

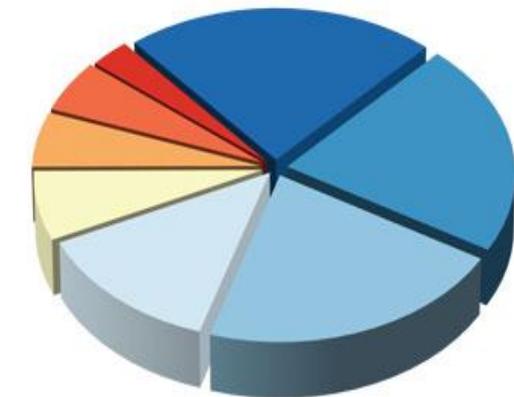
# Prevention Fund Allocations – (Fiscal Year 2016)

	FY 2015	FY 2016
<b>CDC</b>		
Baby Friendly Hospitals/Breastfeeding	8.000	8.000
Cancer	104.000	0.000
Breast and Cervical Cancer	104.000	0.000
Child Health and Development		
Diabetes	73.000	73.000
Environmental Public Health Tracking	0.000	0.000
Epidemiology and Laboratory Capacity Grants	40.000	40.000
Health and Development with Disabilities	0.000	0.000
Healthcare-Associated Infections	12.000	12.000
Heart Disease & Stroke Prevention Program	73.000	73.000
Lead Poisoning Prevention	13.000	17.000
Healthy Weight Taskforce and National Early Care and Education Collaboratives	4.000	4.000
Million Hearts	4.000	4.000
Nutrition, Physical Activity, Obesity State Grants	35.000	0.000
Prevention Research Centers	0.000	0.000
Preventive Health and Health Services Block Grants	160.000	160.000
Public Health Workforce	0.000	0.000
Racial & Ethnic Approaches to Community Health (REACH)	30.000	50.950
Section 317 Immunization Program	210.300	324.350
Tobacco Prevention	110.000	126.000
Workplace Wellness	10.000	0.000
<b>CDC Subtotal</b>	<b>887.300</b>	<b>892.300</b>
<b>SAMHSA</b>		
Suicide Prevention - Garrett Lee Smith	12.000	12.000
Health Surveillance		
<b>SAMHSA Subtotal</b>	<b>12.000</b>	<b>12.000</b>
<b>ACL</b>		
Chronic Disease Self-Management	8.000	8.000
Alzheimer's Disease Initiative - Services Program	10.500	
Alzheimer's Disease Initiative - Communications Campaign	4.200	
Alzheimer's Disease Prevention Education and Outreach		14.700
Elderly Falls Prevention	5.000	5.000
<b>ACL Subtotal</b>	<b>27.700</b>	<b>27.700</b>
Sequestered Funds	73.000	68.000
<b>Total, All Activities</b>	<b>1,000.000</b>	<b>1,000.000</b>

# Preventive Health and Health Services Block Grant

- “The Preventive Health and Health Services Block Grant provides all 50 states, the District of Columbia, two American Indian tribes, and eight US territories with funding to address their unique public health needs in innovative and locally defined ways. This program gives grantees the flexibility to use funds to respond rapidly to emerging health issues and to fill funding gaps in programs that deal with leading causes of death and disability.”
- Currently funded at \$160 million.

Funding by Health Program Areas  
Fiscal Year 2014  
\$136,069,681



Administrative costs (up to 10%); Direct Assistance not included.

# Childhood Immunization Grants (317)

- \$324 million of Section 317's funding came from Prevention Fund in Fiscal Year 2016.
- Section 317 grants help ensure that the right vaccines get to the right people at the right time to protect their health and the health of their communities and prevent resurgences of life-threatening diseases.
- Section 317 helped build immunization infrastructure, including registries, surveillance, outreach and service delivery.



# Epidemiology and Lab Capacity

- ❑ \$40 million from the Fund was allocated to ELC grants in Fiscal Year 2016.
- ❑ ELC program grantees receive funding to support and enhance their epidemiology and laboratory capacity and to improve health information systems.
- ❑ Through PPHF support, ELC has added full- and part-time epidemiology and laboratory positions in the state, large local, and territorial health departments. These positions, along with funds for training, lab equipment, and supplies, have contributed to earlier detection and response to outbreaks, leading to reduced numbers of cases.



# Lead Poisoning Prevention

- \$17 million from the Fund allocated in Fiscal Year 2016 for lead poisoning prevention.
- Works to eliminate childhood lead poisoning by:
  - Educating the public and health care providers about childhood lead poisoning
  - Funding for health departments to determine the extent of childhood lead poisoning by screening children for elevated blood lead levels



# State Healthcare-Associated Infection (HAI) Prevention Program

- \$12 million from the Fund was allocated to HAI programs in FY16.
- Funds from the PPHF are being used to sustain programs working across the healthcare system to maximize HAI prevention efforts through collaboration with public health and healthcare partners.
- These investments have increased state health department access to and use of National Healthcare Safety Network data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

