

March 13, 2024

The Honorable Robert Aderholt  
Chair  
House Appropriations  
Subcommittee  
on Labor, Health and Human  
Services, Education, and Related  
Agencies  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
House Appropriations Subcommittee  
on Labor, Health and Human  
Services, Education, and Related  
Agencies  
Washington, DC 20515

The Honorable Tammy Baldwin  
Chair  
Senate Appropriations Subcommittee  
on Labor, Health and Human Services,  
Education, and Related Agencies  
Washington, DC 20510

The Honorable Shelley Moore Capito  
Ranking Member  
Senate Appropriations Subcommittee  
on Labor, Health and Human  
Services, Education, and Related  
Agencies  
Washington, DC 20510

Dear Chair Baldwin, Ranking Member Capito, Chair Aderholt, and Ranking Member DeLauro:

On behalf of the Association of Schools and Programs of Public Health (ASPPH), we want to thank your Committee for the steadfast support of public health programs that span the Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS-ED) appropriations bill. Your Committee has continued to provide necessary financial resources to help meet daily demands of the U.S. public health system. These investments have been critical in protecting the American people, especially with growing challenges placed on the public health community due to the COVID-19 pandemic. To date, 1.2 million people in the U.S. have died in the pandemic. We lead the world in COVID-19 deaths, further signaling the dire need for robust investments in our public health system.

As you begin the process of drafting the fiscal year (FY) 2025 Labor-HHS-ED appropriations bill, please consider our funding recommendations that support the mission of our over 150 academic institutions to provide public health education, workforce practice training, and research. The agencies and programs below provide essential resources to advance evidence-based approaches to public health threats and prepare future generations of public health practitioners. These investments will lead to tangible public health outcomes that will benefit the nation and the world.

#### **ASPPH Academic Public Health Research and Partnerships Agenda**

Attached to this letter is a detailed ASPPH Academic Public Health Research and Partnerships agenda. Working with our Research Advisory Committee, composed of Deans of schools and programs of public health, we have developed a proposal for a new approach to the federal government's investment in academic public health. Modeled, in part, on similar approaches such as academic health departments, the initiative would foster innovative strategies to build capacity at small and midsize health departments and bring data-driven approaches that promote evidence-based and evidence-driven community interventions to tackle public health challenges. We believe there is a great need for this new approach to investments in academic public health so that we can ensure all communities are prepared for future public health threats, based on the best data and evidence in the field.

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## FY 2025 Appropriations Recommendations

Our FY 2025 funding recommendations for the leading Department of Health and Human Services (HHS) public health agencies are aligned with many other organizations in the public health community:

**National Institutes of Health (NIH):** We are grateful for bipartisan support for continuous increases to the NIH budget and request \$51.303 billion for ongoing work of Institutes and Centers, an increase of \$3.844 billion or 8% above the FY 2023 enacted level. This additional funding would allow NIH's base budget to keep pace with the biomedical research and development price index (BRDPI) and allow meaningful growth of roughly 5%. Within the total amount for NIH, ASPPH requests:

- \$104.7 million, an increase of \$9.7 million or 10% above the FY 23 enacted level, for the Fogarty International Center (FIC) at NIH. The investment in Fogarty is an investment in the health of all Americans. This funding is essential to provide support for vital global research and training to prevent newly emerging infectious agents from becoming domestic calamities and to help reduce the rising rate of noncommunicable diseases and the impact of chronic conditions around the world.
  - **Report Language:** *Fogarty International Center (FIC).*—The Center supports cross-cutting research and research training programs that apply to a broad range of health threats, enabling grantees and trainees to anticipate and respond effectively to new global challenges. Programs within the Center also support training for researchers in the development and use of powerful tools such as data science, mobile health, and bioinformatics, which are applied to anticipating and controlling a wide range of global health threats that could impact the United States. The Committee encourages FIC to continue to expand training and research partnerships with schools and programs of public health and related academic institutions in support of this core mission, including new investments to support health disparities and pandemic research preparedness and response.

**Advanced Research Projects Agency for Health (ARPA-H):** We applaud investments at ARPA-H aimed at strengthening preventative care, such as HEalth care Rewards to Achieve Improved Outcomes (HEROES). We encourage collaboration with the academic public health community and inclusion of research topics aimed at meeting the nation's public health needs. We call on Congress to encourage ARPA-H to develop cutting-edge data systems that would facilitate real-time decision-making and proactive health interventions. The current public health data system is fraught with limitations, including inconsistent data collection, lack of real-time data, and outdated technology. These deficiencies hinder our capacity to make timely, informed decisions during public health emergencies and fail to harness the significant advancements in data science and technology made over the last two decades. With its unique mandate and positioning, ARPA-H can spearhead a public health data system transformation. We request \$1.5 billion for ARPA-H, which is level to the FY 2023 enacted level.

- **Report language:** *Advanced Research Projects Agency for Health (ARPA-H).*—The Committee provides \$1,500,000,000 and urges the agency to consider a new program focused on a data system to aid proactive public health interventions.

**Centers for Disease Control and Prevention (CDC):** Robust support for the CDC budget is essential to allow the Agency to carry out its mission to protect the U.S. from health, safety, and security threats. The agency's work is critical to ensure better health outcomes across the country and abroad. We must proactively make investments at CDC to effectively detect and respond to future emerging health threats, develop and sustain a strong public health workforce, and promote healthy communities through prevention. We request \$11.581 billion, an increase of \$2.371 billion or 25% above the FY 2023 enacted level. Many programs at the CDC have lacked the necessary resources to address current and future public health challenges. Within the total amount for CDC, ASPPH requests:

- \$47.75 million, an increase of \$18.85 million above the FY 2023 enacted level, for the **Prevention Research Centers (PRCs)**. The PRCs are a national network of academic research centers committed to conducting prevention research. PRCs work closely with community members to address local public health needs such as cancer, smoking, or obesity. CDC recently competed the 5-year grants that support the Prevention Research Centers (PRC) network, and in so doing so, the number of funded centers was reduced from 26 to 20 in order to increase the average amount of the awards. New centers were also added to the network. The net effect was to defund 10 existing centers that collectively have over 100 years of experience and capacity serving their communities and states. There are a total of 15 centers that were approved but unfunded (ABU) in this round of competition. ASPPH recommends an increase of \$18.75 million which will allow CDC to support all 15 of these centers on the ABU list in FY 2025.
  - **Report Language:** *Prevention Research Centers (PRCs).*—The Committee provides an increase of \$18,850,000, for PRCs to expand on the work being done by the national network to conduct prevention research, and ensure that CDC is able to support 15 centers that were approved but unfunded in the recent PRC program recompetition.
- \$100 million to establish a new program within "CDC-Wide Activities" for academic public health partnerships, referred to as the **Academic Public Health Research Partnerships**, to support collaborative programs and projects between academic public health research institutions and state, local, tribal, and territorial health departments. Working with our

Research Advisory Committee, composed of Deans of schools and programs of public health, we have developed a proposal for a new approach to the federal government's investment in academic public health.

Small and midsize health departments frequently lack the capacity to adapt the best-available, evidence-based science to their emerging public health threats and practice. Often, they do not have the expertise or capacity to apply for federal grants that would provide the opportunities to work with CDC program staff and transfer knowledge and expertise to their local community needs. Academia excels in research, while health departments are primed to evaluate and adjust interventions based on circumstances. Both entities are critical to the practices of implementation science and applied research.

Modeled, in part, on similar approaches such as academic health departments, the initiative would foster innovative strategies to build capacity at small and midsize health departments and bring data-driven approaches that promote evidence-based and evidence-driven community interventions to tackle public health challenges. We believe there is a great need for this new approach to investments in academic public health so that we can ensure all communities are prepared for future public health threats, based on the best data and evidence in the field. This new program would supplement, not replace or supplant, existing research programs at CDC, such as the Prevention Research Centers, Injury Control Research Centers, and the NIOSH research centers.

- **Report Language:** *Academic Public Health Research Partnerships.*—Within CDC-Wide Activities the Committee has established Academic Public Health Research Partnerships, that would be a source of funding to support collaborative data analytics and scientific effectiveness evaluations/research programs and projects between academic public health research institutions and state, local, tribal, and territorial health departments.

Small and midsize health departments often lack the capacity to adapt the best-available, evidence-based science to their emerging public health threats and practice. Often, they do not have the expertise or capacity to apply for federal grants that would provide the opportunities to work with CDC program staff and transfer knowledge and expertise to their local community needs. Academia excels in research, while health departments are primed to evaluate and adjust interventions based on circumstances. But both entities are critical to the practices of implementation science and applied research. Working in partnership this approach could have a more profound impact on public health at local and scalable levels.

As opposed to investigator-initiated research, the research and evaluation activities under this program intend to address locally identified gaps in knowledge for the practice field in the community being served. A key feature of the program includes a paid member of a health department as a core member of the evaluation and research team. The program would encourage the use of graduate student fellowships to be members of the research team working in health departments. The academic partner would be the lead applicant for the grant, or a health department could partner as a co-applicant. CDC should consider coordinating this innovative effort through the CDC Office of Policy, Performance and Evaluation.

- \$70 million, an increase of \$20 million over the FY 2023 enacted levels, for the **Center for Forecasting and Outbreak Analytics**. The Center plays a critical role in convening the next generation of public health data professionals, expert disease modelers, emergency responders, and public health communicators.
  - **Report Language:** *Center for Forecasting and Outbreak Analytics.*—The Committee includes \$70,000,000 to continue the new Center for Forecasting and Outbreaks Analytics (CFA), which was originally funded through the American Rescue Plan Act in FY 2022. The Center addresses a critical need to improve the U.S. government's ability to forecast and model emerging health threats and take timely action to mitigate their effects, such as social and economic disruption. The Committee was pleased to see the development of Insight Net: National Outbreak Analytics & Disease Modeling Network, which included schools of public health and other academic institutions which engage the nation's expertise in disease modeling, public health data analysis, research, and training to build workforce capacity in this emerging field. With additional resources, CFA will work to develop modeling tools and other products, and eventually STLT capacity, enabling stakeholders at multiple levels to make more and better-informed decisions on preparing for and responding to the next public health emergency. As an interagency resource for early warnings related to emerging biological threats, the Center will support the public health system in detecting, responding to, and eventually preventing future epidemics and outbreaks.
- ASPPH also supports \$60 million for gun violence prevention across the CDC and the NIH, as outlined in the President's FY 2025 budget. Firearm-related injuries are among the five leading causes of death for people ages one to 44 in the U.S. Using a public health approach to address this problem, this research effort includes carefully defining the problem by studying data; identifying factors that increase or decrease risk; designing and evaluating interventions that target these risk factors; and supporting communities nationwide as they provide interventions locally.

**Health Resources and Services Administration (HRSA):** Programs within HRSA are critical to ensuring an adequately trained public health workforce. We request \$10.5 billion, an increase of \$1.1 billion or 11.7% above the FY 2023 enacted level to support efforts necessary to prepare the next generation of public health workers, with schools and programs of public health at the forefront. Within the total amount for HRSA, ASPPH requests:

- \$15 million for **Public Health Training Centers**. This is an increase of \$4.8 million or 47% above the FY 2023 enacted level. Funding is critical to support 10 Regional Public Health Training Centers (RPHTCs), located at top universities throughout the United States, especially as public health demands increase. These Centers bring decades of experience in building the leadership, managerial, scientific, and technical skills of the public health workforce. The RPHTCs are well suited to address these needs yet they require sustained and increased funding.
  - **Report Language: Public Health Training Centers.**—The Committee provides \$15,000,000, an increase of \$4,800,000 for Public Health Training Centers. The Public Health Training Center Program is the nation's only comprehensive training system to ensure workers in healthcare, behavioral health, public health and other fields have the skills needed to respond to increasingly complex public health challenges and protect the nation's health.
- \$100 million for the **Public Health Workforce Loan Repayment Program**. Congress recently reauthorized this critical program in the PREVENT Pandemics Act, to help governmental public health departments address their multiple workforce challenges, including recruiting qualified applicants for openings and retaining these workers long-term. Student loan debt is a major obstacle to students seeking careers in governmental public health due to low-paying, entry-level jobs that are available in health departments. Degree-associated federal student loan debt for public health degrees is high relative to earnings one year following degree completion, across degree levels. For master's level training the median level of federal student debt was \$44,479 and median earnings one year following degree completion were \$52,878. Loan repayment will allow our nation to strengthen the capacity of the public health workforce with the next generation of professionals who have the educational training in public health and related disciplines. This is a vital program to help public health graduates make significant contributions to advance the field of public health practice, particularly in preparation for the next public health crisis.
  - **Report Language: Public Health Workforce Loan Repayment Program.**—The Committee provides the authorized level of \$100,000,000 for a loan repayment program to reduce the public health workforce shortage.

**Agency for Healthcare Research and Quality (AHRQ):** AHRQ is the only federal agency that funds research at universities and other research institutions, specifically on health systems. This includes research that takes into account the “real-life” patient who has complex comorbidities, as well as intersections with aspects of the overall health care system including meeting public health needs. We support \$500 million, an increase of \$126.5 million or 34% above the FY 2023 enacted level.

**National Hepatitis C Elimination Program:** Under the Department of Health and Human Services' (HHS) mandatory spending, we support this program at \$9.4 billion in total spending. With inclusion of significant health care cost savings by avoiding expensive treatments, the net savings to the federal government because of this program are \$4 billion, as outlined in the President's FY 2025 Budget. Some 2.4 million Americans currently suffer from chronic hepatitis C, and many of those lack access to the cure that can be provided in just 8 -12 weeks from a safe and highly effective direct-acting antiviral drug. Hepatitis C is also the most common cause of liver cancer, which is one of few cancers with a decreasing survival rate, today. This program is a chance to eliminate a devastating disease through a classic public health approach of testing vulnerable populations and providing point-of-care treatment to those who test positive. This effort would reduce healthcare costs enabling the program to pay for itself.

On behalf of over 150 schools and programs of public health, representing 11,000 faculty and over 81,000 students, we strongly support your legislative efforts during the appropriations process, and stand ready to assist you and your staff with additional information and resources from across our institutions. Please feel free to contact ASPPH's Director of Advocacy, Beeta Rasouli at [brasouli@aspph.org](mailto:brasouli@aspph.org) or 202-534-2389 with questions.

Sincerely,



Timothy E. Leshan, MPA  
Chief External Relations and Advocacy Officer  
Association of Schools and Programs of Public Health



Boris D. Lushniak MD, MPH  
Chair, ASPPH Advocacy Committee and  
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