Right now, communities across the country face serious, ongoing and costly health problems. Americans face challenges driven by the COVID-19 pandemic, substance misuse epidemic and increasing rates of suicide, as well as high rates of chronic diseases 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 an estimated $4.1 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 core public health capabilities nationwide. In 2020, only 5.4 percent of national health spending is directed to public health and prevention. A rebalancing of this spending would allow proven community prevention strategies to address a wide range of health outcomes from chronic disease to substance misuse to injury and violence, to be established and/or scaled in communities that need them the most. These strategies can produce a substantial return on investment—for example, mass media campaigns combatting tobacco helped save an estimated $7.3 billion in smoking-related healthcare costs. A CDC study found that only half of adults get the physical activity they need to help reduce and prevent chronic diseases, resulting in $117 billion per year in health care expenditures related to inadequate levels of physical activity.

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 building evidence-based programs to promote prevention of disease and strengthening public health infrastructure. The Fund was created to reduce health care costs and improve health and, to date, has invested more than $11.3 billion to enable communities in every state and territory to invest in effective, proven public health and prevention efforts.

The Prevention Fund will provide $17.2 billion over the next 10 years (Fiscal Years 2023-32) to improve public health and prevent chronic diseases, suicide, and infectious diseases.
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 the Centers for Disease Control and Prevention (CDC). Despite funding critical work, the Prevention Fund has already been cut by $11.85 billion dollars from FY2013 through 2027.

Why the Prevention Fund Matters

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 the Centers for Disease Control and Prevention (CDC). Despite funding critical work, the Prevention Fund has already been cut by $11.85 billion dollars from FY2013 through 2027.

Prevention and Public Health Funding Over Time

Original enacted allocations = blue & red & yellow.

Note: The Patient Protection and Affordable Care Act (ACA) (P.L. 110-48) established the original allocations (blue bars + red bars + gold bars), while most recently, the Bipartisan Budget Act of 2018 (P.L. 115-123, current law) triggered cuts (blue bars). The CDC receives most but not all distributions from the Prevention Fund; the rest is allocated to the Substance Abuse and Mental Health Services Administration and the Administration for Community Living.
In FY2022, most of the Prevention Fund (95 percent) supports investments at CDC. However, a portion of the Fund also supports programs to at the Substance Abuse and Mental Health Services Administration (SAMHSA), and Administration for Community Living (ACL).

Key highlights of the investments include:

**$419.35 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.

**$127.85 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 individuals who smoke and their loved ones. CDC estimates that over 16.4 million Americans have attempted to quit smoking because of the campaign and over one million have quit for good.

**$109.35 million to prevent Diabetes, Heart Disease and Stroke:** The Prevention Fund supports CDC’s diabetes work, including the National Diabetes Prevention Program, which saved an estimated $1,146 in healthcare costs per participant. The Fund also supports funding in all 50 states and select large cities use interventions to prevent and manage heart disease and stroke. These programs help Americans reduce their risk factors for cardiovascular disease (CVD), get the best stroke and post-heart attack care and reduce CVD health disparities.

**$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 residents’ 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.
$9.75 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.