

# FY 2011 Budget Request Overview

**Centers for Disease Control & Prevention  
Agency for Toxic Substances and Disease Registry**



Financial Management Office  
<http://www.cdc.gov/fmo>  
12 Executive Park Drive, NE  
Atlanta, GA 30329-2206  
(404)498-4500  
[FMOservicedesk@cdc.gov](mailto:FMOservicedesk@cdc.gov)

## **INTRODUCTION**

The fiscal year (FY) 2011 budget request supports the Centers for Disease Control and Prevention (CDC) in its mission to monitor health and detect and investigate health problems through strong partnerships in the United States and around the world. Reflecting a balance of prevention, control and preparedness investments, the request will allow CDC to continue to conduct essential public health research, develop and advocate sound public health policies, implement prevention strategies, and promote healthy behaviors.

Furthermore, the budget request provides a unique opportunity for CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) to advance prevention and wellness by focusing on key strategic drivers of health. It includes investments in strengthening surveillance and epidemiology; enhancing support for state and local partners; further reducing the burden of the leading preventable causes of illness and death; and promoting sustainable global health security through targeted investments and technical assistance. The request also includes new investments to help ensure the United States has a strong public health system capable of addressing critical health issues and responding to health emergencies.

## **BUDGET OVERVIEW**

The FY 2011 President's Budget Request includes a total funding level of \$10.6 billion for CDC and ATSDR, which reflects an increase of \$100.5 million above the FY 2010 Omnibus. CDC programmatic resources total \$6.6 billion in budget authority and PHS Evaluation transfers, which represents a reduction of \$139.1 million below the FY 2010 omnibus appropriation level. However, \$225 million from the Public Health and Social Services Emergency Fund will be transferred to CDC to offset reduced budget authority for pandemic flu and for a portion of the Strategic National Stockpile activities. With the inclusion of this transfer, CDC's total discretionary budget is \$85.8 million above the FY 2010 Omnibus.

The FY 2011 request also includes an increase of \$13.9 million in pay raises. As CDC remains committed to diligent stewardship of fiscal resources, this request reflects savings of \$100.0 million achieved through an agency-wide effort to reduce inefficiencies and improve overall management in contract and travel activities. No programmatic activities will be reduced through these savings, which were distributed across CDC's budget activities.

The funding levels presented here reflect the following adjustments: 1) inclusion of the pay raise, 2) reduction for contract savings, and 3) reductions in travel costs. Below are the highlights of the FY 2011 request.

## **NEW INVESTMENTS**

CDC's budget request includes several new programmatic investments to enhance CDC's current public health portfolio by pioneering new strategies to address chronic health conditions, infectious diseases and preparedness issues. The investments will allow CDC to take effective action to prevent the leading causes of morbidity and mortality while continuing to enhance and strengthen the nation's public health infrastructure.

### **Big Cities Initiative (\$20.0 million)**

CDC will fund five of the largest cities in the United States to implement evidence-based programs using proven policy, environmental and systems change strategies to address three public health priorities: tobacco prevention and control; obesity prevention and control (through improved nutrition and physical activity); and chronic disease detection and management. The goal is to reduce rates of morbidity, disability, and premature mortality due to chronic diseases in these population centers. CDC will provide the funded cities with a variety of evidence-based actions and strategies to help them reduce these risk factors leading to chronic disease.

### **Health Prevention Corps (\$10.0 million)**

To enhance the capacity of the public health infrastructure to respond to current and emerging health threats, CDC will initiate a new workforce program, the Health Prevention Corps. The program will recruit new talent for state/local health departments and provide the building blocks for a stronger, interdisciplinary public health workforce. It will target essential disciplines with known workforce shortages, such as epidemiology, environmental health, and laboratory.

**Global Safe Water (\$10.0 million)**

CDC will improve global access to clean water, sanitation, and hygiene by introducing the Safe Water System and Water Safety Plans to additional high need countries, focusing on reducing the burden of waterborne diseases, and improving water and sanitation interventions in target areas.

**Built Environment and Health (\$4.0 million)**

CDC will support the implementation of Health Impact Assessments by public health partners and others related to transportation, neighborhood development, and/or housing projects, and identify and disseminate the most effective models. CDC will also emphasize collaborative partnerships with the safe routes to schools programs. CDC will leverage the funding to more fully integrate built environment activities within existing health promotion activities.

**Global Maternal, Newborn and Child Health (\$2.0 million)**

CDC will integrate and expand service delivery programs targeted at maternal, newborn and child populations in one country with high burden of maternal, neonatal and infant mortality. This funding will also help build in-country Ministry of Health capacity for laboratory diagnostics, surveillance, logistics, and monitoring and evaluation, to ensure full integration of maternal, newborn and child health programs.

**INCREASED PROGRAM INVESTMENTS**

CDC's budget request includes increases for the expansion of several current programs that will allow the agency to accelerate health impact, reduce health disparities and respond to the public health challenges of the 21<sup>st</sup> century. Below are some examples:

**World Trade Center (WTC) Program (+\$79.4 million)**

CDC will continue to provide monitoring and treatment services for mental and physical health conditions related to WTC exposures for both responders and eligible non-responders. The WTC program is critical in meeting the on-going and long-term specialty needs of individuals exposed to smoke, dust, debris, and psychological trauma from the WTC attacks. This increase will enable CDC to continue providing critical services.

### **HIV/AIDS, Viral Hepatitis, STDs and TB Prevention (+\$37.9 million)**

CDC will continue supporting approaches outlined in the National AIDS Strategy to prevent new HIV, STD and viral hepatitis infections, improve the health of those infected with HIV, and reduce disparities in HIV burden in the United States. Strategies to be supported include HIV testing, linkage to care, partner services, and other proven effective behavioral and biomedical approaches. FY 2011 funding for these activities will be spread across the HIV, Viral Hepatitis, and STD budget lines. The increase will also support two integration initiatives. The Program Collaboration and Service Integration initiative will blend interrelated activities and prevention strategies across these syndemics to improve the public health response. The Integrated Data for Program Monitoring initiative will integrate data collected across these prevention programs to improve program planning and implementation. Both will be funded through the Improving HIV Prevention budget line.

### **Health Statistics (+\$23.2 million)**

The FY 2011 request will increase support for the National Health Interview Survey (NHIS), the Ambulatory Medical Care Survey (NAMCS), and the National Vital Statistics System to improve CDC's ability to monitor trends in critical health measures, monitor characteristics of health providers, and increase the electronic reporting of birth and death records. With this investment, CDC will:

- Expand NHIS to enable state and community estimates on a broad range of health and health care measures for approximately 30 of the largest states and metropolitan areas;
- Expand NAMCS to enable state estimates for 30 states (with data combined over two years), improving CDC's ability to monitor the characteristics of ambulatory care providers and their patients; and
- Increase support for vital statistics, including: funding the collection of all data elements currently on birth certificates; supporting the expansion of the electronic birth records in selected states; gradually phasing in electronic death records in a limited number of states, using a 50 – 50 cost sharing mechanism; and beginning

to phase in support for electronic death records in a limited number of the largest jurisdictions.

### **Emerging Infections (+\$19.6 million)**

CDC's emerging infectious disease work supports a broad range of activities, such as surveillance, epidemic investigations, communication with local and global public health institutions, and CDC's infectious disease laboratories. Resources will support the work of CDC and select state and local partners to detect and respond to emerging infectious diseases.

### **Section 317 Immunization Program (+\$17.2 Million)**

This increase will be used for purchase of vaccines recommended by the Advisory Committee on Immunization Practices to reduce vaccine-preventable diseases. The increase will also continue the billables demonstration projects, which CDC uses to provide grants to immunization programs to conduct needs assessments and develop plans that will enable health departments to bill private insurance programs for immunization services provided to covered patients.

### **Pay Raise (+\$13.9 million) (Non-Add)**

Increased funding for pay raises is a critical component of CDC's budget to support the agency's 9,834 requested Full-time Equivalent positions. This funding level is already included in programmatic activities.

### **Business Services Support (+\$12.3 million)**

CDC will provide resources to continue support of ongoing essential services maintained by the agency's business service units, enhance security for critical public health information, and meet federally mandated requirements. CDC will also upgrade information technology systems, including improvements to IT infrastructure and security and an integrated in/out processing system.

**National Healthcare Safety Network (NHSN) (+\$12.3 million)**

CDC will support the expansion of NHSN from 2,500 hospitals to 5,000 hospitals and facilitate the implementation of prevention activities to achieve Department of Health and Human Services Healthcare-Acquired Infections goals and targets.

**Food Safety (+\$8.3 million)**

CDC will improve state and local capacity to identify and stop outbreaks by expanding the new network of OutbreakNet Sentinel Sites, which will implement, assess, and standardize best practices and new technologies for multistate foodborne outbreak detection and response. With this funding, CDC will:

- Maintain and support PulseNet capacity for pathogen fingerprinting, cluster identification, and cluster assessment at the state and national levels for the identification and investigation of foodborne outbreaks;
- Increase the number of trainings for public health partners and implement new lines of communication and new approaches for health messaging; and
- Improve surveillance for foodborne illnesses and develop improved models for and reports on the burden and cost of foodborne illnesses and attribution of illnesses to particular food types.

**Unintended Teen Pregnancy (+\$7.0 million)**

CDC will support teen pregnancy prevention by funding five national organizations, Title X regional training organizations, and 22 state teen pregnancy prevention coalitions to promote the use of evidence-based teen pregnancy programs. CDC supports the use of science-based and medically accurate material on teen pregnancy prevention in program efforts to reduce unintended pregnancies.

**Occupational Safety and Health: Nanotechnology (+\$7.0 million)**

CDC will conduct research to reduce the uncertainty of nanotechnology health effects, develop an evidence base of risk and controls for workers and the general population, and develop guidance materials for businesses and government agencies. CDC will also explore partnerships with other agencies to develop workplace exposure measurement methods.

**Global Health: Field Epidemiology and Laboratory Training and Sustainable Management Development Program (+\$6.8 million)**

CDC will expand this capacity-building program to new countries and regions. In partnership with Ministries of Health, this program builds sustainable public health capacity in developing countries, which is critical to the transition of United States government global health investments to long-term host country ownership.

**Autism (+\$1.8 million)**

CDC will increase the number of existing sites in the Autism and Developmental Disabilities Monitoring Network with the capability to monitor the occurrence of developmental disabilities in a larger portion of the population. The increased sites will support monitoring of other developmental disabilities, such as cerebral palsy, and of younger children, to improve ascertainment of autism spectrum disorders at younger ages. Funds will support expedited analyses in the Centers for Autism and Developmental Disabilities Research and Epidemiology and analysis of biologic and genetic samples from the Study to Explore Early Development, to determine the causes of autism.

**National Violent Death Reporting System (NVDRS) (+\$1.5 million)**

CDC will fund up to six new states to participate in NVDRS. NVDRS provides states with a more accurate and complete understanding of the problem of violent deaths in their state.

**PROGRAM REDUCTIONS AND ELIMINATIONS**

CDC is committed to being a responsible steward of fiscal resources while maintaining a strategic focus on key public health issues of concern. As a result, the CDC FY 2011 budget request includes \$262.9 million in reductions and eliminations. These savings are achieved by improving program efficiencies and realigning program funds to build on existing population-based approaches to meet critical public health needs. Below are some examples:



**Travel Reduction and Contract Savings (-\$100 million) (Non-Add)**

The savings will not negatively affect programmatic activities; instead, they will improve program effectiveness through an agency-wide effort to reduce inefficiencies and improve overall management in contract and travel activities. For example, CDC will achieve specific travel savings through a reduction in unnecessary travel and use of technology to address agency meeting needs. Also, CDC will focus on strengthening its federal workforce and reducing contract support costs. Programmatic activities will not be reduced through these savings.

**Buildings and Facilities (-\$69.2 million)**

CDC will use available unobligated buildings and facilities balances in FY 2010 and will prioritize repair and improvement (R&I) sustainment and improvement investments to sustain inventory at a condition index of 90 or greater. CDC believes sufficient buildings and facilities funds exist to meet FY 2011 R&I.

**Vector-borne Diseases (-\$26.7 million)**

The budget request does not include specific funding for vector-borne activities, including West Nile Virus (WNV) surveillance. The FY 2011 request includes \$155.2 million for the emerging infectious disease budget line, an increase of \$18.9 million above the FY 2010 Omnibus. These emerging infectious disease funds can support vector-borne activities in FY 2011, including WNV, if designated as a priority by states and CDC.

**Congressional Projects (-\$20.6 million)**

The FY 2011 request includes a decrease of \$20.6 million for Public Health Improvement and Leadership for congressionally determined projects. This line funded one-time projects whose selection was incorporated into law by reference.

**Blood Disorders (-\$19.9 million)**

CDC's FY 2011 request includes a programmatic elimination of the Blood Disorders program. CDC's FY 2011 request includes a proposal to realign CDC's Blood Disorders program to address the public health challenges associated with blood disorders and related secondary conditions. This realignment will allow CDC increased flexibility to

prioritize population-based programs targeting blood disorders with the greatest risk of morbidity and mortality in order to maximize the health impact.

**Preparedness, Detection and Control of Infectious Diseases (-\$6.8 million)**

The proposed reduction will impact CDC's Antimicrobial Resistance (AR) program. The AR program supports state-based and local surveillance systems for identifying emerging resistance and tracking infections in the community, healthcare settings, and in animals. CDC also supports various educational activities and national planning efforts to combat AR. AR activities, such as surveillance, technical assistance, and epidemiological and laboratory support, will continue in FY 2011. Additional activities will continue on a prioritized basis as funding exists through the Emerging Infections program's discretionary funding.

**Johanna's Law (-\$6.8 million)**

The FY 2011 budget request does not include dedicated funding for Johanna's Law. CDC has fulfilled the milestones referenced under the Gynecological Cancer Education and Awareness Act of 2005, also known as "Johanna's Law". In FY 2011, CDC will continue awareness and education activities related to gynecologic cancers through other budget activities, including Ovarian Cancer and Comprehensive Cancer Control.

**Geraldine Ferraro Cancer Education Program (-\$4.7 million)**

The FY 2011 budget request does not include dedicated funding for the Geraldine Ferraro Cancer Education Program. Through other budget activities, such as the Comprehensive Cancer Control Program, CDC will continue providing technical assistance to national organizations working to increase awareness of, and education about, hematologic cancers to patients, their family members, friends, caregivers, and health care providers.

**Anthrax (-\$2.6 million)**

The FY 2011 budget request does not include funding for Anthrax. During FY 2010, CDC will submit the Anthrax Vaccine Research Program final report to the Food and Drug Administration (FDA) and respond to regulatory compliance audits and requests from FDA for additional information, analyses, and laboratory testing.

**Polycythemia Vera (PV) Cluster Study (-\$2.5 million)**

The FY 2011 budget request does not include direct funding for the Polycythemia Vera Cluster Study. This funding supported an evaluation of the association between exposures to hazardous substances and Pennsylvania PV cluster. The evaluation will be completed with FY 2010 funding and no additional funding is needed.

**Mind-Body Institute (-\$1.5 million)**

This program ended its five-year cooperative agreement cycle. The activities supported by the Mind Body Research Program could be supported through other competitive grants offered by CDC.

**Inflammatory Bowel Disease (IBD) (-\$0.7 million)**

The FY 2011 budget request does not include specific funding for Inflammatory Bowel Disease. CDC will continue providing technical assistance to partners who are researching the natural history of IBD and factors that predict the course of the disease. This research includes studies examining provider variation in the treatment of Crohn's disease, disparities in mortality for IBD patients, disparities in surveillance for colorectal cancer associated with IBD, and variation in outcomes in relation to race. This activity has also been supported through existing NIH research.

**Interstitial Cystitis (IC) (-\$0.7 million)**

The FY 2011 budget request does not include dedicated funding for Interstitial Cystitis. CDC will continue to provide technical assistance to partners who are developing, implementing, and evaluating a national health promotion and education campaign to increase the general public and health care provider awareness and education of IC. This activity has also been supported through existing NIH research.

**Alveolar Capillary Dysplasia (-\$0.2 million)**

The FY 2011 budget request eliminates funding for Alveolar Capillary Dysplasia. CDC believes that the population of patients affected by these disorders would benefit from a comprehensive approach, rather than a disorder-specific approach.

FY 2011 BUDGET SUBMISSION CENTERS FOR DISEASE CONTROL AND PREVENTION ALL PURPOSE TABLE (DOLLARS IN THOUSANDS)					
Budget Activity	FY 2009 Appropriation	FY 2009 Recovery Act <sup>1</sup>	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 PB +/- FY 2010
<b>Infectious Diseases</b>					
Budget Authority	\$1,935,033	\$300,000	\$1,996,314	\$1,899,987	-\$96,327
PHS Evaluation Transfers	\$12,794	\$0	\$12,864	\$12,864	\$0
<b>Subtotal, Infectious Diseases BA &amp; PHS -</b>	<b>\$1,947,827</b>	<b>\$300,000</b>	<b>\$2,009,178</b>	<b>\$1,912,851</b>	<b>-\$96,327</b>
Balances from P.L. 111-32 Pandemic Flu	\$0	\$0	\$0	\$156,344	\$156,344
<b>Total, Infectious Disease</b>	<b>\$1,947,827</b>	<b>\$300,000</b>	<b>\$2,009,178</b>	<b>\$2,069,195</b>	<b>\$60,017</b>
<b>Health Promotion</b>	<b>\$1,019,708</b>	<b>\$0</b>	<b>\$1,074,660</b>	<b>\$1,080,846</b>	<b>\$6,186</b>
<b>Health Information and Service</b>					
Budget Authority	\$83,124	\$0	\$72,055	\$97,033	\$24,978
PHS Evaluation Transfers	\$196,232	\$0	\$216,599	\$209,914	-\$6,685
<b>Subtotal, Health Information and Service -</b>	<b>\$279,356</b>	<b>\$0</b>	<b>\$288,654</b>	<b>\$306,947</b>	<b>\$18,293</b>
<b>Environmental Health and Injury Prevention</b>	<b>\$330,657</b>	<b>\$0</b>	<b>\$335,733</b>	<b>\$329,920</b>	<b>-\$5,813</b>
<b>Occupational Safety and Health</b>					
Budget Authority	\$268,834	\$0	\$281,447	\$364,318	\$82,871
PHS Evaluation Transfers	\$91,225	\$0	\$91,724	\$91,724	\$0
<b>Subtotal, Occupational Safety and Health -</b>	<b>\$360,059</b>	<b>\$0</b>	<b>\$373,171</b>	<b>\$456,042</b>	<b>\$82,871</b>
<b>Global Health <sup>2</sup></b>	<b>\$319,113</b>	<b>\$0</b>	<b>\$336,124</b>	<b>\$351,944</b>	<b>\$15,820</b>
<b>Public Health Research (PHS Evaluation Transfers)</b>	<b>\$31,000</b>	<b>\$0</b>	<b>\$31,170</b>	<b>\$31,170</b>	<b>\$0</b>
<b>Public Health Improvement and Leadership (PHIL)</b>	<b>\$209,136</b>	<b>\$0</b>	<b>\$211,432</b>	<b>\$192,916</b>	<b>-\$18,516</b>
<b>Preventive Health &amp; Health Services Block Grant (PHHSBG)</b>	<b>\$102,000</b>	<b>\$0</b>	<b>\$102,034</b>	<b>\$102,034</b>	<b>\$0</b>
<b>Buildings and Facilities</b>	<b>\$151,500</b>	<b>\$0</b>	<b>\$69,150</b>	<b>\$0</b>	<b>-\$69,150</b>
<b>Business Services Support</b>	<b>\$359,877</b>	<b>\$0</b>	<b>\$369,869</b>	<b>\$382,152</b>	<b>\$12,283</b>
<b>Bioterrorism Preparedness and Response</b>					
Budget Authority	\$1,514,657	\$0	\$1,549,358	\$1,464,656	-\$84,702
Balances from P.L. 111-32 Pandemic Flu	\$0	\$0	\$0	\$68,515	\$68,515
<b>Total, Bioterrorism Preparedness and Response</b>	<b>\$1,514,657</b>	<b>\$0</b>	<b>\$1,549,358</b>	<b>\$1,533,171</b>	<b>-\$16,187</b>
<b>Total, L/HHS/ED -</b>	<b>\$6,293,639</b>	<b>\$300,000</b>	<b>\$6,398,176</b>	<b>\$6,265,806</b>	<b>-\$132,370</b>
<b>Total, L/HHS/ED (inc. PHS and supplementals) -</b>	<b>\$6,624,890</b>	<b>\$300,000</b>	<b>\$6,750,533</b>	<b>\$6,611,478</b>	<b>-\$139,055</b>
<b>Unobligated Balances from P.L. 111-32 Pandemic Flu</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$224,859</b>	<b>\$224,859</b>
PHS Evaluation Transfer (non-add)	\$331,251	\$0	\$352,357	\$345,672	-\$6,685
<b>Agency for Toxic Substances and Disease Registry</b>	<b>\$74,039</b>	<b>\$0</b>	<b>\$76,792</b>	<b>\$76,337</b>	<b>-\$455</b>
<b>Public Health and Social Services Emergency Fund</b>	<b>\$200,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Vaccines for Children <sup>3, 4, 5</sup></b>	<b>\$3,382,875</b>	<b>\$0</b>	<b>\$3,636,201</b>	<b>\$3,651,354</b>	<b>\$15,153</b>
<b>Energy Employees Occupational Illness Compensation Program Act</b>	<b>\$55,358</b>	<b>\$0</b>	<b>\$55,358</b>	<b>\$55,358</b>	<b>\$0</b>
<b>User Fees</b>	<b>\$2,226</b>	<b>\$0</b>	<b>\$2,226</b>	<b>\$2,226</b>	<b>\$0</b>
<b>Total, CDC/ATSDR Program Level -</b>	<b>\$10,339,388</b>	<b>\$300,000</b>	<b>\$10,521,110</b>	<b>\$10,621,612</b>	<b>\$100,502</b>
<b>Full-Time Equivalents (FTEs) -</b>	<b>9,635</b>	<b>N/A</b>	<b>9,735</b>	<b>9,835</b>	<b>100</b>

<sup>1</sup> FY 2009 Appropriation amount displays \$300M Section 317 funds for American Reinvestment & Recovery Act (P.L. 111-5).

<sup>2</sup> Global Health's Afghanistan Initiative and Health Diplomacy Initiative have been made comparable for FY 2009 and FY 2010. In FY 2009, the Global Health line includes \$5.789M for Afghanistan Initiative and \$4.5M for Health Diplomacy. In FY 2010, the Global Health line includes \$5.789M for Afghanistan Initiative and \$2M for Health Diplomacy.

<sup>3</sup> The FY 2010 level for VFC does not include FY 2009 unobligated balances brought forward of \$15.988 million, for a total program level of \$3,652.189 million.

<sup>4</sup> The difference between the FY 2011 President's Budget and the FY 2010 total program level of \$3,652.189 million is -\$835,000.

<sup>5</sup> The FY 2009 VFC number represents actual obligations, not appropriation.