

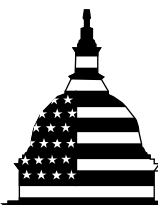
September 2012

PREVENTION AND PUBLIC HEALTH FUND

Activities Funded in Fiscal Years 2010 and 2011

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Why GAO Did This Study

In March 2010, PPACA established the PPHF to provide for expanded and sustained national investment in prevention and public health programs, including prevention research, health screenings, and immunization programs. PPACA appropriated \$500 million for fiscal year 2010, \$750 million for fiscal year 2011, and additional amounts for future fiscal years to operationalize the PPHF.

HHS allocates funding from the PPHF for specific prevention and public health activities administered by HHS agencies. The agencies, once funds are transferred to them, use the PPHF funds to support individual projects through, for example, grants and contracts. GAO was asked to provide information on how PPHF funds were allocated for fiscal years 2010 and 2011. This report describes, for those fiscal years, (1) the HHS agencies and activities for which PPHF allocations were made, (2) the process and criteria HHS used to allocate PPHF funds, and (3) HHS reporting of the outcomes of activities receiving PPHF funding. GAO reviewed agency documents, including budget justifications, funding announcements, data on PPHF allocations and awards of PPHF-funded grants, contracts, and interagency agreements; examined agency websites; and interviewed HHS officials.

HHS provided technical comments on a draft of this report, which were incorporated as appropriate.

View [GAO-12-788](#). For more information, contact Katherine Iritani at (202) 512-7114 or iritanik@gao.gov.

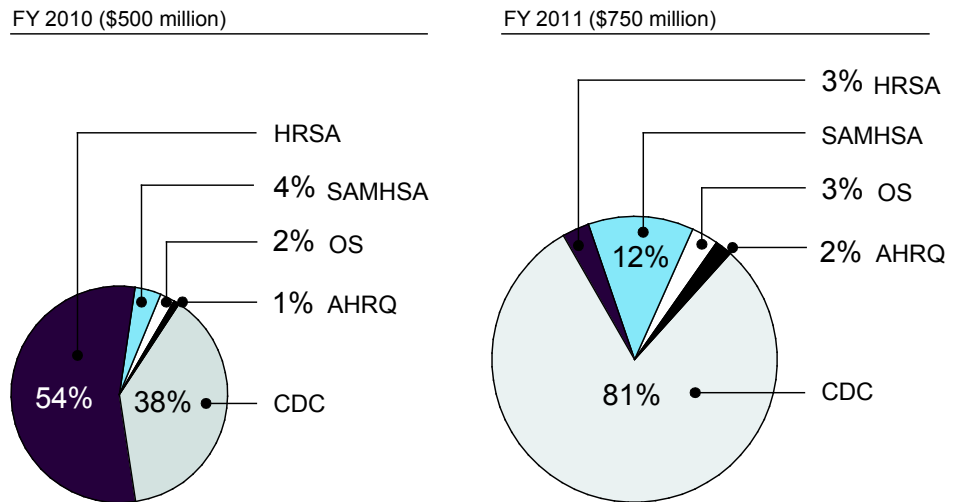
PREVENTION AND PUBLIC HEALTH FUND

Activities Funded in Fiscal Years 2010 and 2011

What GAO Found

For fiscal years 2010 and 2011, the Department of Health and Human Services (HHS) allocated funds from the Prevention and Public Health Fund (PPHF) for 43 activities in five agencies. These activities—which include HHS programs and initiatives—were administered by HHS’s Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of the Secretary (OS). Most of the \$500 million available for fiscal year 2010 was allocated for activities administered by HRSA, and most of the \$750 million available for fiscal year 2011 was allocated for activities administered by CDC (see fig.). HHS agencies funded individual projects with PPHF funds through grants, contracts, and interagency agreements.

Prevention and Public Health Fund (PPHF) Allocations by HHS Agency, Fiscal Years 2010 and 2011



Source: GAO analysis of HHS information.

Note: Percentages do not total to 100% due to rounding.

Because the PPHF was established midway through fiscal year 2010 and after the President had submitted the fiscal year 2011 budget request, for the fund’s first 2 years HHS used an abbreviated process to allocate PPHF funds. Instead of developing HHS-wide written criteria, HHS requested that its agencies propose activities for PPHF funding based on language in the Patient Protection and Affordable Care Act (PPACA) provision establishing the PPHF. According to HHS, the proposed activities were also aligned with existing departmental priorities.

HHS has relied on its agencies to establish performance measures and targets and to track outcomes (the results) of the PPHF-funded activities. Agency officials reported that for many activities, it is too early to report outcomes because many projects receiving PPHF funding in fiscal years 2010 and 2011 are multiyear projects or have not yet completed evaluations.

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Abbreviations

AHRQ	Agency for Healthcare Research and Quality
ASFR	Office of the Assistant Secretary for Financial Resources
CDC	Centers for Disease Control and Prevention
FOA	funding opportunity announcement
GPRA	Government Performance and Results Act
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
OS	Office of the Secretary
PPACA	Patient Protection and Affordable Care Act
PPHF	Prevention and Public Health Fund
SAMHSA	Substance Abuse and Mental Health Services Administration

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United States Government Accountability Office
Washington, DC 20548

September 13, 2012

The Honorable Orrin G. Hatch
Ranking Member
Committee on Finance
United States Senate

The Honorable Tom Coburn
Ranking Member
Permanent Subcommittee on Investigations
Committee on Homeland Security and Governmental Affairs
United States Senate

In March 2010, the Patient Protection and Affordable Care Act (PPACA) established the Prevention and Public Health Fund (PPHF) to provide for expanded and sustained national investment in prevention and public health programs, such as prevention research, health screenings, and immunization programs.¹ PPACA appropriated \$500 million to the fund for fiscal year 2010, \$750 million for fiscal year 2011, a total of \$3.75 billion for fiscal years 2012 through 2014, and \$2 billion for fiscal year 2015 and each subsequent fiscal year.²

For each fiscal year since the passage of PPACA, the Department of Health and Human Services (HHS) has allocated PPHF funds—that is, established a plan for funding specific prevention and public health-related activities—for that year and then transferred funds from the PPHF to the appropriation accounts for the HHS agencies that administer these

¹Pub. L. No. 111-148, §§ 4002, 10401(b). 124 Stat. 119, 541, 974 (2010).

²More recently, the Middle Class Tax Relief and Job Creation Act of 2012 amended this provision, reducing the annual amounts appropriated for the PPHF in fiscal years 2013-2021. Pub. L. No. 112-96, § 3205, 126 Stat. 156, 194.

activities.³ Once HHS has allocated and transferred PPHF funds, HHS agencies use PPHF funding for individual projects to carry out the activities through, for example, grant and contract awards.⁴

You asked us to provide detailed information on the allocation of PPHF funding for fiscal years 2010 and 2011, including how decisions were made to allocate PPHF funding for specific HHS activities, the entities receiving PPHF funding, and the outcomes—that is, the results—of those activities. This report describes (1) the HHS agencies and activities for which PPHF funding was allocated for fiscal years 2010 and 2011 and the entities receiving PPHF funding, (2) the process and criteria HHS used to allocate and award PPHF funds for fiscal years 2010 and 2011, and (3) HHS reporting of the performance measures, targets, and outcomes of activities and projects receiving PPHF funding.

To describe the HHS agencies and activities for which PPHF funding was allocated and for which awards were made for fiscal years 2010 and 2011, we reviewed documents, such as budget justifications, funding opportunity announcements, and data on PPHF allocations and recipients of PPHF-funded grants, contracts, and interagency agreements provided by HHS agencies. We also interviewed officials from the Office of the Assistant Secretary for Financial Resources (ASFR) within the HHS Office of the Secretary (OS), which is involved in the allocation of PPHF funds, and HHS agencies and the OS (hereafter collectively referred to as

³Such activities include the Community Transformation Grants program and the National Prevention Strategy. The Community Transformation Grants program, established under PPACA and administered by HHS's Centers for Disease Control and Prevention (CDC), awards competitive grants to state and local governmental agencies and community-based organizations for activities that reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence base of effective prevention programming. Pub. L. No. 111-148, §§ 4201, 10403, 124 Stat. 564, 975 (2010). Because CDC refers to this program as the "Community Transformation Grants program", we use that name in referring to the program in this report. The National Prevention Strategy was developed by the National Prevention Council, which is composed of the heads of 17 federal agencies that consulted with outside experts and stakeholders. The strategy, released in June 2011, includes actions that public and private partners can take to help Americans stay healthy and fit.

⁴Throughout this report we use the following terms: "agency" to refer to agencies within HHS and the Office of the Secretary; "activity" to refer to HHS programs and initiatives, such as the National Prevention Strategy; "project" to refer to the specific grants, contracts, or interagency agreements made by a given activity, such as grants for tobacco prevention projects; and "award recipient" to refer to those awarded grants, contracts, and cooperative agreements, such as a state or local government.

HHS agencies) that administered activities that received PPHF funding in fiscal years 2010 and 2011. We summarized funding data HHS reported to us and did not independently verify the reported data. Through our review of the relevant documentation, our discussions with HHS officials, and quality control checks we performed on the data, we determined that the data provided were sufficiently reliable for our purposes. To describe the criteria and processes HHS used to allocate PPHF funds we interviewed HHS and agency officials who were knowledgeable about the decision-making process and reviewed available documentation, including HHS websites. When documentation of the criteria and processes was not available, we report HHS officials' descriptions. To describe how HHS and agencies reported the performance measures, targets, and outcomes of activities and projects receiving PPHF funding, we reviewed HHS's websites, budget justifications, and other documents and interviewed HHS and agency officials. We examined performance measures that HHS established for PPHF-funded activities, the targets set for those activities, and the available information from HHS on outcomes. For all three objectives we also examined relevant laws and other documents related to PPHF allocations and oversight.

We conducted this performance audit from December 2011 to September 2012 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

PPACA established the PPHF to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.⁵ For this purpose, the Secretary of Health and Human Services is required to transfer amounts from the PPHF to HHS accounts to increase funding, over the fiscal year 2008 level, for programs authorized by the Public Health Service Act, "for prevention, wellness, and public health activities including prevention research, health screenings, and initiatives, such as the Community Transformation grant

⁵Pub. L. No. 111-148, § 4002(a), 124 Stat. 541.

program, the Education and Outreach Campaign Regarding Preventive Benefits, and immunization programs.”⁶ Within HHS, agencies including the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the OS administer programs authorized by the Public Health Service Act.

PPACA appropriated \$5 billion to the PPHF for fiscal years 2010 through 2014, and \$2 billion for each fiscal year thereafter.⁷ In February 2012, the Middle Class Tax Relief and Job Creation Act of 2012⁸ amended PPACA, reducing the amounts appropriated to the PPHF for fiscal years 2013 through 2021 by a total of \$6.25 billion (see table 1).

⁶Pub. L. No. 111-148, §§ 4002 (c), 10401(b), 124 Stat. 541, 974. Because CDC refers to the “Community Transformation Grants program”, we use that name in referring to the program in this report. PPACA provided for the implementation of the Education and Outreach Campaign Regarding Preventive Benefits—a national public-private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the lifespan. Pub. L. No. 111-148, § 4004, 124 Stat. 544 (2010).

⁷Pub. L. No. 111-148, § 4002(b), 124 Stat. 541.

⁸Pub. L. No. 112-96, § 3205, 126 Stat. 156, 194.

Table 1: PPACA Appropriations to the PPHF, Fiscal Years 2010-2022

Fiscal year	PPACA March 2010 ^a (in millions)	PPACA as amended February 2012 ^b (in millions)	Decrease (in millions)
2010	\$500	\$500	—
2011	750	750	—
2012	1,000	1,000	—
2013	1,250	1,000	\$250
2014	1,500	1,000	500
2015	2,000	1,000	1,000
2016	2,000	1,000	1,000
2017	2,000	1,000	1,000
2018	2,000	1,250	750
2019	2,000	1,250	750
2020	2,000	1,500	500
2021	2,000	1,500	500
2022 + annually	2,000	2,000	—
Total fiscal years 2010-2022	\$21,000	\$14,750	\$6,250^c

Source: GAO analysis.

^aAmounts appropriated by PPACA, Pub. L. No. 111-148, § 4002(b).

^bAmounts appropriated by PPACA, as amended by Pub. L. No. 112-96, § 3205.

^c\$6.25 billion represents a 37 percent reduction of the amount appropriated to the PPHF for fiscal years 2013 through 2021.

When appropriations are made available, an agency may obligate funds through such actions as awarding discretionary grants, cooperative agreements,⁹ or contracts, or through entering into interagency agreements.¹⁰ For discretionary grants,¹¹ agencies announce the availability of funds through a publicly available notice called a funding

⁹A cooperative agreement is an arrangement that has greater agency involvement than a grant. For the purposes of this report, the term grant is used to mean both grants and cooperative agreements. See 31 U.S.C. §§ 6304 (using grant agreements) and 6305 (using cooperative agreements).

¹⁰In this report we refer to the amount obligated under a grant, cooperative agreement, contract, or interagency agreement as the “amount awarded.”

¹¹Unlike a formula grant that is based on a precise formula specified in legislation, an agency makes discretionary grant awards on the basis of a competitive process.

opportunity announcement.¹² The funding announcements provide guidance on how to apply for available funding and often identify restrictions on eligibility, such as limiting applicants to states, local governments, tribal organizations, or academic institutions. Funding opportunity announcements also indicate the type of grant award, such as new, continuation, or supplemental. A new grant provides funding for a project that is currently not receiving financial support, a continuation grant provides additional funding for one or more budget periods to a project that would otherwise end, and a supplemental grant increases funding for an approved project during a current budget period.

An agency may also provide federal funding pursuant to a contract, a legal instrument that establishes a binding relationship between the agency and another entity for acquisition of property or services.¹³ Agencies can also enter into interagency agreements to carry out projects when, for example, another agency has expertise in an area or has additional capacity to do the work.

¹²HHS agencies typically publically announce funding opportunities on www.grants.gov. Each funding announcement is identified by a number assigned by the agency and provides such information as the project purpose, eligibility, evaluation criteria, funding preferences or priorities, and legislative authority. Funding opportunity announcements may also be referred to as request for applications, program announcements, notices of funding availability, or solicitations depending on the agency and type of program—we refer to all types of funding announcements as funding opportunity announcements in this report.

¹³See 31 U.S.C. § 6303. HHS agencies typically publically announce contract solicitations on www.fbo.gov.

The Consolidated Appropriations Act, 2012 required HHS to establish a website that provides information on the use of PPHF funds. Specifically, it required HHS to post on a website specific information relating to use of fiscal year 2012 PPHF funds.¹⁴

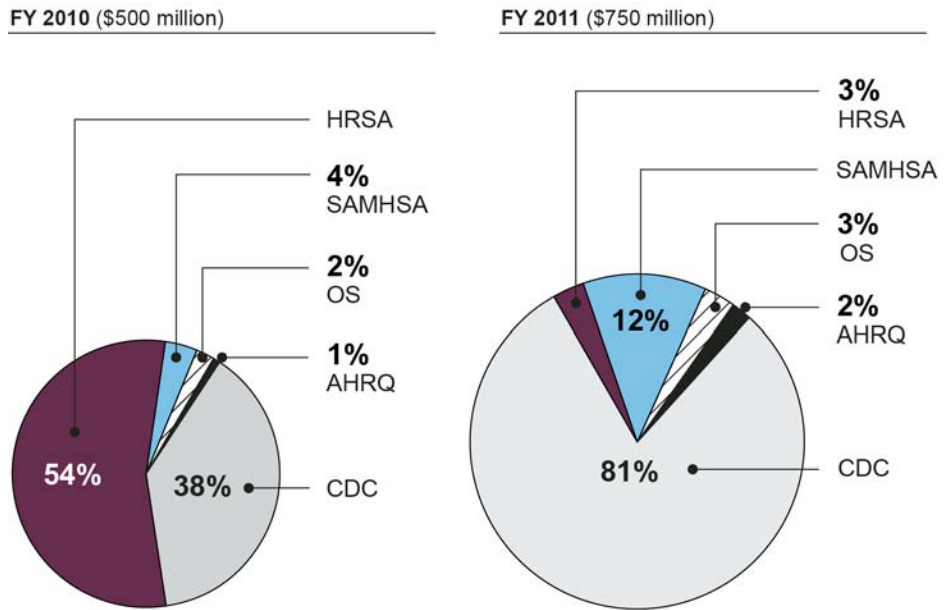
HHS Agencies and Activities for Which PPHF Funds Were Allocated and Entities That Received PPHF Funding, Fiscal Years 2010 and 2011

HHS allocated PPHF funds for 43 activities in five HHS agencies—AHRQ, CDC, HRSA, OS, and SAMHSA—in the first 2 years of the fund.¹⁵ The majority of the \$500 million in PPHF funding available for fiscal year 2010 was allocated for activities administered by HRSA, while the majority of the \$750 million in PPHF funding available for fiscal year 2011 was allocated for activities administered by CDC (see fig. 1).

¹⁴Pub. L. No. 112-74, § 220, 125 Stat. 786, 1085-6 (2011). The provision required HHS to post on the PPHF website specific information on fiscal year 2012 PPHF funds including information on the program or activity receiving funds (to be posted no later than the day after the transfer is made), identification of each grant, cooperative agreement, or contract with a value of \$25,000 or more awarded using PPHF funds (to be posted no later than 5 days of the award), as well as annual and semiannual reporting requirements. The President's budget request for fiscal year 2013 requested that the PPHF reporting requirements be rescinded, but as of May 25, 2012, legislation had not been introduced to do so. The Consolidated Appropriations Act, 2012, also contained a provision specifically prohibiting the use of PPHF funds for publicity or propaganda or other expenses related to activities designed to influence the enactment of legislation, regulations, administrative actions, or executive orders before Congress or state or local bodies. See Pub. L. No. 112-74, § 503, 125 Stat. 1110.

¹⁵According to HHS officials, an activity can consist of a single program, such as CDC's Community Transformation Grants program, or multiple programs, such as SAMHSA's Suicide Prevention activity, which consists of four suicide prevention programs.

Figure 1: PPHF Allocations by HHS Agency, Fiscal Years 2010 and 2011



Source: GAO analysis of HHS information.

Note: This figure summarizes HHS information on fiscal year (FY) 2010 and 2011 PPHF allocations to activities administered by five HHS agencies—the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of the Secretary (OS). Percentages do not total to 100% due to rounding.

According to information provided by HHS, of the 43 activities for which PPHF allocations were made for fiscal years 2010 and 2011, about half (23 activities accounting for 72 percent of total fiscal year 2010 and 2011 allocations) received funding from regular (that is, non-PPHF) appropriations;¹⁶ the remainder (20 activities accounting for 28 percent of total fiscal year 2010 and 2011 allocations) were funded solely from the PPHF during those 2 fiscal years. In fiscal year 2010, the three activities for which the largest PPHF allocations were made were:

¹⁶According to HHS, these 23 activities also received funding from HHS's regular appropriations in fiscal year 2010, 2011, or both. We use the term "regular appropriations" to refer to funding that is a product of the annual budget and appropriations process.

-
- HRSA's Primary Care Training and Enhancement (\$198.1 million),
 - CDC's National Public Health Improvement Initiative¹⁷ (\$50.0 million), and
 - CDC's ARRA: Communities Putting Prevention to Work (\$36.4 million).

In fiscal year 2011, the three activities for which the largest PPHF allocations were made were funded by CDC:

- Community Transformation Grants program (\$146.3 million),
- Section 317 Immunization program (\$100.0 million), and
- Coordinated Chronic Disease Prevention program (\$51.7 million).

Activities for which the largest allocations were made in the three other HHS agencies during this 2-year period included AHRQ's support of the U.S. Preventive Services Task Force, SAMHSA's Primary and Behavioral Health Care Integration, and OS's Obesity Media Activities (see table 2).

¹⁷According to HHS officials, this activity was called Public Health Infrastructure in fiscal year 2010.

Table 2: PPHF Allocations, by HHS Agency and Activity, Fiscal Years 2010 and 2011

Agency and activity	Fiscal year 2010 (in millions)	Fiscal year 2011 (in millions)	Total (in millions)
Centers for Disease Control and Prevention (CDC)			
Community Transformation Grants Program	—	\$146.3	\$146.3
Section 317 Immunization Program ^a	—	100.0	100.0
National Public Health Improvement Initiative ^b	\$50.0	40.2	90.2
Tobacco Prevention (Media and Quitlines) ^a	14.5	50.0	64.5
Epidemiology and Laboratory Capacity Grants ^a	20.0	40.0	60.0
Coordinated Chronic Disease Prevention Program ^a	—	51.7	51.7
CDC Healthcare Surveillance and Statistics ^a	19.9	30.0	49.9
ARRA: Communities Putting Prevention to Work	36.4	—	36.4
Environmental Public Health Tracking ^a	—	35.0	35.0
Public Health Workforce ^a	7.5	25.0	32.5
HIV/AIDS ^a	30.4	—	30.4
Racial and Ethnic Approaches to Community Health (REACH) ^a	—	25.0	25.0
Public Health Research ^a	—	20.0	20.0
Community Guide/Community Preventive Services Task Force ^a	5.0	7.0	12.0
Healthcare-Associated Infections ^a	—	11.8	11.8
Prevention Research Centers ^a	—	10.0	10.0
Workplace Wellness	—	9.3	9.3
National Youth Fitness Survey	—	6.0	6.0
ARRA: Evaluation	4.0	—	4.0
ARRA: Media	4.0	—	4.0
Education and Outreach Campaign Regarding Preventive Benefits	—	2.0	2.0
National Prevention Strategy	0.1	1.0	1.1
Promoting Obesity Prevention in Early Childhood Programs	—	0.7	0.7
Agency subtotal	191.8	610.9	802.7
Health Resources and Services Administration (HRSA)			
Primary Care Training and Enhancement ^a	198.1	—	198.1
Public Health Workforce Development ^a	14.8	20.0	34.8
Advanced Nursing Education ^a	31.4	—	31.4
Nurse Managed Care Centers	15.3	—	15.3
State Health Workforce Development Grants for Primary Care	5.8	—	5.8
HRSA Healthy Weight Collaborative and Activities	5.0	—	5.0
Nutrition, Physical Activity, and Screen Time Standards in Child Care Settings ^a	0.3	—	0.3
Agency subtotal	270.7	20.0	290.7

Agency and activity	Fiscal year 2010 (in millions)	Fiscal year 2011 (in millions)	Total (in millions)
Substance Abuse and Mental Health Services Administration (SAMHSA)			
Primary and Behavioral Health Care Integration ^a	20.0	35.0	55.0
Screening, Brief Intervention and Referral to Treatment ^a	—	25.0	25.0
SAMHSA Health Surveillance ^a	—	18.0	18.0
Suicide Prevention ^a	—	10.0	10.0
Agency subtotal	20.0	88.0	108.0
Office of the Secretary (OS)			
Obesity Media Activities	9.1	9.1	18.2
Tobacco Prevention Media	—	10.0	10.0
National Prevention, Health Promotion, and Public Health Council Planning	1.0	—	1.0
President's Council on Fitness, Sports, and Nutrition ^a	0.9	—	0.9
Tobacco Cessation	0.9	—	0.9
Healthy Living Innovations Awards	0.1	—	0.1
Agency subtotal	12.0	19.1	31.1
Agency for Healthcare Research and Quality (AHRQ)			
Clinical Preventive Services Task Force ^a	5.0	7.0	12.0
Clinical Preventive Services Research	—	5.0	5.0
Healthy Weight Practice-Based Research Networks	0.5	—	0.5
Agency subtotal	5.5	12.0	17.5
Total PPHF allocations for all activities	\$500.0	\$750.0	\$1,250.0

Source: GAO analysis of HHS information.

Notes: Total reported allocations from the PPHF in this table may not match—for example, they may be higher than—the total amounts awarded in grants or contracts (reported obligations) for each agency or activity. According to HHS officials, to carry out an activity, an agency may incur administrative expenses, including an agency's internal costs associated with managing and overseeing grants and contracts, not reflected in award amounts. Further, to the extent that an appropriation has not identified a particular amount for a specific activity, an agency may reallocate unobligated funds from that activity to another during the course of a fiscal year.

^aIn addition to PPHF funding, these 23 activities also received funding from regular appropriations. We use the term "regular appropriations" to refer to funding that is a product of the annual budget and appropriations process.

^bAccording to HHS officials, this activity was called Public Health Infrastructure in fiscal year 2010.

For the 43 activities for which HHS allocated PPHF funds for fiscal years 2010 and 2011, HHS agencies awarded grants and contracts, and entered into interagency agreements, with the majority of funding

awarded through grants (see table 3).¹⁸ The number of award recipients for each activity ranged from 1 contractor for the AHRQ Healthy Weight Practice-Based Research Networks to 110 grantees receiving PPHF funding under HRSA’s Primary Care Training and Enhancement activity. Recipients of PPHF funds were located in all 50 states, the District of Columbia, and 8 U.S. territories. (See apps. I-V for listings of recipients of PPHF funds and their locations.)

Table 3: PPHF-Funded Awards by Funding Mechanism, Fiscal Years 2010 and 2011

Funding mechanism	Fiscal year 2010		Fiscal year 2011	
	Number of awards	Amount awarded (in millions)	Number of awards	Amount awarded (in millions)
Grants	545	\$416	663	\$463
Contracts	66	52	154	223
Interagency agreements	14	20	29	41
Total	625	\$488	846	\$727

Source: GAO analysis of HHS information.

Notes: This table presents the total amounts of PPHF funding awarded (reported as obligations) by HHS agencies through grants, contracts, and interagency agreements for fiscal years 2010 and 2011. Total amounts awarded (reported obligations) in this table may not match—for example, they may be lower than—the total amounts allocated for each fiscal year. According to HHS officials, to carry out an activity, an agency may incur administrative expenses, including an agency’s internal costs associated with managing and overseeing grants and contracts, not reflected in award amounts. Further, to the extent that an appropriation has not identified a particular amount for a specific activity, an agency may reallocate unobligated funds from that activity to another during the course of a fiscal year.

PPHF-funded grants were awarded to state and local governments, tribal organizations, academic institutions, as well as national organizations and hospitals; eligibility for these awards was often limited to a certain type or types of entity. Our review of 58 funding opportunity announcements for PPHF-funded grants for fiscal years 2010 and 2011 found that state, local, territory, or tribal governments were eligible for the most grant opportunities in those years. While many funding opportunity

¹⁸Total amounts awarded (reported obligations) may not match—for example, they may be lower than—the total amounts allocated from the PPHF for each fiscal year. According to HHS, to carry out an activity, an agency may incur administrative expenses, including an agency’s internal costs associated with managing and overseeing grants and contracts, not reflected in award amounts. Further, to the extent that an appropriation has not identified a particular amount for a specific activity, an agency may reallocate unobligated funds from that activity to another during the course of a fiscal year.

announcements limited eligibility to one type of entity, others—including the funding opportunity announcement for the Community Transformation Grants program—listed multiple types of entities as eligible to apply for the PPHF-funded grants (see table 4).

Table 4: Types of Entities Eligible for PPHF-Funded Grants Awarded in Fiscal Years 2010 and 2011

Type of entity	Fiscal year 2010		Fiscal year 2011		Total	
	Number of funding opportunities	Amount awarded (in millions)	Number of funding opportunities	Amount awarded (in millions)	Number of funding opportunities	Amount awarded (in millions)
Limited to state, local, territory, or tribal governments ^a	13	\$125	13	\$228	26	\$353
Limited to academic institutions or physician training programs ^b	4	243	5	41	9	285
Limited to national organizations ^c	2	8	6	15	8	23
Not limited to one type of recipient ^d	5	40	8	168	11 ^e	208
Other ^f	0	0	4	10	4	10
Total	24	\$416	36	\$463	58^e	\$879

Source: GAO analysis of HHS information.

Note: This table presents information on the types of entities eligible to receive PPHF funded grants in fiscal years 2010 and 2011, including the total amounts of PPHF funding awarded (reported as obligated) by HHS agencies as a result of grants for fiscal years 2010 and 2011. Rows and columns may not total due to rounding.

^aIncludes grant funding opportunities that were limited to state, local, tribal, or territorial governments, or their bona fide agents, as well as tribal organizations and state partnerships such as a state workforce investment board.

^bIncludes grant funding opportunities that were limited to private and public educational institutions, as well as hospitals and other organizations that train providers.

^cIncludes grant funding opportunities that were limited to national, nonprofit, and public health organizations.

^dIncludes grant funding opportunities that were not limited to one type of entity—for example, multiple types of entities, including state, local, or tribal governments as well as nonprofit organizations were eligible to apply.

^eTwo funding announcements supported projects in both fiscal years 2010 and 2011. We examined 58 unique funding announcements.

^fIncludes funding opportunities limited to other types of organizations—for example, one that was limited to prevention epicenters and one that was limited to publicly funded community mental health and other community-based behavioral health agencies.

As reported by HHS, most PPHF-funded grants for fiscal years 2010 and 2011 were new grants, followed by supplemental and continuation grants (see table 5).

Table 5: Number of Funding Opportunity Announcements and PPHF-Funded Grants, by Type of Grant, Fiscal Years 2010 and 2011

Type of grant in funding opportunity announcement ^a	Fiscal year 2010		Fiscal year 2011	
	Number of funding opportunities	Number of grants	Number of funding opportunities	Number of grants
New	17	419	17	202
Supplemental	7	126	11	218
Continuation	0	0	10	243
Total	24	545	36^b	663

Source: GAO analysis of HHS funding opportunity announcements.

Note: This table presents the types of PPHF funded grants based on a review of 58 funding opportunity announcements identified by HHS for fiscal years 2010 and 2011. Two funding announcements supported projects in both fiscal years 2010 and 2011.

^aA new grant provides funding for a project that is not currently receiving financial support, a continuation grant provides additional funding for one or more budget periods to a project for which financial support would otherwise end, and a supplemental grant increases funding for an approved project during a current budget period.

^bThe number of funding opportunities for each type do not sum to the column total because two funding announcements were used to make both new and continuation awards in fiscal year 2011. We examined 58 unique funding announcements.

HHS has not published a comprehensive list of agencies and activities for which PPHF funding was allocated and has not published a comprehensive list of all of the entities receiving PPHF funding in fiscal years 2010 and 2011; PPACA did not require HHS to do so.¹⁹ For PPHF funding in fiscal year 2012, HHS established a website to provide information on activities supported from the PPHF, in response to provisions in the Consolidated Appropriations Act, 2012.²⁰ According to HHS officials, HHS does not plan to include information on activities

¹⁹Some information on activities and award recipients was reported in numerous press releases about activities funded by the PPHF in fiscal years 2010 and 2011 and on HHS and agency websites. For example, HHS issued press releases announcing some PPHF-funded awards with hyperlinks listing projects funded by the PPHF. In addition, a HHS website shows PPHF funding amounts by state and type of effort, such as community prevention, clinical prevention, or research and data collection. See <http://www.healthcare.gov/news/factsheets/2011/02/prevention02092011a.html> (accessed Aug. 6, 2012).

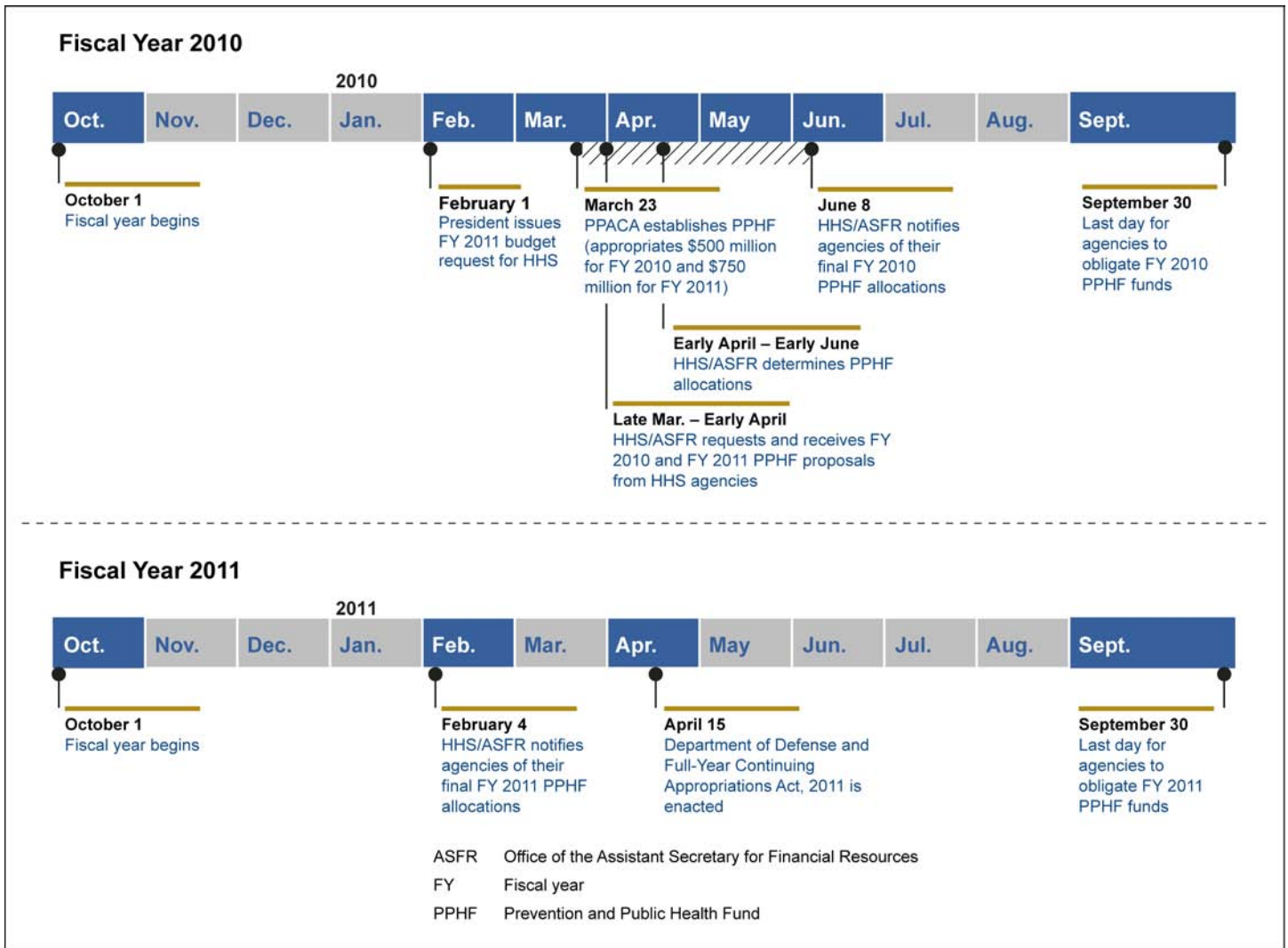
²⁰According to HHS, this website will provide information on the fiscal year 2012 planned allocation of PPHF funds, funding opportunities, and the recipients of awards, with information to be posted as it becomes available. See <http://www.hhs.gov/open/recordsandreports/prevention/> (accessed June 12, 2012).

funded in fiscal years 2010 and 2011 on this website, and as of May 2012, was still evaluating how it will use the website in fiscal year 2013.

Process and Criteria for Allocating and Awarding PPHF Funds for Fiscal Years 2010 and 2011

HHS implemented an abbreviated process to allocate PPHF funds for fiscal years 2010 and 2011 because of the timing when PPACA was enacted, according to HHS. PPACA was signed into law on March 23, 2010, 1 week before the midpoint of fiscal year 2010 and over a month after the President had released his fiscal year 2011 budget request. (See fig. 2 for a timeline of key events.)

Figure 2: PPHF Key Event Timeline, Fiscal Years 2010 and 2011



Source: GAO summary of HHS information.

HHS implemented an abbreviated process for allocating PPHF funds for fiscal years 2010 and 2011 due to the timing of PPACA in relation to the budget formulation process for those years.²¹ That is, because the President's budget request, along with agency justifications, had already been submitted, HHS did not have the opportunity to lay out its plans for how PPHF funds would be spent for fiscal years 2010 and 2011. According to ASFR officials, for fiscal years 2012 and 2013 HHS considered which activities to support with PPHF funding through the annual budget formulation process.²²

In its abbreviated process, HHS requested proposals for PPHF funding from agencies. HHS did not develop HHS-wide criteria for fiscal years 2010 and 2011; instead HHS instructed agencies to use activities cited in the PPACA provisions establishing the PPHF as guidance for developing proposals for activities for which HHS could allocate PPHF funding. According to HHS, the proposed activities were also aligned with existing departmental priorities. HHS then evaluated agency proposals and allocated and transferred PPHF funds to the corresponding appropriations accounts, guided in fiscal year 2011 by proposed legislative language. Agencies then evaluated applications and selected projects to fund with their available PPHF funds. Table 6 provides a description of actions taken in each step for allocating and awarding PPHF funds for fiscal years 2010 and 2011, as reported by HHS and agency officials.

²¹Federal agencies typically begin developing their budget requests in the spring (or earlier) each year, at least 9 months before the President submits his budget request to Congress, and about 17 months before the start of the fiscal year to which the budget requests pertain. For fiscal year 2010 that started on October 1, 2009, the President released his budget request in February 2009, and agencies would have begun work on their budgets in spring 2008. For fiscal year 2011, agencies would have begun work on their budgets in spring 2009. As part of this budget and appropriations process for regular appropriations, agencies prepare and submit materials (budget justifications) to accompany the President's budget that lay out their plans for how funds would be spent. Because of the timing of PPACA, HHS did not have the opportunity to include PPHF funds in its submissions for fiscal years 2010 and 2011.

²²HHS's congressional budget justifications for fiscal years 2012 and 2013 identified the activities for which HHS proposed allocating PPHF funds in those years. According to HHS, the department's annual budget formulation process includes participation of the Secretary's Budget Council, which consists of the HHS Deputy Secretary, the Secretary-appointed policy counselors, and other select leadership within the Office of the Secretary who advise the Secretary on departmental issues, including the annual HHS budget.

Table 6: HHS Process for Allocating and Awarding PPHF Funds, Fiscal Years 2010 and 2011

Step	HHS/Agency action
1. Agencies develop PPHF proposals	<p>In late March to early April 2010, HHS requested agencies to submit proposals for fiscal years 2010 and 2011 PPHF funding. HHS officials reported that the shortened time frames did not allow for development of HHS-wide written criteria for developing PPHF proposals. In lieu of HHS-wide criteria, agencies were referred to the activities cited in PPACA related to PPHF funding as guiding principles in developing agency proposals—specifically, that PPHF is “for programs authorized by the Public Health Service Act, for prevention, wellness, and public health activities including prevention research, health screenings, and initiatives, such as the Community Transformation grant program, the Education and Outreach Campaign Regarding Preventive Benefits, and immunization programs.”^a HHS also requested that agency proposals focus on existing programs or programs that could be implemented in a short time frame. For example:</p> <ul style="list-style-type: none"> • AHRQ officials reported using existing criteria for its Prevention and Care Management program, including improving primary care and clinical outcomes through health care redesign, clinical-community linkages, self-management support, integration of health information technology, and care coordination, to identify activities to propose for PPHF funding. • SAMHSA officials reported proposing funding for additional grants under existing activities, including additional grants for suicide prevention.
2. HHS allocates PPHF funds to agencies and activities	<p>After receiving proposals from agencies for fiscal year 2010 PPHF funding, HHS officials allocated and provided for the transfer of funds so that funds could be obligated before the end of the fiscal year. For example, they did this by allocating PPHF funds for activities that had existing mechanisms in place for implementation. In fiscal year 2010, HHS made the largest PPHF allocation for HRSA’s Primary Care Training and Enhancement activity as part of an initiative to increase the nation’s supply of primary care providers.</p> <p>According to HHS officials, for allocation decisions for both fiscal years 2010 and 2011, HHS leadership, including members of the Secretary’s Budget Council,^b reviewed and evaluated PPHF proposals, and developed final allocations. For fiscal year 2011, HHS also used proposed legislative language as guidance for allocating PPHF funds.</p>
3. Agencies select PPHF projects for funding	<p>In general, each agency administering activities for which PPHF allocations and transfers were made issued funding announcements and many agencies reported using their regular review process to select project applications for PPHF funding. Agencies also reported using existing criteria—and in some cases language from PPACA as additional criteria—to select grants and contracts. For example:</p> <ul style="list-style-type: none"> • AHRQ officials reported that fiscal year 2010 and 2011 PPHF-funded grants and contracts, as well as non-PPHF awards, were competitively selected based on peer reviews and scoring. • CDC officials reported that the specific criteria used to evaluate proposals were tailored to each funding announcement—common rating criteria included demonstration of public health need; feasibility and effectiveness of activities, staffing plan, and budget; defined, measurable, and achievable goals; and efficient and effective use of resources. CDC officials reported that they also used language from PPACA as criteria for rating applications for PPHF funds for fiscal years 2010 and 2011. • HRSA officials told us that they generally invest funding (including PPHF funds) in programs that have the potential of having a national impact. According to HRSA, individual projects, or grants, are selected using a competitive process, are independently reviewed, and generally reflect geographic distribution.

Source: GAO summary of HHS information.

^aBecause CDC refers to the “Community Transformation Grants program”, we use that name in referring to the program in this report.

^bThe Secretary’s Budget Council consists of the HHS Deputy Secretary, the Secretary-appointed policy counselors, and other select leadership within the Office of the Secretary who advise the Secretary on departmental issues, including the annual HHS budget.

As part of the abbreviated process HHS used for fiscal years 2010 and 2011, following the enactment of PPACA, HHS developed a PPHF allocation plan then consulted with staff from the authorizing and appropriations committees prior to transferring the funds. Specifically, HHS told us that prior to transferring PPHF funds within HHS for fiscal years 2010 and 2011, officials notified minority and majority staff from authorizing and appropriations committees including: the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies; the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies; the House Energy and Commerce Committee; and, the Senate Committee on Health, Education, Labor and Pensions. In addition, for fiscal year 2011, HHS told us that the department used language for the proposed allocation in the fiscal year HHS appropriation²³ as a guide for allocating the \$750 million available from the PPHF that year. HHS also reported consulting with the authorizing and appropriations committees prior to executing the transfer of funds for the fiscal year 2011 allocation.

For fiscal years 2010 and 2011, HHS did not formally solicit input from outside stakeholders on the PPHF allocation process, according to HHS officials. But HHS officials reported that a wide range of stakeholders, including states, nonprofit organizations, community-based organizations, and coalitions, proactively provided HHS and agencies with input on the use of PPHF funds, which was considered by HHS leadership during the decision-making process.

²³156 Cong. Rec. S9026 (daily ed. Dec. 14, 2010) (section 4 of proposed S. Amdt. 4805 to H. R. 3082 provided that the explanatory statement by the Chairman of the Senate Committee on Appropriations, which specified amounts to be transferred from the PPHF to HHS agencies for specific activities administered by those agencies, was to have the same effect with respect to the allocation of funds as if it were a joint explanatory statement of a committee of conference) (the amendment was not agreed to and the proposed language did not become law); 156 Cong. Rec. S9799 (explanatory statement by the Chairman of the Senate Committee on Appropriations for proposed fiscal year 2011 HHS appropriation); S9849 (daily ed. Dec. 14, 2010 (portion of explanatory statement providing for transfers from the PPHF)).

HHS Reporting of Performance Measures, Targets, and Outcomes of Projects Receiving PPHF Funding

HHS has relied on its agencies to establish performance measures and targets and to track outcomes of PPHF activities. For the 23 activities for which PPHF allocations were made and that received funding through regular appropriations, performance measures, targets, and outcomes data were generally not specific to PPHF-funded projects, but applied to the entire activity regardless of the funding source. For example, SAMHSA used both regular appropriations and PPHF funds for existing activities, such as suicide prevention. Moreover, SAMHSA evaluates the performance of the suicide prevention activities as a whole and does not have separate performance measures for the PPHF-funded projects. For individual projects receiving PPHF funding, performance measures were frequently established in funding opportunity announcements.

HHS agency officials told us that it is too early to report outcomes for many activities for which PPHF funding was allocated because many projects receiving PPHF funding in fiscal year 2010, 2011, or both are multiyear projects or have not yet completed project evaluations, and outcomes have not been measured or reported.²⁴ For example, one performance measure of HRSA's Primary Care Training and Enhancement activity—an activity that received PPHF funding in fiscal year 2010—is the number of primary care physicians supported with PPHF funding who complete their education; however, while data on the number of individuals training to be physicians who are supported with PPHF funding are available, outcome data on the numbers completing their programs will not be available until fiscal year 2014, the year the first cohort of physicians supported by fiscal year 2010 PPHF funding will finish their training. Table 7 presents information on performance measures and available information on targets and outcomes for the three HHS activities for which the largest PPHF allocations were made for fiscal years 2010 and 2011. Collectively, HHS allocated a total of \$198.1 million for fiscal year 2010 and \$246.3 million for fiscal year 2011 for these three activities.

²⁴Agency officials said that some performance measures and outcomes for activities receiving PPHF funding will be reported as part of their agencies' routine Government Performance and Results Act (GPRA) performance reporting. Pub. L. No. 103-62, 107 Stat. 285 (1993). GPRA, which was recently amended by the GPRA Modernization Act of 2010, requires agencies to establish outcome-oriented goals and performance indicators to measure overall progress toward these goals. See Pub. L. No. 111-352, 124 Stat. 3866 (2011); GAO, *Managing for Results: Opportunities for Congress to Address Government Performance Issues*, [GAO-12-215R](#) (Washington, D.C.: Dec. 9, 2011).

Table 7: Overall Performance Measures, Targets, and Outcome Information for the Three Activities for Which HHS Allocated the Most PPHF Funding, Fiscal Years 2010 and 2011

Activity (agency) and PPHF allocation amounts	Performance measures, targets, and outcomes ^a
Primary Care Training and Enhancement (HRSA) Fiscal year 2010: \$198.1 million	Under this activity, which includes HRSA's Expansion of Physician Assistant Training program and Primary Care Residency Expansion program, HRSA performance measures and targets include the following: <ul style="list-style-type: none"> • Number of physician assistants who complete their education supported by PPHF funding. (Target of 140 for fiscal year 2012.) • Number of primary care physicians who complete their education supported by PPHF funding. (Target of 172 for fiscal year 2014.) According to HRSA, outcome data for these performance measure are not yet available, because students initially funded with PPHF funding in fiscal year 2010 will complete their training programs in fiscal years 2012 (physician assistants) and 2014 (physicians).
Community Transformation Grants Program (CDC) Fiscal year 2011: \$146.3 million	As of May 14, 2012, CDC had not finalized performance measures or targets for this activity. CDC's draft performance measures, for which CDC estimated that targets will be available around October 2012, include the following: <ul style="list-style-type: none"> • Number of people with increased access to smoke-free or tobacco-free environments in settings such as workplaces, restaurants, campuses, and outdoor places. • Number of people with increased access to environments with healthy food or beverage options, including in schools, workplaces, and other community settings. • Number of people with increased access to physical activity opportunities, including in schools, workplaces, and other community settings. • Number of people with increased access to systems that support control of high blood pressure and of high cholesterol in health care and other community settings. CDC had not reported data on outcomes as of May 2012.
Section 317 Immunization Program (CDC) Fiscal year 2011: \$100.0 million	To ensure that children and adolescents are appropriately vaccinated, CDC performance measures and targets for this activity include the following: ^b <ul style="list-style-type: none"> • Sustain immunization coverage in children 19-35 months of age for one dose of measles, mumps, and rubella vaccine. (Target of at least 90 percent for fiscal year 2011.) • Achieve immunization coverage of at least 90 percent in children 19-35 months of age for at least four doses of pneumococcal conjugate vaccine. (Target of at least 87 percent for fiscal year 2011.) • Achieve immunization coverage of at least 60 percent in children 19-35 months of age for two to three doses of rotavirus vaccine. (Target of at least 52 percent for fiscal year 2011.) • Achieve or sustain immunization coverage of at least 70 percent in adolescents 13 to 15 years of age for one dose Tdap (tetanus and diphtheria toxoids and acellular pertussis). (Target of at least 67 percent for fiscal year 2011.) • Achieve or sustain immunization coverage of at least 70 percent in adolescents 13 to 15 years of age for one dose meningococcal conjugate vaccine. (Target of at least 66 percent for fiscal year 2011.) According to CDC, data on outcomes for fiscal year 2011 will be available by September 30, 2012.

Source: GAO analysis of HRSA and CDC information.

^aSome of these targets are consistent with objectives in Health People 2020, which provides a comprehensive set of 10-year national goals and objectives for improving the health of all Americans. For example, Health People 2020 includes objectives to “increase tobacco-free environments in schools” and to “achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.” For more information, see <http://www.healthypeople.gov/2020/about/default.aspx>.

^bAccording to CDC, the targets reflect the impact of funding from both regular appropriations and PPHF funds.

As of July 2012, information was available on some projects receiving PPHF funding in fiscal years 2010 and 2011—for example, CDC posted information on activities planned by individual projects funded by its Community Transformation Grants program, which was initiated in late fiscal year 2011.²⁵ At the same time, however, information on all fiscal year 2010 and 2011 outcomes was not reported.²⁶

Agency Comments

HHS reviewed a draft of this report and provided technical comments, which we incorporated as appropriate.

As arranged with your offices, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days after its issue date. At that time, we will send copies of this report to the Secretary of Health and Human Services and interested congressional committees. In addition, the report will be available at no charge on the GAO website at <http://www.gao.gov>.

²⁵See <http://www.cdc.gov/communitytransformation/index.htm> (accessed July 23, 2012).

²⁶For fiscal year 2012, HHS is required to report on PPHF-funded projects valued at \$25,000 or more. The Consolidated Appropriations Act, 2012 requires HHS to post on its website semiannual reports summarizing the activities undertaken for each PPHF-funded grant or contract of \$25,000 or more (to be posted no later than 30 days after the end of each 6-month period). Pub. L. No. 112-74, § 220, 125 Stat. 1085-1086. As of July 23, 2012, no semiannual reports had been posted on the website. See <http://www.hhs.gov/open/recordsandreports/prevention/> (accessed July 23, 2012).

If you or your staff have any questions regarding this report, please contact me at (202) 512-7114 or iritanik@gao.gov. Contact points for our Office of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix VI.

A handwritten signature in black ink that reads "Katherine Iritani". The signature is written in a cursive style with a large, prominent initial "K".

Katherine Iritani
Director, Health Care

Appendix I: Agency for Healthcare Research and Quality—Prevention and Public Health Fund Awards by Activity

This appendix presents information on awards made by the Agency for Healthcare Research and Quality (AHRQ) for Prevention and Public Health Fund (PPHF) activities with funds allocated and transferred from the PPHF for fiscal years (FY) 2010 and 2011. For each AHRQ activity that received PPHF funding, tables 8 through 12 summarize information on awards made with those funds through grants and contracts for each fiscal year.¹ Award information was provided by the Department of Health and Human Services' (HHS) Assistant Secretary for Financial Resources, AHRQ, or reported in the funding opportunity announcements (FOA) HHS identified as being associated with the activity and awards.

The information presented in this appendix, including the purpose of the PPHF-funded activity, was obtained from HHS. Due to the large number of awards, we did not edit the award recipient information to correct typographical or grammatical errors, or clarify the information provided. In general, we reprinted the abbreviations and acronyms provided by HHS and the legislative authority cited in the FOA or otherwise provided by HHS. We did not independently verify the legislative authority. Totals in this appendix (reported obligations) may not match—for example, they may be lower than—the amounts in table 2 (reported allocations). According to HHS officials, to carry out an activity, an agency may incur administrative expenses, including an agency's internal costs associated with managing and overseeing grants and contracts, not reflected in award amounts. Further, to the extent that an appropriation has not identified a particular amount for a specific activity, an agency may reallocate unobligated funds from that activity to another during the course of a fiscal year.

Activity: Clinical Preventive Services Task Force

The purpose of this activity is to support the U.S. Preventive Services Task Force (USPSTF), an independent panel of private-sector experts in prevention and primary care, including support for a Scientific Resource Center, a preventive medicine residency rotation program, staff support, and to develop and finalize updated evidence reports.

¹The tables present information on cooperative agreements with grants, and include information on interagency agreements with contracts.

Appendix I: Agency for Healthcare Research and Quality—Prevention and Public Health Fund Awards by Activity

- **Fiscal year 2010:** \$5.0 million (2 contracts)
- **Fiscal year 2011:** \$6.8 million (2 contracts)

Table 8: FY 2010 Contracts, Clinical Preventive Services Task Force

Recipient	Purpose	State	Award (dollars)
ABT Associates, Inc.	Specialized Communications for USPSTF	MA	\$4,000,000
Oregon Evidence-based Practice Center (EPC) for USPSTF Reviews	USPSTF Reviews	OR	1,010,937
Total (2 awards)			\$5,010,937

Source: GAO analysis of HHS information.

Table 9: FY 2011 Contracts, Clinical Preventive Services Task Force

Recipient	Purpose	State	Award (dollars)
ABT Associates, Inc.	Specialized Communications for USPSTF	MA	\$3,776,974
Oregon Evidence-based Practice Center (EPC) for USPSTF Reviews	USPSTF Reviews	OR	3,000,000
Total (2 awards)			\$6,776,974

Source: GAO analysis of HHS information.

Activity: Clinical Preventive Services Research

The purpose of this activity is to support integrated, multiproject research programs that will work with a well-defined, central research focus to contribute to addressing the research and implementation gaps identified as part of the development of the HHS National Prevention and National Quality Strategies.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$4.8 million (3 grants totaling \$4.3 million and 1 contract for \$0.5 million)

**Appendix I: Agency for Healthcare Research
and Quality—Prevention and Public Health
Fund Awards by Activity**

Table 10: FY 2011 Grants, Clinical Preventive Services Research

Announcement	Recipient	State	Award (dollars)
<p>Research Centers for Excellence in Clinical Preventive Services (RFA-HS-11-005)</p> <p>Purpose (award type): To support Research Centers for Excellence in Clinical Preventive Services to conduct research and development activities in order to generate new knowledge and develop tools and resources to improve health and health care through clinical preventive services. Core infrastructure should include: training, education, and robust dissemination capabilities, and may, in addition, focus on the provision of specific methodologic support to the Center. Each Research Center application must propose a body of work addressing one of three programmatic areas: (1) patient safety; (2) health equity; or, (3) health care system implementation. (New)</p> <p>Legislative Authority: 42 U.S.C. 299a(a), which authorizes AHRQ to conduct and support research, support demonstration projects, and disseminate information on health care and on systems for the delivery of such care, including activities with respect to clinical practice, including primary care and practice-oriented research. See 42 U.S.C. 299a(a)4.</p> <p>Eligibility: Public or non-profit private institution, such as a university, college, or a faith-based or community-based organization; Units of local or State government; Eligible agencies of the Federal government; Indian/Native American Tribal Government (Federally Recognized); Indian/Native American Tribal Government (Other than Federally Recognized); and Indian/Native American Tribally Designated Organizations.</p>	University of North Carolina, Chapel Hill	NC	\$1,500,000
	University of Colorado, Denver	CO	1,483,338
	Northwestern University	IL	1,365,757
	Total (3 awards)		

Source: GAO analysis of HHS information.

Appendix I: Agency for Healthcare Research and Quality—Prevention and Public Health Fund Awards by Activity

Table 11: FY 2011 Contract, Clinical Preventive Services Research

Recipient	Purpose	State	Award (dollars)
Abt Associates, Inc.	Technical assistance and evaluation of grant program.	MD	\$484,986
Total (1 award)			\$484,986

Source: GAO analysis of HHS information.

Activity: Healthy Weight Practice-Based Research Networks

The purpose of this activity is to promote innovative efforts to improve the management of obese patients in primary care by (1) supporting the development and evaluation of scalable and sustainable linkages between primary care practices and community-based resources to support obesity treatment and management across the lifespan; and (2) creating an implementation guide on obesity management to be disseminated widely to diverse primary care settings that describes optimal processes for developing, assessing, and maintaining effective linkages with community-based programs.

- **Fiscal year 2010:** \$0.5 million (1 contract)
- **Fiscal year 2011:** None

Table 12: FY 2010 Contract, Healthy Weight Practice-Based Research Networks

Recipient	Purpose	State	Award (dollars)
Colorado Practice-based Research Network (PBRN) Healthy Weight	To create a guide for primary care practices to build linkages with community based organizations in support of healthy weight programs.	CO	\$489,063
Total (1 award)			\$489,063

Source: GAO analysis of HHS information.

Appendix II: Centers for Disease Control and Prevention—Prevention and Public Health Fund Awards by Activity

This appendix presents information on awards made by the Centers for Disease Control and Prevention (CDC) for Prevention and Public Health Fund (PPHF) activities with funds allocated and transferred from the PPHF for fiscal years (FY) 2010 and 2011. For each CDC activity that received PPHF funding, tables 13 through 62 summarize information on awards made with those funds through grants and contracts for each fiscal year.¹ Award information was provided by HHS's Assistant Secretary for Financial Resources, CDC, or reported in the funding opportunity announcements (FOA) HHS identified as being associated with the activity and awards.

The information presented in this appendix, including the purpose of the PPHF-funded activity, was obtained from HHS. Due to the large number of awards, we did not edit the award recipient information to correct typographical or grammatical errors, or clarify the information provided. In general, we reprinted the abbreviations and acronyms provided by HHS and the legislative authority cited in the FOA or otherwise provided by HHS. We did not independently verify the legislative authority. Totals in this appendix (reported obligations) may not match—for example, they may be lower than—the amounts in table 2 (reported allocations). According to HHS officials, to carry out an activity, an agency may incur administrative expenses, including an agency's internal costs associated with managing and overseeing grants and contracts, not reflected in award amounts. Further, to the extent that an appropriation has not identified a particular amount for a specific activity, an agency may reallocate unobligated funds from that activity to another during the course of a fiscal year.

Activity: Community Transformation Grants Program

The purpose of this activity is to support community-level efforts to reduce chronic diseases such as heart disease, cancer, stroke, and diabetes. By promoting healthy lifestyles, especially among population groups experiencing the greatest burden of chronic disease, these funded projects are designed to help improve health, reduce health disparities, and control health care spending.

¹The tables present information on cooperative agreements with grants, and include information on interagency agreements with contracts.

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- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$139.3 million (68 grants in three funding announcements totaling \$107.9 million and contracts totaling \$31.4 million)

Table 13: FY 2011 Grants, Community Transformation Grants Program

Announcements (3)	Recipient	State	Award (dollars)
<p>1. Public Prevention Health Fund: Community Transformation Grants (CDC-RFA-DP11-1103PPHF11)</p> <p>Purpose (award type): To create healthier communities by (1) building capacity to implement broad evidence and practice-based policy, environmental, programmatic and infrastructure changes, as appropriate, in large counties, and in states, tribes and territories, including in rural and frontier areas; and (2) supporting implementation of such interventions in five strategic areas (1) tobacco-free living, (2) active living and healthy eating, (3) high impact evidence-based clinical and other preventive services, (4) social and emotional wellness, and (5) healthy and safe physical environment. (New)</p> <p>Legislative Authority: Sections 4002 and 4201 of the Affordable Care Act.</p> <p>Eligibility: Limited to state and local governmental agencies, or their Bona Fide Agent or the equivalent, as well as, state and local nonprofit organizations, federally recognized American Indian Tribes and Alaska Native Villages, tribal organizations, and Urban Indian Health programs.</p>	Texas State Dept of Health Services	TX	\$10,000,000
	Los Angeles County Health Services Dept	CA	9,848,011
	New York State Dept of Health	NY	8,391,881
	NC State Dept/Hlth & Human Services	NC	7,466,092
	Public Health Institute	CA	5,926,365
	Illinois State Dept of Public Health	IL	4,781,121
	University of Wisconsin-Madison	WI	4,700,000
	South Carolina State Dept of Hlth/Env	SC	4,624,724
	Minnesota State Dept of Health	MN	3,603,724
	Washington State Department of Health	WA	3,256,347
	Massachusetts State Dept of Pub Health	MA	3,079,988
	County/San Diego Health/Human Ser/Ag	CA	3,053,793
	Iowa State Dept of Public Health	IA	3,007,856
	Maryland State Dept of Hlth/Mtl Hygiene	MD	1,945,289
	WV State Dept Hlth/Human Rscs	WV	1,883,603
	Broward Regional Health Planning Council	FL	1,766,476
	City of Philadelphia Public Health Dept	PA	1,547,297
	New Mexico State Department of Health	NM	1,500,000
	Maine State Dept/Health/Human Servs	ME	1,318,301
	Hennepin County Health and Human Services	MN	1,156,212
	Austin Health and Human Services Department	TX	1,026,158
	San Francisco Dept of Public Health	CA	815,358
	South Dakota State Dept of Health	SD	812,383
	Tacoma-Pierce County Health Department	WA	796,836
	Montana State Dept/Pub Hlth & Human Srvs	MT	769,195
	University of Rochester	NY	733,703
	Louisville Metro Department of Health	KY	721,594
	OK City County Health Department	OK	716,704
Mid-American Regional Council Comm. Services	MO	705,708	

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Announcements (3)	Recipient	State	Award (dollars)
	Vermont Department of Health	VT	621,760
	Denver Health and Hospital Authority	CO	610,345
	Douglas County Health Department	NE	510,199
	My Brother's Keeper	MS	500,000
	Sault St. Marie Tribe of Chippewa Indians	MI	500,000
	Houston City Health & Human Services	TX	500,000
	Operation Unite	KY	500,000
	Louisiana State Dept of Hlth & Hospitals	LA	500,000
	Austen Bioinnovation Institute In Akron	OH	500,000
	Toiyabe Indian Health Project	CA	500,000
	New Jersey State Dept/Health/Senior Srvs	NJ	500,000
	Great Lakes Inter-Tribal Council	WI	499,982
	Fresno County Department of Public Health	CA	499,695
	Southeast Alaska Reg Hlth Consortium	AK	499,588
	Fairfax County Neighborhood And Comm. Srvc	VA	499,559
	Utah State Department of Health	UT	499,366
	Sierra Health Foundation	CA	499,229
	Cobb Public Health	GA	499,000
	Confederated Tribes of the Chehalis Reservation	WA	498,663
	Bernalillo County Office of Environmental Health	NM	497,353
	Connecticut State Dept of Public Health	CT	493,891
	Ventura County	CA	481,036
	County of Kern Public Health Services Dept	CA	416,577
	North Dakota State Department of Health	ND	370,684
	Spectrum Health Hospitals	MI	333,321
	Stanislaus County Health Services Agency	CA	293,899
	Lancaster General Health	PA	233,577
	Sophie Trettevick Indian Health Center	WA	218,929
	Yukon-Kuskokwim Health Corporation	AK	193,340
	Public Health - Dayton And Montgomery County	OH	180,246
	Ulkerreuil A. Klengar	PW	147,106
	Total (60 awards)		\$103,552,064

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Announcements (3)	Recipient	State	Award (dollars)
<p>2. Public Prevention Health Fund: National Dissemination and Support for Community Transformation Grants (CDC-RFA-DP11-1115PPHF11)</p> <p>Purpose (award type): To support the efforts of the Community Transformation Grants program (CDC-RFA-DP11-1103PPHF11) by funding national network(s) of community-based organizations. Also to support, disseminate and amplify successful program models and activities as prescribed under statutory authority [Section 4201 (c) (5) of ACA]. (New)</p> <p>Legislative Authority: Sections 4002 and 4201 of the Patient Protection and Affordable Care Act (ACA).</p> <p>Eligibility: National network(s) of community based organizations.</p>	National Council of the Young Men's Christian Association	IL	\$1,300,000
	National REACH Coalition	CA	900,000
	American Lung Association	DC	800,000
	Community Anti-Drug Coalitions of America	VA	300,000
	American Public Health Association	DC	300,000
	Occidental College	CA	300,000
	Asian Pacific Partners for Empowerment, Advocacy and Leadership	CA	300,000
Total (7 awards)			\$4,200,000
<p>3. Competitive Program Expansion Supplement for CDC-RFA-HM08-805: Strengthen and Improve the Nation's Capacity through National, Non-profit, Professional Public Health Organizations to Increase Health Protection and Health Equity (CDC-RFA-HM08-8050402PHFF11)</p> <p>Purpose (award type): To support the provision of capacity building assistance to state, tribal, local and territorial health departments that ensures performance improvement and successful adoption of best or promising practices to address key areas of public health infrastructure investments. (Supplement)</p> <p>Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to specific national, non-profit, public health professional organizations funded through the competitive funding opportunity announcement CDC-RFA-HM08-805.</p>	National Association of City/County Health Officials	DC	140,000
	Total (1 award)		

Source: GAO analysis of HHS information.

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Table 14: FY 2011 Contracts, Community Transformation Grants Program

Recipient	Purpose	State	Award (dollars)
ICF Macro, Inc	TA and Training Contract	GA	\$6,035,730
Research Triangle Institute	Community Transformation Grants – Evaluation Technical Assistance, Training Services, and Performance Monitoring	GA	5,835,132
FHI Development 360 LLC	Community Transformation Grants Program Evaluation – Enhanced Evaluation Techniques	GA	5,396,166
Four Seasons Environmental, Inc.	CDC Program Oversight & Implementation	GA	4,430,683
Research Triangle Institute	Social Media Contract	GA	4,319,460
ICF Macro, Inc	Modeling and Cost Benefit Analysis Contract	GA	3,281,366
Global Evaluation & Applied Research Solutions (GEARS)	Extramural Staffing Contract	GA	678,033
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	477,725
Dell Services Federal Government, Inc.	CDC Program Oversight & Implementation	GA	375,000
Deloitte Consulting, LLP	Project Management Contract Support	GA	200,000
Northrop Grumman	Community Transformation Grants – Program Management	GA	200,000
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	103,286
Various – Emory University, JP Morgan Chase, Northrop Grumman	Contracts < \$25K	GA	19,489
DOE IAA	CDC Program Oversight & Implementation	GA	12,000
Total			\$31,364,071

Source: GAO analysis of HHS information.

Activity: Section 317 Immunization Program

The purpose of this activity is to provide funding for immunization operations and infrastructure necessary to implement a comprehensive immunization program at the federal, state, and local levels.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$99.8 million (73 grants in six funding announcements totaling \$46.5 million and contracts totaling \$53.3 million)

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Table 15: FY 2011 Grants, Section 317 Immunization Program

Announcements (6)	Recipient	State	Award (dollars)
1. Competitive Program Expansion Supplement for CDC-RFA-HM08-805: Strengthen and Improve the Nation’s Capacity through National, Non-profit, Professional Public Health Organizations to Increase Health Protection and Health Equity (CDC-RFA-HM08-8050402PHFF11)	National Association of City/County Health Officials	DC	\$200,000
	Total (1 award)		\$200,000
Purpose (award type): To support the provision of capacity building assistance to state, tribal, local and territorial health departments that ensures performance improvement and successful adoption of best or promising practices to address key areas of public health infrastructure investments. (Supplement)			
Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).			
Eligibility: Limited to specific national, non-profit, public health professional organizations funded through the competitive funding opportunity announcement CDC-RFA-HM08-805.			
2. Prevention and Public Health Fund: Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance (CDC-RFA-IP11-1107PPHF11)	Arkansas State Dept of Health	AR	\$3,586,942
	Kansas State Dept of Hlth and Environmnt	KS	3,115,885
	New York State Dept of Health	NY	2,573,336
	Massachusetts State Dept of Pub Health	MA	2,570,827
	Colorado State Dept/Pub Hlth & Environmt	CO	1,800,000
	Washington State Department of Health	WA	1,736,427
	Connecticut State Dept of Public Health	CT	1,611,744
	Alabama State Dept of Public Health	AL	1,438,016
	Missouri State Dept/Health & Senior Srv	MO	1,397,940
	West Virginia State Dept Hlth/Human Rscs	WV	1,317,124
	Maryland State Dept of Hlth/Mtl Hygiene	MD	1,297,548
	Minnesota State Dept of Health	MN	1,261,172
	Maine State Dept/Health/Human Servs	ME	1,256,896
	Michigan State Dept of Community Health	MI	1,235,590
	Arizona State Department of Hlth Srvcs	AZ	1,162,818
	Oklahoma State Department of Health	OK	1,046,675
Georgia Department of Community Health	GA	1,036,494	
North Carolina State Dept/Hlth & Human Services	NC	1,023,484	

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Announcements (6)	Recipient	State	Award (dollars)
	Hawaii State Department of Health	HI	933,189
	Iowa State Dept of Public Health	IA	900,000
	New Jersey State Dept/Health/Senior Svcs	NJ	876,197
	Vermont Department of Health	VT	792,138
	California Department of Public Health	CA	765,000
	Wisconsin Department of Health Services	WI	756,548
	Florida State Department of Health	FL	718,920
	South Carolina State Dept of Hlth/Env	SC	654,034
	Oregon State Public Health Division	OR	639,590
	Texas State Dept of Health Services	TX	540,000
	Nevada State Dept of Hlth/Human Svcs	NV	539,989
	Utah State Department of Health	UT	515,979
	Nebraska St Dept of Health & Human Servs	NE	492,300
	Wyoming State Department of Health	WY	485,906
	Mississippi State Department of Health	MS	484,195
	Virginia State Dept of Health	VA	452,061
	Indiana State Department of Health	IN	271,141
	Ohio State Department of Health	OH	252,275
	North Dakota State Department of Health	ND	226,418
	Houston City Health & Human Services	TX	134,842
	Total (38 awards)		\$41,899,640
3. Enhanced Surveillance for New Vaccine Preventable Disease (RFA-IP-11-010)	University of Rochester	NY	\$201,220
	The Children’s Mercy Hospital	MO	201,220
	Cincinnati Children’s Hospital	OH	201,220
	Vanderbilt University Medical Center	TN	201,220
	Seattle Children’s Hospital	WA	201,220
	Total (5 awards)		\$1,006,100

Purpose (award type): To establish surveillance and evaluation sites that will collaborate as a larger network as the New vaccine Surveillance Network to conduct multi-site and individual projects to assess the impact of new vaccines and vaccine policies for diseases among children that are currently vaccine-preventable and those that are potentially vaccine preventable in the future. (New)

Legislative Authority: Sections 317(k)(1) of the Public Health Service Act as amended (42 U.S.C. 247b(k)(1)).

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Announcements (6)	Recipient	State	Award (dollars)
<p>Eligibility: Eligible applicants include higher education institutions, nonprofits, independent school districts, housing authorities, faith-based, community-based, and regional organizations, Bona Fide agents, and state, county, city or township, special districts, federally and nonfederally recognized tribal, and U.S. territory or possession governments. Entities must be states (or bona fide agents to states), political subdivisions of states, or other public or non-profit private entities.</p>			
<p>4. Patient Protection and Affordable Care Act (ACA), Emerging Infections Programs (EIP), Enhancing Epidemiology and Laboratory Capacity (CDC- RFA-CI10-00302PPHF11)</p> <p>Purpose (award type): The purpose of the EIP-ACA cooperative agreement is to support state and local health departments' surveillance infrastructure through enhancement of the epidemiology and laboratory capacity of the existing EIP network. (Continuation)</p> <p>Legislative Authority: Sections 301(a) [42 U.S.C. 241(a)] and 317(k) (2) [42 U.S.C. 247b (k) (2)] of the Public Health Service Act, as amended and the Patient Protection and Affordable Care Act (PPACA) (Public Law 111-148), Title IV, Sections 4002 and 4304 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to health departments of states (or bona fide agents) currently funded under funding announcement CI10-003.</p>	New York State Dept of Health	NY	\$409,254
	California Department of Public Health	CA	381,103
	Minnesota State Dept of Health	MN	328,791
	Georgia Department of Community Health	GA	212,612
	Connecticut State Dept of Public Health	CT	199,515
	Colorado State Dept/Pub Hlth & Environmt	CO	191,878
	Oregon State Public Health Division	OR	167,139
	Tennessee State Department of Health	TN	162,890
	New Mexico State Department of Health	NM	162,131
	Maryland State Dept of Hlth/Mtl Hygiene	MD	145,460
	Total (10 awards)		\$2,360,773
<p>5. Patient Protection and Affordable Care Act (ACA), Emerging Infections Programs (EIP) (CI05-0026)</p> <p>Purpose (award type): To provide continued support to Emerging Infections Programs. (Continuation)</p> <p>Legislative Authority: Sections 301(a) [42 U.S.C. 241(a)], 317(k) (1) [42 U.S.C. 247b (k) (1)], and 317 (k) (2) [42 U.S.C. 247b (k) (2)], as amended.</p> <p>Eligibility: Limited to state governments or their bona fide agents.</p>	Georgia Department of Public Health	GA	\$253,635
	CT ST Dept of Public Health	CT	154,877
	Total (2 awards)		\$408,512

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Announcements (6)	Recipient	State	Award (dollars)
<p>6. Patient Protection and Affordable Care Act Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments (CDC-RFA-C110-101202PPHF11)</p> <p>Purpose (award type): To enhance public health programs to improve health and help restrain the rate of growth of health care costs through building epidemiology, laboratory, and health information systems capacity in state and local public health departments. (Continuation)</p> <p>Legislative Authority: Sections 301(a) [42 U.S.C. 241(a)] and 317(k) (2) [42 U.S.C. 247b (k) (2)] of the Public Health Service Act, as amended and the Patient Protection and Affordable Care Act (PL 111-148), Title IV, Sections 4002 and 4304 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to 58 current Epidemiology and Laboratory Capacity for Infectious Disease Affordable Care Act state and local public health department grantees or their bona fide agents of funding announcement C110-1012.</p>	Los Angeles County Health Services Dept	CA	\$124,611
	Utah State Department of Health	UT	63,409
	New York City Health/Mental Hygiene	NY	39,963
	Maine State Dept/Health/Human Servs	ME	35,624
	Iowa State Dept of Public Health	IA	35,000
	Washington State Department of Health	WA	34,659
	Massachusetts State Dept of Pub Health	MA	32,450
	Arizona State Department of Hlth Srvc	AZ	26,996
	NC State Dept/Hlth & Human Services	NC	26,798
	South Carolina State Dept of Hlth/Env	SC	26,624
	Florida State Department of Health	FL	26,190
	Houston City Health & Human Services	TX	26,000
	Wisconsin Department of Health Services	WI	25,744
	Tennessee State Department of Health	TN	23,943
	Alabama State Dept of Public Health	AL	23,340
	Oklahoma State Department of Health	OK	17,016
	City of Philadelphia Public Health Dept	PA	17,000
	Total (17awards)		\$605,367

Source: GAO analysis of HHS information.

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Table 16: FY 2011 Contracts, Section 317 Immunization Program

Recipient	Purpose	State	Award (dollars)
Merck Sharp & Dohme Corp.	Vaccine Supplies	GA	\$20,523,444
Pfizer Inc.	Vaccine Supplies	GA	6,817,823
Sanofi Pasteur Inc.	Vaccine Supplies	GA	5,751,222
Glaxosmithkline LLC	Vaccine Supplies	GA	4,843,178
Merck Sharp & Dohme Corp.	Vaccine Supplies	GA	4,413,348
Deloitte Consulting, LLP	Barcoding - Implementation Pilot for Two-Dimensional Vaccine Barcode Utilization	GA	2,907,887
Glaxosmithkline LLC	Vaccine Supplies	GA	2,858,200
Four Seasons Environmental, Inc.	CDC Program Oversight & Implementation	GA	2,149,345
Novartis Vaccines and Diagnostics, Inc.	Vaccine Supplies	GA	565,969
Northrup Grumman Systems Corporation	IIS-TIPS	GA	446,831
The Cadence Group, Inc.	PPHF project management	GA	415,758
Carter Consulting, Inc.	VTrckS-IIS interface	GA	410,363
Carter Consulting, Inc.	Billing Planning and Implementation - Technical Assistance Management of NCIRD funded grants Support for the Education, Information, and Partnership Branch (EIPB), Immunization Services Division (ISD), National Center for Immunization and Respiratory Diseases (NCIRD)	GA	340,952
P3S Corporation	Evaluation of PCV 13 Vaccine - RBD Contractors	GA	263,017
Novartis Vaccines and Diagnostics, Inc.	Vaccine Supplies	GA	190,861
P3S Corporation	Enhanced Pertussis Surveillance and Eval of Acellular VE	GA	164,044
P3S Corporation	Strengthening the Evidence Base - MCV Evaluation - MVDB Contractors	GA	81,820
Agilent Technologies, Applied Biosystems Bio-Rad Laboratories, Caliper Life Sciences, J P Morgan Chase Bank, Roche Diagnostics Corporation	Contracts < \$25K	N/A	73,165
GSA Federal Telecommunication Service	Evaluation Impact and Effectiveness of Rotavirus Vaccine	GA	50,200
MA Biological Laboratory	Vaccine Supplies	GA	35,955
Southeast Scientific	Maintenance of 35 freezers	GA	33,557
Goodwill Industries of North GA	CDC Program Oversight & Implementation	GA	10,655
Total			\$53,347,594

Source: GAO analysis of HHS information.

Activity: National Public Health Improvement Initiative

The purpose of this activity² is to systematically increase the capacity of public health departments to detect and respond to public health events requiring highly coordinated interventions to improve and/or sustain the performance (efficiency/effectiveness) of public health organizations, systems, practices, and essential services. It is intended to promote the development, dissemination, and adoption of evidence-based practices.

- **Fiscal year 2010:** \$47.9 million (80 grants in two funding announcements totaling \$46.4 million and three contracts totaling \$1.5 million)
- **Fiscal year 2011:** \$40.2 million (80 grants in three funding announcements totaling \$36.7 million and four contracts totaling \$3.5 million)

²According to HHS, this activity was called Public Health Infrastructure in fiscal year 2010.

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Table 17: FY 2010 Grants, National Public Health Improvement Initiative

Announcements (2)	Recipient	State	Award (dollars)
<p>1. Strengthening Public Health Infrastructure for Improved Health Outcomes (CDC-RFA-CD10-1011)</p> <p>Purpose (award type): To support innovative changes in key areas that improve the quality, effectiveness and efficiency of the public health infrastructure that will support the delivery of public health services and programs as specified within the Affordable Care Act. (New)</p> <p>Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).</p> <p>Eligibility: All 50 states, Washington D.C., 9 large local health departments supporting cities with populations of 1 million or more inhabitants, 5 U.S. Territories, 3 U.S. Affiliated Pacific Islands and up to 7 federally recognized tribes (or their equivalent) with an established public health department structure that provide public health services.</p>	California Department of Public Health	CA	\$2,060,128
	Florida State Department of Health	FL	2,060,128
	New York City Health/Mental Hygiene	NY	2,060,128
	Wisconsin Department of Health Services	WI	1,960,129
	Massachusetts State Dept of Pub Health	MA	1,960,128
	Minnesota State Dept of Health	MN	1,960,128
	North Carolina State Dept/Hlth & Human Services	NC	1,903,858
	Oregon State Public Health Division	OR	1,860,128
	Los Angeles County Health Services Dept	CA	1,859,950
	Cherokee Nation	OK	1,760,128
	Maine State Dept/Health/Human Servs	ME	1,758,786
	Pacific Islands Health Officers Assn	HI	1,660,128
	New Jersey State Dept/Health/Senior Srvs	NJ	1,638,751
	Tennessee State Department of Health	TN	1,296,995
	Nebraska St Dept of Health & Human Servs	NE	1,200,000
	West Virginia State Dept Hlth/Human Rscs	WV	1,200,000
	City of Philadelphia Public Health Dept	PA	1,118,493
	Hawaii State Department of Health	HI	1,100,000
	Vermont Department of Health	VT	1,100,000
	Illinois State Dept of Public Health	IL	400,000
	Michigan State Dept of Community Health	MI	400,000
	New York State Dept of Health	NY	400,000
	Pennsylvania State Dept of Health	PA	400,000
	Texas State Dept of Health Services	TX	400,000
	Georgia Department of Community Health	GA	399,836
	Ohio State Department of Health	OH	394,111
	Colorado State Dept/Pub Hlth & Environmt	CO	300,000
	Indiana State Department of Health	IN	300,000
Maryland State Dept of Hlth/Mtl Hygiene	MD	300,000	
Missouri State Dept/Health & Senior Srv	MO	300,000	
Virginia State Dept of Health	VA	300,000	
Washington State Department of Health	WA	299,981	
Arizona State Department of Hlth Srvcs	AZ	289,586	
Alabama State Dept of Public Health	AL	200,000	
Arkansas State Dept of Health	AR	200,000	

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Announcements (2)	Recipient	State	Award (dollars)
	Connecticut State Dept of Public Health	CT	200,000
	Idaho State Dept of Health and Welfare	ID	200,000
	City of Chicago	IL	200,000
	Iowa State Dept of Public Health	IA	200,000
	Kansas State Dept of Hlth and Environmnt	KS	200,000
	KY Cabinet for Health and Family Services	KY	200,000
	Louisiana State Dept of Hlth & Hospitals	LA	200,000
	Nevada State Dept of Hlth/Human Svcs	NV	200,000
	Oklahoma State Department of Health	OK	200,000
	Puerto Rico Department of Health	PR	200,000
	South Carolina State Dept of Hlth/Env	SC	200,000
	Houston City Health & Human Services	TX	200,000
	Utah State Department of Health	UT	200,000
	New Mexico State Department of Health	NM	199,877
	Mississippi State Department of Health	MS	199,585
	County of Maricopa	AZ	199,434
	Alaska State Department of Hlth-Soc Svcs	AK	100,000
	Alaska Native Tribal Health Consortium	AK	100,000
	Southeast Alaska Reg Hlth Consortium	AK	100,000
	American Samoa Department of Health	AS	100,000
	Gila River Indian Community	AZ	100,000
	Navajo Nation Division of Health	AZ	100,000
	County/San Diego Health / Human Ser/Ag	CA	100,000
	DC Department of Health	DC	100,000
	Delaware State Dept of Hlth & Soc Svcs	DE	100,000
	Federated States Micronesia	FM	100,000
	Guam Department of Public Health-Soc Svc	GU	100,000
	Republic/Marshall Island Mnstry of Hlth	MH	100,000
	Montana State Dept/Pub Hlth & Human Svcs	MT	100,000
	Montana-Wyoming Tribal Leaders Council	MT	100,000
	Commonwealth N Mariana Is Dept Pub Hlth	MP	100,000
	NH State Dept of Health and Human Sers	NH	100,000
	Northwest Portland Area Indian Hlth Bd	OR	100,000
	City of San Antonio Metro Health Dist	TX	100,000
	Dallas County Dept/Hlth/Human Svcs	TX	100,000
	Virgin Islands Department of Health	VI	100,000

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Announcements (2)	Recipient	State	Award (dollars)
	Wyoming State Department of Health	WY	100,000
	Republic/Marshall Island Mnstry of Hlth	MH	100,000
	Mille Lacs Band of Ojibwe Indians	MN	99,866
	Rhode Island State Dept of Health	RI	99,738
	Total (75 awards)		\$42,400,000
2. Competitive Supplement to CDC-RFA-HM08-805: Strengthen and Improve the Nation's Capacity through National, Non-profit, Professional Public Health Organizations to Increase Health Protection and Health Equity (CDC-RFA-HM08-8050301SUPP10)	National Network of Public Health Institutes	LA	\$1,000,000
	American Public Health Association	DC	750,000
	National Association of City/County Health Officials	DC	750,000
	Public Health Foundation	DC	750,000
	Association of State and Territorial Health Officials	VA	750,000
	Total (5 awards)		\$4,000,000
<p>Purpose (award type): To support the provision of capacity building assistance to state, tribal, local and territorial health departments that ensures successful adoption of best or promising practices to address key areas of public health infrastructure investments. (Supplement)</p> <p>Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to specific national, non-profit, public health professional organizations funded through the funding announcement CDC-RFA-HM08-805.</p>			

Source: GAO analysis of HHS information.

Note: In fiscal year 2010, this activity was referred to as Public Health Infrastructure.

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Table 18: FY 2010 Contracts, National Public Health Improvement Initiative

Recipient	Purpose	State	Award (dollars)
Office of Personnel Management	Competencies necessary for Workforce	GA	\$1,500,000
Deloitte Consulting, LLP	Business services support - Health Reform Implementation Office	GA	12,358
Northrop Grumman	Support all aspects of full lifecycle application systems development and maintenance on a variety of platforms including mainframe, client server, and web; architecture and infrastructure design to support enterprise application software services including hardware/software/network design and implementation; database design, application development and support; data management and security controls; quality assurance, test and control functions; and technical communication, consultation and information support.	GA	7,000
Total (3 awards)			\$1,519,358

Source: GAO analysis of HHS information.

Note: In fiscal year 2010, this activity was referred to as Public Health Infrastructure.

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Table 19: FY 2011 Grants, National Public Health Improvement Initiative

Announcements (3)	Recipient	State	Award (dollars)
<p>1. Public Prevention Health Fund: Strengthening Public Health Infrastructure for Improved Health Outcomes (CDC-RFA-CD10-101101PPHF11)</p> <p>Purpose (award type): To provide support for accelerating public health accreditation readiness activities; to provide additional support for performance management and improvement practices; and, for the development, identification and dissemination of evidence-based policies and practices. (Supplement)</p> <p>Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to 76 official public health agencies that are current recipients of project grants for Strengthening Public Health Infrastructure for Improved Health Outcomes under funding opportunity CDC-RFA-CD10-1011.</p>	New York City Health/Mental Hygiene	NY	\$1,093,662
	Florida State Department of Health	FL	1,093,662
	California Department of Public Health	CA	1,093,662
	NC State Dept/Hlth & Human Services	NC	1,037,779
	Minnesota State Dept of Health	MN	993,662
	Wisconsin Department of Health Services	WI	993,662
	Massachusetts State Dept of Pub Health	MA	993,662
	New Jersey State Dept/Health/Senior Srvs	NJ	950,791
	Oregon State Public Health Division	OR	893,662
	Los Angeles County Health Services Dept	CA	893,598
	Cherokee Nation	OK	843,662
	Maine State Dept/Health/Human Servs	ME	843,182
	Tennessee State Department of Health	TN	757,600
	City of Philadelphia Public Health Dept	PA	664,213
	Nebraska St Dept of Health & Human Servs	NE	657,600
	West Virginia State Dept Hlth/Human Rscs	WV	657,600
	Hawaii State Department of Health	HI	607,600
	Vermont Department of Health	VT	607,600
	Pacific Islands Health Officers Assn	HI	593,662
	Pennsylvania State Dept of Health	PA	500,000
	New York State Dept of Health	NY	500,000
	Illinois State Dept of Public Health	IL	500,000
	Michigan State Dept of Community Health	MI	500,000
	Ohio State Department of Health	OH	500,000
	Texas State Dept of Health Services	TX	500,000
	Georgia Department of Community Health	GA	499,738
	Maryland State Dept of Hlth/Mtl Hygiene	MD	400,000
	Missouri State Dept/ Health & Senior Srv	MO	400,000
	Indiana State Department of Health	IN	400,000
	Washington State Department of Health	WA	400,000
	Colorado State Dept/Pub Hlth & Environmt	CO	400,000
Arizona State Department of Hlth Srvc	AZ	400,000	
Virginia State Dept of Health	VA	399,859	
Arkansas State Dept of Health	AR	300,000	
City of Chicago	IL	300,000	

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Announcements (3)	Recipient	State	Award (dollars)
	Houston City Health & Human Services	TX	300,000
	Alabama State Dept of Public Health	AL	300,000
	County of Maricopa	AZ	300,000
	Kansas State Dept of Hlth and Environmnt	KS	300,000
	KY Cabinet for Health and Family Services	KY	300,000
	Louisiana State Dept of Hlth & Hospitals	LA	300,000
	Nevada State Dept of Hlth/Human Svcs	NV	300,000
	Idaho State Dept of Health and Welfare	ID	300,000
	Oklahoma State Department of Health	OK	300,000
	Utah State Department of Health	UT	300,000
	Connecticut State Dept of Public Health	CT	300,000
	Iowa State Dept of Public Health	IA	300,000
	New Mexico State Department of Health	NM	300,000
	Puerto Rico Department of Health	PR	300,000
	South Carolina State Dept of Hlth/Env	SC	300,000
	Mississippi State Department of Health	MS	299,585
	County/San Diego Health / Human Ser/Ag	CA	250,000
	DC Department of Health	DC	250,000
	Delaware State Dept of Hlth & Soc Svcs	DE	250,000
	NH State Dept of Health and Human Sers	NH	250,000
	Northwest Portland Area Indian Hlth Bd	OR	250,000
	City of San Antonio Metro Health Dist	TX	250,000
	Alaska State Department of Hlth-Soc Svcs	AK	250,000
	Rhode Island State Dept of Health	RI	250,000
	Navajo Nation Division of Health	AZ	250,000
	Alaska Native Tribal Health Consortium	AK	250,000
	American Samoa Department of Health	AS	250,000
	Federated States Micronesia	FM	250,000
	Guam Department of Public Health-Soc Svc	GU	250,000
	Mille Lacs Band of Ojibwe Indians	MN	250,000
	Republic/Marshall Island Mnstry of Hlth	MH	250,000
	Montana WY Tribal Leaders Council	MT	250,000
	MT State Dept/Pub Hlth & Human Svcs	MT	250,000
	Republic of Palau Ministry of Health	PW	250,000
	Southeast Alaska Reg Hlth Consortium	AK	250,000
	Dallas County Dept/Hlth/Human Svcs	TX	249,998
	Commonwealth N Mariana Is Dept Pub Hlth	MP	249,993

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Announcements (3)	Recipient	State	Award (dollars)
	Wyoming State Department of Health	WY	248,838
	Gila River Indian Community	AZ	100,000
	Total (74 awards)		\$33,568,532
2. Competitive Program Expansion Supplement for CDC-RFA-HM08-805: Strengthen and Improve the Nation's Capacity through National, Non-profit, Professional Public Health Organizations to Increase Health Protection and Health Equity (CDC-RFA-HM08-8050402PHFF11)	National Association of City/County Health Officials	DC	\$300,000
	Total (1 award)		\$300,000
<p>Purpose (award type): To support the provision of capacity building assistance to state, tribal, local and territorial health departments that ensures performance improvement and successful adoption of best or promising practices to address key areas of public health infrastructure investments. (Supplement)</p> <p>Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to specific national, non-profit, public health professional organizations funded through the competitive funding opportunity announcement CDC-RFA-HM08-805.</p>			
3. Non-Competitive 12-month Cost Extension Supplement for CDC-RFA-HM08-8050301SUPP10: Affordable Care Act (ACA): Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance (CDC-RFA-HM08-8050401PPHF11)	National Association of City/County Health Officials	DC	\$999,400
	American Public Health Association	DC	464,400
	Public Health Foundation	DC	464,400
	National Network of Public Health Institutes	LA	464,400
	Association of State and Territorial Health Officials	VA	464,400
	Total (5 awards)		\$2,857,000
<p>Purpose (award type): To support the provision of capacity building assistance to state, tribal, local and territorial health departments that ensures performance improvement and successful adoption of best or promising practices to address key areas of public health infrastructure investments. (Supplement)</p> <p>Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to specific national, non-profit, public health professional organizations funded under CDC-RFA-HM08-8030301SUPP10 funding opportunity announcement.</p>			

Source: GAO analysis of HHS information.

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Table 20: FY 2011 Contracts, National Public Health Improvement Initiative

Recipient	Purpose	State	Award (dollars)
Deloitte Consulting, LLP	National Public Health Improvement Initiative (NPHII) Implementation Support	GA	\$1,751,979
Goodwill Industries of North Georgia	CDC Program Oversight & Implementation	GA	1,407,000
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	201,000
Total Solutions, Inc.	Administrative Support	GA	114,489
Total (4 awards)			\$3,474,468

Source: GAO analysis of HHS information.

Activity: Tobacco Prevention (Media and Quitlines)

The purpose of this activity is to raise awareness and shift key attitudes and beliefs about the harms of tobacco use and exposure to secondhand smoke in areas of the country with some of the highest rates of tobacco use prevalence.

- **Fiscal year 2010:** \$14.1 million (46 grants in two funding announcements totaling \$3.9 million and seven contracts totaling \$10.2 million)
- **Fiscal year 2011:** \$49.1 million (43 grants in two funding announcements totaling \$5.0 million and 11 contracts totaling \$44.1million)

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Table 21: FY 2010 Grants, Tobacco Prevention (Media and Quitlines)

Announcements (2)	Recipient	State	Award (dollars)
<p>1. Patient Protection and Affordable Care Act: State Supplemental Funding for Healthy Communities, Tobacco Prevention and Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System (RFA-DP09-90101SUPP10)</p> <p>Purpose (award type): To provide additional financial and programmatic assistance to strengthen the abilities of States, the District of Columbia, and eligible U.S. Territories to move towards implementing a plan 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 each year to reduce mortality and morbidity from tobacco use, and associated health care costs. (Supplement)</p> <p>Legislative Authority: Sections 301, 307, 310, and 311 of the Public Health Service Act, as amended, and the Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986, and the American Recovery and Reinvestment Act of 2009 (Recovery Act) [Public Law 111-5].</p> <p>Eligibility: Eligibility is limited to state agencies, the District of Columbia, and U.S. Territories that are funded under funding announcement DP09-901.</p>	California Department of Public Health	CA	\$240,173
	NC State Dept/Hlth & Human Services	NC	198,758
	New York State Dept of Health	NY	150,543
	Florida State Department of Health	FL	145,380
	Illinois State Dept of Public Health	IL	116,426
	Pennsylvania State Dept of Health	PA	114,853
	Ohio State Department of Health	OH	109,388
	Texas State Dept of Health Services	TX	102,360
	Michigan State Dept of Community Health	MI	101,296
	Georgia Department of Community Health	GA	100,573
	New Jersey State Dept/Health/Senior Svcs	NJ	94,802
	Virginia State Dept of Health	VA	90,557
	Washington State Department of Health	WA	84,288
	Arizona State Department of Hlth Svcs	AZ	83,936
	Massachusetts State Dept of Pub Health	MA	83,924
	Indiana State Department of Health	IN	83,048
	Tennessee State Department of Health	TN	82,395
	Missouri State Dept/ Health & Senior Srv	MO	80,807
	Maryland State Dept of Hlth/Mtl Hygiene	MD	79,325
	Wisconsin Department of Health Services	WI	79,095
	Minnesota State Dept of Health	MN	77,095
	Alabama State Dept of Public Health	AL	74,227
	Colorado State Dept/Pub Hlth & Environmt	CO	73,927
	South Carolina State Dept of Hlth/Env	SC	73,468
	Louisiana State Dept of Hlth & Hospitals	LA	73,112
	KY Cabinet for Health and Family Services	KY	72,033
	Puerto Rico Department of Health	PR	70,412
	Oregon State Public Health Division	OR	69,683
Oklahoma State Department of Health	OK	68,970	
Connecticut State Dept of Public Health	CT	68,102	
Iowa State Dept of Public Health	IA	65,476	
Arkansas State Dept of Health	AR	64,867	
Kansas State Dept of Hlth And Environmnt	KS	64,045	
Utah State Department of Health	UT	63,874	
Nevada State Dept of Hlth/Human Svcs	NV	63,169	

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Announcements (2)	Recipient	State	Award (dollars)
	New Mexico State Department of Health	NM	60,340
	West Virginia State Dept Hlth/Human Rscs	WV	59,363
	Nebraska St Dept of Health & Human Servs	NE	59,244
	Idaho State Dept of Health And Welfare	ID	57,953
	NH State Dept of Health And Human Sers	NH	56,815
	Delaware State Dept of Hlth & Soc Srvs	DE	54,445
	South Dakota State Dept of Health	SD	54,180
	Maine State Dept/Health/Human Servs	ME	53,098
	DC Department of Health	DC	53,080
	Wyoming State Department of Health	WY	52,800
	Total (45 awards)		\$3,825,705
2. Patient Protection and Affordable Health Care Act (Affordable Care Act): Pacific Islands Supplemental Funding for Five-Year US Affiliated Pacific Island Collaborative Performance Agreement for Tobacco Control, Diabetes Prevention and Control, and the Behavioral Risk Factor Surveillance System (RFA-DP09-90201SUPP10).	Guam Department of Public Health-Soc Svc	GU	\$50,000
	Total (1 award)		\$50,000

Purpose (award type): To strengthen Guam’s ability to move towards implementing a comprehensive plan to reduce tobacco use through legislative, regulatory, and educational arenas, as well to contribute to the enhancement and expansion of the national network of tobacco cessation quitlines to significantly increase the number of tobacco users who quit each year in order to reduce mortality and morbidity from tobacco use, and associated health care costs. (Supplement)

Legislative Authority: Section 301 (a), and 317 (k) (2) of the Public Health Service Act, [42 U.S.C. section 241 (a) and 247b (k) (2), as amended], and the Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986, and the American Recovery and Reinvestment Act of 2009 (Recovery Act) [Public Law 111-5].

Eligibility: Limited to Guam, which was funded under funding announcement DP09-902.

Source: GAO analysis of HHS information.

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Table 22: FY 2010 Contracts, Tobacco Prevention (Media and Quitlines)

Recipient	Purpose	State	Award (dollars)
Plowshare Group	Develop and implement a comprehensive communication and marketing plan to deliver actionable tobacco prevention information, messages, and interventions to the identified audience segments.	GA	\$8,080,000
MACRO	To provide health communications and integrated marketing strategies and database support to the Health Communications Branch, Office on Smoking and Health, NCCDPHP.	GA	1,050,000
Department of Health and Human Services	Plan, coordinate and deliver training and technical assistance to state and community health department staff and partners to support the implementation of policies leading to tobacco prevention and cessation.	MO	539,344
Plowshare Group	Develop and implement a comprehensive communication and marketing plan to deliver actionable tobacco prevention information, messages, and interventions to the identified audience segments.	GA	347,044
Deloitte Consulting, LLP	Business services support - Financial Management Office	GA	180,000
Deloitte Consulting, LLP	Business services support - Health Reform Implementation Office	GA	30,000
Deloitte Consulting, LLP	Business services support - Health Reform Implementation Office	GA	20,000
Total (7 awards)			\$10,246,388

Source: GAO analysis of HHS information.

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Table 23: FY 2011 Grants, Tobacco Prevention (Media and Quitlines)

Announcements (2)	Recipient	State	Award (dollars)
<p>1. State Supplemental Funding for Healthy Communities, Tobacco Prevention and Control, Diabetes Prevention and Control (CDC-RFA-DP09-9010201PPHF11)</p> <p>Purpose: To provide additional financial and programmatic assistance to strengthen the abilities of states, the District of Columbia, and eligible U.S. Territories that were funded under Funding Announcement DP09-901 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 each year to reduce mortality and morbidity from tobacco use, and associated health care costs. (Supplement)</p> <p>Legislative Authority: Sections 301, 307, 310, and 311 of the Public Health Service Act, as amended, and the Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986, and the American Recovery and Reinvestment Act of 2009 (Recovery Act) [Public Law 111-5].</p> <p>Eligibility: Eligibility is limited to State agencies, including the District of Columbia and U.S. Territories funded under announcement (DP09-901).</p>	California Department of Public Health	CA	\$340,245
	Texas State Dept of Health Services	TX	251,470
	New York City Health/Mental Hygiene	NY	213,269
	Florida State Department of Health	FL	205,000
	Pennsylvania State Dept of Health	PA	162,708
	Ohio State Department of Health	OH	154,966
	Michigan State Dept of Community Health	MI	143,503
	NC State Dept/Hlth & Human Services	NC	139,210
	Virginia State Dept of Health	VA	128,289
	Washington State Department of Health	WA	119,408
	Arizona State Department of Hlth Srvc	AZ	118,909
	Massachusetts State Dept of Pub Health	MA	118,894
	Indiana State Department of Health	IN	117,651
	Tennessee State Department of Health	TN	116,726
	Missouri State Dept/ Health & Senior Srv	MO	114,477
	Maryland State Dept of Hlth/Mtl Hygiene	MD	112,377
	Wisconsin Department of Health Services	WI	112,051
	Minnesota State Dept of Health	MN	109,218
	Colorado State Dept/Pub Hlth & Environmt	CO	107,458
	Alabama State Dept of Public Health	AL	105,155
	Louisiana State Dept of Hlth & Hospitals	LA	103,575
	KY Cabinet for Health and Family Services	KY	102,279
	Puerto Rico Department of Health	PR	99,750
	Oregon State Public Health Division	OR	98,711
	Oklahoma State Department of Health	OK	97,707
	Connecticut State Dept of Public Health	CT	96,478
	Iowa State Dept of Public Health	IA	92,758
	Arkansas State Dept of Health	AR	91,895
Kansas State Dept of Hlth and Environmnt	KS	91,379	
Utah State Department of Health	UT	91,130	
Nevada State Dept of Hlth/Human Svcs	NV	90,099	
New Jersey State Dept/Health/Senior Srvs	NJ	85,482	
West Virginia State Dept Hlth/Human Rscs	WV	84,098	
Idaho State Dept of Health and Welfare	ID	82,100	
NH State Dept of Health and Human Sers	NH	80,488	

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Announcements (2)	Recipient	State	Award (dollars)
	Maine State Dept/Health/Human Servs	ME	80,443
	Hawaii State Department of Health	HI	80,274
	Rhode Island State Dept of Health	RI	78,510
	Montana State Dept/Pub Hlth & Human Srvs	MT	77,939
	Delaware State Dept of Hlth & Soc Srvs	DE	77,285
	Vermont Department of Health	VT	75,365
	Wyoming State Department of Health	WY	74,800
	Total (42 awards)		\$4,923,529
2. Pacific Islands Supplemental Funding for Five-Year US Affiliated Pacific Island Collaborative Performance Agreement for Tobacco Control, Diabetes Prevention and Control (CDC-RFA-DP09-9020302PPHF11)	Guam Department of Public Health-Soc Svc	GU	\$50,000
	Total (1 award)		\$50,000

Purpose (award type): To create additional tobacco quitters, beyond what Guam has projected to achieve in Recovery Act funded programs. (Supplement)

Legislative Authority: Sections 301, 307, 310, and 311 of the Public Health Service Act, as amended, and the Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986, and the American Recovery and Reinvestment Act of 2009 (Recovery Act) [Public Law 111-5].

Eligibility: Limited to Guam health department.

Source: GAO analysis of HHS information.

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Table 24: FY 2011 Contracts, Tobacco Prevention (Media and Quitlines)

Recipient	Purpose	State	Award (dollars)
Plowshare Group, Inc.	CDC's National Tobacco Prevention and Control Public Education Campaign	GA	\$34,313,221
Plowshare Group, Inc	CDC's National Tobacco Prevention and Control Public Education Campaign	GA	3,330,978
Research Triangle Institute	Evaluation of the National Tobacco Prevention and Control Public Education Campaign	GA	2,935,310
Four Seasons Environmental, Inc.	CDC Program Oversight & Implementation	GA	816,000
Macro International Inc.	Communication, Marketing, and Database Strategies, Services and Support to the Office on Smoking and Health, Health Communications Branch	GA	702,448
Northrop Grumman	CDC Program Oversight & Implementation	GA	584,000
HHS Program Support Center	CASU Tobacco Prevention Activities	GA	527,053
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	344,355
North American Quitline Consortium	North American Quitline	GA	263,000
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	250,000
Emory University	TTAC – Competency Development Task 9	GA	37,962
Total (11 awards)			\$44,104,327

Source: GAO analysis of HHS information.

Activity: Epidemiology and Laboratory Capacity Grants

The purpose of this activity is to enhance the ability of state, local, and territorial Epidemiology and Laboratory Capacity (ELC) and EIP grantees to strengthen and integrate capacity for detecting and responding to infectious diseases and other public health threats.

- **Fiscal year 2010:** \$19.2 million (68 grants in two funding announcements)
- **Fiscal year 2011:** \$40.0 million (68 grants in two funding announcements totaling \$38.4 million and two contracts totaling \$1.6 million)

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Table 25: FY 2010 Grants, Epidemiology and Laboratory Capacity Grants

Announcements (2)	Recipient	State	Award (dollars)
<p>1. Patient Protection and Affordable Care Act, Epidemiology and Laboratory Capacity for Infectious Diseases, Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments (CDC-RFA-C110-1012)</p> <p>Purpose (award type): To assist state public health agencies improve surveillance for, and response to, infectious diseases and other public health threats by (1) strengthening epidemiologic capacity; (2) enhancing laboratory practice; (3) improving information systems; and (4) developing and implementing prevention and control strategies. (New)</p> <p>Legislative Authority: Sections 301(a) [42 U.S.C. 241(a)] and 317(k) (2) [42 U.S.C. 247b (k) (2)] of the Public Health Service Act, as amended and the Patient Protection and Affordable Care Act (PL 111-148), Title IV, Sections 4002 and 4304 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to 58 state and local public health agencies grantees who received funding through the Epidemiology and Laboratory Capacity for Infectious Diseases funding announcement C104-040.</p>	California Department of Public Health	CA	\$677,043
	Massachusetts State Dept of Pub Health	MA	598,230
	Illinois State Dept of Public Health	IL	586,815
	Texas State Dept of Health Services	TX	544,902
	Washington State Department of Health	WA	510,120
	Indiana State Department of Health	IN	493,938
	Arkansas State Dept of Health	AR	442,594
	Florida State Department of Health	FL	423,403
	Alaska State Department of Hlth-Soc Svcs	AK	413,558
	Los Angeles County Health Services Dept	CA	412,980
	Iowa State Dept of Public Health	IA	407,337
	Wisconsin Department of Health Services	WI	395,014
	KY Cabinet for Health and Family Services	KY	389,385
	New York State Dept of Health	NY	374,166
	Alabama State Dept of Public Health	AL	361,795
	Utah State Department of Health	UT	352,662
	New Jersey State Dept/Health/Senior Svcs	NJ	346,382
	New York City Health/Mental Hygiene	NY	340,392
	Colorado State Dept/Pub Hlth & Environmt	CO	327,908
	New Mexico State Department of Health	NM	326,168
	Montana State Dept/Pub Hlth & Human Svcs	MT	312,811
	Tennessee State Department of Health	TN	308,225
	Delaware State Dept of Hlth & Soc Svcs	DE	307,243
	Minnesota State Dept of Health	MN	304,209
	MS State Department of Health	MS	302,720
	Ohio State Department of Health	OH	298,394
	Rhode Island State Dept of Health	RI	296,803
	Louisiana State Dept of Hlth & Hospitals	LA	289,273
NC State Dept/Hlth & Human Services	NC	281,894	
Maine State Dept/Health/Human Servs	ME	273,410	
NH State Dept of Health And Human Sers	NH	266,217	
Missouri State Dept/ Health & Senior Srv	MO	263,260	
Kansas State Dept of Hlth and Environmnt	KS	259,936	
Idaho State Dept of Health and Welfare	ID	254,056	
Virginia State Dept of Health	VA	251,035	

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Announcements (2)	Recipient	State	Award (dollars)
	Michigan State Dept of Community Health	MI	243,670
	Hawaii State Department of Health	HI	240,142
	Oklahoma State Department of Health	OK	232,165
	Maryland State Dept of Hlth/Mtl Hygiene	MD	231,600
	South Carolina State Dept of Hlth/Env	SC	231,176
	Georgia Department of Community Health	GA	223,117
	Vermont Department of Health	VT	219,273
	Oregon State Public Health Division	OR	212,318
	City of Philadelphia Public Health Dept	PA	183,688
	Pennsylvania State Dept of Health	PA	166,089
	Wyoming State Department of Health	WY	163,444
	Puerto Rico Department of Health	PR	156,230
	Nebraska St Dept of Health & Human Servs	NE	148,500
	Connecticut State Dept of Public Health	CT	145,694
	South Dakota State Dept of Health	SD	145,267
	North Dakota State Department of Health	ND	138,776
	City of Chicago	IL	136,789
	Arizona State Department of Hlth Svcs	AZ	117,120
	West Virginia State Dept Hlth/Human Rscs	WV	96,448
	NV State Dept of Hlth/Human Svcs	NV	90,000
	Houston City Health & Human Services	TX	89,443
	Republic of Palau Ministry of Health	PW	84,773
	DC Department of Health	DC	10,000
	Total (58 awards)		\$16,700,000
2. Patient Protection and Affordable Care Act (PPACA); Emerging Infections Program (EIP); Enhancing Epidemiology and Laboratory Capacity (U01) (RFA-CI-10-003) Purpose (award type): To support state and local health departments' surveillance infrastructure through enhancement of the epidemiology and laboratory capacity of the existing Emerging Infections Program network. (New)	Minnesota State Dept Of Health	MN	\$322,544
	Georgia Department of Community Health	GA	309,358
	Colorado State Dept/Pub Hlth & Environmt	CO	295,655
	New Mexico State Department of Health	NM	256,398
	Oregon State Public Health Division	OR	255,704
	Connecticut State Dept of Public Health	CT	247,028
	Maryland State Dept of Hlth/Mtl Hygiene	MD	230,728
	New York State Dept of Health	NY	202,009
	California Department of Public Health	CA	198,869
	Tennessee State Department of Health	TN	181,707

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Announcements (2)	Recipient	State	Award (dollars)
<p>Legislative Authority: Sections 301(a) [42 U.S.C. 241(a)] and 317(k) (2) [42 U.S.C. 247b (k) (2)] of the Public Health Service Act, as amended and the Patient Protection and Affordable Care Act (PPACA) of 2010 (Public Law 111-148).</p> <p>Eligibility: Limited to ten state health departments or their bona fide agents also funded through the Emerging Infections Program funding announcements CI02-174 and CI05-026 in order to build upon the existing Emerging Infections Program infrastructure, capabilities, and activities.</p>	Total (10 awards)		\$2,500,000

Source: GAO analysis of HHS information.

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Table 26: FY 2011 Grants, Epidemiology and Laboratory Capacity Grants

Announcements (2)	Recipient	State	Award (dollars)
<p>1. Patient Protection and Affordable Care Act Epidemiology and Laboratory Capacity for Infectious Diseases Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments (CDC-RFA-C110–101202PPHF11)</p> <p>Purpose (award type): To enhance public health programs to improve health and help restrain the rate of growth of health care costs through building epidemiology, laboratory, and health information systems capacity in state and local public health departments. (Continuation)</p> <p>Legislative Authority: Public Health Service Act Sections 301(a) [42 U.S.C. 241(a)] and 317(k) (2) [42 U.S.C. 247b (k) (2)], as amended and the Patient Protection and Affordable Care Act (PL 111-148), Title IV, Sections 4002 and 4304 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to 58 state and local public health departments (or their established bona fide agents) that were 2010 grantees of Epidemiology and Laboratory Capacity for Infectious Diseases C110-1012 funding announcement.</p>	Iowa State Dept of Public Health	IA	\$1,553,629
	Utah State Department of Health	UT	1,483,303
	New York City Health/Mental Hygiene	NY	1,342,974
	Indiana State Department of Health	IN	1,250,965
	Michigan State Dept of Community Health	MI	1,088,593
	Massachusetts State Dept of Pub Health	MA	1,073,121
	Wisconsin Department of Health Services	WI	1,053,518
	NC State Dept/Hlth & Human Services	NC	1,015,354
	Alabama State Dept of Public Health	AL	987,592
	Houston City Health & Human Services	TX	930,520
	Alaska State Department of Hlth-Soc Svcs	AK	927,070
	Texas State Dept of Health Services	TX	904,754
	West Virginia State Dept Hlth/Human Rscs	WV	901,911
	Minnesota State Dept of Health	MN	860,220
	Florida State Department of Health	FL	814,429
	IL State Dept of Public Health	IL	744,130
	New Mexico State Department of Health	NM	739,137
	Los Angeles County Health Services Dept	CA	727,894
	Colorado State Dept/Pub Hlth & Environmt	CO	725,559
	Virginia State Dept of Health	VA	694,767
	Maine State Dept/Health/Human Servs	ME	692,911
	Rhode Island State Dept of Health	RI	666,375
	Washington State Department of Health	WA	663,520
	NH State Dept of Health and Human Sers	NH	654,040
	Georgia Department of Community Health	GA	636,979
	Kansas State Dept of Hlth and Environmnt	KS	633,447
	Nebraska St Dept of Health & Human Servs	NE	622,123
	Ohio State Department of Health	OH	617,083
Vermont Department of Health	VT	602,431	
Arkansas State Dept of Health	AR	575,549	
Tennessee State Department of Health	TN	570,146	
Mississippi State Department of Health	MS	558,601	
KY Cabinet for Health and Family Services	KY	540,272	
New Jersey State Dept/Health/Senior Svcs	NJ	507,324	
NY State Dept of Health	NY	487,947	

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Announcements (2)	Recipient	State	Award (dollars)
	MT State Dept/Pub Hlth & Human Svcs	MT	462,058
	NV State Dept of Hlth/Human Svcs	NV	461,153
	South Caronia State Dept of Hlth/Env	SC	459,589
	South Dakota State Dept of Health	SD	444,845
	Maryland State Dept of Hlth/Mtl Hygiene	MD	441,204
	Delaware State Dept of Hlth & Soc Svcs	DE	427,619
	Arizona State Department of Hlth Svcs	AZ	422,586
	Oregon State Public Health Division	OR	414,936
	Connecticut State Dept of Public Health	CT	406,836
	Louisiana State Dept of Hlth & Hospitals	LA	398,630
	City of Philadelphia Public Health Dept	PA	355,230
	DC Department of Health	DC	346,006
	Oklahoma State Department of Health	OK	295,015
	Puerto Rico Department of Health	PR	294,511
	Missouri State Dept/ Health & Senior Srv	MO	291,326
	Wyoming State Department of Health	WY	229,436
	Idaho State Dept of Health and Welfare	ID	228,448
	CA Department of Public Health	CA	156,034
	Pennsylvania State Dept of Health	PA	159,835
	North Dakota State Department of Health	ND	108,848
	Republic of Palau Ministry of Health	PW	69,283
	Hawaii State Department of Health	HI	40,000
	City of Chicago	IL	38,383
	Total (58 awards)		\$35,799,999
2. Patient Protection and Affordable Care Act, Emerging Infections Programs, Enhancing Epidemiology and Laboratory Capacity (CDC-RFA-C110-00302PPHF11)	Minnesota State Dept of Health	MN	\$313,593
	Tennessee State Department of Health	TN	307,413
	New York State Dept of Health	NY	300,477
	Connecticut State Dept of Public Health	CT	296,877
	Oregon State Public Health Division	OR	268,693
	New Mexico State Department of Health	NM	254,826
	Maryland State Dept of Hlth/Mtl Hygiene	MD	239,195
	Georgia Department of Community Health	GA	235,911
	Public Health Foundation Enterprises, Inc	CA	216,149
	Colorado State Dept/Pub Hlth & Environmt	CO	166,864
	Total (10 awards)		\$2,599,998

Purpose (award type): To support state and local health departments' surveillance infrastructure through enhancement of the epidemiology and laboratory capacity of the existing EIP network. (Continuation)

Legislative Authority: Public Health Service Act Sections 301(a) [42 U.S.C. 241(a)] and 317(k) (2) [42 U.S.C. 247b (k) (2)], as amended and the Patient Protection and Affordable Care Act (PPACA) (Public Law 111-148), Title IV, Sections 4002 and 4304 (Prevention and Public Health Fund).

Eligibility: Limited to state health department (or their bona fide agents) grantees funded under funding announcement C110-003.

Source: GAO analysis of HHS information.

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Table 27: FY 2011 Contracts, Epidemiology and Laboratory Capacity Grants

Recipient	Purpose	State	Award (dollars)
Booz Allen Hamilton Inc.	CDC Program Oversight & Implementation	GA	\$1,400,000
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	200,000
Total (2 awards)			\$1,600,000

Source: GAO analysis of HHS information.

Activity: Coordinated Chronic Disease Prevention Program

The purpose of this activity is to establish or strengthen Chronic Disease Prevention and Health Promotion programs within state health departments, to provide leadership and coordination, support development, implementation, and evaluation of CDC funded Chronic Disease and Health Promotion programs. The focus is on the top five leading chronic disease causes of death and disability (i.e., heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$51.5 million (75 grants in three funding announcements totaling \$49.8 million and two contracts totaling \$1.7 million)

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Table 28: FY 2011 Grants, Coordinated Chronic Disease Prevention Program

Announcements (3)	Recipient	State	Award (dollars)
1. Prevention and Public Health Fund Coordinated Chronic Disease Prevention and Health Promotion Program (CDC-RFA-DP09-9010301PPHF11)	California Department of Public Health	CA	\$1,915,243
	Texas State Dept of Health Services	TX	1,509,549
	New York State Dept of Health	NY	1,290,563
Purpose (award type): To establish or strengthen Chronic Disease Prevention and Health Promotion Programs within State Health Departments, to provide leadership and coordination, support development, implementation and evaluation of CDC funded Chronic Disease Prevention and Health Promotion programs, focusing on the top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, in order to increase efficiency and impact of categorical diseases and risk factor prevention programs, including, but not limited to heart disease, cancer prevention and control, stroke, arthritis, diabetes, nutrition, physical activity and obesity. (Supplement)	Florida State Department of Health	FL	1,182,915
	ASTDHPPE	DC	1,128,816
	Ohio State Department of Health	OH	933,930
	Pennsylvania State Dept of Health	PA	930,987
	NC State Dept/Hlth & Human Services	NC	911,104
	Georgia Department of Community Health	GA	898,871
	Michigan State Dept of Community Health	MI	883,445
	Arizona State Department of Hlth Srvc	AZ	842,629
	Missouri State Dept/ Health & Senior Srv	MO	784,312
	Mississippi State Department of Health	MS	778,962
	Illinois State Dept of Public Health	IL	778,232
	Tennessee State Department of Health	TN	775,664
	Louisiana State Dept of Hlth & Hospitals	LA	763,822
	Virginia State Dept of Health	VA	763,407
	Massachusetts State Dept of Pub Health	MA	757,121
	New Jersey State Dept/Health/Senior Srvs	NJ	748,849
	KY Cabinet For Health and Family Services	KY	748,295
	Washington State Department of Health	WA	748,177
	Alabama State Dept of Public Health	AL	715,499
	Wisconsin Department of Health Services	WI	697,830
	South Carolina State Dept of Hlth/Env	SC	690,357
	Oklahoma State Department of Health	OK	682,853
	Oregon State Public Health Division	OR	682,598
	Maryland State Dept of Hlth/Mtl Hygiene	MD	673,446
Arkansas State Dept of Health	AR	672,980	
Colorado State Dept/Pub Hlth & Environmt	CO	672,949	
New Mexico State Department of Health	NM	665,704	
Minnesota State Dept of Health	MN	651,463	
Kansas State Dept of Hlth And Environmnt	KS	639,334	
DC Department of Health	DC	626,219	
Indiana State Department of Health	IN	600,000	
Iowa State Dept of Public Health	IA	600,000	

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Announcements (3)	Recipient	State	Award (dollars)
	West Virginia State Dept Hlth/Human Rscs	WV	600,000
	Nevada State Dept of Hlth/Human Svcs	NV	583,865
	Connecticut State Dept of Public Health	CT	569,287
	Rhode Island State Dept of Health	RI	559,000
	Montana State Dept/Pub Hlth & Human Svcs	MT	554,321
	Utah State Department of Health	UT	552,360
	Maine State Dept/Health/Human Servs	ME	551,920
	Nebraska St Dept of Health & Human Servs	NE	534,440
	Idaho State Dept of Health And Welfare	ID	530,612
	Delaware State Dept of Hlth & Soc Svcs	DE	505,981
	North Dakota State Department of Health	ND	502,238
	Puerto Rico Department of Health	PR	491,271
	Vermont Department of Health	VT	479,632
	Alaska State Department of Hlth-Soc Svcs	AK	479,112
	NH State Dept of Health and Human Sers	NH	463,729
	South Dakota State Dept of Health	SD	453,480
	Hawaii State Department of Health	HI	445,130
	Wyoming State Department of Health	WY	411,507
	Total (53 awards)		\$38,614,010
2. Prevention and Public Health Fund Pacific Islands Coordinated Chronic Disease Prevention and Health Promotion Program (CDC-RFA-DP09-9020303PPHF-11)	Guam Department of Public Health-Soc Svc	GU	\$213,280
	American Samoa Department of Health	AS	204,846
	Federated States Micronesia	FM	207,868
	Republic/Marshall Island Mnstry of Hlth	MH	204,836
	Commonwealth N Mariana Is Dept Pub Hlth	MP	203,745
	Republic of Palau Ministry of Health	PW	199,599
	Total (6 awards)		\$1,234,174

Purpose (award type): To establish or strengthen Chronic Disease Prevention and Health Promotion Programs within Territory Health Departments, to provide leadership and coordination, support development, implementation and evaluation of CDC funded Chronic Disease Prevention and Health Promotion programs, focusing on the top five leading chronic disease causes of death and disability (e.g. heart disease, cancer, stroke, diabetes, and arthritis) and their associated risk factors, in order to increase efficiency and impact of categorical diseases and risk factor prevention programs, including, but not limited to heart disease, cancer prevention and control, stroke, arthritis, diabetes, nutrition, physical activity and obesity. (Supplement)

Legislative Authority: Sections 4002 of the Affordable Care Act and 301(a) and 317(k) (2) of the Public Health Service Act (PHS Act), 42 U.S.C. 241(a) and 247b (k)(2).

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Announcements (3)	Recipient	State	Award (dollars)
Eligibility: Limited to health departments of U.S. Territories or their Bona Fide Agent, American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Palau and Northern Mariana Islands. Eligibility is also limited to Grantees currently funded under DP09-902 Affiliated Pacific Island Collaborative Performance Agreement.			
<p>3. Nutrition, Physical Activity and Obesity Program (CDC-RFA-DP08-805)</p> <p>Purpose (award type): To improve healthful eating and physical activity to prevent and control obesity and other chronic diseases by building and sustaining statewide capacity, and implementing population based strategies and interventions. (New)</p> <p>Legislative Authority: Section 317 (k)(2) of the Public Health Service Act, [42 U.S.C. section 247b(k)(2), as amended].</p> <p>Eligibility: State health departments and their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).</p>	Massachusetts State Dept of Pub Health	MA	\$900,137
	Washington State Department of Health	WA	842,927
	Iowa State Dept of Public Health	IA	782,031
	Rhode Island State Dept of Health	RI	735,819
	New Jersey State Dept/Health/Senior Svcs	NJ	726,377
	South Carolina State Dept of Hlth/Env	SC	695,145
	Wisconsin Department of Health Services	WI	683,659
	California Department of Public Health	CA	657,358
	Nebraska St Dept of Health & Human Servs	NE	653,178
	Texas State Dept of Health Services	TX	631,161
	Georgia Department of Community Health	GA	597,369
	Arizona State Dept of Health	AR	579,957
	NH State Dept of Health and Human Sers	NH	445,500
	Utah State Department of Health	UT	416,324
	Tennessee State Department of Health	TN	335,754
	Indiana State Department of Health	IN	317,304
Total (16 awards)			\$10,000,000

Source: GAO analysis of HHS information.

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Table 29: FY 2011 Contracts, Coordinated Chronic Disease Prevention Program

Recipient	Purpose	State	Award (dollars)
Four Seasons Environmental	CDC Program Oversight & Implementation	GA	\$1,490,000
Deloitte Consulting	CDC Program Oversight & Implementation	GA	200,000
Total (2 awards)			\$1,690,000

Source: GAO analysis of HHS information.

Activity: CDC Healthcare Surveillance and Statistics

The purpose of this activity is to support the efforts of CDC programs including: Health Information Exchange, Enhancing Healthcare Data Access and Use and Health Service Research Capacity, National Health and Nutrition Examination Survey, Public Health Surveillance Program Office—National Center for Health Statistics Centers for Medicare and Medicaid Services Data Project, National Health Interview Survey, National Youth Fitness Survey, and Behavioral Risk Factor Surveillance System.

- **Fiscal year 2010:** \$19.4 million (two grants in two funding announcements totaling \$0.7 million and 12 contracts totaling \$18.7 million)
- **Fiscal year 2011:** \$29.5 million (13 contracts)

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Table 30: FY 2010 Grants, CDC Healthcare Surveillance and Statistics

Announcements (2)	Recipient	State	Award (dollars)
1. American Recovery and Reinvestment Act of 2009: Communities Putting Prevention to Work (CDC-RFA-DP09-912ARRA09)	Arkansas State Dept of Health	AR	\$200,770
	Total (1 award)		\$200,770
<p>Purpose (award type): To create healthier communities through sustainable, proven, population-based approaches such as broad-based policy, systems, organizational and environmental changes in communities and schools. (New)</p> <p>Legislative Authority: Section 311 and 317(k)(2) of the Public Health Service Act, 42 U.S. Code 243 and 247b(k)2.</p> <p>Eligibility: State and local health departments or bona fide agencies, federally recognized tribal governments, regional area Indian health boards, urban Indian organizations, and inter-tribal councils. For this funding announcement, the term “states” includes the 50 states, the Commonwealth of Puerto Rico, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.</p>			
2. Cancer Prevention and Control Activities (CDC-RFA-DP08-814)	American Cancer Society	GA	\$499,582
	Total (1 award)		\$499,582
<p>Purpose (award type): To assist with developing and disseminating current national, state, and community-based comprehensive information on cancer prevention, early detection, diagnosis, treatment, and survivorship; developing and disseminating professional education programs; promoting the analysis and development of evaluation, surveillance and research data, and its translation into public health messages, practice and programs; and, facilitating the exchange of expertise and coordination of programmatic efforts related to cancer prevention and control among a variety of public, private, and not-for-profit agencies at the national, state, tribal, territory and community level. (New)</p> <p>Legislative Authority: Sections 301(a), 317(k)(2) of the Public Health Service Act, [42 U.S.C. 241(a) and 247b(k)(2)], as amended.</p> <p>Eligibility: National public and private nonprofit organizations and faith based organizations.</p>			

Source: GAO analysis of HHS information.

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Table 31: FY 2010 Contracts, CDC Healthcare Surveillance and Statistics

Recipient	Purpose	State	Award (dollars)
US Census Bureau	Enhancing National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) data on preventive services through computerized collection of NAMCS and NHAMCS data through induction interviews for providers.	MD	\$5,782,500
US Census Bureau	Enhancing National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) data on preventive services through computerized collection of NAMCS and NHAMCS data through induction interviews for providers.	MD	4,053,529
US Census Bureau	Conduct the National Health Interview Survey 2010 through data collection of approximately 64,000 assigned households using trained National Health Interview Survey field representatives.	MD	2,975,000
SciMetricka	Demonstrating public health utility of health data sources through a 2-yr research study to establish utility of healthcare surveillance purposes of alternative health data sources	GA	1,976,536
Agilex Technologies	Conduct a 2-year research study to estimate the relative or cumulative value of improvement in morbidity or deaths prevented by increasing the use of clinical preventive services in entire populations	GA	850,696
SciMetricka	Demonstrating public health utility of health data sources through a 2-yr research study to establish utility of healthcare surveillance purposes of alternative health data sources	GA	745,000
Buccaneer Computer Systems	Expand the analytic utility of CMS data for research at NCHS to support newly emerging health care reform priorities, and expand the availability of CMS data for tracking the provision, use, effectiveness, and impact of primary and secondary preventative healthcare services and surveillance of selected health outcomes	VA	649,710
Westat Inc.	Provide services to complete all activities required for data collection at a primary sampling unit (PSU) component of the National Health and Nutrition Examination Survey program during Partition 4 of the data collection plan.	MD	596,000
Deloitte Consulting, LLP	Business services support - Financial Management Office	GA	499,982
Global Evaluation & Applied Research Solutions	Support for National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) through data programming and processing tasks in conjunction with the development, implementation, and maintenance of computerized data collection systems for NAMCS and NHAMCS in the Division of Health Care Statistics (DHCS)	GA	296,472
Global Evaluation & Applied Research Solutions	Support for National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) through data programming and processing tasks in conjunction with the development, implementation, and maintenance of computerized data collection systems for NAMCS and NHAMCS in the Division of Health Care Statistics (DHCS)	GA	217,500
Deloitte Consulting, LLP	Business services support - Health Reform Implementation Office	GA	61,235
Total (12 awards)			\$18,704,160

Source: GAO analysis of HHS information.

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Table 32: FY 2011 Contracts, CDC Healthcare Surveillance and Statistics

Recipient	Purpose	State	Award (dollars)
US Census Bureau, Demographic Surveys Division	NHIS Healthcare Reform Monitoring	GA	\$10,900,000
US Census Bureau	Support Services for the National Health Care Surveys – Census	MD	10,571,195
Agilex Technologies, Inc.	States, Communities, and Health Information Exchanges for Prevention and Public Health	GA	2,789,133
Research Triangle Institute	Leveraging Beacon Communities' Experience in Health Information Exchange for Public and Population Health	GA	1,417,390
Goodwill Industries of North Georgia	CDC Program Oversight & Implementation	GA	1,050,000
Johns Hopkins University Applied Physics Laboratory	Enhancing Healthcare Data Access and Use and Health Service Research Capacity	GA	598,523
Global Evaluation & Applied Research Solutions (GEARS)	Support Services for the National Health Care Surveys – GEARS	MD	531,795
International Society for Disease	Developing Business and Infrastructure Requirements for Syndromic Surveillance using Clinical Data from Health Information Exchanges	GA	449,934
Social & Scientific Systems, Inc.	Health Indicators Warehouse	MD	291,000
Systems Research and Applications Corporation	Support Services for the National Health Care Surveys – SRA	MD	287,010
Westat, Inc.	Trailer refurbishment	MD	250,000
Westat, Inc.	Physical Activity and Fitness Feasibility Study	MD	240,000
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	150,000
Total (13 awards)			\$29,525,980

Source: GAO analysis of HHS information.

Activity: ARRA: Communities Putting Prevention to Work

The purpose of this activity is to address two of the leading preventable causes of death and disability, obesity and tobacco use, through the locally driven initiative Communities Putting Prevention to Work.

- **Fiscal year 2010:** \$35.0 million (nine grants in one funding announcement totaling \$29.0 million and eight contracts totaling \$6.0 million)
- **Fiscal year 2011:** None

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Table 33: FY 2010 Grants, ARRA: Communities Putting Prevention to Work

Announcement	Recipients	State	Award (dollars)
<p>American Recovery and Reinvestment Act (Recovery Act): Communities Putting Prevention to Work: State Competitive Supplemental Funding for Behavioral Risk Factor Surveillance System (CDC-RFA-DP09-90102-ARRA09)</p> <p>Purpose (award type): To provide state health departments with resources to collect BRFSS baseline and follow up data from communities funded under Communities Putting Prevention to Work funding announcement, CDC-RFA-DP09-912ARRA09. (Supplement)</p> <p>Legislative Authority: Sections 301, 307, 310, and 311 of the Public Health Service Act, as amended, and the Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986, and the American Recovery and Reinvestment Act of 2009 (Recovery Act) Public Law 111-5.</p> <p>Eligibility: Limited to 30 state health departments and the District of Columbia that are funded under Communities Putting Prevention to Work funding announcement, CDC-RFA-DP09-912ARRA09.</p>	City of Chicago	IL	\$5,800,000
	Pinellas County Health Dept	FL	4,350,000
	Southern Nevada Health District	NV	3,800,000
	County of Santa Clara	CA	3,600,000
	NC State Dept/Hlth & Human Services	NC	3,200,000
	Alabama State Dept of Public Health	AL	2,500,000
	Dekalb County Board of Public Health	GA	2,350,000
	Arkansas State Dept of Health	AR	1,800,000
	South Carolina State Dept of Hlth/Env	SC	1,606,981
	Total (9 awards)		\$29,006,981

Source: GAO analysis of HHS information.

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Table 34: FY 2010 Contracts, ARRA: Communities Putting Prevention to Work

Recipient	Purpose	State	Award (dollars)
MACRO	Training Resource Center for community action	GA	\$2,584,665
MACRO	Support multiple evaluation components of the Communities Putting Prevention to Work initiative in communities and states.	GA	1,748,195
Northrop Grumman	Software development, integration of applications, web development, and maintenance of the infrastructure to support systems. The contractor will provide systems support and studies for research activities related to public health practice and research.	GA	500,000
Research Triangle Institute	Communities Putting Prevention to Work (CPPW) is to implement supportive policies, systems, and environments that will drive changes in behaviors to reduce risk factors, prevent/delay chronic diseases, promote wellness in children and adults, and provide positive sustainable health changes in communities.	GA	398,900
McKing Consulting	Management Consultation and Technical Assistance Services in Support of the Nutrition, Physical Activity and Obesity Programs.	GA	349,993
Research Triangle Institute	To customize a system dynamic evaluation model to project the impact policy, systems, and governmental changes in the approximately 44 Communities Putting Prevention to Work (CPPW) initiative and the 8 additional communities funded through the Affordable Care Act.	GA	195,488
GMI & DESA JOINT VENTURE	Contribute to the national agenda for obesity prevention and control	GA	190,000
Northrop Grumman	Support all aspects of full lifecycle application systems development and maintenance on a variety of platforms including mainframe, client server, and web; architecture and infrastructure design to support enterprise application software services including hardware/software/network design and implementation; database design, application development and support; data management and security controls; quality assurance, test and control functions; and technical communication, consultation and information support.	GA	9,000
Total (8 awards)			\$5,976,241

Source: GAO analysis of HHS information.

Activity: Environmental Public Health Tracking

The purpose of this activity is to establish and maintain a nationwide tracking network to collect, integrate, analyze, and translate health and environmental data for use in public health practice and policy development. This activity is designed to build environmental public health surveillance (tracking) capacity in additional state and local health departments by enhancing infrastructure, data, partnerships, and workforce.

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- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$30.8 million (30 grants in five funding announcements totaling \$22.8 million and contracts totaling \$8.0 million)

Table 35: FY 2011 Grants, Environmental Public Health Tracking

Announcements (5)	Recipient	State	Award (dollars)
1. National Environmental Public Health Tracking Program (CDC-RFA-EH09-907)	Missouri State Dept/ Health & Senior Srv	MO	\$1,100,000
	New Mexico State Department of Health	NM	1,100,000
2. National Environmental Public Health Tracking Program-Network Implementation (CDC-RFA-EH11-1103)	Oregon State Public Health Division	OR	1,100,000
	Utah State Department of Health	UT	1,100,000
Purpose (award type): To establish and maintain a nationwide tracking network to obtain integrated health and environmental data and use it to provide information in support of actions that improve the health of communities. The program also aims to build state and local public health capacity in the area of environmental health surveillance. (New and Continuation) Legislative Authority: Sections 311 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 243 and 247b(k)(2)] as amended. Eligibility: For CDC-RFA-EH09-907, federally recognized or state-recognized American Indian/Alaska Native tribal governments, state and local governments or their Bona Fide Agents, and political subdivisions of states; and for CDC-RFA-EH11-1103, state and local government health departments, or their Bona Fide Agents, which were originally selected through a competitive award process under CDC Program Announcement CDC-RFA-EH06-601 of 2006 – National Environmental Public Health Tracking Program- Network Implementation.	Wisconsin Department of Health Services	WI	1,100,000
	California Department of Public Health	CA	1,099,998
	New York State Dept of Health	NY	1,099,995
	New York City Health/Mental Hygiene	NY	1,099,894
	Washington State Department of Health	WA	1,099,121
	Massachusetts State Dept of Pub Health	MA	1,073,968
	Maryland State Dept of Hlth/Mtl Hygiene	MD	1,047,251
	Maine State Dept/Health/Human Servs	ME	1,004,719
	Florida State Department of Health	FL	963,629
	Minnesota State Dept of Health	MN	875,000
	South Carolina State Dept of Hlth/Env	SC	862,000
	Pennsylvania State Dept of Health	PA	815,858
	New Jersey State Dept/Health/Senior Srvs	NJ	795,691
	Vermont Department of Health	VT	753,411
	Connecticut State Dept of Public Health	CT	722,000
	NH State Dept of Health and Human Sers	NH	715,892
	Louisiana State Dept of Hlth & Hospitals	LA	678,510
	Colorado State Dept/Pub Hlth & Environmt	CO	656,802
	Kansas State Dept of Hlth and Environmnt	KS	577,596
	Iowa State Dept of Public Health	IA	370,273
Total (24 awards)			\$21,811,608

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Announcements (5)	Recipient	State	Award (dollars)
3. Non-Competitive 12-month Cost Extension Supplement for CDC-RFA-HM08-8050301SUPP10: Affordable Care Act (ACA): Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance (CDC-RFA-HM08-8050401PPHF11)	Council of State and Territorial Epidemiologists	GA	\$250,000
	Association of State and Territorial Health Officials	VA	235,000
	National Association of City/County Health Officials	DC	150,400
	American Public Health Association	DC	100,000
Purpose (award type): To support the provision of capacity building assistance to state, tribal, local and territorial health departments that ensures performance improvement and successful adoption of best or promising practices to address key areas of public health infrastructure investments. (Supplement)	Total (4 awards)		\$735,400
Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).			
Eligibility: Limited to specific national, non-profit, public health professional organizations funded through the competitive funding opportunity, CDC-RFA-HM08-8030301SUPP10.			
4. National Environmental Public Health Tracking Program National Association for Health Data Organizations (CDC-RFA-EH10-1003)	Nat. Assoc. of Health Data Orgs.	UT	\$124,995
Purpose (award type): To continue a partnership with the National Association of Health Data Organizations. (Continuation)	Total (1 award)		\$124,995
Legislative Authority: Section 317(k) (2) of the Public Health Service Act, [42 U.S.C Section 247b(k)(2)], as amended.			
Eligibility: Limited to the National Association of Health Data Organizations.			
5. National Environmental Public Health Tracking Program National Association for Public Health Statistics and Information Systems (CDC-RFA-EH10-1004)	NAPHSIS	MD	\$125,000
Purpose (award type): To promote collaboration among vital records, health statistics, and health information systems professionals to provide environmental and health data information to public health practitioners, policy makers, and the public. (Continuation)	Total (1 award)		\$125,000
Legislative Authority: Section 311 and 317 (k)(2) of the Public Health Service Act, [42 U. S. C. Section 243 and 247b(k)(2)] as amended.			
Eligibility: Limited to the National Association for Public Health Statistics and Information Systems.			

Source: GAO analysis of HHS information.

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Table 36: FY 2011 Contracts, Environmental Public Health Tracking

Recipient	Purpose	State	Award (dollars)
TKC Global	IT Support - TKC Global	GA	\$1,489,663
Battelle	IT Support - Battelle IT	GA	1,260,000
Battelle memorial Institute	IT Support - Battelle (DM)	GA	808,600
University of California, Berkeley	Environmental Public Health Tracking Program	CA	612,144
GSA/FAS/4TRE	Information technology, data management, and support services for surveillance public health activities	GA	574,869
Healthy Housing Solutions, Inc.	Tobacco Control: Adoption, Health Impact	GA	399,999
University of Illinois-Chicago	Environmental Public Health Tracking Program	IL	353,354
University of Medicine and Dentistry – New Jersey	Environmental Public Health Tracking Program	NJ	297,197
The Regents of The University of California	Environmental Public Health Tracking Program	CA	292,318
GSA/FAS/4TRE	Development of a Climate Change Module to track predictors, responses and public health consequences of climate	GA	263,895
NASA	Return On Investment	GA	225,000
University of Pittsburgh	Environmental Public Health Tracking Program	PA	223,838
University of Utah	Academic Partners - Schools of Public Health	UT	221,721
University of Pittsburgh	Environmental Public Health Tracking Program	PA	197,022
Booz Allen Hamilton Inc.	GRASP	GA	185,000
GSA/FAS/4TRE	Air Pollution and Respiratory Health Branch National Asthma Control Program Workgroups	GA	154,225
SMITHKLINE BEECHAM CORPORATION	Environmental Tracking	GA	153,607
Emory University	Field Test/Training Exercise	GA	146,394
PRR, Inc.	Health Marketing Communication	GA	96,075
Various - Emory University, JP Morgan Chase, Northrop Grumman	Contracts <\$25K	GA	65,101
Total			\$8,020,022

Source: GAO analysis of HHS information.

Activity: Public Health Workforce

The purpose of this activity is to help ensure a prepared, diverse, sustainable public health workforce. PPHF funding leverages critical workforce development activities supported with CDC’s core budget.

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- **Fiscal year 2010:** \$ 4.7 million (four grants in one funding announcement totaling \$0.8 million and 17 contracts totaling \$3.8 million)
- **Fiscal year 2011:** \$18.5 million (four grants in two funding announcements totaling \$4.7 million and 27 contracts totaling \$13.8 million)

Table 37: FY 2010 Grants, Public Health Workforce

Announcement	Recipient	State	Award (dollars)
Competitive Supplement to CDC-RFA-HM08-805: Strengthen and Improve the Nation's Capacity through National, Non-profit, Professional Public Health Organizations to Increase Health Protection and Health Equity (CDC-RFA-HM08-8050301SUPP10)	Council of State and Territorial Epidemiologists	GA	\$335,000
	Dekalb County Board of Public Health	GA	250,000
	Public Health Foundation	DC	172,000
	Association of State and Territorial Health Officials	VA	75,000
	Total (4 awards)		
<p>Purpose (award type): To support the provision of capacity building assistance to state, tribal, local and territorial health departments that ensures successful adoption of best or promising practices to address key areas of public health infrastructure investments. (Supplement)</p> <p>Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to national, non-profit, and public health professional organizations funded through the competitive funding announcement CDC-RFA-HM08-805.</p>			

Source: GAO analysis of HHS information.

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Table 38: FY 2010 Contracts, Public Health Workforce

Recipient	Purpose	State	Award (dollars)
Office of Personnel Management	PHAP Management & Operations Support	GA	\$1,700,860
Deloitte Consulting, LLP	Evaluation/Education/Curriculum Development (All Fellowships)	GA	912,705
Chickasaw Adv	IT/informatics Nees/EIS Secure Website	GA	264,220
Deloitte Consulting, LLP	Evaluation/Education/Curriculum Development (All Fellowships)	GA	199,605
Chickasaw Adv	Sr. Health Communication Specialist	GA	118,694
Chickasaw Adv	Public Health Analyst (All Fellowships)	GA	116,274
Chickasaw Adv	Public Health Advisor (PHPS)	GA	107,192
Annual EIS Conference Support	Administrative and Logistical Support to the Public Health Apprentice Program	GA	70,000
Chickasaw Adv	Health Comm Specialist I (All Fellowships)	GA	56,371
Chickasaw Adv	Web Developer I (All Fellowships)	GA	54,428
Midtown Personnel	Administrative Assistant III (PHPS)	GA	42,148
Emory University	Public Health Instructor	GA	39,798
Chickasaw Adv	Health Comm Specialist I (All Fellowships)	GA	37,079
Chickasaw Adv	Health Comm Specialist II (All Fellowships)	GA	35,015
Deloitte Consulting, LLP	Business services support - Health Reform Implementation Office	GA	30,000
Deloitte Consulting, LLP	Web Developer II (All Fellowships)	GA	29,530
Chickasaw Adv	Program Assistant (EIS)	GA	14,564
Total (17 awards)			\$3,828,483

Source: GAO analysis of HHS information.

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Table 39: FY 2011 Grants, Public Health Workforce

Announcements (2)	Recipient	State	Award (dollars)
1. Association of Public Health Laboratories Cooperative Agreement (CDC-RFA-HM10-1001)	Association of Public Health Laboratories	MD	\$1,000,000
Purpose (award type): To enhance the work of public health laboratories in the U.S. and abroad, to promote quality public health laboratory practice, improve public health laboratory infrastructure, strengthen the public health laboratory system, and to develop a well-trained public health laboratory workforce in the U.S. and globally. Also, to ensure laboratory preparedness for emerging infectious diseases or other biologic and chemical public health threats, promote technology transfer to ensure up-to-date technologies for the testing laboratory, and enhance communication linkages between state and local public health laboratories and the clinical laboratory testing community. (New)	Total (1 award)		\$1,000,000
Legislative Authority: Sections 307 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. 242l and 247b (k)(2), as amended].			
Eligibility: Limited to the Association of Public Health Laboratories.			
2. Non-Competitive 12-month Cost Extension Supplement for CDC-RFA-HM08-8050301SUPP10: Affordable Care Act (ACA): Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance (CDC-RFA-HM08-8050401PPHF11) and Competitive Program Expansion Supplement for CDC-RFA-HM08-805: Strengthen and Improve the Nation's Capacity through National, Non-profit, Professional Public Health Organizations to Increase Health Protection and Health Equity (CDC-RFA-HM08-8050402PHFF11)	Council of State And Territorial Epidemiologists	GA	\$3,096,706
Purpose (award type): To support the provision of capacity building assistance to state, tribal, local and territorial health departments that ensures performance improvement and successful adoption of best or promising practices to address key areas of public health infrastructure investments. (Supplement)	Association of State and Territorial Health Officials	VA	412,920
Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), (Prevention and Public Health Fund).	Public Health Foundation	DC	172,000
Eligibility: Limited to specific national, non-profit, public health professional organizations also funded through the funding opportunity CDC-RFA-HM08-80301SUPP10 and the competitive funding opportunity CDC-RFA-HM08-805.	Total (3 awards)		\$3,681,626

Source: GAO analysis of HHS information.

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Table 40: FY 2011 Contracts, Public Health Workforce

Recipient	Purpose	State	Award (dollars)
Scimetrika, LLC	PHPS Field Residency and Expanded Training	GA	\$2,531,027
Emory University Southeastern Institute for Training and Evaluation	Program Management Support – OPM IAA Strategic Human Resource Planning and Implementation to Improve Human Capital and Enterprise	GA	2,357,192
Scimetrika, LLC	Post EIS Practicum (PEP)	GA	1,759,097
Deloitte Consulting LLP	Education and Evaluation Consultation for SEPDPPO Fellowship Programs	GA	1,641,587
Deloitte Consulting LLP	Fellowship Management System	GA	1,361,629
Emergint Technologies, Inc.	IT Support for SEPDPPO	GA	766,612
Chickasaw Advisory Services, LLC	E Learning Expansion (Training, Education and Communication Support)	GA	739,599
Booz Allen Hamilton Inc.	CDC Program Oversight & Implementation	GA	500,000
Deloitte Consulting, LLP	CIMS Task Order Fellowship Management System	GA	205,000
DB Consulting Group, Inc.	Workforce Enumeration Project	GA	197,222
Chickasaw Advisory Services, LLC	Contractor for Informatician Job Classification Project	GA	148,845
Emergint Technologies, Inc.	Online Learning Development	GA	142,196
Chickasaw Advisory Services, LLC	Management Analyst	GA	134,880
Total Solutions, Inc.	Administrative Assistant	GA	126,917
Chickasaw Advisory Services, LLC	Web Developer/Master II	GA	124,937
Chickasaw Advisory Services, LLC	Half-time Health Communication Specialist II (1/2 time) (SW)	GA	124,937
Dell Services Federal Government, Inc.	IT Support	GA	120,000
Chickasaw Advisory Services, LLC	Web Developer	GA	116,858
Chickasaw Advisory Services, LLC	Health Communication Specialist I (MPR)	GA	116,758
Chickasaw Advisory Services, LLC	Health Communication Specialist I (SN)	GA	112,781
Chickasaw Advisory Services, LLC	Public Health Advisor	GA	111,165
Chalk And Wire	Commercial software for assessment of learning outcome (COTS Portfolio)	GA	82,915
Corporate Temps Inc	Administrative Assistant II	GA	79,738
Chickasaw Advisory Services, LLC	Program Assistant	GA	78,519
Chickasaw Advisory Services, LLC	Half-time Health Communication Specialist II	GA	62,452
Ashlin Management Group, Inc.	Tech Support for SEPDPPO	GA	28,954
Professional and Scientific Associates, Inc.	PSA Training Order - Emory University Southeastern Institute for Training and Evaluation	GA	24,631
Total (27 awards)			\$13,796,447

Source: GAO analysis of HHS information.

Activity: HIV/AIDS

The purpose of this activity is to support demonstration projects to identify and implement a “combination approach” to enhance effective HIV prevention programming in hard-hit areas across the country. These efforts are designed to both supplement existing programs in these communities and help jurisdictions to better focus efforts on key at-risk populations and fulfill unmet needs.

- **Fiscal year 2010:** \$ 29.2 million (88 grants in three funding announcements totaling \$21.6 million and six contracts totaling \$7.6 million)
- **Fiscal year 2011:** None

Table 41: FY 2010 Grants, HIV/AIDS

Announcements (3)	Recipient	State	Award (dollars)
<p>1. HIV/AIDS Surveillance: Enhancing Laboratory Reporting (CDC-RFA-PS08-8020302SUPP10)</p> <p>Purpose (award type): To enable state and local health departments to improve the reporting of HIV laboratory data from private and public laboratories to state and local health departments and CDC. (Supplement)</p> <p>Legislative Authority: Sections 317 and 318B of the Public Health Service Act (42 U.S.C. Sections 247b and 247c-2), as amended and the Patient Protection and Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to state and local territorial health departments that are currently grantees under the funding announcement PS08-802, HIV/AIDS Surveillance.</p>	California Department of Public Health	CA	\$415,593
	Florida State Department of Health	FL	400,000
	New York City Health/Mental Hygiene	NY	393,380
	New York State Dept of Health	NY	307,033
	Maryland State Dept of Hlth/Mtl Hygiene	MD	229,857
	Virginia State Dept of Health	VA	200,000
	Los Angeles County Health Services Dept	CA	190,581
	Houston City Health & Human Services	TX	184,076
	DC Department of Health	DC	183,595
	San Francisco Dept of Public Health	CA	171,081
	New Jersey State Dept/Health/Senior Svcs	NJ	169,050
	Texas State Dept of Health Services	TX	142,681
	Alabama State Dept of Public Health	AL	136,711
	City of Philadelphia Public Health Dept	PA	136,330
	Michigan State Dept of Community Health	MI	135,438
	Oklahoma State Department of Health	OK	122,817
	Minnesota State Dept of Health	MN	117,953
Arkansas State Dept of Health	AR	114,182	
Washington State Department of Health	WA	104,993	
Utah State Department of Health	UT	104,114	
Iowa State Dept of Public Health	IA	101,668	
Louisiana State Dept of Hlth & Hospitals	LA	97,517	

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Announcements (3)	Recipient	State	Award (dollars)
	Wisconsin Department of Health Services	WI	96,639
	Tennessee State Department of Health	TN	93,161
	Arizona State Department of Hlth Srvcs	AZ	90,262
	Massachusetts State Dept of Pub Health	MA	89,268
	South Carolina State Dept of Hlth/Env	SC	87,900
	Oregon State Public Health Division	OR	82,180
	Connecticut State Dept of Public Health	CT	79,714
	Mississippi State Department of Health	MS	79,020
	Nevada State Dept of Hlth/Human Svcs	NV	75,576
	KY Cabinet for Health and Family Services	KY	72,899
	Illinois State Dept of Public Health	IL	72,489
	Colorado State Dept/Pub Hlth & Environmt	CO	68,390
	Nebraska St Dept of Health & Human Servs	NE	67,735
	Maine State Dept/Health/Human Servs	ME	60,000
	Delaware State Dept of Hlth & Soc Srvs	DE	51,218
	Virgin Islands Department of Health	VI	49,750
	Alaska State Department of Hlth-Soc Svcs	AK	41,909
	Hawaii State Department of Health	HI	41,848
	Georgia Department of Community Health	GA	35,431
	Puerto Rico Department of Health	PR	29,565
	Guam Department of Public Health-Soc Svc	GU	25,000
	Idaho State Dept of Health And Welfare	ID	24,658
	City of Chicago	IL	16,941
	American Samoa Department of Health	AS	9,797
	Total (46 awards)		\$5,600,000
2. Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations (CDC-RFA-PS10-10138) Purpose (award type): To increase HIV testing opportunities for populations disproportionately affected by HIV; increase the proportion of HIV-infected persons in these populations who are aware of their infection and are linked to appropriate services; and identify strategies for leveraging resources to maximize the yield and sustainability of routine HIV screening programs in healthcare settings. (New) Legislative Authority: Sections 301 and 318 of the Public Health Service Act (42 U.S.C. Section 241 and 247c), as amended.	Alabama State Dept of Public Health	AL	\$145,567
	Arizona State Department of Hlth Srvcs	AZ	145,567
	California Department of Public Health	CA	145,567
	Los Angeles County Health Services Dept	CA	145,567
	San Francisco Dept of Public Health	CA	145,567
	Connecticut State Dept of Public Health	CT	145,567
	DC Department of Health	DC	145,567
	Florida State Department of Health	FL	145,567
	Georgia Department of Community Health	GA	145,567
	Illinois State Dept of Public Health	IL	145,567

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Announcements (3)	Recipient	State	Award (dollars)
Eligibility: Limited to health department jurisdictions with at least 175 estimated combined AIDS diagnoses among Blacks/African Americans and Hispanics/Latinos in 2007.	City of Chicago	IL	145,567
	Louisiana State Dept of Hlth & Hospitals	LA	145,567
	Maryland State Dept of Hlth/Mtl Hygiene	MD	145,567
	Massachusetts State Dept of Pub Health	MA	145,567
	Michigan State Dept of Community Health	MI	145,567
	Mississippi State Department of Health	MS	145,567
	Missouri State Dept/ Health & Senior Srv	MO	145,567
	New Jersey State Dept/Health/Senior Srvs	NJ	145,567
	New York State Dept of Health	NY	145,567
	New York City Health/Mental Hygiene	NY	145,557
	NC State Dept/Hlth & Human Services	NC	145,567
	Ohio State Department of Health	OH	145,567
	City of Philadelphia Public Health Dept	PA	145,567
	Hershey Milton S Medical Center	PA	145,567
	Puerto Rico Department of Health	PR	145,567
	South Carolina State Dept of Hlth/Env	SC	145,567
	Tennessee State Department of Health	TN	145,567
	Texas State Dept of Health Services	TX	145,567
	Houston City Health & Human Services	TX	145,567
	Virginia State Dept of Health	VA	145,567
	Total (30 awards)		\$4,367,000
3. Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS (CDC-RFA-PS10-10181) Purpose (award type): To facilitate the development and implementation of Enhanced Comprehensive HIV Prevention Plans (ECHPPs) for geographic areas most affected by the HIV epidemic in order to reduce HIV risk and incidence in those areas. (New) Legislative Authority: Sections 317(k)(2) and 318 of the Public Health Service Act (42 U.S.C. Sections 247b(k)(2) and 247c), as amended, and Section 4002 of the Patient Protection and Affordable Care Act (PL 111-148). Eligibility: Limited to twelve (12) state and local governments or bona fide agencies/organizations in specific Metropolitan Statistical Areas or specified Metropolitan Divisions that have the highest estimated AIDS prevalence at the end of 2007.	New York City Health/Mental Hygiene	NY	\$1,581,184
	Los Angeles County Health Services Dept	CA	1,059,407
	DC Department of Health	DC	946,403
	City of Chicago	IL	927,371
	Georgia Department of Community Health	GA	913,982
	Florida State Department of Health	FL	909,315
	City of Philadelphia Public Health Dept	PA	906,024
	Houston City Health & Human Services	TX	891,108
	San Francisco Dept of Public Health	CA	887,968
	Maryland State Dept of Hlth/Mtl Hygiene	MD	878,896
	Texas State Dept of Health Services	TX	850,016
	Puerto Rico Department of Health	PR	848,326
	Total (12 awards)		\$11,600,000

Source: GAO analysis of HHS information.

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Table 42: FY 2010 Contracts, HIV/AIDS

Recipient	Purpose	State	Award (dollars)
Scimetrika, LLC	Comprehensive HIV Prevention through the evaluation of Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas most affected by HIV	NC	\$3,164,520
Manila Consulting Group, Inc	Web-based HIV behavioral trend analysis among men who have sex with men (MSM)	VA	3,106,740
Office of Clinical and Preventive Service Indian Health Services	To utilize interagency resources to reduce the incidence and burden of HIV and other STDs and hepatitis in the AI/AN population	MD	1,000,000
Professional & Scientific Assoc	Meeting & Conference Support for Consultation meetings for grantees of PS10-10181: "Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS."	VA	203,865
Professional & Scientific Assoc	Meeting & Conference support for Consultation on Monitoring of CD4 and Viral Load Test Results In The National HIV Surveillance System	GA	109,875
Northrop Grumman	Support all aspects of full lifecycle application systems development and maintenance on a variety of platforms including mainframe, client server, and web; architecture and infrastructure design to support enterprise application software services including hardware/software/network design and implementation; database design, application development and support; data management and security controls; quality assurance, test and control functions; and technical communication, consultation and information support.	GA	40,500
Total (6 awards)			\$7,625,500

Source: GAO analysis of HHS information.

Activity: Racial and Ethnic Approaches to Community Health (REACH)

The purpose of this activity is to serve as the cornerstone of CDC's efforts to eliminate racial and ethnic disparities in health. REACH supports community coalitions that design, implement, evaluate, and disseminate community-driven strategies to eliminate health disparities in key health areas, such as heart disease, diabetes, breast and cervical cancer, immunization, asthma, hepatitis B, and infant mortality.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$24.6 million (43 grants in three funding announcements totaling \$24.5 million and one contract totaling \$0.1 million)

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Table 43: FY 2011 Grants, Racial and Ethnic Approaches to Community Health (REACH)

Announcements (3)	Recipient	State	Award (dollars)
1. Racial and Ethnic Approaches to Community Health across the US (CDC-RFA-DP07-707)	Public Health Institute	CA	\$893,128
	Hidalgo Medical Services	NM	874,499
Purpose (award type): To advance evidence- and practice-based programs and culturally based community practices to eliminate racial and ethnic health disparities through implementation, evaluation, and dissemination of state of the art knowledge. (New) Legislative Authority: Section 301(a) and 317(k) (2) of the Public Health Service Act, 42 U.S. Code 241(a) and 247b(k)2. Eligibility: Public and private nonprofit organizations; for profit organizations; small, minority women-owned businesses; universities and colleges; hospitals; community-based and faith-based organizations; American Indian/Alaska Native tribal governments and American Indian/Alaska Native tribally designated organizations; Alaska Native health corporations; Urban Indian health organizations; tribal epidemiology centers; state and local governments or their Bona Fide agents, and political subdivisions of states.	University of Colorado At Denver And Hsc	CO	865,189
	University of Illinois At Chicago	IL	852,874
	Boston Public Health Commission	MA	850,040
	Medical University of South Carolina	SC	850,001
	University of Alabama at Birmingham	AL	850,000
	University of California, Los Angeles	CA	850,000
	University of Hawaii	HI	850,000
	Genesee County Health Department	MI	850,000
	Institute for Urban Family Health	NY	850,000
	Oklahoma State Department of Health	OK	850,000
	Greater Lawrence Family Health Center, Inc	MA	849,999
	Mount Sinai School of Medicine	NY	849,999
	Orange Co. Asian and Pacific Islander Community Alliance	CA	844,285
	New York University School of Medicine	NY	844,248
	Khmer Health Advocates, Inc.	CT	844,243
	Southeast Chicago Development Commission	IL	427,891
	Seattle-King County Department of Public Health	WA	415,391
	LA Biomedical Research Institute at Harbor	CA	415,390
	Special Services for Groups	CA	415,390
	City of Chicago	IL	415,390
Health Visions Midwest, Inc.	IN	415,390	
Center for Comm. Health, Education and Research	MA	415,390	
Eastern Band of Cherokee Indians	NC	415,390	
YMCA of Greater Cleveland	OH	415,390	
Choctaw Nation of Oklahoma	OK	415,390	
Virginia Commonwealth University	VA	415,390	
Inter-Tribal Council of MI	MI	415,390	
West Virginia State Dept Hlth/Human Rscs	WV	415,387	
University of Arizona	AZ	412,890	
Community Health Councils, Inc.	CA	411,370	
Wai'Anac District Health and Hosp. Board	HI	402,075	
To Our Children's Future With Health, Inc	PA	400,031	
YMCA of Santa Clara Valley	CA	400,000	

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Announcements (3)	Recipient	State	Award (dollars)
	Children’s Hospital Corporation	MA	400,000
	Brooklyn Perinatal Network	NY	400,000
	Northern Arapaho Tribe	WY	397,808
	Vernon J. Harris East End Community H Center	VA	396,052
	Total (39 awards)		\$23,551,300
2. Racial and Ethnic Approaches to Community Health for Communities Organized to Respond and Evaluate (REACH) (CDC-RFA-DP10-1014)	Schenectady Co. Public Health Services	NY	\$199,700
	Total (1 award)		\$199,700

Purpose (award type): To support local communities to strategically organize, implement and evaluate evidence-based policy, system, and environmental change interventions that eliminate racial and ethnic health disparities in chronic diseases. In addition this announcement will support the transition of communities from the analysis of intervention results to the use of these results in facilitating health equity and policy change. (New)

Legislative Authority: Section 301(a) and 317(k) (2) of the Public Health Service Act, 42 U.S. Code 241(a) and 247b(k)2.

Eligibility: With the exception of current Racial and Ethnic Approaches to Community Health for Communities grantees, eligible applicants include: nonprofit and for-profit organizations (other than small business); small, minority women-owned businesses; universities, colleges and research institutions; hospitals; community-based and faith-based organizations; American Indian/Alaska native tribal governments and American Indian/Alaska native tribally designated organizations; Alaska Native health corporations; Urban Indian health organizations; tribal epidemiology centers, state and local governments or their Bona Fide agents, and political subdivisions of states.

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Announcements (3)	Recipient	State	Award (dollars)
3. National Organizations that Serve Minority Communities Initiative to Share Racial and Ethnic Approaches to Eliminate Health Disparities with Local Affiliates & Chapters (CDC-RFA-DP09-905)	Asian Pacific Partners For Empowerment, Advocacy And Leadership	CA	\$250,000
	Inter-Tribal Council of Michigan	MI	250,000
	Joint Center For Political And Economic Studies	DC	250,000
Total (3 awards)			\$750,000

Purpose (award type): To support national minority organizations to (1) disseminate evidence-based strategies, tools and best practices to their local affiliates and chapters; and (2) to provide capacity-building technical assistance to local affiliates and chapters to address the growing health disparities among their constituents. (New)

Legislative Authority: Section 301(a) and 317(k) (2) of the Public Health Service Act, 42 U.S. Code 241(a) and 247b(k)(2).

Eligibility: Limited to established national nonprofit and Urban Indian health organizations and federally recognized American Indian/Alaska Native tribal governments that can demonstrate experience working in the health arena and specifically on issues related to health disparities.

Source: GAO analysis of HHS information.

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Table 44: FY 2011 Contract, Racial and Ethnic Approaches to Community Health (REACH)

Recipient	Purpose	State	Award (dollars)
Planning Professionals, LTD.	Racial and Ethnic Health Disparities Action Institute (REHDAI) Workshop	GA	\$98,792
Total (1 award)			\$98,792

Source: GAO analysis of HHS information.

Activity: Public Health Research

The purpose of this activity is to fund research projects through the ACA Prevention and Public Health Fund that investigate the effectiveness of public health services and systems in real world settings. The specific requirements for projects to be supported within this initiative are to (1) examine evidence-based practices related to prevention, with a particular focus on high-priority areas consistent with the National Prevention Strategy and Healthy People 2020, including comparisons of community-based public health interventions in terms of effectiveness and cost; (2) analyze the effective translation of interventions from academic settings to real world settings; and (3) identify effective strategies to organize, finance, or deliver public health services in real world community settings, including comparisons of state and local health department structures and systems in terms of effectiveness and cost.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$19.9 million (12 grants in three funding announcements totaling \$11.5 million and 12 contracts totaling \$8.4 million)

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Table 45: FY 2011 Grants, Public Health Research

Announcements (3)	Recipient	State	Award (dollars)
1. Public Health Prevention Fund: Streamlined Surveillance for Ventilator-Associated Pneumonia: Reducing Burden and Demonstrating Preventability (RFA-CK11-001010PPHF11)	Harvard Pilgrim Health Care	MA	\$1,544,184
	Total (1 award)		\$1,544,184
Purpose (award type): To evaluate the performance characteristics of streamlined ventilator associated pneumonia and evaluate the extent to which it can be prevented through adherence to process measures outlined in the HHS Action Plan. (Supplement)			
Legislative Authority: Section 307 of the Public Health Service Act as amended (42 U.S.C. 242I).			
Eligibility: Applicants selected as a Prevention Epicenter under FOA CK 11-001.			
2. Preparedness and Emergency Response Research Centers: A Public Health Systems Approach (RFA-TP-08-001)	University of California, Berkeley	CA	\$1,509,000
	University of California, Los Angeles	CA	1,197,000
	University of Minnesota	MN	1,147,000
	University of North Carolina, Chapel Hill	NC	1,147,000
	Total (4 awards)		\$5,000,000
Purpose (award type): To fund research for promoting and enhancing the preparedness and emergency response capabilities of the public health infrastructure at the federal, state, local, and tribal levels. (New)			
Legislative Authority: Section 319F(d)(7) of the Public Health Service Act, 42 U.S.C. 247d-6(d)(7).			
Eligibility: Accredited Schools of Public Health, as required by section 319F-2(d) of the Public Health Service Act. Only schools accredited by the Council on Education for Public Health are eligible			
3. Preparedness and Emergency Response Learning Centers (CDC-RFA-TP10-100102CONT11)	University of South Florida	FL	\$714,285
	Johns Hopkins University	MD	714,286
	University of Albany, SUNY	NY	714,286
	Columbia University	NY	714,286
	University of Oklahoma	OK	714,286
	Texas A & M University	TX	714,286
	University of Washington	WA	714,285
	Total (7 awards)		\$5,000,000
Purpose (award type): To address legislative requirements, as stated in section 319F(d) of the Public Health Service (PHS) Act (42 USC § 247d-6(d)), as part of a plan to improve the nation's public health and medical preparedness and response capabilities for emergencies, whether deliberate, accidental, or natural. (New)			
Legislative Authority: Section 319F(d) of the Public Health Service (PHS) Act (42 USC § 247d-6(d)).			
Eligibility: Accredited Schools of Public Health that received their accreditation from the Council on Education for Public Health.			

Source: GAO analysis of HHS information.

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Table 46: FY 2011 Contracts, Public Health Research

Recipient	Purpose	State	Award (dollars)
Healthy Housing Solutions Inc	Tobacco Control: Adoption, Health Impact and Cost of Smoke-Free Multi-Unit Housing Policies	GA	\$2,210,000
Research Service, Hines VA Hospital	Evaluating the impact of a treatment intervention to reduce Clostridium difficile transmission from asymptomatic C. difficile carriers in VA Community Living Centers	GA	1,846,000
The Johns Hopkins University	Center of Excellence for Measuring the Health and Social Impacts of Changes in State Alcohol Prices	GA	1,636,598
University of North Carolina at Chapel Hill	The Effectiveness of extending a "Consistent Care" program aimed to prevent prescription drug overdoses	NC	745,000
Washington State University	A randomized controlled trial of proactive reporting by prescription drug monitoring programs (PDMP)	WA	550,587
ABT Associates Inc.	A randomized controlled trial of proactive reporting by prescription drug monitoring programs (PDMP)	MD	505,514
Emergint Technologies, Inc.	Promoting DVT/PE prevention through monitoring practices and health outcomes	GA	321,045
Goodwill Industries of North Georgia	CDC Program Oversight & Implementation	GA	250,000
Lantana Consulting Group	HL7 Implementation Guidance Development and Maintenance	GA	128,955
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	100,000
Avaris Concepts, LLC	Logistical support of the s-VAP workgroup meeting	GA	54,998
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	50,000
Total (12 awards)			\$8,398,697

Source: GAO analysis of HHS information.

Activity: Community Guide/Community Preventive Services Task Force

The purpose of this activity is to help people choose programs and policies to improve health and prevent disease in communities using the Community Guide, a free resource. The activity's findings are used by partners at federal, state, and local levels within governments, health departments, worksites, community-based organizations, and elsewhere to guide and improve public health programs, policies, and research.

- **Fiscal year 2010:** \$5.0 million (six grants in one funding announcement totaling \$2.2 million and six contracts totaling \$2.8 million)
- **Fiscal year 2011:** \$6.0 million (six grants in one funding announcement totaling \$1.3 million and seven contracts totaling \$4.7 million)

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Table 47: FY 2010 Grants, Community Guide/Community Preventive Services Task Force

Announcement	Recipient	State	Award (dollars)
<p>Purpose (award type): To expand funding announcement CDC-RFA-HM08-805 by supporting the provision of capacity building assistance to state, tribal, local and territorial health departments that ensures successful adoption of best or promising practices to address key areas of public health infrastructure investments. (Supplement)</p> <p>Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to specific national, non-profit, public health professional organizations funded through the competitive funding announcement CDC-RFA-HM08-805.</p>	National Association of City/County Health Officials	DC	\$500,000
	Association of State and Territorial Health Officials	VA	500,000
	National Network of Public Health Institutes	LA	450,000
	Public Health Foundation	DC	350,000
	National Association of Local Boards of Health	OH	300,000
	Association of Maternal and Child Health Programs	DC	100,000
	Total (6 awards)		

Source: GAO analysis of HHS information.

Table 48: FY 2010 Contracts, Community Guide/Community Preventive Services Task Force

Recipient	Purpose	State	Award (dollars)
Dept of Energy/Oak Ridge Ops	Collection, Review & Analysis of Data	GA	\$1,300,000
Westat	Community Guide Communication Technical Assistance and Support	MD	1,054,685
Deloitte Consulting, LLP	Business services support - Financial Management Office	GA	180,000
Chickasaw Advisory Services, LLC	Provide analytical epidemiology support	GA	122,500
Chickasaw Advisory Services, LLC	Provide analytical epidemiology support	GA	122,500
Deloitte Consulting, LLP	Business services support - Health Reform Implementation Office	GA	20,000
Total (6 awards)			\$2,799,685

Source: GAO analysis of HHS information.

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Table 49: FY 2011 Grants, Community Guide/Community Preventive Services Task Force

Announcement	Recipient	State	Award (dollars)
<p>Non-Competitive 12-month Cost Extension Supplement for CDC-RFA-HM08-8050301SUPP10: Affordable Care Act (ACA): Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance (CDC-RFA-HM08-8050401PPHF11)</p> <p>Purpose (award type): To expand funding announcement CDC-RFA-HM08-805 by supporting the provision of capacity building assistance to state, tribal, local and territorial health departments that ensures performance improvement and successful adoption of best or promising practices to address key areas of public health infrastructure investments. (Supplement)</p> <p>Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund)</p> <p>Eligibility: Eligibility is limited to specific national, non-profit, public health professional organizations funded through the funding announcement CDC-RFA-HM08-8030301SUPP10.</p>	Association of State and Territorial Health Officials	VA	\$305,682
	Public Health Foundation	DC	296,329
	National Association of City/County Health Officials	DC	266,821
	National Network of Public Health Institutes	LA	249,582
	National Association of Local Boards of Health	OH	165,449
	Association of Maternal and Child Health Programs	DC	61,137
Total (6 awards)			\$1,345,000

Source: GAO analysis of HHS information.

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Table 50: FY 2011 Contracts, Community Guide/Community Preventive Services Task Force

Recipient	Purpose	State	Award (dollars)
Cloudburst Consulting Group, INC.	Programmatic Management/ Intramural HR	GA	\$1,499,286
Department of Energy	ORISE Fellows	GA	1,300,000
University of Manchester	Low Complexity Community Guide Reviews	GA	886,350
Westat, Inc.	Communications Support Contract	GA	629,976
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	245,000
Chickasaw Advisory Services, LLC	Health Scientist	GA	99,809
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	35,000
Total (7 awards)			\$4,695,421

Source: GAO analysis of HHS information.

Activity: Healthcare-Associated Infections (HAI)

The purpose of this activity is to expand state prevention activities through funding to health departments that have already demonstrated successes and capacity to implement HAI prevention programs and to build upon advances made through Recovery Act investments. This program is designed to accelerate electronic reporting to detect HAIs at the state level by decreasing data entry burden. Electronic reporting will increase validation of data and the ability of states and healthcare facilities to measure the impact of prevention efforts.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$11.4 million (54 grants in two funding announcements totaling \$9.4 million and four contracts totaling \$2.0 million)

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Table 51: FY 2011 Grants, Healthcare-Associated Infections

Announcements (2)	Recipient	State	Award (dollars)
<p>1. Patient Protection and Affordable Care Act Epidemiology and Laboratory Capacity for Infectious Diseases Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments (CDC-RFA-CI10-101202PPHF11)</p> <p>Purpose (award type): To enhance public health programs that focus on improving health and helping restrain the rate of growth of health care costs through building epidemiology, laboratory, and health information systems capacity in state and local public health departments. (Continuation)</p> <p>Legislative Authority: Public Health Service Act Sections 301(a) [42 U.S.C. 241(a)] and 317(k) (2) [42 U.S.C. 247b (k) (2)], as amended and the Patient Protection and Affordable Care Act (PL 111-148), Title IV, Sections 4002 and 4304 (Prevention and Public Health Fund).</p> <p>Eligibility: Limited to 58 state and local public health departments or their established bona fide agents that were 2010 grantees of Epidemiology and Laboratory Capacity for Infectious Diseases CI10-1012 funding announcement.</p>	Michigan State Dept of Community Health	MI	\$782,173
	Illinois State Dept of Public Health	IL	779,616
	California Department of Public Health	CA	771,473
	Tennessee State Department of Health	TN	768,006
	New York State Dept of Health	NY	621,473
	Massachusetts State Dept of Pub Health	MA	521,473
	Oregon State Public Health Division	OR	426,523
	Florida State Department of Health	FL	421,472
	Colorado State Dept/Pub Hlth & Environmt	CO	363,303
	Arizona State Department of Hlth Srvc	AZ	316,078
	Nevada State Dept of Hlth/Human Svcs	NV	296,516
	KY Cabinet for Health and Family Services	KY	274,784
	Minnesota State Dept of Health	MN	71,474
	Mississippi State Department of Health	MS	71,473
	Montana State Dept/Pub Hlth & Human Srvs	MT	71,473
	NH State Dept of Health and Human Sers	NH	71,473
	New Jersey State Dept/Health/Senior Srvs	NJ	71,473
	New Mexico State Department of Health	NM	71,473
	Ohio State Department of Health	OH	71,473
	Pennsylvania State Dept of Health	PA	71,473
	Virginia State Dept of Health	VA	71,473
	Alabama State Dept of Public Health	AL	71,472
	Alaska State Department of Hlth-Soc Svcs	AK	71,472
	Georgia Department of Community Health	GA	71,472
	Indiana State Department of Health	IN	71,472
	Iowa State Dept of Public Health	IA	71,472
	Kansas State Dept of Hlth and Environmnt	KS	71,472
Maine State Dept/Health/Human Servs	ME	71,472	
NC State Dept/Hlth & Human Services	NC	71,472	
Oklahoma State Department of Health	OK	71,472	
Wisconsin Department of Health Services	WI	71,472	
Arkansas State Dept of Health	AR	71,471	
South Carolina State Dept of Hlth/Env	SC	71,252	
Hawaii State Department of Health	HI	70,992	
Connecticut State Dept of Public Health	CT	69,980	

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Announcements (2)	Recipient	State	Award (dollars)
	Vermont Department of Health	VT	67,236
	Maryland State Dept of Hlth/Mtl Hygiene	MD	66,852
	Delaware State Dept of Hlth & Soc Svcs	DE	66,760
	Nebraska St Dept of Health & Human Servs	NE	66,300
	Puerto Rico Department of Health	PR	66,154
	Washington State Department of Health	WA	66,153
	Rhode Island State Dept of Health	RI	66,147
	Missouri State Dept/ Health & Senior Srv	MO	66,121
	South Dakota State Dept of Health	SD	63,945
	DC Department of Health	DC	63,342
	West Virginia State Dept Hlth/Human Rscs	WV	62,760
	Idaho State Dept of Health And Welfare	ID	58,617
	Utah State Department of Health	UT	55,647
	North Dakota State Department of Health	ND	48,611
	Louisiana State Dept of Hlth & Hospitals	LA	47,553
	Wyoming State Department of Health	WY	23,239
	Total (51 awards)		\$8,939,999^a
2. Competitive Program Expansion Supplement for CDC-RFA-HM08-805: Strengthen and Improve the Nation's Capacity through National, Non-profit, Professional Public Health Organizations to Increase Health Protection and Health Equity (CDC-RFA-HM08-8050402PHFF11)	Council of State and Territorial Epidemiologists	GA	\$290,000
	National Association of City/County Health Officials	DC	100,000
	Association of State and Territorial Health Officials	VA	100,000
	Total (3 awards)		\$490,000

Purpose (award type): Support the provision of capacity building assistance to state, tribal, local and territorial health departments that ensures performance improvement and successful adoption of best or promising practices to address key areas of public health infrastructure investments. (Supplement)

Legislative Authority: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund).

Eligibility: Limited to specific national, non-profit, public health professional organizations funded through the competitive funding opportunity announcement CDC-RFA-HM08-805.

Source: GAO analysis of HHS information.

^aColumn does not total due to rounding.

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Table 52: FY 2011 Contracts, Healthcare-Associated Infections

Recipient	Purpose	State	Award (dollars)
Science Applications International Corporation (SAIC)	National Healthcare Safety Network (NHSN) development and infrastructure requirements for surveillance of HAIs	VA	\$1,065,693
Four Seasons Environmental, Inc.	CDC Program Oversight & Implementation	GA	470,000
Lantana Consulting Group	HL7 Implementation Guidance Development and Maintenance	GA	434,307
Avaris Concepts, LLC	DHQP's State-based Training Activity & Resource Support (STARS) Training and Resource Initiative	GA	50,000
Total (4 awards)			\$2,020,000

Source: GAO analysis of HHS information.

Activity: Prevention Research Centers

The purpose of this activity is to help alter the individual behaviors and community environmental factors that put people at risk for the leading causes of death and disability—chronic diseases, such as cancer, heart disease, and diabetes. Centers may also address risks for injury, infectious disease, mental health, global health, and the health effects of impairments such as deafness. The activity is designed to bridge gaps between research findings and the translation of those findings into public health practice and policy.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$10.0 million (15 grants in one funding announcement)

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Table 53: FY 2011 Grants, Prevention Research Centers

Announcement	Recipient	State	Award (dollars)
<p>Health Promotion and Disease Prevention Research Centers (RFA-DP09-00103SUPP11)</p> <p>Purpose (award type): To support a network of Health Promotion and Disease Prevention Research Centers that: (1) focus on the major causes of disease and disability, with an emphasis on underserved and minority populations; (2) improve public health practice through a community-based participatory research process; and (3) design, test, disseminate, or translate effective public health programs at the state and community levels. Funded centers will also function as a part of a networked environment to support and advance health promotion and disease prevention research and serve as a national resource for developing and applying effective public health programs at the state or community level. (New)</p> <p>Legislative Authority: Section 1706 of the Public Health Service Act (PHS Act), 42 U.S.C. 300u-5, as amended.</p> <p>Eligibility: Accredited schools of public health and accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program. Osteopathy and medicine schools in the process of obtaining accreditation for a Preventive Medicine Residency program are also eligible.</p>	University of Arizona	AZ	\$1,015,000
	San Diego State University with (UCSD)	CA	965,000
	Morehouse School of Medicine	GA	894,500
	NYU Medical Center	NY	785,999
	University of Rochester	NY	744,501
	West Virginia University Research Corporation	WV	690,000
	Yale University	CT	615,000
	University of South Florida	FL	615,000
	Johns Hopkins University	MD	615,000
	Boston University	MA	615,000
	University of New Mexico	NM	615,000
	Case Western Reserve University	OH	615,000
	Oregon Health and Science University	OR	615,000
	University of Maryland	MD	300,000
	Dartmouth College	NH	300,000
	Total (15 awards)		\$10,000,000

Source: GAO analysis of HHS information.

Activity: Workplace Wellness

The purpose of this activity is to engage and recruit through a national organization, groups of 10-15 employers and lead them through the process of building a core workplace health program.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$9.2 million (six contracts)

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Table 54: FY 2011 Contracts, Workplace Wellness

Recipient	Purpose	State	Award (dollars)
Viridian Health Management	Worksite Wellness Program Contract	GA	\$7,769,250
Research Triangle Institute	Program Evaluation	GA	537,824
Carter Consulting, Inc.	Management Consultation and Technical Assistance Services	GA	360,501
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	350,000
Dell Services Federal Government, Inc.	IT Support	GA	100,000
Four Seasons Environmental, Inc.	CDC Program Oversight & Implementation	GA	50,000
Total (6 awards)			\$9,167,575

Source: GAO analysis of HHS information.

Activity: National Youth Fitness Survey

The purpose of this activity is to gather data on physical activity and fitness in children and teens through the National Youth Fitness Survey. The survey is conducted by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$5.9 million (four contracts)

Table 55: FY 2011 Contracts, National Youth Fitness Survey

Recipient	Purpose	State	Award (dollars)
Westat	National Youth Fitness Survey Activities	MD	\$5,305,291
Westat	Trailer refurbishment	MD	354,709
Four Seasons Environmental	CDC Program Oversight & Implementation	GA	210,000
Deloitte Consulting	CDC Program Oversight & Implementation	GA	30,000
Total (4 awards)			\$5,900,000

Source: GAO analysis of HHS information.

Activity: ARRA: Evaluation

The purpose of this activity is to support the Behavioral Risk Factor Surveillance System (BRFSS) in tracking health conditions and risk behaviors in the United States.

- **Fiscal year 2010:** \$4.0 million (nine grants in one funding announcement totaling \$3.6 million and five contracts totaling \$0.4 million)
- **Fiscal year 2011:** None

Table 56: FY 2010 Grants, ARRA: Evaluation

Announcement	Recipient	State	Award (dollars)
Patient Protection and Affordable Care Act (Affordable Care Act) State Competitive Supplemental Funding for Behavioral Risk Factor Surveillance System (CDC-RFA-DP09-90103-SUPP10) Purpose (award type): To provide State Health Departments with resources to maintain previous projections in sample size, enhance and expand the utility of Behavioral Risk Factor Surveillance System, and support ongoing state-based public health surveillance infrastructure. (Supplement) Legislative Authority: Sections 301, 307, 310, and 311 of the Public Health Service Act, as amended, and the Comprehensive Smoking Education Act of 1984, Comprehensive Smokeless Tobacco Health Education Act of 1986, and Patient Protection and Affordable Care Act (Affordable Care Act). Eligibility: All 50 states, the District of Columbia, Puerto Rico and U.S. Virgin Islands. Eligibility for the evaluation of Communities Putting Prevention to Work component is limited to state health departments in which a Communities Putting Prevention to Work grantee resides within the state health agency jurisdiction boundary.	Arkansas State Dept of Health	AR	\$892,025
	North Carolina State Dept/Hlth & Human Services	NC	772,104
	Alabama State Dept of Public Health	AL	749,995
	Pinellas County Health Dept	FL	500,000
	Florida State Department of Health	FL	326,905
	Georgia Department of Community Health	GA	109,533
	Illinois State Dept of Public Health	IL	99,845
	Texas State Dept of Health Services	TX	75,148
	Dekalb County Board of Public Health	GA	61,000
Total (9 awards)			\$3,586,555

Source: GAO analysis of HHS information.

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Table 57: FY 2010 Contracts, ARRA: Evaluation

Recipient	Purpose	State	Award (dollars)
Denali Corporation DBA Denali Technologies	BRFSS data evaluation	GA	\$120,132
WESTAT	Fund the sampling and weighting of BRFSS data once it has been collected by ARRA/CPPW communities through this point in time surveys.	GA	106,171
Deloitte Consulting, LLP	Business services support - Financial Management Office	GA	70,296
Northrop Grumman	Support all aspects of full lifecycle application systems development and maintenance on a variety of platforms including mainframe, client server, and web; architecture and infrastructure design to support enterprise application software services including hardware/software/network design and implementation; database design, application development and support; data management and security controls; quality assurance, test and control functions; and technical communication, consultation and information support.	GA	59,209
Deloitte Consulting, LLP	Business services support - Health Reform Implementation Office	GA	10,000
Total (5 awards)			\$365,808

Source: GAO analysis of HHS information.

Activity: ARRA: Media

The purpose of this activity is to provide enhanced media buying/placement support to the National Prevention Media Initiative to increase exposure of audiences to campaign messages in communities that received Communities Putting Prevention to Work awards. The goal of this activity is to achieve maximum additional exposure of existing/in-development creative campaign materials.

- **Fiscal year 2010:** \$3.9 million (three contracts)
- **Fiscal year 2011:** None

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Table 58: FY 2010 Contracts, ARRA: Media

Recipient	Purpose	State	Award (dollars)
CAMPBELL-EWALD COMPANY	Advertising and marketing services for planning and execution of paid-media strategies in support of the National Prevention Media Initiative.	GA	\$3,730,000
Department of Health and Human Services	Provide publication development and management, Web development and maintenance, and other presentation and communication support	MO	110,000
Deloitte Consulting, LLP	Business services support - Health Reform Implementation Office	GA	10,000
Total (3 awards)			\$3,850,000

Source: GAO analysis of HHS information.

Activity: Education and Outreach Campaign Regarding Preventive Benefits

The purpose of this activity is to support the Pharmacy Outreach Project to increase pharmacists' capacity and interest in providing over-the-counter advice to patients with high blood pressure, especially encouraging medication adherence and the use of available preventive clinical services.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$1.8 million (four contracts)

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Table 59: FY 2011 Contracts, Education and Outreach Campaign Regarding Preventive Benefits

Recipient	Purpose	State	Award (dollars)
Ogilvy Public Relations Worldwide Inc.	Communications Support for Pharmacists Partnership and Cardiovascular Disease Prevention Activities	GA	\$1,696,945
Four Seasons Environmental, Inc.	CDC Program Oversight & Implementation	GA	70,000
Northrup Grumman Systems Corporation	CDC Program Oversight & Implementation	GA	15,000
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	10,000
Total (4 awards)			\$1,791,945

Source: GAO analysis of HHS information.

Activity: National Prevention Strategy

The purpose of this activity is to guide our nation in the most effective and achievable way to improve health and well being; the National Prevention Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives.

- **Fiscal year 2010:** \$0.01 million (one contract)
- **Fiscal year 2011:** \$0.7 million (four contracts)

Table 60: FY 2010 Contract, National Prevention Strategy

Recipient	Purpose	State	Award (dollars)
Northrup Grumman	Support all aspects of full lifecycle application systems development and maintenance on a variety of platforms including mainframe, client server, and web; architecture and infrastructure design to support enterprise application software services including hardware/software/network design and implementation; database design, application development and support; data management and security controls; quality assurance, test and control functions; and technical communication, consultation and information support.	GA	\$14,500
Total (1 award)			\$14,500

Source: GAO analysis of HHS information.

**Appendix II: Centers for Disease Control and
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Table 61: FY 2011 Contracts, National Prevention Strategy

Recipient	Purpose	State	Award (dollars)
Deloitte Consulting, LLP	Strategic & Tactical Planning, Workforce Development and other Related Transformation Initiatives	GA	\$529,525
Department of Energy	Research Participation Program	GA	98,000
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	35,000
Goodwill Industries of North GA	CDC Program Oversight & Implementation	GA	5,000
Total (4 awards)			\$667,525

Source: GAO analysis of HHS information.

Activity: Promoting Obesity Prevention in Early Childhood Programs

The purpose of this activity is to encourage child care providers across the nation to adopt healthier policies and practices around physical activity and nutrition, including limiting screen time and supporting breastfeeding.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$0.7 million (seven contracts)

Table 62: FY 2011 Contracts, Promoting Obesity Prevention in Early Childhood Programs

Recipient	Purpose	State	Award (dollars)
National Institutes of Health	CDC support for NCCOR coordinating and collaborating projects	GA	\$200,000
McKing Consulting Corporation	Management Consultation and Technical Assistance	GA	194,969
The Regents of the University of Colorado	Development of a comprehensive state policy evaluation for nutrition, physical activity and obesity (University of Colorado, Denver)	CO	150,000
Department of Energy	Collaborative efforts to prevent obesity in early childhood	GA	93,031
FHI Development 360 LLC	ORISE: Nutrition and Physical Activity Research	GA	80,001
Deloitte Consulting, LLP	CDC Program Oversight & Implementation	GA	28,000
Four Seasons Environmental, Inc.	CDC Program Oversight & Implementation	GA	2,000
Total (7 awards)			\$748,001

Source: GAO analysis of HHS information.

Appendix III: Health Resources and Services Administration—Prevention and Public Health Fund Awards by Activity

This appendix presents information on awards made by the Health Resources and Services Administration (HRSA) for Prevention and Public Health Fund (PPHF) activities with funds allocated and transferred from the PPHF for fiscal years (FY) 2010 and 2011. For each HRSA activity that received PPHF funding, tables 63 through 70 summarize information on awards made with those funds through grants and contracts for each fiscal year.¹ Award information was provided by HHS's Assistant Secretary for Financial Resources, HRSA, or reported in the funding opportunity announcements (FOA) HHS identified as being associated with the activity and awards.

The information presented in this appendix, including the purpose of the PPHF-funded activity, was obtained from HHS. Due to the large number of awards, we did not edit the award recipient information to correct typographical or grammatical errors, or clarify the information provided. In general, we reprinted the abbreviations and acronyms provided by HHS and the legislative authority cited in the FOA or otherwise provided by HHS. We did not independently verify the legislative authority. Totals in this appendix (reported obligations) may not match—for example, they may be less than—the amounts in table 2 (reported allocations). According to HHS officials, to carry out an activity, an agency may incur administrative expenses, including internal costs associated with managing and overseeing grants and contracts, not reflected in award amounts. Further, to the extent that an appropriation has not identified a particular amount for a specific activity, an agency may reallocate unobligated funds from that activity to another during the course of a fiscal year.

Activity: Primary Care Training and Enhancement

The purpose of this activity is to support and develop primary care physician and physician assistant programs. The program deploys its resources to strengthen medical education for physician and physician assistants to improve the quantity, quality, distribution, and diversity of the primary care workforce.

¹The tables present information on cooperative agreements with grants, and include information on interagency agreements with contracts.

**Appendix III: Health Resources and Services
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- **Fiscal year 2010:** \$197.5 million (110 grants in two funding announcements)
- **Fiscal year 2011:** None

Table 63: FY 2010 Grants, Primary Care Training and Enhancement

Announcements (2)	Recipient^a	State	Award (dollars)
<p>1. Primary Care Residency Expansion Program (HRSA-10-277)</p> <p>Purpose (award type): To increase the number of primary care physicians by expanding enrollment in accredited primary care residency programs, including family medicine, general internal, and general pediatric medicine. The program funds resident support of \$80,000 per resident per year for a total of three years per resident. (New)</p> <p>Legislative Authority: Section 747 of the Public Health Service Act (42 U.S.C. 293k), as amended by section 5301 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), and section 4002 of the Patient Protection and Affordable Care Act (Publ. L. 111-148).</p> <p>Eligibility: Public or nonprofit private hospitals, schools of medicine or osteopathic medicine, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grants. An applicant must be accredited as a residency training program in family medicine, general internal medicine, and/or general pediatrics by the Accreditation Council for Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA).</p>	Children’s Hospital & Research Center at Oakland	CA	\$3,840,000
	Children’s National Medical Center	DC	3,840,000
	Boston Medical Center	MA	3,840,000
	Baystate Medical Center	MA	3,840,000
	The Ohio State University	OH	3,840,000
	Johns Hopkins University	MD	3,839,998
	University of North Carolina At Chapel Hill	NC	3,715,684
	Spectrum Health Hospitals	MI	3,490,659
	Danbury Hospital	CT	3,360,000
	Louisiana State University Health Science Center	LA	3,120,000
	Regents of University of California	CA	2,880,000
	Baystate Medical Center	MA	2,880,000
	Bronx-Lebanon Hosp Ctr	NY	2,880,000
	Bronx-Lebanon Hosp Ctr	NY	2,880,000
	Kingsbrook Jewish Medical Center	NY	2,880,000
	Richmond Medical Center	NY	2,880,000
	The Reading Hospital And Medical Center	PA	2,880,000
	Meharry Medical College	TN	2,880,000
	Mount Auburn Hospital	MA	2,879,998
	Variety Children’s Hospital dba Miami Children’s Hospital	FL	2,861,568
University of Pennsylvania	PA	2,777,757	
Tulane University, School of Medicine	LA	2,472,964	
Texas Tech University Health Sciences Center	TX	1,920,001	
Regents of the University of California	CA	1,920,000	
Catholic Healthcare West/St. Mary Medical Center	CA	1,920,000	
The Regents of the University of California, Los Angeles	CA	1,920,000	
Regents of the University of California	CA	1,920,000	
The Regents of the University of California, San Francisco	CA	1,920,000	
The Regents of the University of California, San Francisco	CA	1,920,000	

**Appendix III: Health Resources and Services
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Announcements (2)	Recipient^a	State	Award (dollars)
	Regents of the University of Colorado	CO	1,920,000
	University of Colorado Denver	CO	1,920,000
	University of Florida	FL	1,920,000
	The University of Illinois At Chicago	IL	1,920,000
	Central Iowa Hospital Corporation	IA	1,920,000
	Curators, University of Missouri on behalf of UMKC	MO	1,920,000
	Curators, University of Missouri On Behalf of UMKC	MO	1,920,000
	Cooper Health System D/B/A Cooper University Hospital	NJ	1,920,000
	Cooper Health System D/B/A Cooper University Hospital	NJ	1,920,000
	Newark Beth Israel Medical Center	NJ	1,920,000
	Newark Beth Israel Medical Center	NJ	1,920,000
	University of Medicine and Dentistry of New Jersey	NJ	1,920,000
	St. Elizabeth Medical Center	NY	1,920,000
	Crozer-Chester Medical Center	PA	1,920,000
	Albert Einstein Healthcare Network	PA	1,920,000
	Children's Hospital of Pittsburgh of the UPMC Health System	PA	1,920,000
	Medical University of South Carolina	SC	1,920,000
	The University of Texas Southwestern Medical Center At Dallas	TX	1,920,000
	Baylor College of Medicine	TX	1,920,000
	Carilion Medical Center	VA	1,920,000
	Community Health of Central Washington	WA	1,920,000
	Marshfield Clinic Research Foundation	WI	1,920,000
	Marshfield Clinic Research Foundation	WI	1,920,000
	Hennepin Healthcare System, Inc/Hennepin County Medical Center	MN	1,918,827
	Sisters of Charity Hospital	NY	1,912,499
	Variety Children's Hospital Doing dba Miami Children's Hospital	FL	1,907,712
	Freeman Oak Hill Health System	MO	1,907,712
	University of Connecticut Health Center	CT	1,890,723
	University of Rochester	NY	1,887,125
	Cincinnati Children's Hospital Medical Center	OH	1,872,024
	Board of Trustees of Southern Illinois University	IL	1,869,763
	New Hanover Regional Medical Center	NC	1,795,571
	Virginia Commonwealth University	VA	1,585,520
	University of Arkansas for Medical Sciences	AR	1,520,001

**Appendix III: Health Resources and Services
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Announcements (2)	Recipient^a	State	Award (dollars)
	University of Arkansas for Medical Sciences-Cancer Research Center	AR	1,520,001
	Montefiore Medical Center	NY	1,490,111
	Yellowstone City & County Health Department/Riverstone Health	MT	960,003
	The Family Medicine Residency of Idaho, Inc.	ID	960,000
	The Family Medicine Residency of Idaho, Inc.	ID	960,000
	Idaho State University	ID	960,000
	Swedish Covenant Hospital	IL	960,000
	Community Hospitals Foundation	IN	960,000
	Univ. of Mass. Medical School	MA	960,000
	The Regents of the University of Michigan	MI	960,000
	Board of Regents, University of Nevada, Reno	NV	960,000
	UMDNJ – Robert Wood Johnson Medical School	NJ	960,000
	UPMC Presbyterian Shadyside	PA	960,000
	Baylor Research Institute	TX	960,000
	Texas Tech Univ Health Sciences Center	TX	960,000
	Providence St Peter Hospital	WA	960,000
	Group Health Cooperative	WA	960,000
	University of Arkansas	AR	759,999
	University of Arkansas for Medical Sciences-Cancer Research Center	AR	759,999
	Total (82 awards)		\$167,356,219
2. Expansion of Physician Assistant Training (EPAT) Program (HRSA-10-278)	Riverside Community College District/Moreno Valley Campus	CA	\$2,117,808
	The Research Foundation of SUNY	NY	2,046,528
Purpose (award type): To increase student enrollment in primary care Physician Assistant programs and graduates planning to practice primary care specialties. The program funds physician assistant student stipends, educational expenses, reasonable living expenses and indirect costs for a total of \$22,000 per student, for a maximum of two years per student, plus indirect costs. (New)	University of Texas-Pan American	TX	1,980,000
	University of Washington	WA	1,980,000
	Lincoln Memorial University	TN	1,900,800
	Grand Valley State University	MI	1,791,720
	Duke University Medical Center	NC	1,320,000
	Samuel Merritt College	CA	1,232,000

**Appendix III: Health Resources and Services
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Announcements (2)	Recipient^a	State	Award (dollars)	
<p>Legislative Authority: Section 747 of the Public Health Service Act (42 U.S.C. 293k), as amended by section 5301 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), and section 4002 of the Patient Protection and Affordable Care Act (Pub. L. 111-148).</p> <p>Eligibility: Public or private academically affiliated physician assistant training programs that have as their objective the education of individuals who, upon completion of their studies in the program, will be qualified to provide primary care medical services with the supervision of a physician.</p>	Methodist University, Inc.	NC	1,188,000	
	Shenandoah University	VA	1,069,200	
	LeMoyne College	NY	1,056,000	
	The University of Toledo Health Science Campus	OH	1,009,880	
	University of New England	ME	990,000	
	King's College	PA	990,000	
	University of Nebraska Medical Center	NE	924,000	
	Chatham University	PA	880,000	
	University of Colorado Denver	CO	855,360	
	New York Institute of Technology	NY	855,360	
	Union College	NE	792,000	
	University of Southern California	CA	704,000	
	Desales University	PA	704,000	
	Marywood University	PA	704,000	
	University of Utah	UT	704,000	
	Pace University	NY	660,000	
	Miami Dade College Medical Center Campus	FL	641,520	
	The Univ. of Oklahoma Health Sciences Center	OK	418,171	
	State of Colorado for Red Rocks Community College	CO	399,495	
	University of New Mexico Health Sciences Center	NM	204,239	
		Total (28 awards)		\$30,118,081

Source: GAO analysis of HHS information.

^aAccording to HRSA officials, applicants could submit applications for each accredited family medicine, general internal medicine, or general pediatric residency program in primary care provided by the institution, and could receive multiple awards.

Activity: Public Health Workforce Development

The purpose of this activity is to support the training of public health workers. Public health workers protect and improve the health of communities through education, disease prevention and health promotion, and monitoring, diagnosis, research, and provision of services to address community health problems.

- **Fiscal year 2010:** \$14.8 million (24 grants in one funding announcement)
- **Fiscal year 2011:** \$20.0 million (32 grants in one funding announcement)

**Appendix III: Health Resources and Services
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Table 64: FY 2010 Grants, Public Health Workforce Development

Announcement	Recipient	State	Award (dollars)
<p>Public Health Training Centers Program (HRSA-10-270)</p> <p>Purpose (award type): To improve the nation’s public health system by strengthening the technical, scientific, managerial, and leadership competence of the current and future public health workforce. A public health training center plans, develops, operates, and evaluates projects that are in furtherance of the goals established by the Secretary in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities. (New)</p> <p>Legislative Authority: Section 765 of the Public Health Service Act (42 U.S.C. 295), as amended by section 5206 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), and section 766 of the Public Health Service Act (42 U.S.C. 295a), and section 4002 of the Patient Protection and Affordable Care Act (Publ. L. 111-148).</p> <p>Eligibility: A Council on Education for Public Health (CEPH) accredited school of public health or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health.</p>	Regents of the University of California, Los Angeles	CA	\$650,000
	University of South Florida	FL	650,000
	Emory University	GA	650,000
	The Regents of the Univ of Michigan	MI	650,000
	University of Puerto Rico Medical Sciences Campus	PR	650,000
	University of South Carolina	SC	650,000
	East Tennessee State Univ	TN	650,000
	University of Washington	WA	650,000
	Univ of Pittsburgh	PA	649,994
	Trustees of Boston University, BUMC	MA	649,977
	The Research Foundation of SUNY	NY	649,921
	The Regents of the University of California	CA	649,819
	The Univ of Texas Health Science Center At Houston	TX	649,801
	The University of Oklahoma Health Sciences Center	OK	649,750
	University of Colorado Denver	CO	649,497
	UMDNJ-School of Public Health	NJ	647,654
	Arizona Board of Regents	AZ	647,637
	University of Kentucky Research Foundation	KY	647,307
	Univ of North Carolina at Chapel Hill	NC	643,004
	The University of Georgia	GA	630,032
	Board of Regents of the University of Wisconsin System	WI	628,480
	Trustees of Dartmouth College	NH	618,734
	Eastern Virginia Medical School	VA	488,360
	Indiana University	IN	129,267
	Total (24 awards)		\$14,829,234

Source: GAO analysis of HHS information.

**Appendix III: Health Resources and Services
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Table 65: FY 2011 Grants, Public Health Workforce Development

Announcement	Recipient	State	Award (dollars)
<p>Public Health Training Centers Program (HRSA-11-142)</p> <p>Purpose (award type): To improve the nation’s public health system by strengthening the technical, scientific, managerial, and leadership competence of the current and future public health workforce. A public health training center plans, develops, operates, and evaluates projects that are in furtherance of the goals established by the Secretary in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities. (New and Continuation)</p> <p>Legislative Authority: Section 765 of the Public Health Service Act (42 U.S.C. 295), as amended by section 5206 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), and section 766 of the Public Health Service Act (42 U.S.C. 295a), and section 4002 of the Patient Protection and Affordable Care Act (Pub. L. 111-148).</p> <p>Eligibility: A Council on Education for Public Health (CEPH) accredited school of public health or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health.</p>	Regents of the University of California, Los Angeles	CA	\$650,000
	University of South Florida	FL	650,000
	Emory University	GA	650,000
	The Board of Trustees of the University of Illinois	IL	650,000
	University of Iowa	IA	650,000
	The Regents of the University of Michigan	MI	650,000
	Regents of the University of Minnesota	MN	650,000
	Board of Regents of the University of Nebraska, UNMC ^a	NE	650,000
	University of South Carolina	SC	650,000
	East Tennessee State University	TN	650,000
	University of Washington	WA	650,000
	Yale University ^a	CT	649,998
	University of Pittsburgh	PA	649,995
	University of Colorado Denver	CO	649,990
	University of Alabama at Birmingham ^a	AL	649,981
	Trustees of Boston University, BUMC	MA	649,972
	The Regents of the University of California	CA	649,905
	The University of Texas Health Science Center at Houston	TX	649,819
	The Research Foundation of SUNY	NY	649,496
	Board of Regents of the University of Wisconsin System	WI	647,154
	University of Florida ^a	FL	645,158
	Arizona Board of Regents	AZ	645,038
	UMDNJ-New Jersey-School of Public Health	NJ	644,441
	The University of Oklahoma Health Sciences Center	OK	642,064
	University of Puerto Rico Medical Sciences Campus	PR	640,879
	University of North Carolina at Chapel Hill	NC	639,004
	The University of Georgia	GA	633,022
	Trustees of Dartmouth College	NH	619,090
	University of Massachusetts Amherst ^a	MA	614,589
	University of Kentucky Research Foundation	KY	610,781
	Eastern Virginia Medical School	VA	491,849
	Indiana University	IN	129,748
Total (32 awards)			\$19,951,973

Source: GAO analysis of HHS information.

^aIndicates new awards for five recipients, remainder are continuation awards.

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Activity: Advanced Nursing Education

The purpose of this activity is to build and enhance advanced nursing education programs, including grants to schools of nursing to accelerate the education of primary care advanced practice nurses.

- **Fiscal year 2010:** \$31 million (26 grants in one funding announcement)
- **Fiscal year 2011:** None

Table 66: FY 2010 Grants, Advanced Nursing Education

Announcement	Recipient	State	Award (dollars)
<p>Advanced Nursing Education Expansion (HRSA-10-281)</p> <p>Purpose (award type): To increase the number of students enrolled full time in accredited primary care Nurse Practitioner and Nurse Midwifery programs and to accelerate the graduation of part time students in such programs by encouraging full time enrollment. The program provides master's, post master's, and, on a limited basis, doctor of nursing practice students with stipends, educational expenses, or other reasonable living expenses for \$22,000 per year, for a maximum of two years per student, plus indirect costs. (New)</p> <p>Legislative Authority: Section 811(a)(1) of the Public Health Service Act (42 U.S.C. 296j(a)(1), as amended by section 5308 of the Affordable Care Act (Pub. L. 111-148), and section 4002 of the Patient Protection and Affordable Care Act (Pub. L. 111-148).</p> <p>Eligibility: Collegiate schools of nursing, academic health centers, and other private or public entities accredited by a national nursing accrediting agency recognized by the Secretary of the U.S. Department of Education that offer and have students enrolled in a primary care nurse practitioner program and/or an accredited nurse-midwifery program.</p>	Florida State University	FL	\$1,425,600
	University of Illinois at Chicago/The Board of Trustees of the University of Illinois	IL	1,425,600
	Michigan State University	MI	1,425,600
	The University of Michigan-Flint	MI	1,425,600
	Daemen College	NY	1,425,600
	Pace University	NY	1,425,600
	Case Western Reserve Univ	OH	1,425,600
	Medical Univ of South Carolina	SC	1,425,600
	East Tennessee State University	TN	1,425,600
	University of Texas Health Science Center at San Antonio	TX	1,425,600
	Univ of Utah	UT	1,425,600
	The Pennsylvania State Univ	PA	1,335,840
	College of St. Scholastica	MN	1,330,560
	Wayne State University	MI	1,320,000
	Oregon Health & Science University	OR	1,283,040
	Duke Univ School of Nursing	NC	1,276,000
	Shenandoah Univ	VA	1,188,000
	Western Univ of Health Sciences	CA	1,056,000
	Trustees of the Univ of Pennsylvania	PA	950,400
	West Virginia University Rsch Corporation	WV	950,400
	Georgia State Univ Research Foundation, Inc.	GA	831,600
	Rutgers, The State University	NJ	807,840
	Univ of Oklahoma Health Sciences Center	OK	807,840
	Univ of Massachusetts Medical School	MA	760,816

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Announcement	Recipient	State	Award (dollars)
	Univ of Detroit Mercy	MI	760,320
	University of Miami	FL	704,000
	Total (26 awards)		\$31,044,256

Source: GAO analysis of HHS information.

Activity: Nurse Managed Care Centers

The purpose of this activity is to support nurse managed clinics which improve access to primary care, enhance nursing practice by increasing the number of clinical teaching sites for primary care and community health nursing students, and develop electronic processes for establishing effective patient and workforce data collection systems.

- **Fiscal year 2010:** \$14.8 million (10 grants in one funding announcement)
- **Fiscal year 2011:** None

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Table 67: FY 2010 Grants, Nurse Managed Care Centers

Announcement	Recipient	State	Award (dollars)
<p>Nurse Managed Health Clinics (HRSA-10-282) Purpose (award type): To support the development and operation of Nurse-Managed Health Clinics (NMHC) to: (1) improve access to comprehensive primary health care and/or wellness services (disease prevention and health promotion) across the lifespan, (2) provide services in medically underserved areas and/or for vulnerable populations; (3) serve as clinical training sites for students in primary care and specifically, enhance nursing practice by increasing the number of structured clinical teaching sites for primary and community health graduate nursing students; and (4) establish or enhance electronic processes for establishing effective patient and workforce data collection systems. (New)</p> <p>Legislative Authority: Section 330A-1 of the Public Health Service Act (42 U.S.C. 254c-1a) as added by Section 5208 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), and section 4002 of the Patient Protection and Affordable Care Act (Pub. L. 111-148).</p> <p>Eligibility: Nurse-managed health clinics (NMHC) that are associated with an accredited school, college, university, or department of nursing, federally qualified health center or independent nonprofit health or social services agency. Applicants must provide primary care or wellness services to vulnerable and/or underserved populations.</p>	Fair Haven Community Health Clinic, Inc.	CT	\$1,500,000
	University of Mississippi Medical Center	MS	1,500,000
	The University of Texas Medical Branch at Galveston	TX	1,500,000
	University of Illinois at Chicago/The Board of Trustees of the University of Illinois	IL	1,499,995
	Regents of the Univ of Michigan	MI	1,498,577
	University of Colorado, Denver	CO	1,498,206
	The Regents of the University of California, San Francisco	CA	1,497,320
	St. Mary's Health Wagon, Inc.	VA	1,493,634
	Tides Center–Women's Community Clinic	CA	1,459,366
	East Tennessee State University	TN	1,400,998
	Total (10 awards)		\$14,848,096

Source: GAO analysis of HHS information.

Activity: State Health Workforce Development Grants for Primary Care

The purpose of this activity is to provide support to states in expanding their health care workforce by enabling state partnerships (generally the State Workforce Investment Board) to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the state and local levels, with particular emphasis on primary care.

- **Fiscal Year 2010:** \$5.6 million (26 grants in two funding announcements)
- **Fiscal Year 2011:** None

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Table 68: FY 2010 Grants, State Health Workforce Development Grants for Primary Care

Announcements (2)	Recipient	State	Award (dollars)
<p>1. State Health Care Workforce Planning Grants (HRSA-10-284)</p> <p>Purpose (award type): To enable State partnerships to complete comprehensive health care workforce development planning to address current and projected workforce demands within the State. (New)</p> <p>Legislative Authority: Section 5102 of the Affordable Care Act; and section 4002 of the Patient Protection and Affordable Care Act, Public Law 111-148.</p> <p>Eligibility: Limited to eligible State partnerships (generally a State Workforce Investment Board) that includes, or modifies the members to include, at least one representative from each of the following: health care employer, labor organization, a public 2-year institution of higher education, a public 4-year institution of higher education, the recognized State federation of labor, the State public secondary education agency, the State P-16 or P-20 Council (statewide assemblies of education, business, and community leaders charged with developing strategies to better coordinate, integrate, and improve education for preschool through college students), if such a council exists, and a philanthropic organization that is actively engaged in providing learning, mentoring, and work opportunities to recruit, educate, and train individuals for, and retain individuals in, careers in health care and related industries.</p>	California Department of Employment Development	CA	\$150,000
	Colorado Department of Public Health and Environment	CO	150,000
	Connecticut Employment & Training Commission	CT	150,000
	Hawaii Department of Labor and Industrial Relations	HI	150,000
	Idaho Department of Labor	ID	150,000
	Kansas Department of Commerce	KS	150,000
	Maine Jobs Council	ME	150,000
	Maryland Governor's Workforce Investment Board	MD	150,000
	Montana State University	MT	150,000
	NJ Department of Labor and Workforce	NJ	150,000
	New Mexico Department of Labor	NM	150,000
	New York State Department of Labor	NY	150,000
	University of North Dakota	ND	150,000
	Alaska Department of Labor And Workforce Development, ESD	AK	150,000
	State of Ohio – Department of Health	OH	150,000
	Pennsylvania Department of Labor & Industry	PA	150,000
	University of Wisconsin –Madison	WI	150,000
	Nevada Dept of Employment, Training, and Rehabilitation	NV	149,999
	MN Department of Employment and Economic Development	MN	149,599
	Wyoming Department of Workforce Services	WY	149,396
	Commonwealth Corporation	MA	149,271
	District of Columbia Department of Employment Services	DC	149,250
	North Carolina Department of Commerce Division of Workforce Development	NC	144,595
	University of Vermont	VT	131,786
	South Carolina Department of Employment and Workforce	SC	114,604
	Total (25 awards)		\$3,688,500

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Announcements (2)	Recipient	State	Award (dollars)
2. State Health Care Workforce Implementation Grants (HRSA-10-285)	Virginia State Department of Health	VA	\$1,935,137
	Total (1 award)		\$1,935,137

Purpose (award type): To enable State partnerships to implement workforce development plans or carry out activities as defined by the State application in order to address current and projected workforce demands within the State.(New)

Legislative Authority: Section 5102 of the Affordable Care Act; and section 4002 of the Patient Protection and Affordable Care Act, Public Law 111-148.

Eligibility: A State partnership shall have (1) received a planning grant as specified under subsection c of Section 5102, P.L. 111-148 and completed all requirements of such grant; or (2) completed a satisfactory application, including a plan to coordinate with required partners and complete the required activities during the two year period of the implementation grant.

Source: GAO analysis of HHS information.

Activity: HRSA Healthy Weight Collaborative and Activities

The purpose of this activity is to integrate primary care, public health, and the community by using quality improvement science to identify, test, and disseminate evidence-based interventions to prevent and treat obesity in children and families.

- **Fiscal year 2010:** \$5.0 million (one grant in one funding announcement)
- **Fiscal year 2011:** None

**Appendix III: Health Resources and Services
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Table 69: FY 2010 Grants, HRSA Healthy Weight Collaborative

Announcement	Recipient	State	Award (dollars)
Prevention Center For Healthy Weight (HRSA-10-303)	National Initiative For Children’s Healthcare Quality	MA	\$4,983,638
	Total (1 award)		\$4,983,638

Purpose (award type): To support a Prevention Center for Healthy Weight (PC) to plan, implement, and manage a nation-wide Healthy Weight Collaborative (HWC) as well as recruit and support communities and teams participating in the HWC. The PC will also serve as a gateway to quality information on the prevention and treatment of overweight and obesity in the context of integration of public and community health and primary care. (New)

Legislative Authority: Title V, Section 501(a)(2) Social Security Act (42 U.S.C. 701) and Section 4002 of the Patient Protection and Affordable Care Act (P.L. 111-148).

Eligibility: Any public or private nonprofit entity, including state and local government agencies, institutions of higher education, and an Indian tribe or tribal organization. Applicants must have at least four years experience in the fields of quality management, quality improvement, developing and disseminating informational materials, and providing training or technical assistance related to the prevention and treatment of overweight and obesity on a national level. The applicant should have experience working with public health, community-based organizations, primary care, behavioral health, and academic institutions in addressing these concerns. The Prevention Center may be a consortium of organizations composed of more than one eligible entity, but only one entity can be the official applicant for funding. All other organizations are members of the consortium or partnership.

Source: GAO analysis of HHS information.

Activity: Nutrition, Physical Activity, and Screen Time Standards in Child Care Settings

The purpose of this activity is to enhance the quality of out-of-home child care by supporting the state and local health departments, early care and education regulatory agencies, early care and education providers, and parents in their efforts to identify and promote healthy and safe early care.

**Appendix III: Health Resources and Services
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- **Fiscal year 2010:** \$0.2 million (one grant in one funding announcement)
- **Fiscal year 2011:** None

Table 70: FY 2010 Grant, Nutrition, Physical Activity, and Screen Time Standards in Child Care Settings

Announcement	Recipient	State	Award (dollars)
National Resource Center for Health and Safety in Child Care Settings (HRSA-05-058)	University of Colorado, Denver, College of Nursing	CO	\$249,000
Total (1 award)			\$249,000
<p>Purpose (award type): The National Resource Center (NRC) In partnership with national experts (American Academy of Pediatrics and American Public Health Association), coordinates the development, updating and promotion of voluntary national evidence-based health and safety standards for child care programs—commonly referred to as Caring for Our Children. (Supplement)</p> <p>Legislative Authority: Title V, Section 501(a)(2-3) Social Security Act (42 U.S.C. 701) and Section 4002 of the Patient Protection and Affordable Care Act (P.L. 111-148).</p> <p>Eligibility: Supplemental funding to the National Resource Center for Health and Safety in Child Care, University of Colorado, Denver, College of Nursing.</p>			

Source: GAO analysis of HHS information.

Appendix IV: Office of the Secretary— Prevention and Public Health Fund Awards by Activity

This appendix presents information on awards made by the Office of the Secretary (OS) for Prevention and Public Health Fund (PPHF) activities with funds allocated and transferred from the PPHF for fiscal years (FY) 2010 and 2011. For each OS activity that received PPHF funding, tables 71 through 77 summarize information on awards made with those funds through grants and contracts for each fiscal year.¹ Award information was provided by HHS's Assistant Secretary for Financial Resources and OS officials.

The information presented in this appendix, including the purpose of the PPHF-funded activity, was obtained from HHS. Due to the large number of awards, we did not edit the award recipient information to correct typographical or grammatical errors, or clarify the information provided. In general, we reprinted the abbreviations and acronyms provided by HHS. Totals in this appendix (reported obligations) may not match—for example, they may be lower than—the amounts in table 2 (reported allocations). According to HHS officials, to carry out an activity, an agency may incur administrative expenses, including an agency's internal costs associated with managing and overseeing grants and contracts, not reflected in award amounts. Further, to the extent that an appropriation has not identified a particular amount for a specific activity, an agency may reallocate unobligated funds from that activity to another during the course of a fiscal year.

Activity: Obesity Media Activities

The purpose of this activity is to develop and execute innovative communication campaigns, including both print and online materials development for anti-obesity and healthy lifestyle initiatives.

- **Fiscal year 2010:** \$9.1 million (one contract)
- **Fiscal year 2011:** \$8.6 million (two contracts)

¹The tables present information on cooperative agreements with grants, and include information on interagency agreements with contracts.

**Appendix IV: Office of the Secretary—
Prevention and Public Health Fund Awards by
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Table 71: FY 2010 Contracts, Obesity Media Activities

Recipient	Purpose	State	Award (dollars)
Oglivy Public Relations	Develop strategic outreach plans	NY	\$9,100,000
Total (1 award)			\$9,100,000

Source: GAO analysis of HHS information.

Table 72: FY 2011 Contracts, Obesity Media Activities

Recipient	Purpose	State	Award (dollars)
Oglivy Public Relations	Public awareness campaigns	NY	\$5,993,740
Ad Council	Public awareness campaigns	NY	2,650,000
Total (2 awards)			\$8,643,740

Source: GAO analysis of HHS information.

Activity: Tobacco Prevention Media

The purpose of this activity is to launch a mass-media countermarketing campaign to prevent youth initiation, promote cessation among adults, and change social norms, using social media initiatives, a website, and smart phone applications.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$10.1 million (12 contracts)

Appendix IV: Office of the Secretary—
Prevention and Public Health Fund Awards by
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Table 73: FY 2011 Contracts, Tobacco Prevention Media

Recipient	Purpose	State	Award (dollars)
PlowShare Group Inc	Smoking Cessation campaign	CT	\$4,000,000
Aquilent	Web development	MD	2,052,116
Matthews Media Group	Smoking Cessation campaign	MD	2,000,000
Aquilent	Web development	MD	494,224
American Independent Media	Studio activities in support of tobacco related messaging	MD	425,000
Communication Training Analysis Corporation	Research and database	VA	298,939
Communication Training Analysis Corporation	Research and database	VA	229,960
Aquilent	Web development	MD	221,064
Intelligent Enterprise Solutions	Develop engine to syndicate content	MD	200,000
Interagency Agreement with OASH	Content support		125,000
PSC	Various processing fees		21,943
Web Training	Web training		3,500
Total (12 awards)			\$10,071,746

Source: GAO analysis of HHS information.

Activity: National Prevention, Health Promotion, and Public Health Council Planning

The purpose of this activity is to support the National Prevention Council, including a national conference that will bring together individuals, agencies, organizations, and programs that are putting into practice activities that will advance prevention per the Healthy People 2020 initiative.

- **Fiscal year 2010:** \$1.1 million (one grant for \$0.1 million² and three contracts totaling \$1.0 million)
- **Fiscal year 2011:** None

²HHS did not provide a funding announcement for this award. According to HHS officials, OS awarded \$138,000 to the Association for Prevention Teaching Workshop for fiscal year 2010.

Appendix IV: Office of the Secretary—
Prevention and Public Health Fund Awards by
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Table 74: FY 2010 Contracts, National Prevention, Health Promotion, and Public Health Council Planning

Recipient	Purpose	State	Award (dollars)
IQ Solutions, Inc.	Contracts to support strategic planning within the Office of Public Health and Science, such as support for the National Prevention, Health Promotion, and Public Health Council and Advisory Group in section 4001 of the Affordable Care Act.		\$620,000
American Institutes For Research			66,000
National Opinion Research Center			300,000
Total (3 awards)			\$986,000

Source: GAO analysis of HHS information.

Activity: President’s Council on Fitness, Sports, and Nutrition

The purpose of this activity is to coordinate obesity activities, including the Let’s Move Ambassador Program; the President’s Active Lifestyle Awards Program; the Youth Empowerment Program, and support for a Leadership Development Series for the Council.

- **Fiscal year 2010:** \$0.8 million (two contracts)
- **Fiscal year 2011:** None

Table 75: FY 2010 Contracts, President’s Council on Fitness, Sports, and Nutrition

Recipient	Purpose	State	Award (dollars)
National Initiative on Physical Fitness for Children and Youth with Disabilities (OPHS-10-239)	Interagency agreements to coordinate obesity, including the Let’s Move Ambassador Program; the President’s Active Lifestyle Awards Program; the Youth Empowerment Program, and support for a Leadership Development Series for the Council.		\$500,000
Research Participation Program (OPHS-10-228)			292,000
Total (2 awards)			\$792,000

Source: GAO analysis of HHS information.

Activity: Tobacco Cessation

The purpose of this activity is to implement tobacco cessation activities, such as reducing tobacco use among low social economic status women of childbearing age, reducing the impact of tobacco use on their children, and other outreach efforts.

- **Fiscal year 2010:** \$0.7 million (three contracts)
- **Fiscal year 2011:** None

**Appendix IV: Office of the Secretary—
Prevention and Public Health Fund Awards by
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Table 76: FY 2010 Contracts, Tobacco Cessation

Recipient	Purpose	State	Award (dollars)
Tobacco and Young, Low-SES Women Federal Collaboration Smoking Cessation and Prevention Program (OPHS-10-213)	Contract and interagency agreements to implement tobacco cessation activities, such as reducing tobacco use among low social economic status women of childbearing age, reducing the impact of tobacco use on their children, and other outreach efforts.		\$285,000
American Institutes for Research			226,000
LSES Women and Tobacco Collaborative Demonstration Project (OPHS-10-231)			150,000
Total (3 awards)			\$661,000

Source: GAO analysis of HHS information.

Activity: Healthy Living Innovations Awards

The purpose of this activity is to create a public challenge project that would address three health promotion areas: healthy weight, physical activity, and nutrition. Project funds were used to develop the website, market the challenge, coordinate the review process for 250 applications, develop a monthly report on the website analytics, and manage the logistics of bringing the challenge winners to Washington, D.C. to receive an award (plaques) and present on their projects at a national conference. The contractor also developed a final report documenting the process and highlighting areas of improvement.

- **Fiscal year 2010:** \$0.1 million (one contract)
- **Fiscal year 2011:** None

Table 77: FY 2010 Contract, Healthy Living Innovations Awards

Recipient	Purpose	State	Award (dollars)
NORC at the University of Chicago	Administer awards program	MD	\$100,000
Total (1 award)			\$100,000

Source: GAO analysis of HHS information.

Appendix V: Substance Abuse and Mental Health Services Administration—Prevention and Public Health Fund Awards by Activity

This appendix presents information on awards made by the Substance Abuse and Mental Health Services Administration (SAMHSA) for Prevention and Public Health Fund (PPHF) activities with funds allocated and transferred from the PPHF for fiscal years (FY) 2010 and 2011. For each SAMHSA activity that received PPHF funding, tables 78 through 83 summarize information on awards made with those funds through grants and contracts for each fiscal year.¹ Award information was provided by HHS's Assistant Secretary for Financial Resources, SAMHSA, or reported in the funding opportunity announcements (FOA) HHS identified as being associated with the activity and awards.

The information presented in this appendix, including the purpose of the PPHF-funded activity, was obtained from HHS. Due to the large number of awards, we did not edit the award recipient information to correct typographical or grammatical errors, or clarify the information provided. In general, we reprinted the abbreviations and acronyms provided by HHS and the legislative authority cited in the FOA or otherwise provided by HHS. We did not independently verify the legislative authority. Totals in this appendix (reported obligations) may not match—for example, they may be lower than—the amounts in table 2 (reported allocations). According to HHS officials, to carry out an activity, an agency may incur administrative expenses, including an agency's internal costs associated with managing and overseeing grants and contracts, not reflected in award amounts. Further, to the extent that an appropriation has not identified a particular amount for a specific activity, an agency may reallocate unobligated funds from that activity to another during the course of a fiscal year.

Activity: Primary and Behavioral Health Care Integration

The purpose of this activity is to improve the physical health status of people with serious mental illnesses by supporting communities to coordinate and integrate primary care services in community mental health and other community-based behavioral health settings.

¹The tables present information on cooperative agreements with grants, and include information on interagency agreements with contracts.

Appendix V: Substance Abuse and Mental Health Services Administration—Prevention and Public Health Fund Awards by Activity

- **Fiscal year 2010:** \$20.0 million (35 grants in two funding announcements)
- **Fiscal year 2011:** \$35.0 million (43 grants in two funding announcements)

Table 78: FY 2010 Grants, Primary and Behavioral Health Care Integration

Announcements (2)	Recipient	State	Award (dollars)
<p>1. Grants for Primary and Behavioral Health Care Integration (SM-09-011)</p> <p>Purpose (award type): To improve the overall wellness and physical health status of people with serious mental illnesses by making available coordinated primary care services in community mental health and other community-based behavioral health settings. SAMHSA expects that people with serious mental illnesses will show improvement in their physical health status through participation in the programs associated with this grant. PBHCI also includes a focus on providing wellness education and support services. This grant program supports SAMHSA’s Pledge for Wellness 10 by 10 Campaign to prevent and reduce early mortality among people with mental illness by 10 years over the next 10 years. It is projected that better coordination and integration of primary and behavioral health care should lead to outcomes such as improved access to primary care services; improved prevention, early identification and intervention to avoid serious health issues including chronic diseases; enhanced capacity to holistically serve those with mental and/or substance use disorders; and better overall health status of clients. (New)</p> <p>Legislative Authority: Section 520A of the Public Health Service Act, as amended.</p> <p>Eligibility: Limited to publicly funded community mental health and other community-based behavioral health agencies. For the purposes of this announcement, community mental health and other behavioral health agencies are defined as the following: (1) an entity that meets applicable licensing or certification requirements in the State in which it is located; and (2) provides outpatient mental health and/or other behavioral health services for individuals with serious mental illness.</p>	Community Mental Health Affiliates, Inc.	CT	\$496,863
	Asian Community Mental Health Board	CA	496,863
	Glenn County Health Services Agency	CA	496,863
	Apalachee Center, Inc.	FL	496,863
	Coastal Behavioral Healthcare, Inc.	FL	496,863
	Miami Behavioral Health Center, Inc.	FL	496,863
	Heritage Behavioral Health Center, Inc.	IL	496,863
	St. Barnabas Hospital	NY	496,863
	North Oklahoma County Mental Health Center	OK	496,863
	Asian Counseling and Referral Services	WA	496,863
	Tarzana Treatment Centers, Inc.	CA	496,862
	Community Rehab Center (CRC), Inc.	FL	496,862
	LifeStream Behavioral Center	FL	496,862
	Washtenaw Community Health Organization	MI	496,862
	Catholic Charities, Diocese of Trenton	NJ	496,862
	Weber Human Services	UT	496,862
	Cobb County Community Services Board	GA	496,825
	Community Health and Counseling Services	ME	496,820
	Kent Center for Human and Organizational Development	RI	496,636
	Postgraduate Center for Mental Health	NY	496,372
	County of San Mateo	CA	496,307
	Bronx Lebanon Hospital Center	NY	496,135
	Adult and Child Mental Health Center, Inc.	IN	495,189
Austin Travis County MH/MR Center	TX	494,900	
Greater Cincinnati Behavioral Health Services	OH	492,511	
Family Services, Inc.	MD	490,868	
Downtown Emergency Services Center	WA	482,394	
Horizon House, Inc.	PA	481,562	
South Carolina Department of Mental Health	SC	471,654	

Appendix V: Substance Abuse and Mental Health Services Administration—Prevention and Public Health Fund Awards by Activity

Announcements (2)	Recipient	State	Award (dollars)
	Community Healthlink, Inc.	MA	460,690
	Lakeside Behavioral Healthcare, Inc.	FL	448,343
	Prestera Center for Mental Health Services, Inc.	WV	438,513
	Trilogy, Inc.	IL	421,263
	Alaska Island Community Services	AK	296,836
	Total (34 awards)		\$16,403,620
2. Training and Technical Assistance Center for Primary and Behavioral Health Care Integration (TTA-PBHCI) (SM-10-011)	National Council for Community Behavioral Healthcare	DC	\$3,596,380
	Total (1 award)		\$3,596,380

Purpose (award type): To provide technical assistance support for up to 30 additional grantees, support a coordinated approach to address workforce development issues affecting the behavioral health service delivery community, and promote the training and use of behavioral health screening, brief intervention and referral for treatment in primary care settings. (New)

Legislative Authority: Section 520A (SAMHSA) and 330(1) (HRSA) of the Public Health Service Act, as amended.

Eligibility: Eligible applicants are domestic public and private nonprofit entities. For example, State and local governments, federally recognized American Indian/Alaska Native Tribes and tribal organizations, urban Indian organizations, public or private universities and colleges; and community- and faith-based organizations may apply. Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval.

Source: GAO analysis of HHS information.

**Appendix V: Substance Abuse and Mental
Health Services Administration—Prevention
and Public Health Fund Awards by Activity**

Table 79: FY 2011 Grants, Primary and Behavioral Health Care Integration

Announcements (2)	Recipient	State	Award (dollars)
1. Grants for Primary and Behavioral Health Care Integration (SM-09-011)	Capital Area Human Services District ^a	LA	\$1,893,939
	Catholic Charities of Santa Clara County ^a	CA	1,893,939
Purpose (award type): To improve the overall wellness and physical health status of people with serious mental illnesses by making available coordinated primary care services in community mental health and other community-based behavioral health settings. (New and Continuation)	Highline West Seattle Mental Health ^a	WA	1,893,939
	Norfolk Community Services Board ^a	VA	1,893,939
Legislative Authority: Section 520A of the Public Health Service Act, as amended.	San Francisco Department of Public Health ^a	CA	1,893,939
	SouthCentral Foundation ^a	AK	1,893,939
Eligibility: Limited to publicly funded community mental health and other community-based behavioral health agencies. For the purposes of this announcement, community mental health and other behavioral health agencies are defined as the following: (1) an entity that meets applicable licensing or certification requirements in the State in which it is located; and (2) provides outpatient mental health and/or other behavioral health services for individuals with serious mental illness.	Community Support Services Inc. ^a	OH	1,836,954
	Health and Hospital Corp of Marion County ^a	IN	1,834,412
	Apalachee Center, Inc.	FL	500,000
	Asian Community Mental Health Board	CA	500,000
	Asian Counseling and Referral Services	WA	500,000
	Catholic Charities, Diocese of Trenton	NJ	500,000
	Coastal Behavioral Healthcare, Inc.	FL	500,000
	Community Mental Health Affiliates, Inc.	CT	500,000
	Community Rehab Center (CRC), Inc.	FL	500,000
	Family Services, Inc.	MD	500,000
	Glenn County Health Services Agency	CA	500,000
	Heritage Behavioral Health Center, Inc.	IL	500,000
	LifeStream Behavioral Center	FL	500,000
	Miami Behavioral Health Center, Inc.	FL	500,000
	North Oklahoma County Mental Health Center	OK	500,000
	Tarzana Treatment Centers, Inc.	CA	500,000
	Washtenaw Community Health Organization	MI	500,000
	Community Health and Counseling Services	ME	499,957
	Postgraduate Center for Mental Health	NY	499,510
	County of San Mateo	CA	499,444
	Bronx Lebanon Hospital Center	NY	499,272
	Cobb County Community Services Board	GA	498,825
	Adult and Child Mental Health Center, Inc.	IN	498,061
	Austin Travis County MH/MR Center	TX	498,037
	St. Barnabas Hospital	NY	496,863
	Kent Center for Human and Organizational Development	RI	492,281
	Downtown Emergency Services Center	WA	485,531
	Community Healthlink, Inc.	MA	484,964

Appendix V: Substance Abuse and Mental Health Services Administration—Prevention and Public Health Fund Awards by Activity

Announcements (2)	Recipient	State	Award (dollars)
	Greater Cincinnati Behavioral Health Services	OH	483,637
	Pretera Center for Mental Health Services, Inc.	WV	481,091
	South Carolina Department of Mental Health	SC	478,049
	Horizon House, Inc.	PA	467,609
	Lakeside Behavioral Healthcare, Inc.	FL	455,033
	Trilogy, Inc.	IL	387,218
	Weber Human Services	UT	365,000
	Alaska Island Community Services	AK	300,000
	Total (42 awards)		\$31,405,382
2. Continuation to the Training and Technical Assistance Center for Primary and Behavioral Health Care Integration (TTA-PBHCI)(SM-10-011)	National Council for Community Behavioral Healthcare	DC	\$3,594,045
	Total (1 award)		\$3,594,045

Purpose (award type): To provide technical assistance support for a coordinated approach to address workforce development issues affecting the behavioral health service delivery community, and promote the training and use of behavioral health screening, brief intervention and referral for treatment in primary care settings.
(Continuation)

Legislative Authority: Section 520A (SAMHSA) and 330(1) (HRSA) of the Public Health Service Act, as amended.

Eligibility: Limited to the National Council for Community Behavioral Healthcare (NCCBH), based on the Council's expertise and relationship with the PBHCI grantees.

Source: GAO analysis of HHS information.

^aIndicates new awards for eight recipients, remainder are continuation awards.

Activity: Screening, Brief Intervention, and Referral to Treatment

The purpose of this activity is to implement screening, brief intervention, and referral to treatment services for adults in primary care and community health settings, for substance misuse and substance use disorders. This program is designed to expand/enhance the state and tribal continuum of care for substance misuse services and reduce alcohol and drug consumption and its negative health impact; increase abstinence and reduce costly health care utilization; and promote sustainability and behavioral health information technology.

Appendix V: Substance Abuse and Mental Health Services Administration—Prevention and Public Health Fund Awards by Activity

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$25.0 million (three grants in one funding announcement)

Table 80: FY 2011 Grants, Screening, Brief Intervention, and Referral to Treatment

Announcement	Recipient	State	Award (dollars)
Cooperative Agreements for Screening, Brief Intervention and Referral to Treatment (SBIRT) (TI-11-005) Purpose (award type): To expand/enhance the State/Tribe’s continuum of care to include universal, adult SBIRT services in primary care and a mix of other community settings (e.g., health centers, nursing homes, university health centers, employee assistance and job training sites, hospitals, emergency departments, office-based practices and Military, Reserve and Guard units) and supports clinically appropriate services for persons at risk (asymptomatic) for, or diagnosed with, a substance use disorder (SUD). It also seeks to identify and sustain systems and policy changes to increase access to treatment in generalist and specialist settings. (New) Legislative Authority: Section 509 of the Public Health Service Act, as amended. Eligibility: The immediate office of the Chief Executive (e.g., Governor) in the States, Territories, and District of Columbia; and the highest ranking official and/or the duly authorized official of a federally recognized American Indian/Alaska Native Tribe or tribal organization.	North Carolina Department of Health and Human Services	NC	\$8,330,000
	State of Connecticut	CT	8,330,000
	State of Indiana	IN	8,329,906
	Total (3 awards)		

Source: GAO analysis of HHS information.

Activity: SAMHSA Health Surveillance

The purpose of this activity is to support a number of federal, state, local, and tribal governments, as well as researchers and nongovernmental organizations, to develop timely and credible data and statistical information to improve the quality and outcomes of services provided to individuals, families, communities, and tribal communities.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$17.9 million (seven contracts)

Table 81: FY 2011 Contracts, SAMHSA Health Surveillance

Recipient	Purpose	State	Award (dollars)
Westat	DAWN Operations and Emergency room data collection	MD	\$8,804,701
Manila Consulting	Expansion of NREPP	VA	3,547,794
Synectics for Management Decisions	Expansion of Mental Health inventories	VA	2,400,704
RTI International	DAWN Analysis contract modification	NC	1,503,561
The Mitre Corporation	MITRE FFRDC	VA	757,272
RTI International	Analysis on NSDUH data system	NC	690,412
Manila Consulting	SAMHSA Data Users Conference on prevention research	VA	200,000
Total (7 awards)			\$17,904,444

Source: GAO analysis of HHS information.

Activity: Suicide Prevention

The Garrett Lee Smith (GLS) Memorial Act authorizes SAMHSA to manage two significant youth suicide prevention programs and a resource center. The GLS State/Tribal Youth Suicide Prevention and Early Intervention Grant Program supports the development and implementation of youth suicide prevention and early intervention strategies involving public-private collaborations among youth-serving institutions. The GLS Campus Suicide Prevention program provides funding to institutions of higher education to prevent suicide and suicide attempts. The Suicide Prevention Resource Center (SPRC) develops effective strategies and best practices to ensure the field has access to the most crucial information.

- **Fiscal year 2010:** None
- **Fiscal year 2011:** \$10.1 million (11 grants in four funding announcements totaling \$10.0 million and one contract for \$0.1 million)

Appendix V: Substance Abuse and Mental Health Services Administration—Prevention and Public Health Fund Awards by Activity

Table 82: FY 2011 Grants, Suicide Prevention

Announcements (4)	Recipient	State	Award (dollars)
<p>1. State and Tribal Youth Suicide Prevention Grants (SM-11-001)</p> <p>Purpose (award type): To support States and tribes in developing and implementing statewide and/or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Such efforts must involve public/private collaboration among youth serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations. (New)</p> <p>Legislative Authority: The Garrett Lee Smith Memorial Act (Section 520E-1 of the Public Health Service Act, as amended).</p> <p>Eligibility: (1) States (Including D.C. and the Territories); (2) Federally recognized Indian tribes, tribal organizations (as defined in the Indian Self-Determination and Educational Assistance Act), or urban Indian organizations (as defined in the Indian Health Care Improvement Act) that are actively involved in the development and continuation of a tribal youth suicide early intervention and prevention strategy; and (3) Public or private non-profit organizations designated by a State, federally recognized Indian tribe, tribal organization, or urban Indian organization, to develop or direct the State/tribal-sponsored youth suicide prevention and early intervention strategy.</p>	Pueblo of San Felipe - GLS States	NM	\$1,440,000
	Muscogee Creek Nation - GLS States	OK	1,440,000
	Native American Rehabilitation Assn - GLS States	OR	1,440,000
	Tohono O’Odham Nation - GLS States	AZ	1,440,000
	Total (4 awards)		
<p>2. Campus Suicide Prevention Grants (SM-11-002)</p> <p>Purpose (award type): To assist colleges and universities in their efforts to prevent suicide attempts and completions and to enhance services for students with mental and behavioral health problems, such as depression and substance use/abuse that put them at risk for suicide and suicide attempts. (New)</p> <p>Legislative Authority: The Garrett Lee Smith Memorial Act (Section 520E-2 of the Public Health Service Act, as amended).</p> <p>Eligibility: Limited to institutions of higher education as a statutory requirement (per Section 520E-2 of the Public Health Service Act, as amended). Applicants from both public and private institutions may apply, including State universities, private four-year colleges and universities (including those with religious affiliations), Minority Serving Institutions of higher learning, and community colleges. Entities that have previously been awarded a Campus Suicide Prevention Grant are not eligible. SAMHSA is further limiting the eligibility to applicants who have not previously received an award in order to allow for a broader distribution of the limited funds across campuses and universities.</p>	University of Puerto Rico Rio Piedras - GLS Campus	PR	\$306,000
	Thomas Jefferson University - GLS Campus	PA	306,000
	University of Arizona - GLS Campus	AZ	306,000
	University of Alaska Anchorage - GLS Campus	AL	306,000
	Jackson State University - GLS Campus	MS	306,000
	Total (5 awards)		

Appendix V: Substance Abuse and Mental Health Services Administration—Prevention and Public Health Fund Awards by Activity

Announcements (4)	Recipient	State	Award (dollars)
3. Program Supplement for the National Suicide Prevention Lifeline (SM-11-003)	Link2Health Solutions, Inc. - Suicide Hotline Supplement	NY	\$1,705,000
Purpose (award type): To expand/enhance grant activities funded under the Cooperative Agreement for Networking, Certifying, and Training Suicide Prevention Hotlines grant announcement. Supplemental funding is being provided as a result of increased demand and challenges posed by the current economic environment. (Supplement)	Total (1 award)		\$1,705,000
Legislative Authority: Section 520A of the Public Health Service Act, as amended.			
Eligibility: Limited to the current grantee, Link2Health Solutions, Inc.. The grantee was awarded the cooperative agreement following a competitive application process.			
4. Program Supplement for the Suicide Prevention Resource Center (SPRC) (SM-11-014)	Education Development Center, Inc.	MA	\$999,993
Purpose (award type): To expand and enhance grant activities funded under the Suicide Prevention Resource Center (SPRC) grant announcement. This one-year supplement to the SPRC is to expand and enhance the level of support provided to the National Action Alliance for Suicide Prevention. (Supplement)	Total (1 award)		\$999,993
Legislative Authority: Section 520C of the Public Health Service Act, as amended.			
Eligibility: Limited to the Education Development Center, Inc. Eligibility for this one-year supplemental agreement is being limited because SPRC is currently providing the infrastructure for the Action Alliance and this is the most efficient and effective way to accomplish the goals of advancing the National Strategy for Suicide Prevention.			

Source: GAO analysis of HHS information.

Table 83: FY 2011 Contract, Suicide Prevention

Recipient	Purpose	State	Award (dollars)
Westover Consultants INC	Meeting support	MD	\$110,656
Total (1 award)			\$110,656

Source: GAO analysis of HHS information.

Appendix VI: GAO Contact and Staff Acknowledgments

GAO Contact

Katherine Iritani, (202) 512-7114 or iritanik@gao.gov

Staff Acknowledgments

In addition to the contact named above, Kim Yamane, Assistant Director; George Bogart; Carolyn Garvey; Laurie Pachter; and Terry Saiki made key contributions to this report.

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