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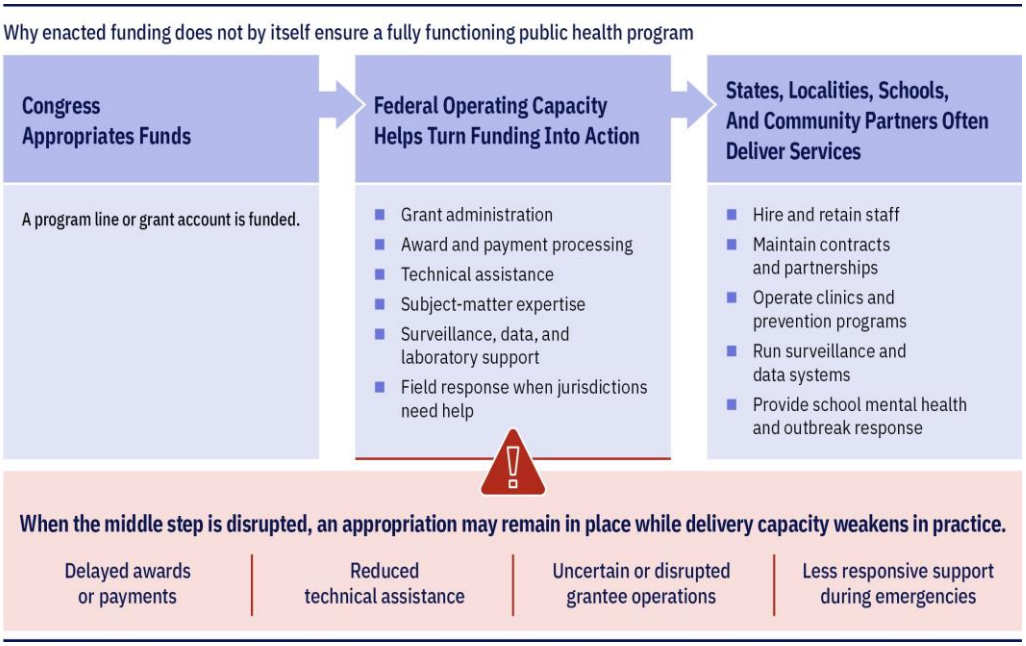
Chronic Underinvestment and Recent Disruptions Have Weakened the U.S. Public Health System

Following decades of chronic underinvestment, more recent workforce reductions, funding disruptions, and institutional uncertainty during 2025 and 2026 have further weakened the system's capacity to protect communities from preventable disease and injury.

Underfunded and Under Strain: The State of America's Public Health System, a report released by Trust for America's Health (TFAH)[1], calls for restoring federal public health operating capacity and establishing more durable and predictable funding to ensure that public health agencies have the staffing, expertise, infrastructure, and continuity needed to carry out their missions effectively.

Read the report here: https://www.tfah.org/report-details/funding-report-2026

Appropriations alone do not automatically translate into public health capacity:



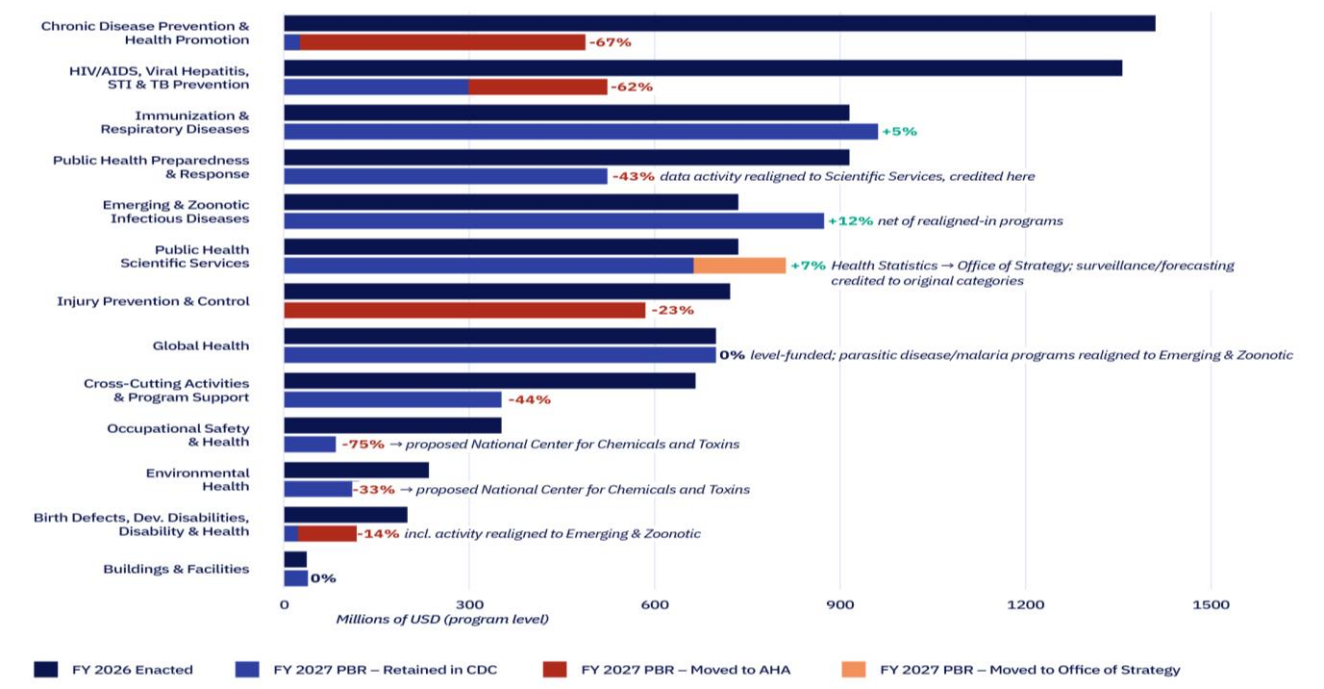
Key Findings from the Report Include:

- Congress preserved much of the federal public health system for FY 2026, but appropriations alone could not restore lost capacity. **CDC workforce fell by about 3,600 employees from end of FY 2024 through May 2026, a 28 percent reduction.**
- **As of mid-May 2026, HHS had terminated 444 CDC grants totaling $5.78 billion in unliquidated obligations.**
- In 2024, the U.S. spent an estimated **$4.75 trillion on healthcare for people with chronic and mental health conditions. Funding for CDC's chronic disease prevention and health promotion efforts amounted to roughly .03 percent of that spending.**
- The FY 2027 President's Budget proposes:
  - **Eliminating the Prevention and Public Health Fund**, a dedicated funding stream that supports prevention and public health programs nationwide.
  - **Reducing total resources** supporting functions **historically housed at CDC and the Agency for Toxic Substances and Disease Registry** by approximately **$2.86 billion**, or 31 percent.
  - **Creating a new National Center for Chemicals and Toxins within CDC** while **reducing funding** for the programs proposed to comprise the center by approximately **$718 million relative to comparably adjusted FY 2026 levels**.
  - **Reducing broad-based prevention and public health capacity**, including chronic disease and injury prevention, state and local preparedness, foundational infrastructure, and domestic HIV prevention.

[1] TFAH is a non-partisan, non-profit public health policy, research, and advocacy organization. Learn more at www.tfah.org

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CDC Program Funding by Category: FY 2026 Enacted vs. FY 2027 President's Budget Request



Recommendations for Congress and the Administration:

Restore operating capacity.
Rebuild federal health agency staffing, program funding, and operating capacity needed to carry out funded programs and statutory responsibilities.

Preserve complementary federal capabilities.
Preserve and strengthen distinct agency roles and ensure major restructuring only proceeds through a bipartisan, deliberative process.

Strengthen CDC as a comprehensive national public health agency.
Provide at least $11.58 billion for CDC in FY 2027, followed by sustained increases, and preserve its core responsibilities.

Ensure that appropriated funds are spent as intended.
Release appropriated funds promptly and for intended purposes. Grant administration must be predictable, transparent, and evidence-based.

Provide durable, predictable financing.
Enact timely full-year appropriations, protect the Prevention & Public Health Fund, and reject new discretionary funding caps, which hinder readiness for evolving health threats.

Invest in foundational public health infrastructure and security.
Support core workforce, laboratory, epidemiology, data, and health department capacity, and create a Health Defense Operations budget.

For more information, please contact Dara Lieberman at dlieberman@tfah.org.