



January 14, 2011

The Honorable Kathleen Sebelius, Secretary
Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

RE: Allocations of Prevention and Public Health Fund FY11 and FY12

Dear Secretary Sebelius:

ASTHO and NACCHO join in urging your strongest support for continuation of funding that will enable CDC to continue and expand grants to state, territorial, local and tribal health departments to strengthen public health infrastructure for improved health outcomes in Fiscal Years 2011 and 2012. We are greatly concerned that an abrupt halt to this potentially transformative program will hobble the abilities of grantees to pursue innovations that are essential not only to meet and exceed new standards of quality, but also to reshape their roles in order to function with the greatest possible effectiveness in a changing health system.

ASTHO and NACCHO were gratified by the Administration's decision to inaugurate this program with a modest \$50 million allocation from the FY2010 Prevention and Public Health Fund and advocated vigorously for its expansion in FY2011. While the House Appropriations Committee contemplated an increase to \$75 million, the Senate-passed FY2011 appropriations bill and the Omnibus bill that was filed by Chairman Inouye allocated this funding to other programs. ASTHO and NACCHO urge an allocation of \$75 million in FY2011 and \$100 million in 2012 for public health infrastructure.

The very purpose of the Fund is to fulfill the promise of the Affordable Care Act to improve the health of America by enabling new investments in prevention, particularly population-based prevention, without exacting a toll on other important federal public health functions, even in the face of extraordinary fiscal challenges. As the Prevention and Public Health Fund grows each year, as provided by the Affordable Care Act, it is reasonable to embark on a steady increase of funds to expand the reach and the depth of the public health infrastructure program to build capacities in a planned and sustainable fashion.

The draft National Prevention Strategy includes four cross-cutting strategic directions that are characterized as the foundation for the Strategy. One of these is to "Build prevention capacity that supports state, Tribal, local, and Territorial efforts to promote health, prevent disability and disease and ensure preparedness for natural and man-made threats and emergencies." Funding to build this capacity is essential to enable governmental public health departments to implement the National Prevention Strategy recommendations. Without it, the Strategy will be an empty promise.

CDC's program to strengthen public health infrastructure is the sole funding stream dedicated exclusively to build such capacities in a manner that transcends specific diseases, health threats, or particular disciplines within public health, but that aids them all by engineering new ways of delivering

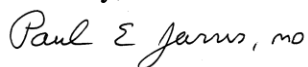
service and by measuring and continuously improving quality. It is the best possible way to improve overall prevention capacity in the governmental public health sector in service to the National Prevention Strategy. It is necessary in order to enhance the population-based data and information that are the underpinnings for public health actions to prevent the leading causes of death.

CDC awarded modest formula-based grants to strengthen public health infrastructure on September 20, 2010 to 49 states, the District of Columbia, nine large city or county health departments, eight tribal entities, and eight US-affiliated territories. The sums awarded are expected to support the activities of one full-time equivalent performance improvement manager. This puts in place the basic requirement for any new work – a person dedicated exclusively to implementing it. More substantial competitively awarded grants were made to 14 states, 3 localities, one tribal nation, and one territorial entity, accompanied by commensurately more expansive performance expectations. Several states have already hired new performance improvement managers who are bringing unique expertise such as Six Sigma certification. Loss of funding would immediately impact and undermine this very promising direction to enhance public health capacities through quality improvement.

This nascent program can fulfill its promise only if it is sustained. At the same time, it is essential that CDC support for existing categorical public health programs that specifically address “winnable battles” or support other evidence-based activities continue, so that those resources can be integrated into a greater public health system that measures health outcomes. ASTHO and NACCHO therefore support the Senate and omnibus appropriations allocations from the Prevention and Public Health Fund for Public Health Workforce, Section 317 Immunization, Community Transformation Grants, Chronic Disease State Grants, Epidemiology and Laboratory Capacity, and Environmental Public Health Tracking, as well as the Senate and omnibus appropriations for the Public Health Emergency Preparedness program. Dramatic state and local budget cuts have reduced and even eliminated key public health programs, from food safety inspections in retail establishments to tobacco prevention. Maintaining federal support for the programs named above is essential to avoid back-sliding in public health services that all Americans take for granted.

ASTHO and NACCHO are grateful for your leadership in articulating the importance of the governmental public health system and advocating sustainable, accountable funding for it.

Sincerely,



Paul E. Jarris, MD, MBA
Executive Director
ASTHO



Robert M. Pestronk
Executive director
NACCHO

Cc: Dr. Thomas R. Frieden, Director
Centers for Disease Control and
Prevention