



Budget Request Overview

The FY 2012 Budget request for CDC and ATSDR is \$11.3 billion. The total funding level includes CDC/ATSDR's discretionary funding (including Budget Authority and PHS Evaluation resources), mandatory funding for the Vaccines for Children (VFC) Program and the Energy Employees Occupational Illness Compensation Program, as well as support from the Prevention and Public Health Fund (the Prevention Fund). Although CDC's discretionary budget reflects a decrease of approximately \$580 million in budget authority below the FY 2010 level, the total budget request is an increase of \$371 million.

Key Increases – The Budget request increases support for the prevention and control of infectious diseases, HIV/AIDS and other sexually transmitted diseases, global polio eradication, the Strategic National Stockpile, and chronic disease prevention and health promotion.

Key Savings and New Program Approaches – The Budget request includes \$100 million in administrative savings and targeted programmatic savings for completed, duplicative, and one-time activities. In addition, the Budget request consolidates disease-specific funding throughout the agency to create more integrated programs. This will enable health officials to increase health impact, improve health outcomes, streamline programs, and enhance Federal resource accountability.

Protecting the Nation against Infectious Disease

The Budget request includes a total of \$2.3 billion for infectious diseases, of which \$152 million is provided from the Prevention Fund. Separately, \$4 billion in mandatory funding is provided for the VFC program.

HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention – The FY 2012 Budget request provides \$1.2 billion for domestic HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases (STD), and Tuberculosis (TB) activities, an increase of \$69 million above FY 2010. The total funding level includes \$30.4 million from the Prevention Fund. The FY 2012 Budget proposes that both CDC and the States have the authority to transfer up to 5% of HIV/AIDS, Viral Hepatitis, STD, and TB funds across each budget line to improve program coordination and service integration.

The Budget supports the goals of the National HIV/AIDS Strategy by focusing resources on high-risk populations and allocating funds to State and local health departments to align resources to match the burden of the epidemic across the United States. In addition, the Budget provides an additional \$10 million for Enhanced Comprehensive HIV Prevention Planning, which funds the 12 local jurisdictions most affected by AIDS. The increased funds in FY 2012 will help CDC decrease the HIV transmission rate; reduce risky behaviors among persons at risk for acquiring HIV; increase the proportion of HIV-infected people who know they are infected; and integrate services for populations most at

CDC Provides Value through the Prevention Fund

Of the \$1 billion available through the Affordable Care Act's Prevention and Public Health Fund in FY 2012, the Administration has allocated \$753 million to CDC. These funds will be used to build on areas such as public health detection and response, community and State prevention programs, and tobacco use reduction, and obesity prevention.

In FY 2010, CDC's Prevention Fund allocation strengthened the infrastructure and capacity of health departments. For example, the Arkansas Department of Health trained epidemiologists in foodborne outbreak investigation and is developing a public awareness campaign to stress the importance of reporting foodborne disease episodes to the Department of Health. The campaign's goals are to increase reporting of foodborne illnesses by 20% in the first year and by 40% in the second year.



risk of HIV, STDs, TB, and Viral Hepatitis.

Immunization and Respiratory Diseases – Due to advances in biotechnology, children can now be protected from more vaccine-preventable diseases than ever before. In 1985, vaccines for seven diseases were available and recommended for routine use in children in the United States. Now, vaccines for 16 diseases are available and routinely recommended for children and adolescents.

Domestic HIV/AIDS Prevention and Control

The FY 2012 Budget request provides \$1.2 billion for domestic HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases (STD), and Tuberculosis (TB), an increase of \$69 million above FY 2010. CDC supports HIV case surveillance with 65 State and local health departments to describe all reported cases of HIV in the United States, as well as to conduct behavioral surveillance for special risk groups, medical monitoring of infected persons, and incidence surveillance to characterize the leading edge of the epidemic.

Under the Expanded Testing Initiative (ETI), CDC has developed approaches to increase HIV testing and slow disease spread, especially among populations disproportionately affected by HIV. During the first two years of the ETI's three year cooperative agreement, over 1.4 million tests were conducted, which identified over 10,500 persons newly diagnosed with HIV infection. Of the previously undiagnosed individuals, at least 75% were identified due to routine testing as part of medical care.

CDC's \$4.7 billion immunization program has two components: the mandatory VFC program and the discretionary Section 317 program. In combination, these two programs provide nearly half of the pediatric vaccines and 30% of the adolescent vaccines distributed in the United States each year. The discretionary Section 317 program provides funds to support State immunization infrastructure and operational costs, as well as many of the vaccines public health departments provide to individuals not eligible for VFC, including low-income adults. The FY 2012 Budget includes \$562 million for the Section 317 program, including \$62 million from the Prevention Fund. Within this total, \$7 million will continue demonstration projects to enable health departments to be reimbursed by private insurers for immunization services provided to covered patients.

Emerging, Zoonotic, and other Infectious Diseases – The FY 2012 Budget request includes \$349 million for Emerging and Zoonotic Infectious Diseases, an increase of \$68 million above FY 2010. This includes \$60 million from the Prevention Fund. This level also reflects a reprioritization of funding including elimination of low-impact, disease-specific programs and increases for the Quarantine Program, Emerging Infectious Diseases, Food Safety, and the National Healthcare Safety Network. The requested increase for the Quarantine Program will be available to provide support the costs of persons isolated and quarantined under Federal and State laws. The other increases will allow CDC to prevent and control infectious diseases through activities such as surveillance, outbreak investigations, and support for epidemiology and state/local lab capacity.



Promoting Health and Preventing Chronic Disease

Chronic Disease Prevention and Health Promotion – The Budget request includes \$1.2 billion for Chronic Disease Prevention and Health Promotion, an increase of \$261 million above FY 2010, of which \$460 million is funded through the Prevention Fund. Chronic diseases are among the most prevalent, costly, and preventable of all health problems. The Budget redirects \$705 million to a new, competitive cooperative agreement program that refocuses activities from disease-specific programs into a more comprehensive approach. Because many chronic disease conditions share common risk factors, the new program will improve health outcomes by coordinating the interventions that can reduce the overall burden of chronic disease. CDC will award grants to health departments to implement evidence-based strategies and will address the leading causes of death and health disparities. In addition, CDC will award grants to academic health centers to develop, test, and evaluate effective interventions to reduce chronic conditions; and to national organizations to provide technical assistance, training, and support to health departments. CDC will provide performance awards for states that significantly improve health outcomes.

The Budget eliminates duplicative community grant programs and the Preventive Health and Health Services Block Grant. CDC will address the goals of these activities through the new comprehensive grants program and new Community Transformation Grants funded through the Prevention Fund.

Birth Defects, Developmental Disabilities, and Health – The Budget request includes \$144 million for Child Health, Disabilities, and Blood Disorders, which is an increase of \$273,000 above FY 2010. The Budget proposes consolidating disease-specific funding into three new competitive programs: Child Health and Development, Health and Development for People with Disabilities, and Public Health Approaches to Blood Disorders. These programs are more integrated in their respective approaches and will help address critical public health issues more effectively. In addition, in FY 2012, CDC will continue research and surveillance of autism spectrum disorders.

Public Health Scientific Services

The Budget request includes \$494 million to improve public health surveillance and infrastructure, an increase of \$53 million above FY 2010. This level includes \$70 million from the Prevention Fund. This reflects a reduction for the Genomics Program and increases for public health workforce, health care surveillance, and statistics activities. CDC's Public Health Scientific Services activities strengthen and support the monitoring and analysis of key public health information, which is translated and shared among public health entities.

Health Surveillance/Statistics – The Budget request includes \$197 million for Health Surveillance/Statistics, an increase of \$38 million over FY 2010, to obtain and use statistics to understand health problems, recognize emerging trends, identify risk factors, guide programs and policy, and monitor the impact of health reform. Policymakers, researchers, and the public rely on data from these surveys to support decision making and guide research on health. Health Surveillance/Statistics funds will also be

Tobacco Control Progress

In FY 2010, CDC launched the \$650 million *Communities Putting Prevention to Work* Recovery Act Initiative to improve access to nutritious foods, increase physical activity, and decrease smoking prevalence and exposure to second hand smoke. Of the \$650 million, CDC awarded a total of \$373 million to 44 communities to implement evidence based prevention and wellness strategies.

CDC researchers have also demonstrated that in states with larger investments in comprehensive tobacco control programs, cigarette sales drop more than twice as much as in the United States as a whole, and smoking prevalence among adults and youth has declined faster as spending for tobacco control programs increased. This research and other Recovery Act lessons will inform future investments in tobacco control programs.



used to increase sample sizes for some surveys, and to purchase data needed for public health purposes currently collected from vital registration jurisdictions and to collect 12 months of these data within the calendar year.

Public Health Workforce and Career Development – The Budget request includes a total of \$73 million, with \$25 million from the Prevention Fund, to help ensure a skilled and capable public health workforce at CDC and at the State and local level, through experiential fellowships and training programs.

Environmental Health

The Budget request includes \$138 million for Environmental Health, which is \$43 million below FY 2010 due to targeted programmatic reductions. Within this total, \$9 million in the Prevention Fund finances a portion of the Environmental Public Health Tracking Program. CDC’s Environmental Health programs prevent illness, disabilities, and premature death caused by non-infectious, non-occupational, environmental-related factors. The Budget consolidates the Asthma, Childhood Lead Poisoning Program, and Healthy Homes programs into one comprehensive program “Healthy Home and Community Environments,” which is a decrease of \$33 million below FY 2010. In addition, the Budget eliminates the Built Environment Program and reduces the Climate Change Program by \$1 million to allow CDC to focus its resources on interventions and programs with the greatest potential to make a significant public health impact.

Injury Prevention and Control

The Budget request includes \$168 million for Injury Prevention and Control programs, an increase of \$19 million above FY 2010, to reduce premature deaths, disability, and medical costs associated with injuries and violence, such as motor vehicle safety, and intimate partner and sexual violence prevention. In FY 2012, CDC will build State-based injury prevention capacity, track and monitor injury trends, identify evidence-based interventions, and disseminate key research findings. Within this total, \$20 million in the Prevention Fund will address unintentional injuries, which are one of the leading causes of death.

Improving Preparedness and Response to Public Health Emergencies

The FY 2012 Budget request provides more than \$1 billion for biodefense and emergency preparedness activities in CDC, a decrease of \$70 million below FY 2010. Within the total, \$643 million is requested for the Public Health and Emergency Preparedness grants, a decrease of \$72 million below FY 2010. Great progress in preparing for public health emergencies has been made at the State and local level with the Federal investment of nearly \$9 billion in funding from 2001-2012 for these efforts. CDC will work with states to prioritize preparedness activities and focus on areas of need. These grants support local public health preparedness efforts.

Reducing Healthcare Associated Infections

The FY 2012 Budget request includes \$47 million for CDC’s Healthcare Associated Infections (HAI) activities, an increase of \$32 million above FY 2010. CDC’s goal is to eliminate HAIs in all health care settings and to expand public health activities related to monitoring, response, prevention, and applied research. HAIs are a major public health problem in the United States, accounting for 99,000 preventable deaths and billions of additional health care costs annually.

Implementation of CDC’s HAI prevention recommendations can reduce HAIs by 70% and virtually eliminate some types of infections. Broad implementation of these guidelines will save lives, reduce suffering, and avoid an estimated \$28 to \$33 billion in excess health care costs attributed to HAIs each year. As of December 2010, the number of hospitals participating in the National Healthcare Safety Network (NHSN) has increased to over 3,900 facilities, and data reported to the NHSN demonstrate a 20% reduction in central line associated bloodstream infections nationally, as measured by the standardized infection ratio.



In FY 2012, \$147 million is provided to improve CDC's Preparedness and Response Capability, \$19 million below FY 2010. The budget does not include funding for the Centers for Public Health Preparedness or the Advanced Practice Centers.

The Strategic National Stockpile (SNS) request of \$655 million, an increase of \$59 million over FY 2010, will support increasing product replacement costs, security and management costs, and the acquisition of new products. The funding level includes \$30 million from the Public Health and Social Services Emergency Fund.

Advancing Occupational Safety and Health

The National Institute for Occupational Safety and Health is the primary Federal entity responsible for conducting research, making recommendations, and translating knowledge for the prevention of work-related illness and injury. The FY 2012 Budget request provides \$315 million for Occupational Safety and Health programs, \$115 million below FY 2010. This decrease is the result of targeted programmatic reductions for Education and Research Centers and the Agricultural, Forestry, and Fishing Program within the National Occupational Research Agenda.

The FY 2012 budget request reflects an elimination of discretionary funding for World Trade Center activities (\$71 million). In FY 2012, \$313 million of mandatory funding will be provided to the Department of Health and Human Services Office of the Secretary for the World Trade Center Health Program as result of the passage of the James Zadroga 9/11 Health and Compensation Act of 2010.

Within the total for Occupational Safety and Health, \$55 million in mandatory funding is included for CDC's role in the Energy Employees Occupational Illness Compensation Program.

Global Health

CDC's Center for Global Health develops and executes CDC's global health strategy, providing technical expertise to, and working in partnership with, ministries of health to implement programs that reduce the leading causes of mortality, morbidity, and disability. The FY 2012 Budget request includes \$381 million, \$27 million above FY 2010, for Global Health programs to protect the U.S. and world populations from emerging global health threats and to support the goals of the Administration's Global Health Initiative. Increased funds will support the eradication of polio and strengthen public health capacity overseas, such as training epidemiologists and laboratorians to identify and respond to disease outbreaks.



The FY 2012 Budget maintains support for the Global AIDS Program, which plays a vital role in implementing CDC's responsibilities under the President's Emergency Plan for AIDS Relief. The Budget also supports CDC's work to rapidly detect and respond to infectious disease outbreaks, prevent and control malaria and parasitic diseases, improve maternal and child health through the Afghan Health Initiative, and support Health Diplomacy.

Reducing the Global Malaria Burden

CDC's FY 2012 Budget includes \$19,643,000 for Parasitic Diseases and Malaria, \$237,000 below FY 2010 for administrative savings. As a key partner in the President's Malaria Initiative (PMI), CDC works to prevent and control malaria throughout the nation and the world.

With Federal partners in PMI, CDC recently supported efforts to distribute over 19 million insecticide treated mosquito nets, re treat over 1.1 million regular nets, distribute over 3.5 million treatments for intermittent prevention of malaria during pregnancy, and distribute over 40 million treatment courses of highly effective combination therapies.

CDC researchers have also found that the impact of indoor residual spraying and insecticide treated bed nets resulted in a 70% decrease in malaria incidence and 61% decrease in malaria infection when compared to the use of bed nets alone. The greatest increases were seen among children five years of age. These findings are critical to inform best practices, as 20% of worldwide childhood deaths are due to malaria.

CDC is also conducting promising studies on the world's first advance candidate malaria vaccine. Results of Phase III of the evaluation of this potential vaccine will be analyzed in early 2011.

Managing CDC Infrastructure and Human Capital

The Budget request includes \$610 million to support mission-critical infrastructure and administration at CDC.

Public Health Leadership and Support – The Budget request includes \$163 million, \$32 million below FY 2010, to support cross-cutting areas in CDC that seek to ensure the effectiveness of public health programs and science. Of this total, \$41 million is funded through the Prevention Fund. The decrease eliminates one-time congressional projects and reduces funding for CDC's National Public Health Improvement Program that helps support performance management capacity of public health departments.

Buildings and Facilities – The FY 2012 Budget request includes \$30 million (\$39 million below FY 2010 levels) for the necessary repairs and improvements to maintain or improve the condition of CDC's facilities, and to remain in compliance with the Federal Real Property Council metrics.

Agency for Toxic Substances and Disease Registry (ATSDR)

The FY 2012 Budget request for ATSDR is \$76 million. Managed administratively as part of CDC, ATSDR leads Federal public health efforts related to Superfund and other sites with known or potential toxic exposures. The Agency's mission is to apply the best science to take responsive action, and to provide reliable health information to prevent and mitigate harmful exposures and disease related to toxic substance exposures. Within the funds requested, \$2 million continues the epidemiologic studies of health conditions caused by non-occupational exposures to uranium released from past mining and milling operation on the Navajo Nation.

In addition, in FY 2012, CDC will continue the Medical Monitoring Program for Certain Environmental Health Hazards, for which the ACA appropriated \$23 million from FY 2010 – FY 2014. This program provides screening, health education, and outreach services for residents of Libby, Montana, who have been exposed to asbestos.



**FY 2012 BUDGET SUBMISSION
CENTERS FOR DISEASE CONTROL AND PREVENTION
ALL PURPOSE TABLE
(DOLLARS IN THOUSANDS)**

Revised Budget Activity/Description	FY 2010 Comparable Appropriation ¹	FY 2011 Continuing Resolution	FY 2012 President's Budget
Immunization and Respiratory Diseases	<u>\$721,180</u>	<u>\$821,285</u>	<u>\$721,663</u>
Immunization and Respiratory Diseases - BA Nat'l	\$708,316	\$708,421	\$647,200
Immun Survey - PHS Evaluation Transfer	\$12,864	\$12,864	\$12,864
Immunization and Respiratory Diseases - PPHF	\$0	\$100,000	\$61,599
HIV/AIDS, Viral Hepatitis, STD and TB Prevention ² HIV/AIDS,	<u>\$1,118,712</u>	<u>\$1,088,500</u>	<u>\$1,187,533</u>
Viral Hepatitis, STD and TB Prevention - BA HIV/AIDS, Viral	\$1,088,345	\$1,088,500	\$1,157,133
Hepatitis, STD and TB Prevention - PPHF	\$30,367	\$0	\$30,400
Emerging and Zoonotic Infectious Diseases	<u>\$281,174</u>	<u>\$312,965</u>	<u>\$349,118</u>
Emerging and Zoonotic Infectious Diseases - BA Emerging	\$261,174	\$261,215	\$289,118
and Zoonotic Infectious Diseases - PPHF	\$20,000	\$51,750	\$60,000
Chronic Disease Prevention and Health Promotion ²	<u>\$924,378</u>	<u>\$1,166,531</u>	<u>\$1,185,508</u>
Chronic Disease Prevention and Health Promotion -BA Chronic	\$865,445	\$865,581	\$725,207
Disease Prevention and Health Promotion - PPHF	\$58,933	\$300,950	\$460,301
Birth Defects, Developmental Disabilities, Disability and Health	<u>\$143,626</u>	<u>\$143,646</u>	<u>\$143,899</u>
Environmental Health	<u>\$181,004</u>	<u>\$216,030</u>	<u>\$137,715</u>
Environmental Health - BA Environmental	\$181,004	\$181,030	\$128,715
Health - PPHF	\$0	\$35,000	\$9,000
Injury Prevention and Control	<u>\$148,790</u>	<u>\$148,812</u>	<u>\$167,501</u>
Injury Prevention and Control - BA Injury	\$148,790	\$148,812	\$147,501
Prevention and Control - PPHF	\$0	\$0	\$20,000
Preventive Health and Health Services Block Grant	<u>\$100,240</u>	<u>\$100,255</u>	<u>\$0</u>
Public Health Scientific Services	<u>\$440,709</u>	<u>\$490,370</u>	<u>\$493,616</u>
Public Health Scientific Services - BA	\$160,582	\$160,601	\$205,942
Public Health Scientific Services - PHS Evaluation Transfer	\$247,769	\$247,769	\$217,674
Public Health Scientific Services - PPHF	\$32,358	\$82,000	\$70,000
Occupational Safety and Health	<u>\$374,607</u>	<u>\$374,649</u>	<u>\$259,934</u>
Occupational Safety and Health - BA	\$282,883	\$282,925	\$0
Occupational Safety and Health - PHS Evaluation Transfer	\$91,724	\$91,724	\$259,934
Global Health	<u>\$354,403</u>	<u>\$354,453</u>	<u>\$381,245</u>
Public Health Leadership and Support	<u>\$194,379</u>	<u>\$185,460</u>	<u>\$162,568</u>
Public Health Leadership and Support - BA	\$144,237	\$144,260	\$121,368
Public Health Preparedness and Response - PPHF	\$50,142	\$41,200	\$41,200
Buildings and Facilities	<u>\$69,140</u>	<u>\$69,150</u>	<u>\$30,000</u>
Business Services Support	<u>\$366,707</u>	<u>\$366,762</u>	<u>\$417,466</u>
Public Health Preparedness and Response	<u>\$1,522,339</u>	<u>\$1,522,565</u>	<u>\$1,452,618</u>
Public Health Preparedness and Response - BA Public	\$1,522,339	\$1,522,565	\$1,422,618
Health Preparedness and Response - PHSSEF	\$0	\$0	\$30,000
Total (BA) -	<u>\$6,397,231</u>	<u>\$6,398,176</u>	<u>\$5,817,412</u>
Total (BA & PHS Evaluation Transfers) -	<u>\$6,749,588</u>	<u>\$6,750,533</u>	<u>\$6,307,884</u>
Program Level (BA, PHS Eval, PHSSEF & PPHF) -	<u>\$6,941,388</u>	<u>\$7,361,433</u>	<u>\$7,090,384</u>
Agency for Toxic Substances and Disease Registry	<u>\$76,792</u>	<u>\$76,792</u>	<u>\$76,337</u>
Public Health and Social Services Emergency Fund (Transfer) (non-add)	<u>\$0</u>	<u>\$0</u>	<u>\$30,000</u>
Affordable Care Act	<u>\$48,000</u>	<u>\$0</u>	<u>\$0</u>
Affordable Care Act- Prevention and Public Health Fund Transfer (non-add)	<u>\$191,800</u>	<u>\$610,900</u>	<u>\$752,500</u>
Vaccines for Children ^{3,4}	<u>\$3,760,638</u>	<u>\$3,899,093</u>	<u>\$4,030,996</u>
Energy Employees Occupational Illness Compensation Program Act	<u>\$55,358</u>	<u>\$55,358</u>	<u>\$55,358</u>
PHS Evaluation Transfers (non-add)	<u>\$352,357</u>	<u>\$352,357</u>	<u>\$490,472</u>
Other User Fees	<u>\$2,226</u>	<u>\$2,226</u>	<u>\$2,226</u>
Total, CDC/ATSDR Program Level -	<u>\$10,884,402</u>	<u>\$11,394,902</u>	<u>\$11,255,301</u>

¹ The FY 2010 Appropriation was made comparable to the FY 2012 President's Budget to reflect CDC's organizational improvement effort and new organizational design.

² The FY 2010 HIV/AIDS and Chronic Diseases Prevention budget lines reflect a comparability adjustment to reflect the transfer of School Health budget (\$40,000,000) from Chronic Diseases Prevention to Domestic HIV/AIDS.

³ The FY 2011 VFC estimate of \$3,899,093,000 represents the estimated non-expenditure transfer amount from the Center for Medicare and Medicaid Services. The total FY 2011 VFC Program estimate is \$3,905,644,000, which includes \$6,551,000 in unobligated balances and recoveries brought forward.

⁴ The FY 2012 VFC estimate is a net increase of \$125,352,000 above the total FY 2011 estimate.