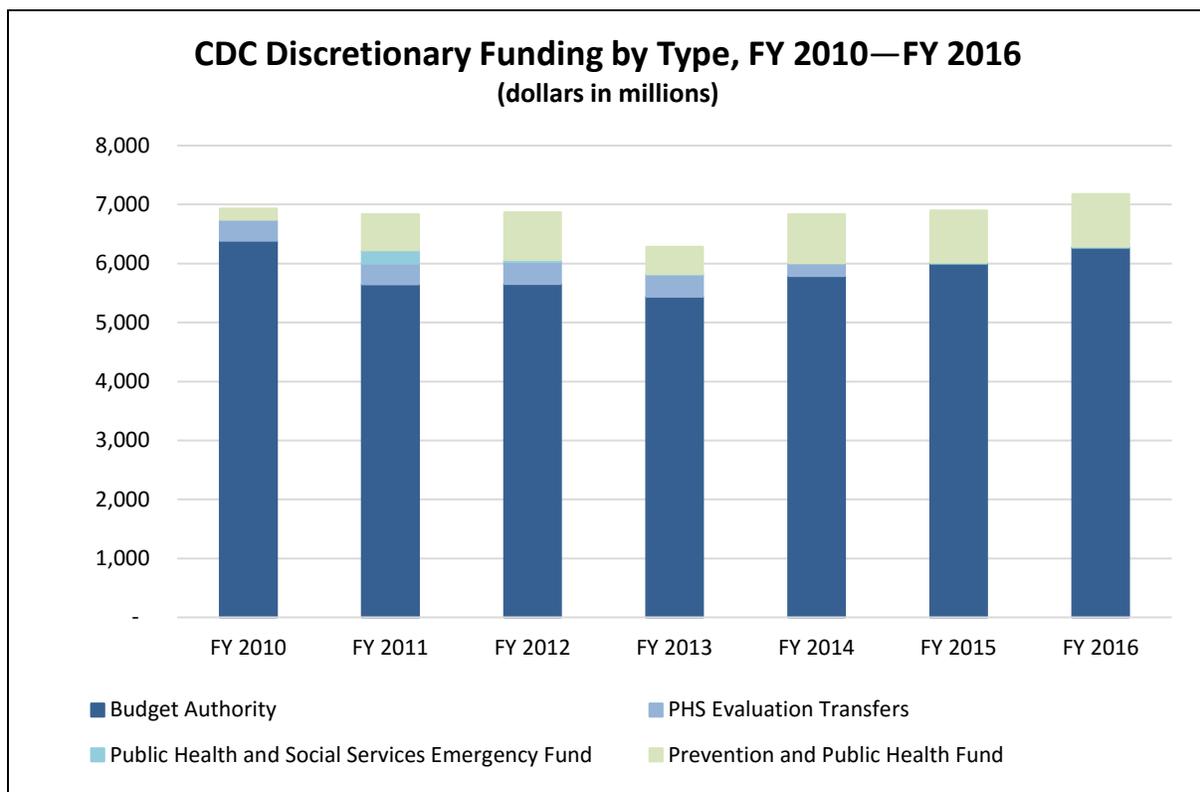


Accomplishing CDC's Mission with Investments from the Prevention & Public Health Fund, FY 2010-FY 2016

Since its inception in FY 2010, funding appropriated to CDC from the Prevention and Public Health Fund (PPHF) has become integral to CDC program operations.

- In FY 2016, PPHF accounted for over 12 percent of CDC's total program funding.
- This growth in PPHF at CDC was accompanied by a \$119 million reduction in Budget Authority (BA) and the elimination of PHS Evaluation Transfers (-\$352 million).

Starting in FY 2014, Congress began directing the allocation of PPHF, as part of the Appropriation bill.



Over the last six years, the PPHF has improved the health of Americans and slowed the growth of public and private healthcare costs. Below are examples of programs that save lives and money and were paid for by the PPHF. Most of these were previously supported in whole or in part through regular budget authority.

Protecting children and adults through immunization

CDC's [immunization program](#) is vital to achieving the goal of protecting Americans from infectious diseases. In FY 2016, PPHF funding of \$324.4 million accounted for over 40% of total program funding. Losing this funding would cripple CDC's ability to detect, prevent, and respond to vaccine-preventable respiratory and related infectious disease threats including pandemic influenza.

Supporting local solutions through the Preventive Health & Health Services Block Grant

The [Preventive Health & Health Services \(PHHS\) Block Grant](#) provides all 50 states, Washington D.C., two American Indian tribes, and eight U.S. territories with funding to address their unique public health needs in innovative and locally defined ways. Since FY 2014, the PHHS Block Grant—\$160 million each year—has been entirely funded by the PPHF.

Strengthening capacity to respond to domestic infectious disease threats

The PPHF allows CDC to [support](#) states in strengthening their ability to detect and respond to infectious disease and other public health threats, including increasing the use of electronic laboratory reporting and improving their information technology infrastructure through the Epidemiology and Laboratory Capacity (ELC) program. This capability has been critical in recent outbreaks including those related to multi-state foodborne illness, influenza, and fungal meningitis, and provides a foundation for the antibiotic resistance program that can avert \$7.7 billion in healthcare spending over the next five years. In FY 2016, PPHF investments in ELC totaled \$40 million.

Preventing childhood lead poisoning

As was illustrated by the recent crisis in Flint, Michigan, lead exposure remains a major concern in the United States. Today, at least 535,000 children still have blood lead levels high enough to damage their health. Medical and special education expenses alone can equal \$5,600 for each child with serious lead poisoning in just three years after diagnosis, and CDC estimates that lead exposure will result in more than \$59 billion in lost lifetime productivity costs. CDC has received PPHF funds for childhood lead poisoning prevention since 2014, including \$17 million in FY 2016. With these funds, CDC [supports](#) 29 states, Washington D.C., and five local health departments to conduct blood-lead surveillance and to reduce or eliminate lead sources for children at highest risk for exposure.

In 2015, CDC's grantees tested 2,415,604 children in the United States and identified nearly 80,000 children with elevated blood lead levels (at or above 5 micrograms per deciliter). CDC's efforts have contributed to reduced blood lead levels in children 5 years and under with elevated blood lead levels (between 5-9 micrograms per deciliter) from over 256,000 children (6%) in 2010 to under 80,000 children (3%) in 2015.

Protecting patients by preventing healthcare-associated infections

Reducing healthcare-associated infection (HAI) can save lives and substantially reduce health care expenditures. CDC estimates that at any given time, one in 25 hospitalized patients has an HAI. With PPHF funds, CDC [supports](#) health departments in all states, Washington D.C., and Puerto Rico to enhance their capacity to detect, respond, prevent and control healthcare-associated infections. In FY 2016, PPHF investments in HAI totaled \$12 million.

Examples from just two states show the power of public health interventions to reduce HAI. Facilities in Michigan's Carbapenem-resistant Enterobacteriaceae (CRE) Surveillance and Prevention Initiative have prevented at least 153 CRE infections and reported a 33% reduction in CRE-positive cultures, among participating facilities. In one long-term acute care facility, the prevalence of CRE decreased from 37% to 7%. This was achieved by initiating admission surveillance, patient isolation, contact precautions, and conducted cultures every 30 days. Connecticut's Antimicrobial Stewardship Collaborative improves stewardship practices in select acute care hospitals and long-term care facilities. Preliminary results show 13% fewer *Clostridium difficile* infections and 17% fewer Methicillin-resistant *Staphylococcus aureus* infections than non-collaborative facilities.

This table reflects FY 2016 Prevention and Public Health Fund (PPHF) grants awarded by the Centers for Disease Control and Prevention (CDC) to **all grantees** in each state.

FY 2016 PPHF Funding to States—All Grantees			
Alabama	\$8,973,423	Montana	\$4,966,229
Alaska	\$4,462,597	Nebraska	\$9,591,525
Arizona	\$9,368,015	Nevada	\$3,834,916
Arkansas	\$5,919,989	New Hampshire	\$4,993,404
California	\$61,553,706	New Jersey	\$12,111,673
Colorado	\$8,934,369	New Mexico	\$8,651,427
Connecticut	\$7,345,772	New York	\$41,517,446
Delaware	\$2,492,564	North Carolina	\$17,183,464
District of Columbia	\$10,306,616	North Dakota	\$2,995,110
Florida	\$20,372,850	Ohio	\$22,990,225
Georgia	\$20,084,351	Oklahoma	\$9,317,151
Hawaii	\$8,005,176	Oregon	\$9,292,480
Idaho	\$4,485,717	Pennsylvania	\$22,398,271
Illinois	\$18,616,970	Rhode Island	\$8,047,792
Indiana	\$8,276,290	South Carolina	\$11,315,305
Iowa	\$7,126,042	South Dakota	\$3,746,565
Kansas	\$9,065,813	Tennessee	\$13,507,582
Kentucky	\$8,137,514	Texas	\$29,023,872
Louisiana	\$9,022,206	Utah	\$9,879,302
Maine	\$5,517,600	Vermont	\$2,927,513
Maryland	\$16,975,209	Virginia	\$15,420,904
Massachusetts	\$17,622,501	Washington	\$14,012,178
Michigan	\$21,595,383	West Virginia	\$4,533,864
Minnesota	\$16,151,974	Wisconsin	\$12,824,029
Mississippi	\$6,255,371	Wyoming	\$2,204,994
Missouri	\$10,770,773		
Total			\$624,726,012