



The Prevention and Public Health Fund: Preventing Disease and Reducing Long-Term Health Costs

The COVID-19 pandemic has exposed the impact of the chronic underfunding of public health and prevention. Health inequities and chronic disease as well as an underfunded public health infrastructure has made the nation less resilient to the pandemic. Right now, communities across the country face serious, ongoing and costly health problems. Even before the pandemic, Americans' life expectancy declined each year from 2014 through 2017 – a trend not seen since World War I – driven by the substance misuse epidemic and increasing rates of suicide, as well as high rates of chronic illnesses such as heart disease and diabetes. Today, six in 10 adults in the U.S. have a chronic disease, such as cancer, diabetes, heart disease and stroke, and chronic diseases are the leading causes of death and disability and the leading drivers of the nation's [healthcare costs](#). Are these trends inevitable? No. Most chronic diseases [are preventable](#), as are many of the substance misuse and suicide deaths, if we prioritize prevention and public health.

The United States spends more than [\\$3.5 trillion annually on health](#), but Americans aren't getting any healthier. To prevent disease and stem the rising tide of health epidemics, stable and sufficient funding is needed to support basic public health capabilities nationwide. Today, [less than three percent](#) of national health spending is directed to public health and prevention. This equates to an average public health expenditure of about \$255 per person. By contrast, total healthcare spending in the United States is over \$10,000 per person. Proven disease prevention strategies can produce a substantial return on investment—for example, recent research found that [44 percent](#) of improved life expectancy between 1990-2015 was attributable to public health interventions.

The Prevention and Public Health Fund (the Fund or PPHF) is a critical investment in prevention and public health, and by statute is meant “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.” The Fund is vital in supporting public health services. Prevention Fund programs have demonstrated the importance of expanding evidence-based approaches to prevent disease and strengthen public health infrastructure. The Fund was created to reduce health care costs and improve health, and to date, has invested more than \$9 billion to enable communities in every state and territory to invest in effective, proven public health and prevention efforts.

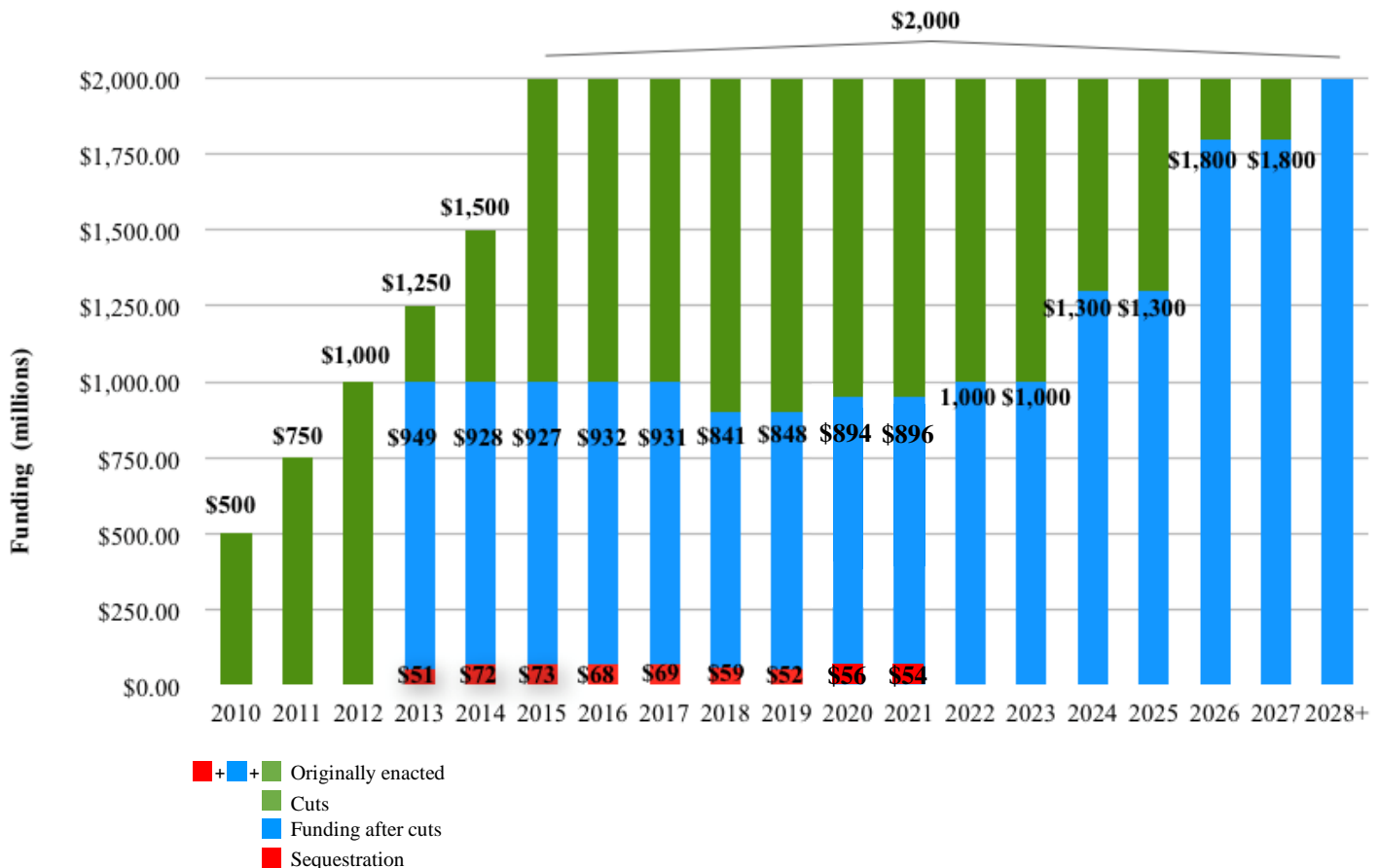
The Prevention Fund will provide \$16.2 billion over the next 10 years (Fiscal Years 2022-31) to improve public health and prevent chronic illnesses, suicide and infectious diseases.

Why the Prevention Fund Matters

The Fund supports services and programs that allow health to be improved in communities, schools, workplaces and homes by creating healthier environments and supporting and eliminating obstacles to healthy behaviors. The Fund:

- Supports prevention efforts targeted at reducing tobacco use, increasing physical activity, improving nutrition, expanding mental health and injury prevention programs, and improving prevention activities.
- Provides financial support directly to states and communities to address their most pressing health challenges with programs and services most appropriate for their community needs.
- Invests in programs that are proven and effective.

The Prevention Fund is intended to ensure a coordinated, comprehensive, sustainable, and accountable approach to improving our country's health outcomes through the most effective prevention and public health programs. Since its creation, the Prevention Fund has been instrumental in maintaining and increasing support for evidenced-based public health and prevention programs funded by Centers for Disease Control and Prevention (CDC) and other public health agencies. Despite funding critical work, the Prevention Fund has already been cut by \$11.85 billion dollars from FY2013 through 2027.



Notes: The original allocations (green bars) were established by the Patient Protection and Affordable Care Act (ACA) (P.L. 110-48), while cuts (blue bars) were established by the Bipartisan Budget Act of 2018 (P.L. 115-123, Current Law). Source: TFAH analysis of congressional committee reports

The Allocation of the Prevention Fund

In FY2021, most of the Prevention Fund (95 percent) supports investments at CDC. However, a portion of the Fund also support programs at the Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration for Community Living (ACL).

Key highlights of the investments include:

CDC

\$372.2 million for the CDC Immunization Program: Sometimes called Section 317, the Immunization Program plays a critical role in [meeting national immunization coverage targets and reductions in disease](#). These grants have also been key to building the immunization infrastructure, including registries, surveillance, outreach and service delivery and have been critical in responses to recent outbreaks of measles and other vaccine-preventable diseases.

\$160 million for the Preventive Health and Health Services Block Grant: The block grant provides funding to states to address their unique public health issues in innovative and locally defined ways. Under the careful direction of CDC, grantees can channel the funding to their most urgent state-specific health needs.

\$128.1 million for tobacco use prevention: This funding allowed the CDC to run the first-ever paid national tobacco education campaign — *Tips From Former Smokers* (Tips). *Tips* encouraged people to quit smoking by highlighting the toll that smoking-related illnesses take on smokers and their loved ones. A [study published in the American Journal of Preventive Medicine](#) associated the campaign with an estimated 129,100 premature deaths avoided, 803,800 life years gained, 1.38 million quality-adjusted life years gained, and \$7.3 billion in healthcare sector cost savings on the basis of an estimated 642,200 campaign-associated lifetime quits. An [article published in Preventing Chronic Disease](#) estimates that the campaign led to over 1 million sustained quits from 2012 to 2018.

\$109.35 million to prevent Diabetes, Heart Disease and Stroke: CDC supports initiatives at the local, state and federal level to reduce the rate of obesity and tobacco use. Obesity and tobacco are two of the leading drivers of chronic diseases and related healthcare costs. Reducing obesity by lowering the average Body Mass Index (BMI) of Americans by just 3 percent could spare millions of Americans from diseases including type 2 diabetes, heart disease and cancer.

\$40 million to build epidemiology and laboratory capacity: The Fund supports cross-cutting epidemiology and laboratory capacity that enables state and local health officials to detect and respond to emergencies that put citizens' lives and health at stake – including natural disasters, terrorist attacks, infectious disease outbreaks, and unsafe food, air and water.

\$17 million to prevent childhood lead poisoning: These grants enable state health departments to support surveillance programs to identify the highest risk areas and target appropriate population-based prevention interventions wherever needs are identified.

\$12 million to prevent healthcare associated infections: The grants support states to conduct surveillance, outbreak investigations, and laboratory research and to make improvements in clinical practice, medical procedures, and the ongoing development of evidence-based infection control guidance and prevention.

CDC (continued)

\$9 million for Hospitals Promoting Breastfeeding: These funds help hospitals improve maternity care to promote breastfeeding. Breastfeeding protects babies from infections and illnesses, including diarrhea, ear infections and pneumonia. In addition, breastfed babies are less likely to develop asthma and those who are breastfed for six months are less likely to become obese.

\$4 million for the Healthy Weight Taskforce and National Early Care and Education Collaboratives: These projects work to develop policy and practice improvements to prevent childhood obesity.

\$4 million for the Million Hearts program: Million Hearts aligns national heart disease prevention efforts around a select set of evidence-based public health and clinical goals and strategies.

SAMHSA

\$12 million to prevent suicide: Garrett Lee Smith grants support states and tribes with implementing youth suicide prevention and early intervention in a variety of settings.

ACL

\$14.7 million for Alzheimer's Disease prevention education and outreach: These grants allow the development and implementation of community level direct service and training programs in support of persons living with dementia and their caregivers.

\$8 million for chronic disease self-management: Chronic disease self-management programs provide education and tools to older adults and adults with disabilities to help them better manage chronic conditions such as diabetes, heart disease, arthritis, chronic pain, and depression.

\$5 million for elderly falls prevention: Grantees work to significantly increase the number of older adults and adults with disabilities who participate in evidence-based community programs to reduce falls and falls risks, while building partnerships with the health care sector to embed these strategies into an evidence-based prevention program network.