

2015

Partnerships to Improve Community Health (PICH) Funding: Virtual Advocacy Day Participant Guide



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Cicily Hampton

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Background

On September 29th, there will be a Virtual Advocacy Day, where we will use online and social media tools to advocate for continued funding of the CDC Partnerships to Improve Community Health (PICH) program in the fiscal year 2016 appropriations bills. Both the House and Senate Labor, Health and Human Services appropriations bills eliminated funding for the PICH program in its critical third year. Budget negotiations are happening quickly and we must let the appropriators know the value of the PICH program. Today, more than ever, community-based health interventions need to be used to prevent chronic disease. Join us for a day of advocacy and speak out.

On Tuesday September 29th, we encourage both organizations and individuals to use Facebook, Twitter, email and phone to contact the US Congress and be heard!

For a unified message, please use the following hashtags throughout the day on your social media platforms: #SavePICH #Partnering4Health

Schedule

The Virtual Advocacy Day will be divided into three parts:

- 1. 12:00 – 1:00 PM (ET): Free Webinar – Partnerships to Improve Community Health (PICH) Funding at the Centers for Disease Control and Prevention**
 - Learn more about the issue at hand, who the major players are, and instructions for the day
- 2. 1:00 – 3:00 PM (ET): Call to Action**
 - Contact your Congressional representation by phone, fax, email, and social media using the hashtags #SavePICH or #Partnering4Health
- 3. 3:00 – 4:00 PM (ET): Twitter Chat to further promote our message**
 - Use #SavePICH and #Partnering4Health to join the Twitter conversation

See below for detailed information on each of our exciting Virtual Advocacy Day events!

Part 1: Partnerships to Improve Community Health (PICH) Webinar | 12:00 PM – 1:00 PM (ET)

The webinar will provide information about why the CDC Partnerships to Improve Community Health (PICH) Program is so essential to curbing the rate of chronic disease in the United States. By exploring the program initiatives and successes, the participant will understand the full context of our advocacy appeals today. Rates of chronic disease in America have reached staggering levels, fueled in large part by our nation's obesity epidemic and three main risk factors - poor nutrition, physical inactivity, and tobacco use. More than half of all adults in the U.S. have at least one chronic disease, which in turn is responsible for seven out of every 10 deaths. The direct medical expenditures that result account for 86 percent of our nation's health care spending. It is therefore virtually impossible to envision how efforts to control health care spending can be successful if we do not first invest in evidence-based, population-wide interventions to prevent the incidence of chronic disease. Worse still, the burden of chronic disease is not equally shared, but rather disproportionately felt by racial and ethnic groups, low-income Americans, and our tribal communities.

Personal choices ultimately drive health outcomes, yet our choices hinge strongly on the communities in which we live. Partnerships to Improve Community Health (PICH) is the latest in a series of community health programs administered by the Centers for Disease Control and Prevention (CDC). Previous, yet similar, community health programs have had significant impact on improving health. If the public health impacts of these previous investments are sustained through 2020, CDC scientists estimate the result will be 14,000 averted chronic disease-related deaths and \$2.4 billion in health care savings.

PICH programs are three-year initiatives that provide funding for local governmental agencies and non-governmental organizations to implement evidence- and practice-based strategies that address chronic disease risk factors related to tobacco use and exposure, poor nutrition, physical inactivity, and a lack of access to health care. Awardees create multi-sectoral community coalitions that include local businesses, schools, nonprofit organizations, and others to promote healthy living in large cities and urban counties, small cities and counties, or within tribal groups and organizations. In 2014, \$49.3 million was awarded to 39 grantees in 23 states. In addition, CDC awarded \$9.37 million to five national organizations representing two categories.

- Category A: Community Capacity-Building and Implementation awardees will use more than 75% of their budget to fund two cohorts of 15-20 sub-recipients, from among their chapters/affiliates, to develop or strengthen their coalitions and to implement locally driven plans that address one or more chronic disease factors.
- Category B: Dissemination and Training awardees will develop and monitor tools and trainings (e.g., educational guides, toolkits, newsletters) to support funded chapters/affiliates and their community coalitions in improving health locally.

In the proposed FY 2016 Labor, Health and Human Services, and Related Agencies House and Senate appropriations committee bills, all funding was eliminated for the PICH program.

Congress should maintain the current level of funding (\$80 million) for PICH in fiscal year 2016 so that these three-year initiatives can complete their work plans and respective communities can achieve the benefits of this important investment. Congress also should continue funding this important program in 2017 and beyond to ensure that a new round of PICH grantees can help scale this work to additional communities across the country.

Cutting or eliminating PICH would have far-ranging and long-term negative health consequences. Nearly 500 public health jobs would be eliminated immediately in 39 different rural, tribal, and urban communities. All of these grantees would lose critical opportunities to address health disparities, and improve the health of the populations they serve. Eliminating this program in the third year of funding would effectively eliminate communities' ability to achieve results for this investment and CDC's ability to evaluate outcomes.

[Click here to see a map of all the PICH programs and if they are located in your state](#)

[Click here to register for the webinar today!](#)

PART 2: Call to Action | 1:00 PM – 3:00 PM (ET)

Legislator outreach: Fill elected officials' news feeds with demands to continue funding the PICH program in year three of the grant program and beyond.

During this time, we ask that you take to Facebook, Twitter, email and phone to let the Congress know how important the PICH program is to you. We urge you to contact your Congressional representation and flood appropriators news feeds by tweeting at them, posting on their Facebook pages, sending emails and calling their offices as a unified #SavePICH voice. We have provided contact information, including social media, below for key offices. Also, a list of sample Facebook posts, tweets, emails and phone message have been provided.

Individual Senator Contact Information by State

Call and/or email your two Senators. [Click here to look up your Senators' contact information](#) or call the U.S. Capitol Switchboard at (202) 224-3121 and the operator will connect you directly to the Senate office you request.

Individual House Contact Information by State

Call and/or email your Congressperson. [Click here to look up your Congressperson's contact information](#) or call the U.S. Capitol Switchboard at (202) 224-3121 and the operator will connect you directly to the House office you request.

Other Key Leaders

In addition to reaching out to your House and Senate representation, please contact these other key leaders:

Members of the Senate Appropriations Labor, Health and Human Services, Education, and Related Agencies Subcommittee

Chairman: Roy Blunt (R - MO)

Phone: (202) 224-5721

Email: <http://www.blunt.senate.gov/public/index.cfm/contact-form?p=contact-roy>

Facebook: <https://www.facebook.com/SenatorBlunt>

Twitter: @RoyBlunt

Ranking Member: Patty Murray (D-WA)

Phone: (202) 224-2621

Email: <http://www.murray.senate.gov/public/index.cfm/contactme>

Facebook: <https://www.facebook.com/pattymurray>

Twitter: @PattyMurray

Jerry Moran (R-KS)

Phone: (202) 224-6521

Email: <http://www.moran.senate.gov/public/index.cfm/e-mail-jerry>

Facebook: <https://www.facebook.com/jerrymoran>

Twitter: @JerryMoran

Richard Shelby (R-AL)

Phone: (202) 224-5744

Email: <http://www.shelby.senate.gov/public/index.cfm/emailsensatorshelby>
Facebook: <https://www.facebook.com/RichardShelby>
Twitter: @SenShelby

Thad Cochran (R-MS)
Phone: (202) 224-5054
Email: <http://www.cochran.senate.gov/public/index.cfm/email-me>
Twitter: @SenThadCochran

Lamar Alexander (R-TN)
Phone: (202) 224-4944
Email: <http://www.alexander.senate.gov/public/index.cfm?p=Email>
Facebook: <https://www.facebook.com/senatorlamaralexander>
Twitter: @senAlexander

Lindsey Graham (R-SC)
Phone: (202) 224-5972
Email: <http://www.lgraham.senate.gov/public/index.cfm/e-mail-senator-graham>
Facebook: <https://www.facebook.com/USSenatorLindseyGraham>
Twitter: @GrahamBlog

Mark Kirk (R-IL)
Phone: (202)224-2854
Email: http://www.kirk.senate.gov/?p=comment_on_legislation
Facebook: <https://www.facebook.com/SenatorKirk>
Twitter: @SenatorKirk

Bill Cassidy (R-LA)
Phone: (202) 224-4774
Email: <http://www.cassidy.senate.gov/content/contact-bill>
Facebook: <https://www.facebook.com/billcassidy>
Twitter: @billcassidy

Shelley Moore Capito (R-WV)
Phone: (202) 224-6472
Email: <http://www.capito.senate.gov/contact/hear-from-shelley>
Facebook: <https://www.facebook.com/senshelley>
Twitter: @sencapito

James Lankford (R-OK)
Phone: (202) 224-5754
Email: <http://www.lankford.senate.gov/content/contact-james>
Facebook: <https://www.facebook.com/SenatorLankford>
Twitter: @SenatorLankford

Richard Durbin (D - IL)
Phone: (202) 224-2152
Email: www.durbin.senate.gov/contact/

Facebook: <https://www.facebook.com/SenatorDurbin>
Twitter: @SenatorDurbin

Jack Reed
Phone: (202) 224-4642
Email: <https://www.reed.senate.gov/contact/email>
Facebook: <https://www.facebook.com/SenJackReed>
Twitter: @SenJackReed

Barbara A. Mikulski (D-MD)
Phone: (202) 224-4654
Email: <http://www.mikulski.senate.gov/contact>
Facebook: <https://www.facebook.com/SenatorMikulski>
Twitter: @SenatorBarb

Jeanne Shaheen
Phone: (202) 224-2841
Email: <http://www.shaheen.senate.gov/contact/>
Facebook: <https://www.facebook.com/SenatorShaheen>
Twitter: @SenatorShaheen

Jeff Merkley (R-OR)
Phone: (202) 224-3753
Email: <http://www.merkley.senate.gov/contact/>
Facebook: <https://www.facebook.com/jeffmerkley>
Twitter: @SenJeffMerkley

Brian Schatz (D-HI)
Phone: (202) 224-4654
Email: <http://www.schatz.senate.gov/contact>
Facebook: <https://www.facebook.com/SenBrianSchatz>
Twitter: @SenBrianSchatz

Tammy Baldwin (D-WI)
Phone: (202) 224-5653
Email: <http://www.baldwin.senate.gov/contact>
Facebook: <https://www.facebook.com/senatortammybaldwin>
Twitter: @SenatorBaldwin

Members of the House Appropriations Labor, Health and Human Services, Education, and Related Agencies Subcommittee

Chairman: Tom Cole (R-OK)
Phone: (202) 225-6165
Email: <https://coleforms.house.gov/contact/default.aspx>
Facebook: <https://www.facebook.com/TomColeOK04>
Twitter: @TomColeOK04

Ranking Member: Rosa DeLauro (D-CT)

Phone: (202) 225-3661
Email: https://forms.house.gov/delauro/webforms/contact_form_email.shtml
Facebook: <https://www.facebook.com/CongresswomanRosaDeLauro>
Twitter: @rosadelauro

Mike Simpson (R-OH)
Phone: (202) 225-5531
Email: <http://simpson.house.gov/contact/>
Facebook: <https://www.facebook.com/pages/Mike-Simpson/96007744606>
Twitter: @CongMikeSimpson

Steve Womack (R-AR)
Phone: (202) 225-4301
Email: <http://womack.house.gov/contact/>
Facebook: <https://www.facebook.com/RepSteveWomack>
Twitter: @rep_stevewomack

Chuck Fleischmann (R-TN)
Phone: (202) 225-3271
Email: <https://fleischmann.house.gov/contact-me>
Facebook: <https://www.facebook.com/repchuck>
Twitter: @repchuck

Andy Harris (R-MD)
Phone: (202) 225-5311
Email: <https://harris.house.gov/contact-me/email-me>
Facebook: <https://www.facebook.com/AndyHarrisMD>
Twitter: @repandyharrismd

Martha Roby (R-AL)
Phone: (202) 224-3424
Email: <https://roby.house.gov/contact-me>
Facebook: <https://www.facebook.com/Representative.Martha.Roby>
Twitter: @repmartharoby

Charlie Dent (R-PA)
Phone: (202) 225-6411
Email: <https://dent.house.gov/index.cfm?p=ContactForm>
Facebook: <https://www.facebook.com/congressmandent>
Twitter: @repcharliedent

Scott Rigell (R-VA)
Phone: (202) 225-4215
Email: <http://rigell.house.gov/contact/>
Facebook: <https://www.facebook.com/RepScottRigell>
Twitter: @repscottrigell

Lucille Royball-Allard (D-CA)

Phone: (202) 225-1766
Email: <http://roybal-allard.house.gov/contact/>
Facebook: <https://www.facebook.com/RepRoybalAllard>
Twitter: @reproybalallard

Barbara Lee (D-CA)
Phone: (202) 225-2661
Email: <https://barbaralee.house.gov/contact/>
Facebook: <https://www.facebook.com/RepBarbaraLee>
Twitter: @repbarbaralee

Chaka Fattah (D-PA)
Phone: (202) 225-4001
Email: <https://fattah.house.gov/contact-rep-fattah/>
Facebook: <https://www.facebook.com/repfattah>
Twitter: @chakafattah

Additional Key Offices

Richard Blumenthal (D-CT)
Phone: (202) 224-2823
Email: <https://www.blumenthal.senate.gov/contact>
Facebook: <https://www.facebook.com/SenBlumenthal>
Twitter: @SenBlumenthal

Al Franken (D-MN)
Phone: (202) 224-5641
Email: https://www.franken.senate.gov/?p=email_al
Facebook: <https://www.facebook.com/Sen.Franken>
Twitter: @AlFranken

Tim Scott (R-SC)
Phone: (202) 224-6121
Email: <http://www.scott.senate.gov/contact/email-me>
Facebook: <https://www.facebook.com/SenatorTimScott>
Twitter: @SenatorTimScott

Tom Udall (D-NM)
Phone: (202) 224-6621
Email: www.tomudall.senate.gov/?p=contact
Facebook: <https://www.facebook.com/senatortomudall>
Twitter: @SenatorTomUdall

Ed Markey (D-MA)
Phone: (202) 224-2742
Email: <http://www.markey.senate.gov/contact>
Facebook: <https://www.facebook.com/EdJMarkey>
Twitter: @SenMarkey

Sherrod Brown (D-OH)
Phone: (202) 224-2315
Email: <http://www.brown.senate.gov/contact/>
Facebook: <https://www.facebook.com/sherrod>
Twitter: @SenSherrodBrown

Barbara Boxer (D-CA)
Phone: (202) 224-3553
Email: <https://www.boxer.senate.gov/contact/>
Facebook: <https://www.facebook.com/senatorboxer>
Twitter: @SenatorBoxer

Dianne Feinstein (D-CA)
Phone: (202) 224-3841
Email: <https://www.feinstein.senate.gov/public/index.cfm/e-mail-me>
Facebook: <https://www.facebook.com/SenatorFeinstein>
Twitter: @SenFeinstein

Kristen Gillibrand (D-NY)
Phone: (202) 224-4451
Email: <http://www.gillibrand.senate.gov/contact/>
Facebook: <https://www.facebook.com/KirstenGillibrand>
Twitter: @SenGillibrand

Bill Nelson (D-FL)
Phone: (202) 224-5274
Email: <https://www.billnelson.senate.gov/contact-bill>
Facebook: <https://www.facebook.com/billnelson>
Twitter: @SenBillNelson

Sample Email

Click [here](#) to send an action alert to your Congressional representatives.

Dear [Senator],

I am writing to ask for your help in restoring funding for the Partnerships to Improve Community Health (PICH) program in the 2016 Federal budget. The rates of chronic disease in America have reached staggering levels, and the continued support of PICH programs is critical to many of our citizens. In particular, racial and ethnic minority groups, low-income Americans, and our tribal communities are disproportionately burdened by chronic disease.

PICH programs are three-year initiatives administered by the Centers for Disease Control and Prevention (CDC). They provide funding for local governmental agencies and non-governmental organizations to implement evidence- and practice-based strategies that address chronic disease risk factors related to tobacco use and exposure, poor nutrition, physical inactivity, and a lack of access to health care. Cutting or eliminating PICH would have far-ranging and long-term negative health consequences. Nearly

500 public health jobs would be eliminated immediately in 39 different rural, tribal, and urban communities.

Previous, yet similar, community health programs have had a significant impact on improving health. If the public health impacts of these previous investments are sustained through 2020, CDC scientists estimate the result will be 14,000 averted chronic disease-related deaths and \$2.4 billion in health care savings.

I strongly urge you and other members of the Senate to restore funding to the PICH program 2016. These funds are life-saving.

Sincerely,

[Your name], [Your city]

Sample Phone Message

Sample Message 1:

Hi, my name is [your name] and I am calling from [your city, state]. I am calling to express my concern about the elimination of funding for the Partnerships to Improve Community Health program in the 2016 Federal budget. This program improves the health of thousands of Americans coping with chronic illness. This especially true for our minority and low income Americans. Health care programs like this one can save thousands of lives and billions of dollars in healthcare costs over the next five years. I strongly support restoring funding for this critical program. Thank you for your time.

Sample Message 2:

Hi, my name is [your name] and I am calling from [your city, state]. I am calling to express my concern about the elimination of funding for the Partnerships to Improve Community Health program in the 2016 Federal budget. This program improves the health of thousands of Americans coping with chronic illness. This especially true for our minority and low income Americans. Health care programs like this one can save thousands of lives and billions of dollars in healthcare costs over the next five years. I encourage [Senator/Representative] to urge [his/her] colleagues to restore funding for this critical program. Thank you for your time.

Sample Facebook Posts

Please post directly on your Senator's or Congressperson's Facebook page. Make sure to include #SavePICH and #Partnerships4Health in your posts.

Rates of chronic disease in America have reached staggering levels, fueled in large part by our nation's obesity epidemic and three main risk factors - poor nutrition, physical inactivity, and tobacco use. More than half of all adults in the U.S. have at least one chronic disease, which in turn is responsible for seven out of every 10 deaths. #SavePICH #Partnerships4Health

The direct medical expenditures that result from caring for those with chronic conditions account for 86 percent of our nation's health care spending. It is therefore virtually impossible to envision how efforts to control health care spending can be successful if we do not first invest in evidence-based, population-wide interventions to prevent the incidence of chronic disease. #SavePICH #Partnerships4Health

The burden of chronic disease is not equally shared, but rather disproportionately felt by racial and ethnic minority groups, low-income Americans, and our tribal communities. But there are very effective programs available to improve the health of our citizens and communities that save thousands of lives and billions of dollars in healthcare expenditures. #SavePICH #Partnerships4Health

The Partnerships to Improve Community Health (PICH) program is a proven success funded by Congress through 2015. Unfortunately, in the 2016 Federal budget all funding was eliminated for the PICH program.

It is vital that funding be restored.#SavePICH #Partnerships4Health

Personal choices ultimately drive health outcomes, yet our choices hinge strongly on the communities in which we live. PICH is the latest in a series of community health programs administered by the Centers for Disease Control and Prevention (CDC). Previous, yet similar, community health programs have had significant impact on improving health. If the public health impacts of these previous investments are sustained through 2020, CDC scientists estimate the result will be 14,000 averted chronic disease-related deaths and \$2.4 billion in health care savings. #SavePICH #Partnerships4Health

We know that PICH projects have changed thousands of lives. Why would we eliminate our support of it? #SavePICH #Partnerships4Health

Sample Tweets

Tweet at Senators and Congresspersons by using their Twitter handle. Also, please use #SavePICH and #Partnerships4Health in your tweets. If the Twitter handle is at the beginning of the tweet, you must place a "." as the first character of the tweet will not show up as public. [Click here for a list of all US Senator Twitter accounts.](#)

.[@SenatorTwitterHandle] ensure continued financial support to help eliminate chronic illness for Americans. #SavePICH #Partnerships4Health

.[@SenatorTwitterHandle] prevent devastating health outcomes & protect low income and minority Americans. #SavePICH #Partnerships4Health

.[@SenatorTwitterHandle] reduce money spent on hospitalizations for chronic health issues. Fund #SavePICH #Partnerships4Health

.[@SenatorTwitterHandle] research shows 14,000 American lives can be saved over the next five through programs like PICH. #SavePICH #Partnerships4Health

.[@SenatorTwitterHandle] chronic disease in America has reached staggering levels. Help our citizens and communities help themselves. #SavePICH #Partnerships4Health

.[@SenatorTwitterHandle] I urge you and the other members of the Senate to restore funding to the CDC's PICH program. #SavePICH #Partnerships4Health

.[@SenatorTwitterHandle] Congress should maintain the current level of funding (\$80M) for PICH in 2016. #SavePICH #Partnerships4Health

.[@SenatorTwitterHandle] As little as \$10 per person for preventive health could save America more than \$16 billion in just 5 years. #SavePICH #Partnerships4Health

.[@SenatorTwitterHandle] #SavePICH programs promote multi-sectoral community coalitions that support health and healthy behaviors. #Partnerships4Health

PART 3: Twitter chat: #SavePICH | 3:00 PM – 4:00 PM (ET)

Join us for a Twitter chat about how excluding the Partnerships to Improve Community Health (PICH) program from the federal budget is unacceptable. During this time, we ask you to follow SOPHE on Twitter @SOPHEtweets as we post questions related to this issue. After we Tweet a question, please respond with your answer using #SavePICH and #Partnerships4Health

If you're new to social media, or have never participated in a twitter chat below, follow the steps below!

What is a Twitter Chat?

A Twitter chat is where a group of Twitter users meet at a pre-determined time to discuss a certain topic, using a designated hashtag (#) for each tweet contributed. A host or moderator will pose questions (designated with Q1, Q2...) to prompt responses from participants (using A1, A2...) and encourage interaction among the group. Chats typically last an hour.

Why Participate in a Twitter Chat?

Twitter chats provide a chance to network, grow your circle (and knowledge!), or raise awareness about an important topic. Through this twitter chat the sponsoring organizations are raising awareness about the importance of the PICH program.

Sign Up For a Free Twitter Account

Fill out your profile, add a picture, and follow @SOPHEtweets. Take a look at some Twitter etiquette tips and tricks to get the hang of using Twitter.

How to Participate

1. Give your Twitter followers a heads-up before you join a Twitter chat and share an invite to join the chat if it might be of interest to your followers.
2. Be polite and positive!
3. Don't be afraid to contribute and jump in! It can be intimidating, but trust me, the moderators and participants will be glad to hear from you!
4. When answering a specific question or comment from another participant, use Twitter handles to identify who you're speaking to in order to avoid confusion.
5. If you want your tweet to show up in all feeds, include a "." in front of a user's name (.@SOPHEtweets)
6. Remember Twitter chats are about connecting and learning, not selling your product. Use the time to provide as much value on the given topic as possible and show your expertise without over-promoting.
7. Always include the chat hashtag in your responses: #SavePICH

8. Follow up with people after the chat! Keep the conversation going or get to know fellow participants on a more personal level. You never know what new connections you can make!

#SavePICH Chat Questions:

Q1: How did your advocacy effort go? #SavePICH

Q2: How does discontinuation of the PICH program affect public health? #SavePICH

Q3: How does the PICH program change lives in low-income communities? #SavePICH

Q4: Why is community intervention important? #SavePICH

Q5: What makes PICH programs different and special? #SavePICH

Q6: What type of risk behaviors do PICH programs reduce? #SavePICH

Q7: How can PICH help to reduce the burden chronic disease? #SavePICH

Q8: I've never heard of the PICH Programs. How can I help raise awareness in my community?
#SavePICH

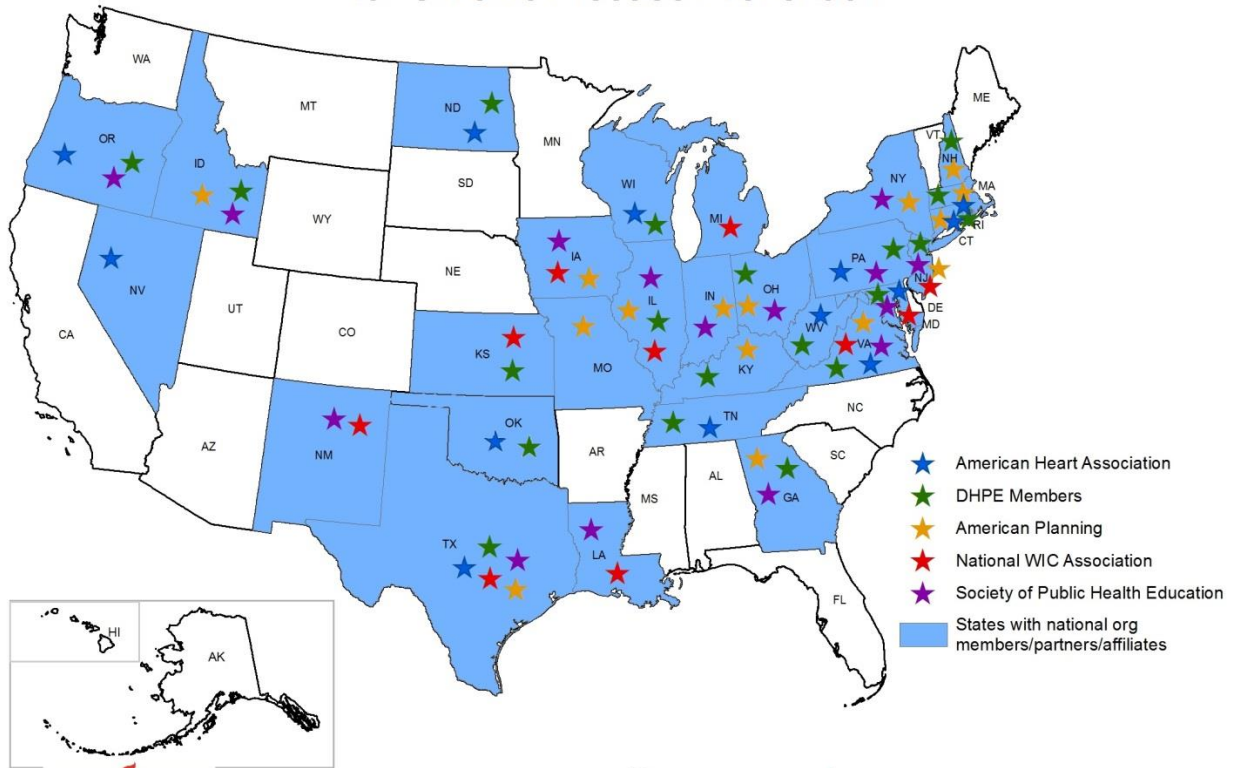
Q9: Who do you find are most willing to change behaviors and adopt a more healthy lifestyle?
#SavePICH

Q10: Why are programs like PICH important to you as a constituent? #SavePICH

Additional PICH Resources

Map of National Organizations and Subrecipients

National Implementation and Dissemination for Chronic Disease Prevention



Last updated on 06/17/2015.



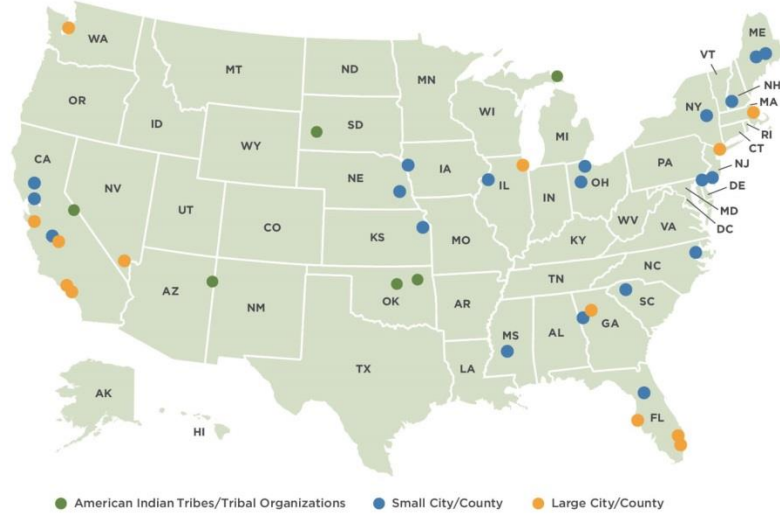
Map of local PICH awardees

Fiscal Year 2014

AS OF JUNE 2015

The US Department of Health and Human Services continues its long-standing dedication to improving the health and wellness of all Americans. Administered and supported by the Centers for Disease Control and Prevention, the PICH program enables awardees to implement community-level interventions that reduce chronic diseases where people live, learn, work, and play.

In FY 2014, PICH funded \$49.3 million to 39 awardees that represent governmental agencies and nongovernmental organizations, including school districts, local governments, hospital and health systems, community-based organizations, public health offices, and American Indian Tribes/ Tribal Organizations.



July 22, 2015

The Honorable Thad Cochran
Chairman
Committee on Appropriations
Room S128, The Capitol
Washington, DC 20510

The Honorable Barbara Mikulski
Ranking Member
Committee on Appropriations
Room S128, The Capitol
Washington, DC 20510

The Honorable Harold Rogers
Chairman
Subcommittee on Labor, Health & Human
Services, Education and Related Agencies
Room H305, The Capitol
Washington, DC 20510

The Honorable Nita M. Lowey
Ranking Member
Subcommittee on Labor, Health & Human
Services, Education and Related Agencies
Room H305, The Capitol
Washington, DC 20510

Dear Chairmen Cochran & Rogers and Ranking Members Mikulski & Lowey:

As organizations committed to improving the nation's health, we urge you to restore funding for the Centers for Disease Prevention and Control's (CDC) Partnerships to Improve Community Health (PICH) program in the Fiscal Year 2016 Labor, Health and Human Services, Education, and Related Agencies appropriations bill as you work on a larger budget deal to replace sequestration. We are extremely concerned that both House and Senate versions of the bill currently propose to eliminate funding for PICH in fiscal year 2016. We thank you for allocating \$80 million in funding in the last two appropriations cycles, and urge you to do so again so that we can continue to build on this sound investment to improve the health of Americans and reduce the costly burden of chronic disease.

This funding is unique from most other CDC-funded programs because the PICH programs promote multi-sectoral community coalitions to create environments that support health and healthy behaviors, rather than focus on disease-specific interventions.

We understand the current budgetary realities due to cuts imposed under sequestration; however, programs focused on prevention keep people healthy, which are vital to the economic engine of America. Millions of Americans suffer from conditions that can be prevented by addressing common risk factors such as tobacco use, poor nutrition, and physical inactivity. Chronic diseases such as cancer, diabetes, lung disease, heart disease, and stroke are responsible for seven out of 10 deaths and account for 86% of health care spending in America.

The PICH program is designed to address this costly scourge of disease and disability by funding community driven initiatives that promote environments conducive to health and healthy behaviors. PICH supports implementation of evidence-based health policies, systems, and environmental improvements that improve population health in priority populations. Working through multi-sectoral partners, PICH programs create healthy environments and communities that address major disease risk factors and are sustainable over time. By starting with priorities of the local population and priorities for policy and systems change, these programs are able to move the needle on health outcomes, attract diverse, long-term funding streams, and build support for long-term sustainability. Improving population health through community based prevention initiatives is critical to battling the obesity epidemic, improving our military readiness, and reducing both the direct and indirect costs associated with chronic conditions.

In 2014, CDC awarded 39 competitive PICH grants to governmental agencies and nongovernmental organizations from many sectors in 13 large cities and urban counties, 20 small cities and counties and six American Indian tribes and tribal organizations. In addition, five national organizations received awards for community capacity-building and implementation, dissemination and training. Dozens of local sub-recipients will receive funding to ensure effective implementation to strengthen coalitions. Using sound, evidence-based approaches, the PICH-funded organizations are working to protect people from secondhand smoke exposure in indoor and outdoor spaces, promote nutrition guidelines that encourage healthy food and beverage options in schools and worksites, increase opportunities for children to be physically active, and increase collaboration of multi-disciplinary teams (i.e., physicians, pharmacists, community health workers) to help patients manage their chronic diseases and avoid hospital readmissions.

For example, the Cherokee Nation in Tahlequah, Oklahoma has identified more than 30 priority populations that remain at increased risk for heart disease, stroke, lung cancer, diabetes, and obesity. PICH funding is allowing the Cherokee Nation to utilize *The Guide to Community Preventive Services*, a CDC resource containing strategies to reduce health disparities among priority populations. Examples of evidence-based interventions being implemented include **increasing the number of smoke-free schools and worksites, increasing farmers market access and farm-to-school programs, and increasing referrals to tobacco cessation programs.**

Another PICH grantee will be operating in the Center-Southwest Mississippi River Region across six different counties where the heart disease, cancer, and stroke mortality rates are among the highest in the state of Mississippi. The awardee, My Brother's Keeper, is working in a multi-sector coalition of community-based organizations, health departments, and academic partners to help residents access farmers markets, promote physical activity and ensure at-risk Mississippians have access to evidence-based clinical chronic disease management and risk reduction services. Many PICH-funded programs like these, including those in Mississippi and Maryland are in jeopardy of losing their funding under the House and Senate's FY 2016 Labor, Health and Human Services, Education, and Related Agencies spending bills

Investments in prevention have been shown to improve health, at both the individual and population level, while reducing spending on health care. Studies show that spending as little as \$10 per person on proven preventive interventions could save the country over \$16 billion in just five years. The public overwhelmingly supports increased funding for disease prevention and health promotion programs.

The PICH initiatives that have been implemented in year one need full funding to scale up for full impact in years two and three to improve the health of vulnerable populations. Measured investments now in community-led, evidence-based PICH programs will help to increase our nation's productivity and performance in the global market, help ensure military readiness, decrease costly deaths due to infant low birth weight and adult onset of cancer, heart disease, stroke, and diabetes. We respectfully ask that you fund PICH at \$80 million so that grantees can continue their work to improve health, reduce debilitating chronic conditions, and decrease health expenditures.

Thank you for your consideration, and we look forward to your continued leadership in promoting the health of all Americans.

Sincerely yours,

Alliance for a Healthy Orange County
Allston Brighton Community Development Corporation
Allston Brighton Health Collaborative
America Walks
American Association on Health and Disability
American College of Preventive Medicine
American Heart Association
American Medical Student Association
American Planning Association
American Public Health Association
American Society of Landscape Architects
American Thoracic Society
Asian Women for Health
Association of Maternal & Child Health Programs
Association of Pedestrian and Bicycle Professionals
Big Cities Health Coalition
Black Ministerial Alliance of Greater Boston
Boston Alliance for Community Health
Boston Public Health Commission
Breath of Life Dorchester
California Center for Public Health Advocacy
Center for Science in the Public Interest
ChangeLab Solutions
Children's Services Council of Broward County
Codman Square Neighborhood Council, Dorchester
Community Health Improvement Partners
Community Health Partnership
Conference of Boston Teaching Hospitals
Cook County Department of Public Health
Dana Farber Cancer Institute
Delta Society for Public Health Education
Directors of Health Promotion and Education
Dorchester Bay Economic Development Corporation
Dudley Street Neighborhood Initiative
Early Learning Coalition of Broward County, Inc.,
East Boston Social Centers
Faith Enterprises
Florida Society for Public Health Education
Foundations for Healthy Generations, Seattle, Washington
Georgia Society for Public Health Education
Green & Healthy Homes Initiative
Harbor Health Services
Health Resources in Action, Inc.
Healthy Weight Initiative, Harvard School of Public Health
Illinois Society for Public Health Education
Iowa Public Health Association
Iowa Society for Public Health Education
Jamaica Center Business Improvement District
Lakeshore Foundation
LiveWell Greenville
Madison Park Development Corporation

Mandela Marketplace
Massachusetts Public Health Association
Mattapan United
National Association of Counties
National Association of County and City Health Officials
National WIC Association
Nemours Children's Health System
North Carolina Society for Public Health Education
Northern California Society of Public Health Education
Ohio Society for Public Health Education
Orange County Food Access Coalition
Pacific Northwest SOPHE Chapter
Partnership for a Healthy Lincoln
Prevention Institute
Public Health Institute
Rails-to-Trails Conservancy
Respiratory Health Association
Sociedad Latina
Society for Public Health Education
Society of Behavioral Medicine
Southern Nevada Health District
SPARK Programs
Staten Island Partnership for Community Wellness
The Boston Project Ministries
The Food Project
Tri-County Health Network
Trust for America's Health
Universal Health Care Action Network Ohio
Wholesome Wave
YMCA of the USA

Chronic Disease Partnerships to Improve Community Health (PICH)

Our Chronic Disease Epidemic

Rates of chronic disease in America have reached staggering levels, fueled in large part by our nation's obesity epidemic and three main risk factors - poor nutrition, physical inactivity, and tobacco use. More than half of all adults in the U.S. have at least one chronic disease, which in turn is responsible for seven out of every 10 deaths. The direct medical expenditures that result account for 86 percent of our nation's health care spending. It is therefore virtually impossible to envision how efforts to control health care spending can be successful if we do not first invest in evidence-based, population-wide interventions to prevent the incidence of chronic disease. Worse still, the burden of chronic disease is not equally shared, but rather disproportionately felt by racial and ethnic groups, low-income Americans, and our tribal communities.

Community Health in Action

Personal choices ultimately drive health outcomes, yet our choices hinge strongly on the communities in which we live. Partnerships to Improve Community Health (PICH) is the latest in a series of community health programs administered by the Centers for Disease Control and Prevention (CDC). Previous, yet similar, community health programs have had significant impact on improving health. If the public health impacts of these previous investments are sustained through 2020, CDC scientists estimate the result will be 14,000 averted chronic disease-related deaths and \$2.4 billion in health care savings.

PICH programs are three-year initiatives that provide funding for local governmental agencies and non-governmental organizations to implement evidence- and practice-based strategies that address chronic disease risk factors related to tobacco use and exposure, poor nutrition, physical inactivity, and a lack of access to health care. Awardees create multi-sectoral community coalitions that include local businesses, schools, nonprofit organizations, and others to promote healthy living in large cities and urban counties, small cities and counties, or within tribal groups and organizations. In 2014, \$49.3 million was awarded to 39 grantees in 23 states.

Grantees are actively working to achieve better health, including:

- Reduced rates of death and disability due to tobacco use by five percent;
- Reduced prevalence of obesity by three percent; and
- Reduced rates of death and disability due to diabetes, heart disease, and stroke by three percent.

PICH in Action – Grantee Examples

The **Santa Clara County Public Health Department** received an award for \$1.9 million to work with local organizations, decision makers, and community members to reduce the burden of disease related to excess weight. In 2014, 54 percent of adults in Santa Clara County were overweight or obese – significantly greater than the 34.9 percent national average. Through collaboration, these partnerships will increase use of Electronic Benefit Transfer (EBT) benefits in farmers markets and expand access to healthy food and beverages in workplaces. These partnerships will also increase access to safe community recreational spaces and active transportation opportunities.

The **Boston Public Health Commission** received \$1.8 million to collaborate with the Boston Alliance for Community Health, the Harvard School of Public Health, and numerous community partners to address the city’s chronic disease disparities. Some of that money went into creating, in April 2015, the Healthy Community Champions initiative, which will mobilize community members to be grassroots ambassadors and educators that support evidence-based changes - such as smoke-free housing and access to healthy food and beverage choices - in the neighborhoods where they live.

My Brother’s Keeper (MBK), Inc., based in Jackson, Mississippi, is using PICH funds to tackle the problem of chronic disease in one of the most unhealthy regions of the country, the Central-Southwest Mississippi River Region. MBK is working with local partners to increase access to fruits and vegetables, make multi-unit housing smoke-free, and expand access to recreational spaces so kids and families can get active outdoors.

The **Cherokee Nation (Tahlequach, Oklahoma)** has identified more than 30 target populations at high risk for heart disease, stroke, diabetes, lung cancer, and obesity. They are using the evidence-based Guide to Community Preventive Services to promote farmers markets, farm-to-school programs, and expand the number of smoke-free schools and worksites.

The **Sault Ste. Marie Tribe of Chippewa Indians in Northern Michigan** received \$810,000 to address its numerous chronic health challenges, such as its 33 percent adult smoking rate and 37 percent prevalence of adults who are overweight or obese. This money will strengthen existing programs and create new ones that will encourage tobacco-free living and work environments, create safe environments for physical activity, and improve the quality of food available in the community.

The Johns Hopkins University Bloomberg School of Health Women in Crisis (WIC) Program is using PICH funds to increase access to healthy food in the City of Baltimore. 25 percent of Baltimore residents are classified as having low food access. The program is seeking to increase the number of stores that sell healthy food in the city, as well as encourage existing stores to expand their inventory. The prevalence of high cholesterol in Baltimore is 35.6 percent, and 37.8 percent of children are categorized as obese.

The Wichita Falls-Wichita County Public Health District is working to increase the number of farmers markets in the area, as well as pushing for local restaurants to adopt menus with clearly labeled nutritious options. In addition to increased rates of heart disease and stroke, 23 percent of Wichita Falls residents are considered functionally illiterate. The program is also trying to increase awareness of available chronic disease preventions and management services in the community.

National Implementation and Dissemination for Chronic Disease Prevention

With PICH funding, CDC has awarded cooperative agreements to the American Heart Association, National WIC Association and the American Planning Association for two sub-award cohorts to chapters and affiliates in order to build and strengthen their ability to use population-based strategies that support healthier communities. Under the first cohort, 45 organizations have been funded. In addition, the Society for Public Health Education and Association of State and Territorial Directors of Health Promotion and Public Health Education are developing and providing trainings and tools to support the above national organizations. \$9.4 million in total was awarded to five different national organizations to conduct this work.

Going Forward

Congress should maintain the current level of funding (\$80 million) for PICH in fiscal year 2016 so that these three-year initiatives can complete their work plans and respective communities can achieve the benefits of this important investment. Congress also should continue funding this important program in 2017 and beyond to ensure that a new round of PICH grantees can help scale this work to additional communities across the country.

Cutting or eliminating PICH would have far-ranging and long-term negative health consequences. Nearly 500 public health jobs would be eliminated immediately in 39 different rural, tribal, and urban communities. Eliminating this program in the third year of funding would effectively eliminate communities' ability to achieve results for this investment and CDC's ability to evaluate outcomes.

Partnerships to Improve Community Health (PICH) Awardees:

State	Awardee	Amount
Arizona	Fort Defiance Indian Hospital Board, Inc.	\$ 824,823
California	Los Angeles County Office of Education	\$ 3,600,000
California	County of Santa Clara	\$ 1,901,813
California	Fresno County Department of Public Health	\$ 1,585,154
California	Community Action Partnership of Orange County	\$ 1,385,251
California	Merced County Department of Public Health	\$ 1,350,000
California	Solano County Public Health Services, County of Solano	\$ 1,231,198
California	Toiyabe Indian Health Project	\$ 673,340
California	North Coast Opportunities	\$ 472,770
Delaware	Nemours Alfred I. duPont Hospital for Children	\$ 607,311
Florida	Miami-Dade County	\$ 3,353,274
Florida	Broward Regional Health Planning Council, Inc	\$ 1,719,743
Florida	Heart of Florida Health Center	\$ 1,349,638
Florida	Pinellas County	\$ 866,517
Georgia	Fulton County	\$ 2,971,528
Georgia	Tanner Medical Center, Inc.	\$ 859,413
Illinois	Cook County Department of Public Health	\$ 2,480,807
Iowa	Trinity Medical Center	\$ 426,869
Iowa	Woodbury County	\$ 120,458
Kansas	Lawrence-Douglas County Health Department	\$ 448,578
Maine	Eastern Maine Healthcare Systems	\$ 1,350,000
Maine	Maine General Medical Center	\$ 489,277
Massachusetts	Boston Public Health Commission	\$ 1,800,000
Michigan	Sault Ste. Marie Tribe of Chippewa Indians	\$ 810,000
Mississippi	My Brother's Keeper, Inc.	\$ 1,350,000
Nebraska	Partnership for a Healthy Lincoln	\$ 685,886
Nevada	Southern Nevada Health District	\$ 2,650,555
New Hampshire	Cheshire Medical Center	\$ 372,663
New Jersey	Cumberland Cape Atlantic YMCA	\$ 450,000
New York	Fund for Public Health in New York, Inc.	\$ 3,600,000
New York	Schenectady County	\$ 450,000
North Carolina	Albemarle Regional Health Services	\$ 439,641
Ohio	Hospital Council of Northwest Ohio	\$ 837,389
Ohio	The Lima Family YMCA	\$ 450,000
Oklahoma	Cherokee Nation	\$ 900,000
Oklahoma	Pawnee Nation of Oklahoma	\$ 267,346
South Carolina	YMCA of Greenville	\$ 472,851
South Dakota	Great Plains Tribal Chairmen's Health Board	\$ 725,628
Washington	Seattle-King County Department of Public Health	\$ 2,966,405

National Organizations in Action

Here are a few examples of the National Organizations in action.

The American Planning Association, in coordination with the American Public Health Association, received almost \$3 million to carry out their Plan4Health project, which will improve population health in neighborhoods, cities, and counties across the country through subgrants to area organizations. For example:

- Grant money will fund Indianapolis and Marion County’s Health by Design program, which will develop a toolkit to assist planning and zoning commissions in understanding the public health impact of their decisions.
- New Jersey’s Trenton Healthy Communities Initiative is using its resources to increase health literacy among residents, promote consideration of health in local decision-making, and advance health-focused food systems policies.
- The City of Austin is using funding for its *¡Vámanos Rundberg!* initiative to engage the community in increasing access to nutritious foods.

National Implementation and Dissemination for Chronic Disease Prevention (PICH Orgs) Awardees:

State	Awardee	Amount
District of Columbia	American Planning Association	\$ 2,998,075
District of Columbia	National WIC Association	\$ 2,391,722
District of Columbia	Association of State and Territorial Directors of Health Promotion and Public Health Education	\$ 500,000
District of Columbia	Society for Public Health Education	\$ 480,282
Texas	American Heart Association	\$ 3,000,000

NATIONAL IMPLEMENTATION AND DISSEMINATION FOR CHRONIC DISEASE PREVENTION

SUB-RECIPIENT AWARDEES COHORT 1, 2014–2015

The U.S. Department of Health and Human Services continues its long-standing dedication to improving the health and wellness of all Americans through the National Implementation and Dissemination for Chronic Disease Prevention program. Administered and supported through the Centers for Disease Control and Prevention, the National

Implementation and Dissemination for Chronic Disease Prevention program enables national organizations to build capacity in communities and put into action sustainable change strategies for their local chapters and affiliates. National organizations build and strengthen community infrastructure to implement population-based strategies to improve community health.

AMERICAN HEART ASSOCIATION (AHA)			
State	Sub-Recipient	Target Area	Amount
Connecticut	Founders Affiliate	Hartford	\$149,077
Maryland	Mid-Atlantic Affiliate	Howard, Anne Arundel, and Prince George Counties	\$147,408
Nevada	Western States Affiliate	Washoe County	\$150,000
North Dakota	Midwest Affiliate	Bismarck/Mandan	\$147,987
Oklahoma	Southwest Affiliate	Oklahoma City	\$129,804
Oregon	Western States Affiliate	Beaverton	\$150,000
Pennsylvania	Great Rivers Affiliate	Southern Chester County	\$134,505
Rhode Island	Founders Affiliate	Providence	\$149,578
Tennessee	Greater Southeast Affiliate	Memphis/Shelby County Region	\$149,526
Texas	Southwest Affiliate	Central Texas (Kyle, Buda, Round Rock, Georgetown, Cedar Park, Leander, and Pflugerville Cities)	\$129,375
		Houston/Fort Bend County	\$129,375
		San Antonio	\$129,375
Virginia	Mid-Atlantic Affiliates	Hampton City, Norfolk City, and Portsmouth City	\$148,408
West Virginia	Great Rivers Affiliate	Kanawha County	\$102,057
Wisconsin	Midwest Affiliate	Fox Valley/NE Wisconsin (Winnebago, Calumet, Fond du Lac, and Outagamie); Central Wisconsin (Marathon, Wood and Portage); Southern Wisconsin (Crawford County)	\$150,000



AMERICAN PLANNING ASSOCIATION (APA)			
State	Sub-Recipient	Target Area	Amount
Connecticut	Connecticut Chapter	Eastern Connecticut (Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington)	\$100,000
Georgia	Georgia Chapter	Chatham County	\$130,000
Idaho	Idaho Chapter	Vista neighborhood in Boise	\$125,000
Illinois	Illinois Chapter	Bensenville	\$120,000
		Kane County	\$125,000
Indiana	Indiana Chapter	Columbus	\$125,000
		Indianapolis	\$135,000
Iowa	Iowa Chapter	Linn County	\$130,000
Kentucky	Kentucky Chapter	Kenton County	\$135,000
Massachusetts	Massachusetts Chapter	Cities of: Cambridge, Somerville, Medford, Malden, Everett, Melrose, and Wakefield	\$125,000
Missouri	Missouri Chapter	Inner-city neighborhoods, St. Louis	\$120,000
New Hampshire	Northern New England Chapter	Nashua	\$125,000
New Jersey	New Jersey Chapter	Trenton	\$135,000
New York	New York Metro Chapter	Kingston	\$125,000
Ohio	Ohio Chapter	Columbus	\$130,000
		West Akron neighborhoods—Barberton City, Lakemore Village, Springfield Township, and Twinsburg Township in Summit County	\$125,000
Texas	Texas Chapter	Rundberg neighborhood of Austin	\$110,000
Wisconsin	Wisconsin Chapter	Dane County	\$130,000

SUB-RECIPIENT AWARDEES COHORT 1, 2014-2015

NATIONAL WOMEN, INFANTS AND CHILDREN (WIC) ASSOCIATION			
State	Sub-Recipient	Target Area	Amount
Illinois	East Side Health District	East St. Louis	\$183,664
Iowa	Edgerton Women's Health Center, Inc.	Scott County	\$184,988
Kansas	Geary County Health Department	Geary County	\$134,742
Louisiana	Crescent City WIC Services, Inc.	Plaquemines Parish	\$160,246
	St. Tammany Parish Hospital Community Wellness Center	St. Tammany Parish	\$139,758
Maryland	Johns Hopkins University Bloomberg School of Public Health WIC Program	Baltimore City	\$181,228
	Community Clinic, Inc.	Montgomery County	\$174,957
Michigan	District Health Department #10	Oceana County	\$175,392
New Mexico	Five Sandoval Indian Pueblos, Inc.	Sandoval County. This area includes Santa Ana Pueblo, Sandia Pueblo, Zia Pueblo, Jemez Pueblo, Cochiti Pueblo, and the City of Bernalillo.	\$171,301
New Jersey	Gateway Community Action Partnership	Camden County	\$140,831
Texas	Angelina County & Cities Health District	Angelina County	\$179,815
	Wichita Falls-Wichita County Public Health District	Wichita County	\$144,715
	Tarrant County Public Health	Tarrant County	\$151,418
Virginia	Mount Rogers Health District	Galax City, Carroll County, and Grayson County	\$175,549
	Richmond City Health District	Richmond City	\$158,865
	Cumberland Plateau Health District	Buchanan County, Dickenson County, Russell County, and Tazewell County	\$120,042
	Eastern Shore Health District	Accomack County and Northampton County	\$151,670

For more information about DCH programs, visit <http://www.cdc.gov/nccdphp/dch/index.htm>

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