The Big Cities Health Coalition (BCHC) is a forum for the leaders of America’s largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of their residents. Collectively, BCHC’s 30 member jurisdictions directly impact more than 62 million people, or one in five Americans.

BCHC’s mission is advancing equity and health for present and future generations. Our vision is healthy, more equitable communities through big city innovation and leadership. Visit www.bigcitieshealth.org to learn more about the Coalition.

To improve the health of urban America, it is critical that federal dollars flow through the states, at a minimum, but ideally, directly to localities that are most in need.

**BCHC APPROPRIATIONS PRIORITIES FOR CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IN FY2020**

Much CDC funding gets passed through to states and localities. Below are important program areas that fund public health activities in communities across the nation.

- **Epidemiology and Laboratory Capacity** Support disease detection in communities across the country.
- **Public Health Emergency Preparedness Funding (PHEP)** Support preparedness activities in local and state health departments across the country that build capacity to prevent, protect, and respond to public health emergencies.
- **Office of Smoking and Health** Support activities to stem the tide of e-cigarette use among youth.
- **Immunization Program** Support health department infrastructure to provide vaccines for those most in need and address vaccine hesitancy.
- **Gun Violence Research** Support initiation of firearm prevention research to address gun violence as a public health crisis.

### FY2020 Appropriations Priorities for the CDC in millions

- **Epidemiology and Laboratory Capacity**: $200
- **Public Health Emergency Preparedness Funding**: $824
- **Office of Smoking and Health**: $310
- **Immunization Program**: $711
- **Gun Violence Research**: $50
 Childhood Lead Poisoning Prevention Program Support state, and in some cases, large city health departments (i.e. Chicago, Houston, New York City, Philadelphia, Seattle, and Washington, DC) to identify harmful exposures to lead, track incidence and causes, inspect homes, connect children with appropriate services, and educate the public and healthcare providers.

 Public Health Workforce Development Support CDC’s fellowship and training programs that fill critical gaps in the public health workforce, provide on-the-job training, and provide continuing education and training for the public health workforce. The Public Health Associate Program also places CDC-trained staff in the field in a number of big city health departments.

 Opioid Overdose Prevention and Surveillance Support state, and in some instances local, health departments with resources and support to advance interventions for preventing drug overdoses.

 Surveillance Systems Invest in local data systems that allow real-time measurement of key indicators related to violence, substance misuse, and the social determinants of health. Specifically, the National Violent Death Reporting System, Division of Violence Prevention, NCIPC, and continued support for local surveillance systems such as the Youth Risk Behavior Surveillance System (YRBSS) and Behavioral Risk Factor Surveillance System (BRFSS).

 Core State Violence and Injury Prevention Program (CORE SVIP) Increase funding to expand CORE SVIP from 23 states to all 50 states, U.S. territories, and D.C. This is the only program in the nation that implements, evaluates, and expands strategies to reduce pressing injury and violence challenges at the state level.

 Overall Increase CDC funding by 22 percent by 2022 to support infrastructure at CDC, as well as, to support local and state public health activities in communities.

### FY2020 Appropriations Priorities for the CDC in billions

<table>
<thead>
<tr>
<th>Program</th>
<th>Millions</th>
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<tbody>
<tr>
<td>Childhood Lead Poisoning Prevention Program</td>
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<tr>
<td>Public Health Workforce Development</td>
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<tr>
<td>Opioid Overdose Prevention and Surveillance</td>
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<td>Surveillance Systems</td>
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<td>Core State Violence and Injury Prevention</td>
<td>$20</td>
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<td>CDC Overall</td>
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OTHER LEGISLATIVE AND POLICY PRIORITIES

▶ Prevention and Public Health Fund
Spend the PPHF as it was intended. The fund is 12 percent of CDC’s budget and supports vaccines, chronic disease, and lead prevention, among other activities.

▶ FY2020 Budget Caps
Lift discretionary funding caps to create room for key investments in public health and other domestic spending.

▶ Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAI)
Pass bill to ensure that localities and states across the country can properly prepare for emergencies, including having staff and other resources on hand when needed.

▶ Public Health Emergency Fund
Authorize and fund a public health emergency fund to allow jurisdictions to immediately access federal dollars in a public health emergency or disaster rather than waiting on supplemental dollars to be appropriated down the road.

▶ Tobacco Regulation
Allow the FDA to continue to explore additional flavor restrictions on all tobacco products, including prohibiting menthol.

▶ Substance Use
Federal funding must place an emphasis on primary prevention, not just responding to the current opioid epidemic. Investments in youth education about behavioral/mental health and addressing Adverse Childhood Events (ACEs) are needed. Further, localities and states should be free to experiment with innovative policy and practice without the threat of federal prosecution.

▶ Violence Prevention
Authorize and fund programs to address the epidemic of violence at the local level.

For more information, contact Chrissie Juliano at juliano@bigcitieshealth.org