Trust for America's Health 25 YEARS

TFAH's Public Health Programs Monitor (PHPM)

Recent Trends among Selected HHS Programs

Project Overview

Federal funding, staffing, and policy changes have created uncertainty about the capacity of health-promoting programs to prevent disease, provide reliable health information, support healthcare quality and safety, and sustain behavioral health services. The Public Health Programs Monitor (PHPM), an initiative by Trust for America's Health, tracks and analyzes information about health-promoting programs and activities within the U.S. Department of Health and Human Services (HHS). As federal policy and funding evolve, the PHPM documents and offers insights about what programs exist, what has changed, and what remains to inform public health practitioners, federal employees, and legislators.

> *I'm worried we're going to forget everything that was lost.*
> — Former federal agency leader

The PHPM records changes for both programmatic and operational activities at HHS. While these changes are inconsistent and often difficult to access, this phase of the PHPM dashboard includes programs identified by the current administration as misaligned with presidential priorities. In addition to budgetary considerations described elsewhere in this brief, the programs in the dashboard are also included because:

- They continue to be funded without sufficient staff or core functions (e.g., funding has been allocated but there is no grant disbursement).
- They navigate the effects of administrative decisions that directly affect their work (e.g., executive orders related to "gender ideology" may have changed the program's focus and goals).
- The impact of federal decisions is directly felt in communities (e.g., services and supports are threatened, limited, or unavailable at the local level).

Many other HHS programs are facing similar challenges, but this group offers some initial similarities to assess those experiences and to allow future analysis of additional programs across and beyond HHS.

The PHPM tracks both programs & agency activities.

Programs include specific funding lines that have a defined programmatic goal (e.g. CDC's Environmental Public Health Tracking Program).

Agency activities include operational and policy functions required for an agency to carry out its mission (e.g. grant management).

The PHPM refers to both of these categories as "programs."

Methodology and Data Sources

Inclusion Criteria

This phase of the PHPM documents information for programs at HHS at risk of structural and funding changes identified through draft and final budgetary documents, including the fiscal year (FY) 2026 and 2027 President's Budget Request (PBR); House and Senate Labor, Health and Human Services, Education, and Related Agencies (LHHS) reports; and FY 2025 and FY 2026 final appropriations.

The dashboard organizes programs proposed for the following types of changes: elimination, meaning a proposal to provide no funding or to discontinue a program or activity; reorganization, meaning a proposal to move or otherwise restructure a program or function; and consolidation, meaning a proposal to combine two or more existing programs or funding lines into a new or broader program. The dashboard also includes programs identified by the current administration as misaligned with presidential priorities.

Publicly Available Information

The dashboard represents information gathered through publicly available information, including federal documents such as congressional funding bills, budget proposals, Notices of Funding Opportunity, and government websites. TFAH supplemented and cross-checked these sources with news reports and academic literature.

Information Structure

The dashboard uses tags to organize the programs according to budget lines. The tags also capture some patterns across grantees impacted by programs and operational activities proposed to undergo significant changes or eliminations. The tagging system will evolve as more programs are added to the PHPM.

Interviews for Context about Programmatic or Policy Functions

To corroborate publicly available data, TFAH consulted with individuals who have worked directly in or with many of the programs featured in the PHPM. Their insights provide context on programmatic, operational, or policy functions of programs within HHS and will also help inform future PHPM resources that explain how these operating changes affect community-facing work.

Future iterations of the PHPM will include information about health-promoting federal programs beyond HHS, as well as updated budgetary and funding information as more information becomes available.

Initial Trends from the PHPM Dashboard

The PHPM provides a snapshot depicting which agencies, budget lines, and grantee types appear most frequently among the programs included in the dashboard.

Budgetary Changes

The FY 2026 PBR proposed eliminating 214 programs and agency activities included in the PHPM dataset. However, the Consolidated Appropriations Act, 2026, enacted on February 3, 2026, continued funding for many of those entries at reduced, unchanged, or increased levels. Staffing and operational capacity remain unclear for many programs, in particular for those that experienced workforce losses. Some programs, for example, may lack sufficient staff for grant review and disbursement, communications, or contracting despite continued program funding.

Funding alone therefore does not indicate that a program is operating at full capacity. Although final FY 2027 appropriations have not been enacted, the dashboard also tracks the president's request and congressional proposals and notes that 167 programs included in the dashboard were proposed for elimination.

In the FY 2026 PBR, the agencies with the most programs proposed for elimination, reorganization, and consolidation included:

- The Centers for Disease Control and Prevention (CDC): 67 programs proposed for elimination, 71 programs proposed for reorganization, and 16 programs proposed for consolidation.
- The Substance Abuse and Mental Health Services Administration (SAMHSA): 42 eliminations, 18 reorganizations, and three programs proposed for consolidation.
- The National Institutes of Health (NIH): 37 programs proposed for elimination and 18 programs proposed for reorganization.

The FY 2027 PBR kept many of the proposed changes from the FY 2026 version, but proposed additional eliminations, reorganizations, and consolidations. The agencies with the most proposed changes included:

- CDC: 52 programs proposed for elimination, 30 programs proposed for reorganization, and 27 programs proposed for consolidation.
- SAMHSA: 33 proposed programs for elimination, 34 programs proposed for reorganization, and three programs proposed for consolidation.
- The Health Resources and Services Administration (HRSA): 24 programs proposed for eliminations and 34 proposed for reorganization.

Reorganizations

Several programs were proposed to be part of reorganization efforts across HHS, meaning for this work, they will move from one agency to another. Of the programs currently in the dashboard, nearly 43 percent were proposed to be reorganized by the FY 2026 PBR, and nearly 32 percent were proposed to be reorganized in FY 2027. However, the status of those reorganizations remains mostly unclear. Many of the programs proposed for reorganization would move to entirely new agencies that have been proposed by the administration, including:

Administration for a Healthy America (AHA): would focus on prevention, covering primary care, maternal/child health, mental health, substance use, environmental health, HIV/AIDS, workforce development, and policy research.
Administration for Children, Families, and Communities (ACFC): would merge the former Administration for Community Living and Administration for Children and Families to address social service needs across the lifespan, serving children, families, elders, people with disabilities, and caregivers.
Assistant Secretary for a Healthy Future (ASHF): would support strategic and innovative public health research and development, especially those focused on preparedness infrastructure and the most pressing public health issues.

Program Example: Reorganization

The administration has described the proposed reorganizations as a way to refine agency operations and strengthen core missions;[1] however, the proposals have raised questions about funding, continuity, and program operations.[2] For example, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is housed in CDC, but has been proposed to be moved to AHA. The NBCCEDP, established by the Breast and Cervical Cancer Mortality Prevention Act of 1990, was allocated $236.5 million for FY 2026 for states to improve access to high-quality cancer screenings, diagnostics, and treatment services for women without adequate health insurance.[3,4] Since its inception, the NBCCEDP has served 6.6 million women and provided 17 million cervical and breast cancer screenings.[5] Under the FY 2027 PBR, the program is proposed to receive level funding with a proposed budget of $236.5 million and the program is proposed to be moved to AHA's larger Cancer Prevention and Control program within the Primary Care Division. Funding for Cancer Prevention and Control is proposed to total $413 million for FY 2027.[6] Despite receiving level funding, it is unclear how the program, its operations, and staff capacity will function within the broader Cancer Prevention and Control work.

Consolidations

Besides reorganization, the FY 2026 and FY 2027 PBR also proposes collapsing several existing programs into new ones, consolidating administrative, programmatic, and financial components of existing programs. Consolidation is distinct from reorganization, because instead of simply moving a program to a different agency, programs are merged to form entirely new programs with new, and often leaner, budgets. While a smaller number of programs and activities are proposed to be consolidated, of the programs currently in the dashboard, nearly 6 percent were proposed to be consolidated by the FY 2026 PBR, and nearly 10 percent were proposed to be consolidated in FY 2027.

Program Example: Consolidation

A major consolidation proposal in both the FY 2026 and FY 2027 PBR is the creation of the Behavioral Health Innovation Block Grant (BHIBG). This proposal would merge three separate programs: (1) the Community Mental Health Services Block Grant, (2) the Substance Use Prevention Treatment and Recovery Services Block Grant, and (3) the State Opioid Response Grants to create the BHIBG.[7] For FY 2025, the total value of the three funding streams proposed for consolidation amounted to roughly $4.61 billion; however, the FY 2026 PBR proposed that BHIBG receive around 4.13 billion, a $483 million reduction in funding.[8] For FY 2026, Congress appropriated funds for each separate program rather than for the BHIBG, with the funding for all three grants totaling $4.62 billion.[9] For FY 2027, the administration once again proposed the consolidation of the funding streams into BHIBG, with a proposed budget of $4.60 billion, resulting in nearly a $20 million gap in funding for the consolidated grants.[10] While HHS indicates this new consolidated grant will provide additional flexibility to states to better address local needs, it is unclear how the money will be divided between the initiatives, how existing staff will manage the program, and how direct services currently provided to communities through the existing programs will change. While block grants provide flexible funding for vital state-level programs, changes to funding amounts can jeopardize how programs are implemented, including paid staff, the number of individuals served by services, and service efficiency.[11]

Eliminations

The FY 2026 and FY 2027 PBRs proposed providing no funding for numerous programs included in the dashboard. These proposals reflect shifts in administration priorities, including priorities expressed through executive orders. For example, recommended changes to practices related to diversity, equity, and inclusion led to various actions within behavioral health and homelessness prevention efforts. These changes included removing workforce opportunities and training; reframing critical public health issues and populations; and shifting away from housing-first policies, homelessness assistance, and harm-reduction models. Of the programs currently in the dashboard, nearly 57 percent were proposed to be eliminated by the FY 2026 PBR, and nearly 44 percent were proposed to be eliminated in FY 2027.

Example: Program Elimination

The Low-Income Home Energy Assistance Program (LIHEAP), one of the many programs proposed for elimination, provides funding for energy assistance to seniors, veterans, medically fragile individuals, or others meeting income requirements.[12] This program has made heating and electricity affordable so residents can stay safe during extreme temperatures without facing an additional financial burden.[13] The program's impact is large, with around 2.4 million older adults receiving LIHEAP to mainly support heating in 2023 and 68,000 older adults lifted out of poverty.[14] This proposed elimination presents safety and financial concerns for the individuals it serves. During the 2025 government shutdown, the release of $3.6 billion in energy-assistance funding was delayed, raising concerns that households could face difficult trade-offs among utility costs, food, and other necessities.[15] Despite its important role in the safety net that supports older adults and other vulnerable populations, the FY 2026 and FY 2027 PBR proposed eliminating funding for LIHEAP. Eliminating this program would weaken the safety net and increase households' exposure to financial hardship and unsafe temperatures in their homes.[16,17]

Note: Programs may fall under more than one program shift category. That is, programs may be both consolidated and proposed to be reorganized into a new agency.

Public Health Topics Addressed by Programs

Although the dashboard does not assign each program to a single public health topic, the programs included address a range of health outcomes, disease states, and public health issues. The most common topic areas among programs proposed for elimination, consolidation, or reorganization include:

- Chronic disease prevention
- Mental health
- Research (biomedical, health services, and public health)
- Substance use
- Health workforce needs

Grantees Receiving HHS Funds

The following were the primary organizations or entities that received funds from HHS programs that disbursed funding. The percentages represent the share of included programs or activities that distribute funds to each grantee type.

32% State Health Organizations

17% Local Health Organizations

10% Community-based Organizations

16% Tribal Health Organizations

11% Academic & Research Institutions

13% U.S. Territories

These data show that many programs in the dashboard distribute funds to state, local, and tribal entities that manage funding and deliver or support services in communities. Funding instability can affect both the organizations carrying out this work and the people who rely on their services, supports, and findings.

Website Updates

Website updates help us understand not just whether a program may be active, but whether the information included is current. We found that nearly all programs have active webpages, but many have not been updated since the administration took office. Several were deleted and restored by court order and may include language indicating that the information on the webpage does not align with the administration's current policy priorities.[18]

Relevance to Public Health Practice & Community

This initiative provides a snapshot in time of an evolving public health landscape in the United States—one that will have lasting impacts on public health practice as well as communities.

Public health is the science and practice of keeping populations healthy through prevention, policy, and addressing the conditions that shape well-being. The activities of public health practice are often categorized into the 10 Essential Public Health Services.[19] Many of the activities and services delivered or offered by the programs in the dashboard directly relate to the essential public health services, regardless of their location in HHS. For example, many programs in the dashboard focus on building public health infrastructure and capacity to meet community needs; implementing policies, plans, and laws; and performing evaluation, research, or quality-improvement efforts. These findings suggest that proposed changes and administrative actions, including staff reductions, could weaken U.S. public health infrastructure and workforce pipelines, slow scientific progress, and limit any understanding of program and policy effectiveness. Such changes could also affect public health capacity domestically and internationally, worsen health outcomes, and reduce the nation's ability to address current and future public health challenges.[20,21,22]

Many communities are already experiencing immediate effects of these proposed and ongoing changes to the U.S. public health landscape. For example, in past years, communities have faced reduced access to suicide-prevention services and decreased support for the remediation of lead hazards in schools.[23,24] Communities rely heavily on multiple funding sources, including federally funded and fully operational public health and human services systems for individual and community well-being. A reduction or loss of federal funds impacts the capacity to address immediate health crises and long-term prevention, and it risks the elimination of services and the staff who operate them, even if programs are partially funded. As local health infrastructure erodes, the consequences will be felt across communities as the prevalence of public health issues that were once addressed by eliminated programs continue to rise.

Examples of Program Challenges

Child Care and Development Fund (CCDF)

CCDF is a federal block grant that helps working and low-income families afford childcare.[25] Funded through the Child Care and Development Block Grant and the Social Security Act's Child Care Entitlement to States, CCDF helps states provide subsidies to help low-income families gain access to childcare—an increasingly critical need amid rising costs and limited provider availability.[26,27]

Despite its importance, CCDF faced significant disruptions in 2025 and 2026. In early 2025, the program experienced funding delays during a federal program review by the Department of Government Efficiency.[28] Although funding was eventually released in May 2025, the disruption in the process created uncertainty for states, childcare providers, and families relying on these funds.[29] In late 2025, states faced more instability as HHS announced a funding freeze for childcare funds to all states, including funding for CCDF so that states could provide more verification and administrative data.[30] Later, the funding freeze was limited to approximately $10 billion in childcare and family-assistance funding for five states.[31] A court blocked the freeze, and HHS rescinded the funding freeze July 2026.[32] HHS also proposed changing CCDF payment rules to require attendance records rather than allowing payments based on enrollment.[33] Those proposed requirements would mark a shift from previous policy and raise questions about how the changes would affect states, providers, and families.

CDC's Division of Adolescent and School Health (DASH)

DASH supports school environments that promote health education, access to health services, and student well-being.[34] DASH funding supports several programs, most notably school-based programs and the Youth Risk Behavior Surveillance System (YRBSS). YRBSS is the largest youth health survey in the United States; it provides critical data on youth health to inform targeted interventions.[35] On January 31, 2025, DASH and YRBSS webpages were removed following federal executive orders on gender ideology and diversity, equity, and inclusion programs.[36,37] On February 11, 2025, a federal judge ordered the agencies to restore the webpages and datasets that had been removed.[38] As of early August 2026 , the DASH and YRBSS webpages now have a banner indicating the page was restored, "per a court order to the version of the page displayed at 12:00 AM on January 29, 2025."[39]

U.S. Preventive Services Task Force (USPSTF)

USPSTF is a congressionally authorized independent panel of volunteer (unpaid) national experts. The task force issues evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medications and plays a key role in determining which preventive care services health insurers must cover without out-of-pocket costs.[40] The Agency for Healthcare Research and Quality (AHRQ) provides administrative, research, technical, and communication support to the task force.

Historically, the task force has met three times a year, but has not met since March 2025. Task force leadership has been terminated by Secretary Robert F. Kennedy.[41,42] HHS canceled or postponed subsequent meetings,[43] and in May 2026, the secretary removed the task force's chair and vice chair before their terms ended.[44] These actions occurred alongside substantial staffing reductions at AHRQ and proposals to move its functions to the Office of Strategy.[45] Together, these developments have created uncertainty about the task force's operations and future.[46] While USPSTF remains authorized by law, the combination of leadership priorities around the task force, as well as significant workforce and budget cuts to AHRQ, all raise concerns about its ability to make core public health recommendations.

Examples of Program Opportunities 

Although many programs and activities remain in flux, several recent federal actions preserved or expanded support for selected health-promoting programs.

Rural Health Transformation (RHT) Program

The One Big Beautiful Bill Act authorized and allocated $50 billion for the Rural Health Transformation (RHT) Program over five years to strengthen rural health infrastructure.[47] In December 2025, the Centers for Medicare & Medicaid Services (CMS) announced first-year awards for all 50 states, ranging from $147 million to $281 million. State plans include initiatives to expand food access, improve chronic disease prevention and care, and increase access to telehealth.[48,49] Although the funds are temporary, do not fully offset federal funding cuts, and do not extend eligibility to tribes or territories, the RHT program allows states to innovate within their existing infrastructure.

Ryan White HIV/AIDS Program (RWHAP)

Established in 1990, the RWHAP helps provide HIV care, treatment, and other services to people diagnosed with HIV in the United States. New data showed that in 2024 over 600,000 HIV-positive individuals received medical care, among whom there was a 91.4 percent HIV suppression rate.[50] Despite the program's success, the House Appropriations Committee's FY 2026 funding bill proposed eliminating the RWHAP Parts C, D, and F, which provide grants to clinics to fund comprehensive care and support AIDS education and training centers and dental care.[51] However, in the final FY 2026 appropriations, the program was preserved and was provided level funding from FY 2025.[52]

Special Diabetes Program for Indians (SDPI)

Established in 1997, the SDPI is a longstanding federal initiative to prevent and manage diabetes in Indian Country.[53] Since its establishment, the SDPI has achieved a reduction in end-stage renal disease and contributed to a reduction in hospitalizations for uncontrolled diabetes.[54] Through the FY 2026 Consolidated Appropriations, the program received $200 million, a $41 million increase in funding from the previous fiscal year.[55]

However, the program experienced disruptions during the government shutdown that stalled the program's reauthorization. During that time, the Indian Health Service (IHS) used unobligated funding to keep the program running in the interim, stretching an already strained IHS budget and workforce.[56]

Certified Community Behavioral Health Clinics (CCBHCs)

Established in 2014 by the Protecting Access to Medicare Act and expanded in 2022 by the Bipartisan Safer Communities Act, CCBHCs provide coordinated and comprehensive mental health and substance use disorder (SUD) services, regardless of insurance status or diagnosis.[57] CCBHCs have increased access to care for more than 3 million individuals, ensuring people have access to evidence-based treatment for SUD. According to an analysis by the National Council for Mental Wellbeing, people receiving care through CCBHCs have experienced reductions in hospitalization and homelessness and have spent less time in jail.[58] CCBHCs received $385.5 million in appropriations for FY 2026, consistent with the previous fiscal year, and the FY 2027 request preserves $385.5 million for the federal CCBHC grant program.[59] In January, SAMHSA terminated approximately $2 billion in grant funding and reversed the decision 24 hours later; however, CCBHC funding was not included in this funding disruption.[60,61]

Conclusion & Next Steps

As federal health infrastructure continues to evolve, the PHPM aims to equip policymakers and public health leaders with timely, accessible information to understand and respond to these changes. Future iterations will expand the set of programs covered and update information on programs that have been or remain at risk.

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Glossary

Acronym	Definition
ACF	Administration for Children and Families
ACFC	Administration for Children, Families, and Communities
ACL	Administration for Community Living
AHA	Administration for a Healthy America
ASHF	Assistant Secretary for a Healthy Future
CDC	Centers for Disease Control and Prevention
FY	Fiscal Year
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
LHHS Report	Labor, Health and Human Services, Education, and Related Agencies Report
NIH	National Institutes of Health
NOFO	Notices of Funding Opportunities
PBR	President's Budget Request
SAMHSA	Substance Abuse and Mental Health Services Administration

Endnotes

[1] U.S. Department of Health and Human Services. "Fact Sheet: HHS' Transformation to Make America Healthy Again." March 27, 2025. https://www.hhs.gov/press-room/hhs-restructuring-doge-fact-sheet.html. Accessed June 26, 2026.

[2] Susan G. Komen. "Susan G. Komen Deeply Concerned About Proposed Cuts in FY26 Federal Budget Proposal." Press release: May 2, 2025. https://www.komen.org/news/susan-g-komen-deeply-concerned-about-proposed-cuts-in-fy26-federal-budget-proposal/. Accessed June 26, 2026.

[3] American Cancer Society Cancer Action Network. "CDC's National Breast and Cervical Cancer Early Detection Program Saves Lives." May 14, 2026. https://www.fightcancer.org/policy-resources/cdcs-national-breast-and-cervical-cancer-early-detection-program-saves-lives. Accessed June 26, 2026.

[4] U.S. Department of Health and Human Services. "Fiscal Year 2027 Administration for a Healthy America: Justification of Estimates for Appropriations Committees." 2026. https://www.hhs.gov/sites/default/files/fy-2027-aha-cj.pdf. Accessed June 26, 2026.

[5] Centers for Disease Control and Prevention. "About the National Breast and Cervical Cancer Early Detection Program." July 8, 2026. https://www.cdc.gov/breast-cervical-cancer-screening/about/index.html. Accessed June 26, 2026.

[6] U.S. Department of Health and Human Services. "Fiscal Year 2027 Administration for a Healthy America: Justification of Estimates for Appropriations Committees." 2026. https://www.hhs.gov/sites/default/files/fy-2027-aha-cj.pdf. Accessed June 26, 2026.

[7] U.S. Department of Health and Human Services. "Fiscal Year 2026 Administration for a Healthy America: Justification of Estimates for Appropriations Committees." 2025. https://www.hhs.gov/sites/default/files/fy-2026-aha-cj.pdf. Accessed June 26, 2026.

[8] Ibid

[9] U.S. Department of Health and Human Services. "Fiscal Year 2027 Administration for a Healthy America: Justification of Estimates for Appropriations Committees." 2026. https://www.hhs.gov/sites/default/files/fy-2027-aha-cj.pdf. Accessed June 26, 2026.

[10] Ibid

[11] Kogan, Richard, Kiran Rachamallu, Josephine Cureton, and David Reich. "History Shows that Block-Granting Low-Income Programs Leads to Large Funding Declines Over Time." Center on Budget and Policy Priorities, July 29, 2025. https://www.cbpp.org/research/federal-budget/history-shows-that-block-granting-low-income-programs-leads-to-large. Accessed June 26, 2026.

[12] National Consumer Law Center. "LIHEAP in Crisis: State Leaders, Advocates Warn HHS Cuts Put Low-Income Families at Risk of Utility Shutoffs and Health Emergencies." Press Release: April 23, 2025. https://www.nclc.org/liheap-in-crisis-state-leaders-advocates-warn-hhs-cuts-put-low-income-families-at-risk-of-utility-shutoffs-and-health-emergencies/. Accessed July 1, 2026.

[13] Ibid.

[14] Barnett, Katy. "Shutdown: Older Adults' Access to Energy Assistance Under Threat." Leading Age, October 30, 2025. https://leadingage.org/shutdown-older-adults-access-to-energy-assistance-under-threat/. Accessed July 1, 2026.

[15] Haigh, Susan. "Long-Awaited $3.6B in Heating Assistance Released to States and Tribes." AP News, November 28, 2025. https://apnews.com/article/liheap-heating-assistance-shutdown-0edc6a7a1647c5d54e2c0fbf4aa27313. Accessed July 1, 2026.
[16] U.S. Department of Health and Human Services. "Fiscal Year 2027 Administration for Children, Families and Communities: Justification of Estimates for Appropriations Committees." 2026. https://www.hhs.gov/sites/default/files/fy-2027-acfc-cj.pdf. Accessed June 26, 2026.
[17] U.S. Department of Health and Human Services. "Fiscal Year 2026 Administration for Children, Families and Communities: Justification of Estimates for Appropriations Committees." 2025. https://acf.gov/sites/default/files/documents/olab/ACF-FY-2026-CJ-for-web.pdf. Accessed June 26, 2026.
[18] Alder, Madison. "Federal judge orders HHS, CDC, FDA to restore webpages, datasets." FEDSCOOP, February 12, 2025. https://fedscoop.com/federal-judge-orders-hhs-cdc-fda-to-restore-webpages-datasets/. Accessed August 10, 2026.
[19] Centers for Disease Control and Prevention. "10 Essential Public Health Services." June 9, 2026. https://www.cdc.gov/public-health-gateway/php/about/index.html. Accessed April 2, 2026.
[20] Fatma, Tanis. "How Will the Deep Cuts at the Centers for Disease Control Affect Global Programs?" NPR, April 4, 2025. https://www.npr.org/sections/goats-and-soda/2025/04/04/g-s1-57788/centers-for-disease-control-global-health-hiv-maternal-health. Accessed April 1, 2026.
[21] Miller, Jordan. "CDC Layoffs Strike Deeply at its Ability to Respond to the Current Flu, Norovirus and Measles Outbreaks and Other Public Health Emergencies." The Conversation, 2025. https://arkansasadvocate.com/2025/02/23/cdc-layoffs-strike-deeply-at-its-ability-to-respond-to-health-emergencies/. Accessed April 1, 2026.
[22] Kaiser Family Foundation. "The Trump Administration's Foreign Aid Review: Reorganization of U.S. Global Health Programs." August 6, 2026. https://www.kff.org/global-health-policy/the-trump-administrations-foreign-aid-review-proposed-reorganization-of-u-s-global-health-programs/. Accessed August 10, 2026.
[23] Broderick, O. Rose, and Lev Facher. "Trump Cuts Have Decimated the Federal Addiction and Mental Health Agency." STAT, October 30, 2025. https://www.statnews.com/2025/10/30/samhsa-grant-cuts-staff-reductions-impact-analyzed. Accessed April 1, 2026.
[24] Glavinskas, Vanessa. "When a Lead Poisoning Crisis Coincided with Federal Staffing Cuts, Kids Suffered." Vital Signs, August 6, 2025. https://vitalsigns.edf.org/story/when-lead-poisoning-crisis-coincided-federal-staffing-cuts-kids-suffered. Accessed April 1, 2026.
[25] Daugherty, Rebecca. "Federal Child Care Policy, Explained: Part I." Bipartisan Policy Center, February 18, 2026. https://bipartisanpolicy.org/explainer/federal-child-care-policy-explained-part-i/. Accessed March 31, 2026.
[26] Ibid.
[27] Daugherty, Rebecca. "Child Care and Development Fund: CCDBG and CCES, Explained." Bipartisan Policy Center, February 24, 2025. https://bipartisanpolicy.org/explainer/child-care-and-development-fund-ccdbg-cces/. Accessed March 31, 2026.
[28] Covert, Bryce. "Officials Sound Alarm Over Delayed Federal Child Care Payments to States." The 74, May 16, 2025. https://www.the74million.org/article/officials-sound-alarm-over-delayed-federal-child-care-payments-to-states/. Accessed March 31, 2026.

[29] Ibid.
[30] Kramon, Charlotte, and Sarah Brumfield. "What to Know About Trump Administration Freezing Federal Child Care Funds." PBS NewsHour, December 31, 2025. https://www.pbs.org/newshour/nation/what-to-know-about-trump-administration-freezing-federal-child-care-funds. Accessed July 30, 2026.
[31] U.S. Department of Health and Human Services. "HHS Freezes Child Care and Family Assistance Grants in Five States for Fraud Concerns." Press release: January 6, 2026. https://www.hhs.gov/press-room/hhs-freezes-child-care-family-assistance-grants-five-states-fraud-concerns.html. Accessed July 30, 2026.
[32] Richardson, Mark. "Department of Health and Human Services lifts $10 billion child care funding freeze on five states." Fox 13 News, July 14, 2026. https://www.fox13news.com/news/hhs-lifts-10-billion-child-care-funding-freeze-five-states. Accessed August 10, 2026.
[33] 45 CFR Part 98, "Restoring Flexibility in the Child Care and Development Fund (CCDF)." Federal Register, January 5, 2026. https://www.federalregister.gov/documents/2026/01/05/2025-24272/restoring-flexibility-in-the-child-care-and-development-fund-ccdf. Accessed April 2, 2026.
[34] National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). "About the Division of Adolescent and School Health." August 12, 2025. https://www.cdc.gov/nccdphp/divisions-offices/about-the-division-of-adolescent-and-school-health.html. Accessed March 31, 2026.
[35] Centers for Disease Control and Prevention. "About YRBSS." https://www.cdc.gov/yrbs/index.html. Accessed March 31, 2026.
[36] Stone, Will, and Selena Simmons-Duffin. "Trump Administration Purges Websites Across Federal Health Agencies." NPR, January 31, 2025. https://www.npr.org/sections/shots-health-news/2025/01/31/nx-s1-5282274/trump-administration-purges-health-websites. Accessed March 31, 2026.
[37] Stone, Will, and Pien Huang. "Some Federal Health Websites Restored, Others Still Down, After Data Purge." NPR, February 6, 2025. https://www.npr.org/sections/shots-health-news/2025/02/06/nx-s1-5288113/cdc-website-health-data-trump. Accessed March 31, 2026.
[38] U.S. District Court for the District of Columbia. "Civil Action No. 25-322 (JDB)." February 11, 2025. https://storage.courtlistener.com/recap/gov.uscourts.dcd.277069/gov.uscourts.dcd.277069.11.0_1.pdf. Accessed March 31, 2026.
[39] Centers for Disease Control and Prevention. "Adolescent and School Health." https://www.cdc.gov/healthy-youth/index.html. Accessed August 10, 2026.
[40] Agency for Healthcare Research and Quality. "U.S. Preventive Services Task Force (USPSTF): An Introduction." Updated November 2023. https://www.ahrq.gov/cpi/about/otherwebsites/uspstf/introduction.html. Accessed March 31, 2026.
[41] Howard, Jacqueline. "The Task Force that Shapes Americans' Preventive Care Has Not Met in a Year. Doctors Now Worry it's Being 'Abandoned' by HHS." CNN Health, March 3, 2026. https://www.cnn.com/2026/03/03/health/uspstf-preventive-care-hhs. Accessed March 31, 2026.

[42] Luhby, Tami. "RFK Jr. Terminates Heads of Preventive Services Task Force Amid Overhaul." CNN, May 20, 2026. https://www.cnn.com/2026/05/20/health/rfk-jr-preventive-services-task-force. Accessed July 17, 2026.

[43] Astor, Maggie. "Key Health Care Panel Is Again Blocked From Meeting." The New York Times, July 6, 2026. https://www.nytimes.com/2026/07/06/us/politics/uspstf-meeting-rfk-jr.html. Accessed July 30, 2026.

[44] Astor, Maggie. "Kennedy Fires Leaders of Key Health Task Force." The New York Times, May 20, 2026. https://www.nytimes.com/2026/05/20/well/rfk-jr-firings-preventative-services-task-force.html. Accessed August 10, 2026.

[45] U.S. Department of Health and Human Services. "HHS Announces Transformation to Make America Healthy Again." Press release: March 27, 2025. https://www.hhs.gov/press-room/hhs-restructuring-doge.html. Accessed July 30, 2026.

[46] Frieden, Joyce. "Experts Alarmed by USPSTF Work Slowdown." Medpage Today, January 13, 2026. https://www.medpagetoday.com/primarycare/preventivecare/119411. Accessed March 31, 2026.

[47] Centers for Medicare & Medicaid Services. "Rural Health Transformation (RHT) Program." Updated July 8, 2026. https://www.cms.gov/initiatives/rural-health-transformation-rht-program/overview. Accessed April 1, 2026.

[48] Levinson, Zachary, Scott Hulver, and Tricia Neuman. "First-Year Rural Health Fund Awards Range From Less Than $100 Per Rural Resident in Ten States to More Than $500 in Eight." Kaiser Family Foundation, January 6, 2026. https://www.kff.org/state-health-policy-data/first-year-rural-health-fund-awards-range-from-less-than-100-per-rural-resident-in-ten-states-to-more-than-500-in-eight/. Accessed April 1, 2026.

[49] Centers for Medicare & Medicaid Services. "Readout: CMS Convenes First Rural Health Transformation Summit to Advance State-Led Innovation." Press Release: March 19, 2026. https://www.cms.gov/newsroom/press-releases/readout-cms-convenes-first-rural-health-transformation-summit-advance-state-led-innovation. Accessed April 1, 2026.

[50] Health Resources and Services Administration. "Ryan White HIV/AIDS Program Services Report 2024." December 2025. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/2024-ryan-white-annual-data-report.pdf. Accessed April 1, 2026.

[51] The HIV Medicine Association. "In a Major Victory, Congress Maintains Federal Funding for HIV Program." HIVMA, February 3, 2026. https://www.hivma.org/news/news_and_publications/hivma_news_releases/2026/in-a-major-victory-congress-maintains-federal-funding-for-hiv-programs/. Accessed April 2, 2026.

[52] U.S. Department of Health and Human Services. "Fiscal Year 2027 Administration for a Healthy America: Justification of Estimates for Appropriations Committees." https://www.hhs.gov/sites/default/files/fy-2027-aha-cj.pdf. Accessed June 26, 2026.

[53] Indian Health Service. "Special Diabetes Program for Indians (SDPI)." https://www.ihs.gov/sdpi/. Accessed April 1, 2026.

[54] Office of The Assistant Secretary for Planning and Evaluation. "The Special Diabetes Program for Indians: Estimates of Medicare Savings." May 10, 2019. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//189221/SDPI_Paper_Final.pdf. Accessed April 1, 2026.

[55] National Indian Health Board. "What the FY 2026 Funding Package Means for Tribal Health Systems." February 4, 2026. https://www.nihb.org/what-the-fy-2026-funding-package-means-for-tribal-health-systems/. Accessed April 1, 2026.

[56] Spotswood, Stephen. "Indian Health Service Weathered Shutdown OK, But Weaknesses Still Threaten Its Mission." U.S. Medicine, December 9, 2025. https://www.usmedicine.com/clinical-topics/diabetes/indian-health-service-weathered-shutdown-ok-but-weaknesses-still-threaten-its-mission/. Accessed April 2, 2026.

[57] Substance Abuse and Mental Health Services Administration. "Certified Community Behavioral Health Clinic History and Background." Updated September 29, 2025. https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics/history-background. Accessed April 1, 2026.

[58] National Council for Mental Wellbeing. "CCBHC Data and Impact." April 24, 2025. https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-overview/ccbhc-data-impact/. Accessed April 1, 2026.

[59] U.S. Department of Health and Human Services. "Fiscal Year 2027 Administration for a Healthy America: Justification of Estimates for Appropriations Committees." 2026. https://www.hhs.gov/sites/default/files/fy-2027-aha-cj.pdf. Accessed June 26, 2026.

[60] National Council for Mental Wellbeing. "National Council Statement on Cuts by the Substance Abuse and Mental Health Services Administration." Press release: January 14, 2026. https://www.thenationalcouncil.org/news/statement-on-cuts-samhsa. Accessed April 1, 2026.

[61] Bryant, Blaire and Freel, Naomi. "SAMHSA cancels, reinstates thousands of behavioral health grants." National Association of Counties, January 15, 2026. https://www.naco.org/news/samhsa-cancels-reinstates-thousands-behavioral-health-grants. Accessed August 10, 2026.