHF funding was counted as a supplantation. As an example, Table 7 shows the FY 2013 supplantations; Appendix D provides a complete list of amounts supplanted each year, by program.

There are several limitations and caveats to this analysis. First, it was challenging to track the programs from year to year as some program names were revised or other changes were made. (Substantial re-organizations of some relevant agencies or sub-agencies have taken place since 2008.) Second, for a small number of programs receiving PPHF allocations, it was unclear in one or more years whether the program also received discretionary appropriations, or what the FY 2008 baseline was. Third, by examining program level data, it was not possible to know whether PPHF funds are being used to supplant appropriations for exactly the same activities that were funded in 2008, or whether some activities were eliminated (and so were their appropriations), and if PPHF is thus simply funding new activities within those programs. The numbers behind Figure 12 were estimated as conservatively as possible, but they should be considered estimates. Where baselines or discretionary amounts were unknown, Figure

Table 7: FY 2013 requested Prevention Fund amounts that would supplant existing appropriations (over FY 2008 baseline) (millions of dollars)

PROGRAM	AGENCY	FY 2008 APPROPRIATION BASELINE	FY 2013 DISCRETIONARY APPROPRIATION REQUEST FOR THE PROGRAM	FY 2013 PPHF REQUEST FOR THE PROGRAM	AMOUNT OF PPHF REQUEST USED TO SUPPLANT APPROPRIATIONS
Cancer Prevention and Control	CDC	309.5	62.8	261	246.7
Birth Defects, Developmental Disabilities	CDC	127.3	18.5	107.1	86.1*
Section 317 Immunization Program	CDC	465.9	423	72.5	42.9
Screening, Brief Intervention, and Referral to Treatment	SAMHSA	29	--	30	29
Environmental Public Health Tracking	CDC	23.8	--	29	23.8
CDC Healthcare Surveillance and Statistics / National Center for Health Statistics	CDC	113.6	103	35	10.6
STOP Act (Sober Truth on Preventing Underage Drinking)	SAMHSA	5.4	--	7	5.4
Total		1,074.5	607.3	541.6	444.5

Sources of data: *FY 2009-2013 president's budget requests for HHS and relevant HHS agencies;[60] HHS announcements of 2010,[38,39] 2011,[40] and 2012[41] Prevention Fund allocations*

Note: *In general, the amount used to supplant equals the FY 2008 amount minus the FY 2013 appropriation, up to the FY 2013 Prevention Fund level. In the case of the Birth Defects, Developmental Disabilities (BD/DD) program, the supplanting amount is lower because of the way in which the BD/DD sub-programs are broken out. See Appendix D for details.*

12 notes that it is unclear whether those amounts of PPHF funds were used to supplant or supplement appropriations. See Appendix D for details.

It is impossible to know what level of appropriations would have been enacted or requested in FY 2010-2013 in the absence of the Prevention Fund, but we do know that the Fund was intended to enhance public health spending, not supplant it. It is unfortunate that in FY 2013, according to our calculations, the president's requested use of the Fund would mean that only $805.5 million – rather than the intended $1,250 million – would be an enhancement. Still, given the current fiscal crisis and difficult budget environment, and given the uncertainty about what level of appropriations public health programs would have received in the absence of the Prevention Fund, it is clear that the Prevention Fund is making an important contribution to the U.S. public health system.

VI. Conclusion

Given the country's ongoing fiscal crisis, some may argue that the country can't afford to sustain (let alone increase) investments like the Prevention Fund. **In fact, we can't afford *not* to sustain (let alone increase) our investment in public health and prevention.** As stated in Section II, U.S. health care costs have risen dramatically over recent decades, while the prevalence of chronic diseases has also increased. Looking forward, prevention and public health efforts – and the funding that makes them possible – can and should be the cornerstone of the U.S.'s efforts to bend its unsustainable health care cost curve.

The Affordable Care Act was passed in recognition of the dual needs to improve health outcomes and reduce health care spending over time, and the law's public health and prevention provisions, including the Prevention and Public Health Fund, are a critical part of both of these efforts. Reforms that increase health insurance coverage and access to clinical care are important to ensure that when Americans get sick, they can access treatment. But this is not enough. If we truly want to lead the world in terms of health outcomes, and sustainably reduce our health care costs, we need to increase our investment in the programs that help prevent disease in the first place.

The Prevention and Public Health Fund is a first step toward increasing and stabilizing funding for public health, and to date (FYs 2010 and 2011) it has provided $1.25 billion in new federal funding for prevention and public health. Even if $120 million of this amount was used to supplant existing appropriations in FY 2011, as discussed in Section V, $1.13 billion still went to new programs or supplemented existing ones. This funding has already contributed to a 4.3 percent increase in public health funding (from FY 2009 to FY 2010). Also notable is that the federal share of public health spending (versus the portion paid by state and local governments) rose

from 15 percent in 2009 to 18.8 percent in 2010. These increases are not just due to the PPHF, but the Prevention Fund is an important part of the federal government's increased investment in population health.

Most importantly, states and communities across the country are already using Prevention Fund dollars to address chronic diseases and their underlying factors.

■ Through the REACH program, which focuses on racial and ethnic health disparities, **South Carolina's Charleston and Georgetown Counties** worked with Medical University to increase knowledge of diabetes prevention and management. These counties have seen a 44 percent reduction in amputations for African Americans, resulting in $2 million in annual cost savings, over the past three to four years (the REACH program existed before the ACA and is now funded through the PPHF).[61]

■ **Philadelphia, Pennsylvania** is expanding its successful "Healthy Corner Store Network" program, which offers store owners training and support in stocking and selling healthy foods in profitable ways. The program already serves more than 700,000 residents.[61] Similarly, **North Carolina** will increase the number of chain stores with healthy selections, and will increase access to farmers markets and to restaurants and mobile food carts with healthy options, by 2016.[61]

■ **North Carolina's Pitt County and Appalachian District** have used CPPW and CTG funds to create land use plans that encourage active transportation (such as biking and walking) and create safe routes to school for children.[62] Similarly, **Iowa** is focusing on improving the walkability and bike-ability of its rural areas, which will increase access to physical activity to more than 300,000 state residents.[61]

■ **Southern Nevada** is promoting its Tobacco Quitline through various media outlets, and has reached 1.26 million people via television; 1.18 million people via radio; almost 1 million people via print; and nearly 200,000 people via the internet. Since the campaign started, calls to the quitline have doubled to nearly 1,000 per month.[63] In **Massachusetts**, the Boston Housing Authority, Boston Public Health Commission, and five non-profit community development corporations are using CPPW/CTG funds to make all 64 of the city's public housing developments smoke free.[63]

These efforts, along with those that will occur in the future if we maintain the Fund, are our nation's downpayment on assuring a healthy life for the next generation. They are also the key to ensuring that we slow our unsustainable growth in health care spending. In the 20th century, the United States reduced the rate of adults who smoke from 42 percent in 1965 to 25 percent in 1997.[16] This was largely accomplished through public health and prevention efforts to educate people about the risks of tobacco use, create environments that discourage smoking, and promote and support cessation. These are the types of activities that the Prevention and Public Health Fund supports now: community-based prevention efforts that help keep people healthy in the first place, plus support for the workforce and infrastructure that makes them possible, along with research and tracking so we know what works. Today, as we face a 21st century epidemic of chronic diseases, it is time to build on past successes rather than allow them to erode. The Prevention and Public Health Fund is an essential investment in the nation's physical and fiscal health that we cannot afford *not* to sustain.

Appendix A: Prevention Fund allocations and requests by category, FY 2010 - 2013 (millions of dollars)

PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2	FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
PCM sub: Healthy Weight Practice-Based Research Networks	AHRQ	see PCM main (in "research and tracking" section)	community prevention *,+,++	0.5	--	--	--
Chronic Disease Self-Management Program	AoA	To provide older adults with the education and tools they need to help them cope with chronic conditions through completion of an evidence-based chronic disease self-management program.	community prevention	--	--	10	10
ARRA/CPPW main: *Communities Putting Prevention to Work*	CDC	*Created under the American Recovery and Reinvestment Act of 2009 (ARRA), to support community-based programs that promote health and wellness through physical activity, healthy diet, reduced tobacco use, and other positive efforts. CPPW was a precursor to the PPHF Community Transformation Grants program.*	community prevention*	*44.433 total ****	*-- total ****	*-- total ****	*-- total ****
ARRA/CPPW sub: Communities Putting Prevention to Work grants	CDC	see ARRA/CPPW main	community prevention*	36.433	--	--	--
ARRA/CPPW sub: Evaluation	CDC	see ARRA/CPPW main	community prevention*	4	--	--	--
ARRA/CPPW sub: Media	CDC	see ARRA/CPPW main	community prevention*	4	--	--	--
BD/DD main: *Birth Defects, Developmental Disabilities*	CDC	*To track birth defects and developmental disabilities, focus on the most critical public health threats to persons with disabilities, and increase efforts to mitigate unnecessary morbidity and mortality associated with non-malignant blood disorders in the U.S.*	community prevention	*-- total ****	*-- total ****	*-- total ****	*107.09 total ****
BD/DD sub: Child Health and Development	CDC	See BD/DD main	community prevention	--	--	--	49.957
BD/DD sub: Health and Development with Disabilities	CDC	See BD/DD main	community prevention	--	--	--	43.841
BD/DD sub: Public Health Approach to Blood Disorders	CDC	See BD/DD main	community prevention	--	--	--	13.291
Breastfeeding promotion and support grants	CDC	To fund community initiatives to support breastfeeding mothers and support hospitals in promoting breastfeeding.	community prevention	--	--	7.05	2.5
Cancer Prevention and Control	CDC	To promote risk reduction, early detection, primary prevention, increasing access to quality cancer care, quality of life for cancer survivors, and reducing disparities in cancer health outcomes.	community prevention++	--	--	--	260.87
CCDPP main: *Comprehensive Chronic Disease Prevention Grants*	CDC	*This coordinated approach combines the following existing programs: heart disease and stroke, diabetes, comprehensive cancer control, arthritis and other conditions, obesity prevention, health promotion, and school health activities into a single, streamlined grant program, the Coordinated Chronic Disease Prevention and Health Promotion Program (CCDPHPP).*	community prevention	*-- total ****	*52.2 total ****	*10 total ****	*-- total ****

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PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2	FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
CCDPP sub: Chronic Coordination Grants to States	CDC	see CCDPP main	community prevention	--	42.2	--	--
CCDPP sub: Nutrition, Physical Activity, and Obesity Activities	CDC	see CCDPP main	community prevention	--	10	10	--
Community Transformation Grant Program	CDC	To support community-level efforts to reduce chronic diseases such as heart disease, cancer, stroke, and diabetes. The CPPW program funded under ARRA was a precursor to this program.	community prevention	--	145	226.00	146.34
Diabetes	CDC	To target high risk populations by: implementing public health strategies through state-based programs; addressing diabetes burdens and complications; translating research; and providing education and sharing expertise.	community prevention	--	--	10	--
Healthy Weight Taskforce / Let's Move Campaign	CDC	Together, these activities target obesity prevention and promoting healthy weight among children. These programs will focus on encouraging children to adopt healthy habits, especially in nutrition and physical activity.	community prevention	--	--	5	4
Million Hearts	CDC	To promote medication management and adherence, using more direct nurse counseling and pharmacy support services. In addition, investments will support a network of model electronic health record-based registries and feedback systems to track blood pressure and cholesterol control.	community prevention	--	--	--	5
National Youth Fitness Survey	CDC	To collect data on physical activity and fitness to evaluate the health and fitness of children in the U.S. ages 3 to 15.	community prevention	--	6	--	--
Promoting Obesity Prevention in Early Childhood Programs	CDC	No description found.	community prevention	--	0.75	--	--
Racial & Ethnic Approaches to Community Health (REACH)	CDC	To support community coalitions that design, implement, evaluate, and disseminate community-driven strategies to eliminate health disparities in key health areas.	community prevention	--	25	40	--
Tobacco Prevention (including Media and Quitlines)	CDC	To support comprehensive programs to prevent and control tobacco use in all states and other jurisdictions; fund six national networks to reduce tobacco use among specific at-risk populations; and fund research and surveillance on tobacco use. Through this program, CDC launched the media campaign "Tips from Former Smokers" in March 2012.	community prevention*	14.5	50	83	89
Healthy Weight Collaborative	HRSA	To create partnerships between primary care, public health, and community organizations to discover and support sustainable approaches (both clinical and community-based) to promote healthy weight and eliminate health disparities in communities across the United States.	community prevention*	5	--	--	--
Nutrition, Physical Activity, and Screen Time Standards in Child Care Settings	HRSA	To collect data in advance of improving regulations on nutrition, physical activity, and screen time standards in child care settings.	community prevention*,++	0.255	--	--	--
Tobacco Cessation / Prevention Media Activities	OS/ ASPA	To prevent and reduce tobacco use and to ensure program integrity and responsible stewardship of federal funds.	community prevention*	0.9	10	10	5

Appendix A: Prevention Fund allocations and requests by category, FY 2010 - 2013 (millions of dollars)

PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2		FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
Obesity Prevention and Fitness Media Activities	OS/ ASPA	To support media activities related to the Healthy Weight Task Force and "Let's Move" campaign.	community prevention*		9.12	9.1	--	--
Healthy Living Innovation Awards / Evaluation	OS/ ASPE	A new HHS initiative designed to identify and acknowledge innovative health promotion projects within the last 3 years that have demonstrated a significant impact on the health status of a community.	community prevention*		0.1	--	--	--
Teen Pregnancy Prevention (TPP)	OS/ OASH	To support the replication of evidence-based teen pregnancy prevention models as well as demonstration programs to identify new effective approaches.	community prevention		--	--	--	104.79
President's Council on Fitness, Sports, and Nutrition	OS/ OASH	To fund a federal advisory committee of volunteer citizens who advise the president through the Secretary of Health and Human Services about physical activity, fitness, and sports in America.	community prevention*		0.925	--	--	--
SAMHSA Agency-Wide Initiative: Tribal Prevention Grants	SAMHSA	To provide consistent and sustainable support for Tribes to implement comprehensive substance abuse and mental illness prevention strategies, including preventing underage drinking and suicides, to reduce the impact of substance abuse and mental illness on Tribal populations.	community prevention		--	--	--	40
STOP Act (Sober Truth on Preventing Underage Drinking)	SAMHSA	To provide additional funds to organizations that receive or have received grant funds under the Drug Free Communities Act of 1997, so they may supplement current efforts, as well as strengthen collaboration and coordination among stakeholders in order to achieve a reduction in underage drinking in their communities.	community prevention		--	--	--	7
Subtotal: community prevention					75.733	298.05	401.05	781.59
Alzheimer's Disease Prevention Education and Outreach	AoA	To design and carry out a public awareness campaign focused on Alzheimer's disease.	clinical ++,§		--	--	4	--
HIV Screening and Prevention	CDC	To 1) intensify HIV prevention efforts in communities where HIV is most heavily concentrated; 2) expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches; and 3) educate all Americans about the threat of HIV and how to prevent it.	clinical prevention*		30.367	--	--	--
Infectious Disease Screening Activities (Viral Hepatitis)	CDC	To expand identification and referral to care of those chronically infected persons who do not know their status, particularly focusing on groups disproportionately affected by chronic hepatitis B and C.	clinical prevention		--	--	10	--
Prevention, Education, and Outreach	CDC	No description found.	clinical prevention ++,§		--	2	--	--
Section 317 Immunization Program	CDC	To modernize the public health immunization infrastructure in order to increase vaccination coverage among children, adolescents, and adults.	clinical prevention		--	100	190	72.46
Workplace Wellness	CDC	To support comprehensive health programs that address physical activity, nutrition, and tobacco use in the employee population.	clinical prevention ++		--	10	10	4

Appendix A: Prevention Fund allocations and requests by category, FY 2010 - 2013 (millions of dollars)

PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2		FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
Alzheimer's Disease Prevention Education and Outreach	HRSA	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.	clinical ++,§		--	--	2	--
Prevention, Education, and Outreach	OS/ASPA	To generate broad awareness of preventive benefits and encourage people to utilize them for better health.	clinical prevention ++,§		--	--	20	--
Primary & Behavioral Health Integration	SAMHSA	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.	clinical prevention*		20	35	35	28
Screening, Brief Intervention and Referral to Treatment	SAMHSA	To integrate screening, brief intervention, referral, and treatment services within general medical and primary care settings.	clinical prevention		--	25	25	30
Suicide Prevention - Garrett Lee Smith	SAMHSA	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.	clinical prevention ++		--	10	10	--
Subtotal: clinical prevention					50.367	182	306	134.46
Epidemiology and Laboratory Capacity Grants (Core Infectious Diseases)	CDC	To enhance the ability of state, local, and territorial grantees to strengthen and integrate capacity for detecting and responding to infectious diseases and other public health threats.	infrastructure and workforce		20	40	40	40
Healthcare-Associated Infections / National Healthcare Safety Network	CDC	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.	infrastructure and workforce		--	11.75	11.75	11.75
Nat'l Public Health Improvement Initiative (NPHII) / Public Health Infrastructure	CDC	To systematically increase the capacity of public health departments to detect and respond to public health events requiring highly coordinated interventions.	infrastructure and workforce		50	40.2	40.2	40.2
Public Health Workforce	CDC	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 and other training activities.	infrastructure and workforce		7.5	25	25	25
State and Local Lab Efficiency and Sustainability/Laboratory Improvement Initiative	CDC	No description found, but it seems to be a new proposal in FY 2013 to supplement the Epidemiology and Laboratory Capacity Grants program.	infrastructure and workforce		--	--	--	20
Mental Health Training	HRSA	To support grants to health professions programs for the recruitment and training of individuals in behavioral health professions, including social work and psychology.	infrastructure and workforce		--	--	10	--

Appendix A: Prevention Fund allocations and requests by category, FY 2010 - 2013 (millions of dollars)

PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2		FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
Public Health Workforce Development / Public Health and Preventive Medicine Training Programs/ Public Health Training Centers	HRSA	To train public health workers, provide grants to accredited institutions for the provision of graduate or specialized public health training, and support post-graduate physician training in preventive medicine and public health.	infrastructure and workforce		14.829	20	25	10
Nurse Managed Care Centers	HRSA	To fund nurse managed clinics which improve access to primary care, enhance nursing practice by increasing the number of clinical teaching sites for primary care and community health nursing students, and develop electronic processes for establishing effective patient and workforce data collection systems.	infrastructure and workforce**		15.268	--	--	--
Primary Care Residencies and Physician Assistant Training / Primary Care Training and Enhancement	HRSA	To strengthen medical education for physicians and physician assistants to improve the quantity, quality, distribution, and diversity of the primary care workforce.	infrastructure and workforce**		198.122	--	--	--
State Health Workforce Development Grants for Primary Care	HRSA	To provide grants to states to plan and implement innovative strategies to expand their primary care workforce by 10-25 percent over 10 years.	infrastructure and workforce**		5.75	--	--	--
Traineeships for Nurse Practitioner Students / Advanced Education Nursing	HRSA	To provide traineeship support to increase the number of primary care advanced practice registered nurses.	infrastructure and workforce**		31.431	--	--	--
Subtotal: infrastructure and workforce					342.9	136.95	151.95	146.95
PCM main: *Prevention/ Care Management*	AHRQ	*To develop and synthesize knowledge and evidence on preventive services, and to support networks of ambulatory practices devoted to investigating community-based practice and improving the quality of care. (See "community prevention" for one sub-program.)*	research and tracking+		*5.5 total ****	*12 total ****	*12 total ****	*12 total ****
PCM sub: Clinical Preventive Services Research	AHRQ	see PCM main	research and tracking		--	5	5	5
PCM sub: Clinical Preventive Services Task Force (USPSTF)	AHRQ	see PCM main	research and tracking		5	7	7	7
CDC Healthcare Surveillance and Statistics / National Center for Health Statistics	CDC	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 for such tracking.	research and tracking		19.858	30	35	35
Community Guide / Community Preventive Services Task Force	CDC	To provide evidence-based findings and recommendations about effective public health interventions and policies to improve health and promote safety.	research and tracking		5	7	10	10
Emergency Preparedness Research	CDC	To support the State and Local Preparedness and Response Capability program.	research and tracking		--	10	--	--
Environmental Public Health Tracking	CDC	To establish and maintain a nationwide tracking network to collect, integrate, analyze and translate health and environmental data for use in public health practice.	research and tracking		--	35	35	29
National Prevention Strategy	CDC	To guide our nation in the most effective and achievable means for improving health and well-being.	research and tracking		0.142	1	1	1

Appendix A: Prevention Fund allocations and requests by category, FY 2010 - 2013 (millions of dollars)

PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2		FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
Prevention Research Centers	CDC	To help alter the individual behaviors and community environmental factors that put people at risk for the leading causes of death and disability.	research and tracking		--	10	10	--
Public Health Research	CDC	To coordinate guidance for best research practices and support innovative cross-cutting research.	research and tracking		--	10	--	--
Alzheimer's Disease Activities	OS/ GDM	To fund research on effective interventions and to support the dissemination of information to clinicians on tailoring appropriate and cost-effective care to patients.	research and tracking		--	--	--	100
Emerging Public Health Issues	OS/ GDM	To identify emerging public health and science issues, disseminate information on key initiatives and priorities, and leverage existing programs in order to maximize positive health impacts.	research and tracking		--	--	20	--
Strategic Planning (Health Surveillance and Planning)	OS/ OASH	To support the National Prevention Council and Advisory Group, and to support strategic planning activities such as the development of the National Prevention Strategy.	research and tracking		1	--	--	--
SAMHSA Healthcare Surveillance	SAMHSA	To support critical behavioral health data systems, national surveys, and surveillance activities.	research and tracking		--	18	18	--
Subtotal: research and tracking					31	133	141	187
Total PPHF allocations per year					500	750	1,000	1,250

Sources of data: *FY 2010-2013 president's budget requests for HHS and relevant HHS agencies;[37] HHS announcements of 2010,[38,39] 2011,[40] and 2012[41] Prevention Fund allocations*

Notes:

1/ Program descriptions are largely quoted from various HHS budget request documents.

2/ For FYs 2010 and 2011, HHS reported total allocations according to these categorizations, and provided examples of programs funded under each category. Since there were no complete program-level lists available, the categorization of other programs funded in those years was estimated. No reports of categorizations are yet available for FY 2012 and 13 (at either the total or program level), so categorization of program funding is completely estimated for these years.

** Most reports of 2010 allocations note a combined amount of $126.1 million for "community and clinical prevention." Later, community and clinical prevention amounts are broken out. Here, the 2010 funding has been broken out into separate estimates of community and clinical prevention, to enable multi-year comparison. The starred amounts total the $126.1 million.*

***These FY 2010 infrastructure and workforce programs are part of the one-time allocation of $250.6 million for primary care workforce enhancement activities. Other programs in this category (in FY 2010 and other years) go toward public health workforce and infrastructure activities.*

****See sub-programs.*

+The Prevention/Care Management (PCM) program and two of its three sub-programs were categorized by APHA as "research and tracking," but one of its sub-programs, Healthy Weight Practice-Based Research Networks, was categorized as "community prevention," so FY 2010 categorizations would match HHS announcements of totals per category (see note 2 above.)

++APHA is least sure about these categorizations, but they have been estimated to fall within the given categories, in order to fit FY 2010 and 2011 HHS announcements of category totals.

§ Early announcements of FY 2012 allocations indicated $26 million to CDC for Prevention, Education, and Outreach, up from $2 million in FY 2011. However, this was replaced by $26 million in related allocations to other agencies: $4 million to AoA, $2 million to HRSA, and $20 million to ASPA.

Appendix B: Prevention Fund allocations and requests by agency, FY 2010 - 2013 (millions of dollars)

PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2	FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
PCM main: *Prevention/Care Mgmt*	AHRQ	*To develop and synthesize knowledge and evidence on preventive services, and to support networks of ambulatory practices devoted to investigating community-based practice and improving the quality of care.*	*research and tracking+*	*5.5 total ****	*12 total ****	*12 total ****	*12 total ****
PCM sub: Clinical Preventive Services Research	AHRQ	*see PCM main*	research and tracking	--	5	5	5
PCM sub: Clinical Preventive Services Task Force (USPSTF)	AHRQ	see PCM main	research and tracking	5	7	7	7
PCM sub: Healthy Weight Practice-Based Research Networks	AHRQ	see PCM main (see Appendix A regarding categorization)	community prevention *,+,++	0.5	--	--	--
Subtotal: AHRQ				5.5	12	12	12
Alzheimer's Disease Prevention Education and Outreach	AoA	To design and carry out a public awareness campaign focused on Alzheimer's disease.	clinical ++,§	--	--	4	--
Chronic Disease Self-Management Program	AoA	To provide older adults with the education and tools they need to help them cope with chronic conditions through completion of an evidence-based chronic disease self -management program.	community prevention	--	--	10	10
Subtotal: AoA				--	--	14	10
ARRA/CPPW main: *Communities Putting Prevention to Work*	*CDC*	*Created under the American Recovery and Reinvestment Act of 2009 (ARRA) to support community-based programs that promote health and wellness through physical activity, healthy diet, reduced tobacco use, and other positive efforts. CPPW was a precursor to the PPHF Community Transformation Grants program.*	*community prevention**	*44.433 total ****	*-- total ****	*-- total ****	*-- total ****
ARRA/CPPW sub: Communities Putting Prevention to Work grants	CDC	see ARRA/CPPW main	community prevention*	36.433	--	--	--
ARRA/CPPW sub: Evaluation	CDC	see ARRA/CPPW main	community prevention*	4	--	--	--
ARRA/CPPW sub: Media	CDC	see ARRA/CPPW main	community prevention*	4	--	--	--
BD/DD main: *Birth Defects, Developmental Disabilities*	*CDC*	*To track birth defects and developmental disabilities, focus on the most critical public health threats to persons with disabilities, and increase efforts to mitigate unnecessary morbidity and mortality associated with non-malignant blood disorders in the U.S.*	*community prevention*	*-- total ****	*-- total ****	*-- total ****	*107.09 total ****
BD/DD sub: Child Health and Development	CDC	See BD/DD main	community prevention	--	--	--	49.957
BD/DD sub: Health and Development with Disabilities	CDC	See BD/DD main	community prevention	--	--	--	43.841
BD/DD sub: Public Health Approach to Blood Disorders	CDC	See BD/DD main	community prevention	--	--	--	13.291

Appendix B: Prevention Fund allocations and requests by agency, FY 2010 - 2013 (millions of dollars)

PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2		FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
Cancer Prevention and Control	CDC	To promote risk reduction, early detection, primary prevention, increasing access to quality cancer care, quality of life for cancer survivors, and reducing disparities in cancer health outcomes.	community prevention ++		--	--	--	260.87
Million Hearts	CDC	To promote medication management and adherence, using more direct nurse counseling and pharmacy support services. In addition, investments will support a network of model electronic health record-based registries and feedback systems to track blood pressure and cholesterol control.	community prevention		--	--	--	5
Breastfeeding promotion and support grants	CDC	To fund community initiatives to support breastfeeding mothers and support hospitals in promoting breastfeeding.	community prevention		--	--	7.05	2.5
CCDPP main: *Comprehensive Chronic Disease Prevention Grants*	*CDC*	*This coordinated approach combines the following existing programs: heart disease and stroke, diabetes, comprehensive cancer control, arthritis and other conditions, obesity prevention, health promotion, and school health activities into a single, streamlined grant program, the Coordinated Chronic Disease Prevention and Health Promotion Program (CCDPHPP).*	*community prevention*		*-- total ****	*52.2 total ****	*10 total ****	*-- total ****
CCDPP sub: Chronic Coordination Grants to States	CDC	see CCDPP main	community prevention		--	42.2	--	--
CCDPP sub: Nutrition, Physical Activity, and Obesity Activities	CDC	see CCDPP main	community prevention		--	10	10	--
Community Transformation Grant Program	CDC	To support community-level efforts to reduce chronic diseases such as heart disease, cancer, stroke, and diabetes. The CPPW program funded under ARRA was a precursor to this program.	community prevention		--	145	226.00	146.34
Diabetes	CDC	To target high risk populations by: implementing public health strategies through state-based programs; addressing diabetes burdens and complications; translating research; and providing education and sharing expertise.	community prevention		--	--	10	--
Healthy Weight Taskforce / Let's Move Campaign	CDC	Together, these activities target obesity prevention and promoting healthy weight among children. These programs will focus on encouraging children to adopt healthy habits, especially in nutrition and physical activity.	community prevention		--	--	5	4
National Youth Fitness Survey	CDC	To collect data on physical activity and fitness to evaluate the health and fitness of children in the U.S. ages 3 to 15.	community prevention		--	6	--	--
Promoting Obesity Prevention in Early Childhood Programs	CDC	No description found.	community prevention		--	0.75	--	--
Racial & Ethnic Approaches to Community Health (REACH)	CDC	To support community coalitions that design, implement, evaluate, and disseminate community-driven strategies to eliminate health disparities in key health areas.	community prevention		--	25	40	--

Appendix B: Prevention Fund allocations and requests by agency, FY 2010 - 2013 (millions of dollars)

PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2	FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
Tobacco Prevention (including Media and Quitlines)	CDC	To support comprehensive programs to prevent and control tobacco use in all states and other jurisdictions; fund six national networks to reduce tobacco use among specific at-risk populations; and fund research and surveillance on tobacco use. Through this program, CDC launched the media campaign "Tips from Former Smokers" in March 2012.	community prevention*	14.5	50	83	89
HIV Screening and Prevention	CDC	To 1) intensify HIV prevention efforts in communities where HIV is most heavily concentrated; 2) expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches; and 3) educate all Americans about the threat of HIV and how to prevent it.	clinical prevention*	30.367	--	--	--
Infectious Disease Screening Activities (Viral Hepatitis)	CDC	To expand identification and referral to care of those chronically infected persons who do not know their status, particularly focusing on groups disproportionately affected by chronic hepatitis B and C.	clinical prevention	--	--	10	--
Prevention, Education, and Outreach	CDC	No description found.	clinical prevention ++,§	--	2	--	--
Section 317 Immunization Program	CDC	To modernize the public health immunization infrastructure in order to increase vaccination coverage among children, adolescents, and adults.	clinical prevention	--	100	190	72.46
Workplace Wellness	CDC	To support comprehensive health programs that address physical activity, nutrition, and tobacco use in the employee population.	clinical prevention ++	--	10	10	4
Epidemiology and Laboratory Capacity Grants (Core Infectious Diseases)	CDC	To enhance the ability of State, local, and territorial grantees to strengthen and integrate capacity for detecting and responding to infectious diseases and other public health threats.	infrastructure and workforce	20	40	40	40
Healthcare-Associated Infections / National Healthcare Safety Network	CDC	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.	infrastructure and workforce	--	11.75	11.75	11.75
Nat'l Public Health Improvement Initiative (NPHII) / Public Health Infrastructure	CDC	To systematically increase the capacity of public health departments to detect and respond to public health events requiring highly coordinated interventions.	infrastructure and workforce	50	40.2	40.2	40.2
Public Health Workforce	CDC	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 and other training activities.	infrastructure and workforce	7.5	25	25	25
State and Local Lab Efficiency and Sustainability / Laboratory Improvement Initiative	CDC	No description found, but it seems to be a new proposal in FY 2013 to supplement the Epidemiology and Laboratory Capacity Grants program.	infrastructure and workforce	--	--	--	20
CDC Healthcare Surveillance and Statistics / National Center for Health Statistics	CDC	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 for such tracking.	research and tracking	19.858	30	35	35

Appendix B: Prevention Fund allocations and requests by agency, FY 2010 - 2013 (millions of dollars)

PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2	FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
Community Guide / Community Preventive Services Task Force	CDC	To provide evidence-based findings and recommendations about effective public health interventions and policies to improve health and promote safety.	research and tracking	5	7	10	10
Emergency Preparedness Research	CDC	To support the State and Local Preparedness and Response Capability program.	research and tracking	--	10	--	--
Environmental Public Health Tracking	CDC	To establish and maintain a nationwide tracking network to collect, integrate, analyze and translate health and environmental data for use in public health practice.	research and tracking	--	35	35	29
National Prevention Strategy	CDC	To guide our nation in the most effective and achievable means for improving health and well-being.	research and tracking	0.142	1	1	1
Prevention Research Centers	CDC	To help alter the individual behaviors and community environmental factors that put people at risk for the leading causes of death and disability.	research and tracking	--	10	10	--
Public Health Research	CDC	To coordinate guidance for best research practices and support innovative cross-cutting research.	research and tracking	--	10	--	--
Subtotal: CDC				191.8	610.9	799	903.21
Healthy Weight Collaborative	HRSA	To create partnerships between primary care, public health, and community organizations to discover and support sustainable approaches (both clinical and community-based) to promote healthy weight and eliminate health disparities in communities across the United States.	community prevention*	5	--	--	--
Nutrition, Physical Activity, and Screen Time Standards in Child Care Settings	HRSA	To collect data in advance of improving regulations on nutrition, physical activity, and screen time standards in child care settings.	community prevention*,++	0.255	--	--	--
Alzheimer's Disease Prevention Education and Outreach	HRSA	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.	clinical ++,§	--	--	2	--
Mental Health Training	HRSA	To support grants to health professions programs for the recruitment and training of individuals in behavioral health professions, including social work and psychology.	infrastructure and workforce	--	--	10	--
Nurse Managed Care Centers	HRSA	To fund nurse managed clinics which improve access to primary care, enhance nursing practice by increasing the number of clinical teaching sites for primary care and community health nursing students, and develop electronic processes for establishing effective patient and workforce data collection systems.	infrastructure and workforce**	15.268	--	--	--
Public Health Workforce Development / Public Health and Preventive Medicine Training Programs/ Public Health Training Centers	HRSA	To train public health workers, provide grants to accredited institutions for the provision of graduate or specialized public health training, and support post-graduate physician training in preventive medicine and public health.	infrastructure and workforce	14.829	20	25	10
Primary Care Residencies and Physician Assistant Training / Primary Care Training and Enhancement	HRSA	To strengthen medical education for physicians and physician assistants to improve the quantity, quality, distribution, and diversity of the primary care workforce.	infrastructure and workforce**	198.122	--	--	--

Appendix B: Prevention Fund allocations and requests by agency, FY 2010 - 2013 (millions of dollars)

PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2		FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
State Health Workforce Development Grants for Primary Care	HRSA	To provide grants to states to plan and implement innovative strategies to expand their primary care workforce by 10-25 percent over 10 years.	infrastructure and workforce**		5.75	--	--	--
Traineeships for Nurse Practitioner Students / Advanced Education Nursing	HRSA	To provide traineeship support to increase the number of primary care advanced practice registered nurses.	infrastructure and workforce**		31.431	--	--	--
Subtotal: HRSA					270.655	20	37	10
Obesity Prevention and Fitness Media Activities	OS/ASPA	To support media activities related to the Healthy Weight Task Force and "Let's Move" campaign.	community prevention*		9.12	9.1	--	--
Tobacco Cessation / Prevention Media Activities	OS/ASPA	To prevent and reduce tobacco use and to ensure program integrity and responsible stewardship of federal funds.	community prevention*		0.9	10	10	5
Healthy Living Innovation Awards / Evaluation	OS/ASPE	A new HHS initiative designed to identify and acknowledge innovative health promotion projects within the last 3 years that have demonstrated a significant impact on the health status of a community.	community prevention*		0.1	--	--	--
Prevention, Education, and Outreach	OS/ASPA	To generate broad awareness of preventive benefits and encourage people to utilize them for better health.	clinical prevention ++,§		--	--	20	--
Alzheimer's Disease Activities	OS/GDM	To fund research on effective interventions and to support the dissemination of information to clinicians on tailoring appropriate and cost-effective care to patients.	research and tracking		--	--	--	100
Emerging Public Health Issues	OS/GDM	To identify emerging public health and science issues, disseminate information on key initiatives and priorities, and leverage existing programs in order to maximize positive health impacts.	research and tracking		--	--	20	--
President's Council on Fitness, Sports, and Nutrition	OS/ OASH	To fund a federal advisory committee of volunteer citizens who advise the president through the Secretary of Health and Human Services about physical activity, fitness, and sports in America.	community prevention*		0.925	--	--	--
Teen Pregnancy Prevention (TPP)	OS/ OASH	To support the replication of evidence-based teen pregnancy prevention models as well as demonstration programs to identify new effective approaches.	community prevention		--	--	--	104.79
Strategic Planning (Health Surveillance and Planning)	OS/ OASH	To support the National Prevention Council and Advisory Group, and to support strategic planning activities such as the development of the National Prevention Strategy.	research and tracking		1	--	--	--
Subtotal: OS					12.045	19.1	50	209.79

Appendix B: Prevention Fund allocations and requests by agency, FY 2010 - 2013 (millions of dollars)

PROGRAM	AGENCY	PROGRAM DESCRIPTION /1	CATEGORY /2		FY 2010 ENACTED	FY 2011 ENACTED	FY 2012 ENACTED	FY 2013 REQUEST
Screening, Brief Intervention and Referral to Treatment	SAMHSA	To integrate screening, brief intervention, referral, and treatment services within general medical and primary care settings.	clinical prevention		--	25	25	30
Suicide Prevention - Garrett Lee Smith	SAMHSA	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.	clinical prevention ++		--	10	10	--
Primary & Behavioral Health Integration	SAMHSA	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.	clinical prevention*		20	35	35	28
SAMHSA Agency-Wide Initiative: Tribal Prevention Grants	SAMHSA	To provide consistent and sustainable support for Tribes to implement comprehensive substance abuse and mental illness prevention strategies, including preventing underage drinking and suicides, to reduce the impact of substance abuse and mental illness on Tribal populations.	community prevention		--	--	--	40
STOP Act (Sober Truth on Preventing Underage Drinking)	SAMHSA	To provide additional funds to organizations that receive or have received grant funds under the Drug Free Communities Act of 1997, so they may supplement current efforts, as well as strengthen collaboration and coordination among stakeholders in order to achieve a reduction in underage drinking in their communities.	community prevention		--	--	--	7
SAMHSA Healthcare Surveillance	SAMHSA	To support critical behavioral health data systems, national surveys, and surveillance activities.	research and tracking		--	18	18	--
Subtotal: SAMHSA					20	88	88	105
Total PPHF allocations per year					500	750	1,000	1,250

Sources of data: *FY 2010-2013 president's budget requests for HHS and relevant HHS agencies;[37] HHS announcements of 2010,[38,39] 2011,[40] and 2012[41] Prevention Fund allocations*

Notes:

1*/ Program descriptions are largely quoted from various HHS budget request documents.*

2/ For FYs 2010 and 2011, HHS reported total allocations according to these categorizations, and provided examples of programs funded under each category. Since there were no complete program-level lists available, the categorization of other programs funded in those years was estimated. No reports of categorizations are yet available for FY 2012 and 13 (at either the total or program level), so categorization of program funding is completely estimated for these years.

** Most reports of 2010 allocations note a combined amount of $126.1 million for "community and clinical prevention." Later, community and clinical prevention amounts are broken out. Here, the 2010 funding has been broken out into separate estimates of community and clinical prevention, to enable multi-year comparison. The starred amounts total the $126.1 million.*

***These FY 2010 infrastructure and workforce programs are part of the one-time allocation of $250.6 million for primary care workforce enhancement activities. Other programs in this category (in FY 2010 and other years) go toward public health workforce and infrastructure activities.*

****See sub-programs.*

+The Prevention/Care Management (PCM) program and two of its three sub-programs were categorized by APHA as "research and tracking,", but one of its sub-programs, Healthy Weight Practice-Based Research Networks, was categorized as "community prevention," so FY 2010 categorizations would match HHS announcements of totals per category (see note 2 above.)

++APHA is least sure about these categorizations, but they have been estimated to fall within the given categories, in order to fit FY 2010 and 2011 HHS announcements of category totals.

§ Early announcements of FY 2012 allocations indicated $26 million to CDC for Prevention, Education, and Outreach, up from $2 million in FY 2011. However, this was replaced by $26 million in related allocations to other agencies: $4 million to AoA, $2 million to HRSA, and $20 million to ASPA.

Appendix C. Allocations to states, FY 2010-2011 combined (millions of dollars) /1

STATE	COMMUNITY PREVENTION	CLINICAL PREVENTION	INFRASTRUCTURE AND WORKFORCE	RESEARCH AND TRACKING	TOTAL FY 2010-2011
Alabama	4.889	1.743	2.569	--	**9.201**
Alaska	1.172	2.837	2.612	--	**6.621**
Arizona	1.338	3.17	3.886	1.015	**9.409**
Arkansas	4.007	3.7	6.149	--	**13.856**
California	34.725	11.708	38.257	5.917	**90.607**
Colorado	2.47	2.059	10.621	2.139	**17.289**
Connecticut	1.975	11.362	9.216	1.337	**23.89**
Delaware	0.559	0.051	1.151	--	**1.761**
District of Columbia	3.298	8.465	9.508	1.824	**23.095**
Florida	8.271	8.086	16.217	2.292	**34.866**
Georgia	4.615	3.338	9.156	1.144	**18.253**
Hawaii	1.697	0.974	4.462	--	**7.133**
Idaho	0.587	0.024	4.071	--	**4.682**
Illinois	14.571	3.112	12.01	1.365	**31.058**
Indiana	1.415	11.428	3.735	--	**16.578**
Iowa	4.454	1.036	5.102	--	**10.592**
Kansas	0.703	3.115	1.614	0.577	**6.009**
Kentucky	2.041	0.072	2.962	--	**5.075**
Louisiana	1.336	2.136	8.291	1.377	**13.14**
Maine	1.923	2.348	4.778	1.004	**10.053**
Maryland	2.697	3.687	6.898	2.801	**16.083**
Massachusetts	12.318	4.782	22.369	3.232	**42.701**
Michigan	3.333	2.512	16.986	--	**22.831**
Minnesota	5.488	1.706	9.123	2.049	**18.366**
Mississippi	1.278	1.014	2.931	--	**5.223**
Missouri	1.57	1.945	7.067	1.1	**11.682**
Montana	1.323	--	2.656	--	**3.979**
Nebraska	1.756	0.559	5.059	--	**7.374**
Nevada	4.446	0.614	2.456	--	**7.516**
New Hampshire	0.964	--	2.578	1.015	**4.557**
New Jersey	2.068	2.186	15.622	0.795	**20.671**
New Mexico	3.597	1.602	2.501	1.715	**9.415**
New York	13.71	10.686	32.49	5.158	**62.044**
North Carolina	12.962	9.525	15.03	1.5	**39.017**
North Dakota	0.872	0.226	0.446	--	**1.544**
Ohio	2.138	3.612	10.177	1.08	**17.007**
Oklahoma	2.732	3.621	6.218	0.714	**13.285**
Oregon	0.751	2.328	6.18	1.715	**10.974**
Pennsylvania	3.225	2.605	23.009	0.815	**29.654**
Rhode Island	1.294	--	1.378	--	**2.672**
South Carolina	8.54	1.862	6.759	0.862	**18.023**
South Dakota	1.319	--	0.654	--	**1.973**
Tennessee	1.192	0.827	13.096	--	**15.115**
Texas	13.843	5.04	18.453	0.714	**38.05**
Utah	1.53	1.544	4.52	1.244	**8.838**

Appendix C. Allocations to states, FY 2010-2011 combined (millions of dollars) /1

STATE	COMMUNITY PREVENTION	CLINICAL PREVENTION	INFRASTRUCTURE AND WORKFORCE	RESEARCH AND TRACKING	TOTAL FY 2010-2011
Vermont	1.101	0.792	2.726	0.753	**5.372**
Virginia	2.464	2.69	13.881	1.04	**20.075**
Washington	6.86	5.934	7.138	1.813	**21.745**
West Virginia	2.957	2.437	3.868	0.69	**9.952**
Wisconsin	6.659	0.878	9.738	1.1	**18.375**
Wyoming	0.861	0.458	0.913	--	**2.232**
FY 2010-2011, grants to states and D.C. (total of lines above)	**221.894**	**156.436**	**429.287**	**51.896**	**859.513**
FY 2010-2011, "other spending" /2	**151.89**	**75.93**	**50.56**	**112.10**	**390.49**
Total PPHF allocations, FY 2010-2011	**373.78**	**232.37**	**479.85**	**164.00**	**1250.00**

Sources of data: *HHS Prevention and Public Health Fund fact sheets;[36] FY 2010-2013 president's budget requests for HHS and relevant HHS agencies;[37] HHS announcements of 2010[38,39] and 2011[40] Prevention Fund allocations*

Notes:

1/ FY 2010 and 2011 allocations are combined here because these are the best available data on state allocations to date.

2/ "Other spending" is the difference between grants to states and D.C., and total allocations. These numbers likely primarily represent dollars spent at the federal level. They may also represent grants to non-state jurisdictions such as territories. According to HHS, the amounts above include grants to tribal and local governments, and to non-governmental entities such as community-based organizations.

Appendix D: Prevention Fund amounts used to supplant appropriations over FY 2008 baseline (millions of dollars) /1

PROGRAM	AGENCY	CATEGORY /2	SUPPLEMENT/ NEW, OR SUPPLANT? (OVER FY 2008)	FY 2008 ENACTED APPROPRIATIONS (BASELINE) /3	FY 2009 ENACTED APPROPRIATIONS /4	FY 2010 ENACTED APPROPRIATIONS /5	FY 2010 ENACTED PREVENTION FUND	FY 2010 ENACTED, AMOUNT SUPPLANTING /6	FY 2011 ENACTED APPROPRIATIONS /5	FY 2011 ENACTED PREVENTION FUND	FY 2011 ENACTED, AMOUNT SUPPLANTING /6	FY 2012 ENACTED APPROPRIATIONS /5	FY 2012 ENACTED PREVENTION FUND	FY 2012 ENACTED, AMOUNT SUPPLANTING /6	FY 2013 REQUEST APPROPRIATIONS /5	FY 2013 REQUEST PREVENTION FUND	FY 2013 REQUEST, AMOUNT SUPPLANTING /6
PCM main: *Prevention/ Care Management*	*AHRQ*	*research and tracking +*	*supplement*	*7.1*	*7.1*	*15.9*	*5.5 total ****	--	*15.9*	*12 total ****	--	*15.9*	*12 total ****	--	*15.9*	*12 total ****	--
PCM sub: Clinical Preventive Services Research	AHRQ	research and tracking	supplement	see PCM main	see PCM main	see PCM main	--	--	see PCM main	5	--	see PCM main	5	--	see PCM main	5	--
PCM sub: Clinical Preventive Services Task Force (USPSTF)	AHRQ	research and tracking	supplement	see PCM main	see PCM main	see PCM main	5	--	see PCM main	7	--	see PCM main	7	--	see PCM main	7	--
PCM sub: Healthy Weight Practice-Based Research Networks	AHRQ	community prevention *, +,++	supplement	see PCM main	see PCM main	see PCM main	0.5	--	see PCM main	--	--	see PCM main	--	--	see PCM main	--	--
Subtotal: AHRQ				7.1	7.1	15.9	5.5	--	15.9	12	--	15.9	12	--	15.9	12	--
Alzheimer's Disease Prevention Education and Outreach	AoA	clinical prevention ++,§	unclear ‡	n/a	n/a	n/a	--	--	n/a	--	--	n/a	4	‡	n/a	--	--
Chronic Disease Self-Management Program	AoA	community prevention	new	--	--	--	--	--	--	--	--	--	10	--	--	10	--
Subtotal: AoA				--	--	--	--	--	--	--	--	--	14	--	--	10	--
ARRA/CPPW main: *Communities Putting Prevention to Work*	*CDC*	*community prevention **	*supplement*	*-- total ****	*-- total ****	*650 total ****	*44.4 total ****	*-- total ****	*-- total ****	*-- total ****	*-- total ****	*-- total ****	*-- total ****	*-- total ****	*-- total ****	*-- total ****	*-- total ****
ARRA/CPPW sub: Communities Putting Prevention to Work grants	CDC	community prevention *	supplement	--	--	--	36.4	--	--	--	--	--	--	--	--	--	--
ARRA/CPPW sub: Evaluation	CDC	community prevention *	supplement	--	--	--	4	--	--	--	--	--	--	--	--	--	--
ARRA/CPPW: Media	CDC	community prevention *	supplement	--	--	--	4	--	--	--	--	--	--	--	--	--	--
BD/DD main: *Birth Defects, Developmental Disabilities*	*CDC*	*community prevention*	*supplant*	*127.3 total ****	*138.1 total ****	*143.6 total ****	*-- total ****	*-- total ****	*136.1 total ****	*-- total ****	*-- total ****	*137.3 total ****	*-- total ****	*-- total ****	*18.5 total ****	*107.1 total ****	*86.1 total ****

Appendix D: Prevention Fund amounts used to supplant appropriations over FY 2008 baseline (millions of dollars) /1

PROGRAM	AGENCY	CATEGORY /2	SUPPLEMENT/ NEW, OR SUPPLANT? (OVER FY 2008)	FY 2008 ENACTED APPROPRIATIONS (BASELINE) /3	FY 2009 ENACTED APPROPRIATIONS /4	FY 2010 ENACTED APPROPRIATIONS /5	FY 2010 ENACTED PREVENTION FUND	FY 2010 ENACTED, AMOUNT SUPPLANTING /6	FY 2011 ENACTED APPROPRIATIONS /5	FY 2011 ENACTED PREVENTION FUND	FY 2011 ENACTED, AMOUNT SUPPLANTING /6	FY 2012 ENACTED APPROPRIATIONS /5	FY 2012 ENACTED PREVENTION FUND	FY 2012 ENACTED, AMOUNT SUPPLANTING /6	FY 2013 REQUEST APPROPRIATIONS /5	FY 2013 REQUEST PREVENTION FUND	FY 2013 REQUEST, AMOUNT SUPPLANTING /6
BD/DD sub: Child Health and Development	CDC	community prevention	supplant	37.6	42.1	64.9	--	--	62.3	--	--	61.9	--	--	8.6	49.9	29
BD/DD sub: Health and Development with Disabilities	CDC	community prevention	supplant	70.3	76.1	58.8	--	--	54.9	--	--	56.6	--	--	7.4	43.8	43.8
BD/DD sub: Public Health Approach to Blood Disorders	CDC	community prevention	supplant	19.4	19.9	19.9	--	--	18.9	--	--	18.7	--	--	2.5	13.3	13.3
Breastfeeding promotion and support grants	CDC	community prevention	new	--	--	--	--	--	--	--	--	--	7.05	--	--	2.5	--
Cancer Prevention and Control	CDC	community prevention ++	supplant	309.5	340.3	370	--	--	325	--	--	328	--	--	62.8	260.9	246.7
CCDPP main: *Comprehensive Chronic Disease Prevention Grants*	*CDC*	*community prevention*	*new/ supplant (see subs)*	*42.2 total* ***	*44.3 total* ***	*44.9 total* ***	*-- total* ***	*-- total* ***	*271.5 total* ***	*52.2 total* ***	*10 total* ***	*263.8 total* ***	*10 total* ***	*10 total* ***	*378.6 total* ***	*-- total* ***	*-- total* ***
CCDPP sub: Chronic Coordination Grants to States	CDC	community prevention	new	--	--	--	--	--	237.3	42.2	--	229.9	--	--	378.6	--	--
CCDPP sub: Nutrition, Physical Activity, and Obesity Activities	CDC	community prevention	supplant	42.2	44.3	44.9	--	--	34.2	10	8	33.9	10	8.3	--	--	--
CDC Healthcare Surveillance and Statistics / National Center for Health Statistics	CDC	research and tracking	supplant	113.6	124.7	118	19.9	--	108.7	30	4.9	103	35	10.6	103	35	10.6
Community Guide / Community Preventive Services Task Force	CDC	research and tracking	unclear ‡	n/a	n/a	n/a	5	‡	n/a	7	‡	n/a	10	‡	n/a	10	‡
Community Transformation Grant Program	CDC	community prevention	new	--	--	--	--	--	--	145	--	--	226	--	--	146.3	--
Diabetes	CDC	community prevention	supplement	62.7	65.8	65.9	--	--	64.8	--	--	74.4	10	--	--	--	--

Appendix D: Prevention Fund amounts used to supplant appropriations over FY 2008 baseline (millions of dollars) /1

PROGRAM	AGENCY	CATEGORY /2	SUPPLEMENT/ NEW, OR SUPPLANT? (OVER FY 2008)	FY 2008 ENACTED APPROPRIATIONS (BASELINE) /3	FY 2009 ENACTED APPROPRIATIONS /4	FY 2010 ENACTED APPROPRIATIONS /5	FY 2010 ENACTED PREVENTION FUND	FY 2010 ENACTED, AMOUNT SUPPLANTING /6	FY 2011 ENACTED APPROPRIATIONS /5	FY 2011 ENACTED PREVENTION FUND	FY 2011 ENACTED, AMOUNT SUPPLANTING /6	FY 2012 ENACTED APPROPRIATIONS /5	FY 2012 ENACTED PREVENTION FUND	FY 2012 ENACTED, AMOUNT SUPPLANTING /6	FY 2013 REQUEST APPROPRIATIONS /5	FY 2013 REQUEST PREVENTION FUND	FY 2013 REQUEST, AMOUNT SUPPLANTING /6
Emergency Preparedness Research	CDC	research and tracking	supplant	746	746.6	761	--	--	654	10	10	657	--	--	642	--	--
Environmental Public Health Tracking	CDC	research and tracking	supplant	23.8	31.1	33	--	--	--	35	23.8	--	35	23.8	--	29	23.8
Epidemiology and Laboratory Capacity Grants (Core Infectious Diseases)	CDC	infrastructure and workforce	supplement	149.9	157.4	168.7	20	--	186.2	40	--	184.7	40	--	182.2	40	--
Healthcare-Associated Infections / National Healthcare Safety Network	CDC	infrastructure and workforce	supplement	2.7	10.1	20	--	--	3.1	11.8	--	3.1	11.8	--	15.8	11.8	--
Healthy Weight Taskforce / Let's Move Campaign	CDC	community prevention	new	--	--	--	--	--	--	--	--	--	5	--	--	4	--
HIV Screening and Prevention	CDC	clinical prevention *	supplement	691.9	691.9	768.9	30.4	--	800.4	--	--	786.1	--	--	826.4	--	--
Infectious Disease Screening Activities (Viral Hepatitis)	CDC	clinical prevention	supplement	17.6	18.3	19.8	--	--	19.8	--	--	19.7	10	--	29.7	--	--
Million Hearts	CDC	community prevention	new	--	--	--	--	--	--	--	--	--	--	--	--	5	--
National Prevention Strategy	CDC	research and tracking	new	--	--	--	0.1	--	--	1	--	--	1	--	--	1	--
National Youth Fitness Survey	CDC	community prevention	new	--	--	--	--	--	--	6	--	--	--	--	--	--	--
Nat'l Public Health Improvement Initiative (NPHII) / Public Health Infrastructure	CDC	infrastructure and workforce	new	--	--	--	50	--	--	40.2	--	--	40.2	--	--	40.2	--
Prevention Research Centers	CDC	research and tracking	supplant	29.1	31.1	33.7	--	--	18	10	10	17.9	10	10	25	--	--
Prevention, Education, and Outreach	CDC	clinical prevention ++,§	new	--	--	--	--	--	--	2	--	--	--	--	--	--	--

Appendix D: Prevention Fund amounts used to supplant appropriations over FY 2008 baseline (millions of dollars) /1

PROGRAM	AGENCY	CATEGORY /2	SUPPLEMENT/ NEW, OR SUPPLANT? (OVER FY 2008)	FY 2008 ENACTED APPROPRIATIONS (BASELINE) /3	FY 2009 ENACTED APPROPRIATIONS /4	FY 2010 ENACTED APPROPRIATIONS /5	FY 2010 ENACTED PREVENTION FUND	FY 2010 ENACTED, AMOUNT SUPPLANTING /6	FY 2011 ENACTED APPROPRIATIONS /5	FY 2011 ENACTED PREVENTION FUND	FY 2011 ENACTED, AMOUNT SUPPLANTING /6	FY 2012 ENACTED APPROPRIATIONS /5	FY 2012 ENACTED PREVENTION FUND	FY 2012 ENACTED, AMOUNT SUPPLANTING /6	FY 2013 REQUEST APPROPRIATIONS /5	FY 2013 REQUEST PREVENTION FUND	FY 2013 REQUEST, AMOUNT SUPPLANTING /6
Promoting Obesity Prevention in Early Childhood Programs	CDC	community prevention	new	--	--	--	--	--	--	0.8	--	--	--	--	--	--	--
Public Health Research	CDC	research and tracking	unclear ‡	31	31	31.2	--	--	31.2	10	--	n/a	--	--	n/a	--	--
Public Health Workforce	CDC	infrastructure and workforce	supplement	34	34.9	37.8	7.5	--	36.1	25	--	35.9	25	--	35.7	25	--
Racial & Ethnic Approaches to Community Health (REACH)	CDC	community prevention	supplant	33.9	35.6	39.6	--	--	14	25	19.9	13.9	40	19.9	--	--	--
Section 317 Immunization Program	CDC	clinical prevention	supplant	465.9	495.9	497	--	--	425	100	40.9	368	190	97.9	423	72.46	42.9
State and Local Lab Efficiency and Sustainability / Lab Improvement Initiative	CDC	infrastructure and workforce	new	--	--	--	--	--	--	--	--	--	--	--	--	20	--
Tobacco Prevention (including Media and Quitlines)	CDC	community prevention *	supplement	104.1	106.1	110.7	14.5	--	108.7	50	--	108.1	83	--	108.1	89	--
Workplace Wellness	CDC	clinical prevention ++	new	--	--	--	--	--	--	10	--	--	10	--	--	4	--
Subtotal: CDC				2985	3103	3264	191.8	--	3203	610.9	117.5	3101	799	170.5	2851	903.2	410.1
Alzheimer's Disease Prevention Education and Outreach	HRSA	clinical prevention ++,§	unclear ‡	n/a	n/a	n/a	--	--	n/a	--	--	n/a	2	‡	n/a	--	--
Healthy Weight Collaborative	HRSA	community prevention *	new	--	--	--	5	--	--	--	--	--	--	--	--	--	--
Mental Health Training	HRSA	infrastructure and workforce	new	--	--	3	--	--	3	--	--	3	10	--	8	--	--
Nurse Managed Care Centers	HRSA	infrastructure and workforce **	unclear ‡	n/a	n/a	--	15.3	‡	--	--	--	--	--	--	--	--	--

Appendix D: Prevention Fund amounts used to supplant appropriations over FY 2008 baseline (millions of dollars) /1

PROGRAM	AGENCY	CATEGORY /2	SUPPLEMENT/ NEW, OR SUPPLANT? (OVER FY 2008)	FY 2008 ENACTED APPROPRIATIONS (BASELINE) /3	FY 2009 ENACTED APPROPRIATIONS /4	FY 2010 ENACTED APPROPRIATIONS /5	FY 2010 ENACTED PREVENTION FUND	FY 2010 ENACTED, AMOUNT SUPPLANTING /6	FY 2011 ENACTED APPROPRIATIONS /5	FY 2011 ENACTED PREVENTION FUND	FY 2011 ENACTED, AMOUNT SUPPLANTING /6	FY 2012 ENACTED APPROPRIATIONS /5	FY 2012 ENACTED PREVENTION FUND	FY 2012 ENACTED, AMOUNT SUPPLANTING /6	FY 2013 REQUEST APPROPRIATIONS /5	FY 2013 REQUEST PREVENTION FUND	FY 2013 REQUEST, AMOUNT SUPPLANTING /6
Nutrition, Physical Activity, and Screen Time Standards in Child Care Settings	HRSA	community prevention *,++	new	--	--	--	0.3	--	--	--	--	--	--	--	--	--	--
Primary Care Residencies and Physician Assistant Training / Primary Care Training and Enhancement	HRSA	infrastructure and workforce **	supplement	38	38.4	38.9	198.1	--	39.1	--	--	40	--	--	51	--	--
Public Health Workforce Devel. / Public Health and Preventive Medicine Training Programs / Public Health Training Centers	HRSA	infrastructure and workforce	supplement	8.3	9	9.6	14.8	--	9.7	20	--	8.1	25	0.2	9.6	10	--
State Health Workforce Devel. Grants for Primary Care	HRSA	infrastructure and workforce **	new	--	--	--	5.8	--	--	--	--	--	--	--	--	--	--
Traineeships for Nurse Practitioner Students / Advanced Education Nursing	HRSA	infrastructure and workforce **	supplement	61.9	64.4	64.3	31.4	--	64	--	--	63.9	--	--	83.9	--	--
Subtotal: HRSA				108.2	111.8	115.8	270.7	--	115.8	20	--	115	37	0.2	152.5	10	--
Obesity Prevention and Fitness Media Activities	OS/ASPA	community prevention *	new	--	--	--	9.12	--	--	9.1	--	--	--	--	--	--	--
Prevention, Education, and Outreach	OS/ASPA	clinical prevention ++,§	unclear ‡	n/a	n/a	n/a	--	--	n/a	--	--	n/a	20	‡	n/a	--	--
Tobacco Cessation / Prevention Media Activities	OS/ASPA	community prevention	new	--	--	--	0.9	--	--	10	--	--	10	--	--	5	--
Healthy Living Innovation Awards / Evaluation	OS/ASPE	community prevention *	new	--	--	--	0.1	--	--	--	--	--	--	--	--	--	--
Alzheimer's Disease Activities	OS/GDM	research and tracking	new	--	--	--	--	--	--	--	--	--	--	--	--	100	--

Appendix D: Prevention Fund amounts used to supplant appropriations over FY 2008 baseline (millions of dollars) /1

PROGRAM	AGENCY	CATEGORY /2	SUPPLEMENT/ NEW, OR SUPPLANT? (OVER FY 2008)	FY 2008 ENACTED APPROPRIATIONS (BASELINE) /3	FY 2009 ENACTED APPROPRIATIONS /4	FY 2010 ENACTED APPROPRIATIONS /5	FY 2010 ENACTED PREVENTION FUND	FY 2010 ENACTED, AMOUNT SUPPLANTING /6	FY 2011 ENACTED APPROPRIATIONS /5	FY 2011 ENACTED PREVENTION FUND	FY 2011 ENACTED, AMOUNT SUPPLANTING /6	FY 2012 ENACTED APPROPRIATIONS /5	FY 2012 ENACTED PREVENTION FUND	FY 2012 ENACTED, AMOUNT SUPPLANTING /6	FY 2013 REQUEST APPROPRIATIONS /5	FY 2013 REQUEST PREVENTION FUND	FY 2013 REQUEST, AMOUNT SUPPLANTING /6
Emerging Public Health Issues	OS/GDM	research and tracking	new	--	--	--	--	--	--	--	--	--	20	--	--	--	--
President's Council on Fitness, Sports, and Nutrition	OS/ OASH	community prevention *	supplement	1.2	1.2	1.2	0.9	--	1.2	--	--	1.2	--	--	1.1	--	--
Strategic Planning (Health Surveillance and Planning)	OS/ OASH	research and tracking	new	--	--	--	1	--	--	--	--	--	--	--	--	--	--
Teen Pregnancy Prevention (TPP)	OS/ OASH	community prevention	new	--	--	110	--	--	104.8	--	--	104.6	--	--	--	104.8	--
Subtotal: OS				1.2	1.2	111.2	12	--	106	19.1	--	105.8	50	--	1.1	209.8	--
Primary & Behavioral Health Integration	SAMHSA	clinical prevention *	new	--	6.9	14	20	--	27.8	35	--	30.7	35	--	--	28	--
SAMHSA Agency-Wide Initiative: Tribal Prevention Grants	SAMHSA	community prevention	new	--	--	--	--	--	5.3	--	--	3.5	--	--	--	40	--
SAMHSA Healthcare Surveillance	SAMHSA	research and tracking	unclear ‡	n/a	n/a	n/a	--	--	101.8	18	‡	106.3	18	‡	121.2	--	--
Screening, Brief Intervention and Referral to Treatment	SAMHSA	clinical prevention	supplant	29	29	29.1	--	--	26.7	25	2.3	26.2	25	2.8	--	30	29
STOP Act (Sober Truth on Preventing Underage Drinking)	SAMHSA	community prevention	supplant	5.4	7.2	7	--	--	7	--	--	6.9	--	--	--	7	5.4
Suicide Prevention - Garrett Lee Smith	SAMHSA	clinical prevention ++	supplement	44.4	44.2	45.2	--	--	44.8	10	--	45.1	10	--	44.7	--	--

Appendix D: Prevention Fund amounts used to supplant appropriations over FY 2008 baseline (millions of dollars) /1

PROGRAM	AGENCY	CATEGORY /2	SUPPLEMENT/ NEW, OR SUPPLANT? (OVER FY 2008)	FY 2008 ENACTED APPROPRIATIONS (BASELINE) /3	FY 2009 ENACTED APPROPRIATIONS /4	FY 2010 ENACTED APPROPRIATIONS /5	FY 2010 ENACTED PREVENTION FUND	FY 2010 ENACTED, AMOUNT SUPPLANTING /6	FY 2011 ENACTED APPROPRIATIONS /5	FY 2011 ENACTED PREVENTION FUND	FY 2011 ENACTED, AMOUNT SUPPLANTING /6	FY 2012 ENACTED APPROPRIATIONS /5	FY 2012 ENACTED PREVENTION FUND	FY 2012 ENACTED, AMOUNT SUPPLANTING /6	FY 2013 REQUEST APPROPRIATIONS /5	FY 2013 REQUEST PREVENTION FUND	FY 2013 REQUEST, AMOUNT SUPPLANTING /6
Subtotal: SAMHSA				78.8	87.3	95.3	20	--	213.4	88	2.3	218.7	88	2.8	165.9	105	34.4
Total discretionary appropriations and PPHF allocations				3180	3310	3602	500		3654	750		3556	1000		3186	1250	
Total PPHF allocations used to supplant appropriations								0			119.8			173.5			444.5
Total PPHF allocations used for new/supplementary programs								479.7			605.2			772.5			795.5
Total PPHF allocations unclear if supplanting or supplementing ‡								20.3			25			54			10

Sources of data: *FY 2010-2013 president's budget requests for HHS and relevant HHS agencies;[37] HHS announcements of 2010,[38,39] 2011[40], and 2012[41] Prevention Fund allocations*

Notes:

1/ In the interest of space, amounts here are rounded differently than in other tables.

2 For FYs 2010 and 2011, HHS reported total allocations according to these categorizations, and provided examples of programs funded under each category. Since there were no complete program-level lists available, the categorization of other programs funded in those years was estimated. No reports of categorizations are yet available for FY 2012 and 13 (at either the total or program level), so categorization of program funding is completely estimated for these years.

3/ This analysis uses FY 2008 as a baseline because the language in the Prevention and Public Health Fund section indicates that funding must be used to increase public health and prevention spending over 2008 levels.

4/ FY 2009 is included for continuity, but it is not part of the calculations of supplantation.

5/ The amount in this column may include discretionary appropriations as well as other funds, such as the Public Health Service Program Evaluation Set-Aside.

6/ If a year's appropriations are below the FY 2008 baseline, the amount (if any) of the Prevention Fund used to "bridge the gap" is counted as supplanting funds. On the other hand, if the Prevention Fund is used only to supplement appropriations, or also supplements above any supplantation, those amounts are not counted as supplanting funds.

** Most reports of 2010 allocations note a combined amount of $126.1 million for "community and clinical prevention." Later, community and clinical prevention amounts are broken out. Here, the 2010 funding has been broken out into separate estimates of community and clinical prevention, to enable multi-year comparison. The starred amounts total the $126.1 million.*

***These FY 2010 infrastructure and workforce programs are part of the one-time allocation of $250.6 million for primary care workforce enhancement activities. Other programs in this category (in FY 2010 and other years) go toward public health workforce and infrastructure activities.*

****See sub-programs.*

+The Prevention/Care Management (PCM) program and two of its three sub-programs are categorized as "research and tracking," but one of its sub-programs, Healthy Weight Practice-Based Research Networks, is categorized as "community prevention," so FY 2010 categorizations would match HHS announcements of totals per category (see note 2 above.)

++ APHA is least sure about these categorizations, but they have been estimated to fall within the given categories, in order to fit FY 2010 and 2011 HHS announcements of category totals.

§ Early announcements of FY 2012 allocations indicated $26 million to CDC for Prevention, Education, and Outreach, up from $2 million in FY 2011. However, this was replaced by $26 million in related allocations to other agencies: $4 million to AoA, $2 million to HRSA, and $20 million to ASPA.

‡ (and n/a) The appropriations level in one or more fiscal years is not available, which means it may be unclear whether the Fund was used to supplant or supplement existing appropriations.

APPENDIX E: FY 2010 – 2013 PRESIDENT'S BUDGET REQUESTS FOR HHS AND RELEVANT HHS AGENCIES

The annual budget requests for relevant agencies within the U.S. Department of Health and Human Services were key resources for this issue brief. These are part of the president's budget request announced each February for the upcoming fiscal year. Although president's budgets do not represent the final numbers that will be enacted for a given fiscal year, they provide useful historical information on program level spending for previous years. For example, the FY 2013 budget requests for each agency were used as resources for FY 2011 and 2012 spending.

Because these documents were cited many times throughout the issue brief, and because each year's budget involves numerous links, the references are being provided here rather than in the reference end notes.

FY 2013 President's Budget for HHS. U.S. Department of Health and Human Services. February 2012. Available online at: http://www.hhs.gov/budget/. See, in particular:

- AHRQ: http://www.ahrq.gov/about/cj2013/cj2013.pdf
- AoA: http://www.aoa.gov/AoARoot/About/Budget/DOCS/FY_2013_AoA_CJ_Feb_2012.pdf
- CDC: http://www.cdc.gov/fmo/topic/Budget%20Information/appropriations_budget_form_pdf/FY2013_CDC_CJ_Final.pdf
- HRSA: http://www.hrsa.gov/about/budget/budgetjustification2013.pdf
- GDM (for OS): http://www.hhs.gov/budget/hhs-general-budget-justification-fy2013.pdf
- SAMHSA: http://www.samhsa.gov/Budget/FY2013/SAMHSAFY2013CJ.pdf

FY 2012 President's Budget for HHS. U.S. Department of Health and Human Services. February 2011. Available online at: http://www.hhs.gov/about/budget/index.html. See, in particular:

- AHRQ: http://www.ahrq.gov/about/cj2012/cj2012.pdf
- AoA: http://www.aoa.gov/AoARoot/About/Budget/DOCS/FY_2012_AoA_CJ_Feb_2011.pdf
- CDC: http://www.cdc.gov/fmo/topic/Budget%20Information/appropriations_budget_form_pdf/FY2012_CDC_CJ_Final.pdf
- HRSA: http://www.hrsa.gov/about/budget/budgetjustification2012.pdf
- GDM (for OS): http://www.hhs.gov/about/budget/fy2012/gdm_cj_fy2012.pdf
- SAMHSA: http://www.samhsa.gov/Budget/FY2012/SAMHSA-FY11CJ.pdf*FY 2011 President's Budget for HHS.* U.S. Department of Health and Human Services. February 2010. Available online at: http://www.hhs.gov/about/budget/fy2011/index.html. See, in particular:

- AHRQ: http://www.ahrq.gov/about/cj2011/cj2011.pdf
- AoA: http://www.aoa.gov/AoAroot/About/Budget/DOCS/AoA_CJ_FY_2011.pdf
- CDC: http://www.cdc.gov/fmo/topic/Budget%20Information/appropriations_budget_form_pdf/FY2011_CDC_CJ_Final.pdf
- HRSA: http://hrsa.gov/about/pdf/budgetjust2011.pdf
- GDM (for OS): http://www.hhs.gov/about/budget/fy2011/2011cj.pdf
- SAMHSA: http://samhsa.gov/Budget/FY2011/SAMHSA_FY11CJ.pdf

FY 2010 President's Budget for HHS. U.S. Department of Health and Human Services. February 2009. Available online at: http://www.hhs.gov/about/budget/fy2010/index.html. See, in particular:

- AHRQ: http://www.ahrq.gov/about/cj2010/cj2010.pdf
- AoA: http://www.aoa.gov/AoARoot/Program_Results/docs/2010/FY2010AoACongressionalJustificationFinal.PDF
- CDC: http://www.cdc.gov/fmo/topic/Budget%20Information/appropriations_budget_form_pdf/FY2010_CDC_CJ_Final.pdf
- HRSA: ftp://ftp.hrsa.gov/about/budgetjustification10.pdf
- GDM (for OS): http://www.hhs.gov/about/budget/fy2010/2010gdmcj.pdf
- SAMHSA: http://www.samhsa.gov/Budget/FY2010/SAMHSA_FY10CJ.pdf

FY 2009 President's Budget for HHS. U.S. Department of Health and Human Services. February 2008. Available online at: http://www.hhs.gov/about/budget/fy2009/index.html. See, in particular:

- AHRQ: not available
- AoA: http://www.aoa.gov/about/legbudg/current_budg/docs/FinalAoAFY2009CongressionalJustification01282008.pdf
- CDC: http://www.cdc.gov/fmo/PDFs/FY09_CDC_CJ_Final.pdf
- HRSA: ftp://ftp.hrsa.gov/about/budgetjustification09.pdf
- GDM (for OS): http://www.hhs.gov/about/budget/fy2009/budgetfy09cj.pdf
- SAMHSA: http://www.samhsa.gov/Budget/FY2009/SAMHSA_CJ2009.pdf

References

1 The Patient Protection and Affordable Care Act (P.L. 111-148) was enacted on March 23, 2010. The Health Care and Education Reconciliation Act (P.L. 111-152), which included some amendments to the health reform law, was enacted on March 30, 2010.

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3 Ten Great Public Health Achievements – United States, 1900-1999. *Morbidity and Mortality Weekly Report (MMWR)*. Atlanta, GA: U.S. Centers for Disease Control and Prevention, April 2009. Available online at: http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm.

4 Adult Obesity Facts. Atlanta, GA: U.S. Centers for Disease Control and Prevention, updated April 2012. Available online at: http://www.cdc.gov/obesity/data/adult.html.

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7 Vital Signs: Prevalence, Treatment, and Control of Hypertension – United States, 1999-2002 and 2005-2008. *Morbidity and Mortality Weekly Report (MMWR)*. Atlanta, GA: U.S. Centers for Disease Control and Prevention, February 2011. Available online at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6004a4.htm.

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