

**ALABAMA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Alabama is receiving \$4,168,295 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$2.5 Million \$13.3 Million*	The Alabama Department of Health will coordinate population based approaches to reduce smoking initiation and exposure to second hand smoke through the efforts of Mobile County, Alabama. The Alabama Communities Putting Prevention to Work project will address tobacco prevention efforts in Mobile County. Working with the Mobile Children’s Policy Council, the Coalition for a Tobacco Free Mobile, and the Mobile Leadership Team, the program will implement a media campaign to educate Mobile citizens about the health benefits of clean, smoke-free indoor air and promote existing cessation services. The project will also educate decision makers about the public health impact of comprehensive smoke free policies. Mobile County will work with tobacco retailers to restrict point of purchase tobacco advertising and will support systems change in worksites and schools by

		<p>increasing the availability of cessation services and tobacco-free environments. The intent of these systems and policy approaches is to reduce exposure to secondhand smoke, reduce social acceptability of tobacco use, and increase cessation attempts by tobacco users. 113,000 residents in Jefferson County, Alabama are waking up to more walkable and livable communities. The recently passed Smart Code zoning amendment allows for compact, mixed-use development in unincorporated areas of the county, more walkable communities centered around villages and transportation nodes, and preserves a greater amount of natural area and open space.</p>
Public Health Infrastructure	Alabama State Department of Public Health \$200,000	<p>Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.</p>
Epidemiology and Laboratory Capacity for Infectious Diseases	\$361,795	<p>The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health</p>

		records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$749,995	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$136,711	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to

		improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President's National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a "combination approach" to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public

		health services.
Tobacco Prevention	\$74,227	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**ALASKA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Alaska is receiving \$755,467 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

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PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Alaska Native Tribal Health Consortium \$100,000; Alaska State Department of Health and Social Services \$100,000; Southeast Alaska	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

	Regional Health Consortium \$100,000	improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$413,558	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$68,265	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$41,909	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$0	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Wrangell Community Services \$296,836	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**ARIZONA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Arizona is receiving \$1,773,542 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

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PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$15.8 Million*	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Arizona State Department of Health Services \$289,586; Maricopa County \$199,434; Gila River Indian Community	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

	\$100,000; Navajo Nation Division of Health \$100,000	improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$117,120	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$90,262	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$83,936	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	Arizona Board of Regents \$647,637	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**ARKANSAS – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Arkansas is receiving \$4,031,274 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

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PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$1.8 Million	The Arkansas Department of Health plans to coordinate population-based approaches to nutrition, physical activity and obesity through policy, systems and environmental change with efforts by one small city, North Little Rock and one small rural community, Independence County. The City of North Little Rock will enter a strategic collaboration with the North Little Rock School District, which will facilitate implementation of the Fit-2-Live Challenge, a comprehensive community-wide wellness program. The Fit-2-Live Challenge employs a multi-layered approach to impact the policies, systems and environments that shape health, and challenges individuals, their interpersonal support networks, and their broader communities (work, neighborhood, faith community), which convey constraints and communicate values regarding healthy lifestyles. The program

		<p>hopes to influence community leaders and the organizations they serve as well as policy makers at all levels of community life to promote policies that encourage the adoption of healthy eating and healthy lifestyle behaviors. In Independence County a community based health coalition representing eight small rural communities will partner with area schools to implement the CATCH (Coordinated Approach To Child Health) program. One measure of success will be the adoption of a policy to lower prices of healthier foods and beverages relative to the cost of less healthier foods sold in vending machines, cafeterias, and concession stands in schools, early childhood centers and healthcare facilities. Other community strategies will include improving healthy food and drink choices, improving product placement and pricing of healthy foods, providing social support for healthy choices, media promotions for physical activity, and improving access to physical activity facilities and opportunities.</p>
Public Health Infrastructure	Arkansas State Department of Health \$200,00	<p>Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, paternerships, programs and use of resources through performance mangagement; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.</p>
Epidemiology and Laboratory Capacity for Infectious Diseases	\$442,594	<p>The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on</p>

		multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$892,025	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$114,182	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing

		existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state,

		tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$64,867	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	220,770	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**CALIFORNIA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

California is receiving \$16,745,063 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$3.6 Million \$55.1 Million*	The obesity prevention initiative will strive to promote safe and active transit (bicycling and walking) through adoption of Complete Streets and Safe Routes to Schools policies designed to create inviting and livable communities. The initiative will also promote the decreased consumption of sugar-drinks through expansion of the Rethink Your Drink campaign. The Rethink Your Drink Campaign is designed to move people’s focus from high calorie sodas and fruit drinks as beverage choices to healthier alternatives such as water, milk, or 100% fruit juice beverages. Another component of the obesity initiative is improved access to healthy foods through food and beverage policies. The Santa Clara County Public Health Department will collaborate with both public and private sector stakeholders in an effort to help develop policies that will provide more opportunities for

		<p>healthier eating. The impact of this initiative will move the county closer to being a model community of healthy living.</p> <p>In Los Angeles County, Long Beach’s bicycle-friendly business districts aim to increase bicycle and pedestrian trips, and help local businesses thrive. Blair Cohn, Executive Director of the Bixby Knolls Business Improvement Association, explains, “We look forward to being a bike friendly business district as it will further our mission to connect the local community to our business corridors. We have spent the last three years developing programs and events to create an actual ‘connected community,’ and a bicycle component would add another layer to bring people together to support our local businesses. Bixby Knolls should have a little of everything and making the area truly pedestrian friendly adds to its vibrancy.”</p> <p>The Santa Monica City Council unanimously adopted a policy to make the world-famous Santa Monica Pier 100% smoke-free, protecting over 4 million people who patronize the pier annually and the 18 businesses on the pier.</p> <p>The meals of more than 100,000 Los Angeles County employees will be healthier due to the adoption of a resolution requiring all food service providers to L.A. County government departments to consult with the Director of the Department of Public Health to promote nutrition through stronger dietary requirements in their food procurement contracts.</p> <p>The food environment available in a community has a great influence on the types of foods purchased and consumed by community members. High concentrations of unhealthy, fast food outlets may have a negative impact on the health of the surrounding community, as they typically serve many options that are high in calories, fat and added sugar, all of which contribute to obesity. The Los Angeles Municipal Code was amended to limit the establishment of fast food restaurants within ½ mile radius from existing fast food restaurants in three areas with high rates of obesity and poverty: West Adams-Baldwin Hills-Lemert, South Los Angeles, and Southeast Los Angeles. This policy protects the</p>
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		<p>800,000 residents in those communities from becoming inundated with one primary unhealthy food option – fast foods, and creates an environment where healthier food options can also come into the communities.</p> <p>The San Diego Unified School District increased the use of locally produced fruits and vegetables in more than 8.6 million breakfasts, 13.5 million lunches, and 2.2 million snacks served annually to 130,000 students and 15,800 staff.</p> <p>San Diego is increasing access to affordable healthy foods by increasing the number of farmers markets that accept food stamps. To date, 2 farmers markets accept EBT and a total of 6 markets will accept EBT by March 2012. Total EBT sales at these farmers’ markets from August 2010 – January 2011 exceeded \$29,600.</p>
Public Health Infrastructure	<p>California Department of Public Health \$2,060,128; San Diego County Department of Health and Human Services \$100,000; Los Angeles County Health Services Department \$1,859,950</p>	<p>Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, paternerships, programs and use of resources through performance mangagement; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.</p>
Epidemiology and Laboratory Capacity for Infectious Diseases	<p>\$Los Angeles County Health Services Department \$412,980;</p>	<p>The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on</p>

	California Department of Public Health \$677,043	multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$California Department of Public Health \$415,593; Los Angeles County Health Services Department \$190,581; San Francisco Department of Public Health \$171,081	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$California Department of Public Health \$145,567; Los Angeles County Health Services Department \$145,567; San	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing

	Francisco Department of Public Health \$145,567	existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	Los Angeles County Health Services Department \$1,059,407; San Francisco Department of Public Health \$887,968	CDC awarded grants to expand HIV prevention efforts under the President's National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a "combination approach" to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	198,869	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state,

		tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$240,173	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers— HRSA	The Regents of the University of California \$649,819; Regents of the University of California, Los Angeles \$650,000; San Diego State University Research Foundation \$647,875	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Glenn County Health Services Agency \$496,863;	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to

	<p>Alameda County Behavioral Health Care Services \$500,000; San Mateo County Health System \$496,307; Tarzana Treatment Centers, Inc \$496,862; Asian Community Mental Health Services \$496,863</p>	<p>improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.</p>
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*One-Time Funding from FY2010

**COLORADO – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Colorado is receiving \$1,715,377 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$10.5 Million*	In Denver, Colorado nearly 200,000 students now attend schools that adhere to the Institute of Medicine’s nutrition standards for school meals.
Public Health Infrastructure	Colorado State Department of Public Health and Environment \$300,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$327,908	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$68,390	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	Colorado State Department of	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

	Public Health and Environment \$295,655	agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$73,927	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	University of Colorado Denver \$649,497	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**CONNECTICUT – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Connecticut is receiving \$1,382,968 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Connecticut State Department of Public Health \$200,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$145,694	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$79,714	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	Connecticut State Department of	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

	Public Health \$247,028	agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$68,102	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Community Mental Health Affiliates, Inc \$496,863	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**DELAWARE – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Delaware is receiving \$512,906 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Delaware State Department of Health and Social Services \$100,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$307,243	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$51,218	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$54,554	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**DISTRICT OF COLUMBIA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

District of Columbia is receiving \$4,810,645 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$4.9 Million*	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	District of Columbia Department of Health \$100,000; American Public Health Association \$750,000; National Association of	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

	City/County Health Officials \$750,000; Public Health Foundation \$750,000	improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$10,000	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$183,595	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$946,403	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$53,080	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**FLORIDA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Florida is receiving \$12,843,354 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$4.35 Million \$21.3 Million*	The Pinellas County Health Department will strive to implement community-wide policies, systems, and environmental changes that will engage leadership in county/city government, Pinellas County Schools, businesses, community and faith-based organizations, community developers, transportation and land use planners, pre/afterschool programs, and several community-based coalitions. Key program activities include: assigning a team of nutrition and physical activity consultants to child care centers, restaurants, worksites and other agencies to provide effective, sustainable methods to promote healthy behaviors in nutrition and physical activity with an emphasis on limiting unhealthy food choices. The program will also work with media-buying contractors to develop and refine an extensive media-buy strategy collaborating with CDC and other

		<p>national partners to promote active behaviors and healthy eating. The program includes a strong focus on the needs of populations who suffer disproportionately from the burden of disease.</p> <p>In Miami, draft regulations that set nationally recognized minimum minutes of physical activity, screen-time restrictions, and nutrition standards for all licensed day care centers are currently being piloted with 887 day care centers, reaching 63,427 children. Full passage of the policy is expected prior to March 2012, affecting 1,420 centers and reaching 102,302 children.</p> <p>The City of Winter Park, Florida passed a resolution urging the State of Florida to amend the Florida Clean Indoor Air Act to allow local governments to regulate smoking and the possession of tobacco products, including local regulation of municipal and county parks. Under state law, local governments are pre-empted, meaning they are unable to pass local legislation to prohibit smoking in outdoor areas. There are 55 parks in Winter Park, with a population of 55,000 that could benefit if Winter Park could eliminate smoking in the parks.</p>
Public Health Infrastructure	Florida State Department of Health \$2,060,128	<p>Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.</p>

Epidemiology and Laboratory Capacity for Infectious Diseases	\$423,403	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$826,905	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$400,000	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and

		<p>communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Planning	\$909,315	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
Emerging Infections Program	\$0	<p>The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing</p>

		capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$145,380	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	University of South Florida \$650,000	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health	Lifestream Behavioral Center,	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services

Services	Inc \$496,862; Coastal Behavioral Healthcare, Inc \$496,863; Community Rehabilitation Center, Inc \$496,862; Miami Behavioral Health Center \$496,863; Apalachee Center, Inc \$496,863; Lakeside Behavioral Healthcare Inc \$448,343	for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.
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*One-Time Funding from FY2010

**GEORGIA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Georgia is receiving \$7,509,836 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$2.35 Million \$3.2 Million*	The DeKalb County Putting Prevention to Work initiative will work with community partners and local government officials to create a Master Active Living Plan (Plan). The Plan will include a policy that will allow neighborhood residents access to school recreational facilities affording them easy access to places for physical activity, and establishing community vegetable gardens in local parks. These changes will make it easier for children and adults to eat healthier and be more physically active. The goals of these CPPW initiatives include achieving (1) increased physical activity, (2) improving nutrition; and (3) decreasing overweight/obesity prevalence. The interventions will strive to reduce the burden of chronic disease, reduce health disparities and improve public health across the lifespan of DeKalb residents and will be adapted as necessary to meet the

		diverse cultural and linguistic needs of our community.
Public Health Infrastructure	Georgia State Department of Community Health \$399,836	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$223,117	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$170,533	Grants awarded intended to help states "create additional tobacco quitters," as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$35,431	CDC awarded grants to expand HIV prevention efforts under the President's National

		<p>HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Testing	\$145,567	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Planning	\$913,982	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in</p>

		12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	Georgia Department of Community Health \$309,358	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$100,573	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental

		hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers— HRSA	The University of Georgia \$630,032; Emory University \$650,000	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Cobb County Community Services Board \$496,825	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**HAWAII – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Hawaii is receiving \$3,042,118 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$3.4 Million*	<p>The Kauai District Health Office and the Mayor’s office sponsor a “Mayors Walking Workbus.” This one-day- a- week, two mile walk encourages and promote physical activity among the working and school communities. Approximately 30-50 people participate in the weekly walk.</p> <p>Kauai PATH, a CPPW partner, is expanding an 18 mile, coastal limited-use trail into a multi-purpose biking and walking path that will enhance opportunities for physical activity for the 30,000 people who use the path for physical activity annually.</p>
Public Health Infrastructure	Hawaii State Department of	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide

	Health \$1,100,000; Pacific Islands Health Officers Association \$1,660,128	health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$240,142	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states "create additional tobacco quitters," as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$41,848	CDC awarded grants to expand HIV prevention efforts under the President's National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the

		epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on

		key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$0	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce

		planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers— HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**IDAHO – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Idaho is receiving \$536,667 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Idaho State Department of Health and Welfare \$200,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$254,056	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$24,658	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$57,953	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**ILLINOIS – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Illinois is receiving \$9,565,936 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$5.8 Million \$27.5 Million*	Children's Memorial Hospital is the bona fide agent of the City of Chicago. Through this initiative Chicago aims to improve access to healthy food and safe opportunities for physical activity at the city and neighborhood level. Policy and environmental change strategies will aim to improve childcare environments, provide safer access to the city's parks, increase retail options available for healthy food purchasing, and help develop tools to integrate urban agriculture and other forms of food production into city and open-space planning across the city, which will ensure equal access to healthy foods for all Chicagoans. A public media campaign will encourage Chicago residents to make healthier choices in conjunction with the environmental changes that will facilitate such choices. Point-of-purchase strategies in restaurants throughout the city will encourage healthy food

		<p>choices among consumers. Breast-feeding and use of public transportation will also be encouraged through a number of messaging strategies.</p> <p>In Chicago, CPPW efforts supported the Archdiocese of Chicago Catholic Schools in approving a 100% tobacco-free campus policy, protecting an estimated 40,000 students and 2,500 faculty/staff from second-hand smoke in approximately 137 Catholic schools across the community.</p>
Public Health Infrastructure	Illinois State Department of Public Health \$400,000; City of Chicago \$200,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	Illinois State Department of Public Health \$586,815; City of Chicago \$136,789	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to

		national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$99,845	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	Illinois State Department of Public Health \$72,489; City of Chicago \$16,941	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	Illinois State Department of Public Health \$145,567; City of Chicago \$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.

HIV Planning	\$927,371	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.

Tobacco Prevention	\$116,426	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Trilogy, Inc \$421,263; Heritage Behavioral Health Center, Inc \$496,863	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**INDIANA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Indiana is receiving \$2,501,442 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$5.4 Million*	In Bartholomew County, Indiana, the Columbus Area Chamber of Commerce has worked with two other local groups to create Reach Healthy Business, a workplace recognition program designed to support companies who are committed to creating a workplace that supports employee health. Says Chamber of Commerce president Jack Hess, “The two biggest costs grabbers for any business today are both health related—and that’s health insurance increases, but also the loss in productivity based on the treatment of health-related disease, such as employee absenteeism. The bottom line is this: a healthy community is one in which companies want to locate, businesses want to grow and expand, and the best workforce in the world wants to live.” Bartholomew County’s Farm-to-Fork program didn’t just bring 11,000 students fresh strawberries, tomatoes,

		<p>watermelon and apples from local farmers: it also saved money, when food service directors found some local produce priced at half the cost of produce that had been shipped in from out of state.</p> <p>The Bartholomew Consolidated School Board in Columbus, Indiana unanimously approved a new wellness policy that improves the types of food served to children during the school day, and identifies opportunities to increase physical activity. The new wellness policy will bring healthier meals and increased physical activity to 17 schools in this school district serving 11,214 students and 1,800 faculty/staff.</p>
Public Health Infrastructure	Indiana State Department of Health \$300,000	<p>Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.</p>
Epidemiology and Laboratory Capacity for Infectious Diseases	\$493,938	<p>The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing</p>

		capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately

		affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for

		health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$83,048	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	Indiana University \$129,267	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Adult and Child Mental Health Center \$495,189; Centerstone of Indiana \$500,000; Southlake Community Mental Health Center \$500,000	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**IOWA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Iowa is receiving \$774,481 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$3.3 Million*	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Iowa State Department of Public Health \$200,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$407,337	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$101,668	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$65,476	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**KANSAS – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Kansas is receiving \$523,981 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Kansas State Department of Health and Environment \$200,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$259,936	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$64,045	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**KENTUCKY – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Kentucky is receiving \$1,381,624 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$7.9 Million*	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Kentucky State Cabinet for Health and Family Services \$200,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$389,385	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$72,899	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$72,033	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers— HRSA	University of Kentucky Research Foundation \$647,307	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**LOUISIANA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Louisiana is receiving \$2,905,469 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Louisiana State Department of Health and Hospitals \$200,000; National Network of Public Health Institutes \$1,000,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$289,273	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$97,517	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$73,112	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	Tulane University \$650,000	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**MAINE – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Maine is receiving \$2,642,114 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$4.3 Million*	Portland, Maine recently began implementing a menu labeling policy for non-chain restaurants. To date, there are 13 restaurants at various stages of implementation. A Registered Dietician is working with the restaurants to conduct menu nutritional analysis, signage and print materials, and provide training and technical assistance to restaurant staff/owners.
Public Health Infrastructure	Maine State Department of Health and Human Services \$1,758,786	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating

		the effectiveness of their organizations, practices, paternerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$273,410	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$60,000	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV

		prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to

		improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$53,098	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—	\$0	The Public Health Training Centers Program helps improve the public health system by

HRSA		enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Community Health and Counseling Service \$496,820	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**MARYLAND – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Maryland is receiving \$2,586,841 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Maryland State Department of Health and Mental Hygiene \$300,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$231,600	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$229,857	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$878,896	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	Maryland State Department of	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

	Health and Mental Hygiene \$230,728	agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$79,325	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Family Services Agency, Inc \$490,868	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**MASSACHUSETTS – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Massachusetts is receiving \$3,987,784 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$12.5 Million*	<p>In October 2010 Boston launched its first ever nicotine replacement patch give-away to help drive smokers to the Massachusetts Smokers’ Helpline. As of February, 2011, 482 Boston residents have called the Massachusetts Smokers’ Helpline for nicotine patches. In Boston, pediatric departments in 8 health centers that serve 30,000 pediatric patients are introducing tobacco assessment, counseling and referral into their systems and electronic health records. Oral health clinics in 9 health centers, who serve an estimated 28,000 people are doing the same. These system changes will help providers deliver appropriate tobacco cessation services to clients in need.</p> <p>Boston is increasing access to healthy fruits and vegetables through community gardens</p>

		<p>that enable residents of Boston's most low-income neighborhoods to grow their own produce. Using CPPW funding, 171 beds of produce were grown in the Dorchester community, serving 684 people. By the end of the grant period, it is projected that 400 raised beds of produce will be built, serving a total of 1,600 people, as well as providing greenhouse plots that will serve an additional 200.</p> <p>Boston trained more than 2,500 low-income children on how to safely ride bicycles, surpassing its two-year enrollment goal in only five months. Boston will increase its goal to reach more children during the remainder of the grant period.</p>
Public Health Infrastructure	Massachusetts State Department of Public Health \$1,960,128	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$598,230	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing

		capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$89,268	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately

		affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for

		health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$83,924	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	Trustees of Boston University, Boston University Medical Campus \$649,977	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Community Healthlink, Inc \$460,690	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**MICHIGAN – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Michigan is receiving \$2,172,833 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Michigan State Department of Community Health \$400,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$243,670	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$135,438	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$101,296	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	The Regents of the University of Michigan \$650,000	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Washtenaw Community Health Organization \$496,862	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**MINNESOTA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Minnesota is receiving \$2,881,795 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$5.9 Million*	<p>Minneapolis has initiated a program that incentivizes EBT customers with up to a \$5 match in Market Bucks’. During the initial project pilot two markets served over 500 customers. The program also supports Farm to School and Safe Routes to School programs and Tobacco policy work, supplementing and supporting SHIP efforts.</p> <p>The grant also helps support an initiative called Great Trays, which has workshops and resources to help empower school nutrition staff to plan menus and purchase foods that improve the quality of school meals and meet new nutrition standards, as required by the Healthy, Hunger-Free Kids Act of 2010.</p>

		<p>This grant works to significantly increase the number of Minnesotans who quit using tobacco by working to increase calls to the QUITPLAN Helpline and other Minnesota quitlines.</p> <p>MDH partners the City of Minneapolis and Olmsted County to build a comprehensive, sustainable initiative based on the CDC's MAPPS (media, access, promotion, price and social support and services) approach, designed to reduce obesity, improve nutrition and increase physical activity.</p> <p>MDH's funding for the CPPW Community Initiatives Mentoring Supplement is \$2,608,040. It is funded to provide mentoring to other CPPW funded communities in the areas of policy, systems and environmental change.</p>
Public Health Infrastructure	Minnesota State Department of Health \$1,960,128; Mille Lacs Band of Ojibwe Indians \$99,866	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, paternerships, programs and use of resources through performance mangagement; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$304,209	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on

		multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$117,953	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing

		existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	Minnesota State Department of Health \$322,544	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state,

		tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$77,095	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**MISSISSIPPI – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Mississippi is receiving \$726,892 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Mississippi State Department of Health \$199,585	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$302,720	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$79,020	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$0	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**MISSOURI – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Missouri is receiving \$789,634 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

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PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$7.6 Million*	<p>Two cities in St. Louis County, Missouri, Brentwood and Creve Coeur, have adopted 100% indoor smoke-free policies, protecting their 7,600 and 16,700 residents respectively, from secondhand smoke. Creve Coeur's policy includes all public places with employees, including casinos, bars, private clubs, and assisted living facilities.</p> <p>In St. Louis County, Missouri eight community colleges adopted comprehensive tobacco-free policies, creating a tobacco-free environment for 29,000 students and 3,800 faculty and staff. Washington University and Fontbonne University also passed comprehensive tobacco-free policies adding 16,000 students and at least 15,800 faculty and staff to those who will be benefiting from a tobacco-free campus.</p>

Public Health Infrastructure	Missouri State Department of Health and Senior Services \$300,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, paternerships, programs and use of resources through performance mangagement; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$263,260	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of

		NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV

		prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$80,807	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.

Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers— HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**MONTANA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Montana is receiving \$512,811 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Montana State Department of Health and Human Services \$100,000; Montana-Wyoming Tribal Leaders Council \$100,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$312,811	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$0	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**NEBRASKA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Nebraska is receiving \$1,475,479 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$5.7 Million*	In Douglas County, Nebraska 12 after school programs have adopted a policy requiring 20 minutes of daily physical activity and eliminating sugary drinks, ensuring the 560 children who attend these centers, will have exposure to physical activity and reduced caloric intake every day.
Public Health Infrastructure	Nebraska State Department of Health and Human Services \$1,200,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, paternerships, programs and use of

		resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$148,500	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$67,735	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing

		existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.

Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$59,244	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations

		(1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**NEVADA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Nevada is receiving \$4,228,745 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$3.8 Million \$14.6 Million*	Located in Clark County, Nevada the project will be managed by the Southern Nevada Health District (SNHD) Chronic Disease Prevention Program. SNHD will work with community partners and its leadership team to implement specific policy and environmental change strategies including establishing physical activity and healthy eating policies in child care centers and after-school programs, expanding the Safe Routes to Schools programs and promotion of healthy versus less healthy foods in worksites, restaurants, convenience stores and community locations. These changes are intended to create a supportive environment and provide social support to residents in their efforts to be physically active and eat healthy. Program interventions and strategies will impact all age groups in multiple sectors of the community.

		<p>In Las Vegas, Nevada, the Spring Valley Hospital Medical Center, serving 15,000 patients and staff, adopted a smoke-free policy. These patients and staff will now enjoy a smoke-free hospital environment.</p> <p>Southern Nevada successfully launched multiple media campaigns to promote the Quitline. The campaigns reached 1.26 million people via TV media; 1.18 million people via Radio; nearly 1 million people via print; and 175,004 people via the web, producing a total of 47.5 million impressions. Commonly used to describe the impact of media campaigns, “impressions” can be thought of as times a campaign has been seen. As a result, calls to the Quitline have almost doubled with current call volume averaging 928 calls per month.</p>
Public Health Infrastructure	Nevada State Department of Health and Human Services \$200,000	<p>Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.</p>
Epidemiology and Laboratory Capacity for Infectious Diseases	\$90,000	<p>The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health</p>

		laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$75,576	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on

		key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective

		practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$63,169	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**NEW HAMPSHIRE – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

New Hampshire is receiving \$1,041,766 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	New Hampshire State Department of Health and Human Services \$100,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$266,217	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$56,815	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	Trustees of Dartmouth College \$618,734	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**NEW JERSEY – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

New Jersey is receiving \$2,891,414 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

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PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	New Jersey State Department of Health and Senior Services \$1,638,751	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$346,382	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$169,050	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$94,802	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Catholic Charities, Diocese of Trenton \$496,862	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**NEW MEXICO – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

New Mexico is receiving \$842,783 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0.9 Million*	<p>In Pueblo of Jemez, New Mexico to improve the health status of employees, the Health & Human Services Department has a Wellness Leave Policy, which allows employees to take 1.5 hours per week to participate in physical activity. As a result, since August 2010, an average of 160 employees have taken advantage of the policy and participated in various exercise activities.</p> <p>In Pueblo of Jemez, New Mexico the District-wide Wellness Policy for Physical Activity, provides kids in the after-school programs with at least 45 minutes of physical activity on a daily basis and includes a healthy snack.</p>
Public Health	New Mexico State	Awarded to state, tribal, local and territorial health departments to improve their ability to

Infrastructure	Department of Health \$199,877	provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$326,168	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and

		<p>communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Testing	\$0	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Planning	\$0	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing</p>

		existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	New Mexico State Department of Health \$256,398	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$60,340	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-

		based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers— HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**NEW YORK – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

New York is receiving \$9,386,914 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$31.1 Million*	In New York, The Walkers for Wellness program is bringing walking clubs and better nutrition to 100 faith-based organizations representing more than 10,000 New York City congregants of many faiths. Beth Hark Christian Counseling Center/Bethel Gospel Assembly, located in East Harlem, has started a walking club that meets twice a week. With the Center located across from Marcus Garvey Park, club participants are able to walk outdoors when the weather permits, or inside the large church building during inclement weather. Participants walk at least one mile per club gathering. In addition, an NYC DOHMH presentation on the contribution of sugary beverages to obesity led the Center to adopt healthful new food policies, including reducing the availability of sugarsweetened beverages at all Center functions. A more nutritious drink option – healthy

soda (seltzer water with a splash of 100% juice) – has been a big hit at Center events. The Center has also increased the water options in vending machines and is continuing to work on reducing the number of vending machine slots dedicated to sugary drinks. Another faith-based organization, God’s Battalion of Prayer Church, located in the East Flatbush section of Brooklyn, has also successfully implemented the Walkers for Wellness and healthier foods programs. Its walking club meets twice a week, and club participants walk two to three miles per scheduled gathering. In inclement weather, members are undeterred, and instead, climb the stairs of the church building. In response to two NYC DOHMH presentations on sugary drinks and obesity, the church has adopted several health-promoting nutritional policies, including displaying signs that remind people of portion control and hosting sugary-drink free events.

On January 24, 2011, The Board of Trustees of City University of New York (CUNY) approved an expanded tobacco policy that will make CUNY the largest urban public university system in the United States to go 100% smoke-free. CUNY serves over half a million students citywide and employs about 40,000 staff. The majority of CUNY’s population is between the ages of 18 and 24, the critical age when many occasional smokers transition to become daily smokers. The policy prohibits the use of tobacco on all grounds and facilities under CUNY’s jurisdiction — indoor and outdoor – as well as tobacco industry promotions and marketing on campus properties, and tobacco industry sponsorship of athletic events and athletes. Additionally, CUNY will expand its free cessation services and referrals to community-based services for smokers who want to quit. The New York City Department of Health and Mental Hygiene is supporting CUNY’s efforts by providing training to students and clinic staff; access to online “best practice” resources; and specialized on-site technical assistance to all 23 campuses throughout the one-year implementation period.

The New York City Council approved a measure to prevent smoking in all city parks and on all city beaches reducing exposure to secondhand smoke in the City’s 1,700 parks, 14 miles of beaches and pedestrian malls and plazas. This measure reduces exposure to

		<p>secondhand smoke for the City’s annual 18.9 million beach visitors and 52.7 million visitors to the 6 most popular NYC parks.</p> <p>New York City unveiled a new media salt awareness campaign urging consumers to compare labels and select foods with less sodium. The campaign was placed on 20% of all New York City subway cars and generated 63.5 million “impressions” from the public. “Impressions” can be thought of as times a campaign has been seen.</p> <p>New York City successfully installed water jets in 144 public schools, and supported a policy that requires all drinking fountains to have a separate faucet designed for filling containers and removes a provision that allowed bottle water vending machines in lieu of water fountains. The instillation of the water jets and passing of new drinking fountain policy provides over 110,000 students and staff with greater access to free drinking water.</p>
Public Health Infrastructure	New York State Department of Health \$400,000; New York City Department of Health and Mental Hygiene \$2,060,128	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health’s best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$New York State Department of Health \$374,166; New York City	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of

	Health and Mental Hygiene \$340,392	epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Supplemental funding for BRFSS to increase the sample size and enable more precise estimates of risk factors to be calculated. This funding would also increase the proportion of BRFSS interviews that are completed by cell phone, and add a mental illness m
HIV Laboratory	\$New York State Department of Health \$307,033; New York City Health and Mental Hygiene \$393,380	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$New York State Department of Health \$145,567; New York City Health and Mental Hygiene \$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV

		prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$1,581,184	CDC awarded grants to expand HIV prevention efforts under the President's National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a "combination approach" to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	New York State Department of Health \$202,009	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various

Grants		national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$150,543	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	The Research Foundation of the State University of New York \$649,921; University of Medicine and Dentistry of New York-School of Public Health \$647,654	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Postgraduate Center for Mental Health \$496,372; ICD-	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to

	International Center for the Disabled \$500,000; Bronx-Lebanon Hospital Center \$496,135; St. Barnabas Hospital \$496,863	improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.
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*One-Time Funding from FY2010

**NORTH CAROLINA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

North Carolina is receiving \$7,145,185 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$3.2 Million	The North Carolina Division of Public Health (NC DPH) received \$3.7 million to address obesity in two rural areas of the state. NC DPH will work with the Appalachian District Health Department a three-county health district serving Watauga, Ashe, and Alleghany counties in western North Carolina, and the Pitt County Health Department in eastern North Carolina. The Appalachian District Health District (ADHD) will strive to increase the community’s access to healthy foods and support policy changes in schools and work places to promote nutrition and physical activity. To increase access to healthy foods, ADHD will recruit local farmers in each county and will develop farmer incentives to support the development of community gardens. ADHD will oversee the marketing and organization of the resulting produce distribution. ADHD will recruit volunteers to oversee

		<p>garden organization, volunteer recruitment, and support for gardeners and will provide special event coordination for the project. The school/workplace policy interventions will focus on partnerships. In collaboration with a local coalition, Alleghany and Ashe County Healthy Carolinians, ADHD will participate in the Healthy Hospital Initiative to implement workplace breastfeeding and employee physical activity policies. ADHD will also collaborate with school districts in efforts to ensure that youth get a minimum of 30-60 minutes of daily physical activity. The Pitt County Health Department (PCHD) will strive to improve access to nutritious food through The Corner Store Initiative, which is centered on increasing access and availability of healthy food/drink, improving product placement and attractiveness, and changing the relative prices of healthy vs. unhealthy items in convenience stores. PCHD also plans to collaborate with three cities to develop point of decision making signage to encourage physical activity. PCHD also proposes to partner with state and local entities to develop the necessary infrastructure to support Safe Routes to Schools. In addition, the community will build upon established partnerships with local planning agencies and transportation officials to develop and place signage within communities to point out public parks, other recreational opportunities, and the availability of bike lanes and alternate forms of travel.</p>
<p>Public Health Infrastructure</p>	<p>North Carolina State Department of Health and Human Services \$1,903,858</p>	<p>Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, paternerships, programs and use of resources through performance mangagement; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.</p>

Epidemiology and Laboratory Capacity for Infectious Diseases	\$281,894	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$772,104	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and

		<p>communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Planning	\$0	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
Emerging Infections Program	\$0	<p>The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing</p>

		capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$198,758	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	University of North Carolina at Chapel Hill \$643,004	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services

Services		for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.
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*One-Time Funding from FY2010

**NORTH DAKOTA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

North Dakota is receiving \$238,776 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

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PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	North Dakota State Department of Health \$100,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$138,776	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$0	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**OHIO – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Ohio is receiving \$2,389,971 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$6.7 Million*	<p>In Hamilton County, Ohio 72 schools in 3 school districts, serving 38,282 students, have passed competitive food policies which ensure that foods and beverages sold in school vending machines, a la carte lines, and school stores meet nutrition standards which place limits on calories, certain nutrients and portion size. Such policies are planned to take place in 19 additional school districts by the end of March 2012.</p> <p>Hamilton County, Ohio, awarded 20 Healthy Living Mini-Grants to underserved communities that now allow 4,000 students in greater Cincinnati the opportunity to safely walk to school.</p>
Public Health	Ohio State	Awarded to state, tribal, local and territorial health departments to improve their ability to

Infrastructure	Department of Health \$394,111	provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$298,394	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and

		<p>communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Testing	\$145,567	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Planning	\$0	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing</p>

		existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$109,388	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-

		based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers— HRSA	The Ohio State University \$650,000	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Greater Cincinnati Behavioral Health Services \$492,511	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**OKLAHOMA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Oklahoma is receiving \$3,530,693 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$2.1 Million*	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Oklahoma State Department of Health \$200,000; Cherokee Nation \$1,760,128	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$232,165	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$122,817	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$68,970	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	The University of Oklahoma Health Sciences Campus \$649,750	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	North Care Center \$496,863	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**OREGON – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Oregon is receiving \$3,080,013 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$7.5 Million*	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Oregon State Department of Health Services \$1,860,128; Northwest Portland Area Indian Health Board \$100,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$212,318	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$82,180	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	Oregon State Public Health Division	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

	\$255,704	agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$69,683	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Native American Rehabilitation Association \$500,000	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**PENNSYLVANIA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Pennsylvania is receiving \$4,948,167 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$25.4 Million*	<p>In Philadelphia, nearly 500 corner stores have been recruited into the Healthy Corner Store Initiative; some local businesses have received resources for equipment upgrades, shelving and refrigeration to sell produce, low-fat dairy products, and lean meats. 1000 children a day are receiving healthier meals, thanks to the USDA After-School Meal Program in 40 of the 98 recreation center after-school sites. And 200 Philadelphia schools have created School Wellness Councils, to incorporate physical activity into the school day and to eliminate unhealthy options foods from classrooms, fundraisers, and school stores.</p> <p>A new tobacco prevention policy in Philadelphia increases penalties for merchants that sell</p>

		tobacco products illegally to youth from \$100 to \$250, potentially protecting over 39,000 youth from exposure to tobacco products.
Public Health Infrastructure	Pennsylvania State Department of Health \$400,000; Philadelphia Department of Public Health \$1,118,493	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$Pennsylvania State Department of Health \$166,089; City of Philadelphia Public Health Department \$183,688	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states "create additional tobacco quitters," as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.

HIV Laboratory	\$136,330	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$City of Philadelphia Public Health Department \$145,567; Hershey Milton's Medical Center \$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$906,024	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and

		implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$114,853	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care

Surveillance		Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers— HRSA	University of Pittsburgh \$649,994	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Horizon House \$481,562; Milestones Centers, Inc \$500,000	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**RHODE ISLAND – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Rhode Island is receiving \$1,393,177 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$3.3 Million*	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Rhode Island State Department of Health \$99,738	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$296,803	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$0	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Kent Center for Human/Organizational Development \$496,636; Providence Center, Inc \$500,000	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**SOUTH CAROLINA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

South Carolina is receiving \$3,466,746 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$1.6 Million \$6 Million*	The South Carolina Department of Health and Environmental Control received \$1.6 million for a statewide obesity, physical activity, and nutrition program. South Carolina will pilot a statewide Farm to School program. Key objectives include developing and maintaining an infrastructure to support local implementation of farm to school programs. With approximately 1100 public schools in South Carolina, school meals are a lifeline for many children, especially low-income children. Each day the state’s schools serve approximately 733,000 meals and provide opportunities for those students to learn about healthy nutrition and the importance of agriculture to South Carolina. Systems leveling approaches, like Farm to School programs, have the potential to impact not only the student population and school staff, but also the surrounding communities. Increased

		<p>consumption of fruits and vegetables can build healthy children, schools, farms and communities and in the long term will reduce obesity and obesity-related chronic diseases.</p> <p>South Carolina has adopted a .57 cent price increase on cigarettes, making it likely that more than 23,000 kids under the age of 18 in South Carolina will never become smokers. Of funds collected from the price increase, \$5 million will support tobacco prevention and cessation efforts. Research shows that price increases on tobacco products are an effective policy intervention designed to prevent initiation of adolescents and young adults, reduce cigarette consumption, and increase the number of smokers who quit. A 10% increase in the price of cigarettes is estimated to reduce consumption by 4%.</p> <p>In South Carolina, Florence County School District Five adopted a 100% smoke-free policy impacting three schools, 1,400 students, and 150 faculty and staff who are now enjoying the benefits of a tobacco-free, smoke-free environment.</p> <p>Horry County's new South Carolina Quitline program, which provides free nicotine gum and patches for all who register for services through the Quitline, experienced a 63% increase in calls (152 calls) for January 2011, with 77 callers receiving free nicotine patches or gum.</p>
Public Health Infrastructure	South Carolina State Department of Health and Environmental Control \$200,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating,

		implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$231,176	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$87,900	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.

HIV Testing	\$145,567	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Planning	\$0	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
Emerging Infections Program	\$0	<p>The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on</p>

		multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$73,468	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	University of South Carolina \$650,000	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning,

		education, and resource needs.
Primary care and Behavioral Health Services	South Carolina State Department of Mental Health \$471,654	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**SOUTH DAKOTA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

South Dakota is receiving \$199,447 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	\$0	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$145,267	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$54,180	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**TENNESSEE – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Tennessee is receiving \$2,758,050 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$7.5 Million*	<p>Nashville’s Metro Council passed a resolution creating a Food Policy Council, which will work to improve access to affordable healthy food for all 600,000 residents of Nashville.</p> <p>Nashville’s Complete Streets policy ensures that public streets are built to accommodate all modes of transportation, including walking, bicycling, and mass transit for Nashville’s 600,000 residents.</p>
Public Health Infrastructure	Tennessee State Department of Health \$1,296,995	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services

		including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$308,225	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$93,161	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in

		12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately

		affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	Tennessee State Department of Health \$181,707	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$82,395	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.

Training Centers— HRSA	East Tennessee State University \$650,000	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**TEXAS – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Texas is receiving \$6,115,569 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$23.1 Million*	The San Antonio Healthy Restaurants Coalition debuted the ¡Por Vida! Program, a menu labeling and recognition program for food service establishments that offer healthy menu items. ¡Por Vida! is voluntary, and only requires restaurants to label the specific menu items that meet set nutritional criteria. The cornerstone of the ¡Por Vida! Program is the solid nutritional criteria, developed by the San Antonio Dietetic Association based on the Dietary Guidelines for Americans which suggest a balanced diet consisting of fruits, vegetables, whole grains and lean protein. The criteria establish clear limits for calories, total fat, saturated fat, transfat, and sodium. ¡Por Vida! is currently implemented within 7 restaurants in San Antonio, at over 120 locations. The restaurants include a large national fast food chain, several local restaurant chains, and

		<p>independently owned restaurants. The restaurants received guidance and technical support from local, registered dietitians who analyzed and created menu items to meet the ¡Por Vida! nutritional criteria. Each of the restaurants identified at least one plate (entrée and sides) to meet the nutritional criteria, and developed in-store marketing materials to promote the new ¡Por Vida! items.</p> <p>Austin/Travis County Integral Care, the local authority for behavioral health and developmental disabilities, passed a comprehensive tobacco-free worksite policy protecting 19,000 clients and staff from exposure to tobacco both indoors and outdoors at all of their 36 locations.</p> <p>Austin/Travis County Health and Human Services Department (HHSD) passed a tobacco-free policy for all of their properties protecting 70,800 clients and staff in four facilities from tobacco exposure. Employees, vendors, and visitors may not use tobacco at any time on the premises, including all buildings, parking lots, and any of the locations' grounds.</p>
Public Health Infrastructure	<p>Texas State Department of Health Services \$400,000; City of San Antonio Metropolitan Health District \$100,000; Dallas County Health and Human Services \$100,000; Houston City Health and Human Services \$200,000</p>	<p>Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.</p>
Epidemiology and Laboratory Capacity	<p>\$Texas State Department of</p>	<p>The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative</p>

for Infectious Diseases	Health Services \$544,902; Houston City Health and Human Services \$89,443	agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$75,148	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$Texas State Department of Health Services \$142,681; Houston City Health and Human Services \$184,076	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$Texas State Department of Health Services \$145,567; Houston City Health and	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and

	Human Services \$145,567	implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	Texas State Department of Health Services \$850,016; Houston City Health and Human Services \$891,108	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to

		national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$102,360	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	The University of Texas Health Science Center at Houston \$649,801	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Lubbock Regional Mental Health and Mental Health Ret Center \$500,000;	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly

	Austin-Travis County Mental Helath-MR Center \$494,900; Montrose Counseling Center, Inc \$500,000	funded community mental health and other community-based behavioral health settings.
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*One-Time Funding from FY2010

**UTAH – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Utah is receiving \$1,217,512 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Utah State Department of Health \$200,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$352,662	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$104,114	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$63,874	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Weber Human Services \$496,862	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**VERMONT – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Vermont is receiving \$1,319,273 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Vermont State Department of Health \$1,100,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$219,273	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$0	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**VIRGINIA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Virginia is receiving \$2,800,519 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Virginia State Department of Health \$300,000; Association of State and Territorial Health Officials \$750,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$251,035	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$200,000	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$145,567	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$90,557	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers— HRSA	Eastern Virginia Medical School \$488,360	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**WASHINGTON – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Washington is receiving \$2,628,639 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$25.5 Million*	<p>127,691 Seattle teens (ages 12-17) are now protected from exposure to tobacco through electronic smoking devices and unregulated nicotine delivery products. New policies restrict the sales of e-cigarettes or any other unapproved nicotine delivery products to people 18 and older; prohibit free or highly discounted electronic smoking devices or unapproved nicotine delivery products; and prohibit the use of e-cigarette devices in places where smoking is prohibited by law.</p> <p>Seattle’s Healthy Foods Here brings fresh produce and other healthy options to corner stores, mini-marts, convenience stores, and other locations in 20 low-income target neighborhoods. As a result of this initiative, an estimated 650,000 residents will have</p>

		greater access to healthy foods.
Public Health Infrastructure	Washington State Department of Health \$299,981	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$510,120	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states "create additional tobacco quitters," as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$104,993	CDC awarded grants to expand HIV prevention efforts under the President's National

		<p>HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Testing	\$0	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Planning	\$0	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in</p>

		12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$84,288	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental

		hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers— HRSA	University of Washington \$650,000	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Downtown Emergency Service Center \$482,394; Asian Counseling and Referral Service \$496,863	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**WEST VIRGINIA – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

West Virginia is receiving \$1,794,324 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$4.5 Million*	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	West Virginia State Department of Health and Human Resources \$1,200,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$96,448	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

		agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$59,363	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

		access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	Pretera Center for Mental Health Services \$438,513	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.

*One-Time Funding from FY2010

**WISCONSIN – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Wisconsin is receiving \$3,159,357 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$7 Million*	In partnership with their local hospital and CPPW-funded health department, Kwik Trip convenience stores, headquartered in La Crosse County, Wisconsin, joined the 500 Club, highlighting healthier alternatives to customers in all twenty-one of their La Crosse county stores. All 113,758 La Crosse County customers can now easily find convenient, affordable healthy options, including fresh fruit that costs less than a bag of chips. Kwik Trip saw their efforts as so successful that they’ve chosen to bring the 500 Club to thirty more stores in neighboring Minnesota and Iowa. Kwik Trip Retail Food Service Director Paul Servais explains, “We heard from our customers that they were looking for more healthy options. We heard some people say not to go to convenience stores because there is nothing healthy to eat in them. We knew at Kwik Trip we had healthy options.

		<p>This was a great way to get that message out.” La Crosse's Farm2School program is helping Wisconsin kids eat Wisconsin food. Over 5,000 students are eating and learning how to cook locally-grown foods including cabbage, beets, wild rice, potatoes and winter squash, grown by local Wisconsin farmers, and prepared locally instead of being shipped in from California, Florida or even Chile. Local food processing facility Wisconsin Innovation Kitchen pre-processes the food to reduce labor costs in the school kitchens, and had to add a third shift to keep up with the new demand.</p> <p>Four school districts in LaCrosse, Wisconsin have increased the use of locally produced foods in schools providing healthy options for 4,875 students. By the end of the school year 5,000 pounds of fresh fruits and vegetables will be served and thousands of dollars will be put back into the local economy through the CPPW Farm to School effort.</p> <p>In La Crosse County, Wisconsin six miles of new bike lanes have been added to the streets of the city of La Crosse, quadrupling the amount of bike lanes available to LaCrosse’s 113,000 residents.</p>
Public Health Infrastructure	Wisconsin State Department of Health Services \$1,960,129	<p>Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.</p>
Epidemiology and	\$395,014	The funding, which is provided through Epidemiology and Laboratory Capacity for

Laboratory Capacity for Infectious Diseases		Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$96,639	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the

		<p>epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
HIV Planning	\$0	<p>CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.</p>
Emerging Infections Program	\$0	<p>The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health</p>

		records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$79,095	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers— HRSA	Board of Regents of the University of Wisconsin System \$628,480	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve access to and quality of health services in medically underserved communities. Other PHTC activities include assessing the learning needs of the public health workforce; providing accessible training; and working with organizations to meet strategic planning, education, and resource needs.
Primary care and Behavioral Health Services	\$0	The Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS awarded grants to support and promote better primary care and behavioral health services for individuals with mental illnesses or substance use disorders. The grants seek to

		improve health by improving the coordination of healthcare services delivered in publicly funded community mental health and other community-based behavioral health settings.
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*One-Time Funding from FY2010

**WYOMING – AND THE NEW PREVENTION FUND:
AN INVESTMENT IN THE FUTURE HEALTH OF AMERICA**

The Affordable Care Act (ACA) included the creation of a Prevention Fund – to provide communities around the country with more than \$16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Wyoming is receiving \$316,244 from the Prevention Fund this year to reduce disease rates in the state and help ensure today’s children are not the first generation in U.S. history to live shorter, less healthy lives than their parent.

Preventing disease and injury is the most effective, common-sense way to improve health in the United States. Too often, however, we focus on treating disease and injury after they occur instead of preventing them – providing sick care instead of health care.

The ACA and the Prevention Fund give us the opportunity to turn that around – and provides the opportunity for all Americans to be as healthy as they can be.

PREVENTION FUND GRANTS	AMOUNT	DESCRIPTION
Communities Putting Prevention to Work	\$0	This initiative will put money into the hands of states and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.
Public Health Infrastructure	Wyoming State Department of Health \$100,000	Awarded to state, tribal, local and territorial health departments to improve their ability to provide public health services. The 5-year cooperative agreement program will provide health departments with needed resources to make fundamental changes in their organizations and practices, so that they can improve the delivery of public health services including: Building and implementing capacity within health departments for evaluating the effectiveness of their organizations, practices, partnerships, programs and use of resources through performance management; Expansion and training of public health staff and community leaders to conduct policy activities in key areas and to facilitate

		improvements in system efficiency; Maximizing the public health system to improve networking, coordination, and cross-jurisdictional cooperation for the delivery of public health services to address resource sharing and improve health indicators; Disseminating, implementing and evaluating public health's best and most promising practices; and Building a national network of performance improvement managers that share best practices for improving the public health system.
Epidemiology and Laboratory Capacity for Infectious Diseases	\$163,444	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative agreements, is intended to increase epidemiology, laboratory and health information systems capacity at health departments. The award is to support: hiring and training of epidemiologists, laboratory scientists, and health information specialists who can work on multiple infectious diseases; increasing the number of modern, well-equipped public health laboratories using electronic laboratory information systems to manage and exchange information effectively between labs and public health departments; and developing capacity for public health departments to participate in meaningful use of electronic health records, e.g. through implementation of electronic laboratory-based reporting according to national standards.
ARRA evaluation (Behavioral Risk Factor Surveillance System)	\$0	Grants awarded intended to help states “create additional tobacco quitters,” as well as increase data collection efforts for tracking flu-like illnesses to support ongoing pandemic influenza preparedness activities.
HIV Laboratory	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health

		departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Testing	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
HIV Planning	\$0	CDC awarded grants to expand HIV prevention efforts under the President’s National HIV/AIDS Strategy (NHAS). The funding, allocated to CDC by the President as part of NHAS, will help to further focus HIV prevention on high risk populations and communities, as well as fill critical gaps in data, knowledge and understanding of the epidemic. The majority of the grants will support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in 12 hard-hit areas across the country. These efforts will determine what mix of HIV prevention approaches can have the greatest impact in the local area, supplementing existing programs in these communities and helping jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs. Grants went to state and local health departments to increase HIV testing opportunities for populations disproportionately affected by HIV and help link HIV-infected persons with appropriate services, as well as to improve the reporting of HIV data.
Emerging Infections Program	\$0	The funding, which is provided through Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Program (EIP) cooperative

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Capacity Building Grants	\$0	Money awarded by the Centers for Disease Control and Prevention will go to various national, non-profit professional public health organizations to support efforts by state, tribal, local and territorial health departments to ensure successful adoption of effective practices that strengthen core public health infrastructure investments. These national public health organizations will provide technical assistance, training, and information for health departments to improve their public health infrastructure and the delivery of public health services.
Tobacco Prevention	\$52,800	State Supplemental Funding for Healthy Communities will be used to help states implement plans to reduce tobacco use through legislative, regulatory, and educational arenas, as well as enhance and expand the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit.
Health Care Surveillance	\$0	Grants to fund data collection and analysis to monitor the impact of the Affordable Care Act on the health of Americans and boost the collection and analysis of environmental hazards data to protect the health of communities.
Workforce	\$0	The programs are designed to build the primary care workforce and provide community-based prevention. States will receive funding to support comprehensive workforce planning and implementation strategies that best address local current and projected workforce shortages.
Training Centers—HRSA	\$0	The Public Health Training Centers Program helps improve the public health system by enhancing skills of the current and future public health workforce. Funded organizations (1) plan, develop, operate and evaluate projects that support goals established by the Secretary in preventive medicine, health promotion and disease prevention; or (2) improve

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