Principles and Recommendations in Response to Changes in the Consolidated Appropriations Act of 2014

The Consolidated Appropriations Act of 2014 has significantly changed the makeup of the primary programs supporting community prevention at the Centers for Disease Control and Prevention’s (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).

Below are some principles/recommendations by the undersigned organizations on how these funds can be used to build on the foundation, infrastructure, capacity and lessons learned through a wide range of prior community health investments by the CDC across the country. Leveraging these existing investments and lessons learned can accelerate progress, enhance impact, and bring efforts to full scale.

Some key concepts to consider:

- New grants, additional funding for existing programs, and/or new funding opportunity announcements (FOAs) should encourage cross-sector coalitions, and engage non-traditional partners, including non-governmental organizations, with the local and state governmental public health sector. Projects should address social determinants of health and systems change, with a particular emphasis on supporting community prevention-clinical-social services linkages, using evidence-based or science-informed approaches.

- Priority should be placed upon multi-sectorial collaboration across diverse fields, effective work across traditional silos, alignment of priorities across sectors, and promotion of action that is comprehensive in scope and impact.

- Priority should be given to communities with demonstrated, successful initiatives in building coalitions, and building capacity, to improve community health in order to maximize the impact and integration of initiatives within a particular community. This includes demonstrating successful engagement with prior community-based prevention initiatives that have been funded by government, foundations or other private sources.

- Further emphasis should be placed upon sustainable, scalable changes that address common risk factors for chronic disease (tobacco use, poor nutrition, insufficient levels of physical activity, and obesity) and disability, or address mental and behavioral health needs.

- Eligible entities should include governmental public health agencies, as well as national, state and local non-governmental organizations (both directly and via sub-granting) with a track record of implementing sustainable programs or interventions, and/or providing technical assistance, to reduce chronic disease and disability, address health disparities, and promote health.

- A majority of the additional resources allocated to the Division for Heart Disease and Stroke Prevention and the Division of Diabetes Translation should be allocated via the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health Program (Section 1305 or “quad” program).
A significant percentage of these funds should be sub-granted to political subdivisions (including cities, towns and counties), health departments, national and state/local non-governmental organizations, or regional consortia of such groups. They should include a variety of sectors, including but not limited to non-traditional partners such as school districts, colleges and universities; local housing and transportation authorities; planning and those involved with community design; child care, non-profit and community-based organizations; business groups, health care providers/health systems; and faith-based organizations.

- Newly funded programs should include, but not be limited to, support of activities that emphasize integration and collaboration between clinical services and community prevention efforts in order to improve health outcomes by addressing community determinants of health. This can be encouraged through stronger connections between community prevention and health care providers and integrated financing mechanisms.

- Maintain an explicit focus in operationalizing equity outcomes and prioritizing investments where there are the greatest needs—from isolated rural communities to urban neighborhoods of color. Improving equity in future funding opportunities is necessary to ensure the continued vitality of our health system, workforce, and social fabric.

- The goal of these investments is to build lasting change in communities. Performance measures should emphasize sustainability of operations, including in the context of a reforming health system, and there should be an evaluation component to help capture successes, harness lessons learned, and use that information to inform future work.

Access to Wholistic and Productive Living Institute, Inc.
AIDS United
Alta Public Schools (CA)
American Association on Health and Disability
American College of Occupational and Environmental Medicine
American College of Preventive Medicine
American Council on Exercise
American Lung Association
American Public Health Association
Arthritis Foundation
Association of University Centers on Disabilities
Baton Rouge (LA) Bicycle Club
Bicycle Coalition of the Ozarks
Bike & Walk Montclair
Brownsville Community Development Corporation (NY)
Campaign for Tobacco-Free Kids
ChangeLab Solutions
Childhood Obesity Prevention Coalition (WA)
CHOICE Regional Health Network (WA)
Community Action Partnership
Community Anti-Drug Coalitions of America
Community Health Councils
Comprehensive Health Education Foundation
Counter Tools
Directors of Health Promotion and Education
Dunamis CDC (MI)
Grant County (WA) Health District
Goldfinger Health (CA)
Health Education Council
Healthy Living Collaborative of Southwest Washington (WA)
Healthy Schools Network
Hidalgo Medical Services (NM) - Center for Health Innovation
Johnson County (KS) Department of Health & Environment
LA-Mas (CA)
League of American Bicyclists
Mental Health America
National Association for Health and Fitness
National Association of County and City Health Officials
National Business Coalition on Health
National Center for Tobacco Policy
National REACH Coalition
National Recreation and Park Association
Nemours
New Jersey Bike & Walk Coalition
Northwest Regional Primary Care Association (WA)
Oklahoma City-County (OK) Health Department
Oklahoma State University
Orange County (NC) Health Department
Ozark Off Road Cyclists
Partnership for Prevention
Polk County (IA) Health Department
Polk County (WI) Health Department
Prevention Institute
Public Health Foundation
Public Health Institute
Rails-to-Trails Conservancy
Safe Routes to School National Partnership
Seventh-day Adventist Church
School Based Health Alliance
Society of Behavioral Medicine
Spokane Regional Health District (WA)
Suffolk County (NY) Prevention Research Center
Sustainable Food Center
Takoma-Pierce County (WA) Health Department
The Arc
Trust for America's Health
Unlawful Narcotics Investigation, Treatment & Education (Operation UNITE)
Washington Bikes (WA)
Wellness Institute of Greater Buffalo (NY)
Wholesome Wave
Worksites for Wellness
YWCA Greater Los Angeles (CA)